

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 88240

OIL CONSERVATION DIVISION
RECORDED
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

WELL API NO.	30-025-30513
5. Indicate Type of Lease	STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease 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" (FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Lease Name or Unit Agreement Name Hood 8
2. Name of Operator Anadarko Petroleum Corporation	8. Well No. 1
3. Address of Operator P.O. Box 806 Eunice, NM 88231	9. Pool name or Wildcat Wildcat

4. Well Location
Unit Letter B : 860 Feet From The North Line and 1980 Feet From The East Line
Section 8 Township 17S Range 38E NMPM Lea County
10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3714.2 GL

11. 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"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: <input type="checkbox"/>	

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.

- MIRU Plugging unit. TOH w/RBP & PKR.
- Shoot csg @ 10,050' & could not pull. Set CIBP @ 10,000' w/35 SX cement on top. Displace hole w/10# brine w/35 SX gel per 100 Bl. brine.
- Shoot csg @ 5077' & pull csg. Set 50 SX cement plug 5130'-4980' (tagged plug).
- Set 50 SX cement plug 4540-4445' (tagged plug).
- Set 35 SX cement plug @ 2080'.
- Set 35 SX cement plug @ 455'.
- Set 10 SX cement plug @ surface.
- Set P & A marker, cover pits, and clean location (8-23-89).

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

SIGNATURE Rick L. Langley TITLE Field Foreman DATE 8-23-89
 TYPE OR PRINT NAME Rick L. Langley TELEPHONE NO. 394-318

(This space for STATE Use)

APPROVED BY [Signature] TITLE OIL & GAS INSPECTOR DATE JAN 30 1990

CONDITIONS OF APPROVAL, IF ANY:

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 88240

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

WELL API NO.
30-025-30513

5. Indicate Type of Lease
STATE FEE

6. State Oil & Gas Lease 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"
(FORM C-101) FOR SUCH PROPOSALS.)

7. Lease Name or Unit Agreement Name
RECEIVED

Hood 8 JUL 31 1989

1. Type of Well:
OIL WELL GAS WELL OTHER

8. Well No. OIL CONSERVATION DIV.
SANTA FE

2. Name of Operator
Andarko Petroleum Corporation

9. Pool name or Wildcat
Wildcat

3. Address of Operator
P.O. Box 806 Eunice, NM 88231

4. Well Location
Unit Letter B : 860 Feet From The North Line and 1980 Feet From The East Line
Section 8 Township 17S Range 38E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3714.2 GL

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING CASING TEST AND CEMENT JOB
OTHER: 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.

- MIRU Plugging Unit.
- Release PKR @ 11,200'. Load hole and kill well w/9.5# brine containing 35 SX brine gel/100 bbl brine. TOH w/ 2 7/8" tbg and PKR.
- Set CIBP @ 11,200' w/35' cement plug on top.
- Cut 5 1/2" csg @ 10,000'. Attempt to pull csg. If successful, TIH w/ 2 7/8" tbg. Set 100' cement plug 50' in and 50' above 5 1/2" csg stub @ 10,000'.
- Set 35 SX cement plug in OH @ 8640'.
- Set 35 SX cement plug in OH @ 6500'.
- Set 35 SX cement plug in OH @ 5070'.
- Set 35 SX cement plug @ 4540', 50' in and 50' out of 8 5/8" csg set @ 4490'.
- Set 35 SX cement plug @ 2080'.

Continued on next page.

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

SIGNATURE John C. English TITLE Area Supervisor DATE July 26, 1989
TYPE OR PRINT NAME John C. English TELEPHONE NO. 394-3184

(This space for State Use)
APPROVED BY [Signature] TITLE DISTRICT 1 SUPERVISOR DATE JUL 28 1989
CONDITIONS OF APPROVAL, IF ANY:

THE COMMISSION MUST BE NOTIFIED 24 HOURS PRIOR TO THE BEGINNING OF PLUGGING OPERATIONS FOR THE C-103 TO BE APPROVED.

RECEIVED
JUL 27 1961

RECEIVED

10. Set 35 SX cement plug @ 465'.
11. Set 10 SX cement plug @ surface.
12. RD Plugging unit. Remove well head equipment. Set plugged well marker. Clean location.

Lu
30-025-30513



INCLINATION REPORT

OPERATOR: *Sohio Pet. Co.*
Standard Oil Production
P.O. Box 4587
Houston, Texas 77210

LOCATION: *S60°N + 198°E*
~~SOPE~~ Hood *8-1/7 22*
(Sec ~~S~~, T16S, R37E)
Lea County, New Mexico

DEPTH FEET	INCLINATION DEGREES	DEPTH FEET	INCLINATION DEGREES	DEPTH FEET	INCLINATION DEGREES
227	1/4	8,285	2-3/4		
426	1/2	8,535	2-1/2		
1,436	1/4	8,783	2		
2,023	1/2	9,031	1/2		
2,540	1/4	9,243	1/2		
3,033	1	9,470	1/4		
4,029	1	9,705	3/4		
4,490	1-1/4	9,951	2		
5,005	1-3/4	10,200	1-3/4		
5,500	1-1/4	10,430	2		
5,998	1	10,687	1-1/2		
6,556	1	11,112	2-1/2		
7,050	2-1/2				
7,551	1-1/4				
7,795	1-1/2				
8,044	2				

RECEIVED

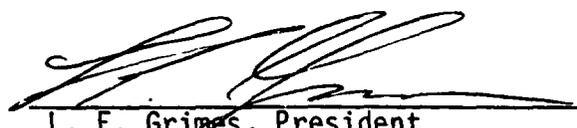
APR 20 1989

OIL CONSERVATION DIV.
SANTA FE

COUNTY OF MIDLAND
STATE OF TEXAS

The undersigned states that he has knowledge of the facts and matter herein set forth and that the same are true and correct.

FEB 03 1989


L. E. Grimes, President

SUBSCRIBED AND SWORN TO BEFORE ME THIS 27th day of January 19 89


Dana West
Notary Public

My commission expires: 7-19-89

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

OIL CONSERVATION DIVISION

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

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

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS**

I.

Operator Anadarko Petroleum Corporation		Well API No. 30-025
Address P.O. Box 806 Eunice, NM 88231		
Reason(s) for Filing (Check proper box)		<input type="checkbox"/> Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:	Request to Sell 40 Bbls of Oil Oil RECEPTION DIV. July 1989
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator _____		

RECEIVED
JUL 10 1989
Oil RECEPTION DIV.
July 1989

II. DESCRIPTION OF WELL AND LEASE

Lease Name Hood 8	Well No. 1	Pool Name, including Formation Wildcat	Kind of Lease XXX XXXXX Fee	Lease No.
Location Unit Letter <u>B</u> : <u>860</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>East</u> Line Section <u>8</u> Township <u>17S</u> Range <u>38E</u> , NMPM, Lea 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"/> J.M. Petroleum	Address (Give address to which approved copy of this form is to be sent) P.O. Box 6527 Midland, Tx 79711				
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> None designated at this time	Address (Give address to which approved copy of this form is to be sent) NA				
If well produces oil or liquids, give location of tanks.	Unit B	Sec. 8	Twp. 17S	Rge. 38E	Is gas actually connected? When? NA NA

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)	<input type="checkbox"/> Oil Well	<input type="checkbox"/> Gas Well	<input type="checkbox"/> New Well	<input type="checkbox"/> Workover	<input type="checkbox"/> Deepen	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Same Res'v	<input type="checkbox"/> 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 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 Rick L. Langley
Printed Name Rick L. Langley Field Foreman Title
Date July 3, 1989 Telephone No. 394-3184

OIL CONSERVATION DIVISION

JUL 06 1989

Date Approved _____
By Eddie W. Dean
Title OIL & GAS INSPECTOR

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.

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

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

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

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS**

I.

Operator Anadarko Petroleum Corporation	Well API No. 30-025-30513
Address P.O. Box 806 Eunice, NM 88231	
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> Other (Please explain) 110	
New Well <input type="checkbox"/>	Change in Transporter of: <input type="checkbox"/> Dry Gas <input type="checkbox"/> Request to sell 72 Bbls test oil
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	June 1989
If change of operator give name and address of previous operator _____	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Hood	Well No. 1	Pool Name, Including Formation Wildcat	Kind of Lease XXXXXXXXXX	Lease No.
Location Unit Letter B : 860 Feet From The North Line and 1980 Feet From The East Line Section 8 Township 17S Range 38E , NMPM , Lea 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"/> J.M. Petroleum	Address (Give address to which approved copy of this form is to be sent) P.O. Box 6527 Midland, Tx 79711			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> None designated at this time	Address (Give address to which approved copy of this form is to be sent) NA			
If well produces oil or liquids, give location of tanks.	Unit B	Sec. 8	Twp. 17S	Rge. 38E
Is gas actually connected?	When ?		NA	

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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v <input type="checkbox"/>	Diff Res'v <input type="checkbox"/>
Date Spudded	Date Compl. Ready to Prod. 2-22-89		Total Depth 11,800		P.B.T.D. 11,306			
Elevations (DF, RKB, RT, GR, etc.) 3714.2 GL	Name of Producing Formation Strawn		Top Oil/Gas Pay 11,218		Tubing Depth PKR 11,190			
Perforations 11,218-21, 11,241-47, 11,262-65, 11,273-76, 11,280-86					Depth Casing Shoe 11,800			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"	13 3/8"		426'		400 SX			
11"	8 5/8"		4490'		1700 SX			
7 7/8"	5 1/2"		11,800'		875 SX			
	2 7/8"		11,190' PKR					

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 2-22-89	Date of Test 3-15-89	Producing Method (Flow, pump, gas lift, etc.) Swabbed	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF JUN - 5 1989

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 *Rick L. Langley*
Printed Name **Rick L. Langley Field Foreman**
Date **May 30, 1989** Telephone No. **505-394-3184**

OIL CONSERVATION DIVISION

Date Approved **JUN 1 1989**
By *Gary L. ...*
Title **DISTRICT 1 SUPERVISOR**

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.

Unit	Sec	Twp	Rge	Is gas actually connected?	When ?
B	8	17S	38E	NA	NA

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					
	2-22-89		11,800			P.B.T.D.	11,306	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay					
3714.2 GL	Strawn		11,218					
Perforations								
11,218-21, 11,241-47, 11262-65, 11,273-76, 11,280-86								
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET				SACKS CEMENT	
1 7/8"	13 3/8"		426'				400 SX	
1 1/2"	8 5/8"		4490'				1700 SX	
7 7/8"	5 1/2"		11800'				875 SX	
	2 7/8"		11190' PKR					

V. TEST DATA AND REQUEST FOR ALLOWABLE

(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.)
2-22-89	3-15-89	Swabbed
Length of Test	Tubing Pressure	Casing Pressure
24 hrs	20	0
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.
35	35	139

GAS WELL

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

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 *Rick L. Langley* Title Field Foreman
 Printed Name Rick L. Langley
 Date May 11, 1989 Telephone No. 505-394-3184

RECEIVED

Choke Size NA
 Gas-MCF NA
 Choke Size MAY 31 1989

OIL CONSERVATION DIVISION
DATE RECEIVED
MAY 24 1989
 Date Approved _____
 By *Rick L. Langley*
 Title Geologist

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.

Submit to Appropriate District Office
 State Lease - 6 copies
 Fee Lease - 5 copies
 DISTRICT I
 P.O. Box 1980, Hobbs, NM 88240

State of New Mexico
 Energy, Minerals and Natural Resources Department

Form C-105
 Revised 1-1-89

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

WELL API NO.
 30-025-30513

5. Indicate Type of Lease
 STATE FEE

6. State Oil & Gas Lease No.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG

1a. Type of Well:
 OIL WELL GAS WELL DRY OTHER _____

b. Type of Completion:
 NEW WELL WORK OVER DEEPEN PLUG BACK DIFF RESVR OTHER _____

7. Lease Name or Unit Agreement Name
RECEIVED
 Hood 8

2. Name of Operator
 Anadarko Petroleum Corporation

8. Well No. MAY 15 1989
 1

3. Address of Operator
 P.O. Box 806 Eunice, NM 88231

9. Pool name CONSERVATION DIV.
 Wildcat SANTA FE

4. Well Location
 Unit Letter B: 860 Feet From The North Line and 1980 Feet From The East Line
 Section 8 Township 17S Range 38E NMPM Lea County

10. Date Spudded 12-22-88 11. Date T.D. Reached 1-14-89 12. Date Compl. (Ready to Prod.) _____ 13. Elevations (DF & RKB, RT, GR, etc.) 3728.7 14. Elev. Casinghead 3714.2

15. Total Depth 11800 16. Plug Back T.D. 11753 17. If Multiple Compl. How Many Zones? _____ 18. Intervals Drilled By Rotary Tools RT Cable Tools _____

19. Producing Interval(s), of this completion - Top, Bottom, Name Strawn (11,218-11,315) 20. Was Directional Survey Made _____

21. Type Electric and Other Logs Run Dual Laterolog, Spectral Density Dual Spaced Neutron 22. Was Well Cored _____

23. CASING RECORD (Report all strings set in well)

CASING SIZE	WEIGHT LB/FT.	DEPTH SET	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
13 3/8	426		17 1/2	400 SX	
8 5/8	4490		11	1700 SX	
5 1/2	11,800		7 7/8	1175 SX	

24. LINER RECORD

SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN

25. TUBING RECORD

SIZE	DEPTH SET	PACKER SET
2 7/8	11,190	11,190

26. Perforation record (interval, size, and number) (2 SPF)
11,218-11,221, 11,241-11,247, 11,262-11,265, 11,273-11,276, 11,280-11,286, 11,311-11,351

27. ACID, SHOT, FRACTURE, CEMENT, SQUEEZE, ETC.

DEPTH INTERVAL	AMOUNT AND KIND MATERIAL USED
<u>11,218-11,247</u>	<u>3000 gal gelled 20% NEFE</u>
<u>11,262-11,286</u>	<u>3000 gal gelled 20% NEFE</u>

28. PRODUCTION

Date First Production _____ Production Method (Flowing, gas lift, pumping - Size and type pump) _____ Well Status (Prod. or Shut-in) Shut-in

Date of Test	Hours Tested	Choke Size	Prod'n For Test Period	Oil - Bbl.	Gas - MCF	Water - Bbl.	Gas - Oil Ratio

Flow Tubing Press.	Casing Pressure	Calculated 24-Hour Rate	Oil - Bbl.	Gas - MCF	Water - Bbl.	Oil Gravity - API - (Corr.)

29. Disposition of Gas (Sold, used for fuel, vented, etc.) _____ Test Witnessed By _____

30. List Attachments _____

31. I hereby certify that the information shown on both sides of this form is true and complete to the best of my knowledge and belief

Signature Rick Langley Printed Name Rick Langley Title Field Foreman Date 4-10-89

INSTRUCTIONS

This form is to be filed with the appropriate District Office of the Division not later than 20 days after the completion of any newly-drilled or deepened well. It shall be accompanied by one copy of all electrical and radio-activity logs run on the well and a summary of all special tests conducted, including drill stem tests. All depths reported shall be measured depths. In the case of directionally drilled wells, true vertical depths shall also be reported. For multiple completions, Items 25 through 29 shall be reported for each zone. The form is to be filed in quintuplicate except on state land, where six copies are required. See Rule 1105.

INDICATE FORMATION TOPS IN CONFORMANCE WITH GEOGRAPHICAL SECTION OF STATE

Southeastern New Mexico

Northwestern New Mexico

T. Anhy _____	T. Canyon _____	T. Ojo Alamo _____	T. Penn. "B" _____
T. Salt 2050 _____	T. Strawn 11,218 _____	T. Kirtland-Fruitland _____	T. Penn. "C" _____
B. Salt _____	T. Atoka _____	T. Pictured Cliffs _____	T. Penn. "D" _____
T. Yates 3180 _____	T. Miss _____	T. Cliff House _____	T. Leadville _____
T. 7 Rivers _____	T. Devonian _____	T. Menefee _____	T. Madison _____
T. Queen _____	T. Silurian _____	T. Point Lookout _____	T. Elbert _____
T. Grayburg _____	T. Montoya _____	T. Mancos _____	T. McCracken _____
T. San Andres 5272 _____	T. Simpson _____	T. Gallup _____	T. Ignacio Otzte _____
T. Glorieta 6856 _____	T. McKee _____	Base Greenhorn _____	T. Granite _____
T. Paddock _____	T. Ellenburger _____	T. Dakota _____	T. _____
T. Blinebry _____	T. Gr. Wash _____	T. Morrison _____	T. _____
T. Tubb _____	T. Delaware Sand _____	T. Todilto _____	T. _____
T. Drinkard _____	T. Bone Springs _____	T. Entrada _____	T. _____
T. Abo 8652 _____	T. _____	T. Wingate _____	T. _____
T. Wolfcamp 10054 _____	T. _____	T. Chinle _____	T. _____
T. Penn _____	T. _____	T. Permian _____	T. _____
T. Cisco (Bough C) _____	T. _____	T. Penn "A" _____	T. _____

OIL OR GAS SANDS OR ZONES

No. 1, from.....to.....
 No. 2, from.....to.....
 No. 3, from.....to.....
 No. 4, from.....to.....

IMPORTANT WATER SANDS

Include data on rate of water inflow and elevation to which water rose in hole.

No. 1, from.....to.....feet.....
 No. 2, from.....to.....feet.....
 No. 3, from.....to.....feet.....

LITHOLOGY RECORD (Attach additional sheet if necessary)

From	To	Thickness in Feet	Lithology	From	To	Thickness in Feet	Lithology
0	2050	2050	Redbeds & Salt				
2050	3180	1130	Rustler				
3180	5272	2092	Yates				
5272	6856	1584	San Andres				
6856	8652	1796	Glorieta				
8652	10054	1402	ABO				
10054	11218	1164	Wolfcamp				
11218	11800	582	Strawn				

RECEIVED
 APR 18 1989
 OCD
 HOBBS OFFICE

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

OIL CONSERVATION DIVISION

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

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

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
 TO TRANSPORT OIL AND NATURAL GAS**

I.

Operator Anadarko Petroleum Corporation	Well API No.
Address P.O. Box 806 Eunice, NM 88231	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> Effective Date 2-22-89
If change of operator give name and address of previous operator Sohio Pet. Co.	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Hood 8	Well No. 1	Pool Name, including Formation Strawn-Wildcat	Kind of Lease State, Federal or Fee	Lease No.
Location Unit Letter B : 710 Feet From The North Line and 2100.1980 Feet From The East Line Section 8 Township 17S Range 38E , 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"/> None designated at this time	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"/> None designated at this time	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 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 Rick L. Langley
 Rick L. Langley Field Foreman
 Printed Name 4-6-89 394-3184
 Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved APR 7 1989
 By [Signature]
 Title DISTRICT 1 SUPERVISOR

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

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

DISTRICT I P.O. Box 1980, Hobbs, NM 88240

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. 30-025-30513
5. Indicate Type of Lease STATE [] FEE []
6. State Oil & Gas Lease 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" (FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well: OIL WELL [X] GAS WELL [] OTHER []

2. Name of Operator Anadarko Petroleum Corporation

3. Address of Operator P.O. Box 806 Eunice, NM 88231

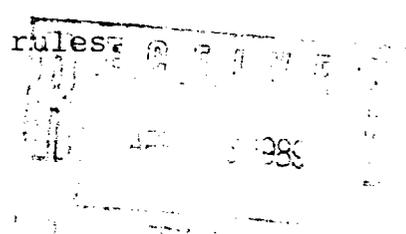
4. Well Location Unit Letter B : 710 860 Feet From The North Line and 2100 1980 Feet From The East Section 8 Township 17S Range 38E NMPM Lea County

7. Lease Name or Unit Agreement Name Hood 8
8. Well No. 1
9. Pool name or Wildcat Wildcat

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3714.2 GL

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: New Completion [X]
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.
1. MIRUPU. Release PKR & TOH w/prod. tbg. TIH w/5 1/2 RBP & PKR.
2. Acidize perforations 11,218-11,247 w/1000 gal 20% NEFE acid.
3. Swab test.
4. Acidize perforations 11,262-11,286 w/3000 gal. 20% NEFE acid.
5. Swab test.
6. If production indicated POP.
7. If non-productive P & A in accordance w/State rules



I hereby certify that the information above is true and complete to the best of my knowledge and belief.
SIGNATURE [Signature] TITLE Field Foreman DATE 4-6-88
TYPE OR PRINT NAME Rick Langley TELEPHONE NO. 394-3184

(This space for State Use)
APPROVED BY [Signature] TITLE DISTRICT 1 SUPERVISOR DATE APR 10 1988
CONDITIONS OF APPROVAL, IF ANY:

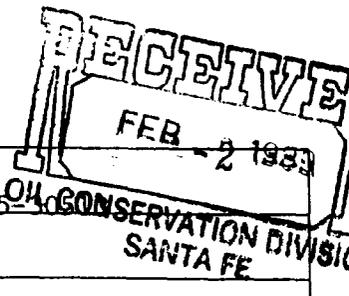
OIL CONSERVATION DIVISION

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 SOHIO PETROLEUM COMPANY, ATTN: ONSHORE NORTH PRODUCTION	Well API No. 30-025-3000
Address P.O. Box 4587, Houston, Texas 77210	
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> Recompletion <input type="checkbox"/> Change in Operator <input type="checkbox"/>	Other (Please explain) Request for test allowable 3000bbl. (stored in Frac tanks) Jan 1989

Change in Transporter of:
Oil Dry Gas
Casinghead Gas Condensate

If change of operator give name and address of previous operator _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Hood 8	Well No. 8-1	Pool Name, Including Formation Shipp Strawn	Kind of Lease State, Federal or Fee	Lease No.
Location Unit Letter <u>B</u> : 1980 Feet From The East Line and 860' Feet From The North Line Section 8 Township <u>17S</u> Range 38E, NMPM, Lea 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"/> Texaco Trading & Transportation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 6196, Midland, Tx. 79711-0196
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 ? E 8 17S 38E NO

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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded Dec. 22, 1988	Date Compl. Ready to Prod. Estimate Test 1-31-89	Total Depth 11,800'		P.B.T.D. 11755'				
Elevations (DF, RKB, RT, GR, etc.) 3714' GRL	Name of Producing Formation Strawn	Top Oil/Gas Pay 11,224'		Tubing Depth 11150'				
Perforations 11218-221', 11241-247', 11262-265', 11273-276', 11280-286', 11311-315'							Depth Casing Shoe 11,900'	
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"	13-3/8"		426'		400 sx.			
11"	8-5/8"		4490'		1700 sx.			
7-7/8"	5 1/2"		11800'		1175 sx.			
	2-7/8" tubing		11150' pkr)					

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: [Signature]
J. Hoffer, North Area Prod. Supt.
Printed Name: January 27, 1989 Title: (713)552-8500
Date: January 27, 1989 Telephone No. (713)552-8500

OIL CONSERVATION DIVISION

Date Approved: JAN 30 1989

By: [Signature]
DISTRICT 1 SUPERVISOR

Title: _____

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.

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

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

WELL API NO. 30-025-30513
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease 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" (FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well:
OIL WELL GAS WELL OTHER

2. Name of Operator
Sohio Petroleum Company

3. Address of Operator
P. O. Box 460609, Houston, Texas 77056-8609

4. Well Location
Unit Letter B : 1980 Feet From The East Line and 860 Feet From The North Line
Section 8 Township 17S Range 38E NMPM Lea County

7. Lease Name or Unit Agreement Name
Hood #8' LB - 2 - 1984

8. Well No.
1

9. Pool name or Wildcat
Wildcat CONSERVATION DIVISION SANTA FE

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3714.2

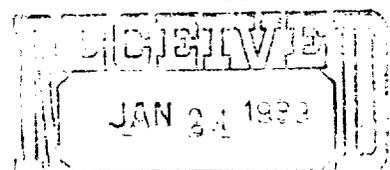
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

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

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.

Spud 12-22-88

Csg	Depth	Cement	Pressure	Date
13-3/8 conductor, 54.5 & K55	425	420 sxs C1 C		12-23-88
8-5/8, K55	4490	1500 sxs Lite, 200 sxs C1 C	500# w/o cement, 13-1/2 hours	12-26-88
5-1/2, K55 & N80	11800	875 sxs C1 C	2200#	1-17-89



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

SIGNATURE Elaine Kubicek TITLE Technical Assistant DATE 1-18-89

TYPE OR PRINT NAME Elaine Kubicek TELEPHONE NO. 713/552-6433

(This space for State Use)

APPROVED BY Jerry Seltzer TITLE DISTRICT 1 SUPERVISOR DATE FEB 01 1989

CONDITIONS OF APPROVAL, IF ANY:
cc: 0 + 2 NM Oil Cons., Hobbs
F. Hoffer
E. Kubicek
WELL FILE

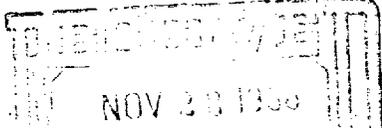
30-025-30513

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-101
Revised 10-1-78

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SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	



5A. Indicate Type of Lease
STATE FEE

5. State Oil & Gas Lease No.

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"/>		7. Unit Agreement Name
b. Type of Well OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		8. Farm or Lease Name Hood "8"
2. Name of Operator Sohio Petroleum Company		9. Well No. 1
3. Address of Operator PO Box 460609 Houston, Texas 77056-8609		10. Field and Pool, or Wildcat Wildcat
4. Location of Well UNIT LETTER B LOCATED 1980 FEET FROM THE East LINE AND 860 FEET FROM THE North LINE OF SEC. 8 TWP. 17S REC. 38 East NMPM		12. County Lea
19. Proposed Depth 12,000 TVD		19A. Formation Atoka
20. Rotary or C.T. Rotary		
1. Elevations (Show whether DF, RT, etc.) 3714.2	21A. Kind & Status Plug. Bond Blanket	21B. Drilling Contractor To be announced
		22. Approx. Date Work will start December 1, 1988

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
17 1/2	13 3/8	48	400	350	Surface
11	8 5/8	24	4500	1450	Surface
7 7/8	5 1/2	17	12000	770	8700

The proposal is to drill to 400 ft, set and cement 13 3/8 Surface Casing as outlined above. A 2-Ram, Annular BOP stack will be nipped up and tested initially and every 30 days thereafter as required. A 11" hole will be drilled to 4500 and 8 5/8 casing set across the salt. A 7 7/8" hole will be drilled to total depth. The objective is to test the Strawn. Well is to be drilled as a wildcat 40 acre. 80 acre spacing will be requested once production has been found.

cc: BW Smith
JD Sikes
Karen Harvey
Well File

Permit Expires 6 Months From Approval
Date Unless Drilling Underway

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. GIVE BLOWOUT PREVENTER PROGRAM, IF ANY.

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

Signed Elaine Kubisek Title Technical Assistant Date 12-22-88

(This space for State Use)

APPROVED BY [Signature] TITLE DISTRICT 1 SUPERVISOR DATE NOV 23 1988

CONDITIONS OF APPROVAL, IF ANY:

**NEW MEXICO OIL CONSERVATION COMMISSION
WELL LOCATION AND ACREAGE DEDICATION PLAT**

Form C-102
Supersedes C-128
Effective 1-1-65

All distances must be from the outer boundaries of the Section.

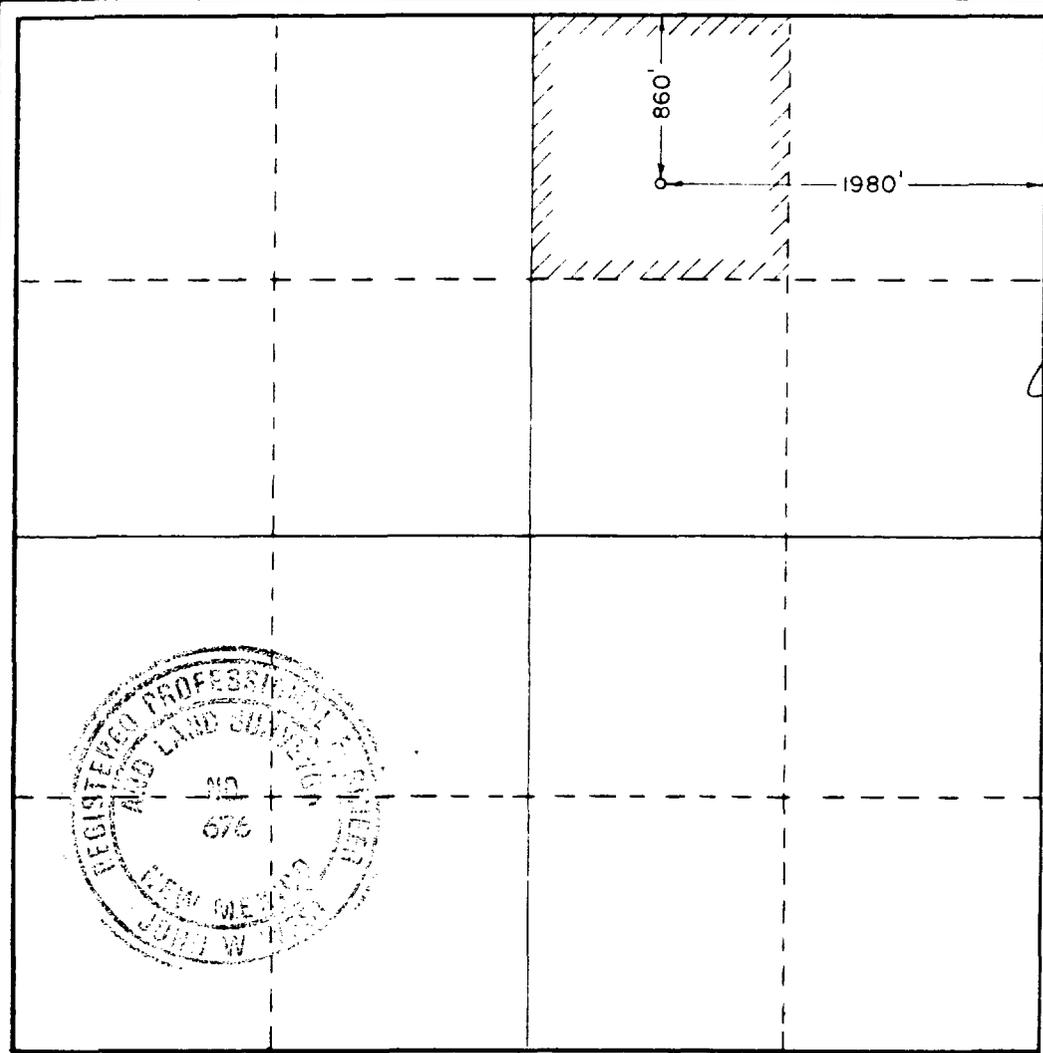
Operator Sohio Oil Company			Lease Hood "8"		Well No. 1
Unit Letter B	Section 8	Township 17 South	Range 38 East	County Lea	
Actual Footage Location of Well: 860 feet from the north line and 1980 feet from the east line					
Ground Level Elev. 3714.2	Producing Formation Strawn		Pool Wildcat		Dedicated Acreage: 40 Acres

1. Outline the acreage dedicated to the subject well by colored pencil or hachure marks on the plat below.
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
3. If more than one lease of different ownership is dedicated to the well, have the interests of all owners been consolidated by communitization, unitization, force-pooling, etc?

Yes No If answer is "yes," type of consolidation _____

If answer is "no," list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.) _____

No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interests, has been approved by the Commission.



CERTIFICATION

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

Name: *John W. West*
 Position: **Agent**
 Company: **Sohio Oil Company**
 Date: **November 22, 1988**

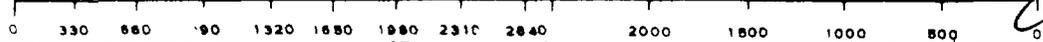
I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

Date Surveyed: **November 21, 1988**
 Registered Professional Engineer and/or Land Surveyor

John W. West
 Certificate No. **JOHN W. WEST, 676**

RONALD J. EIDSON, 3239

96566



WRS COMPLETION REPORT

REISSUES SEC 8 TWP 17S RGE 38E
PI# 30-T-0003 10/01/89 30-025-30513-0000 PAGE 1

NMEX LEA * 860FNL 1980FEL SEC NW NE
STATE COUNTY FOOTAGE SPOT

ANADARKO PET D D
OPERATOR WELL CLASS INIT FIN

1 HOOD "8"
WELL NO. LEASE NAME

3729KB 3714GR LEA CO UNDESIGNTD
OPER ELEV FIELD POOL AREA

API 30-025-30513-0000
LEASE NO. PERMIT OR WELL I.D. NO

12/22/1988 08/23/1989 ROTARY VERT D&A-0
SPUD DATE COMP. DATE TYPE TOOL HOLE TYPE STATUS

12000 ATOKA WILLBROS DRLG 6 RIG SUB 14
PROJ. DEPTH PROJ. FORM CONTRACTOR

DTD 11800 FM/TD STRAWN
DRILLERS T.D. LOG T.D. PLUG BACK TD OLD T.D. FORM T.D.

LOCATION DESCRIPTION

3 MI NW KNOWLES, NM

WELL IDENTIFICATION/CHANGES

OPERATOR CHGD FROM SOHIO PET
FINAL STATUS CHGD FROM TA-0

CASING/LINER DATA

CSG 13 3/8 @ 426 W/ 400 SACKS
CSG 8 5/8 @ 4490 W/ 1700 SACKS
CSG 5 1/2 @11800 W/ 1175 SACKS
CUT 5 1/2 CSG @ 5077 & PLD
PLUGS @ 4980-5130 W/50 SX, 4445-4540 W/50 SX,
2080 W/35 SX, 455 W/35 SX, SURF W/10 SX

TYPE FORMATION LTH TOP DEPTH/SUB BSE DEPTH/SUB

LOG SALT 2050 1679
LOG YATES 3180 549
LOG SN ANDRS 5272 -1543
LOG GLORIETA 6856 -3127
LOG ABO 8652 -4923
LOG WOLFCAMP 10054 -6325
LOG STRAWN 11218 -7489

SUBSEA MEASUREMENTS FROM KB

CONTINUED IC# 300257043588

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Petroleum Information

PI-WRS GF
Form No. 187

BB a company of
The Dun & Bradstreet Corporation

REISSUES SEC 8 TWP 17S RGE 38E
PI# 30-T-0003 10/01/89 30-025-30513-0000 PAGE 2

ANADARKO PET D D
1 HOOD "8"

PRODUCTION TEST DATA

PTS 8BO 143BW
STRAWN PERF W/ 2/FT 11218-11351 GROSS
PERF 11218-11221 11241-11247 11262-11265 11273-11276
PERF 11280-11286 11311-11320 11320-11330 11331-11351
ACID 11218-11351 3000GALS
BRPG @11306 11311-11351

PTS 32BO 23BW 12HRS
STRAWN PERF 11218-11286 GROSS
BRPG @11254 11262-11286

PTS 68BO 315BW 96HRS
STRAWN PERF 11218-11247 GROSS
ACID 11218-11247 3000GALS

STRAWN PERF 11218-11247 GROSS
ACID 11218-11247 2000GALS
BRPG @11288 11311-11351
PLD BRPG @ 11254

PTS 35BO 104BW 22HRS
STRAWN PERF 11218-11286 GROSS
PERF 11218-11286
ACID 11218-11286 3000GALS
BRPG @10000 11218-11286
SWBD 35 BO + 104 BW IN 22 HRS 30 MINS

LOGS AND SURVEYS /INTERVAL,TYPE/

LOGS DLL SPCT DENL
LOGS DSN

DRILLING PROGRESS DETAILS

ANADARKO PET
BOX 2497
MIDLAND, TX 79702
915-682-1666
11/23 LOC/1988/
12/27 DRLG 4490
01/04 DRLG 8824
01/10 DRLG 10862

CONTINUED

ANADARKO PET HOOD "8" D D
1

DRILLING PROGRESS DETAILS

01/17 11800 TD, RNG 5 1/2 CSG
01/17 DEVIATION SURVEYS @ 227 (1/4 DEG), 426 (1/2 DEG),
1436 (1/4 DEG), 2023 (1/2 DEG), 2540 (1/4 DEG),
3033 (1 DEG), 4029 (1 DEG), 4590 (1 1/4 DEG),
5005 (1 3/4 DEG), 5500 (1 1/4 DEG), 5998 (1 DEG),
6556 (1 DEG), 7050 (2 1/2 DEG), 7551 (1 1/4 DEG),
7795 (1 1/2 DEG), 8044 (2 DEG), 8285 (2 3/4 DEG),
8535 (2 1/2 DEG), 8783 (2 DEG), 9031 (1/2 DEG),
9243 (1/2 DEG), 9470 (1/4 DEG), 9705 (3/4 DEG),
9951 (2 DEG), 10200 (1 3/4 DEG), 10430 (2 DEG),
10687 (1 1/2 DEG), 11112 (2 1/2 DEG)
02/02 11800 TD, WOCT
02/08 11800 TD, WOCT
02/16 11800 TD, WOCT
02/21 11800 TD, PB 11306, SWBG
02/24 11800 TD, PB 11306, TSTG
03/02 11800 TD, PB 11306, TSTG
03/03 11800 TD, PB 11254, SWBG
03/31 11800 TD, PB 11288, SI WOO
04/13 11800 TD, PB 11288, SI
05/17 11800 TD, PB 11288, TEMP ABND
TD REACHED 01/14/89 RIG REL 01/18/89
09/28 11800 TD
COMP 8/23/89, D&A
NO CORES OR DSTS RPTD
REISSUED TO CORRECT COMP DATE, FINAL
STATUS, PROD TEST & ADD PLUGGING DETAILS,
CSG NARR & DELETE PBD
REPLACEMENT FOR CT ISSUED 5/22/89