

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs NM 88241-1980

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.
30-025-05881

5. Indicate Type of Lease
STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

J. W. Cooper "F"

8. Well No.
2

9. Pool name or Wildcat
Eumont Yates 7RQ

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"
(FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well:
OIL WELL ☐ GAS WELL ☒ OTHER

2. Name of Operator
Amerada Hess Corporation

3. Address of Operator
P. O. Drawer D, Monument, NM 88265

4. Well Location
Unit Letter D 330 Feet From The North Line and 330 Feet From The West Line
Section 3 Township 20S Range 37E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: Squeeze Eumont Perfs. ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: ☐

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Plan to MIRU pulling unit, remove wellhead, install BOP & TOH w/tbg. TIH w/7" pkr. & est. inj. rate. TIH w/7" cement retainer & set at +/- 2900' & squeeze perfs. approx. 200 sks. Class "C" cement w/2% CACL. WOC. TIH w/6-1/8" bit & drill out cement retainer & cement. Press. test csg. to 500#. TIH w/prod. eqpt. RDPU, clean location & close well in for evaluation.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE

R. L. Wheeler, Jr.

TITLE Admin. Svc. Coord.

DATE 4-10-96

TYPE OR PRINT NAME R. L. Wheeler, Jr.

TELEPHONE NO. 505 393-2144

(This space for State Use)

APPROVED BY

Gary W. Wink

TITLE

GARY W. WINK
FIELD REPRESENTATIVE II

DATE

APR 16 1996

CONDITIONS OF APPROVAL, IF ANY:

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator AMERADA HESS CORPORATION		Well API No. 3002505881
Address DRAWER D, MONUMENT, NEW MEXICO 88265		
Reason(s) for Filing (Check proper box)		
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/>	<input type="checkbox"/> Other (Please explain)
Recompletion <input type="checkbox"/>	Casinghead Gas <input checked="" type="checkbox"/> Condensate <input type="checkbox"/>	
Change in Operator <input type="checkbox"/>	EFFECTIVE 11/1/91	
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

II. DESCRIPTION OF WELL AND LEASE				
Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease State, Federal or Fee	Lease No.
J.W. COOPER "F"	2	EUMONT YATES 7RQ		
Location				
Unit Letter <u>D</u>	: <u>330</u>	Feet From The <u>NORTH</u> Line and <u>330</u>	Feet From The <u>WEST</u> Line	
Section <u>3</u>	Township <u>20</u>	Range <u>37</u>	<u>LEA</u>	County
	<u>21S</u>	<u>35E</u>		

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS									
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>					Address (Give address to which approved copy of this form is to be sent)				
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>					Address (Give address to which approved copy of this form is to be sent) 76102				
SID RICHARDSON					1ST CITY BANK TOWER, 201 MAIN, FT. WORTH, TX				
If well produces oil or liquids, give location of tanks.		Unit	Sec.	Twp.	Rge.	Is gas actually connected?		When ?	

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

IV. COMPLETION DATA									
Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth				P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay				Tubing Depth		
Perforations							Depth Casing Shoe		
TUBING, CASING AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET				SACKS CEMENT		

V. TEST DATA AND REQUEST FOR ALLOWABLE

V. TEST DATA OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed 10% allowable for this depth or be for gas lift.)			
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

GAS WELL			
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Cindy Robertson

Signature
CINDY ROBERTSON

ADMIN. STAFF ASSIST

Printed Name
11/20/91

505-393-2144 ^{Title}

Date _____

Telephone No.

OIL CONSERVATION DIVISION

Date Approved

By

Title

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- INSTRUCTIONS:** This form is to be filed in compliance with Rule 1104
- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
 - 2) All sections of this form must be filled out for allowable on new and recompleted wells.
 - 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
 - 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

KT B
Xavier DD, Amada, NM 88210

KT III
Lo Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator AMERADA HESS CORPORATION	Well APN No. 30-025-0588
Address Drawer D, Monument, NM 88265	
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Change in Transporter of: <input type="checkbox"/> Other (Please explain) Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> AMERADA HESS CORPORATION PHYSICALLY Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> TOOK OVER OPERATION 9/27/89	
If change of operator give name and address of previous operator Byrom Oil Co., P.O. Box 147, Hobbs, NM 88240	

II. DESCRIPTION OF WELL AND LEASE

Lease Name J.W. Cooper "F"	Well No. 2	Pool Name, Including Formation EUMONT YATES 7RQ	Kind of Lease State, Federal or Fee	Lease No.
Location Unit Letter D : 330 Feet From The North Line and 330 Feet From The West Line Section 3 Township 20S Range 37E, NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Company	P.O. Box 1492, El Paso, Texas 79978
If well produces oil or liquids, give location of tanks	Unit Sec. Twp. Rge. Is gas actually connected? When?
D 3 20S 37E	Yes

If this production is commingled with that from any other lease or pool, give commingling order number.

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (D.F., RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Perforations	Depth Casing Shoe							
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature Sam Small District Superintendent
Printed Name Title
October 4, 1989 (505) 393-2144
Date Telephone No.

OIL CONSERVATION DIVISION

OCT 6 1989

Date Approved

By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

Title

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