

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103  
Supersedes Old  
C-102 and C-103  
Effective 1-4-65

**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.)

TA OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	5a. Indicate Type of Lease State <input type="checkbox"/> Fee <input checked="" type="checkbox"/>
1. Name of Operator <b>Armer Oil Company</b>	7. Unit Agreement Name ---
2. Address of Operator <b>2110 Continental National Bank Bldg., Ft. Worth, Tex.</b>	8. Farm or Lease Name <b>May</b>
3. Location of Well UNIT LETTER <b>B</b> . <b>660</b> FEET FROM THE <b>North</b> LINE AND <b>1980</b> FEET FROM THE <b>East</b> LINE, SECTION <b>35</b> TOWNSHIP <b>22S</b> RANGE <b>37E</b> NMPM.	9. Well No. <b>1</b>
15. Elevation (Show whether DF, RT, GR, etc.) <b>3313' DF</b>	10. Field and Pool, or Wildcat <b>Blinebry</b>
	12. County <b>Lea</b>

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> OTHER <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> CASING TEST AND CEMENT JOB <input type="checkbox"/> OTHER <input type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/> PLUG AND ABANDONMENT <input checked="" type="checkbox"/>

17. 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.

Approval to plug and abandon Armer Oil Company's May #1 was given by the Hobb's office of the NMOCC on October 29, 1974.

On October 30, 1974, a GO International cement bond log was run from 2100-4000' inside of 4-1/2" OD casing with following results: 2100-2190' - No bonding indicated; 2190-3000' - Poor-good bonding; 3000-3430' - No bonding indicated; 3430-4000' - Good bonding.

A 4-1/2" OD cast iron bridge plug was set at a depth of 5400'. On the basis of the bond log, a casing cut was made at 3380', but casing could not be pulled from this depth.

On October 31, 1974, casing was shot off at a depth of 2170', and casing was pulled from this depth. Fifty sack cement plugs were set in 9-5/8" OD casing at 2170' across 4-1/2" OD casing stub and at 1305' opposite top of salt. Salt water mud placed between plugs.

A 100' cement plug was placed in 9-5/8" OD casing at surface with 4-1/2" OD pipe marker with plugging operations completed on November 1, 1974. Location is ready for final inspection.

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

SIGNED *C. W. Stanbush* TITLE Agent DATE 2/26/75

APPROVED BY *John W. Ryan* TITLE Geologist DATE 2/26/75

CONDITIONS OF APPROVAL, IF ANY:



NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

**NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS**

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

**I. OPERATOR**

Operator **ARMER OIL COMPANY**

Address **2110 Continental National Bank Bldg., Fort Worth, Texas 76102**

Reason(s) for filing (Check proper box) Other (Please explain)

New Well  Change in Transporter of:

Recompletion  Oil  Dry Gas

Change in Ownership  Casinghead Gas  Condensate

**Shut in pending re-completion.**

If change of ownership give name and address of previous owner **Campbell and Hedrick, P. O. Box 401, Midland, Texas 79701**

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name <b>May</b>	Well No. <b>1</b>	Pool Name, including Formation <b>Blinebry</b>	Kind of Lease State, Federal or Fee <b>Fee</b>	Lease No. <b>-</b>
Location				
Unit Letter <b>B</b>	<b>660</b>	Feet From The <b>North</b>	Line and <b>1980</b>	Feet From The <b>East</b>
Line of Section <b>35</b>	Township <b>22S</b>	Range <b>37E</b>	, NMPM, <b>Lea</b> County	

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
<b>The Permian Corporation</b>	<b>Box 3119, Midland, Texas 79701</b>					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
<b>--</b>	<b>--</b>					
If well produces oil or liquids, give location of tanks.	Unit <b>B</b>	Sec. <b>35</b>	Twp. <b>22S</b>	Rge. <b>37E</b>	Is gas actually connected? <b>No</b>	When <b>-</b>

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 (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations							Depth Casing Shoe	
<b>TUBING, CASING, AND CEMENTING RECORD</b>								
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 Tanks	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 (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

**VI. CERTIFICATE OF COMPLIANCE**

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

R. A. Massey  
(Signature) **R. A. Massey**  
Agent  
October 1, 1973  
(Date)

**OIL CONSERVATION COMMISSION**

APPROVED \_\_\_\_\_, 19\_\_\_\_

BY \_\_\_\_\_

TITLE \_\_\_\_\_

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

**NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS**

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

**I. OPERATOR AND ADDRESS**

Operator: WELLS OIL COMPANY

Address: 1001 W. 10TH ST., SUITE 100, ALBUQUERQUE, N.M. 87102

Reason(s) for filing (Check proper box):

New Well  Change in Transporter of: Oil  Dry Gas

Recompletion  Casinghead Gas  Condensate

Change in Ownership  Other (Please explain): CHANGE IN LEASE UNIT 1, 1973

If change of ownership give name and address of previous owner: DAVID H. KADNICK, BOX 401, ALBUQUERQUE, N.M. 87101

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name: <u>Y</u>	Well No.: <u>1</u>	Pool Name, Including Formation: <u>BLUESKY</u>	Kind of Lease: State, Federal or Fee: <u>FE</u>	Lease No.:
Location: Unit Letter <u>B</u> ; Feet From The <u>160</u> <u>NORTH</u> Line and <u>1950</u> Feet From The <u>1ST</u>	Line of Section <u>35</u>	Township <u>22</u>	Range <u>37</u>	County: <u>BL</u>

**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 type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
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**

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 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 Tanks	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 (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

**VI. CERTIFICATE OF COMPLIANCE**

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

Oley H. Kadnick  
(Signature)

7-30-73  
(Date)

**OIL CONSERVATION COMMISSION**

APPROVED Aug 6 1973, 19\_\_\_\_

BY \_\_\_\_\_

TITLE \_\_\_\_\_

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.