

CMD :  
OG6IWCM

CNWARD  
INQUIRE WELL COMPLETIONS

11/03/04 17:43:04  
OGOMES -TPKY

API Well No : 30 25 8999 Eff Date : 03-01-2000 WC Status : A  
Pool Idn : 24130 EUNICE;SEVEN RIVERS-QUEEN, SOUTH  
OGRID Idn : 2799 BRECK OPERATING CORP  
Prop Idn : 25432 SOUTH EUNICE UNIT

Well No : 025  
GL Elevation: 99999

	U/L	Sec	Township	Range	North/South	East/West	Prop/Act (P/A)
B.H. Locn	: P	22	22S	36E	FTG 660 F S	FTG 660 F E	P
Lot Identifier:							
Dedicated Acre:							40.00
Lease Type	: F						
Type of consolidation (Comm, Unit, Forced Pooling - C/U/F/O) :							

M0025: Enter PF keys to scroll

PF01 HELP	PF02	PF03 EXIT	PF04 GoTo	PF05	PF06
PF07	PF08	PF09	PF10 NEXT-WC	PF11 HISTORY	PF12 NXTREC

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

FORM APPROVED  
OMB NO. 1004-0135  
Expires: November 30, 2000

**SUNDRY NOTICES AND REPORTS ON WELLS**  
*Do not use this form for proposals to drill or to re-enter an abandoned well. Use form 3160-3 (APD) for such proposals.*

**SUBMIT IN TRIPLICATE - Other instructions on reverse side.**

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other		5. Lease Serial No. NMLC030133B
2. Name of Operator BRECK OPERATING CORPORATION		6. If Indian, Allottee or Tribe Name
3a. Address P. O. BOX 911 BRECKENRIDGE, TX 76424-0911		7. If Unit or CA/Agreement, Name and/or No. NNNM71034A
3b. Phone No. (include area code) Ph: 254.559.3355 Ext: 260 Fax: 254.559.7066		8. Well Name and No. SOUTH EUNICE 25
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 22 T22S R36E SESE 660FSL 660FEL		9. API Well No. 30-025-08999-00-S1
		10. Field and Pool, or Exploratory S EUNICE
		11. County or Parish, and State LEA COUNTY, NM

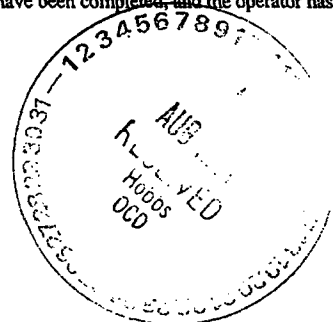
**12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA**

TYPE OF SUBMISSION	TYPE OF ACTION			
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Recomplete	<input type="checkbox"/> Other
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

13. Describe Proposed or Completed Operation (clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recompleate horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompleation in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection.)

Proposal to plugback from Queen & recompleate in Jalmat Yates formation.  
New Well Designation will be Meyer B 22 #12.

1. Run DSN-BHC Sonic Log across Jalmat interval.
2. Rig up, dump 20' cement on CIBP set @ 3584' 30' above queen perfs.
3. Run 4-1/2" FJ casing & set above the Jalmat interval, identified by the log. Cement the casing with sufficient volume to circulate cement.
4. Selectively perforate Jalmat based on the log.
5. Frac with 58,000 gals gelled fluid with 95000# of sand using a 65% CO2 quality foam.
6. Recover load & place on production.



14. I hereby certify that the foregoing is true and correct. <b>Electronic Submission #34366 verified by the BLM Well Information System For BRECK OPERATING CORPORATION, sent to the Hobbs Committed to AFMSS for processing by LINDA ASKWIG on 08/10/2004 (04LA0293SE)</b>	
Name (Printed/Typed) DONALD R. CRAIG	Title DISTRICT ENGINEER
Signature (Electronic Submission)	Date 08/10/2004

**THIS SPACE FOR FEDERAL OR STATE OFFICE USE**

Approved By DAVID R GLASS	Title PETROLEUM ENGINEER	Date 08/10/2004
Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.		Office Hobbs

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

**\*\* BLM REVISED \*\* BLM REVISED \*\* BLM REVISED \*\* BLM REVISED \*\* BLM REVISED \*\***

*KZ*

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

Energy, Minerals and Natural Resources Department

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

Revised February 10, 1994  
Instructions on back:  
Submit to Appropriate District Office  
5 Copies

☐ AMENDED REPORT

**I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT**

1. Operator name and Address <b>Breck Operating Corp. P O Box 911 Breckenridge, TX 76424-0911</b>		2. OGRID Number <b>02799</b>
		3. Reason for Filing Code <b>CH (eff. 3/1/00)</b>
4. API Number <b>30 - 0 25-08999</b>	5. Pool Name <b>Eunice Seven Rivers Queen, So.</b>	6. Pool Code <b>24130</b>
7. Property Code <b>003017 25432</b>	8. Property Name <b>South Eunice Unit</b>	9. Well Number <b>25</b>

**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
<b>P</b>	<b>22</b>	<b>22S</b>	<b>36E</b>		<b>660</b>	<b>South</b>	<b>660</b>	<b>East</b>	<b>Lea</b>

**II Bottom Hole Location**

UL or Lot	Section	Township	Range	Lot. Idn.	Feet from the	North/South Line	Feet from the	East/West Line	county
12. Loc Code <b>F</b>	13. Producing Method Code <b>P</b>	14. Gas Connection Date	15. C-129 Permit Number	15. C-129 Effective Date	17. C-12b 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
<b>007440</b>	<b>EOTT Oil Pipeline Co. P O Box 1188 Houston, TX 77251-1188</b>	<b>0772010</b>	<b>O</b>	<b>28 22S 36E E</b>
<b>009171</b>	<b>GPM Gas Corp. 4001 Pembroke Odessa, TX 79762</b>	<b>2805154</b>	<b>G</b>	<b>28 22S 36E E</b>

**IV. Produced Water**

23. POD	24. POD ULSTR Location and Description
<b>0772050</b>	<b>28 22S 36E E</b>

**V. Well Completion Data**

25. Spud Date	26. Res. dy Date	27. TD	28. PBTD	29. Perforations
30. Hole Size	31. Casing & Tubing Size	32. Depth Set	33. Seals Cement	

**VI. Well Test Data**

34. Date New Oil	35. Gas Delivery Date	36. Test Date	37. Test Length	38. Tbg. Pressure	39. Csg. Pressure
40. Choke Size	41. Oil	42. Water	43. Gas	44. AOF	45. 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: <i>[Signature]</i>		<b>OIL CONSERVATION DIVISION</b>	
Printed name: <i>John A. Connally</i>		Approved by: <i>[Signature]</i>	
Title: <i>PRESIDENT</i>		Title:	
Date: <i>3-1-00</i>		Approval Date:	
Phone: <i>254/559-3355</i>			
47. If this is a change of operator fill in the OGRID number and name of the previous operator			
<i>Reesa Wilkes</i>		Conoco Inc. 005073	
Previous Operator Signature		Sr. Staff Regulatory Asst. 02/28/00	
Printed Name		Title	
		Date	

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

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

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

State of New Mexico  
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator CONOCO INC		Well API No. 30-025-08999
Address 10 Desta Drive Ste 100W, Midland, TX 79705		
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Change in Transporter of: <input checked="" type="checkbox"/> Other (Please explain) Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> TO SET UP ADDITIONAL GAS TRANSPORTER Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> CURRENTLY HAVE: GPM & WARREN ADDING TEXACO E&P		
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name SOUTH EUNICE UNIT	Well No. 25	Pool Name, including Formation EUNICE 7 RVRS QN, SO. <24130>	Kind of Lease State, Federal or Fee XXXX	Lease No. LC 030133B
Location Unit Letter P : 660 Feet From The SOUTH Line and 660 Feet From The EAST Line 22 Township 22 S Range 36 E , NMPM, LEA County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil TEXAS NEW MEXICO PL CO. <022628>	or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 2523, HOBBS, NM. 88240
Name of Authorized Transporter of Casinghead Gas TEXACO EXPL & PROD. INC <022345>	or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 3000, TULSA, OKLA. 74102
If well produces oil or liquids, give location of tanks.	Unit E Sec. 28 Twp. 22 S Rgn. 36 E	Is gas actually connected? YES When ?

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, K', 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 up allowable for this depth or be for full 24 hours.)

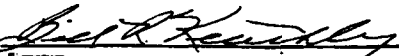
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	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  
BILL R. KEATHLY SR. REGULATORY SPEC.

Printed Name  
2-16-94  
Date  
Title  
915-686-5424  
Telephone No.

OIL CONSERVATION DIVISION

Date Approved FEB 21 1994

ORIGINAL SIGNED BY JERRY SEXTON

By DISTRICT I SUPERVISOR

Title

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

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

UNITED STATES DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE\*  
(Other instruction  
verse side)

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

5. LEASE DESIGNATION AND SERIAL NO.

LC-030133B

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.  
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. UNIT AGREEMENT NAME South Eunice Unit
2. NAME OF OPERATOR Conoco Inc.	8. FARM OR LEASE NAME South Eunice Unit
3. ADDRESS OF OPERATOR P.O. Box 460 - Hobbs, New Mexico 88240	9. WELL NO. 25
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 660' FSL & 660' FEL -	10. FIELD AND POOL, OR WILDCAT Eunice 7 Rvs Queen, S
14. PERMIT NO. 30-025-08999	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 22-22S-36E
15. ELEVATIONS (Show whether DF, ST, CR, etc.)	12. COUNTY OR PARISH Lea
	13. STATE NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input checked="" type="checkbox"/>
(Other) <input checked="" type="checkbox"/> Open Well Pay & Acidize	

(NOTE: Report results of multiple completion or Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

Work started 7/25/88. MIRA. POOH w/ production equipment. Tag 24' full. Clean out to 3804'. Perf 3770' - 3793' w/ 4 spf. Acidize 3614' - 3793' w/ 120 bbls 15% HCL-NE-FE acid w/ 110 gals Na2CO3 Acid-Mater Swab well. Run production equipment.

RECEIVED  
SEP 13 1988

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

SIGNED DE FINNEY TITLE Administrative Supervisor DATE 9/13/88

(For space for signature or state office use)

APPROVAL OF                      TITLE                      ACCEPTED FOR RECORD  
COPIATIONS OF APPROVAL, IF ANY:                      DATE                     

\*See instructions on Reverse Side

Section 102 of the Federal Criminal Code, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

BLM-Carlisle (1) L.O.

UNITED STATES DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIP  
(Other instructions  
reverse side)

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

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.  
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. UNIT AGREEMENT NAME <i>South Eunice Unit</i>
2. NAME OF OPERATOR <i>Conoco Inc.</i>	8. FARM OR LEASE NAME <i>South Eunice Unit</i>
3. ADDRESS OF OPERATOR <i>P.O. Box 460 - Hobbs, New Mexico 88240</i>	9. WELL NO. <i>25</i>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <i>660' FSL &amp; 660' FEH - Unit Letter P</i>	10. FIELD AND POOL, OR WILDCAT <i>7 RVRs, Queen South</i>
14. PERMIT NO. <i>30-025-08999</i>	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <i>22-22S-36E</i>
15. ELEVATIONS (Show whether DT, RT, GR, etc.)	12. COUNTY OR PARISH <i>Lea</i>
	13. STATE <i>NM</i>

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	
(Other) <i>Clean Out, Open Adit, Plug &amp; Acidize</i>		(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

1. MIRU. Kill well w/ 2% KCl TFW w/ 1 gal Adomall/1000 gals if necessary. Tag fill & tally out of hole.
2. Mill out bridge plug & cement to 3800' & POCH.
3. Run csg scraper to 3800' & POCH.
4. Perforate interval 3770'-76' & 3780'-93' w/ 4 jspF for total of 76 shots.
5. Set pki at 3500'.
6. Acidize interval 3614'-3793' at 4-6 BPM w/ maximum surface treating pressure of 1500 psi w/ 120 bbls 15% HCl-FE acid w/ 80 gals Checker-Sol and 600 lbs graded rock salt mixed in 5 bbls gelled 9" brine in 3 equal stages. Flush w/ 120 bbls 2% KCl TFW w/ 1 gal Adomall/1000 gals. Swab well.
7. Release pki at 3500' & POCH.
8. Land SN at 3738'. Rein producing equipment & place on production. If you have any questions, please call Gay Vashler at 393-4141.

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

SIGNED *Walter J. Finney* TITLE *Administrative Supervisor* DATE *March 4, 1988*

APPROVED BY *[Signature]* TITLE *[Blank]* DATE *3-18-88*

COMMENTS OF APPROVAL, IF ANY:

\*See instructions on Reverse Side

COPY TO O. C. C.

Form 9-331  
Dec. 1973

Form Approved.  
Budget Bureau No. 42-R1424

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

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 Form 9-331-C for such proposals.)

1. oil ☒ well gas ☐ well other ☐

2. NAME OF OPERATOR  
Conoco Inc.

3. ADDRESS OF OPERATOR  
P.O. Box 460, Hobbs, N.M. 88240

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: 660' FSL & 660' FEL  
AT TOP PROD. INTERVAL: same  
AT TOTAL DEPTH: same

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF ☐  
FRACTURE TREAT ☐  
SHOOT OR ACIDIZE ☐  
REPAIR WELL ☐  
PULL OR ALTER CASING ☐  
MULTIPLE COMPLETE ☐  
CHANGE ZONES ☐  
ABANDON\* ☐  
(other) ☐

SUBSEQUENT REPORT OF:

☐  
☐  
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☐  
☐  
☐  
☐  
☐  
☐

RECEIVED

DEC 14 1979 (NOTE: Report results of multiple completion or zone change on Form 9-330.)

U. S. GEOLOGICAL SURVEY  
HOBBS, NEW MEXICO

5. LEASE  
LC-030133 (6)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME  
N.M.F.U.

8. FARM OR LEASE NAME  
South Eunice Unit

9. WELL NO.  
25

10. FIELD OR WILDCAT NAME  
Eunice T-Rivers Queen So.

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Sec. 22, T-22S, R-36E

12. COUNTY OR PARISH  
Lea

13. STATE  
N.M.

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)  
3503' DF

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directly drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)\*

12-9-79 MIRU & prepare to co. Blew well down & POOH w/ production equipment. Tagged fill @ 3775'. Set treating packer @ 3550'. Spotted 4 bbls. 15% HCl-NE & flushed w/ TFW. Acidized in 3 stages 150 bbls. 15% HCl-NE & diverted. Flushed w/ 40 bbls. 2% TFW w/ 1 gal. Adomall/1000 gal. RIF w/ 120 jts. tbg., SN, MA. Tbg. set @ 3745', SN @ 3715'. Ran rods & pump & placed well on test.

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED Wm. G. T. [Signature] TITLE Admin. Supervisor DATE 12/13/79

(This space for Federal or State office use)

APPROVED BY  
CONDITIONS OF APPROVAL, IF ANY:

4565-5  
NMFU-Y  
FILE

J. G. [Signature]  
HOBBS, NEW MEXICO

TITLE \_\_\_\_\_ DATE \_\_\_\_\_

\*See Instructions on Reverse Side

Form 9-331  
Dec. 1973Form Approved.  
Budget Bureau No. 42-R1424UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

## 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 Form 9-331-C for such proposals.)

1. oil ☒ gas ☐ other ☐  
well well

2. NAME OF OPERATOR

Conoco Inc.

3. ADDRESS OF OPERATOR

P.O. Box 460, Hobbs, N.M. 88240

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: 660' FSL &amp; 660' FEL

AT TOP PROD. INTERVAL: same

AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF ☐FRACTURE TREAT ☐SHOOT OR ACIDIZE ☒REPAIR WELL ☐PULL OR ALTER CASING ☐MULTIPLE COMPLETE ☐CHANGE ZONES ☐ABANDON\* ☐(other) ☐

SUBSEQUENT REPORT OF:

☐☐☐☐☐☐☐☐☐RECEIVED  
NOV 5 1979  
U. S. GEOLOGICAL SURVEY  
HOBBS, NEW MEXICO

5. LEASE

LC-0301336

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

N.M.F.U.

8. FARM OR LEASE NAME

South Eunice Unit

9. WELL NO.

25

10. FIELD OR WILDCAT NAME

Eunice 7-RVrs Queen So.

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec. 22, T-22S, R-36E

12. COUNTY OR PARISH

Lea

13. STATE

N.M.

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)

3503' DF

NOTE: Report results of multiple completion or zone change on Form 9-330.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)\*

It is proposed to CO & acidize subject well as follows:

MIRU & kill well if necessary. CO esq. to 3790'. Spot 168 gal.

15% HCl-NE from 3750' to 3580'. Pump 6300 gal 15% HCl-NE:

& divert w/ graded rock salt mixed w/ brine. Flush & swab

well. GIH w/ production equipment, setting SN @ 3745'.

Return well to production.

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED

Wm A. Butterfield

TITLE Admin. Supervisor

DATE

11/2/79

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

USGS-5  
NMFU-4  
FILE

TITLE

DATE

APPROVED

NOV 05 1979

G R Hall  
ACTING DISTRICT ENGINEER



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

Form C-104  
Supersedes OCS C-104 and C-105  
Effective 1-1-75

I. **Operator**  
Conoco Inc.  
Address  
P.O. Box 460, Hobbs, New Mexico 88240

Reason(s) for filing (check proper box)  
 New Well ☐ Change in Transporter of: Oil ☐ Dry Gas ☐  
 Recompletion ☐ Change in Ownership ☐ Condensate ☐  
 Other (Please explain): Change of corporate name from Continental Oil Company effective July 1, 1979.

If change of ownership give name and address of previous owner

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name: South Eunice Unit ~~25~~ 25 Eunice Trvs Queen So. Kind of Lease: State, Federal or Free Lease No.: LC 030133/6  
 Location: Unit Letter: P 660 Feet From The S Line and 660 Feet From The E  
 Line of Section: 22 Township: 22 Range: 36 N.M.P.M. 622 County:

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Address (Give address to which approved copy of this form is to be sent):  
 Texas-New Mexico Pipeline Co. Box 1510, Midland, Texas  
 Name of Authorized Transporter of Gas ☒ or Dry Gas ☐ Address (Give address to which approved copy of this form is to be sent):  
 Petro-Lewis GRM Gas Corporation Eunice, N.M.  
 Phillips Petroleum Warren Petroleum Corp. Effective February 1, 1992 Dressa, Texas  
 If well produces oil or liquids, give location of tanks. Is gas actually transported? When

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

**IV. COMPLETION DATA**

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'n.	Diff. Res'n.
Date Spudded	Date Comp. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKS, RT, GR, etc.,)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			
<b>TUBING, CASING, AND CEMENTING RECORD</b>								
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/M-MCF	Gravity of Condensate
Testing Method (Surf, 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.

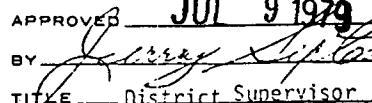
  
(Signature)  
Division Manager  
(Title)

6-78-79  
(Date)

NMOCD (5)

USGS(2) PARTNERS(2) FILE

**OIL CONSERVATION COMMISSION**

APPROVED JUL 9 1979, 19  
 BY   
 TITLE District Supervisor

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 1111.

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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**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 Continental Oil Company

Address Box 460 Hobbs, New Mexico 88240

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"/>	<u>Change in</u>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input checked="" type="checkbox"/>	<u>BATTERY LOCATION effective 6-1-73.</u>
	Condensate <input type="checkbox"/>	

If change of ownership give name and address of previous owner \_\_\_\_\_

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name <u>South Eynice Unit</u>	Well No. Pool Name, Including Formation <u>25 Eynice Rivers Queen South</u>	Kind of Lease State, Federal or Fee <u>Federal</u>	Lease No.
Location Unit Letter <u>P</u> <u>660</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>EAST</u> Line of Section <u>22</u> Township <u>22-S</u> Range <u>36-E</u> , NMCM, <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"/>	Address (Give address to which approved copy of this form is to be sent)
<u>TEXAS New Mexico Pipeline</u>	<u>Box 1512, Midland, TEXAS</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Phillips Petroleum</u>	<u>Box 67 Midland, TEXAS</u>
If well produces oil or liquids, give location of tanks.	Is gas actually compressed? When
Unit <u>F</u> Sec. <u>28</u> Twp. <u>22</u> Rge. <u>36</u>	<u>yes</u> <u>6-19-72</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 Res't.	Diff. Res't.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (DF, RKB, RT, GK, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Perforations	Depth Casing Shoe							
<b>TUBING, CASING, AND CEMENTING RECORD</b>								
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

**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.

Robert Gault III  
(Signature)

ADMINISTRATIVE SUPERVISOR  
(Title)

6-12-73  
(Date)

MMOP(15) USGS(2) 5112

**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.  
Separate Forms C-104 must be filed for each pool in multiply completed wells.

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

Form C-104  
 Supersedes Old C-101 and C-116  
 Effective 1-1-65

**I. OPERATOR**

Operator Continental Oil Company

Address P. O. Box 460, Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box)

New Well <input type="checkbox"/>	Change in Transporter of:	Other (Please explain) To show new lease name & well No. South Eunice Unit effective 1-1-71. Formerly Meyer 622 No. 12 operated by Continental
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	
	Dry Gas <input type="checkbox"/>	
	Condensate <input type="checkbox"/>	

If change of ownership give name and address of previous owner \_\_\_\_\_

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name <u>South Eunice Unit</u>	Well No. <u>25</u>	Pool Name, including Formation <u>Eunice 7 Rvrs Queen South</u>	Kind of Lease State, Federal or Fee <u>Fed.</u>
Location			
Unit Letter <u>P</u> <u>660</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>East</u>			
Line of Section <u>22</u> Township <u>22-S</u> Range <u>31-E</u> N.M.P.M. 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"/>	Address (Give address to which approved copy of this form is to be sent)
<u>TEXAS NEW MEXICO PIPELINE</u>	<u>Box 1512 Midland TEXAS</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Phillips Petroleum</u>	<u>Odessa TEXAS</u>
If well produces oil or liquids, give location of tanks.	Is gas actually collected? When
<u>K 22 22-S 36</u>	<u>yes 6-19-62</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 Resrv.	Diff. Resrv.
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	
<b>TUBING, CASING, AND CEMENTING RECORD</b>								
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/MCF	Gravity of Condensate
Testing Method (pilot, 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.

*Hugh Dwyer*  
 (Signature)  
 Administrative Supervisor  
 (Title)

1-6-71

(Date)

NMOCC (5) SEE PART 19 FILE

**OIL CONSERVATION COMMISSION**

APPROVED \_\_\_\_\_ 19\_\_\_\_  
 BY *J. A. [Signature]*  
 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 all wells 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

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NEW MEXICO OIL CONSERVATION COMMISSION  
SANTA FE, NEW MEXICO

FORM C-110  
(Rev. 7-60)

CERTIFICATE OF COMPLIANCE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE

Company or Operator <b>Continental Oil Company</b>				Lease <b>Meyer B-22</b>		File No. <b>1512</b>	
Unit Letter <b>P</b>	Section <b>22</b>	Township <b>22</b>	Range <b>36</b>	County <b>Lea</b>			
Pool <b>South Eunice</b>				Kind of Lease (State, Fed, Fee) <b>Federal</b>			
If well produces oil or condensate give location of tanks			Unit Letter <b>K</b>	Section <b>22</b>	Township <b>22</b>	Range <b>36</b>	
Authorized transporter of oil <input checked="" type="checkbox"/> or condensate <input type="checkbox"/> <b>Texas-New Mexico Pipe Line Co.</b>				Address (give address to which approved copy of this form is to be sent) <b>Box 1510, Midland, Texas</b>			
Is Gas Actually Connected? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
Authorized transporter of casing head gas <input checked="" type="checkbox"/> or dry gas <input type="checkbox"/> <b>Phillips Petroleum Co.</b>			Date Connected <b>6-19-62</b>	Address (give address to which approved copy of this form is to be sent) <b>Box 2105, Hobbs, N. M.</b>			

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

REASON(S) FOR FILING (please check proper box)

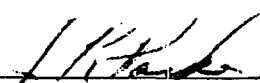
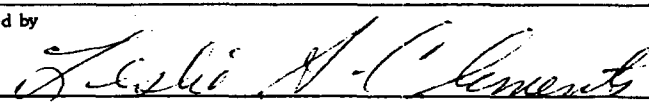
New Well ..... ☐ Change in Ownership ..... ☐  
Change in Transporter (check one) Other (explain below) ..... ☐  
Oil ..... ☐ Dry Gas ..... ☐  
Casing head gas . ☒ Condensate .. ☐

**NMOCC-5 WAM SW File**

Remarks

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

Executed this the **27th** day of **June**, 19**62**.

OIL CONSERVATION COMMISSION		By 
Approved by 	Title <b>Dist. Supt.</b>	
Title	Company <b>Continental Oil Company</b>	
Date	Address <b>Box 68, Eunice, N. M.</b>	

## NEW MEXICO OIL CONSERVATION COMMISSION

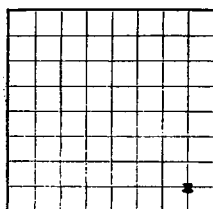
FORM C-103  
(Rev 3-55)

## MISCELLANEOUS REPORTS ON WELLS

15 000

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

Name of Company <b>Continental Oil Company</b>		Address <b>Box 68 - Eunice, New Mexico</b>					
Lease <b>Mayer B-22</b>	Well No. <b>12</b>	Unit Letter <b>P</b>	Section <b>22</b>	Township <b>22</b>	Range <b>36</b>		
Date Work Performed <b>5-15-57</b>	Pool <b>South Eunice</b>			County <b>Lea</b>			
THIS IS A REPORT OF: (Check appropriate block)							
<input type="checkbox"/> Beginning Drilling Operations		<input type="checkbox"/> Casing Test and Cement Job		<input checked="" type="checkbox"/> Other (Explain):			
<input type="checkbox"/> Plugging		<input type="checkbox"/> Remedial Work		<b>Install Pumping Equipment</b>			
Detailed account of work done, nature and quantity of materials used, and results obtained.							
<b>Install Emeco 57-D pumping unit, 2" x 1 1/2" x 12' insert pump,</b> <b>58 - 3/4" and 90 - 5/8" rods. Pump set at 3730'.</b>							
Witnessed by <b>J. R. Cook</b>		Position <b>Production Foreman</b>		Company <b>Continental Oil Company</b>			
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	G O R 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				Name <b>J. R. Parker</b>			
Title				Position <b>District Superintendent</b>			
Date				Company <b>Continental Oil Company</b>			



LOCATE WELL CORRECTLY

U. S. LAND OFFICE **Las Cruces**  
SERIAL NUMBER **LC 030133 b**  
LEASE OR PERMIT TO PROSPECT **Las**

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

## LOG OF OIL OR GAS WELL

Company **Continental Oil Company** Address **Box 68, Lunice, New Mexico**  
Lessor or Tract **Meyer B-22** Field **South Lunice** State **New Mexico**  
Well No. **12** Sec. **22** T. **22** R. **36** Meridian **NMPM** County **Lea**  
Location **660** ft. [N.] of [S.] Line and **660** ft. [W.] of [E.] Line of **Sec 22** Elevation **3503**  
(Check box relative to sea level)

The information given herewith is a complete and correct record of the well and all work done thereon so far as can be determined from all available records.

Signed \_\_\_\_\_ Title **District Superintendent**  
Date **10-20-56**

The summary on this page is for the condition of the well at above date.

Commenced drilling **9-27**, 19 **56** Finished drilling **10-11**, 19 **56**

OIL OR GAS SANDS OR ZONES  
(Denote gas by G)

No. 1, from **3614** to **3757** No. 4, from \_\_\_\_\_ to \_\_\_\_\_  
No. 2, from \_\_\_\_\_ to \_\_\_\_\_ No. 5, from \_\_\_\_\_ to \_\_\_\_\_  
No. 3, from \_\_\_\_\_ to \_\_\_\_\_ No. 6, from \_\_\_\_\_ to \_\_\_\_\_

## IMPORTANT WATER SANDS

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

## CASING RECORD

Size casing	Weight per foot	Threads per inch	Make	Amount	Kind of shoe	Cut and pulled from	Perforated		Purpose
							From	To	
<b>8 5/8</b>	<b>24</b>	<b>8</b>	<b>J-55</b>	<b>342</b>	<b>Guide</b>				
<b>5 1/2</b>	<b>14</b>	<b>8</b>	<b>J-55</b>	<b>346</b>	<b>Open</b>	<b>flange</b>	<b>3614</b>	<b>3616</b>	<b>production</b>
<b>5 1/2</b>	<b>14</b>	<b>8</b>	<b>J-55</b>	<b>1100</b>	<b>Open</b>		<b>3650</b>	<b>3650</b>	
							<b>3687</b>	<b>3723</b>	
							<b>3733</b>	<b>3743</b>	
							<b>3747</b>	<b>3757</b>	

## MUDDING AND CEMENTING RECORD

Size casing	Where set	Number sacks of cement	Method used	Mud gravity	Amount of mud used
<b>8 5/8</b>	<b>350</b>	<b>350</b>	<b>pump &amp; plug</b>		
<b>5 1/2</b>	<b>1800</b>	<b>1100</b>	<b>"</b>		

## PLUGS AND ADAPTERS

Heaving plug—Material \_\_\_\_\_ Length \_\_\_\_\_ Depth set \_\_\_\_\_  
Adapters—Material \_\_\_\_\_ Size \_\_\_\_\_

## SHOOTING RECORD

Size	Shell used	Explosive used	Quantity	Date	Depth shot	Depth cleaned out

## TOOLS USED

Rotary tools were used from **0** feet to **3800** feet, and from \_\_\_\_\_ feet to \_\_\_\_\_ feet  
Cable tools were used from \_\_\_\_\_ feet to \_\_\_\_\_ feet, and from \_\_\_\_\_ feet to \_\_\_\_\_ feet

## DATES

Put to producing **10-20**, 19 **56**

The production for the first 24 hours was \_\_\_\_\_ barrels of fluid of which \_\_\_\_\_ % was oil; \_\_\_\_\_ % emulsion; \_\_\_\_\_ % water; and \_\_\_\_\_ % sediment. Gravity, "Bé. \_\_\_\_\_

If gas well, cu. ft. per 24 hours \_\_\_\_\_ Gallons gasoline per 1,000 cu. ft. of gas \_\_\_\_\_

Rock pressure, lbs. per sq. in. \_\_\_\_\_

## EMPLOYEES

**Sale Fractor** \_\_\_\_\_ Driller **Ray Blday** \_\_\_\_\_ Driller  
**Doyle Fractor** \_\_\_\_\_ Driller \_\_\_\_\_ Driller

## FORMATION RECORD

FROM—	TO—	TOTAL FEET	FORMATION
<b>0</b>	<b>1523</b>	<b>1523</b>	<b>Redbed</b>
<b>1523</b>	<b>1614</b>	<b>91</b>	<b>Anhydrite</b>
<b>1614</b>	<b>2997</b>	<b>1383</b>	<b>Salt, Anhydrite</b>
<b>2997</b>	<b>3153</b>	<b>156</b>	<b>Anhydrite</b>
<b>3153</b>	<b>3800 TD</b>	<b>647</b>	<b>Anhydrite, Dolomite, sand</b>

TD Line **3800'** WCD **3795'**, DF **10'**, elev **3503'**. Pay Seven Rivers **3614-3757'**.  
Casing point **1/2"** set at **3800'**. Perf **3614-36'**, **3650-76'**, **3687-3723'**,  
**3733-43'**, **3747-57'**. IP flowed **65** bbls **37'** gravity oil, **3** bbls water in **8**  
hrs. **16/64"** choke, TP **320'**, CP **800'**. Daily potential **195** bbls oil w/202  
MCZ gas, GOR **1035**. Estimated daily allowable **39** bbls oil. Sandfraced  
w/20,000 sand, 20,000 gals lease crude, w/0.1% adomite per gal. P.L.  
conn: Texas-New Mexico. Drilling started **9-27-56**, completed **10-11-56**,  
rig released **10-16-56**. Tested **10-20-56**. Tops: Anhydrite **1523'**, Salt  
**1614'**, Base Salt **2997'**, Yates **3153'**, Seven Rivers **3426'**, correlation point,  
Queen **3780'**. Cactus Drilling Co, contractor.

Tops by **2/4** survey.

[illegible]

14-00000

[illegible]

It is of the greatest importance to have a complete history of the well. Please state in detail the dates of redrilling, together with the reasons for the work and the results. If there were any changes made in the casing, state fully, and if any casing was "backtracked," or left in the well, give its size and location. If the well has been dynamited, give date, size, position, and quantity of shothole. If shags or bridges were put in to test for water, state kind of material used, position, and results of pumping or running.

### HISTORY OF OIL OR GAS WELL

[illegible]

**DUPLICATE**

**NEW MEXICO OIL CONSERVATION COMMISSION**  
**Santa Fe, New Mexico**

(Form C-104)  
 (Revised 7/1/52)

**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 oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

**Eunice, New Mexico October 22, 1956**

(Place)

(Date)

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

**Continental Oil Company Meyer B-22**, Well No. **12**, in **SE** **SE**  $\frac{1}{4}$ ,

**P** (Company or Operator) **22** **22 S** **36 E** (Lease), NMPM., **South Eunice** Pool  
 (Unit)

**Lea** County. Date Spudded **9-27-56**, Date Completed **10-20-56**

Please indicate location:

			<b>X</b>

Elevation **3503'** Total Depth **3800'** ~~KK~~ DOD **3795'**

Top oil/gas pay **3614'** Name of Prod. Form **Seven Rivers**

Casing Perforations: **3614-36'**, **3650-76'**, **3687-3723'** or

**3733-43'**, **3747-57'**

Depth to Casing shoe of Prod. String

Natural Prod. Test BOPD

based on bbls. Oil in Hrs. Mins.

Test after acid or shot **195** BOPD

Based on **65** bbls. Oil in **8** Hrs. Mins.

Gas Well Potential

Size choke in inches **16/64**

Date first oil run to tanks or gas to Transmission system: **10-20-56**

Transporter taking Oil or Gas: **Texas-New Mexico Pipe Line Co.**

**LC 030133 b**

Remarks:

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

Approved **October 22, 1956**, 19

**Continental Oil Company**

(Company or Operator)

**OIL CONSERVATION COMMISSION**

By: *F. Z. Kellerman*  
 (Signature)

Title **District Superintendent**

Send Communications regarding well to:

Title **F. Z. Kellerman**

Name **F. Z. Kellerman**

Address **Box 58, Eunice, New Mexico**



NEW MEX. 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 Continental Oil Company Lease Meyer B-22  
Well No. 12 Unit Letter P S 22 T 22 R 36 Pool South Eunice  
County Lea Kind of Lease (State, Fed. or Patented) Federal  
If well produces oil or condensate, give location of tanks: Unit K S 22 T 22 R 36  
Authorized Transporter of Oil or Condensate Texas-New Mexico Pipe Line Co.  
Address Box 1510, Midland, Texas  
(Give address to which approved copy of this form is to be sent)  
Authorized Transporter of Gas United Carbon Co., Inc.  
Address Eunice, New Mexico  
(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 (X)  
Change in Transporter of (Check One): Oil ( ) Dry Gas ( ) C'head ( ) Condensate ( )  
Change in Ownership ( ) Other ( )  
Remarks: (Give explanation below)

LC 030133 b

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

Executed this the 22d day of October 19 56

Approved 00124 ER 19

OIL CONSERVATION COMMISSION

By C. M. Luedy

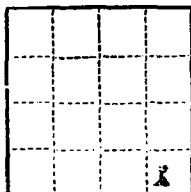
Title Engineer

By A. S. Kirkman

Title District Superintendent

Company Continental Oil Company

Address Box, 68, Eunice, New Mexico



(SUBMIT IN TRIPLICATE)

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

Land Office **Las Cruces**  
Lease No. **LC 030133 b**  
Unit **2470**

**SUNDRY NOTICES AND REPORTS ON WELLS**

NOTICE OF INTENTION TO DRILL.....		SUBSEQUENT REPORT OF WATER SHUT-OFF.....	<input checked="" type="checkbox"/>
NOTICE OF INTENTION TO CHANGE PLANS.....		SUBSEQUENT REPORT OF SHOOTING OR ACIDIZING.....	
NOTICE OF INTENTION TO TEST WATER SHUT-OFF.....		SUBSEQUENT REPORT OF ALTERING CASING.....	
NOTICE OF INTENTION TO RE-DRILL OR REPAIR WELL.....		SUBSEQUENT REPORT OF RE-DRILLING OR REPAIR.....	
NOTICE OF INTENTION TO SHOOT OR ACIDIZE.....		SUBSEQUENT REPORT OF ABANDONMENT.....	
NOTICE OF INTENTION TO PULL OR ALTER CASING.....		SUPPLEMENTARY WELL HISTORY.....	
NOTICE OF INTENTION TO ABANDON WELL.....			

(INDICATE ABOVE BY CHECK MARK NATURE OF REPORT, NOTICE, OR OTHER DATA)

**Meyer 2-22** ..... **October 15** ....., 19 **56**

Well No. **12** is located **660** ft. from **S** line and **660** ft. from **E** line of sec. **22**

**32/4 Sec 22** ..... **22 S 36 E** ..... **R41W**  
(1/4 Sec. and Sec. No.) (Twp.) (Range) (Meridian)  
**South unice** ..... **Lee** ..... **New Mexico**  
(Field) (County or Subdivision) (State or Territory)

The elevation of the derrick floor above sea level is **3503** ft.

**DETAILS OF WORK**

(State names of and expected depths to objective sands; show sizes, weights, and lengths of proposed casings; indicate mudding jobs, cementing points, and all other important proposed work)

**Spudded 4:00 PM 9-27-56. Ran 11 joints 5 5/8" casing set at 350' with 350 sacks, cement circulated. Plug down 7-28-56. Tested casing with 800# before and after drilling plug. Tested O.K.**

**Ran 117 joints 5 1/2" casing set at 3600' with 1100 sacks, top of cement 600'. Plug down 10-11-56. Tested casing with 800# before and after drilling plug. Tested O.K.**

I understand that this plan of work must receive approval in writing by the Geological Survey before operations may be commenced.

Company **Continental Oil Company**

Address **Box 68**

**Unice, New Mexico**

By .....

Title **District Superintendent**

**Las Cruces**

**(SUBMIT IN TRIPLICATE)**

**Land Office**

LC 030133 b

Leave No. \_\_\_\_\_

**NR01**

Unit

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

GEOLOGICAL SURVEY

203 AM 11:27

		X

## SUNDRY NOTICES AND REPORTS ON WELLS

NOTICE OF INTENTION TO DRILL.....	SUBSEQUENT REPORT OF WATER SHUT-OFF.....
NOTICE OF INTENTION TO CHANGE PLANS.....	SUBSEQUENT REPORT OF SHOOTING OR ACIDIZING.....
NOTICE OF INTENTION TO TEST WATER SHUT-OFF.....	SUBSEQUENT REPORT OF ALTERING CASING.....
NOTICE OF INTENTION TO RE-DRILL OR REPAIR WELL.....	SUBSEQUENT REPORT OF RE-DRILLING OR REPAIR.....
NOTICE OF INTENTION TO SHOOT OR ACIDIZE.....	SUBSEQUENT REPORT OF ABANDONMENT.....
NOTICE OF INTENTION TO PULL OR ALTER CASING.....	SUPPLEMENTARY WELL HISTORY.....
NOTICE OF INTENTION TO ABANDON WELL.....	

(INDICATE ABOVE BY CHECK MARK NATURE OF REPORT, NOTICE, OR OTHER DATA)

**Meyer B-22**

September 18 19 56

Well No. 12 is located 660 ft. from N line and 660 ft. from E line of sec. 22

**SE/4 Sec 22**

22 S 36 E

**NOTES**

(~~1~~ Sec. and Sec. No.)

(Twp.)

-----  
(Range)

(Meridian)

## South Eunice

**Log**

## New Mexico

(Field)

(County or Subdivision)

(State or Territory)

The elevation of the derrick floor above sea level is ..... ft.

## DETAILS OF WORK

(State names of and expected depths to objective sands; show sizes, weights, and lengths of proposed casings; indicate mudding jobs, cementing points, and all other important proposed work)

It is intended to drill this well with rotary tools at the above location to an estimated TD of 3850'. Casing will be cemented in accordance with U.S.G.S. standards, and other special requirements will be complied with.

The following casing pattern is planned: 8 5/8" OD set at 350' with approximately 350 sacks, cement to circulate, 5 1/2" OD set at 3850' with approximately 900 sacks, cement to return to 1200'.

Permission is requested to produce this well upon completion.

**I understand that this plan of work must receive approval in writing by the Geological Survey before operations may be commenced.**

Company Continental Oil Company

Address Box 68

Bunice, New Mexico

Bv

Title District Superintendent

NEW MEXICO  
OIL CONSERVATION COMMISSION

Form C-128

Well Location and ~~Well~~ Gas Production Plat

Date 9-21-56

Operator Continental Oil Co. Lease Meyers "B" 22

Well No. 12 Section 22 S Township 22 S Range 36 E NMPM

Located 660 Feet From East Line, 660 Feet From South Line,

Lea County, New Mexico. G. L. Elevation \_\_\_\_\_

Name of Producing Formation \_\_\_\_\_ Pool \_\_\_\_\_ Dedicated Acreage \_\_\_\_\_

(Note: All distances must be from outer boundaries of Section)


RECEIVED  
SEP 24 1956  
U. S. GEOLOGICAL SURVEY  
HBRS, NEW MEXICO

SCALE: 1"=1000'

1. Is this Well a Dual Comp. ? Yes \_\_\_ No \_\_\_.
2. If the answer to Question 1 is yes, are there any other dually completed wells within the dedicated acreage? Yes \_\_\_ No \_\_\_.

This is to certify that the above plat was prepared from field notes of actual surveys made by me or under my supervision and that the same are true and correct to the best of my knowledge and belief.

Name \_\_\_\_\_  
Position \_\_\_\_\_  
Representing \_\_\_\_\_  
Address \_\_\_\_\_

Date Surveyed 9-21-56  
John W. Lee  
Registered Professional Engineer and/or  
Land Surveyor



# NEW MEXICO ENERGY, MINERALS and NATURAL RESOURCES DEPARTMENT

**BILL RICHARDSON**

Governor

**Joanna Prukop**

Cabinet Secretary

November 3, 2004

**Mark E. Fesmire, P.E.**

Director

**Oil Conservation Division**

**Breck Operating Corp.**

Attention: Donald R. Craig, P. E., [dcraig@breckop.com](mailto:dcraig@breckop.com)

P. O. Box 911

Breckenridge, Texas 7624-0911

*Administrative Order NSP-1879*

Dear Mr. Craig:

Reference is made to the following: (i) your application that was submitted to the New Mexico Oil Conservation Division ("Division") on August 30, 2004 (*administrative application reference No. pSEM0-424428175*); and (ii) the Division's records in Hobbs and Santa Fe: all concerning Breck Operating Corp.'s ("Breck") request for a non-standard 160-acre gas spacing unit comprising the following acreage in the Jalmat Gas Pool (79240):

**LEA COUNTY, NEW MEXICO**  
**TOWNSHIP 22 SOUTH, RANGE 36 EAST, NMPM**

Section 22:

SW/4.

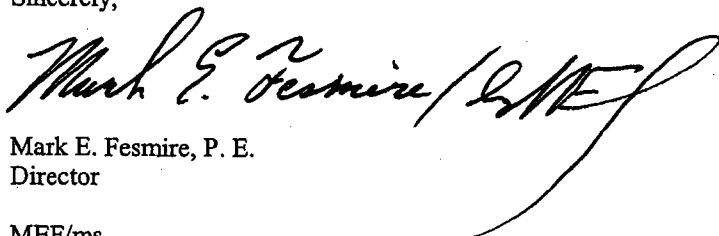
This application has been duly filed under the provisions of the "*Special Pool Rules for the Jalmat Gas Pool*," as promulgated by Division Order No. R-8170-P, issued in Case No. 12563 on December 14, 2001.

It is the Division's understanding that the proposed unit is to be dedicated to Breck's existing South Eunice Unit Well No. 27 (API No. 30-025-08996), to be redesignated back to the well's original name, the Meyer "B-22" Well No. 9, which is located at a standard Jalmat gas well location 660 feet from the South line and 1980 feet from the West line (Unit N) of Section 22. It is further understood from the Division's records and from your application that Breck intends to abandon this well's current South Eunice-Seven Rivers Queen Pool (24130) oil completion and plug back into the shallower Jalmat Gas Pool.

By the authority granted me under the provisions of Rules 4 (C) (1) (a) and 4 (D) of the special rules now governing the Jalmat Gas Pool, the above-described 160-acre non-standard gas spacing unit is hereby approved.

Jurisdiction of this matter shall be further retained for the entry of any such subsequent orders, as the Division may deem necessary.

Sincerely,



Mark E. Fesmire, P. E.  
Director

MEF/ms

cc: New Mexico Oil Conservation Division - Hobbs  
U. S. Bureau of Land Management - Carlsbad