

# PETROLEUM DEVELOPMENT CORPORATION

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

March 1, 1993

OIL CONSERVATION DIV  
RECEIVED

103 MAR 5 AM 9

Mr. William J. LeMay-Director  
New Mexico Oil Conservation Commission  
P. O. Box 2088  
Santa Fe, NM 87501

Case 10713

RE: Rule 111, Deviation Test and  
Directional Drilling

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<sup>±</sup> 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<sup>±</sup> foot radii 84<sup>°</sup> to 90<sup>°</sup> into the P2 San Andres pay zone.
4. Horizontally drill 500<sup>±</sup> 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.

PDC request permission to horizontally drill the following wells:

CATO San Andres Field

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

CATO San Andres Field

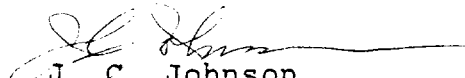
Wattam Federal #7, Unit D, Section 6, T8S, R31E.  
Located 660" FNL and 660" FWL.

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

(See Reverse)

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

|   |                  |
|---|------------------|
| Sent to   | Murphy Oper.     |
| Street and No.  | PO Box 2648      |
| P.O. State and ZIP Code                                       | Roswell NM 88202 |
| Postage   | \$               |
| Certified Fee   |                  |
| Special Delivery Fee  |                  |
| Restricted Delivery Fee                                       |                  |
| Return Receipt showing to whom and Date Delivered             |                  |
| Return Receipt showing to whom, Date, and Address of Delivery |                  |
| TOTAL Postage and Fees  | 229              |
| Postmark or Date  |                  |

LARIA, N.E.  
N. M. 87112MURPHY OPERATING  
P O BOX 2648  
ROSWELL NM 88202

P 453 199 812

## RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

|   |                  |
|---|------------------|
| Sent to   | Yates Petrol     |
| Street and No.  | 105 South 4th    |
| P.O. State and ZIP Code                                       | Artesia NM 88202 |
| Postage   | \$               |
| Certified Fee   |                  |
| Special Delivery Fee  |                  |
| Restricted Delivery Fee                                       |                  |
| Return Receipt showing to whom and Date Delivered             |                  |
| Return Receipt showing to whom, Date, and Address of Delivery |                  |
| TOTAL Postage and Fees  | 229              |
| Postmark or Date  |                  |

DELARIA, N.E.  
E, N. M. 87112YATES PETROLEUM  
105 SOUTH 4TH STREET  
ARTESIA NM 88210Fold at line over top of envelope to the right  
of the return address

CERTIFIED

P 453 199 812

MAIL

**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.

1. ☐ Show to whom delivered, date, and addressee's address. (Extra charge) 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to:  
*Yates Petroleum*  
*100 South 4th*  
*Artesia NM 88210*

4. Article Number  
*12453199812*

Type of Service:  
☐ Registered ☐ Insured  
☐ Certified ☐ COD  
☐ Express Mail ☐ Return Receipt for Merchandise

Always obtain signature of addressee or agent and **DATE DELIVERED**.

5. Signature — Addressee  
*Kathryn Parsons*

6. Signature — Agent

7. Date of Delivery  
**MAR 29 1993**

8. Addressee's Address (ONLY if requested and fee paid)

**Form 3811, Apr. 1989** **DOMESTIC RETURN RECEIPT**

P 453 199 812

**RECEIPT FOR CERTIFIED MAIL**  
NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(See Reverse)

U.S.G.P.O. 1989-234-555

Sent to  
*Yates Pet*  
Street and No.  
*100 South 4th*  
P.O. State and ZIP Code  
*Artesia NM 88210*

Postage \$

Certified Fee

Special Delivery Fee

Restricted Delivery Fee

Return Receipt showing to whom and Date Delivered

Return Receipt showing to whom, Date, and Address of Delivery

TOTAL Postage and Fees **229**

Postmark of Date

PS Form 3800, June 1985

**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.

1. ☐ Show to whom delivered, date, and addressee's address. (Extra charge) 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to:  
*Murphy Operating*  
*PO Box 2648*  
*Roswell NM 88202*

4. Article Number  
*12453199811*

Type of Service:  
☐ Registered ☐ Insured  
☐ Certified ☐ COD  
☐ Express Mail ☐ Return Receipt for Merchandise

Always obtain signature of addressee or agent and **DATE DELIVERED**.

5. Signature — Addressee

6. Signature — Agent  
*Alesha Hudgins*

7. Date of Delivery  
**3-29-93**

8. Addressee's Address (ONLY if requested and fee paid)

**Form 3811, Apr. 1989** **DOMESTIC RETURN RECEIPT**

P 453 199 811

**RECEIPT FOR CERTIFIED MAIL**  
NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(See Reverse)

U.S.G.P.O. 1989-234-555

Sent to  
*Murphy Oper.*  
Street and No.  
*PO Box 2648*  
P.O. State and ZIP Code  
*Roswell NM 88202*

Postage \$

Certified Fee

Special Delivery Fee

Restricted Delivery Fee

Return Receipt showing to whom and Date Delivered

Return Receipt showing to whom, Date, and Address of Delivery

TOTAL Postage and Fees **229**

Postmark of Date  
**MAR 26 1993**

PS Form 3800, June 1985



|   |   |   |   |  |   |   |  |   |
|---|---|---|---|--|---|---|--|---|
| <p>R.L. Pagel<br/>8-1-39<br/>56377</p>                          | <p>32</p>                                     | <p>L.D. Davidson<br/>8-1-39<br/>56386</p>     | <p>33</p>                                     | <p>34</p>  | <p>35</p>   | <p>36</p>                                     | <p>Ruth Purcell, et al, M.I.<br/>Harry C. Frank Schrom</p> | <p>Felmont, 44<br/>Santa Fe Ener.<br/>2-1-91<br/>LG-9265<br/>11521</p>              |
| <p>Blair Expt, et al 3/4<br/>J.D. Wiet<br/>8-1-39<br/>10842</p> | <p>State</p>                                  | <p>Kathleen Southard, et al</p>               | <p>U.S.</p>                                   | <p>Evelyn Chambers<br/>5-1-93<br/>55341</p>              | <p>Sylvia Edwards, et al<br/>Cora Southard, Life Est.</p> | <p>State</p>                                  | <p>Ronadero<br/>10-15-90</p>                               | <p>Irene Hill, et al<br/>Bogel Vincent<br/>Jodie Howard, 1/2<br/>Myrtle S. Neal</p> |
| <p>Central Leduc<br/>Gerry<br/>1934-45<br/>DIA 3-10-56</p>      | <p>5</p>                                      | <p>Kathleen Southard, et al</p>               | <p>4</p>                                      | <p>3</p>   | <p>2</p>  | <p>1</p>                                      | <p>State</p>   | <p>Freida Haight</p>  |
| <p>Dorothy Carroll<br/>8-1-39<br/>55942</p>                     | <p>M.R. Antwell<br/>1-1-39<br/>53981</p>      | <p>Dorothy Carroll<br/>8-1-39<br/>55942</p>   | <p>Blair Expt, et al<br/>1-1-39<br/>10522</p> | <p>Blair Expt, et al<br/>1-1-39<br/>10522</p>            | <p>Phillips Inv, et al<br/>J.H. Powell</p>                | <p>State</p>                                  | <p>Phillips Inv, et al<br/>J.H. Powell</p>                 | <p>State</p>  |
| <p>Blair Expt, et al<br/>1-1-39<br/>10522</p>                   | <p>H.E. Yates, et al<br/>15446<br/>HBP</p>    | <p>Blair Expt, et al<br/>1-1-39<br/>10522</p> | <p>Blair Expt, et al<br/>1-1-39<br/>10522</p> | <p>Gr. West'n Drig.<br/>10-1-85<br/>LG-3033<br/>2625</p> | <p>State</p>  | <p>State</p>                                  | <p>State</p>   | <p>State</p>  |
| <p>Blair Expt, et al<br/>1-1-39<br/>10522</p>                   | <p>Blair Expt, et al<br/>1-1-39<br/>10522</p> | <p>Blair Expt, et al<br/>1-1-39<br/>10522</p> | <p>Blair Expt, et al<br/>1-1-39<br/>10522</p> | <p>Blair Expt, et al<br/>1-1-39<br/>10522</p>            | <p>Blair Expt, et al<br/>1-1-39<br/>10522</p>             | <p>Blair Expt, et al<br/>1-1-39<br/>10522</p> | <p>Blair Expt, et al<br/>1-1-39<br/>10522</p>              | <p>Blair Expt, et al<br/>1-1-39<br/>10522</p>                                       |
| <p>Blair Expt, et al<br/>1-1-39<br/>10522</p>                   | <p>Blair Expt, et al<br/>1-1-39<br/>10522</p> | <p>Blair Expt, et al<br/>1-1-39<br/>10522</p> | <p>Blair Expt, et al<br/>1-1-39<br/>10522</p> | <p>Blair Expt, et al<br/>1-1-39<br/>10522</p>            | <p>Blair Expt, et al<br/>1-1-39<br/>10522</p>             | <p>Blair Expt, et al<br/>1-1-39<br/>10522</p> | <p>Blair Expt, et al<br/>1-1-39<br/>10522</p>              | <p>Blair Expt, et al<br/>1-1-39<br/>10522</p>                                       |
| <p>Blair Expt, et al<br/>1-1-39<br/>10522</p>                   | <p>Blair Expt, et al<br/>1-1-39<br/>10522</p> | <p>Blair Expt, et al<br/>1-1-39<br/>10522</p> | <p>Blair Expt, et al<br/>1-1-39<br/>10522</p> | <p>Blair Expt, et al<br/>1-1-39<br/>10522</p>            | <p>Blair Expt, et al<br/>1-1-39<br/>10522</p>             | <p>Blair Expt, et al<br/>1-1-39<br/>10522</p> | <p>Blair Expt, et al<br/>1-1-39<br/>10522</p>              | <p>Blair Expt, et al<br/>1-1-39<br/>10522</p>                                       |
| <p>Blair Expt, et al<br/>1-1-39<br/>10522</p>                   | <p>Blair Expt, et al<br/>1-1-39<br/>10522</p> | <p>Blair Expt, et al<br/>1-1-39<br/>10522</p> | <p>Blair Expt, et al<br/>1-1-39<br/>10522</p> | <p>Blair Expt, et al<br/>1-1-39<br/>10522</p>            | <p>Blair Expt, et al<br/>1-1-39<br/>10522</p>             | <p>Blair Expt, et al<br/>1-1-39<br/>10522</p> | <p>Blair Expt, et al<br/>1-1-39<br/>10522</p>              | <p>Blair Expt, et al<br/>1-1-39<br/>10522</p>                                       |
| <p>Blair Expt, et al<br/>1-1-39<br/>10522</p>                   | <p>Blair Expt, et al<br/>1-1-39<br/>10522</p> | <p>Blair Expt, et al<br/>1-1-39<br/>10522</p> | <p>Blair Expt, et al<br/>1-1-39<br/>10522</p> | <p>Blair Expt, et al<br/>1-1-39<br/>10522</p>            | <p>Blair Expt, et al<br/>1-1-39<br/>10522</p>             | <p>Blair Expt, et al<br/>1-1-39<br/>10522</p> | <p>Blair Expt, et al<br/>1-1-39<br/>10522</p>              | <p>Blair Expt, et al<br/>1-1-39<br/>10522</p>                                       |
| <p>Blair Expt, et al<br/>1-1-39<br/>10522</p>                   | <p>Blair Expt, et al<br/>1-1-39<br/>10522</p> | <p>Blair Expt, et al<br/>1-1-39<br/>10522</p> | <p>Blair Expt, et al<br/>1-1-39<br/>10522</p> | <p>Blair Expt, et al<br/>1-1-39<br/>10522</p>            | <p>Blair Expt, et al<br/>1-1-39<br/>10522</p>             | <p>Blair Expt, et al<br/>1-1-39<br/>10522</p> | <p>Blair Expt, et al<br/>1-1-39<br/>10522</p>              | <p>Blair Expt, et al<br/>1-1-39<br/>10522</p>                                       |
| <p>Blair Expt, et al<br/>1-1-39<br/>10522</p>                   | <p>Blair Expt, et al<br/>1-1-39<br/>10522</p> | <p>Blair Expt, et al<br/>1-1-39<br/>10522</p> | <p>Blair Expt, et al<br/>1-1-39<br/>10522</p> | <p>Blair Expt, et al<br/>1-1-39<br/>10522</p>            | <p>Blair Expt, et al<br/>1-1-39<br/>10522</p>             | <p>Blair Expt, et al<br/>1-1-39<br/>10522</p> | <p>Blair Expt, et al<br/>1-1-39<br/>10522</p>              | <p>Blair Expt, et al<br/>1-1-39<br/>10522</p>                                       |
| <p>Blair Expt, et al<br/>1-1-39<br/>10522</p>                   | <p>Blair Expt, et al<br/>1-1-39<br/>10522</p> | <p>Blair Expt, et al<br/>1-1-39<br/>10522</p> | <p>Blair Expt, et al<br/>1-1-39<br/>10522</p> | <p>Blair Expt, et al<br/>1-1-39<br/>10522</p>            | <p>Blair Expt, et al<br/>1-1-39<br/>10522</p>             | <p>Blair Expt, et al<br/>1-1-39<br/>10522</p> | <p>Blair Expt, et al<br/>1-1-39<br/>10522</p>              | <p>Blair Expt, et al<br/>1-1-39<br/>10522</p>                                       |
| <p>Blair Expt, et al<br/>1-1-39<br/>10522</p>                   | <p>Blair Expt, et al<br/>1-1-39<br/>10522</p> | <p>Blair Expt, et al<br/>1-1-39<br/>10522</p> | <p>Blair Expt, et al<br/>1-1-39<br/>10522</p> | <p>Blair Expt, et al<br/>1-1-39<br/>10522</p>            | <p>Blair Expt, et al<br/>1-1-39<br/>10522</p>             | <p>Blair Expt, et al<br/>1-1-39<br/>10522</p> | <p>Blair Expt, et al<br/>1-1-39<br/>10522</p>              | <p>Blair Expt, et al<br/>1-1-39<br/>10522</p>                                       |
| <p>Blair Expt, et al<br/>1-1-39<br/>10522</p>                   | <p>Blair Expt, et al<br/>1-1-39<br/>10522</p> | <p>Blair Expt, et al<br/>1-1-39<br/>10522</p> | <p>Blair Expt, et al<br/>1-1-39<br/>10522</p> | <p>Blair Expt, et al<br/>1-1-39<br/>10522</p>            | <p>Blair Expt, et al<br/>1-1-39<br/>10522</p>             | <p>Blair Expt, et al<br/>1-1-39<br/>10522</p> | <p>Blair Expt, et al<br/>1-1-39<br/>10522</p>              | <p>Blair Expt, et al<br/>1-1-39<br/>10522</p>                                       |
| <p>Blair Expt, et al<br/>1-1-39<br/>10522</p>                   | <p>Blair Expt, et al<br/>1-1-39<br/>10522</p> | <p>Blair Expt, et al<br/>1-1-39<br/>10522</p> | <p>Blair Expt, et al<br/>1-1-39<br/>10522</p> | <p>Blair Expt, et al<br/>1-1-39<br/>10522</p>            | <p>Blair Expt, et al<br/>1-1-39<br/>10522</p>             | <p>Blair Expt, et al<br/>1-1-39<br/>10522</p> | <p>Blair Expt, et al<br/>1-1-39<br/>10522</p>              | <p>Blair Expt, et al<br/>1-1-39<br/>10522</p>                                       |

ROOSEVELT, South

County CHAVES

Pool TOMAHAWK - SAN ANTONIO

TOWNSHIP

7 South

Range

31 East

NMPM

|    |    |    |    |    |    |
|----|----|----|----|----|----|
| 6  | 5  | 4  | 3  | 2  | 1  |
| 7  | 8  | 9  | 10 | 11 | 12 |
| 18 | 17 | 16 | 15 | 14 | 13 |
| 19 | 20 | 21 | 22 | 23 | 24 |
| 30 | 29 | 28 | 27 | 26 | 25 |
| 31 | 32 | 33 | 34 | 35 | 36 |

Ext: NE/4 Sec. 36 (R-6169, 11-1-79) Ext: SE/4 Sec. 25 (R-6368 7-1-80)

Ext: SW/4 Sec 25 (A-6576, 2-10-81) Ext: NW/4 sec 36 (R-6724, 7-16-81)

EXT: SW/4 sec 36 (R-6876, 1-22-82)

EXT: sec. 36 SE/4 (R-7048 - 8-9-82)



|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

SECTION 25

TOWNSHIP 7 South

RANGE 31 East



OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

I.

|  |                            |
|--|----------------------------|
| Operator<br>PETROLEUM DEVELOPMENT CORPORATION  | Well API No.<br>20-05-2072 |
| Address<br>9720 B CANDELARIA NE ALBUQUERQUE, NM 87112  |                            |
| Reason(s) for Filing (Check proper box)<br>New Well <input type="checkbox"/> Change in Transporter of:<br>Recompletion <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/><br>Change in Operator <input checked="" type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> |                            |
| If change of operator give name and address of previous operator<br>JFG ENTERPRISE P O BOX 100 ARTESIA NM 88210  |                            |

II. DESCRIPTION OF WELL AND LEASE

|  |               |  |   |                        |
|--|---------------|--|---|------------------------|
| Lease Name<br>Strange Federal  | Well No.<br>4 | Pool Name, Including Formation<br>Tomahawk- San Andres | Kind of Lease<br>State (Federal) or Fee | Lease No.<br>NM 15677A |
| Location<br>Unit Letter I : 1980 Feet From The South Line and 660 Feet From The East Line<br>Section 25 Township 7S Range 31E, NMPM, Chaves 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"/><br>Permian SCURLOCK PERMIAN CORP EFF 9-1-91 | Address (Give address to which approved copy of this form is to be sent)<br>P.O. Box 1183 Houston TX 77251-1183 |      |      |      |                                   |       |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> of Dry Gas <input type="checkbox"/><br>OXY USA Inc                      | 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?<br>Yes | 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, RI, 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 Jim C. Johnson  
Printed Name Jim C. Johnson Production Manager  
Date 10-9-90 Telephone No. (505) 293-4044

OIL CONSERVATION DIVISION

Date Approved OCT 12 1990

By Paul Kautz Orig. Signed by  
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.

Submit 5 Copies  
Appropriate District Office  
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

State of New Mexico  
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

OIL CONSERVATION DIVISION  
RECEIVED  
OCT 15 1990  
AM 9 42

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

|  |  |                              |
|--|--|------------------------------|
| I. Operator<br>PETROLEUM DEVELOPMENT CORPORATION   |  | Well API No.<br>30-005-20770 |
| Address<br>9720 B CANDELARIA NE ALBUQUERQUE, NM 87112  |  |                              |
| Reason(s) for Filing (Check proper box)<br>New Well <input type="checkbox"/> Change in Transporter of:<br>Recompletion <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/><br>Change in Operator <input checked="" type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> |  |                              |
| If change of operator give name and address of previous operator<br>JFG ENTERPRISE P O BOX 100 ARTESIA NM 88210  |  |                              |

II. DESCRIPTION OF WELL AND LEASE

|  |               |  |  |                        |
|--|---------------|--|--|------------------------|
| Lease Name<br>Strange Federal  | Well No.<br>4 | Pool Name, Including Formation<br>Tomahawk- San Andres | Kind of Lease<br>State, (Federal) or Fee | Lease No.<br>NM 15677A |
| Location<br>Unit Letter I : 1980 Feet From The South Line and 660 Feet From The East Line<br>Section 25 Township 7S Range 31E, NMPM, Chaves 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"/><br>Permian        | Address (Give address to which approved copy of this form is to be sent)<br>P.O. Box 1183 Houston TX 77251-1183 |      |      |      |                            |       |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/><br>CANYON | 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, RI, 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/MNCF     | Gravity of Condensate |
| Testing Method (pitot, 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 Jim C. Johnson  
Printed Name Jim C. Johnson Production Manager  
Date 10-9-90 Telephone No. (505) 293-4044

OIL CONSERVATION DIVISION

Date Approved OCT 12 1990

By Paul G. King

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 deepened wells.

Submit 5 Copies  
Appropriate District Office  
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

State of New Mexico  
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

I.

|   |                                       |
|---|---------------------------------------|
| Operator<br><b>ITFG ENTERPRISE</b>  | Well API No.<br><b>30005207200051</b> |
| Address<br><b>P.O. Box 100 ARTESIA, N.M. 88211-0100</b>   |                                       |
| Reason(s) for Filing (Check proper box)<br><input type="checkbox"/> New Well<br><input type="checkbox"/> Recompletion<br><input type="checkbox"/> Change in Operator<br><input type="checkbox"/> Change in Transporter of:<br>Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/><br>Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> |                                       |
| If change of operator give name and address of previous operator  |                                       |

II. DESCRIPTION OF WELL AND LEASE

|  |                      |  |  |                               |
|--|----------------------|--|--|-------------------------------|
| Lease Name<br><b>STRANGE FEDERAL</b>   | Well No.<br><b>4</b> | Pool Name, Including Formation<br><b>TOMAHAWK-SAN ANDRES</b> | Kind of Lease<br>State, Federal or Fee | Lease No.<br><b>NM-15671A</b> |
| Location<br>Unit Letter <b>I</b> : <b>1980</b> Feet From The <b>South</b> Line and <b>660</b> Feet From The <b>EAST</b> Line<br>Section <b>25</b> Township <b>7-S</b> Range <b>31-E</b> , NMPM, <b>CHAVES</b> County |                      |  |  |                               |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|   |   |                   |                  |                   |  |                        |
|---|---|-------------------|------------------|-------------------|--|------------------------|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/><br><b>ENRON Trading &amp; Transportation Co.</b> | Address (Give address to which approved copy of this form is to be sent)<br><b>Box 2297, Midland, Texas 79702</b> |                   |                  |                   |  |                        |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/><br><b>OXY, USA</b>                       | Address (Give address to which approved copy of this form is to be sent)<br><b>Box 300, Tulsa, OK. 74102</b>      |                   |                  |                   |  |                        |
| If well produces oil or liquids, give location of tanks.  | Unit<br><b>P</b>  | Sec.<br><b>25</b> | Twp.<br><b>7</b> | Rge.<br><b>31</b> | Is gas actually connected?<br><b>yes</b> | When?<br><b>3-6-81</b> |

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

IV. COMPLETION DATA

|                                     |                             |          |                 |          |        |                   |            |            |
|-------------------------------------|-----------------------------|----------|-----------------|----------|--------|-------------------|------------|------------|
| Designate Type of Completion - (X)  | Oil Well                    | Gas Well | New Well        | Workover | Deepen | Plug Back         | Same Res'v | Diff Res'v |
| Date Spudded                        | Date Compl. Ready to Prod.  |          | Total Depth     |          |        | P.B.T.D.          |            |            |
| Elevations (DF, RKB, RT, GR, etc.)  | Name of Producing Formation |          | Top Oil/Gas Pay |          |        | Tubing Depth      |            |            |
| Perforations                        |                             |          |                 |          |        | Depth Casing Shoe |            |            |
| 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.

**L. G. Fletcher**  
Signature  
**L. G. Fletcher** Partner  
Printed Name  
**5-15-90** Date  
**746-9811** Telephone No.

OIL CONSERVATION DIVISION

Date Approved **MAY 18 1990**  
By **[Signature]**  
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.

Form 160-5  
(November 1983)  
(Formerly 9-331)

UNITED STATES N. M. GOV. CONSERVATION  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
TOWNSHIP, NEW MEXICO 882-0

Form approved.  
Budget Bureau No. 1004-0135  
Expires August 31, 1985

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.)

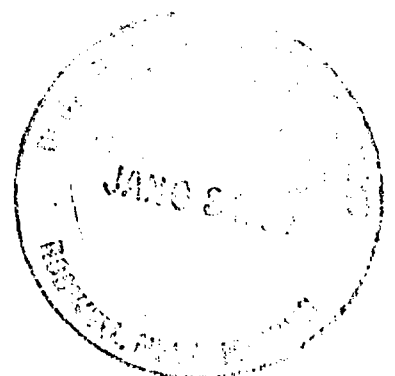
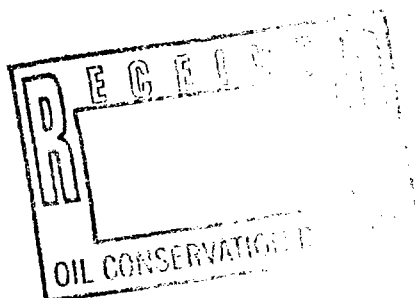
|  |  |
|--|--|
| 1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>   | 5. LEASE DESIGNATION AND SERIAL NO.<br>NM 15677A                             |
| 2. NAME OF OPERATOR<br>JFG ENTERPRISE  | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME   |
| 3. ADDRESS OF OPERATOR<br>PO Box 100, ARTESIA, N.M. 88211-0100   | 7. UNIT AGREEMENT NAME   |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*<br>See also space 17 below.)<br>At surface<br>1980/3 + 660/E Unit 4 | 8. FARM OR LEASE NAME<br>STRANGE FEDERAL                                     |
| 14. PERMIT NO.   | 9. WELL NO.<br>4   |
| 15. ELEVATIONS (Show whether DF, RT, OR, etc.)   | 10. FIELD AND POOL, OR WILDCAT<br>TOMAHAWK SAN ANDRES                        |
|  | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA<br>NE SE Sec. 25, T7S, R31E |
|  | 12. COUNTY OR PARISH<br>CHAVES   |
|  | 13. STATE<br>NM  |

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) PRODUCTION RESUMED  |  |
| (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.)\*

RESUMED PRODUCTION ON 9/1/88.



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

|  |                       |                      |
|--|-----------------------|----------------------|
| SIGNED <u>J. J. Jackson</u>                  | TITLE <u>Co owner</u> | DATE <u>12-30-88</u> |
| (This space for Federal or State office use) |                       |                      |
| APPROVED BY _____                            | TITLE _____           |                      |
| CONDITIONS OF APPROVAL, IF ANY:              |                       |                      |

ACCEPTED FOR RECORD  
PETER W. CHESTER  
DATE  
MAR 14 1989  
BUREAU OF LAND MANAGEMENT  
ROSWELL RESOURCE AREA

\*See Instructions on Reverse Side

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
ANDForm C-104  
Supersedes Old C-104 and  
Effective 1-1-65

## AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Effective 5-1-88

1.

|                  |     |  |  |
|------------------|-----|--|--|
| DISTRIBUTION     |     |  |  |
| SANTA FE         |     |  |  |
| FILE             |     |  |  |
| U.S.G.S.         |     |  |  |
| LAND OFFICE      |     |  |  |
| TRANSPORTER      | OIL |  |  |
|                  | GAS |  |  |
| OPERATOR         |     |  |  |
| PRORATION OFFICE |     |  |  |

Operator  
JFG Enterprises

Address  
Box 100, Artesia, N.M. 88210

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 ownerEXXON CORPORATION, Box 1600, Midland, Tex. 79702

## II. DESCRIPTION OF WELL AND LEASE

|   |                      |  |  |                                 |
|---|----------------------|--|--|---------------------------------|
| Lease Name<br><u>Strange Federal</u>  | Well No.<br><u>4</u> | Pool Name, Including Formation<br><u>TOMAHAWK SAN ANDRES</u> | Kind of Lease<br><u>Strategic Federal no Fee</u> | Lease No.<br><u>NM - 15677A</u> |
| Location<br>Unit Letter <u>I</u> ; <u>1980</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>East</u><br>Line of Section <u>25</u> Township <u>7S</u> Range <u>31E</u> , NMPM, <u>Chaves</u> 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"/><br><u>NAVAJO REFINING CO.</u>        | Address (Give address to which approved copy of this form is to be sent)<br><u>Box 159, Artesia, N.M. 88210</u> |                   |                                  |                   |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/><br><u>CITIES SERVICE CO.</u> | Address (Give address to which approved copy of this form is to be sent)<br><u>Box 300, Tulsa, OK 74102</u>     |                   |                                  |                   |
| If well produces oil or liquids,<br>give location of tanks.   | Unit<br><u>P</u>  | Sec.<br><u>25</u> | Twp.<br><u>7</u>                 | Rge.<br><u>31</u> |
|   | Is gas actually connected?  |                   | When<br><u>yes</u> <u>3-6-81</u> |                   |

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 Restv. | Diff. Restv. |
|--------------------------------------|-----------------------------|----------|-----------------|----------|-------------------|-----------|-------------|--------------|
| Date Spudded                         | Date Compl. Ready to Prod.  |          | Total Depth     |          | P.B.T.D.          |           |             |              |
| Elevations (DF, RKB, RT, GR, etc.)   | Name of Producing Formation |          | Top Oil/Gas Pay |          | Tubing Depth      |           |             |              |
| Perforations                         |                             |          |                 |          | Depth Casing Shoe |           |             |              |
| TUBING, CASING, AND CEMENTING RECORD |                             |          |                 |          |                   |           |             |              |
| HOLE SIZE                            | CASING & TUBING SIZE        |          | DEPTH SET       |          | SACKS CEMENT      |           |             |              |
|                                      |                             |          |                 |          |                   |           |             |              |
|                                      |                             |          |                 |          |                   |           |             |              |
|                                      |                             |          |                 |          |                   |           |             |              |

V. TEST DATA AND REQUEST FOR ALLOWABLE  
OIL WELL

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

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

## GAS WELL

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

## VI. CERTIFICATE OF COMPLIANCE

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

X. M. Fletcher  
(Signature)Partner  
(Title)4-19-88  
(Date)

## OIL CONSERVATION COMMISSION

APPROVED

APR 21 1988

BY

TITLE Geologist

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

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

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

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

Separate Forms C-104 must be filed for each pool in multiple

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
N. M. 50885, NEW MEXICO 88240

Budget Bureau No. 1004-0135  
Expires August 31, 1985

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>  | 7. UNIT AGREEMENT NAME   |
| 2. NAME OF OPERATOR<br>Exxon Corporation Attn: David A. Murray  | 8. FARM OR LEASE NAME<br>Strange Federal                                   |
| 3. ADDRESS OF OPERATOR<br>P. O. Box 1600, Midland, TX 79702   | 9. WELL NO.<br>4   |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.<br>See also space 17 below.)<br>At surface<br><br>1980' FSL and 660' FEL of Sec. 25 | 10. FIELD AND POOL, OR WILDCAT<br>Tomahawk - San Andres                    |
| 14. PERMIT NO.  | 11. SEC., T., R., N., OR BLK. AND SURVEY OR AREA<br>Sec. 25, T-7-S, R-31-E |
| 15. ELEVATIONS (Show whether SP, RT, CR, etc.)<br>GR 4406.5   | 12. COUNTY OR PARISH<br>Chaves   |
|   | 13. STATE<br>NM  |

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

NOTICE OF INTENTION TO:

|                     |                      |
|---------------------|----------------------|
| TEST WATER SHUT-OFF | PULL OR ALTER CASING |
| FRACTURE TREAT      | MULTIPLE COMPLETE    |
| SHOOT OR ACIDIZE    | ABANDON*             |
| REPAIR WELL         | CHANGE PLANE         |
| (Other)             |                      |

SUBSEQUENT REPORT OF:

|                       |                 |
|-----------------------|-----------------|
| WATER SHUT-OFF        | REPAIRING WELL  |
| FRACTURE TREATMENT    | ALTERING CASING |
| SHOOTING OR ACIDIZING | ABANDONMENT*    |
| (Other)               |                 |

(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) Circ hole w/ 9.5 PPG brine mud
- 2) Set CIBP @ 3800' and cap w/ 4 sx cmt. Test plug to 500#. (Isolating the San Andres)
- 3) Spot 25 sx plug from 1800' to 1600'. (Plug to cover 50' above and below surf. csg. shoe)
- 4) Spot 25 sx plug from 300' to surf.
- 5) Cut off wellhead and install abandon well sign

Estimated work will be done in 3rd Quarter of 1987.

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

SIGNED David A. Murray

TITLE Permits Supervisor

DATE 4-29-87

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_

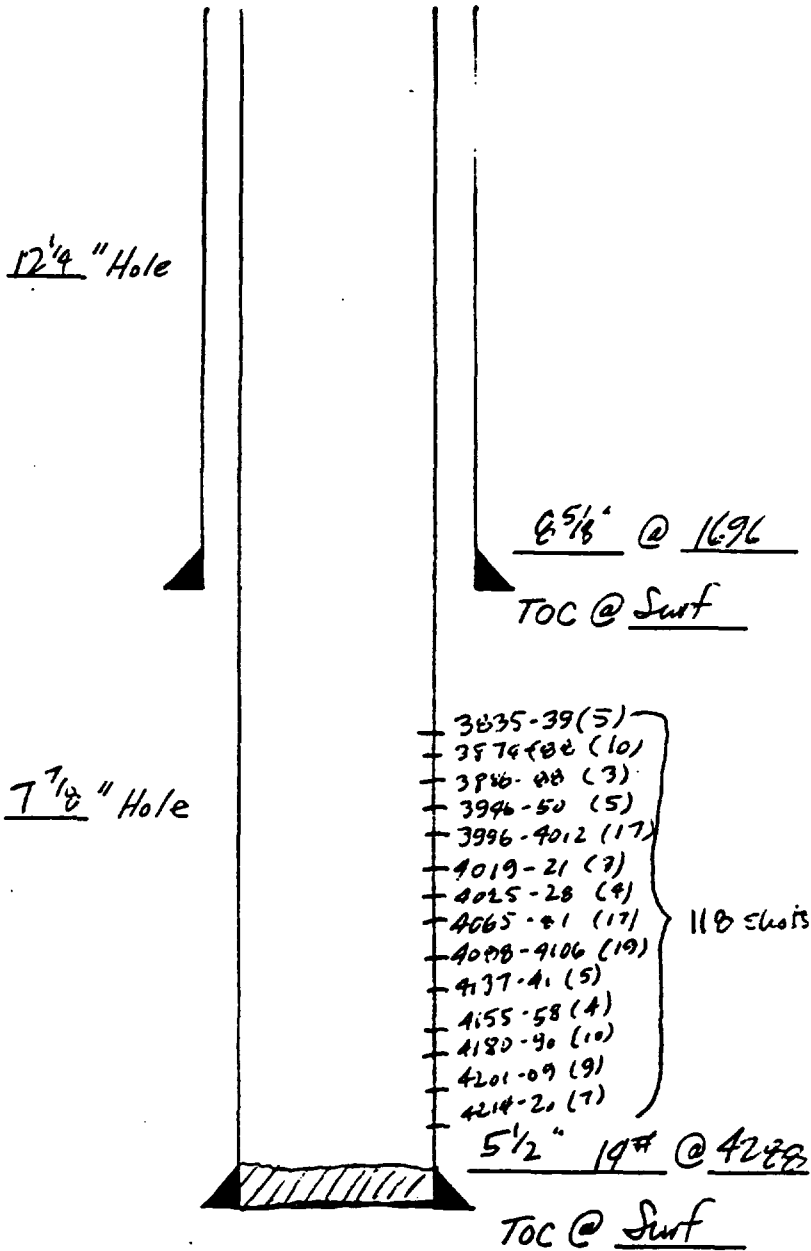
APPROVED  
PETER W. CHESTER

JUL 2 1987

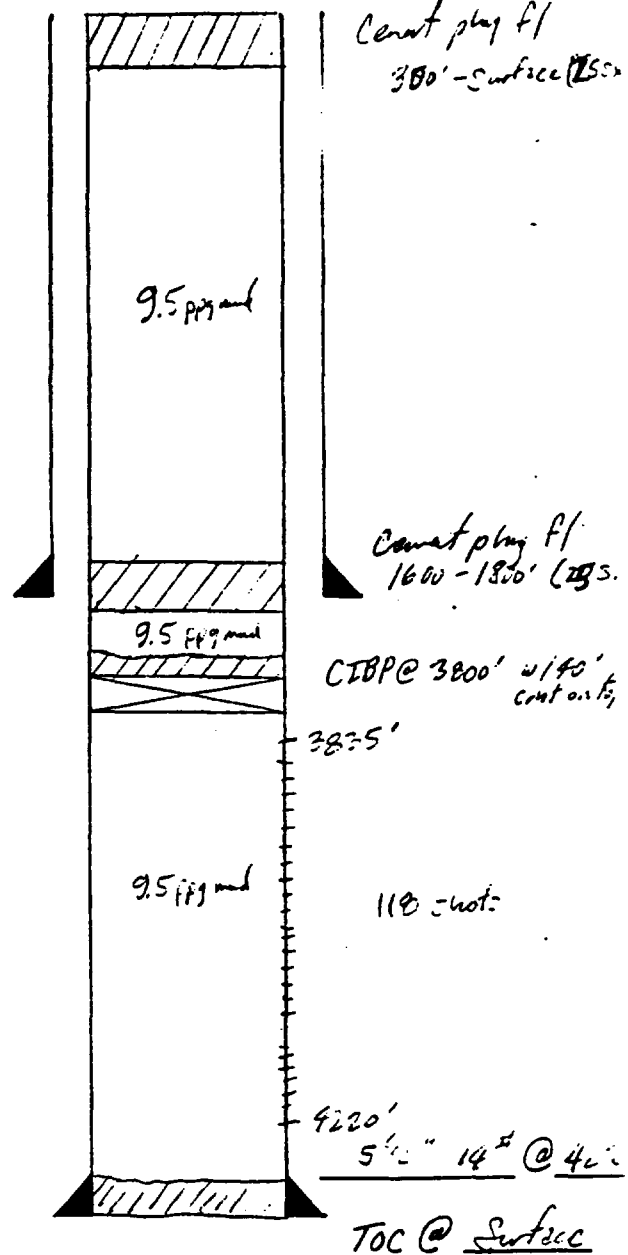
\*See Instructions on Reverse Side



BEFORE



AFTER



TD 4310'

PBTD 4246'

STRANGE FEDERAL #4