

## PETROLEUM DEVELOPMENT CORPORATION

9720-B CANDELARIA, NE ALBUQUERQUE, NEW MEXICO 87112 TELEPHONE (505) 293-4044

RECEIVED

March 1. 1993

C3 MA4 5 AM 9

Mr. William J. LeMay-Director New Mexico Oil Conservation Commission P. O. Box 2088

Santa Fe. NM 87501

RE: Rule 111, Deviation Test and Directional Drilling

Case 10713

Dear Mr. LeMay,

Petroleum Development Corporation (PDC) applies for public hearing on April 8. 1993 to authorize the intentional deviation from the existing vertical hole using the following procedure:

- 1. Mill a  $60^{\frac{1}{2}}$  foot section in the existing 5 1/2" casing.
- 2. A directional survey will be run to determine the location of the kick off point.
- 3. Drill a  $60 \pm$  foot radii  $84^{\circ}$  to  $90^{\circ}$  into the P2 San Andres pay zone.
- 4. Horizontally drill 500 feet into the pay zone.
- 5. Adequate directional surveys will be run in the deviated hole.
- 6. The horizontal hole will be maintained a distance of 100 feet from any boundary of the 40 acre spacing tract.

FDC request permission to horizontally drill the following wells:

CATC San Andres Field
Wattam Federal #4, Unit H. Section 6, T8S. R31E.
Located 2060' FNL and 598' FEL.

CATO San Andres Field
Wattam Federal #7, Unit D. Section 6. T8S, R31E.
Located 660" FNL and 660" FWL.

Tomahawk San Anders Field
Strange Federal #4, Unit I, Section 25, T7S, R31E.
Located 1980' FSL and 660" FEL.

Attached is a list of offset operators with their correct mailing address.

Sincerely,

J. C. Johnson President

Attachment

Yates Energy Corporation Box 2323 Roswell, NM 88202-2323

Murphy Operating Corporation P. O. Box 2648 Roswell. NM 88202

Yates Petroleum Corporation 105 South 4th Artesia, NM 88210

Nauman Oil And Gas. Inc. P. O. Box 10159 Midland, TX 79702

Kerr-McGee Corporation Box 11050 Midland, TX 79701

Remuda Operating Co. 301 N. Colorado #150 Midland, TX 79701

### P 453 199 811

#### RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED NOT FOR INTERNATIONAL MAIL

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MURPHY OPERATING P O BOX 2648 ROSWELL NM 88202

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Fold at line over top of envelope to the right of the return address

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P 453 199 812

MAIL

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LARIA, N.E. N. M. 87112

> YATES PETROLEUM 105 SOUTH 4TH STREET

ARTESIA NM 88210

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested. P 453 199 812 RECEIPT FOR CERTIFIED MAIL NO INSURANCE COVERAGE PROVIDED Show to whom delivered, date, and addressee's address. 2. Restricted Delivery NOT FOR INTERNATIONAL MAIL (Extra charge) (Extra charge) (See Refe)se 4. Article Number 3. Article Addressed to: 1989-234-555 Type of Service: ☐ Insured Registered ☐ COD Certified U.S.G.P.O. Return Receipt Express Mail for Merchandise Always obtain signature of addresses Postage or agent and DATE DELIVERED 8. Addressee's Address (ONLY if Signature - Addressee Certified Fee requested and fee paid) Special Delivery Fee Signature 20 Restricted Delivery Fee 7. Date of Delivery Return Receipt showing to whom and Date Delivered Return Receipt showing to whom. Date and Address of Delivery 1985 DOMESTIC RETURN RECEIPT S Form 3811, Apr. 1989 June TO DAL Postage and F 125 Form 3800, PS P 453 199 811 RECEIPT FOR CERTIFIED MAIL NO INSURANCE COVERAGE PROVIDED NOT FOR INTERNATIONAL MAIL (See Reverse) SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. 1989-234-555 Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card rom being returned to you. The return receipt fee will provide you the name of the person delivered to and he date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested. U.S.G.P.O. Show to whom delivered, date, and addressee's address. 2. 

Restricted Delivery (Extra charge) (Extra charge) . Article Addressed t Postage Certified Fee Type of Service: Registered Insured Special Delivery Fee Certified COD Return Receipt for Merchandise Express Mail L WM 88200 Restricted Delivery Fee Always obtain signature of addressee or agent and DATE DELIVERED Return Receipt showing to whom and Date Delivered 8. Addressee's Address (ONLY if Signature - Addressee June 1985 requested and fee paid) Return Receipt showing to whom. Date, and Address of Delivery TOTAL Postage arth Form 3800, Postn

**DOMESTIC RETURN RECEIPT** 

Form 3811, Apr. 1989

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TOWNSHIP 7 Source

RANGE

SECTION

Form C-104
Revised 1-1-89
JN DIVISIONS as Branching State of New Mexico Sebmit 5 Copies
Appropriate District Office
DISTRICTJ Energy, Minerals and Natural Resources Department P.O. Box 1980, Hobbs, NM 88240 OIL CONSERVATION DIVISION DIVISION RE( . :ED DISTRICE II P.O. Drawer DD, Antesia, NM 88210 P.O. Box 2088 Santa Fe, New Mexico 87504-2088, 91 SE<sup>2</sup> 23 PM 3 43 DISTRICTIN 1000 Rio Urazos Rd., Aztec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Operator Well All No. PETROLEUM DEVELOPMENT CORPORATION Address 9720 B CANDELARIA NE ALBUQUERQUE, NM 87112 Reason(s) for Filing (Check proper box) Other (Please explain) New Well Change in Transporter of: Dry Gas Recompletion X Change in Operator Condensate If change of operator give name and address of previous operator ARTESIA NM 88210 JFG ENTERPRISE P O BOX 100 II. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Formation Tomanawk-San Andres Kind of Leas NM 45699A State (Federal)or Fee Strange Federal Location South Line and 660 East 1980 Unit Letter \_\_\_ Feet From The Line Chaves 31E Section 25 Township 7S NMPM. County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent)
P.O. Box 1183 Houston TX 77251-1183 Name of Authorized Transporter of Oil or Condensate X Permian SCURLOCK PERMIAN CORPETION OF Authorized Transporter of Casinghead Gua Permian of Dry Cas Address (Give address to which approved copy of this form is to be sent) DXY 1134 inc If well postuces oil or liquids, l Unit Sec. l Twp. is gas actually connected? When ? Rge. give location of tanks. Ves If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Oil Well Gas Well New Well Workover Dill Res'v Deepen | Plug Back | Same Rea'v Designate Type of Completion - (X) Total Depth Date Spanded P.B.T.D. Top VIVOIT Pay Elevations (DF, RKB, RI, GR, etc.) Name of Producing Formation Tubing Depth Perfeuntieus Depth Casing Shoe TUBING, CASING AND CEMENTING RECORD **CASING & TUBING SIZE** SACKS CEMENT **HOLE SIZE DEPTH SET** V. TEST DATA AND REQUES<mark>T FOR ALLOWABLE</mark> 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 Water - Bbla. Uss- MCF GAS WELL Actual Frod Test - MCF/D Longth of Test Bbls. Condensate/MMCF Gravity of Condensate Tubing Pressure (Shut-in) lesting Method (pitot, back pr.) Casing Pressure (Shut-in) Uloke Size VI. OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above 00T 12 icc is true and complete to the best of my knowledge and belief. Date Approved Drig. Signed by By\_ Signature Paul Kautz Production Manager .Jim.C Geologist Printed Name Tille (505) 293-4044 Title\_ 10-9-90 Date Telephone No.

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 one to the

Submit 5 Copies
Appropriate District Office
DISTRICT J
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico UNE GONGLE REVER VED Energy, Minerals and Natural Resources Department

AM 9 42

Encus C.104

DISTRICEJI P.O. Drawer DD, Antesia, NM 88210

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe. New Mexico 87504-2088

Revised 1-	
See Instru	
me 1101111111	

DISTRICT III 1000 Rio Biazos Rd., Aziec, NM 87410 1.	REQUE										
Operator			MOPC	ORT OIL	. AND	NATUR	IAL GA	12   Well X			- <del></del>
PETROLEUM DEVELOPMENT	CORPORA	TION						l	<u> 30-00</u>	5-20	17 <sub>0</sub>
9720 B CANDELARIA NE	ALBUQU	ERQUE	, NM	87112							
Reason(s) for Filing (Check proper box)				<del></del>		Other (Pl	ease expla	in)	····	<del></del>	
New Well Recompletion	Oil C		Transpor Dry Gas								
Change in Operator	Casinghead										
If change of operator give name JFG and address of previous operator	ENTERPRI	SE .	ΡO	BOX 10	0 A	RIESIA	NM 88	210			
II. DESCRIPTION OF WELL	AND LEAS	 SE								·· · · · · · · · · · · · · · · · · · ·	
Lease Name	<del></del>	, , - <del></del>	Pool Na	me, Includi ahawk -	ng Form	tion ndres		Kind	Jease	NM 4	56 77A
Strange Federal		<del></del>	TOIRE		Jan 7			State	ederal)or Fee	L	
Unit LetterI	:198	80	Feet Fro	on The	South	_ Line and	660	Fe	et From The	East	Line
Section 25 Townshi	p 7S	<del></del>	Range	31E		, NMPM	C	haves	<del></del>		County
III. DESIGNATION OF TRAN	SPORTER	OF O	IL ANI	) NATU	RAL G	AS					·
Name of Authorized Transporter of Oil		r Conder			Address	Give add	ress to wh	ich approved	copy of this form 1 TX 77251	is to be ser	u)
Permian  Name of Authorized Transporter of Casin	chead Gus	园	or Dry (	320 []					copy of this form		······································
CAY 11) + Inc	-	لتمسا			1.00.00						<del>-</del> ,
If well produces oil or liquids, give location of tanks.	Unit S	ec.	Twp.	<u> </u>	<u> </u>	ctually con		When \	7		
If this production is commingled with that  IV. COMPLETION DATA											
Designate Type of Completion		Oil Well	1 1 0	as Well	New	Well   Wo	nkover	Deepen	Plug Back   Sa	inie Res'v	Diff Res'v
Date Spaulded	Date Compl.	Ready to	Prod.		Total D	epth	·	<b></b>	P.B.T.D.	<del></del>	.A.,
Elevations (DF, RKB, RF, GR, etc.)	Name of Pro	Jucing F	ormation		Top Oil	/Can Pay	;		Tubing Depth		
Perforations				······································	I				Depth Casing S	Shoe	
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V. TEST DATA AND REQUE OIL WELL (Test must be after t				il and must	be equa	l to or exce	ed top allo	wable for this	depth or be for	full 24 hour	·s.)
Date First New Oil Run To Tank	Date of Test							mp, gas lýt, e			
Length of Test	Tubing Press	ure		·····	Casing	Pressure			Choke Size		· · · · · · · · · · · · · · · · · · ·
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Actual Prod. During Test	Oil - Bbls.				Water -	Bble.	•		Gas- MCP		
GAS WELL		······································	<del></del>		J		<u>.</u>		<u> </u>		•
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VI. OPERATOR CERTIFIC				ICE		OII	CON	ICEDY	ATIONID		\
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is true and complete to the best of my				,	1	Date Ap	nravo	d	TOO	13 183	U
J. O.L	// (-	)			11 '	raia W	PIOVE	<b>u</b>	<del>UU</del>		
Signature Signature	rusa	<del>'</del>			8	3y	Zu	19	( Sur )		
Jim C. Johnson P	roduction		07.1			_					
10-9-90	505) 293	-4044	Title		11 -	Tille		Geo	ogist		

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

Date

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 a me

Telephone No.

# Submit 5 Copies Appropriate District Office DISTRICT I P.O. Box 1980, Hobbs, NM 88240 DISTRICT II P.O. Drawer DD, Artesia, NM 88210

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

## **OIL CONSERVATION DIVISION**

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

AM 11 00

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

ITFG ENTER	00 16	• 🗷						API No.		.,
Address								005207	70003	
P.O. Box 10	20	AR	TES	SÍA.	N.M	. 882 ner (Please expl	11-01	00		
Reason(s) for Filing (Check proper box) New Well					∐ Oti	ner (Please expl	ain)			
Recompletion	Oil	Change in	Dry Ga							
Change in Operator	Casinghe	_	Conden	_						
If change of operator give name										
and address of previous operator										<del></del>
II. DESCRIPTION OF WELL Lease Name	AND LE		Do at N	I14	F		12:-4	- 6 Y	<del>1;</del>	
STRANGE FEDI	FRAL	Well No.	i .		ing Formation	Andre	Cinia	of Lease Federal o <del>r Fo</del>		ease No. 5677 A
Location			1 7 0 1	m n nn	<u> </u>	MARKE	<u> </u>		l,	
Unit Letter	<u> : 19</u>	80	Feet Fr	om The 👤	outh Lin	e and	60 Fe	et From The	EAST	Line
Section 25 Townshi	- 7	<b>-</b> S	D	31-E	,	мрм, С	have	_		
Section 25 Townshi	P		Range	31-6	, <u>N</u>	мгм, С.	MAVE	3	··· • · · · · · · · · · · · · · · · · ·	County
III. DESIGNATION OF TRAN	SPORTE			D NATU						
Name of Authorized Transporter of Oil	$\mathbf{x}$	or Conder				ve address to wi				
ENRON Trading a Trad	Sport		or Dry	<u></u>	Box 2	297, M ve address to w	diand	Texa	s 797	2
Name of Authorized Transporter of Casin	gnead Gas	$\boxtimes$	or Dry	Gas []	1	oo, Tul				<i>nt)</i>
If well produces oil or liquids,	Unit	Sec.	Twp.	Rge.	is gas actuali	y connected?	When		<del></del>	
give location of tanks.	P	25	7_	131	ye≤		i	3-6.	-81	
If this production is commingled with that	from any ot	her lease or	pool, giv	e commingl	ing order num	iber:				
IV. COMPLETION DATA	·	Oil Well		Gas Well	New Well	Workover	Doopen	Diug Dack	Same Res'v	Diff Res'v
Designate Type of Completion	- (X)	lou wen		JAS WCII	New Well	WORKOVEI	Deepen	Plug Back	Patille Kes A	pili kesv
Date Spudded	Date Com	pl. Ready to	Prod.		Total Depth			P.B.T.D.		
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Elevations (DF, RKB, RT, GR, etc.)	Name of P	Producing Fo	Milation		100 012 023	,		Tubing Dept	n	
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V. TEST DATA AND REQUES OIL WELL (Test must be after t					he agual to ou	aread top alle	wahla for this	e dansk or ha f	or full 24 hou	ì
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Length of Test	Tubing Pro	essure			Casing Press	ure		Choke Size		
Actual Prod. During Test	Oil - Bbls.				Water - Bbls			Gas- MCF	<del></del>	
Actual Flod. During Test	Oil - Bois.	•				•				
GAS WELL	<u> </u>	<u> </u>		<del></del>	1			<b>L</b>		
Actual Prod. Test - MCF/D	Length of	Test			Bbls. Conder	sate/MMCF		Gravity of C	ondensate	
Testing Method (pitot, back pr.)	Tubing Pr	essure (Shu	-in)		Casing Press	ure (Shut-in)		Choke Size		
					l			<u> </u>		
VI. OPERATOR CERTIFIC				ICE	$\parallel$	OIL CON	ISFRV	ATION I	DIVISIO	N
I hereby certify that the rules and regul Division have been complied with and					]	J.E J J.				
is true and complete to the best of my		_			Date	Approve	d	MAY	18 19	90
<u> </u>	0						<b>-</b>			
Signature L.G. Fletcher	Ken		· · · · · · · · · · · · · · · · · · ·		By_	Sin	ess	Sex	m	
Signature L.G. Fletcher		PAR	twe Title	~	-'7		PIDICI	1 SUPE	DVICOD	
Printed Name					Title		DIKIUI	1 3075	<b>MU</b> CIVN.	
5-15-90 Date		746-4	98/( phone N							
Jaco		1010	L	-· <u>-</u>	<u> </u>					

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.

Form 1160-5 (November 1983) (Formuly 9-331) DEPA	UNITED STATES !! RTMENT OF THE INTER!	M. SUBMIT IN TRIPLICATE (Other instructions on r	Form approved.  Budget Bureau No. 1004-0135 Expires August 31, 1985  5. LEASE DESIGNATION AND SERIAL NO.
SUNDRY N	OTICES AND REPORTS ( TICOPORAIS to drill or to deepen or plug to the control of t	obbs, New Mexico 88 On Wells	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
i. OIL [7] GAS	<u>, , , , , , , , , , , , , , , , , , , </u>		7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR			8. FARM OR LEASE NAME
JFG ENTERPRISE 3. ADDRESS OF OPERATOR			STRANGE FEDERAL 9. WELL NO.
PO BOX 100 AR  4. LOCATION OF WELL (Report locat See also space 17 below.) At surface	TESIA, N.M. 88211-010 on clearly and in accordance with any	O State requirements.*	10. FIELD AND POOL, OR WILDCAT
1980/3 1660/8	E ilmit I		TOMANAUK SAN ANDRES  11. BRC., T., R., M., OR BLK. AND BURVEY OR AREA  NE SE SEC. 25, T75, R31E
14. PERMIT NO.	15. BLEVATIONS (Show whether DF	, RT, GR, etc.)	12. COUNTY OF PARISH 18. STATE CHAVES NAM
	Appropriate Box To Indicate N		
L	NTENTION TO:		QUENT REPORT OF:
TEST WATER SHUT-OFF FRACTURE TREAT	MULTIPLE COMPLETE	WATER SHUT-OFF FRACTURE TREATMENT	REPAIRING WELL ALTERING CASING
SHOOT OR ACIDIZE	ABANDON*	SHOOTING OR ACIDIZING	ABANDONMENT*
REPAIR WELL (Other)	CHANGE PLANS	(Other) PRODUCTION (NOTE: Report result	KESUMED  is of multiple completion on Well pletion Report and Log form.)
Resu	MED PRODUCTION O	n 9/1/88.	·
		OIL CONSERVATION	Manage
18. I hereby certify that the foregol	Wis true and correct	nowner	DATE 12-30-88
(This space for Federal or State	office use)		ACCEPTED FOR RECORD PETER W. CHESTER
APPROVED BY CONDITIONS OF APPROVAL,	F ANT:		DATE
	*See Instructions	on Reverse Side	MAR 1 4 1989

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

1.	DISTRIBUTION  SANTA FE  FILE  U.S.G.S.  LAND OFFICE  TRANSPORTER  OPERATOR  PRORATION OFFICE	AUTHORIZATION TO TR	CONSERVATION COMMISSION FOR ALLOWABLE AND ANSPORT OIL AND NATURA PC 5-1-88	Form C-104 Supersedes Old C-104 and Elfective 1-1-55
	Operator  JFG Enterp  Address  Box 100 Artes  Reason(s) for filing (Check proper box  New We!!  Recompletion  Change in Ownership	Change in Transporter of:  Oil Dry G  Casinghead Gas Conde	<b>\rightarrow</b>	
	If change of ownership give name and address of previous owner	EXXON CORPORAT:		Slaw Tex. 79702
11.	DESCRIPTION OF WELL AND	LEASE		
	Strange Federal	Weil No. Pool Name, Including F  4 Tomahawk		Lease No WM -
		80 Feet From The South Lir	ne and 660 Feet Fe	
	1	waship 75 Range		
				haves County
III.	Name of Authorized Transporter of Oil			proved copy of this form is to be sent)
	Nava jo ReFining Name of Authorized Transporter of Cas	Co.	Bax 159 Artes Address (Give address to which ap	in. N. m. 882/0 proved copy of this form is to be sent)
	cities service c		Is gas actually connected?	
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.  P 25 7 31	Is gas actually connected?	
		th that from any other lease or pool,	•	<del></del>
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Res'v. Diff. Res'
	Designate Type of Completic	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	Said opticated		Total Bopin	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oll/Gas Pay	Tubing Depth
	Perforations	<u> </u>	4 <u></u>	Depth Casing Shoe
		TUBING, CASING, AND	CEMENTING RECORD	
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<b>v</b> .	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a	fter recovery of total volume of load of	oil and must be equal to or exceed top allo
i	OIL WELL Date First New Oil Run To Tanks	able for this de	pth or be for full 24 hours) Producing Method (Flow, pump, gas	lift, etc.)
			C-via Brazania	Choke Size
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas - MCF
ļ			<u> </u>	
ſ	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 COMPLIANC	E	OIL CONSER	VATION COMMISSION
	I hereby certify that the rules and re	equiations of the Oil Commence	APPROVED	APR 2 1 1988 . 19
	I hereby certify that the fules and re Commission have been complied w above is true and complete to the	ith and that the information given	w houl	3 Kauss
•	whose is ride wild combined to fue	age, or mi whousands sile pariet.		
			TITLE Geologist	a compliance with must be asset

### VI.

X. M. fletchen
(Signature) PArtner
(Title)

(Date)

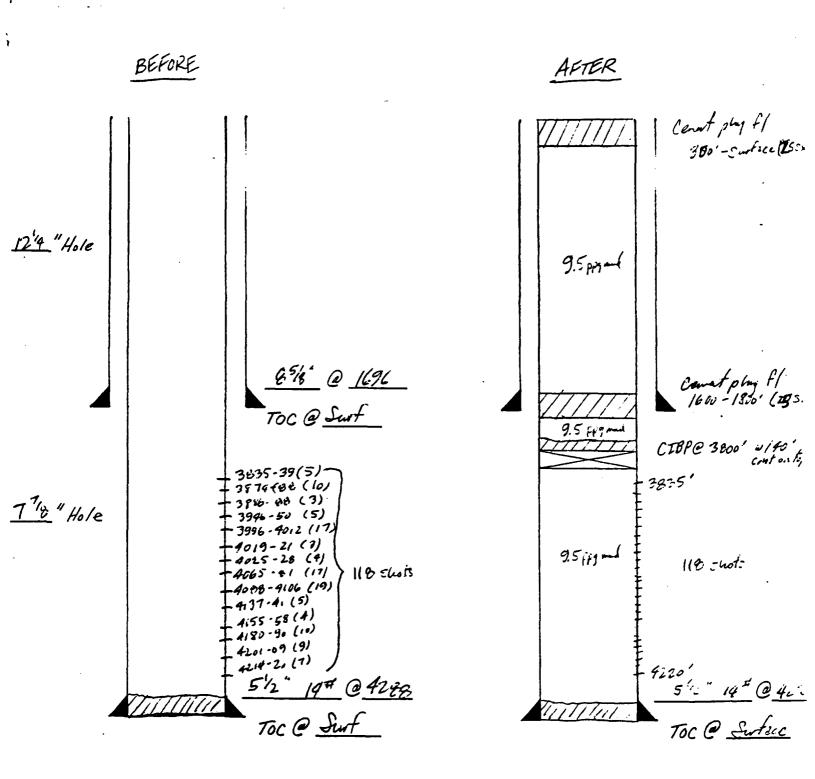
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allow able 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

Formerly 9–331) DEPARTMEN	TED STATES	III. OBJECTION TO THE STATE OF	D. LEASE DESIGNATION	31, 1985
SUNDRY NOTICES	AND REPORTS	BBS, NEW MEXICO 8824	NM 15677A	OR TRIBE NAME
(Do not use this form for proposall to Use "APPLICATION	drill or to deepen or plug ! FOR PERMIT—" for such p	back to a different reservoir. roposals.)		
OIL W SAB D OTREA	)गाञ्चाप्रमान्य	1-411	7. UNIT AGREEMENT NA	ME
2. HAME OF OPERATOR	100		S. PARM OR LEASE HAM	12
Exxon Corporation Att	n: David A. Murr	ay III)	Strange Fed	eral
. APORESS OF OPERATOR	- CHOUNTING	N DIVICION	9. WELL RO.	
P. O. Box 1600, Midland,	TX 79702	Coto contromoto C	10. PIBLD AND POOL, OF	
See also space 17 below.) At surface	and in accordance with any	Drate tedanicmente.	Tomahawk -	_
•			11. SBC., T., B., M., OR B SURVEY OR AREA	LE, AND
1980' FSL and 660' FEL of	Sec. 25			
			Sec. 25, T-	•
14. PSEMIT NO.   15.	GR 4406.5	, ET, CE, EUC.)	Chaves	NM
16. Check Appear		lature of Notice, Report, or (		
BOTICE OF INTENTION 1		•	OTHER DOIG	
	DR ALTER CABING	WATER REUT-OFF	BEPATEIRO W	
( <del></del> -(	PLE COMPLETE	PRACTURE TREATMENT	ALTERING CA	· · · · · · · · · · · · · · · · · · ·
RHOOT OR ACIDIES ABAND	<del>⊽</del>	SECOTING OR ACIDIZING	ABANDONMEN	
REPAIR WELL CHANG	E PLANE	(Other)	<del></del>	
(Other)	<u> </u>	(NOTE: Report result Completion or Recomp	s of multiple completion of pletion Beport and Log for	n Well m.)
<ol> <li>DESCRIBE PROPOSED OR COMPLETED OPERATION proposed work. If well in directionally ment to this work.)</li> </ol>	NE (Clearly state all pertines drilled, give subsurface local	it details, and give pertinent dater tions and measured and true verti	s, including estimated date cal depths for all markers	e of starting any and sones perti-
3) Spot 25 sx plug from csg. shoe) 4) Spot 25 sx plug from 5) Cut off wellhead and Estimated work will be do	300' to surf. install abandon w	ell sign	Aco 3 0 1987	TOTAL ST
18. I hereby eartify that the foregoing is true		ermits Supervisor	4-2	29-87
David A. Murray	TITLE		DATE	
(This space for Poderal or State office use	· ·	-	100001/5	:D
APPROVED BY CONDITIONS OF APPROVAL, IF ANT:	TITLE	i i	PETER W. CHI	ESTER
	<b></b>		JUL 2 1	1
Title 18 U.S.C. Section 1001, makes it a United States any false, fictitious or frai	See Instruction	s on Reverse Side	BUREAU OF LAND M	ANAGEMENT



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