



NEW MEXICO OIL CONSERVATION DIVISION
RECEIVED

P.O. BOX 1772
500 W. TAYLOR
HOBBS, N.M. 88241
505-393-5516
505-397-3502

'94 JUN 11 AM 8 50

July 5, 1994

NM Oil Conservation Division
Atten: Mike Stogner
P.O. Box 2088
Santa Fe, NM 87501

Re: Baber Well Servicing Co.
Docket No. 20-94
Case 11013

Dear Sir:

Baber Well Servicing Co./Pronghorn Management respectfully request a continuance of case 11013 until the July 17, 1994 Docket. We are awaiting information from the State Land Office that will affect our case.

Sincerely,

Mark D. Clarke

MC/hc



POGO PRODUCING COMPANY

October 13, 1997

OCT 20 1997

New Mexico Oil Conservation Division
Attention: Mr. Michael Stogner
P.O. Box 6429
Santa Fe, NM 87505-6429

RE: Wilson Prospect No. 565
Eddy County, New Mexico
New Mexico State "BZ" #5 Well
40' FNL and 750' FWL of Section 29,
T-21-S, R-35-E, N.M.P.M. (State Lease B-158)
Offset to Pogo Lease No. NM-4463A (State Lease E-2446-4)

Gentlemen:

Pogo Producing Company owns an overriding royalty interest in that certain State of New Mexico Lease E-2446-4 covering the S/2 of Section 20, T-21-S, R-35-E from the surface to 5200' and all of the operating rights in said Section 20 lease below a depth of 5200'. As such, Pogo was contacted by Baber Well Service in June, 1994, in regards to its application for an unorthodox location for the above captioned well. At that time and at all times since, Pogo has not agreed to said unorthodox location. Pogo learned at the time from its own investigation that the well had been drilled and completed months before the initial June, 1994 contact. The latest information from Baber Well Service indicated that the hearing had been discontinued indefinitely.

It has now come to Pogo's attention that the well has been producing oil and gas from the North San Simon associated pool since at least April, 1994. Our conversations with your office indicate that the proper authorization to produce said well has never been granted.

Pogo Producing Company requests that you investigate the facts surrounding this situation and take the action required with regards to production being obtained from this well.

Sincerely,

Elizabeth E. Moses
Consulting Landman

cc: Mr. Chis Williams, District Supervisor - NMOCD, Hobbs
New Mexico State Land Office

Division Case 11013

Is your RETURN ADDRESS completed on the reverse side?

SENDER: ■ Complete items 1 and/or 2 for additional services. ■ Complete items 3, 4a, and 4b. ■ Print your name and address on the reverse of this form so that we can return this card to you. ■ Attach this form to the front of the mailpiece, or on the back if space does not permit. ■ Write "Return Receipt Requested" on the mailpiece below the article number. ■ The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: <i>Pronyhorn Management Corp.</i> <i>or Baker Well Servicing Co.</i> <i>P.O. Box 1772</i> <i>Hobbs, NM 88241</i>		4a. Article Number <i>P-326-936-668</i>	
		4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
		7. Date of Delivery <i>11/25</i>	
5. Received By: (Print Name) <i>Guy A. Baker</i>		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) <i>[Signature]</i>			

Thank you for using Return Receipt Service.

PS Form 3811, December 1994

102595-97 B-0179 Domestic Return Receipt

P 326 936 668

US Postal Service
Receipt for Certified Mail
 No Insurance Coverage Provided.
 Do not use for International Mail (See reverse)

Sent to	
<i>Pronyhorn Management Corp.</i>	
Street & Number	
Post Office, State, & ZIP Code	
<i>P.O. Box 1772 Hobbs, NM 88241</i>	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Processing Date	

3800 April 1995



NEW MEXICO ENERGY, MINERALS
& NATURAL RESOURCES DEPARTMENT

OIL CONSERVATION DIVISION
2040 South Pacheco Street
Santa Fe, New Mexico 87505
(505) 827-7131

November 21, 1997

CERTIFIED MAIL
RETURN RECEIPT NO. P-326-936-668

Pronghorn Management Corporation/Baber Well Servicing Company
P. O. Box 1772
Hobbs, New Mexico 88241

RE: Division Case 11013: Application of Baber Well Servicing Company for approval of its NM "BZ" State NCT-5 Well No. 5 (API No. 30-025-32362) drilled at an unorthodox oil well location 40 feet from the North line and 750 feet from the West line (Unit D) of Section 29, Township 21 South, Range 35 East, NMPM, Lea County, New Mexico, as an infill well on an existing 40-acre standard oil spacing and proration unit in the North San Simon-Yates Associated Pool comprising the NW/4 NW/4 of said Section 29.

Dear Sir or Madam:

The Division received the attached letter from Pogo Producing Company dated October 13, 1997. In reviewing this matter, we found that the application was continued indefinitely at the applicant's request on August 17, 1994 (see copy of phone message attached). The wellfile shows the operator has been producing this well without proper approval since February, 1994.

At this time Pronghorn Management Corporation, as operator of the subject oil spacing and proration unit, must appear before a duly appointed hearing examiner in Santa Fe and submit the proper evidence to support this application, explain why this well should be allowed to continue producing, and address what, if any, penalties should be assessed in this situation.

This matter has been docketed (see advertisement below) for the December 18, 1997 hearing. Pronghorn is required to provide notice of this case pursuant to Division Rule 1207.A(5), including notifying Pogo Producing Company.

"CASE 11013: (REOPENED BY THE DIVISION FOR A SHOW CAUSE HEARING and READVERTISED)
Application of Baber Well Servicing and/or Pronghorn Management Corporation for an unorthodox oil well location, Lea County, New Mexico.

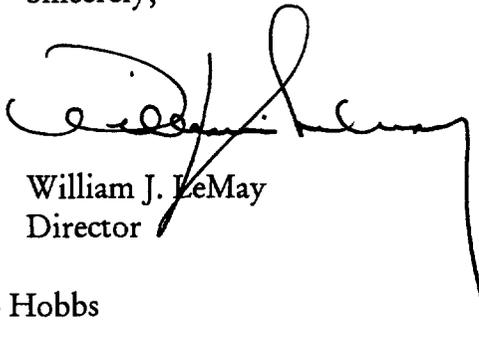
Applicant seeks approval for its New Mexico "BZ" State

November 21, 1997

Page 2

NCT-5 Well No. 5 (API No. 30-025-32362), drilled at an unorthodox oil well location 40 feet from the North line and 750 feet from the West line (Unit D) of Section 29, Township 21 South, Range 35 East, as an infill well on an existing 40-acre standard oil spacing and proration unit in the North San Simon-Yates Associated Pool comprising the NW/4 NW/4 of said Section 29, which is dedicated to the Pronghorn Management Corporation New Mexico "BZ" State NCT-5 Well No. 1 (API No. 30-025-03521), located at a standard oil well location 660 feet from the North and East lines (Unit D) of said Section 29. Said 40-acre unit is located approximately 8.5 miles west-southwest of Oil Center, New Mexico. FURTHER, the operator of said 40-acre unit shall appear and show cause why: (i) the New Mexico "BZ" State NCT-5 Well No. 5 should not be plugged and abandoned; (ii) it commenced producing said well without proper authorization; (iii) the off-set interest's correlative rights were not violated by the past production; and (iv) a civil penalty should not be assessed or other restrictions imposed for any violations committed by the operator."

Sincerely,



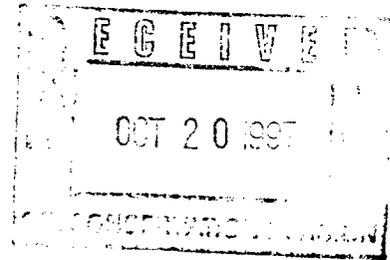
William J. LeMay
Director

cc: New Mexico Oil Conservation Division - Hobbs
New Mexico State Land Office - Santa Fe
Pogo Producing Company (Attn: Elizabeth E. Moses) - Midland, Texas
James Bruce - Santa Fe
Rand Carroll, Legal Counsel - NMOCD, Santa Fe



POGO PRODUCING COMPANY

October 13, 1997



New Mexico Oil Conservation Division
Attention: Mr. Michael Stogner
P.O. Box 6429
Santa Fe, NM 87505-6429

RE: Wilson Prospect No. 565
Eddy County, New Mexico
New Mexico State "BZ" #5 Well
40' FNL and 750' FWL of Section 29,
T-21-S, R-35-E, N.M.P.M. (State Lease B-158)
Offset to Pogo Lease No. NM-4463A (State Lease E-2446-4)

Gentlemen:

Pogo Producing Company owns an overriding royalty interest in that certain State of New Mexico Lease E-2446-4 covering the S/2 of Section 20, T-21-S, R-35-E from the surface to 5200' and all of the operating rights in said Section 20 lease below a depth of 5200'. As such, Pogo was contacted by Baber Well Service in June, 1994, in regards to its application for an unorthodox location for the above captioned well. At that time and at all times since, Pogo has not agreed to said unorthodox location. Pogo learned at the time from its own investigation that the well had been drilled and completed months before the initial June, 1994 contact. The latest information from Baber Well Service indicated that the hearing had been discontinued indefinitely.

It has now come to Pogo's attention that the well has been producing oil and gas from the North San Simon associated pool since at least April, 1994. Our conversations with your office indicate that the proper authorization to produce said well has never been granted.

Pogo Producing Company requests that you investigate the facts surrounding this situation and take the action required with regards to production being obtained from this well.

Sincerely,

Elizabeth E. Moses
Consulting Landman

cc: Mr. Chis Williams, District Supervisor - NMOCD, Hobbs
New Mexico State Land Office

To Mike URGENT
Date 8/17 Time 10:10 A.M. P.M.

WHILE YOU WERE OUT

From Sherry
of Baker Well Service
Phone 392-5076
Area Code Number Ext.
Fax _____
Area Code Number

Telephoned	<input checked="" type="checkbox"/>	Please call	<input checked="" type="checkbox"/>
Came to see you	<input type="checkbox"/>	Wants to see you	<input checked="" type="checkbox"/>
Returned your call	<input type="checkbox"/>	Will call again	<input type="checkbox"/>

Message need to postpone
indefinite basis
scheduled for tomorrow
for Mr. Stala B-2
Case 11013 if any
problem on rescheduling
at later date please

Signed call

OIL CONSERVATION DIVISION
 P.O. Box 1980, Hobbs, NM 88240
 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

API NO. (assigned by OCD on New Wells)
 35-025-32312

5. Indicate Type of Lease
 STATE FEE

6. State Oil & Gas Lease No.
 B-158

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work:
 DRILL RE-ENTER DEEPEN PLUG BACK

b. Type of Well:
 OIL WELL GAS WELL OTHER SINGLE ZONE MULTIPLE ZONE

2. Name of Operator
 BABER WELL SERVICING COMPANY

3. Address of Operator
 P.O. BOX 1772, HOBBS, NM 88241

4. Well Location
 Unit Letter D : 40 Feet From The NORTH Line and 750 Feet From The WEST Line
 Section 29 Township 21-S Range 35-E NMPM LEA County

7. Lease Name or Unit Agreement Name
 NM "BZ" STATE NCT-5

8. Well No.
 5

9. Pool name or Wildcat
 NORTH SAN SIMON YATES ASSOC.

10. Proposed Depth
 4000'

11. Formation
 YATES

12. Rotary or C.T.
 ROTARY

13. Elevations (Show whether DF, RT, GR, etc.)
 3648.9' G.L.

14. Kind & Status Plug Bond
 BLANKET PLUG BOND

15. Drilling Contractor
 CAPSTAR

16. Approx. Date Work will start
 DEC. 28, 1993

17. PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
12-1/4"	8-5/8"	24#	400'	400 sx	circ.
7-7/8"	5-1/2"	15.5#	4000'	600 sx	circ.

Drill 12-1/4" hole to ± 400'. Run & cement 8-5/8" casing (circ).
 Pressure test casing. Drill 7-7/8" hole to ± 4000'. Run & cement
 5-1/2", K-55, 15.5#/ft. casing (circ).
 Complete well in Yates formation. Details on completion procedure to
 follow.

Approval for drilling ONLY--
 cannot produce until Non-Standard Location is approved.

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.

SIGNATURE G.A. Baber G.A. BABER TITLE PRESIDENT DATE 12/20/93
 TYPE OR PRINT NAME TELEPHONE NO.

(This space for State Use)

APPROVED BY [Signature] TITLE DISTRICT 1 SUPERVISOR DATE JAN 03 1994
 CONDITIONS OF APPROVAL, IF ANY:

Submit to Appropriate District Office
 State Lease - 4 copies
 Fee Lease - 3 copies

State of New Mexico
 Energy, Minerals and Natural Resources Department

Form C-102
 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

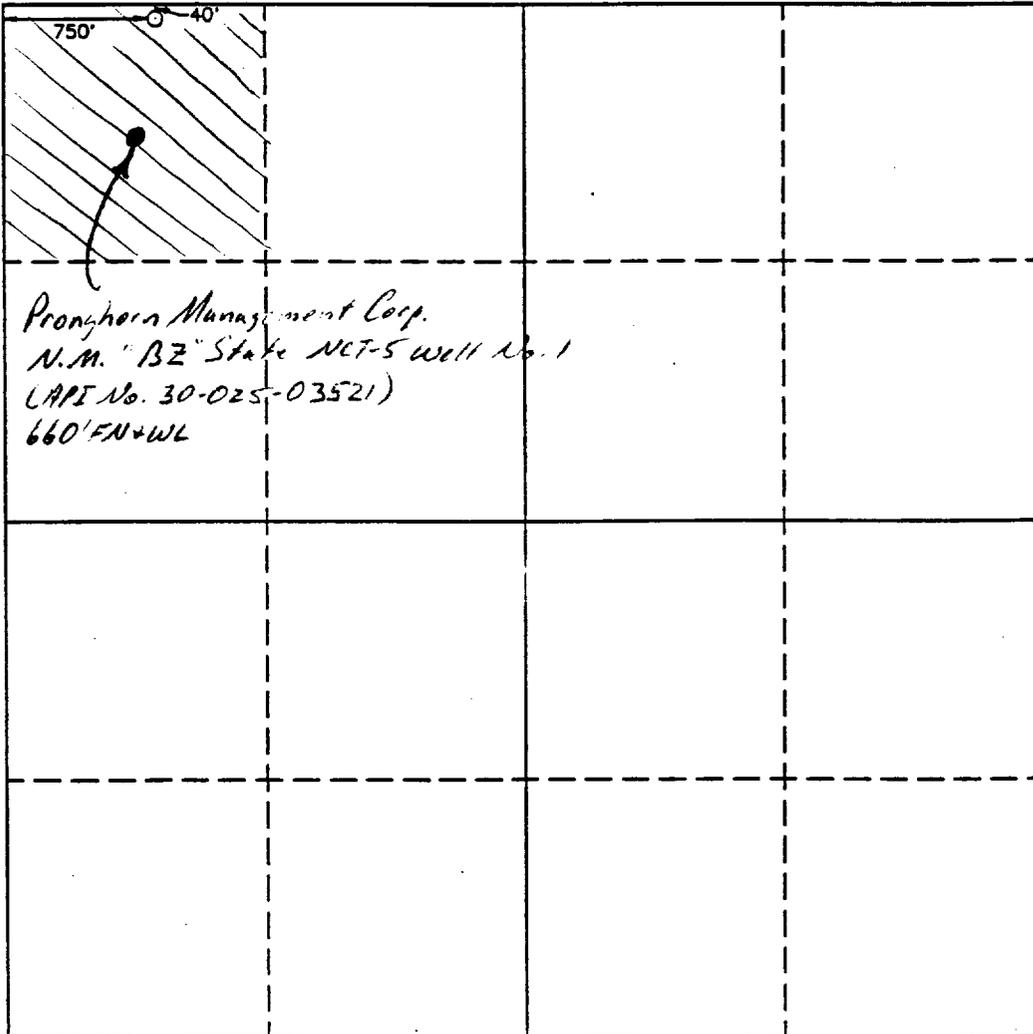
DISTRICT III
 1000 Rio Brazos Ed., Artec, NM 87410

WELL LOCATION AND ACREAGE DEDICATION PLAT

All Distances must be from the outer boundaries of the section

Operator BABER WELL SERVICING CO.			Lease NM "BZ" STATE		Well No. 5
Unit Letter D	Section 29	Township 21 SOUTH	Range 35 EAST	County NMPM LEA	
Actual Footage Location of Well: 40 feet from the NORTH line and 750 feet from the WEST line					
Ground Level Elev. 3648.9'	Producing Formation YATES	Pool NORTH SAN SIMON YATES ASSOC.		Dedicated Acreage: 40 Acres	

- Outline the acreage dedicated to the subject well by colored pencil or hachure marks on the plat below.
- If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
- If more than one lease of different ownership is dedicated to the well, have the interest 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 of owners and tract descriptions which have actually been consolidated. (Use reverse side of this form necessary.)
 No allowable will be assigned to the well unit all interests have been consolidated (by communitization, unitization, forced-pooling, otherwise) or until a non-standard unit, eliminating such interest, has been approved by the Division.



OPERATOR CERTIFICATION

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

Signature
G. A. Baber
 Printed Name
G. A. BABER
 Position
PRESIDENT
 Company
BABER WELL SERVICING CO.
 Date
12/30/93

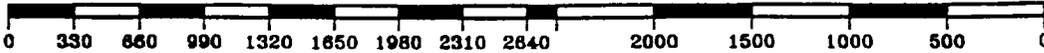
SURVEYOR CERTIFICATION

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
DECEMBER 28, 1993

Signature & Seal of Professional Surveyor

GARY L. JONES
 NEW MEXICO
 7977
 Professional Surveyor



NMOCD
Attn: Mr. Rand Carroll
2040 South Pacheco Street
Santa Fe, New Mexico 87505

Post-It™ brand fax transmittal memo 7671		# of pages > 1	
To	Rand Carroll	From	G. A. Baber
Co.	NMOCD	Co.	PMC
Dept.	Legal	Phone #	505-393-9176
Fax #	505-827-8177	Fax #	505-393-9980

Re: Division Case 11013

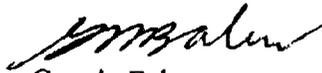
Dear Mr. Carroll:

Pronghorn Management Corp. requests a continuance of our application until the end of January 1998. I have contacted Terry Gant with Pogo Producing and he does not have a problem with the continuance.

The requested time will allow us to complete engineering and geological reports to enable us to resolve these matters in a amicable manner.

Thank you for this consideration.

Sincerely,



Guy A. Baber
505-393-9176
P. O. Box 1772
Hobbs, New Mexico 88240



District I
PO Box 1980, Hobbs, NM 88241-1980
District II
PO Drawer DD, Artesia, NM 88211-0719
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
PO Box 2088, Santa Fe, NM 87504-2088

State of New Mexico
Energy, Minerals & Natural Resources Department

OIL CONSERVATION DIVISION
PO Box 2088
Santa Fe, NM 87504-2088

OIL CONSERVATION DIVISION
RECEIVED

Form C-104
Revised February 10, 1994
Instructions on back
Submit to Appropriate District Office
5 Copies

AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

Operator name and Address Pronghorn Mgt. Corp. P.O. Box 1772 Hobbs, N.M.		OGRID Number 122811
		Reason for Filing Code NW Eff. 2-94
API Number 30-025-32362	Pool Name San Simon Yates North (Assoc.)	Pool Code 53790
Property Code 14987	Property Name New Mexico "BZ" NCT-5	Well Number 5

II. ¹⁰ Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South Line	Feet from the	East/West line	County
D	29	21-S	35-E		40	North	750	West	Lea

¹¹ Bottom Hole Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
S	P								

¹² Loc Code S	¹³ Producing Method Code P	¹⁴ Gas Connection Date 2-24-94	¹⁵ C-129 Permit Number	¹⁶ C-129 Effective Date	¹⁷ C-129 Expiration Date
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III. Oil and Gas Transporters

¹⁸ Transporter OGRID	¹⁹ Transporter Name and Address	²⁰ POD	²¹ O/G	²² POD ULSTR Location and Description
015694	Navajo Refining Co. P.O. Box 159 Artesia, NM 88211	0501310	O	D-29-21-35
009171	GPM Gas Corp. 315 Johnstone Bartlesville, OK 74004	0501330	G	D-29-21-35

IV. Produced Water

²³ POD 0501350	²⁴ POD ULSTR Location and Description N/A
------------------------------	---

V. Well Completion Data

²⁵ Spud Date 1/4/94	²⁶ Ready Date 2/23/94	²⁷ TD 3963	²⁸ PBDT 3923	²⁹ Perforations 3884-3766
³⁰ Hole Size 12 1/2	³¹ Casing & Tubing Size 8 1/8	³² Depth Set 390'	³³ Sacks Cement 250 Sx	
7 7/8	5 1/2	3962	250 Sx	

VI. Well Test Data

³⁴ Date New Oil 2/2/94	³⁵ Gas Delivery Date 2/23/94	³⁶ Test Date 2/5/94	³⁷ Test Length 24	³⁸ Tbg. Pressure 50	³⁹ Csg. Pressure 100
⁴⁰ Choke Size 8/64'	⁴¹ Oil 30	⁴² Water 0	⁴³ Gas 90	⁴⁴ AOF No	⁴⁵ Test Method Flowing

I hereby certify that the rules 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: *Mark D. Clarke*

Printed name: MARK D. CLARKE

Title: *Engineer*

Date: 2-20-95

Phone: 392-5516

OIL CONSERVATION DIVISION

Approved by: *[Signature]*

Title: DISTRICT 1 SUPERVISOR

Approval Date: FEB 28 1995

⁴⁶ If this is a change of operator fill in the OGRID number and name of the previous operator

Previous Operator Signature	Printed Name	Title	Date
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Submit 3 Copies to Appropriate District Office

1995 MAR 8 AM 8 52

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. 30-025-32362

5. Indicate Type of Lease STATE FEE

6. State Oil & Gas Lease No. B - 158

SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR TO PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

7. Lease Name or Unit Agreement Name NM "BZ" State NCT-5

1. Type of Well: OIL WELL GAS WELL OTHER

8. Well No. 5

2. Name of Operator Pronghorn Mgt. Corp.

9. Pool name or Wildcat North San Simon Yates Assoc.

3. Address of Operator P.O. box 1772, Hobbs, NM 88241

4. Well Location Unit Letter D : 40 Feet From The North Line and 750 Feet From The West Line

Section 29 Township 21-S Range 35-E NMPM Lea County

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

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. 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.

Surface Casing: 1/4/94

Drilled 12 1/4" Hole to 390'. Ran and set 381' or 8 5/8" 24# J-55 Casing. Cemented with 150 Sx Class "C" Heat, Tailed in with 100 Sx "C" with 2% CaCl. Bumped Plug, Floats held, SD, Woc. Tested to 1000 psi. 30 minutes, Held O.K.

I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE: [Signature] TITLE: Engineer DATE: 2/2/95

TYPE OR PRINT NAME: MARK D. CLARKE ENGINEER TELEPHONE NO. 392-5516

(This space for State Use) APPROVED BY: [Signature] TITLE: DISTRICT 1 SUPERVISOR DATE: FEB 28 1995

CONDITIONS OF APPROVAL, IF ANY:

3 Copies
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.
30-025-32362

5. Indicate Type of Lease
STATE FEE

6. State Oil & Gas Lease No.
B - 158

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

NM "BZ" State NCT-5

1. Type of Well:
OIL WELL GAS WELL OTHER

8. Well No.
5

2. Name of Operator
Proghorn Mgt. Corp.

9. Pool name or Wildcat
North San Simon Yates Assoc.

3. Address of Operator
P.O. box 1772, Hobbs, NM 88241

4. Well Location
Unit Letter D : 40 Feet From The North Line and 750 Feet From The West Line
Section 29 Township 21-S Range 35-E NMPM Lea County

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

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

NOTICE OF INTENTION TO:
PERFORM REMEDIAL WORK
TEMPORARILY ABANDON
PULL OR ALTER CASING
OTHER:

SUBSEQUENT REPORT OF:
REMEDIAL WORK
COMMENCE DRILLING OPNS.
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.

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I hereby certify that the information above is true and complete to the best of my knowledge and belief.
SIGNATURE Mark D. Clarke TITLE Engineer DATE 2/2/95
TYPE OR PRINT NAME MARK D. CLARKE ENGINEER TELEPHONE NO. 392-5516

(This space for State Use)
APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

6

3 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

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

WELL API NO. 30-025-32362
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. B - 158
7. Lease Name or Unit Agreement Name NM "BZ" State NCT-5
8. Well No. 5
9. Pool name or Wildcat North San Simon Yates Assoc.
10. Elevation (Show whether DF, RKB, RT, GR, etc.)

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"/>
2. Name of Operator Pronghorn Mgt. Corp.
3. Address of Operator P.O. box 1772, Hobbs, NM 88241
4. Well Location Unit Letter <u>D</u> : <u>40</u> Feet From The <u>North</u> Line and <u>750</u> Feet From The <u>West</u> Line Section <u>29</u> Township <u>21-S</u> Range <u>35-E</u> NMPM <u>Lea</u> County

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

Surface Casing: 1/4/94

Drilled 12 1/4" Hole to 390'. Ran and set 381' or 8 5/8" 24# J-55 Casing. Cemented with 150 Sx Class "C" Heat, Tailed in with 100 Sx "C" with 2% CaCl. Bumped Plug, Floats held, SD, Woc. Tested to 1000 psi. 30 minutes, Held O.K.

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

SIGNATURE Mark D. Clarke TITLE Engineer DATE 2/9/95

TYPE OR PRINT NAME MARK D. CLARKE ENGINEER TELEPHONE NO. 392-5516

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

RAILROAD COMMISSION OF TEXAS
OIL AND GAS DIVISION

'95 MAR 3 AM 8 52

3042533

INCLINATION REPORT (One Copy Must Be Filed With Each Completion Report.)		6. RRC District
1. FIELD NAME (as per RRC Records or Wildcat)		7. RRC Lease Number. (Oil completions only)
2. LEASE NAME <i>New Lease</i> BZ		8. Well Number 5
3. OPERATOR Baber Well Services <i>Pumphrey Management Corp</i>		9. RRC Identification Number (Gas completions only)
4. ADDRESS Box 1772 Hobbs, NM 88240		10. County Lea
5. LOCATION (Section, Block, and Survey) <i>M. 2 D 4 27 9 NW/4</i>		

RECORD OF INCLINATION

*11. Measured Depth (feet)	12. Course Length (Hundreds of feet)	*13. Angle of Inclination (Degrees)	14. Displacement per Hundred Feet (Sine of Angle X100)	15. Course Displacement (feet)	16. Accumulative Displacement (feet)
220	220	1/2	.88	1.94	1.94
390	170	1/2	.88	1.50	3.44
900	510	1/2	.88	4.49	7.93
1402	502	3/4	1.31	6.58	14.51
1902	500	1	1.75	8.75	23.26
2405	503	2 3/4	4.81	24.19	47.45
2657	252	3	5.25	13.23	60.68
3034	377	3 3/4	6.56	24.73	85.41
3286	252	3 1/2	6.13	15.45	100.86
3505	219	3 1/2	6.13	13.42	114.28
3963	458	2	3.50	16.03	130.31

If additional space is needed, use the reverse side of this form.

17. Is any information shown on the reverse side of this form? yes no
18. Accumulative total displacement of well bore at total depth of 3963 feet = 130.31 feet.
- *19. Inclination measurements were made in - Tubing Casing Open hole Drill Pipe
20. Distance from surface location of well to the nearest lease line _____ feet.
21. Minimum distance to lease line as prescribed by field rules _____ feet.
22. Was the subject well at any time intentionally deviated from the vertical in any manner whatsoever? NO
- (If the answer to the above question is "yes", attach written explanation of the circumstances.)

INCLINATION DATA CERTIFICATION

I declare under penalties prescribed in Sec. 91.143, Texas Natural Resources Code, that I am authorized to make this certification, that I have personal knowledge of the inclination data and facts placed on both sides of this form and that such data and facts are true, correct, and complete to the best of my knowledge. This certification covers all data as indicated by asterisks (*) by the item numbers on this form.

James L. Brazeal
Signature of Authorized Representative

James L. Brazeal-President
Name of Person and Title (type or print)

Brazeal, Inc.-d/b/a CapStar Drilling
Name of Company

Telephone: 214 727-8367
Area Code

OPERATOR CERTIFICATION

I declare under penalties prescribed in Sec. 91.143, Texas Natural Resources Code, that I am authorized to make this certification, that I have personal knowledge of all information presented in this report, and that all data presented on both sides of this form are true, correct, and complete to the best of my knowledge. This certification covers all data and information presented herein, except inclination data as indicated by asterisks (*) by the item numbers on this form.

Mark D. Clark
Signature of Authorized Representative

Mark D. Clark
Name of Person and Title (type or print)

Baber Well Services / PM Corp
Operator

Telephone: (505) 392-5516
Area Code

District I
 PO Box 1980, Hobbs, NM 88241-1980
 District II
 PO Drawer DD, Artesia, NM 88211-0719
 District III
 1000 Rio Brazos Rd., Aztec, NM 87410
 District IV
 PO Box 2088, Santa Fe, NM 87504-2088

State of New Mexico CONSERVATION DIVISION
 Energy, Minerals & Natural Resources Department
 OIL CONSERVATION DIVISION
 PO Box 2088
 Santa Fe, NM 87504-2088

Form C-104
 Revised February 10, 1994
 Instructions on back
 Submit to Appropriate District Office
 5 Copies

AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

Operator name and Address PRONGHORN MANAGEMENT, CORP. P.O. BOX 1772 HOBBS, NEW MEXICO 88241		OGRID Number 122811
		Reason for Filing Code CH EDD 5-1-94
API Number 30-025-32362	Pool Name SAN SIMON YATES, NORTH (ASSOC)	Pool Code 53790
Property Code 14987	Property Name NEW MEXICO STATE "BZ" NCT-5	Well Number 5

II. Surface Location

Ul or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South Line	Feet from the	East/West line	County
D	29	21-S	35-E		40'	NORTH	750'	WEST	LEA

Bottom Hole Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County

Lea Code S	Producing Method Code P	Gas Connection Date N/A	C-129 Permit Number	C-129 Effective Date	C-129 Expiration Date
----------------------	-----------------------------------	-----------------------------------	---------------------	----------------------	-----------------------

III. Oil and Gas Transporters

Transporter OGRID	Transporter Name and Address	POD	O/G	POD ULSTR Location and Description
015694	NAVAJO REFINING CO. P.O. BOX 159 ARTESIA, NM 88211	0501310	0	D-29-21-35
009171	GPM GAS CORP. 4044 PENBROOK ODESSA, TX. 77210	0501330	6	D-29-21-35

IV. Produced Water

POD 0501350	POD ULSTR Location and Description N/A
-----------------------	--

V. Well Completion Data

Spud Date	Ready Date	TD	PBTD	Perforations

Hole Size	Casing & Tubing Size	Depth Set	Sacks Cement

VI. Well Test Data

Date New Oil	Gas Delivery Date	Test Date	Test Length	Tbg. Pressure	Csg. Pressure

Choke Size	Oil	Water	Gas	AOF	Test Method

I hereby certify that the rules 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: *Sherry Wade*
 Printed name: **SHERRY WADE**
 Title: **PRODUCTION CLERK**
 Date: **7-7-94** Phone: **(505) 392-5516**

OIL CONSERVATION DIVISION
 Approved by: *[Signature]*
 Title: **DISTRICT 1 SUPERVISOR**
 Approval Date: **AUG 15 1994**

If this is a change of operator fill in the OGRID number and name of the previous operator:
 Previous Operator Signature: *Buber Well Inc. #001559* Printed Name: *Sherry Wade* Title: *Prod.* Date: *8-11-94*

District I
PO Box 1980, Hobbs, NM 88241-1980
District II
PO Drawer DD, Artesia, NM 88211-0719
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
PO Box 2088, Santa Fe, NM 87504-2088

State of New Mexico CONSERVATION DIVISION
Energy, Minerals & Natural Resources Department

Form C-104
Revised February 10, 1994
Instructions on back
Submit to Appropriate District Office
5 Copies

OIL CONSERVATION DIVISION
PO Box 2088
Santa Fe, NM 87504-2088

RECEIVED

AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

Operator name and Address PRONGHORN MANAGEMENT CORP. P.O. BOX 1772 HOBBS, NM 88241		OGRID Number 122811
		Reason for Filing Code RT 2,480 bbls <i>July 1994</i>
API Number 30-0	Pool Name SAN SIMON YATES, NORTH (ASSOC)	Pool Code 53790
Property Code <i>11-187</i>	Property Name NEW MEXICO STATE "BZ" NCT-5	Well Number 5

II. Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South Line	Feet from the	East/West line	County
D	29	21-S	35-E		40'	NORTH	750'	WEST	LEA

III. Bottom Hole Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County

Lease Code	Producing Method Code	Gas Connection Date <i>1/7</i>	C-129 Permit Number	C-129 Effective Date	C-129 Expiration Date
------------	-----------------------	-----------------------------------	---------------------	----------------------	-----------------------

III. Oil and Gas Transporters

Transporter OGRID	Transporter Name and Address	POD	O/G	POD ULSTR Location and Description
015694	NAVAJO REFINING CO. P.O. BOX 159 ARTESIA, NM 88211	0501310	O	N/A <i>D-29-21-35</i>
009171	GPM GAS CORP. 4044 PENBROOK ODESSA, TX 77210	0501330	G	N/A <i>D-29-21-35</i>

IV. Produced Water

POD 0501350	POD ULSTR Location and Description N/A
----------------	---

V. Well Completion Data

Spud Date	Ready Date	TD	PBTD	Perforations

Hole Size	Casing & Tubing Size	Depth Set	Sacks Cement

VI. Well Test Data

Date New Oil	Gas Delivery Date	Test Date	Test Length	Tbg. Pressure	Csg. Pressure

Choke Size	Oil	Water	Gas	AOF	Test Method

I hereby certify that the rules 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: *Sherry Wade*
Printed name: Sherry Wade
Title: Production Clerk
Date: 07/07/94
Phone: (505) 392-5516

OIL CONSERVATION DIVISION
Approved by: *[Signature]*
Title: Geologist
Approval Date: JUL 08 1994

If this is a change of operator fill in the OGRID number and name of the previous operator

Previous Operator Signature	Printed Name	Title	Date
-----------------------------	--------------	-------	------

Submit to Appropriate District Office
 State Lease - 6 copies
 Fee Lease - 5 copies

RECEIVED

State of New Mexico
 Energy, Minerals and Natural Resources Department

Form C-101
 Revised 1-1-89

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

API NO. (assigned by OCD on New Wells)

30-025-323E2

5. Indicate Type of Lease
 STATE FEE

6. State Oil & Gas Lease No.
 B-158

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work:
 DRILL RE-ENTER DEEPEN PLUG BACK
 b. Type of Well:
 OIL WELL GAS WELL OTHER
 SINGLE ZONE MULTIPLE ZONE

7. Lease Name or Unit Agreement Name
 NM "BZ" STATE NCT-5

2. Name of Operator
 BABER WELL SERVICING COMPANY

8. Well No.
 5

3. Address of Operator
 P.O. BOX 1772, HOBBS, NM 88241

9. Pool name or Wildcat
 NORTH SAN SIMON YATES ASSOC.

4. Well Location
 Unit Letter D : 40 Feet From The NORTH Line and 750 Feet From The WEST Line
 Section 29 Township 21-S Range 35-E NMPM LEA County

10. Proposed Depth
 4000'

11. Formation
 YATES

12. Rotary or C.T.
 ROTARY

13. Elevations (Show whether DF, RT, GR, etc.)
 3648.9' G.L.

14. Kind & Status Plug Bond
 BLANKET PLUG BOND

15. Drilling Contractor
 CAPSTAR

16. Approx. Date Work will start
 DEC. 28, 1993

17. PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
12-1/4"	8-5/8"	24#	400'	400 sx	circ.
7-7/8"	5-1/2"	15.5#	4000'	600 sx	circ.

Drill 12-1/4" hole to ± 400'. Run & cement 8-5/8" casing (circ).
 Pressure test casing. Drill 7-7/8" hole to ± 4000'. Run & cement
 5-1/2", K-55, 15.5#/ft. casing (circ).
 Complete well in Yates formation. Details on completion procedure to
 follow.

Approval for drilling ONLY--

cannot produce until Non-Standard Location is approved.

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.

SIGNATURE G.A. Baber TITLE PRESIDENT DATE 12/20/93

TYPE OR PRINT NAME _____ TELEPHONE NO. _____

(This space for State Use)
 APPROVED BY [Signature] TITLE DISTRICT 1 SUPERVISOR DATE JAN 03 1994

CONDITIONS OF APPROVAL, IF ANY:

Submit to Appropriate District Office
 State Lease - 4 copies
 Fee Lease - 3 copies

State of New Mexico
 Energy, Minerals and Natural Resources Department

Form C-102
 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 LOCATION AND ACREAGE DEDICATION PLAT

All Distances must be from the outer boundaries of the section

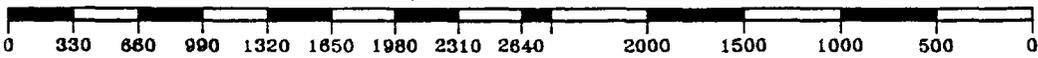
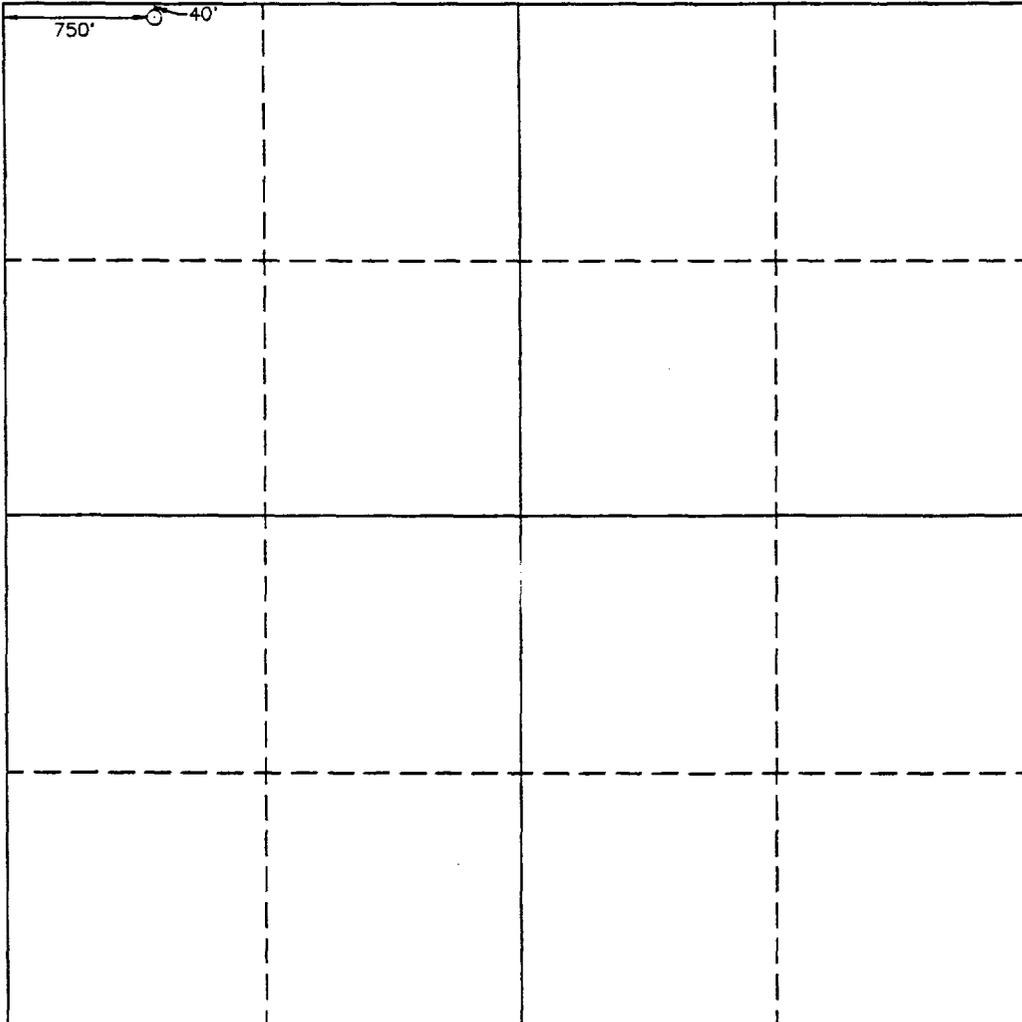
Operator BABER WELL SERVICING CO.			Lease NM "BZ" STATE		Well No. 5
Unit Letter D	Section 29	Township 21 SOUTH	Range 35 EAST	NMPM	County LEA
Actual Footage Location of Well: 40 feet from the NORTH line and 750 feet from the WEST line					
Ground Level Elev. 3648.9'	Producing Formation YATES	Pool NORTH SAN SIMON YATES ASSOC.	Dedicated Acreage: 40 Acres		

- Outline the acreage dedicated to the subject well by colored pencil or hachure marks on the plat below.
- If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
- If more than one lease of different ownership is dedicated to the well, have the interest 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 of owners and tract descriptions which have actually been consolidated. (Use reverse side of this form necessary.)

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



OPERATOR CERTIFICATION

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

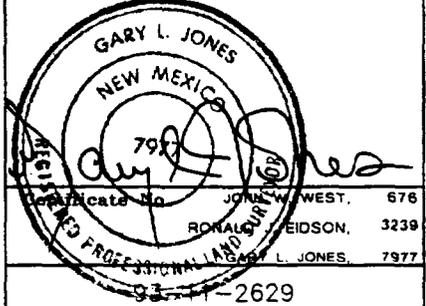
Signature

 Printed Name
 G. A. BABER
 Position
 PRESIDENT
 Company
 BABER WELL SERVICING CO.
 Date
 12/30/93

SURVEYOR CERTIFICATION

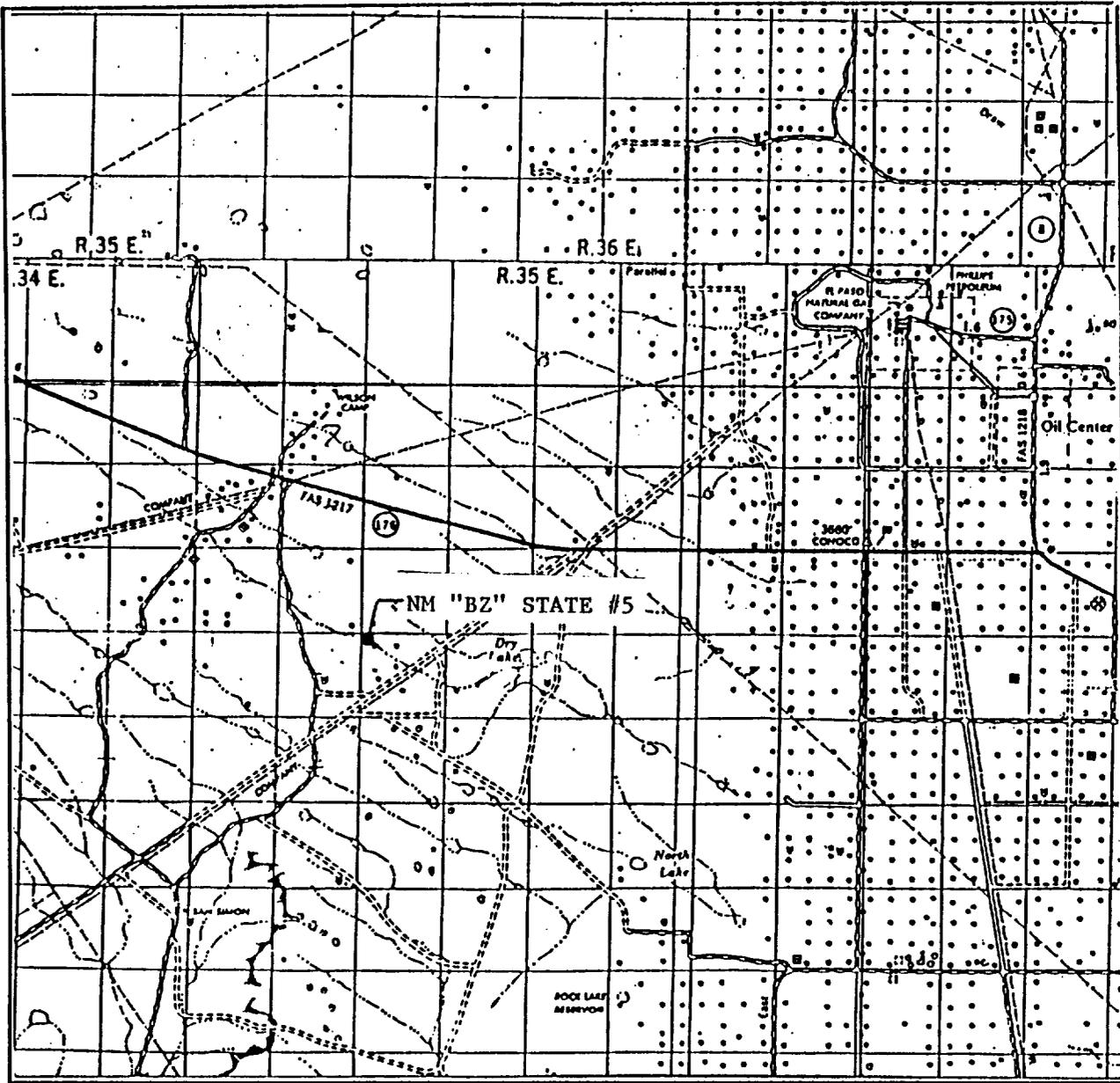
I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

Date Surveyed
 DECEMBER 28, 1993
 Signature & Seal of Professional Surveyor



7977
 Certificate No. JONAS WEST, 676
 RONALD W. EIDSON, 3239
 GARY L. JONES, 7977
 93-11-2629

VICINITY MAP



SCALE: 1" = 2 MILES

SEC. 29 TWP. 21S RGE. 35E

SURVEY N.H.P.M.

COUNTY LEA STATE N.M.

DESCRIPTION 40' FNL & 750' FVL

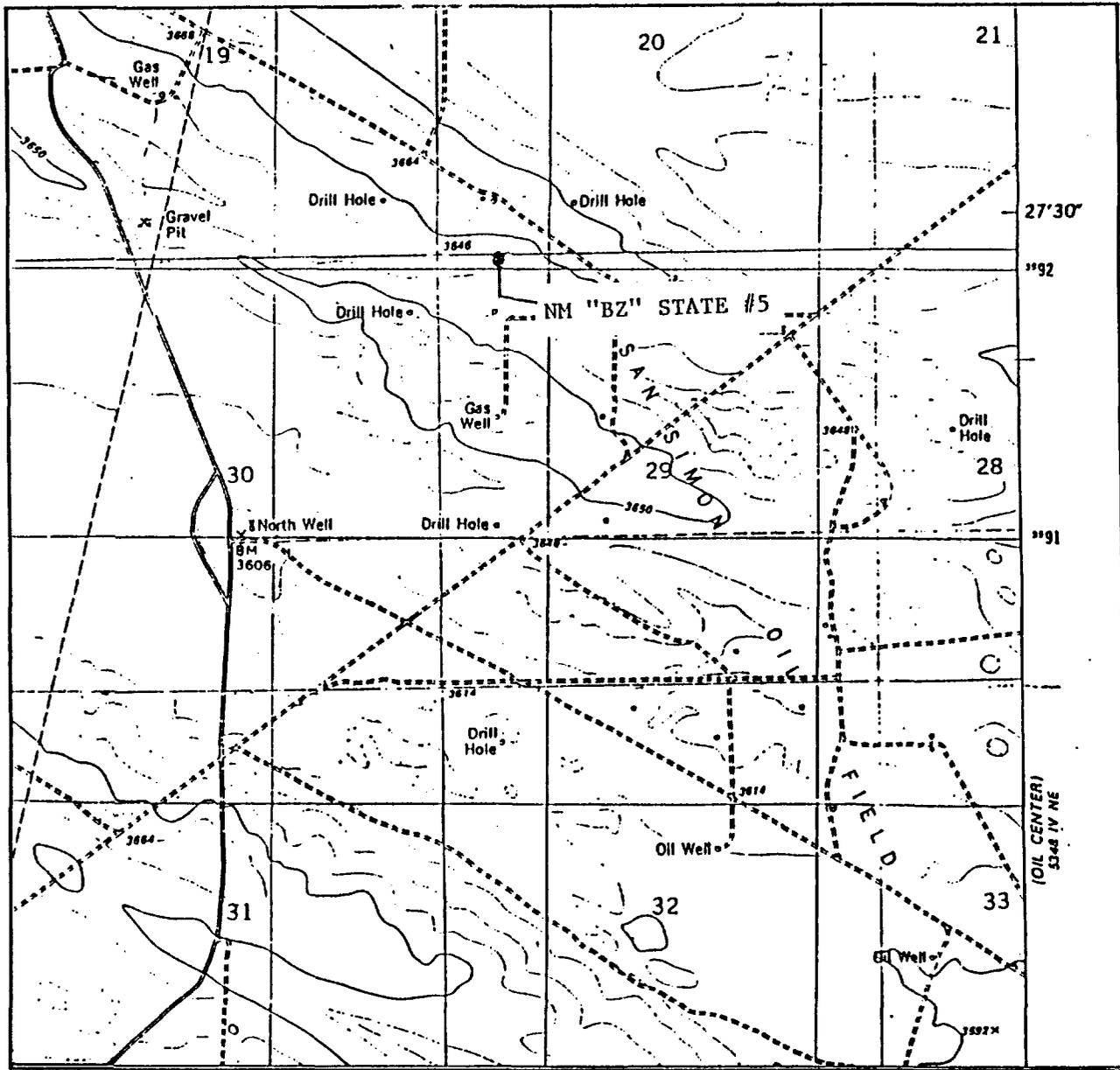
ELEVATION 3648.9'

OPERATOR BABER WELL SERVICING CO.

LEASE NM "BZ" STATE #5

**JOHN WEST ENGINEERING
HOBBS, NEW MEXICO
(505) 393-3117**

LOCATION VERIFICATION MAP



SCALE: 1" = 2000'

CONTOUR INTERVAL 10'

SEC. 29 TWP. 21S RGE. 35E

SURVEY N.M.P.M.

COUNTY LEA STATE N.M.

DESCRIPTION 40' FNL & 750' FWL

ELEVATION 3648.9'

OPERATOR BABER WELL SERVICING CO.

LEASE NM "BZ" STATE #5

U.S.G.S. TOPOGRAPHIC MAP
SAN SIMON RANCH, N.M.

**JOHN WEST ENGINEERING
HOBBS, NEW MEXICO
(505) 393-3117**

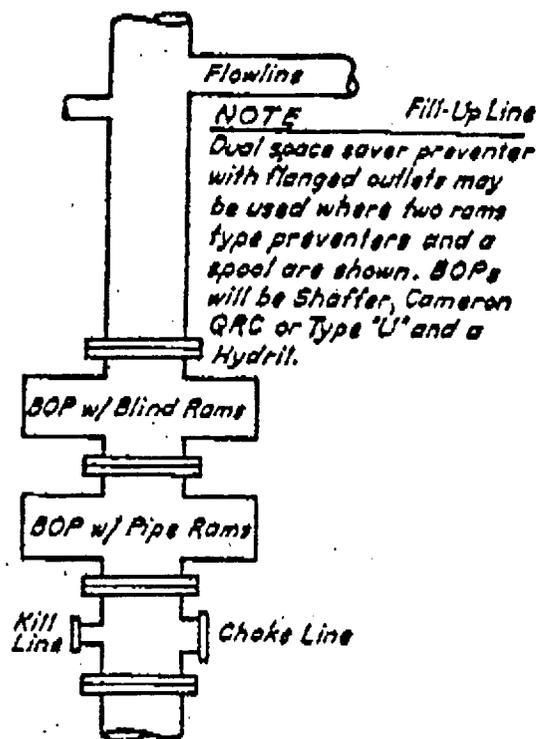


301 BOYD, E
ALLEN, TEXAS 75002

P. O. BOX 589
ALLEN, TEXAS 75002

(214) 727-8367

In Texas (800) 442-5224



CASE I

BLOWOUT PREVENTER HOOKUP

3000# Working Pressure

WRS COMPLETION REPORT
 COMPLETIONS SEC 29 TWP 21S RGE 35E
 PIF 30-T-0018 04/07/95 30-025-32362-0000 PAGE 1

NMEX LEA * 40FNL 750FWL SEC NW NW
 STATE COUNTY FOOTAGE SPOT
 PRONGHORN MGMT D DO
 OPERATOR WELL CLASS INIT FIN
 5 NEW MEXICO "BZ" STATE NCT-5
 WELL NO. LEASE NAME
 3649GR SAN SIMON N
 OPER ELEV FIELD/POOL/AREA
 API 30-025-32362-0000
 LEASE NO. PERMIT OR WELL I.D. NO.
 01/04/1994 02/02/1994 ROTARY VERT OIL
 SPUD DATE COMP. DATE TYPE TOOL HOLE TYPE STATUS
 4000 YATES CAPSTAR
 PROJ. DEPTH PROJ. FORM CONTRACTOR
 DTD 3963 PB 3923 FM/TD YATES
 DRILLERS T.D. LOG T.D. PLUG BACK TD OLD T.D. FORM T.D.

LOCATION DESCRIPTION

8 MI SW OIL CENTER, NM

WELL IDENTIFICATION/CHANGES

OPERATOR CHGD FROM BABER WELL SERVICING

CASING/LINER DATA

CSG 8 5/8 @ 390 W/ 250 SACKS
 CSG 5 1/2 @ 3962 W/ 250 SACKS

INITIAL POTENTIAL

IPF 30BOPD 90 MCFD 8/64CK 24HRS
 YATES PERF 3776- 3884
 PERF 3776- 3884
 TP 50 CP 100

GTY NR, GOR NR

DRILLING PROGRESS DETAILS

PRONGHORN MGMT
 BOX 1772
 HOBBS, NM 88241
 505-392-5516
 01/03 LOC/1994/
 03/03 3963 ID, PB 3923, WOFT
 04/03 RIG 3963 ID, PB 3923

CONTINUED IC# 300257000294

COMPLETIONS SEC 29 TWP 21S RGE 35E
PI# 30-T-0018 04/07/95 30-025-32362-0000 PAGE 2

PRONGHORN MGMT D DO
5 NEW MEXICO "BZ" STATE NCT-5

DRILLING PROGRESS DETAILS

COMP 2/2/94, IPF 30 BO, 90 MCFGPD, 8/64
CK, GTY (NR), GOR (NR),
FTP 50, FCP 100
PROD ZONE - YATES 3776-3884
NO CORES OR TESTS RPTD

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT
OIL CONSERVATION DIVISION

IN THE MATTER OF THE HEARING
CALLED BY THE OIL CONSERVATION
DIVISION FOR THE PURPOSE OF
CONSIDERING:

CASE NO. 7976
Order No. R-7385

APPLICATION OF MORRIS R. ANTWEIL
FOR RECLASSIFICATION OF THE NORTH
SAN SIMON-YATES POOL AS AN ASSOCIATED
POOL, LEA COUNTY, NEW MEXICO.

*See Also
Order No. R-7385-A
R-7385-B*

ORDER OF THE DIVISION

BY THE DIVISION:

This cause came on for hearing at 9 a.m. on October 12, 1983, at Santa Fe, New Mexico, before Examiner Richard L. Stamets.

NOW, on this 14th day of November, 1983, the Division Director, having considered the testimony, the record, and the recommendations of the Examiner, and being fully advised in the premises,

FINDS:

(1) That due public notice having been given as required by law, the Division has jurisdiction of this cause and the subject matter thereof.

(2) That the applicant, Morris R. Antweil, seeks the reclassification of the North San Simon-Yates Pool in Township 21 South, Range 35 East, as an associated pool subject to the provisions of Division Order No. R-5353 including specified oil and gas spacing units and well locations.

(3) That the vertical limits of said pool consist of the Yates formation and the horizontal limits include the following acreage:

TOWNSHIP 21 SOUTH, RANGE 35 EAST, NMPM

Section 19: E/2 E/2
Section 20: NW/4 and W/2 SW/4
Section 28: W/2 SW/4
Section 29: S/2 and NW/4
Section 31: NE/4 NE/4
Section 32: NE/4 and N/2 NW/4
Section 33: NW/4 and N/2 SW/4

(4) That while the said North San Simon-Yates Pool is currently classified as an oil pool, the evidence presently available indicates it is, in fact, an associated oil and gas reservoir.

(5) That said North San Simon-Yates Pool should be reclassified as an associated pool for the production of oil and gas from the Yates formation and designated the North San Simon-Yates Associated Pool.

(6) That the evidence available at the time of the hearing indicates that said North San Simon-Yates Associated Pool may be efficiently and economically developed by oil wells on 40-acre spacing and proration units and by gas wells on 160-acre spacing and proration units.

(7) That the said evidence further indicates that oil wells and gas wells in said North San Simon-Yates Associated Pool should be located no closer than 330 feet to any quarter section or quarter-quarter section line.

(8) That the effective date of such reclassification should be December 1, 1983.

IT IS THEREFORE ORDERED:

(1) That effective December 1, 1983, the North San Simon-Yates Pool in Lea County, New Mexico, is hereby reclassified as an associated pool and redesignated the North San Simon-Yates Associated Pool.

(2) That said North San Simon-Yates Associated Pool shall be governed by the General Rules and Regulations for the Associated Oil and Gas Pools of Northwest and Southeast New Mexico, promulgated by Order No. R-5353, insofar as said General Rules and Regulations are not inconsistent with the Special Rules and Regulations for the subject pool as hereinafter set forth, in which event the Special Rules shall apply.

SPECIAL RULES AND REGULATIONS
FOR THE
NORTH SAN SIMON-YATES ASSOCIATED POOL

RULE 2. (a) A standard oil proration unit shall be 40 acres. A standard gas proration unit shall be 160 acres.

RULE 2. (b) Oil wells shall be located no closer than 330 feet to the outer boundary of the quarter-quarter section.

Gas wells shall be located no closer than 330 feet to the outer boundary of the quarter-quarter section.

IT IS FURTHER ORDERED:

(1) That, pursuant to Paragraph A. of Section 70-2-18, N.M.S.A. 1978 Comp., contained in Laws of 1969, Chapter 271, existing gas wells in the North San Simon-Yates Associated Pool shall have dedicated thereto 160 acres in accordance with the foregoing pool rules; or, pursuant to Paragraph C. of said Section 70-2-18, existing wells may have non-standard spacing or proration units established by the Division and dedicated thereto.

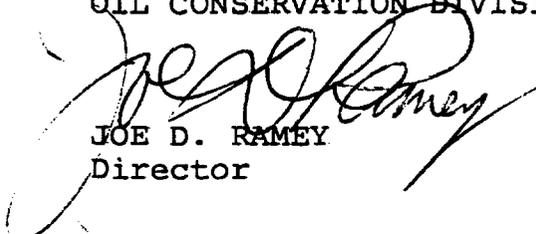
Failure to file new Forms C-102 with the Division dedicating the appropriate acreage to a well or to obtain a non-standard unit approved by the Division within 60 days from the date of this order shall subject the well to cancellation of allowable. Until said Form C-102 has been filed or until a non-standard unit has been approved, and subject to said 60-day limitation, each well presently drilling to or completed in the North San Simon-Yates Associated Pool or in the Yates formation within one mile thereof shall receive no more than a 40-acre allowable for the pool.

(2) That the effective date of this order shall be December 1, 1983.

(3) That jurisdiction of this cause is retained for the entry of such further orders as the Division may deem necessary.

DONE at Santa Fe, New Mexico, on the day and year hereinabove designated.

STATE OF NEW MEXICO
OIL CONSERVATION DIVISION


JOE D. RAMEY
Director

S E A L

fd/

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT
OIL CONSERVATION DIVISION

CASE NO. 7976
Order No. R-7385-A

THE APPLICATION OF MORRIS R. ANTWEIL
FOR RECLASSIFICATION OF THE NORTH
SAN SIMON-YATES POOL AS AN ASSOCIATED
POOL, LEA COUNTY, NEW MEXICO.

*See Also
Order No. R-7385
R-7385-B*

NUNC PRO TUNC ORDER

BY THE DIVISION:

It appearing to the Division that Order No. R-7385 dated November 14, 1983, does not correctly state the intended order of the Division,

IT IS THEREFORE ORDERED:

(1) That Rule 2(b) of the Special Rules and Regulations for the North San Simon-Yates Associated Pool on page 2 of Order No. R-7385 is hereby amended to read in its entirety as follows:

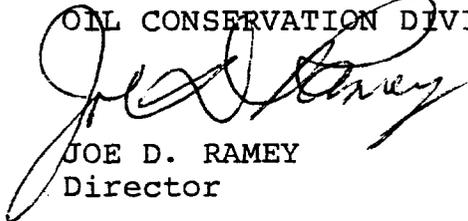
"RULE 2. (b) Oil wells shall be located no closer than 330 feet to the outer boundary of the quarter-quarter section.

Gas wells shall be located no closer than 660 feet to the outer boundary of the quarter-quarter section."

(2) That the corrections set forth in this order be entered nunc pro tunc as of November 14, 1983.

DONE at Santa Fe, New Mexico, on this 1st day of December, 1983.

STATE OF NEW MEXICO
OIL CONSERVATION DIVISION


JOE D. RAMEY
Director

S E A L
fd/

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT
OIL CONSERVATION DIVISION

CASE NO. 7976
Order No. R-7385-B

THE APPLICATION OF MORRIS R. ANTWEIL
FOR RECLASSIFICATION OF THE NORTH
SAN SIMON-YATES POOL AS AN ASSOCIATED
POOL, LEA COUNTY, NEW MEXICO.

See Also Order No.

R-7385

R-7385-A

NUNC PRO TUNC ORDER

BY THE DIVISION:

It appearing to the Division that Order No. R-7385 dated November 14, 1983, does not correctly state the intended order of the Division,

IT IS THEREFORE ORDERED:

(1) That Finding No. (7) on page 2 of said Division Order No. R-7385 is hereby amended to read in its entirety as follows:

"(7) That the said evidence further indicates that oil wells and gas wells in said North San Simon-Yates Associated Pool should be located no closer than 330 feet to any quarter-quarter section or 660 feet to any quarter section line, respectively."

(2) That Rule 2(b) of the Special Rules and Regulations for the North San Simon-Yates Associated Pool on page 2 of Order No. R-7385 is hereby amended to read in its entirety as follows:

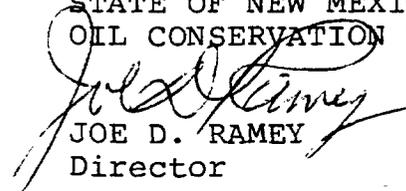
"RULE 2. (b) Oil wells shall be located no closer than 330 feet to the outer boundary of the quarter-quarter section.

Gas wells shall be located no closer than 660 feet to the outer boundary of the quarter section."

(3) That the corrections set forth in this order be entered nunc pro tunc as of November 14, 1983.

DONE at Santa Fe, New Mexico, on this 10th day of January, 1984.

STATE OF NEW MEXICO
OIL CONSERVATION DIVISION


JOE D. RAMEY
Director

S E A L
fd/

Production Report For The Penghorn Management Corp.
 New Mexico "BZ" State Well No. 5 (API
 No. 30-025-37362)

	Mo.	Days Prod.	Production Volumes		
			Gas	Oil	Water
1994	July	31	650	32	65
	Aug.	30	615	73	140
	Sept.	30	550	10	6
	Oct.	31	444	18	10
	Nov.	30	350	29	-
	Dec.	31	369	40	-
1995	Jan.	31	322	22	-
	Feb.	28	95	8	-
	March	15	-	1	-
	April	30	567	3	6
	May	31	220	11	6
	June	-	-	-	-
	July	10	31	2	-
	Aug.	31	396	8	4
	Sept.	30	412	22	8
	Oct.	30	299	23	10
	Nov.	30	224	3	-
	Dec.	30	-	12	4
1996	Jan.	31	45	10	5
	Feb.	25	-	5	3
	March	15	-	6	-
	April	15	168	5	-
	May	15	1	1	-
	June	15	2	3	-

1996 (Cont.)	July	20	20	4	-
	Aug.	20	12	2	-
	Sept.	20	1	2	-
	Oct.	20	-	2	-
	Nov.	20	2	2	-
	Dec.	20	-	2	-
1997	Jan.	20	-	2	-
	Feb.	20	22	1	-
	March	20	-	1	-
	April	-	26	1	-
	May	10	-	1	-
	June	10	-	2	-
	July	10	-	1	-

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'94 MAY 23 AM 8 50 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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator: PRONGHORN MANAGEMENT CORPORATION (122811) Well API No. 30-025-03521
Address: P.O. BOX 1772 HOBBS, NM 88241
Reason(s) for Filing (Check proper box): Other (Please explain) MAY 01 1994
New Well Change in Transporter of: OPERATOR NAME CHANGE ONLY
Completion Oil Dry Gas
Change in Operator Casinghead Gas Condensate
Change of operator give name and address of previous operator: BABER WELL SERVICING COMPANY P.O. BOX 1772 HOBBS, NM 88241

I. DESCRIPTION OF WELL AND LEASE

Lease Name: 4987 N.MEX. BZ ST NCT 5 Well No. 1 Pool Name, including Formation: SAN SIMON YATES, NORTH (ASSOC) Kind of Lease: (State) Federal or Eas Lease No. B-158
Location: Unit Letter D : 660 Feet From The FNL Line and 660 Feet From The FWL Line
Section 29 Township 21S Range 35E, NMPM, Lea County

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil: NAVAJO REFINING CO. PIPELINE DIVISION or Condensate: Address (Give address to which approved copy of this form is to be sent): P.O. BOX 159, ARTESIA, N.M. 88211
Name of Authorized Transporter of Casinghead Gas: GPM or Dry Gas: Address (Give address to which approved copy of this form is to be sent): 4044 PENBROOK, ODESSA, TX. 77210
If well produces oil or liquids, give location of tanks: Unit D Sec. 29 Twp. 21S Rge. 35E Is gas actually connected? When?

with that from any other lease or pool, give commingling order number: TA
Completion - (X) Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v Diff Res'v
Date Compl. Ready to Prod. Total Depth P.B.T.D.
Name of Producing Formation Top Oil/Gas Pay Tubing Depth
Depth Casing Shoe
TUBING, CASING AND CEMENTING RECORD
CASING & TUBING SIZE DEPTH SET SACKS CEMENT

REQUEST FOR ALLOWABLE (to 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 of Test Producing Method (Flow, pump, gas lift, etc.)
Tubing Pressure Casing Pressure Choke Size
Oil - Bbls. Water - Bbls. Gas- MCF
Length of Test Bbls. Condensate/MMCF Gravity of Condensate
Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size

III. 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: Sherry Wade SHERRY WADE PRODUCTION CLERK
Printed Name: 3.5.94 Title: (505) 392-5516
Date: Telephone No.

OIL CONSERVATION DIVISION
MAY 20 1994
Date Approved: _____
By: _____ Geologist
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

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

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

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

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

OIL CONSERVATION DIVISION
 RECEIVED

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

I.

Operator BABER WELL SERVICING COMPANY	Well API No. 90 NOV 18 AM 9 49 30-025-03521
Address P.O. BOX 1772 HOBBS, NEW MEXICO 88241	
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"/>	
If change of operator give name and address of previous operator CAPROCK OIL & GAS, INC., P.O. Box 828, Andrews, Tx. 79714	

II. DESCRIPTION OF WELL AND LEASE

Lease Name NM "BZ" STATE NCT-5	Well No. 1	Pool Name, Including Formation North San Simon Yates Assoc	Kind of Lease <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal or Fee	Lease No. B-158
Location Unit Letter <u>D</u> : <u>660</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>West</u> Line Section <u>29</u> Township <u>21 S</u> Range <u>35 E</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"/> Texaco Trading & Trnsp	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 checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips 66 Nat'l Gas	Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook, Odessa, Tx. 79762
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When ? F 29 21S 35E yes

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 G.A. Baber III PRESIDENT
 Printed Name 10/31/90 (505) 393-5516
 Date 10/31/90 Telephone No.

OIL CONSERVATION DIVISION

Date Approved NOV 08 1990
 By Jerry Supton
 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.

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

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

OIL CONSERVATION DIVISION
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 '90 FEB 8 AM 9 22

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 CAPROCK OIL & GAS, INC.	Well API No. 3002503521
Address P.O. BOX 828, ANDREWS, TEXAS 79714	
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"/>
If change of operator give name and address of previous operator TEXACO INC. P.O. BOX 730 HOBBS, NM 88240	

II. DESCRIPTION OF WELL AND LEASE

Lease Name NM "BZ" STATE NCT-5	Well No. 1	Pool Name, including information WILSON (YATES)	Kind of Lease (State, Federal or Fee)	Lease No. B-158
Location Unit Letter <u>E</u> : <u>660</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>West</u> Line Section <u>29</u> Township <u>21 S</u> Range <u>35 E</u> , 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"/>	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When?

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.

Alvin Collins
 Signature
 ALVIN COLLINS PRESIDENT

Printed Name
 FEBRUARY 1, 1990 Title
 915-523-6245

Date
 Telephone No.

OIL CONSERVATION DIVISION
 FEB 06 1990

Date Approved _____
 By *James S. [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
 PO Box 1980, Hobbs, NM 88241-1980
 District II
 811 South First, Artesia, NM 88210
 District III
 1000 Rio Brazos Rd., Aztec, NM 87410
 District IV
 2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico
 Energy, Minerals & Natural Resources Department

Form C-104
 Revised October 18, 1994
 Instructions on back
 Submit to Appropriate District Office
 5 Copies

OIL CONSERVATION DIVISION
 2040 South Pacheco
 Santa Fe, NM 87505

AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

¹ Operator name and Address		² OGRID Number
		³ Reason for Filing Code
⁴ API Number 30 - 0	⁵ Pool Name	⁶ Pool Code
⁷ Property Code	⁸ Property Name	⁹ Well Number

II. ¹⁰ Surface Location

Ul or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South Line	Feet from the	East/West line	County

¹¹ Bottom Hole Location

Ul or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County

¹² Lse Code	¹³ Producing Method Code	¹⁴ Gas Connection Date	¹⁵ C-129 Permit Number	¹⁶ C-129 Effective Date	¹⁷ C-129 Expiration Date
------------------------	-------------------------------------	-----------------------------------	-----------------------------------	------------------------------------	-------------------------------------

III. Oil and Gas Transporters

¹⁸ Transporter OGRID	¹⁹ Transporter Name and Address	²⁰ POD	²¹ O/G	²² POD ULSTR Location and Description

IV. Produced Water

²³ POD	²⁴ POD ULSTR Location and Description
-------------------	--

V. Well Completion Data

²⁵ Spud Date	²⁶ Ready Date	²⁷ TD	²⁸ PBTD	²⁹ Perforations	³⁰ DHC, DC, MC

³¹ Hole Size	³² Casing & Tubing Size	³³ Depth Set	³⁴ Sacks Cement

VI. Well Test Data

³⁵ Date New Oil	³⁶ Gas Delivery Date	³⁷ Test Date	³⁸ Test Length	³⁹ Tbg. Pressure	⁴⁰ Csg. Pressure

⁴¹ Choke Size	⁴² Oil	⁴³ Water	⁴⁴ Gas	⁴⁵ AOF	⁴⁶ Test Method

⁴⁷ I hereby certify that the rules 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: _____
 Printed name: _____
 Title: _____
 Date: _____ Phone: _____

OIL CONSERVATION DIVISION

Approved by: _____
 Title: _____
 Approval Date: _____

⁴⁸ If this is a change of operator fill in the OGRID number and name of the previous operator

Previous Operator Signature	Printed Name	Title	Date
-----------------------------	--------------	-------	------

New Mexico Oil Conservation Division
 C-104 Instructions

IF THIS IS AN AMENDED REPORT, CHECK THE BOX LABELED "AMENDED REPORT" AT THE TOP OF THIS DOCUMENT

Report all gas volumes at 15.025 PSIA at 60°. Report all oil volumes to the nearest whole barrel.

A request for allowable for a newly drilled or deepened well must be

accompanied by a tabulation of the deviation tests conducted in accordance with Rule 111.

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

Fill out only sections I, II, III, IV, and the operator certifications for

changes of operator, property name, well number, transporter, or other such changes.

A separate C-104 must be filed for each pool in a multiple completion.

Improperly filled out or incomplete forms may be returned to operators unapproved.

1. Operator's name and address
2. Operator's OGRID number. If you do not have one it will be assigned and filled in by the District office.
3. Reason for filing code from the following table:
NW New Well
RC Recompletion
CH Change of Operator (include the effective date.)
AO Add oil/condensate transporter
CO Change oil/condensate transporter
AG Add gas transporter
CG Change gas transporter
RT Request for test allowable (include volume requested)
If for any other reason write that reason in this box.
4. The API number of this well
5. The name of the pool for this completion
6. The pool code for this pool
7. The property code for this completion
8. The property name (well name) for this completion
9. The well number for this completion
10. The surface location of this completion NOTE: If the United States government survey designates a Lot Number for this location use that number in the 'UL or lot no.' box. Otherwise use the OCD unit letter.
11. The bottom hole location of this completion
12. Lease code from the following table:
F Federal
S State
P Fee
J Jicarilla
N Navajo
U Ute Mountain Ute
I Other Indian Tribe
13. The producing method code from the following table:
F Flowing
P Pumping or other artificial lift
14. MO/DA/YR that this completion was first connected to a gas transporter
15. The permit number from the District approved C-129 for this completion
16. MO/DA/YR of the C-129 approval for this completion
17. MO/DA/YR of the expiration of C-129 approval for this completion
18. The gas or oil transporter's OGRID number
19. Name and address of the transporter of the product
20. The number assigned to the POD from which this product will be transported by this transporter. If this is a new well or recompletion and this POD has no number the district office will assign a number and write it here.
21. Product code from the following table:
O Oil
G Gas
22. The ULSTR location of this POD if it is different from the well completion location and a short description of the POD (Example: "Battery A", "Jones CPD", etc.)
23. The POD number of the storage from which water is moved from this property. If this is a new well or recompletion and this POD has no number the district office will assign a number and write it here.
24. The ULSTR location of this POD if it is different from the well completion location and a short description of the POD (Example: "Battery A Water Tank", "Jones CPD Water Tank", etc.)
25. MO/DA/YR drilling commenced
26. MO/DA/YR this completion was ready to produce
27. Total vertical depth of the well
28. Plugback vertical depth
29. Top and bottom perforation in this completion or casing shoe and TD if openhole
30. Write in 'DHC' if this completion is downhole commingled with another completion, 'DC' if this completion is one of two non-commingled completions in this well bore, or 'MC' if there are more than three non-commingled completions in this well bore.
31. Inside diameter of the well bore
32. Outside diameter of the casing and tubing
33. Depth of casing and tubing. If a casing liner show top and bottom.
34. Number of sacks of cement used per casing string

If the following test data is for an oil well it must be from a test conducted only after the total volume of load oil is recovered.

35. MO/DA/YR that new oil was first produced
36. MO/DA/YR that gas was first produced into a pipeline
37. MO/DA/YR that the following test was completed

38. Length in hours of the test
39. Flowing tubing pressure - oil wells
Shut-in tubing pressure - gas wells
40. Flowing casing pressure - oil wells
Shut-in casing pressure - gas wells
41. Diameter of the choke used in the test
42. Barrels of oil produced during the test
43. Barrels of water produced during the test
44. MCF of gas produced during the test
45. Gas well calculated absolute open flow in MCF/D
46. The method used to test the well:
F Flowing
P Pumping
S Swabbing
If other method please write it in.
47. The signature, printed name, and title of the person authorized to make this report, the date this report was signed, and the telephone number to call for questions about this report
48. The previous operator's name, the signature, printed name, and title of the previous operator's representative authorized to verify that the previous operator no longer operates this completion, and the date this report was signed by that person

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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	GAS
OPERATOR	
PRORATION OFFICE	

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 08-01-83
RECEIVED
SEP - 5 1986
OIL CONSERVATION DIVISION
SANTA FE

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
Texaco Inc.

Address
P.O. Box 728, Hobbs, New Mexico 88240

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

<input type="checkbox"/> New Well	Change in Transporter of:	Effective September 1, 1986
<input type="checkbox"/> Recompletion	<input checked="" type="checkbox"/> Oil	
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Castinghead Gas	
	<input type="checkbox"/> Dry Gas	
	<input type="checkbox"/> Condensate	

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name N.M. "BZ" State NCT-5	Well No. 1	Pool Name, including Formation Associated, North San Simon Yates	Kind of Lease Lease, Federal or Fee State	Lease No. B-158
Location Unit Letter <u>D</u> ; <u>660</u> Feet From The <u>West</u> Line and <u>660</u> Feet From The <u>North</u> Line of Section <u>29</u> Township <u>21S</u> Range <u>35E</u> , NMPM, <u>Lea</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"/> Texaco Trading & Transportation Inc. 1090-0027	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 Castinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips 66 Natural Gas Co.	Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook, Odessa, TX 79762
If well produces oil or liquids, give location of tanks. Unit: <u>F</u> Sec.: <u>29</u> Twp.: <u>21S</u> Rge.: <u>35E</u>	Is gas actually connected? <u>Yes</u> When: <u>Unknown</u>

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.

JW Browning
(Signature)
District Administrative Supervisor
(Title)
August 28, 1986
(Date)

OIL CONSERVATION DIVISION
APPROVED SEP 3 1986, 19____
BY Eddie W. De...
TITLE OIL & GAS INSPECTOR

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allowable on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.
Separate Forms C-104 must be filed for each pool in multiply completed wells.

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

OIL CONSERVATION DIVISION
P. O. BOX 208 SANTA FE
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator
Texaco Inc.

Address
P.O. Box 728, Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Condensate
<input type="checkbox"/> Change in Ownership	<input checked="" type="checkbox"/> Casinghead Gas	

Other (Please explain)
Gas Transporter Name Change

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name N.M. "BZ" State NCT-5	Well No. 1	Pool Name, including Formation Associated, North San Simon Yates	Kind of Lease State, Federal or Fee State	Lease No. B-158
Location Unit Letter <u>D</u> ; <u>660</u> Feet From The <u>West</u> Line and <u>660</u> Feet From The <u>North</u> Line of Section <u>29</u> Township <u>21S</u> Range <u>35E</u> , NMPM, <u>Lea</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"/> The Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1183, Houston, Texas, 77001
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips 66 Natural Gas Co.	Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook, Odessa, Texas, 79762
If well produces oil or liquids, give location of tanks. Unit <u>F</u> Sec. <u>29</u> Twp. <u>21S</u> Rge. <u>35E</u>	Is gas actually connected? <u>Yes</u> When <u>Unknown</u>

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.

J. W. Bowers
(Signature)
District Administrative Supervisor
(Title)
March 20, 1986
(Date)

OIL CONSERVATION DIVISION
APPROVED MAY 6 1986, 19____
BY Jerry Smith
TITLE DISTRICT 1 SUPERVISOR

This form is to be filed in compliance with RULE 1106.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviatoric tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allowable on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.
Separate Forms C-104 must be filed for each pool in multiply completed wells.

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TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

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

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

FEB 27 3 55 PM '67

I. Operator
 TEXACO Inc.

Address
 P. O. Box 728 - Hobbs, New Mexico

Reason(s) for filing (Check proper box)

New Well <input type="checkbox"/>	Change in Transporter of:	Other (Please explain)
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	*Filed to show change in Transporter
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	from McWood Corp. (Trucks) to The
	Dry Gas <input type="checkbox"/>	Permian Corp.
	Condensate <input type="checkbox"/>	

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name N. M. "BZ" State NCT-5	Well No. 1	Pool Name, Including Formation North San Simon Yates	Kind of Lease State, Federal or Fee
Location			
Unit Letter D	660 Feet From The West Line and	660 Feet From The North	
Line of Section 29	Township 21-S	Range 35-E	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"/> *The Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 3119 - Midland, Texas 79701
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum	Address (Give address to which approved copy of this form is to be sent) P. O. Box 6666 - Odessa, Texas
If well produces oil or liquids, give location of tanks. Unit F Sec. 29 Twp. 21-S Rge. 35-E	Is gas actually connected? YES When Unknown

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.					
Pool	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	Casing Pressure	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.


 E. H. Scott (Signature)
 District Accountant (Title)
 March 1, 1967 (Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 1967

BY _____

TITLE _____

This form is to be filed in compliance with RULE 1104.
 If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.
 All sections of this form must be filled out completely for allowable on new and recompleted wells.
 Fill out Sections I, II, III, and VI only 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

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-110

Revised 7/1/55

OCC SANTA FE, NEW MEXICO

(File the original and 4 copies with the appropriate district office)

HOBBS OFFICE OF CHANGE
OK
32

CERTIFICATE OF COMPLIANCE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Company or Operator TEXACO Inc. Lease St. NM "BZ" NCT-5

Well No. 1 Unit Letter D S 29 T 21-S R 35-E Pool Wilson

County Lea Kind of Lease (State, Fed. or Patented) _____ State _____

If well produces oil or condensate, give location of tanks: Unit D S 29 T 21-S R 35-E

Authorized Transporter of Oil or Condensate McWood Corporation

Address V & J Tower Building, Midland, Texas

(Give address to which approved copy of this form is to be sent)

Authorized Transporter of Gas * none

Address _____ Date Connected _____

(Give address to which approved copy of this form is to be sent)

If Gas is not being sold, give reasons and also explain its present disposition:

* Shut - in pending market outlet

Reasons for Filing: (Please check proper box) New Well ()

Change in Transporter of (Check One): Oil () Dry Gas () C'head () Condensate ()

Change in Ownership () Other (X)

Remarks: _____ (Give explanation below)

Filed to change field name from Undesignated to Wilson Pool.

The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.

Executed this the 8th day of October 19 59

Approved OCT 13 1959 _____ 19 _____

OIL CONSERVATION COMMISSION

By [Signature]
Engineer District 1

Title _____

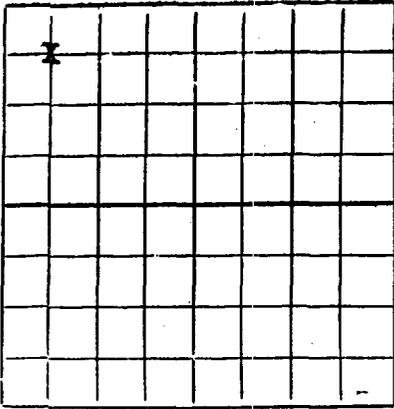
By [Signature]

Title Assistant District Superintendent

Company TEXACO Inc.

Address P. O. Box 352

Midland, Texas



ORIGINAL

NEW MEXICO OIL CONSERVATION COMMISSION

Santa Fe, New Mexico

WELL RECORD

Mail to District Office, Oil Conservation Commission, to which Form C-101 was sent not later than twenty days after completion of well. Follow instructions in Rules and Regulations of the Commission. Submit in **QUINTUPLICATE**. If State Land submit 6 Copies

AREA 640 ACRES
LOCATE WELL CORRECTLY

TEXACO Inc., Box 352, Midland, Texas
(Company or Operator)

St. N. M. "BZ" NCT-5
(Lease)

Well No. 1, in NW ¼ of NW ¼, of Sec. 29, T. 21-S, R. 35-E, NMPM.
Wildcat Pool, Lea County.

Well is 660 feet from North line and 660 feet from West line of Section 29. If State Land the Oil and Gas Lease No. is B-158

Drilling Commenced June 13, 1959. Drilling was Completed June 21, 1959.

Name of Drilling Contractor Dual Drilling Co.

Address Room 18, Petroleum Life Bldg., Midland, Texas

Elevation above sea level at Top of Tubing Head 3635' G.L. The information given is to be kept confidential until October, 1959.

OIL SANDS OR ZONES

No. 1, from 3774' to 3802' No. 4, from _____ to _____
No. 2, from 3808' to 3832' No. 5, from _____ to _____
No. 3, from _____ to _____ No. 6, from _____ to _____

Well drilled with Rotary Tools and no water sands tested.
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.
No. 4, from _____ to _____ feet.

CASING RECORD

SIZE	WEIGHT PER FOOT	NEW OR USED	AMOUNT	KIND OF SHOE	CUT AND PULLED FROM	PERFORATIONS	PURPOSE
8 5/8"	24.00	Used	201'	HOWCO	NONE	NONE	SURFACE
4 1/2"	11.60	New	3890'	HOWCO	NONE	SEE ABOVE	PRODUCTION

MUDDING AND CEMENTING RECORD

SIZE OF HOLE	SIZE OF CASING	WHERE SET	NO. SACKS OF CEMENT	METHOD USED	MUD GRAVITY	AMOUNT OF MUD USED
12 1/4"	8 5/8"	213'	350	HOWCO		
6 3/4"	4 1/2"	3899'	400	HOWCO		

RECORD OF PRODUCTION AND STIMULATION

(Record the Process used, No. of Qts. or Gals. used, interval treated or shot.)

Perforate 4 1/2" casing with 4 jet shots per foot from 3774'-3802' and 3808' to 3832'.
Acidize casing perforations with 500 gals. regular acid. Spot 50 gals control flow in 24 bbls. 1se. crude. Water frac casing perforations with 30,000 gals with 1 lb. sand per gal. Job complete 1:45 P.M. 7-1-59.

Result of Production Stimulation On 12 hr. pt. well flowed 200 BO & 0 wtr. Gravity 36.4, GOR 1800.
Top Pay 3774'; Bottom Pay 3832', RRC Date 6-21-59, TEXACO Inc. Date 7-3-59

Depth Cleaned Out 3899

RECORD OF DRILL-STEM AND SPECIAL TESTS

If drill-stem or other special tests or deviation surveys were made, submit report on separate sheet and attach hereto

TOOLS USED

Rotary tools were used from 0 feet to 3899 feet, and from _____ feet to _____ feet.
 Cable tools were used from _____ feet to _____ feet, and from _____ feet to _____ feet.

PRODUCTION

Put to Producing 7-3, 19 59
 OIL WELL: The production during the first 24 hours was 400 (24 hr. rate) barrels of liquid of which 100 % was oil; _____ % was emulsion; _____ % water; and _____ % was sediment. A.P.I. Gravity 36.4
 GAS WELL: The production during the first 24 hours was _____ M.C.F. plus _____ barrels of liquid Hydrocarbon. Shut-in Pressure _____ lbs.
 Length of Time Shut in _____

PLEASE INDICATE BELOW FORMATION TOPS (IN CONFORMANCE WITH GEOGRAPHICAL SECTION OF STATE):

Southeastern New Mexico		Northwestern New Mexico	
T. Anhy.....	<u>1830</u>	T. Devonian.....	
T. Salt.....	<u>2116</u>	T. Silurian.....	
B. Salt.....	<u>3493</u>	T. Montoya.....	
T. Yates.....	<u>3733</u>	T. Simpson.....	
T. 7 Rivers.....		T. McKee.....	
T. Queen.....		T. Ellenburger.....	
T. Grayburg.....		T. Gr. Wash.....	
T. San Andres.....		T. Granite.....	
T. Gloricta.....		T.	
T. Drinkard.....		T.	
T. Tubbs.....		T.	
T. Abo.....		T.	
T. Penn.....		T.	
T. Miss.....		T.	

FORMATION RECORD

From	To	Thickness in Feet	Formation	From	To	Thickness in Feet	Formation
0	933	933	Red Bed				<u>CORE RECORD</u> No cores
933	1178	545	Red Bed & Anhy				
1178	1850	372	Anhy				
1850	2035	185	Anhy, Red Bed, Salt				
2035	3544	1509	Anhy, salt				
3544	3671	127	Anhy, Lime				
3671	3899	228	Lime				
TD	3899						
PBTD	3861						

All measurements from Rotary Table or 10' above ground level.

DEVIATION RECORD

DEPTH	DEGREES OFF
1174	3/4
1178	1/4
1770	1/4
2513	1
2945	1 1/2
3185	2
3575	2 3/4
3701	2
3899	2

ATTACH SEPARATE SHEET IF ADDITIONAL SPACE IS NEEDED

I hereby swear or affirm that the information given herewith is a complete and correct record of the well and all work done on it so far as can be determined from available records.

Company or Operator TEXACO Inc. Address Box 352, Midland, Texas
 Name E. H. Scott Position or Title District Accountant
 Date 7-7-59

REQUEST FOR (OIL) - (GAS) ALLOWABLE

New Well
Recompletion

This form shall be submitted by the operator before an initial allowable will be assigned to any completed Oil or Gas well. Form C-104 is to be submitted in QUADRUPPLICATE to the same District Office to which Form C-101 was sent. The allowable will be assigned effective 7:00 A.M. on date of completion or recompletion, provided this form is filed during calendar month of completion or recompletion. The completion date shall be that date in the case of an oil well when new oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

Midland, Texas
(Place)

July 7, 1959
(Date)

WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS:

TEXACO Inc. St. NM "BZ" NCT-5, Well No. 1, in NW 1/4 NW 1/4,
(Company or Operator) (Lease)

D 29, T 21-S, R 35-E, NMPM, UNDESIGNATED Pool

County Date Spudded 6-13-59 Date Drilling Completed 6-21-59

Elevation 3635 G.L. Total Depth 3899 PBD 3861

Top Oil/Gas Pay 3774 Name of Prod. Form. Yates

PRODUCING INTERVAL -

Perforations 3774'-3802', 3808'-3832'

Open Hole Depth Casing Shoe 3899' Depth Tubing 3743'

OIL WELL TEST -

Natural Prod. Test: bbls. oil, bbls water in hrs, min. Size

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 200 bbls. oil, 0 bbls water in 12 hrs, 0 min. Choke Size 19/64"

GAS WELL TEST -

Natural Prod. Test: MCF/Day; Hours flowed Choke Size

Method of Testing (pitot, back pressure, etc.):

Test After Acid or Fracture Treatment: MCF/Day; Hours flowed

Choke Size Method of Testing:

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): See Below

Casing Tubing Date first new Press. 2600 oil run to tanks 7-3-59

Oil Transporter McWood Corp.

Gas Transporter None

Tubing, Casing and Cementing Record

Size	Feet	Sax
8 5/8"	201	350
4 1/2"	3890	400
2 3/8"	3861	

Remarks: Perforate 4 1/2" casing with 4-jet shots per foot from 3774' - 3802', 3808' - 3832', acidize casing perforations with 500 gal. regular acid. Spot 50 gals. control flow in 24 bbls lse. crude. Water frac perforations w/30,000 gals. carrying 1 lb. sand per gallon.

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

Approved July 7, 1959, 19 59

TEXACO Inc. (Company or Operator)

By: E. H. Scott (Signature)

OIL CONSERVATION COMMISSION

By: [Signature] Engineer District 1

Title: District Accountant Send Communications regarding well to:

Name: E. H. Scott

Address: P.O. Box 352, Midland, Texas

(File the original and 4 copies with the appropriate district office)

CERTIFICATE OF COMPLIANCE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

HOBBS OFFICE OCC

AUG 10 10 03 AM

Company or Operator TEXACO Inc. Lease St. NM "BZ" NCT-5

Well No. 1 Unit Letter D S 29 T 21-SR 35-E Pool Wilson

County Lea Kind of Lease (State, Fed. or Patented) State

If well produces oil or condensate, give location of tanks: Unit D S 29 T 21-S R 35-E

Authorized Transporter of Oil or Condensate McWood Corporation

Address V & J Tower Building, Midland, Texas
(Give address to which approved copy of this form is to be sent)

Authorized Transporter of Gas * Phillips Petroleum

Address P. O. Box 6666, Odessa, Texas
(Give address to which approved copy of this form is to be sent)

If Gas is not being sold, give reasons and also explain its present disposition:

Reasons for Filing: (Please check proper box) New Well

Change in Transporter of (Check One): Oil Dry Gas C'head Condensate

Change in Ownership Other

Remarks: (Give explanation below)

* This C-110 filed to show gas transporter.

The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.

Executed this the 9th day of August 19 60

Approved AUG 10 1960 19

By [Signature]
Title Engineer District 1

By [Signature]
Title Assistant District Superintendent

Company TEXACO Inc.
Address P. O. Box 352
Midland, Texas

HOBBS OFFICE OCC
AUG 10 8 38 AM

NEW MEXICO OIL CONSERVATION COMMISSION
SANTA FE, NEW MEXICO

Form C-110
Revised 7/1/55

(File the original and 4 copies with the appropriate district office)

CERTIFICATE OF COMPLIANCE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Company or Operator TEXACO Inc. Lease St.N.M."BZ" NCT-5

Well No. 1 Unit Letter D S 29 T 21-S R 35-E Pool UNDESIGNATED

County LEA Kind of Lease (State, Fed. or Patented) State

If well produces oil or condensate, give location of tanks: Unit D S 29 T 21-S R 35-E

Authorized Transporter of Oil or Condensate McWood Corporation

Address V&J Tower Building, Midland, Texas

(Give address to which approved copy of this form is to be sent)

Authorized Transporter of Gas *None

Address _____

(Give address to which approved copy of this form is to be sent)

If Gas is not being sold, give reasons and also explain its present disposition:

*Shut-in pending market outlet

Reasons for Filing: (Please check proper box) New Well New Well (x)

Change in Transporter of (Check One): Oil () Dry Gas () C'head () Condensate ()

Change in Ownership () Other ()

Remarks: _____ (Give explanation below)

The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.

Executed this the 7th day of July 19 59

By [Signature]

Approved JUL 13 1959 19

Title District Accountant

OIL CONSERVATION COMMISSION

Company TEXACO Inc.

By [Signature]

Address P.O.Box 352

Title Engineer District

Midland, Texas

MAIN OFFICE OCC
1959 JUL 7 AM 8:43

NEW MEXICO OIL CONSERVATION COMMISSION

FORM C-103
(Rev 3-55)

MISCELLANEOUS REPORTS ON WELLS

(Submit to appropriate District Office as per Commission Rule 1106)

1959 JUN 22 AM 8:50

Name of Company: **TEXACO Inc.** Address: **PO Box 352 Midland, Texas**

Lease: **St. NM #B7# NCT-5** Well No.: **1** Unit Letter: **D** Section: **29** Township: **21-S** Range: **35-E**

Date Work Performed: **June 15, 1959** Pool: **UNDESIGNATED Wildcat** County: **Lea**

THIS IS A REPORT OF: (Check appropriate block)

- Beginning Drilling Operations
- Casing Test and Cement Job
- Other (Explain):
- Plugging
- Remedial Work

Detailed account of work done, nature and quantity of materials used, and results obtained.

TD - 213'

Spudded 12 $\frac{1}{4}$ " hole 1:40 p.m. June 13, 1959

Ran 201' of 8 5/8" o.d. casing and cemented at 213' with 350 sx regular cement. Cement circulated. Plug at 171' Job complete 8:00 p.m. June 13, 1959.

Tested 8 5/8" o.d. casing with 100 PSI for 30 minutes from 5:00 p.m. to 5:30 p.m. June 15, 1959. Tested o.k. Drilled cement plug and re-tested with 1000 PSI for 30 minutes from 8:00 p.m. to 8:30 p.m. June 15, 1959. Tested o.k. Job completed 8:30 p.m. June 15, 1959.

Witnessed by _____ Position _____ Company _____

FILL IN BELOW FOR REMEDIAL WORK REPORTS ONLY

ORIGINAL WELL DATA

D F Elev.	T D	P B T D	Producing Interval	Completion Date
Tubing Diameter	Tubing Depth	Oil String Diameter	Oil String Depth	
Perforated Interval(s)				
Open Hole Interval			Producing Formation(s)	

RESULTS OF WORKOVER

Test	Date of Test	Oil Production BPD	Gas Production MCFPD	Water Production BPD	GOR Cubic feet/Bbl	Gas Well Potential MCFPD
Before Workover						
After Workover						

OIL CONSERVATION COMMISSION

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

Approved by: *John W. Runyan* Name: *J. M. Loop*

Title: **Geologist** Position: **District Supt.**

Date: _____ Company: **TEXACO Inc.**

NEW MEXICO OIL CONSERVATION COMMISSION

FORM C-103
(Rev 3-55)

ORIGINAL

MISCELLANEOUS REPORTS ON WELLS

(Submit to appropriate District Office as per Commission Rule 1106)

Name of Company TEXACO Inc.	Address PO Box 352 Midland, Texas
---------------------------------------	---

Lease St. NM "BZ" NCT-5	Well No. 1	Unit Letter D	Section 29	Township 21-S	Range 35-E
-----------------------------------	----------------------	-------------------------	----------------------	-------------------------	----------------------

Date Work Performed June 23, 1959	Pool UNDESIGNATED	County Lea
---	-----------------------------	----------------------

THIS IS A REPORT OF: (Check appropriate block)

<input type="checkbox"/> Beginning Drilling Operations	<input checked="" type="checkbox"/> Casing Test and Cement Job	<input type="checkbox"/> Other (Explain):
<input type="checkbox"/> Logging	<input type="checkbox"/> Remedial Work	

Detailed account of work done, nature and quantity of materials used, and results obtained.

TD - 3899'

8 5/8" o.d. casing set at 213'

Ran 3890' of 4 1/2" o.d. casing and cemented at 3899' with 400 sx 4% gel. Plug at 3867'
Job complete 11:00 p.m. 6-21-59.

Tested 4 1/2" o.d. casing for 30 minutes with 1500 PSI from 7:00 a.m. to 7:30 a.m. June 23, 1959. Tested o.k. Drilled cement plug and re-tested for 30 minutes with 1500 PSI from 9:30 a.m. to 10:00 a.m. June 23, 1959. Tested o.k. Job complete 10:00 a.m. June 23, 1959

Witnessed by	Position	Company
--------------	----------	---------

FILL IN BELOW FOR REMEDIAL WORK REPORTS ONLY

ORIGINAL WELL DATA

D F Elev.	T D	P BTD	Producing Interval	Completion Date
-----------	-----	-------	--------------------	-----------------

Tubing Diameter	Tubing Depth	Oil String Diameter	Oil String Depth
-----------------	--------------	---------------------	------------------

Perforated Interval(s)

Open Hole Interval	Producing Formation(s)
--------------------	------------------------

RESULTS OF WORKOVER

Test	Date of Test	Oil Production BPD	Gas Production MCFPD	Water Production BPD	GOR Cubic feet/Bbl	Gas Well Potential MCFPD
Before Workover						
After Workover						

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

OIL CONSERVATION COMMISSION			
Approved by <i>[Signature]</i>	Name <i>[Signature]</i>		
Title Engineer District 1	Position District Accountant		
Date JUN 23 1959	Company TEXACO Inc.		

NEW MEXICO OIL CONSERVATION COMMISSION

Santa Fe, New Mexico

Lease No. 41485

MAIN OFFICE OCC

NOTICE OF INTENTION TO DRILL OR RECOMPLETE

Notice must be given to the District Office of the Oil Conservation Commission and approval obtained before drilling or recompletion begins. If changes in the proposed plan are considered advisable, a copy of this notice showing such changes will be returned to the sender. Submit this notice in QUINTUPLICATE. One copy will be returned following approval. See additional instructions in Rules and Regulations of the Commission.

Midland, Texas

June 2, 1959

(Place)

(Date)

OIL CONSERVATION COMMISSION
SANTA FE, NEW MEXICO

Gentlemen:

You are hereby notified that it is our intention to commence the (Drilling) ~~(Recompletion)~~ of a well to be known as
TEXACO, Inc.

(Company or Operator)

State of New Mexico "BZ"

NCT-5

Well No. 1

in D

The well is

(Lease)

(Unit)

located 660 feet from the North line and 660 feet from the

West

line of Section 29

T -21-S

R -35-E

NMPM.

(GIVE LOCATION FROM SECTION LINE) Undesignated Pool, Lea County

If State Land the Oil and Gas Lease is No. B-158

If patented land the owner is

Address

We propose to drill well with drilling equipment as follows: Rotary

The status of plugging bond is \$10,000 blanket surety bond of Maryland Casualty Co. has been filed with State Geologist.

Drilling Contractor Not known at present

We intend to complete this well in the Yates

formation at an approximate depth of 3900 feet.

CASING PROGRAM

We propose to use the following strings of Casing and to cement them as indicated:

Size of Hole	Size of Casing	Weight per Foot	New or Second Hand	Depth	Sacks Cement
11"	8-5/8"	24#	New	200'	200
6-3/4"	4-1/2"	11.6#	New	3900'	300

If changes in the above plans become advisable we will notify you immediately.

ADDITIONAL INFORMATION (If recompletion give full details of proposed plan of work.)

FORMATIONS EXPECTED:

Top of Anhydrite 1820'
Top of Yates 3690'
Total Depth 3900'

Approved JUN 4 1959, 19

Except as follows:

OIL CONSERVATION COMMISSION

By [Signature]
Title [Signature]

Sincerely yours,

TEXACO, Inc.
(Company or Operator)

By J. J. Verlen
Position Division Civil Engineer

Name TEXACO, Inc.
Address P. O. Box 3109
Midland, Texas

NEW MEXICO OIL CONSERVATION COMMISSION
Well Location and Acreage Dedication Plat

MAIN OFFICE OCC
1959 JUN 8
Date JUN 6-1-59

Section A.

Operator TEXACO Inc. Lease State of New Mexico AN 8 OCT-5
Well No. 1 Unit Letter D Section 29 Township 21 South Range 35 East NMPM
Located 660 Feet From North Line, 660 Feet From West Line
County Lea G. L. Elevation 3632' Dedicated Acreage 40 Acres
Name of Producing Formation Yates Pool Undesignated

1. Is the Operator the only owner* in the dedicated acreage outlined on the plat below?
Yes X No _____.
2. If the answer to question one is "no," have the interests of all the owners been consolidated by communitization agreement or otherwise? Yes _____ No _____. If answer is "yes," Type of Consolidation _____.
3. If the answer to question two is "no," list all the owners and their respective interests below:

Owner

Land Description

Section B

660' 660' 660' 0 ¹ 40 Ac.	TEXACO Inc.	
	State of New Mexico "BZ" NCT-5 320 Ac. (29)	
	Resler & Sheldon Lse.	
	State	1

This is to certify that the information in Section A above is true and complete to the best of my knowledge and belief.

TEXACO Inc.

(Operator)

J. J. Pelton
(Representative)
Division Civil Engineer

P.O. Box 3109, Midland, Texas
Address

This is to certify that the well location shown on the plat in Section B 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 5-28-59
J. J. Pelton
Registered Professional Engineer and/or Land Surveyor.

Certificate No. 8174