

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

COPY 1

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. TYPE OF WORK DRILL <input checked="" type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/>			5. LEASE DESIGNATION AND SERIAL NO. 0379454
b. TYPE OF WELL OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> SINGLE ZONE <input type="checkbox"/> MULTIPLE ZONE <input type="checkbox"/>			6. IF INDIAN, ALLOTTEE OR TRIBE NAME
2. NAME OF OPERATOR BRUNSON & MCKNIGHT, INC.			7. UNIT AGREEMENT NAME
3. ADDRESS OF OPERATOR Box 297, Hobbs, NM 88240			8. FARM OR LEASE NAME R. F. Leggett
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.) At surface 1980' FNL & 660' FEL Sec. 33, T-21-S, R-33-E At proposed prod. zone			9. WELL NO. 1
14. DISTANCE IN MILES AND DIRECTION FROM NEAREST TOWN OR POST OFFICE 35 mi SW Hobbs			10. FIELD AND POOL, OR WILDCAT Wildcat
10. DISTANCE FROM PROPOSED LOCATION TO NEAREST PROPERTY OR LEASE LINE, FT. (Also to nearest drig. unit line, if any) 660'			11. SEC., T., R., M., OR RLE. AND SURVEY OR AREA 33-21S-33E
16. NO. OF ACRES IN LEASE 640			12. COUNTY OR PARISH Lea
17. NO. OF ACRES ASSIGNED TO THIS WELL 40			13. STATE NM
18. DISTANCE FROM PROPOSED LOCATION TO NEAREST WELL, DRILLING, COMPLETED, OR APPLIED FOR, ON THIS LEASE, FT. none			20. ROTARY OR CABLE TOOLS cable & rotary
19. PROPOSED DEPTH 4000'			22. APPROX. DATE WORK WILL START 5/31/73
21. ELEVATIONS (Show whether DP, RT, GR, etc.)			

23. PROPOSED CASING AND CEMENTING PROGRAM				
SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	QUANTITY OF CEMENT
12 1/4"	8 5/8"	32#	300 ft.	200 sx, circulate to surface
7 7/8"	4 1/2"	9.6#	4000 ft.	750 sx**

** The quantity of cement used to cement the 4 1/2" production casing will be adequate to circulate cement. The quantity of cement used has been calculated using an excess factor of 50%.

The attached drawing depicts the type of 900 series blowout preventer that will be used.
Mud program attached.

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: If proposal is to deepen or plug back, give data on present productive zone and proposed new productive zone. If proposal is to drill or deepen directionally, give pertinent data on subsurface locations and measured and true vertical depths. Give blowout preventer program, if any.

24. SIGNED Agent TITLE Agent DATE 5/25/73
(This space for Federal or State office use)

PERMIT NO. _____ APPROVAL DATE _____

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions On Reverse Side

EXHIBIT 4

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLI
(Other instructions
reverse side)Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM 0379454

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

R. F. Leggett

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Wildcat

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

33-21S-33E

12. COUNTY OR PARISH

Lea

NM

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—" for such proposals.)1. OIL ☐ GAS ☒ OTHER ☐
WELL WELL

2. NAME OF OPERATOR

BRUNSON & MCKNIGHT, INC.

3. ADDRESS OF OPERATOR

Box 297, Hobbs, NM 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

1980' FNL & 660' FEL Sec. 33, T-21-S, R-33-E

14. PERMIT NO.

15. ELEVATIONS (Show whether OF, RT, GR, etc.)

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐FRACTURE TREAT ☐SHOOT OR ACIDIZE ☐REPAIR WELL ☐

(Other)

PULL OR ALTER CASING ☐MULTIPLE COMPLETE ☐ABANDON* ☐CHANGE PLANS ☒

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐FRACTURE TREATMENT ☐SHOOTING OR ACIDIZING ☐

(Other)

REPAIRING WELL ☐ALTERING CASING ☐ABANDONMENT* ☐(NOTE: Report results of multiple completion on Well
Completion or Recompletion Report and Log form.)17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any
proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones perti-
nent to this work.) *

Amend proposed depth from 4000' to 15,000'

Proposed casing and cementing program:

Size Hole	Size Csg.	Wt.	Setting Depth	Quantity of Cement
17 1/2"	13 3/8"	48# H-40	300' circ.	300 sx Class C 18% salt
12 1/2"	9 5/8"	40# K-55 & 40# N-80	4000' circ.	200 sx Class C 18% salt, 1100 sx Lite Wate 18% salt
8 1/2"	7 5/8"	33.7# S-95 & 29.7# N-80	11,300'	600 sx Class C 18% salt
6 1/2"	5 1/2"	20# N-80	15,000'	300 sx Class H + 8 lb. salt/sack

The attached drawing depicts the type of 1500 series blowout preventer that will be used. A 1500 series Shaffer rotating head blowout preventer will be used.

Plt level indicators (totalizers) will be employed. All blowout preventer equipment will be tested by a Yellow Jacket hydraulic test to a pressure adequate to maintain all expected sub-surface pressures.

Mud program attached.

18. I hereby certify that the foregoing is true and correct

SIGNED

TITLE Operator

DATE 12/13/73

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

Drilling of the well must be in compliance with
the attached "Drilling Well Control Requirement"
dated June 22, 1973.
See Instructions on Reverse Side

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLY
(Other instructions
verse side)Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM 0379454

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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—" for such proposals.)

1.

OIL WELL ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR

BRUNSON & MCKNIGHT, INC.

3. ADDRESS OF OPERATOR

Box 297, Hobbs, New Mexico 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

1980' FNL & 660' FEL Sec. 33, T-21-S, R-33-E

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

R. F. Leggett

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Wildcat

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

33-21S-33E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

12. COUNTY OR PARISH

Lea

13. STATE

NM

16.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) set 9 5/8" casing

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(NOTE: Report results of multiple completion on Well
Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

1/25/74:

Set 9 5/8" at TD 5035'. Cemented casing in three stages. First Stage: 200 sacks Halliburton Lite plus 200 sacks Class "C" with 2% CaCl. Second Stage: Through DV tool at 3820', consisted of 200 sacks of Halliburton Lite plus 100 sacks Class "C" with 2% CaCl. Third Stage: Through DV tool at 3406', consisted of 1300 sacks of Halliburton Lite plus 100 sacks of Class "C" with 2% CaCl. WOC 8 hours. Ran temperature survey to top of DV tool at 3403'. Found top of cement at 1500' from the surface. Drilled both DV tools, float collar and casing shoe. Lost returns when shoe was drilled. Set Halliburton EZ-Drill Cement Retainer at 4800'. Pumped 350 sacks of Class "C" cement. Pulled out of retainer and reversed out 35 sacks of cement. WOC 24 hours. Drilled retainer and cement to 5035'. Drilled 5' of formation. Tested with 2000# for one hour, held ok.

18. I hereby certify that the foregoing is true and correct

SIGNED

TITLE

Operator

DATE

2/18/74

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPL
(Other instructions
verse side)

E-
re-

Form Approved.
Budget Bureau No. 42-R1424.
5. LEASE DESIGNATION AND SERIAL NO.

NM 0379454

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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—" for such proposals.)

1. ☐ OIL WELL ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR

3. ADDRESS OF OPERATOR
BRUNSON & MCKNIGHT, INC.

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

1980' FNL & 660' FEL Sec. 33, T-21-S, R-33-E

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

9. WELL NO. **R. F. Loggett**

10. FIELD AND POOL, OR WILDCAT

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA
Wildcat

33-215-33E

14. PERMIT NO.

15. ELEVATIONS (Show whether OF, RT, GR, etc.)

12. COUNTY OR PARISH

13. STATE

Lea

NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) **set 7 5/8" liner**

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

2/15/74:

Ran 7 5/8" liner as follows:

86 fts. 26.40 SFJP Hydril 3696.54'

57 fts. 29.70 FJP Hydril 2499.94'

T.O. 11,098'. First stage cement: 375 sacks Halliburton Lite with 3% Econolite and 1/3 Flocalc per sack, followed with 200 sacks of Class "H" with 3/4 of 1% CFR-2 and 1/3 Flocalc per sack, circulated one hour. Tested top of liner; would not hold. Second stage: Squeezed top of liner with 150 sacks Class "C" plus 5 lbs. NaCl per sack at 150 per gallon. Tested top of liner with 2000# psi for one hour, held ok. Drilled to shoe, tested to 2000# 30 minutes, held ok. Drilled shoe and 5' formation. Tested with 750#, held ok.

18. I hereby certify that the foregoing is true and correct

SIGNED

TITLE **Operator**

DATE **2/25/74**

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

**ACCEPTED FOR RECORD
FEB 26 1974**

**U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO**

*See Instructions on Reverse

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPL
(Other instructions
verse side)

Form approved.
Budget Bureau No. 42-R1424.

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—" for such proposals.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR	8. FARM OR LEASE NAME
3. ADDRESS OF OPERATOR	9. WELL NO.
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface	10. FIELD AND POOL, OR WILDCAT
1980' FNL & 660' FEL Sec. 33, T-21-S, R-33-E	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
14. PERMIT NO.	12. COUNTY OR PARISH
15. ELEVATIONS (Show whether DF, RT, GR, etc.)	13. STATE

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input 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. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

In order to repair a hole which developed in the 9 5/8" casing, the following 7 5/8" liner was run:

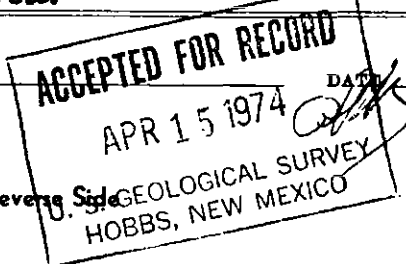
3-27-74:

Reamed 9 5/8" casing to 4900', ran 4945.97' N-80 7 5/8", Range 3, 430 casing. Set at 4939' with 100 sacks Halliburton Lite Water cement plus 125 sacks Halliburton Class "C" with 2% CaCl and 1/2 of 1% CFR-2. WOC 2 hours. Tested casing and seal in top of casing to 25000, held ok.

18. I hereby certify that the foregoing is true and correct

SIGNED [Signature] TITLE Operator DATE 4/11/74
(This space for Federal or State office use)

APPROVED BY _____ TITLE _____
CONDITIONS OF APPROVAL, IF ANY:



*See Instructions on Reverse Side

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE
(Other instructions on
reverse side)Form approved.
Budget Bureau No. 42-R1424.
5. LEASE DESIGNATION AND SERIAL NO.

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—" for such proposals.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/>	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR	8. FARM OR LEASE NAME
3. ADDRESS OF OPERATOR	9. WELL NO.
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface	10. FIELD AND POOL, OR WILDCAT
11. 1980' FNL & 680' FEL Sec. 33, T-21-S, R-33-E	11. R., M., OR BLK. AND SURVEY OR AREA
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.)
	12. COUNTY OR PARISH
	13. STATE

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data			
NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input checked="" type="checkbox"/> setting liners	(Other) <input type="checkbox"/>
(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)			

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

2-15-74: Set 56 jts. 29.74 FJP Hydril, 2413.68' and 89 jts. of 26.44 SFJP Hydril, 3739.90', plus double valve float, a B&W latch-in collar, a B&W rotating hanger and crossover sub, total 6153.48' set at 11,095' bottom and 4945' top with 375 sx Halliburton Lite w/2% Econolite and 1# Floccs per sack and 200 sx Class H with 3/4 of 1% CFR-3 and 1# Floccs per sack. All 7 5/8" casing.

2-27-74: Ran 4945.97' of N-80, 7 5/8", 43# casing from surface to 4939' inside of 9 5/8" casing and cemented with 100 sx. Howco Lite plus 125 sx Class C + 2% CaCl. Tested to 2500# after drilling plug.

6-3-74: Ran 180 jts. 5" 19.5#, total 3393.86' plus float shoe, plug catcher and liner hanger for a total of 5405.29' set 1' off bottom at 14,982' and top at 9577' with 725 sx. Haled 22. Tested top of liner after drilling cement with salt water at liner top and 12.2# mud hydrostatic plus 2350#, held for 1 hour.

18. I hereby certify that the foregoing is true and correct

SIGNED

TITLE

Agent

DATE

7/15/74

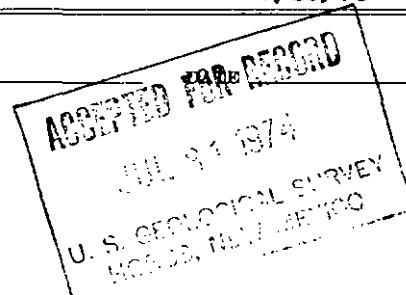
(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side



UNIT STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLIC.
(Other instructions on
reverse side)

Form approved.
Budget Bureau No. 42-R1424.

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—" for such proposals.)

1. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR BRUNSON & MCKNIGHT, INC.		8. FARM OR LEASE NAME R. F. Leggett	
3. ADDRESS OF OPERATOR Box 297, Hobbs, New Mexico 88240		9. WELL NO. 1	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980' FNL & 660' FRL Sec. 33, T-21-S, R-23-E		10. FIELD AND POOL, OR WILDCAT Wildcat	
14. PERMIT NO.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 23-21S-23E	
15. ELEVATIONS (Show whether DF, RT, CR, etc.) 3647.1 GR		12. COUNTY OR PARISH Lea	
		13. STATE NM	

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETION	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<input type="checkbox"/>

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other) set surface	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

12-22-73:

Spudded well with rotary tools 10:00 AM, set 13 3/8" casing at 330', cemented with 300 sacks.

18. I hereby certify that the foregoing is true and correct

SIGNED *James Woodard*

TITLE Agent

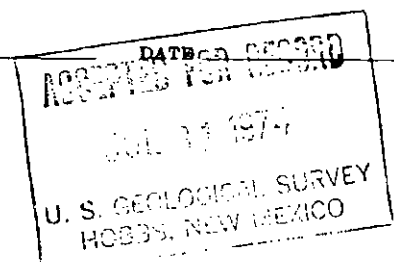
DATE 7/28/74

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

*See Instructions on Reverse Side



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LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRODUCTION 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
 BRUNSON & MCKNIGHT, INC.
 Address
 Box 297, Hobbs, NM 88240

Reason(s) for filing (Check proper box)
 New Well ☒ Change in Transporter of:
 Recompletion ☐ Oil ☐ Dry Gas ☐
 Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

Other (Please explain)

If change of ownership give name
 and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name: R. F. Leggett
 Well No.: 1
 Pool Name, including Formation: ~~Wildcat~~ Leggett Morrow Gas
 Kind of Lease: Federal
 Lease No.: NM0379454

Location
 Unit Letter: 7, 1980 Feet From The North Line and 660 Feet From The East
 Line of Section: 33 Township: 21 South Range: 33 East, NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☐ Address (Give address to which approved copy of this form is to be sent)
 Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒ Address (Give address to which approved copy of this form is to be sent)
 El Paso Natural Gas Company El Paso, Texas
 If well produces oil or liquids, give location of tanks. Unit Sec. Twp. Pge. Is gas actually connected? When
 Yes 1/21/75

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.
		X	X					
Date Spudded 12/23/73	Date Compl. Ready to Prod. 8/2/74	Total Depth 14,983'	P.B.T.D. 14,820'					
Elevations (DF, RKB, RT, GR, etc.) 3647.1 GR	Name of Producing Formation Morrow	Top Oil/Gas Pay 14,030'	Tubing Depth 13,897'					
Perforations 14,741', 14,739', 14,697', 14,696', 14,694', 14,693', 14,649', 14,648', 14,647', 14,596', 14,572', 14,570', 14,569', 14,546', 14,545', 14,544', 14,543', 14,542'								Depth Casing Shoe
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17 1/2"	13 3/8"	330'	300					
12 1/4"	9 5/8"	5,035'	2150					
8 1/2"	7 5/8"	11,098'	575					
6 1/2"	5"	14,820'	400					

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

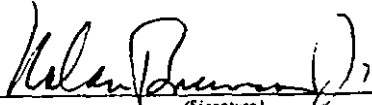
Date First New Oil Run To Tanks: Date of Test: Producing Method (Flow, pump, gas lift, etc.):
 Length of Test: Tubing Pressure: Casing Pressure: Choke Size:
 Actual Prod. During Test: Oil - Bbls.: Water - Bbls.: Gas - MCF:

GAS WELL

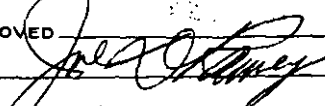
Actual Prod. Test-MCF/D: Length of Test: Bbls. Condensate/MMCF: Gravity of Condensate:
 2,300 24 hr. dry --
 Testing Method (pilot, back pr.) flow to sales line: Tubing Pressure (shut-in): Casing Pressure (shut-in): Choke Size:
 4315# 0 - packer 18/64"

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.


 (Signature)
 President
 (Title)
 1/29/75
 (Date)

OIL CONSERVATION COMMISSION

APPROVED: 
 BY:
 TITLE:
 19

This form is to be filed in compliance with RULE 14.
 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.

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE

(See other in-
structions on
reverse side)Form approved.
Budget Bureau No. 42-B355.5.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

1a. TYPE OF WELL: OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> DRY <input type="checkbox"/> Other _____		5. LEASE DESIGNATION AND SERIAL NO. NM 0379454	
b. TYPE OF COMPLETION: NEW WELL <input checked="" type="checkbox"/> WORK OVER <input type="checkbox"/> DEEP-EN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> DIFF. RESVR. <input type="checkbox"/> Other _____		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
2. NAME OF OPERATOR BRUNSON & McKNIGHT, INC.		7. UNIT AGREEMENT NAME	
3. ADDRESS OF OPERATOR Box 297, Hobbs, New Mexico 88240		8. FARM OR LEASE NAME R. F. Loggett	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 1980' FNL & 660' FEL Sec. 33, T-21-S, R-33-E At top prod. interval reported below At total depth		9. WELL NO. 1	
14. PERMIT NO.		DATE ISSUED	
10. FIELD AND POOL, OR WILDCAT Wildcat		11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA 33-21S-33E	
12. COUNTY OR PARISH Lea		13. STATE NM	
15. DATE SPUDDED 12-23-73	16. DATE T.D. REACHED 6-8-74	17. DATE COMPL. (Ready to prod.) 12-2-74	18. ELEVATIONS (DF, RKB, RT, OB, ETC.)* 3854.1 DF
19. ELEV. CASINGHEAD 3643'	20. TOTAL DEPTH, MD & TVD 14,983'		
21. PLUG BACK T.D., MD & TVD 14,820'		22. IF MULTIPLE COMPL., HOW MANY* ROHS	23. INTERVALS DRILLED BY 0-14,984'
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 14,542' - 14,741' Morrow			25. WAS DIRECTIONAL SURVEY MADE No
26. TYPE ELECTRIC AND OTHER LOGS RUN GR-Cal.-Bulk Density-Comp. Neutron, Dual Laterolog, Dipmeter, Bore Hole Comp. Acoustic & GR; Microlaterolog			27. WAS WELL CORED No
28. CASING RECORD (Report all strings set in well)			
CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE
13 3/8"	84#	320'	17 1/2"
9 5/8"	38.75# 40#	5035'	13 1/2"
7 5/8"	33#	4832'	8 1/2"
30. TUBING RECORD		AMOUNT PULLED	
300 BX		None	
1200 + 350 BX		None	
475 BX		None	
29. LINER RECORD			
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*
1 5/8"	4946'	11,098'	375 L, 200 cft
5"	9578'	14,983'	725#x Hal 22
31. PERFORATION RECORD (Interval, size and number)		32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.	
Perf. 14,567'-71'; 14,584'-97'; 14,621'; 14,672'-74'; 14,718'-22'; 14,764'-66' by GR w/3/8" 1 per ft.		DEPTH INTERVAL (MD)	
Perf. 14,364'-74' & 14,350'-54' by GR w/16 shots		AMOUNT AND KIND OF MATERIAL USED	
		14,567'-14,766' 2500 gal. acid - plugged at 14,520'	
		14,364'-14,354' 1000 gal. acid -	
33.* PRODUCTION			
DATE FIRST PRODUCTION 1-21-75		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Flow	
WELL STATUS (Producing or shut-in) Producing			
DATE OF TEST 1-21-75	HOURS TESTED 24	CHOKE SIZE 18/64"	PROD'N. FOR TEST PERIOD →
OIL—BBL. -0-	GAS—MCF. 2300	WATER—BBL. 50	GAS-OIL RATIO -0-
FLOW. TUBING PRESS. 1075	CASING PRESSURE 0-pkr	CALCULATED 24-HOUR RATE →	OIL—BBL. →
GAS—MCF. →		WATER—BBL. →	
OIL GRAVITY-API (CORR.)			
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) Sold			
TEST WITNESSED BY J. Janica			
35. LIST OF ATTACHMENTS			

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records

SIGNED _____

TITLE _____

DATE

2/6/75

*(See Instructions and Spaces for Additional Data on Reverse Side)