

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

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

5a. Indicate Type of Lease
State Fee

5. State Oil & Gas Lease No.
API 30-025-24-667

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.)

OIL WELL GAS WELL OTHER-

7. Unit Agreement Name

8. Farm or Lease Name
FLUOR

9. Well No.
4

10. Field and Pool, or Wildcat
LANGLIE-MATTIX

11. Location of Well
UNIT LETTER N 990 FEET FROM THE FSL LINE AND 1650 FEET FROM THE ESE LINE, SECTION 35 TOWNSHIP 22S RANGE 37 E NMPM.

15. Elevation (Show whether DF, RT, GR, etc.)
3308 GR

12. County
LEA

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

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

7. 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.

Located source of water flow at 2995-3243' (Teteroated Casing). Pumped into casing leak at rate of 1 Bbl/Min @ 500 # PSIG. Located second hole in the casing @ 298' to 314'.

PLUGGING PROCEEDURE:

1. Set CIBP @ 2900' & dump 2 sacks of cement on plug.
2. Load hole with 10# salt gel mud.
3. Place 100 foot cement plug @ 2400-2500'.
4. Place 100 foot cement plug @ 1100-1200'.
5. Pump cement from 320' and pump through casing leak @ 298'-314' to surface on surface-production anulus.
6. Place 25' cement plug at 0-25' inside of the production casing.
7. Install dry hole marker and clean location.

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

SIGNED Eddie W. Secoy TITLE Production Superintendent DATE 4/19/1985

APPROVED BY Eddie W. Secoy TITLE _____ DATE APR 19 1985

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

APR 19 1985

**O.C.D.
HOBBS OFFICE**

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-79

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LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease
 State Fee
 5. State Oil & Gas Lease No.

SUNDRY NOTICES AND REPORTS ON WELLS

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

1. OIL WELL GAS WELL OTHER
 2. Name of Operator: PETRO SEARCH
 3. Address of Operator: 1010 LAMAR SUITE 1875 HOUSTON, TEXAS 77002
 4. Location of Well: UNIT LETTER 940 FEET FROM THE FSL LINE AND 1640 FEET FROM THE FWL LINE, SECTION 35 TOWNSHIP 22S RANGE 37E NMPM.
 5. Elevation (Show whether DF, RT, GR, etc.): 3308 GL
 6. County: LEA
 7. Unit Agreement Name
 8. Farm or Lease Name: FLUOR
 9. Well No.: 4
 10. Field and Pool, or Wildcat: LAHGLIE MATIX

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

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

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.
 SIGNED [Signature] TITLE PROD Supt DATE 4/18/85

APPROVED BY [Signature] TITLE OIL & GAS INSPECTOR DATE APR 18 1985
 CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

APR 18 1985

CCB
HOBBS OFFICE

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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

I. Operator
Petro-Search Exploration Corporation
Address
825 Petroleum Club Bldg., Denver, CO 80202

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

Other (Please explain)
Change in name of operator only

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Fluor	Well No. 4	Pool Name, including Formation Langlie-Mattix SR	Kind of Lease State, Federal or Fee Fee	Lease No. --
Location Unit Letter N ; 990 Feet From The South Line and 1650 Feet From The West Line of Section 35 Township 22S Range 37E , 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"/> Texas-New Mexico Pipe Line Co.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1510, Midland, TX 79701
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1589, Tulsa, OK 74102
If well produces oil or liquids, give location of tanks. Unit M Sec. 35 Twp. 22S Rge. 37E	Is gas actually connected? When Yes 4/9/74

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 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 (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

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

George B. Judd
(Signature)
Vice President of Production
(Title)
2/22/78
(Date)

OIL CONSERVATION COMMISSION

APPROVED MAR 9 1978 , 19____
 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 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.

RECORDED

FEB 28 1978

OIL CONSERVATION COMM.
HOBBS, N. M.

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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

I. OPERATOR
Operator
Petro-Search, Inc.
Address
825 Petroleum Club Building, Denver, CO 80202

Reason(s) for filing (Check proper box)
 New Well Change in Transporter of:
 Recompletion Oil Dry Gas
 Change in Ownership Casinghead Gas Condensate Other (Please explain)
*Change in Ownership effective April 1, 1976

If change of ownership give name and address of previous owner
Armer Oil Company, 2110 Continental National Bank Bldg. Fort Worth, Texas 76102

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Fluor</u>	Well No. <u>4</u>	Pool Name, including Formation <u>Langlie-Mattix-SR</u>	Kind of Lease State, Federal or Fee <u>Fee</u>	Lease No. <u>---</u>
Location Unit Letter <u>N</u> ; <u>990</u> Feet From The <u>South</u> Line and <u>1650</u> Feet From The <u>West</u>				
Line of Section <u>35</u> Township <u>22S</u> Range <u>37E</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"/> <u>Texas-New Mexico Pipe Line Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 1510, Midland, Texas 79701</u>			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Warren Petroleum Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 1589, Tulsa, Oklahoma 74102</u>			
If well produces oil or liquids, give location of tanks.	Unit <u>M</u>	Sec. <u>35</u>	Twp. <u>22S</u>	Rge. <u>37E</u>
Is gas actually connected? <u>Yes</u>		When <u>4/9/74</u>		

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

IV. COMPLETION DATA

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

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

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

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

GAS WELL

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

I. 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.

George B. Judd
(Signature)
Production Manager
(Title)
April 5, 1976
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
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 only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

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APR 9 1976

OIL CONSERVATION COMM.
HOBBS, N. M.

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LAND OFFICE	
OPERATOR	

Form C-105
Revised 1-1-65

NEW MEXICO OIL CONSERVATION COMMISSION
WELL COMPLETION OR RECOMPLETION REPORT AND LOG

5a. Indicate Type of Lease
State Fee

5. State Oil & Gas Lease No.
--

1a. TYPE OF WELL
OIL WELL GAS WELL DRY OTHER _____

b. TYPE OF COMPLETION
NEW WELL WORK OVER DEEPEN PLUG BACK DIFF. RESVR. OTHER _____

7. Unit Agreement Name
--

8. Farm or Lease Name
Fluor

2. Name of Operator
Armer Oil Company

3. Address of Operator
2110 Continental National Bank Bldg., Fort Worth, Texas 76102

9. Well No.
4

10. Field and Pool, or Wildcat
Langlie-Mattix SR

4. Location of Well
UNIT LETTER N LOCATED 990 FEET FROM THE South LINE AND 1650 FEET FROM
THE West LINE OF SEC. 35 TWP. 22S RGE. 37E NMPM

12. County
Lea

15. Date Spudded 2/21/74 16. Date T.D. Reached 2/28/74 17. Date Compl. (Ready to Prod.) 3/29/74 (ready to pump) 18. Elevations (DF, RKB, RT, GR, etc.) 3308' GR 3318'RKB 19. Elev. Casinghead 3309'

20. Total Depth 3675' RKB 21. Plug Back T.D. -- 22. If Multiple Compl., How Many -- 23. Intervals Drilled By Rotary Tools 0-3675' RKB Cable Tools --

24. Producing Interval(s), of this completion - Top, Bottom, Name
3652-60' (perfs.) RKB and 3669-75' (OH) RKB - Penrose Sand

25. Was Directional Survey Made
No

26. Type Electric and Other Logs Run
Welex GR-Compensated Sidewall Neutron Log

27. Was Well Cored
No

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

CASING SIZE	WEIGHT LB./FT.	DEPTH SET	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
8-5/8" OD	20	390' RKB	12-1/4"	250 sxs Class C w/2% CaCl	None
5-1/2" OD	14	3669' RKB	7-7/8"	150 sxs Class C w/4% gel	None
				200 sxs Class H w/10# sand,	
				5# salt and 1% CFR-2	

29. LINER RECORD

SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN

30. TUBING RECORD

SIZE	DEPTH SET	PACKER SET
2-3/8" OD	3621' RKB	None

31. Perforation Record (Interval, size and number)
3652-60' RKB w/9 - 0.37" holes

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

DEPTH INTERVAL	AMOUNT AND KIND MATERIAL USED
3652-75' RKB	1500 gals 15% acid.
	36,000 gals. gelled 2% KCl wtr.
	and 40,000# sand frac.

33. PRODUCTION

Date First Production 3/24/74 - flow thru casing Production Method (*Flowing, gas lift, pumping - Size and type pump*) Pumping w/2" x 1-1/2" x 12' insert pump Well Status (*Prod. or Shut-in*) Prod.

Date of Test	Hours Tested	Choke Size	Prod'n. For Test Period	Oil - Bbl.	Gas - MCF	Water - Bbl.	Gas - Oil Ratio
4/8/74	24			58	150 (est.)	50	2586:1
Flow Tubing Press.	Casing Pressure	Calculated 24-Hour Rate	Oil - Bbl.	Gas - MCF	Water - Bbl.	Oil Gravity - API (Corr.)	
--	20 psi		58	150 (est.)	50	38	

34. Disposition of Gas (*Sold, used for fuel, vented, etc.*)
Used for fuel w/surplus sold to Warren

Test Witnessed By
Robert Haggard

35. List of Attachments
Cactus Drilling Co. Deviation Survey and Welex GR-Compensated Sidewall Neutron Log.

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

SIGNED [Signature] TITLE Production Manager DATE 4/30/74