

CMD :  
OG6IWCM

ONGARD  
INQUIRE WELL COMPLETIONS

11/03/04 15:51:34  
OGOMES -TPKY

API Well No : 30 25 8996 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 : 027  
GL Elevation: 99999

	U/L	Sec	Township	Range	North/South	East/West	Prop/Act(P/A)
B.H. Locn	:	N	22	22S	36E	FTG 660 F S FTG 1980 F W	P
Lot Identifier:							
Dedicated Acre:						40.00	
Lease Type	:					F	
Type of consolidation (Comm, Unit, Forced Pooling - C/U/F/O) :							

E6317: No more recs. for this api well no.

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

**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.*

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

<b>SUBMIT IN TRIPLICATE - Other Instructions on reverse side.</b>		5. Lease Serial No. NMLC030133B
		6. If Indian, Allottee or Tribe Name
		7. If Unit or CA/Agreement, Name and/or No. NMMN71034A
1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other		8. Well Name and No. SOUTH EUNICE 27
2. Name of Operator BRECK OPERATING CORPORATION		9. API Well No. 30-025-08996-00-S1
3a. Address P. O. BOX 911 BRECKENRIDGE, TX 76424-0911		10. Field and Pool, or Exploratory S EUNICE
3b. Phone No. (include area code) Ph: 254.559.3355 Ext: 260 Fx: 254.559.7066		11. County or Parish, and State LEA COUNTY, NM
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 22 T22S R36E SESW 660FSL 1980FWL		

**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 recomple 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 recompletion 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 & recomple in Jalmat Yates formation.  
New Well Designation will be Meyer B 22 #9.

1. Run DSN-BHC Sonic Log across Jalmat interval.

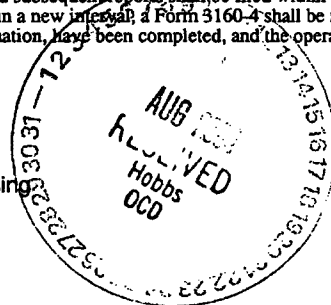
2. Rig up, dump 20' cement on CIBP set @ 3611, 30' above Queen perms.

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 #34369 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 (04LA0294SE)</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 \*\***

9:48AM



State of New Mexico  
OIL CONSERVATION COMMISSION

From

MICHAEL E. STOGNER  
PETROLEUM ENGINEER

# Memo

To

Linda w/ Breck Operating  
checking on NSP's sent in Aug.

254-559-3355

Ext 260

P.O. BOX 2088  
LAND OFFICE BUILDING  
SANTA FE, NEW MEXICO 87501  
505-827-5811

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 & 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 25-08996</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>27</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>N</b>	<b>22</b>	<b>22S</b>	<b>36E</b>		<b>660</b>	<b>South</b>	<b>1980</b>	<b>West</b>	<b>Lea</b>

**11 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. Lee Code <b>F</b>	13. Producing Method Code <b>P</b>	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. OKI	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. FBTD	29. Perforations
30. Hole Size	31. Casing & Tubing Size	32. Depth Set	33. Sacks 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: \_\_\_\_\_

Printed name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Phone 254/559-3355

**OIL CONSERVATION DIVISION**

Approved by: \_\_\_\_\_

Title: \_\_\_\_\_

Approval Date: \_\_\_\_\_

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

Previous Operator Signature: \_\_\_\_\_

Printed Name: **Reesa R. Wilkes**

**Conoco Inc. 005073**

**Sr. Staff Regulatory Asst. 02/28/00**

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Submit 5 Copies  
Appropriate District Office  
DISTRICT I  
P.O. Box 1900, Hobbs, NM 88240

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

DISTRICT III  
1000 Rio Benito 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. 30-025-08996
Address 10 Desta Drive Ste 100W, Midland, TX 79705		
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	TO SET UP ADDITIONAL GAS TRANSPORTER CURRENTLY HAVE: GPM & WARREN ADDING TEXACO E&P
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
Change in Operator <input type="checkbox"/>		
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name SOUTH EUNICE UNIT	Well No. 27	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 N : 660 Feet From The SOUTH Line and 1980 Feet From The WEST Line Section 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 3002, TULSA, OKLA. 74102
If well produces oil or liquids, give location of tanks.	Unit E	Sec. 28
	Twp. 22 S	Rge. 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, RC, 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 liquid 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/MCF	Gravity of Condensate
Testing Method (piston, 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.

*Bill R. Keathly*

Signature  
BILL R. KEATHLY SR. REGULATORY SPEC.

Printed Name Title

2-16-94 915-686-5424

Date 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 TRIP  
(Other instruction  
verse side)

ATE\*

Product Bureau No. 1004-1  
Expires August 31, 1985

3. 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 ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR  
Conoco Inc.

3. ADDRESS OF OPERATOR  
P.O. Box 460 - Hobbs, NM 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)  
At surface

660' FSL + 1980' FWL

14. PERMIT NO.  
30-025-DB996

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

7. UNIT AGREEMENT NAME  
South Eunice Unit  
8. FARM OR LEASE NAME  
South Eunice Unit  
9. WELL NO.  
27  
10. FIELD AND POOL, OR WILDCAT  
Eunice 7 Rivers Queen South  
11. SEC., T., R., M., OR BLK. AND  
SUBV. OR AREA  
27 - 22S - 36E

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

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETION

ABANDON\*

CHANGE PLANE

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) Clean Out, Open Add'l Pay + Acidize

REPAIRING WELL

ALTERING CASING

ABANDONMENT\*

(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.)\*

1-5-89 Perfr. 7R Queen @ 3699-3704', 3768-73', 3776-83' (34 shots). Plug back wellbore to 3760'. Acidize 7 Rivers interval w/60 Bbls 15% HCl-FE acid w/120 gals checkersol in 3 stages. Frac 7 Rivers as follows:  
(1) Pump 2500 gals 40 lb gel pad (2) Pump 1000 gals 40 lb gel w/1/2 pp. 20/40 sand (3) Pump 2000 gals w/1 pp. sand (4) Pump 3000 gals w/2 pp. sand (5) Pump 4000 gals w/3 pp. sand. Pump 500 lbs graded rock salt. Swab, CO + hang well on

1-12-89 RD + MO

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

SIGNED W.W. Baker W.W. Baker

TITLE Administrative Sup'r

DATE Aug. 25, 1989

(This space for Federal or State office use)

APPROVED BY (ORIG. SGD.) DAVID R. GLASS

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

UNITED STATES OF AMERICA  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
HOBBS, NEW MEXICO

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>27</i>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) <i>At surface</i>  <i>660' FSL &amp; 1980' FWL - Unit Letter N</i>	10. FIELD AND POOL, OR WILDCAT <i>South Eunice 1 Rivas</i> <i>Queen South</i>
14. PERMIT NO. <i>30-025-08996</i>	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <i>22-22S-36E</i>
15. ELEVATIONS (Show whether DP, 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) *Cleanout, Open Hdd'l, Plug, Acidize, Frac*

(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 for fill & tally out of hole.
2. Clean out to 3819' & PCH.
3. Run csq scraper to 3819' & PCH.
4. Perforate interval 3699'-3704', 3768'-73' & 3776'-83' w/ 2 spf for total of 34 shots & PCH.
5. Set pki at 3760'. Pump 50 bbls 15% HCL-NE-FE acid and 250 lbs graded rock salt mixed in 4 bbls gelled 9# brine. Flush w/ 50 bbls 2% KCl TFW. Swab well. Release pki at 3760' & PCH.
6. Set RBP at 3760' & test to 1000 psia via pki. Set pki at 3675'. Pump 40 bbls 15% HCL-NE-FE acid. Pump 100 lbs graded rock salt mixed in 2 bbls gelled 9# brine. Flush w/ 50 bbls 2% KCl TFW. Swab well.
7. Frac perf 3689'-3756' at 15-20 BPM w/ maximum surface treating pressure of 3000 psi. Pump 2500 gals 40# gel water pad plus 10,000 gals 40# gel water w/ 20/40 sand. Flush w/ 900 gals 40# gel water. Shut-in. Swab well.

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

SIGNED *DF FURNEY* TITLE *Administrative Supervisor* DATE *March 4, 1988*

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE *3 18 88*

CONDITIONS OF APPROVAL, IF ANY:

\*See instructions on Reverse Side

South Eunice Unit No. 27

Page 2

8. Release pkr at 3675' & RBP at 3760'.
9. Set RBP at 3680' & test to 1000 psi via pkr. Set pkr at 3600'. Pump 30 bbls 15% HCL-NE-FE acid plus 50 # graded rock salt mixed in 1 bbl gelled 9# brine. Flush w/ 50 bbls 2% KCl TFW. Swab well.
10. Frac perfs 3641' - 3667' at 15 BPM w/ maximum surface treating pressure of 3000 psi w/ 2000 gals 40# gel water pad & 8,000 gals 40# gel water w/ 20/40 sand. Flush w/ 900 gals 40# gel water. Shut-in. Swab well.
11. Release pkr at 3600' & RBP at 3680' & PCOH.
12. Clean out fill to 3519' & PCOH.
13. Land SN at 3757'. Run producing equipment & place well on production.  
If you have any questions, please call Guy Vashler at 393-4141.



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 develop or plug a well 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 416, Hobbs, N.M. 88240*
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: *660' FSL & 1980' FWL*  
AT TOP PROD. INTERVAL:  
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:

☐  
☐  
☒  
☐  
☐  
☐  
☐  
☐  
☐

5. LEASE  
*AC 030133 (1)*
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME  
*AMFEL*
8. FARM OR LEASE NAME  
*South Line Unit*
9. WELL NO.  
*27*
10. FIELD OR WILDCAT NAME  
*Y-River Queen*
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
*Sec. 22, T. 22S, R. 36E*
12. COUNTY OR PARISH 13. STATE  
*Lea N.M.*
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)  
*3510' 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.)\*

*MIKU 9/25/79. Patch w/ production equipment - 20 csg.  
to 3719'. Spot 3661. 15% HCl NE acid. Perf. @  
3641'-3646', 3649'-3652', 3643'-3647', 3679'-3694', 3715'-  
3717', 3727'-3739', 3756'-3756' w 2 J-tips (92 holes).  
Pumped 150 cbls. 12% HCl-NE acid. Surveiled well. Then*

*production equipment w/ re-set @ 3788'. Rigged down & returned to  
production 9-28-79. Last test (10-4-79) prod. 1380 PD, 4520 PD.*

Subsurface Safety Valve: Manu. and Type

Set @

Ft.

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

SIGNED *John A. Canty*

TITLE *Admin. Supervisor*

DATE *10/25/79*

(This space for Federal or State office use)

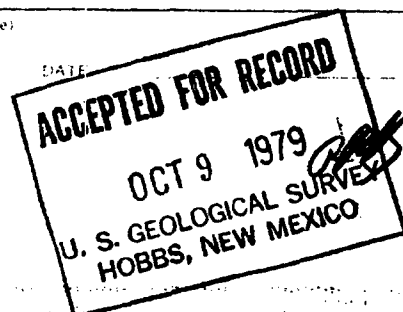
APPROVED BY  
CONDITIONS OF APPROVAL, IF ANY

*USGS-S  
HMFH-4  
H168*

TITLE

DATE

\*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 ☒ gas ☐ other ☐  
well well

2. NAME OF OPERATOR

Conoco Inc.

3. ADDRESS OF OPERATOR

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

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

AT SURFACE: 660' FSL & 1980' FWL

AT TOP PROD. INTERVAL:

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

U. S. GEOLOGICAL SURVEY  
HOBBS, NEW MEXICO

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 clean out & perforate additional pay, & acidize. MIREU & Kill well if necessary. Clean out to  $\pm 3819'$ . Perforate from 3641' to 3756' w/ 2 JSF (92 shots). Acidize w/ 6636 gals. acid w/ sequestering agents. Flush & swab back load. Pull work equipment & run production equipment. Return 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

9/10/79

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

USGS - 5  
NMFU - 4  
FILE

APPROVED  
SEP 12 1979  
ACTING DISTRICT ENGINEER

\*See Instructions on Reverse Side

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U.S.G.S.
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TRANSPORTER <input type="checkbox"/> OIL <input type="checkbox"/>
<input type="checkbox"/> GAS
OPERATOR
PERCATION OFFICE

**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

**Reasons for filing (check proper box)**  
 New Well ☐ Change in Transporter of: Oil ☐ Dry Gas ☐  
 Recompletion ☐ Gas ☐ Condensate ☐  
 Change in Ownership ☐ Gas ☐ 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**

<b>Lease Name</b> South Eunice Unit 27	<b>Pool Name, including Formation</b> Eunice Trs Queen So.	<b>Kind of Lease</b> State, Federal or Fee	<b>Lease No.</b> 40 030/33/16
<b>Location</b> Unit Letter <u>N</u> : <u>660</u> Feet From The <u>S</u> Line and <u>1980</u> Feet From The <u>W</u>	<b>Line of Section</b> <u>22</u> Township <u>22</u> Range <u>36</u> N.M.P.M. <u>62</u> County		

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

<b>Name of Authorized Transporter of Oil</b> <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Texas-New Mexico Pipeline Co.	<b>Address (Give address to which approved copy of this form is to be sent)</b> Box 1510, Midland, Texas
<b>Name of Authorized Transporter of Dry Gas</b> <input type="checkbox"/> Petro-Lewis GPM Gas Corporation	<b>Address (Give address to which approved copy of this form is to be sent)</b> Eunice, N.M.
<b>Phillips Petroleum Corp</b> Warren Petroleum Corp	<b>Address, N.M.</b> Odessa, Texas
<b>EFFECTIVE: February 1, 1992</b>	<b>Is gas actually connected?</b> when

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

**IV. COMPLETION DATA**

<b>Designate Type of Completion - (X)</b>	<input type="checkbox"/> Oil Well	<input type="checkbox"/> Gas Well	<input type="checkbox"/> New well	<input type="checkbox"/> Workover	<input type="checkbox"/> Deepen	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Same Reservoir	<input type="checkbox"/> Diff. Reservoir
<b>Date Spudded</b>	<b>Date Compl. Ready to Prod.</b>	<b>Total Depth</b>	<b>P.B.T.D.</b>					
<b>Elevations (D.F., RKB, RT, CR, etc.)</b>	<b>Name of Producing Formation</b>	<b>Top Oil/Gas Pay</b>	<b>Tubing Depth</b>					
<b>Perforations</b>							<b>Depth Casing Shoe</b>	
<b>TUBING, CASING, AND CEMENTING RECORD</b>								
<b>HOLE SIZE</b>	<b>CASING &amp; TUBING SIZE</b>	<b>DEPTH SET</b>	<b>SACKS CEMENT</b>					

**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)

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

**GAS WELL**

<b>Actual Prod. Test - MCF/D</b>	<b>Length of Test</b>	<b>Bbls. Condensate/MCF</b>	<b>Gravity of Condensate</b>
<b>Testing Method (pilot, back pr.)</b>	<b>Tubing Pressure (Shut-in)</b>	<b>Casing Pressure (Shut-in)</b>	<b>Choke Size</b>

**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)  
 6-18-79  
 (Date)

NMOCD (5)

USGS(2) PARTNERS(2) FILE

**OIL CONSERVATION COMMISSION**

APPROVED  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 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-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 Eunice Unit</u>	Well No. <u>27</u>	Pool Name, including Formation <u>Eunice Trivets Queen South</u>	Kind of Lease State, Federal or Fee <u>Federal</u>	Lease No.
Location Unit Letter <u>N</u> : <u>660</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>West</u> Line of Section <u>22</u> Township <u>22-S</u> Range <u>36-E</u> , NMNM, <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>	
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>Box 67, Midland, Texas</u>	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
<u>Phillips Petroleum</u>	<u>F</u>	<u>28</u>
	<u>22</u>	<u>36</u>
Is gas actually connected?	When	
<u>yes</u>	<u>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 Res'ty.	Diff. Res'ty.
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							
<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)

MMOC(5) US65(2) File

**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-103 and C-111  
 Effective 1-1-65

**I. Operator**  
 Continental Oil Company  
 Address  
 P. O. Box 460, Hobbs, New Mexico 88240

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) To show new lease name & well No. South Eunice Unit effective 1-1-71. Formerly *Mycop B-22 No. 7*  
*Approved by Continental*

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

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name South Eunice Unit	Well No. 27	Pool Name, including Formation Eunice 7 Rvrs Queen South	Kind of Lease State, Federal or Fee Fed.
Location Unit Letter <i>N</i> : <i>660</i> Feet From The <i>SOUTH</i> Line and <i>1980</i> Feet From The <i>WEST</i> Line of Section <i>22</i> Township <i>22-S</i> Range <i>36-E</i> 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"/> <i>Texas New Mexico Pipeline</i>	Address (Give address to which approved copy of this form is to be sent) <i>Box 1512 Midland Texas 79701</i>		
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <i>Phillips Petroleum</i>	Address (Give address to which approved copy of this form is to be sent) <i>Odessa Texas</i>		
If well produces oil or liquids, give location of tanks.	Unit <i>K</i>	Sec. <i>22</i>	Twp. <i>22</i>
	Rge. <i>36</i>	Is gas actually connected? <i>yes</i>	When <i>6-19-62</i>

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 lead 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 (spot, 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.

*[Signature]*  
 Administrative Supervisor  
 (Title)  
 1-6-71  
 (Date)

**OIL CONSERVATION COMMISSION**

APPROVED \_\_\_\_\_, 19\_\_\_\_  
 BY *John W. Rungan*  
 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 operator, well name or number, or transporter or other such change of conditions. Separate Form C-104 must be filed for each pool in multiple.

NUMBER OF COPIES RECEIVED DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE TRANSPORTER OIL GAS PRODUCTION OFFICE OPERATOR		NEW MEXICO OIL CONSERVATION COM. SION SANTA FE, NEW MEXICO <b>CERTIFICATE OF COMPLIANCE AND AUTHORIZATION          TO TRANSPORT OIL AND NATURAL GAS</b>		<b>FORM C-110</b> (Rev. 7-60) 00000000
FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE				
Company or Operator <b>Continental Oil Company</b>			Lease <b>Meyer B-22</b>	
Unit Letter <b>N</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:				
<div style="text-align: center;"> <b>REASON(S) FOR FILING (please check proper box)</b> </div> <div style="display: flex; justify-content: space-between;"> <div>           New Well ..... <input type="checkbox"/>            Change in Transporter (check one)              Oil ..... <input type="checkbox"/> Dry Gas .... <input type="checkbox"/>              Casing head gas . <input checked="" type="checkbox"/> Condensate.. <input type="checkbox"/> </div> <div>           Change in Ownership ..... <input type="checkbox"/>            Other (explain below)         </div> </div> <div style="margin-top: 20px;"> <b>NMOCC-5 WAM SW File</b> </div>				
Remarks				
The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.				
Executed this the <b>27th</b> day of <b>June</b> , 19 <b>62</b>				
OIL CONSERVATION COMMISSION			By <i>J. K. Barker</i>	
Approved by <i>Leslie A. Clement</i>			Title <b>Dist. Supt.</b>	
Title			Company <b>Continental Oil Company</b>	
Date			Address <b>Box 68, Eunice, N. M.</b>	

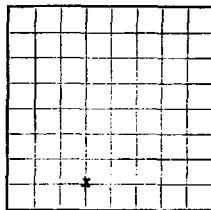
## NEW MEXICO OIL CONSERVATION COMMISSION

FORM C-103  
(Rev 3-55)

## MISCELLANEOUS REPORTS ON WELLS

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

Name of Company <b>Continental Oil Company</b>				Address <b>Box 68 - Dunice, New Mexico</b>			
Lease <b>Mayer B-22</b>		Well No. <b>9</b>	Unit Letter <b>N</b>	Section <b>22</b>	Township <b>22</b>	Range <b>36</b>	
Date Work Performed <b>10-25-56</b>		Pool <b>South Dunice</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 Cabot 57-D pumping unit, 2" x 1 1/2" x 12' insert pump, 58 - 3/4" and 90 - 5/8" rods. Pump set at 3720'.</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		PBTD		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				Name <b>J. R. Parker</b>			
Title				Position <b>District Superintendent</b>			
Date				Company <b>Continental Oil Company</b>			

U. S. LAND OFFICE Las Cruces  
SERIAL NUMBER LC 030131  
LEASE OR PERMIT TO PROSPECT Lee

LOCATE WELL CORRECTLY

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 Neyer 1-22 Field South Lunice State New Mexico  
 Well No. 7 Sec. 22 T. 22 R. 36 Meridian N.M. County Lea  
 Location 600 ft. N. of Line and 1980 ft. E. of Line of Sec. 22 Elevation 3510  
 (Denote base 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 MC  
 Date 8-26-56 Title District Superintendent

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

Commenced drilling 8-3, 1956 Finished drilling 8-15, 1956

## OIL OR GAS SANDS OR ZONES

(Denote gas by G)

No. 1, from 3787 to 3817 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	
8 5/8	21	8	1-55	352	Guide				
5 1/2	14	8	1-55	3843	Guide, flow		3787	3817	production

## MUDDING AND CEMENTING RECORD

Size casing	Where set	Number sacks of cement	Method used	Mud gravity	Amount of mud used
8 5/8	361	350	pump & plug		
5 1/2	3824	1100	pump & plug		

## 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 \_\_\_\_\_ feet to \_\_\_\_\_ feet, and from \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 Cable tools were used from \_\_\_\_\_ feet to \_\_\_\_\_ feet, and from \_\_\_\_\_ feet to \_\_\_\_\_ feet

## DATES

\_\_\_\_\_, 19\_\_\_\_ Put to producing 8-26, 1956

The production for the first 24 hours was 278 barrels of fluid of which 63 % was oil; \_\_\_\_\_ %  
 emulsion; 37 % 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

Site rector \_\_\_\_\_, Driller \_\_\_\_\_ day holiday \_\_\_\_\_, Driller  
 Boyle rector \_\_\_\_\_, Driller \_\_\_\_\_, Driller

## FORMATION RECORD

FROM—	TO—	TOTAL FEET	FORMATION
0	1504	1504	Redbed
1504	1597	93	Anhydrite
1597	3020	1423	Salt, Anhydrite
3020	3178	158	Anhydrite
3178	3825	647	Dolomite, anhydrite, sand

in sand 3825', 600 3819', of 10', elev 3510'. Pay used 3787-3817'.  
 Casing point 5 1/2" set at 3824'. Perf 3787-3817'. It flowed 74 bbls  
 37° gravity oil, 43 bbls water in 10 hrs thru 22/64" choke. TI 175'.  
 OF O. Daily potential 172 bbls oil w/128 ACE gas, OR 717. Estimated  
 daily allowable 39 bbls oil. Sandfraced w/6000' 6000 gals lease crude  
 w/Oil admite per gal. Geo tops: Rustler 1504', salt 1597', Base salt  
 3020', Yates 3178', Seven Rivers 3423', used 3770', correlation point.  
 Pipe line conn: Texas-New Mexico. Drilling started 8-3-56, completed  
 8-15-56, rig released 8-18-56, tested 8-26-56. Sactus Rig Co, contractor.







DUPLICATE

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 Continental Oil Company Lease Mayer B-22

Well No. 9 Unit Letter N 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 27 day of August 19 56

By [Signature]

Approved AUG 29 1956 19

Title District Superintendent

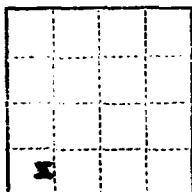
OIL CONSERVATION COMMISSION

Company Continental Oil Company

By [Signature]

Address Box 68, Eunice, New Mexico

Title Engineer District I



(SUBMIT IN TRIPLICATE)

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

Land Office Las Cruces  
Lease No. 030133(b)  
Unit \_\_\_\_\_

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)

Weyer B-22

August 22, 1956, 19

Well No. 9 is located 650 ft. from SW line and 1980 ft. from W line of sec. 22

2-14 (1/4 Sec. and Sec. No.) 22-2, 30-3 (Twp.) 5-10-2 (Range) 5-10-2 (Meridian)

South Tujunga (Field) San (County or Subdivision) New Mexico (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 mudlogging jobs, cementing points, and all other important proposed work)

Run 117 joints 5 1/2 casing, set at 3824' with 1,100 sacks.  
Top of cement 2010. Plug down 10 pm 8-14-56.

Tested casing with 800# before and after drilling plug.  
Tested o.k.

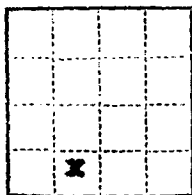
I understand that this plan of work must receive approval in writing by the Geological Survey before operations may be commenced.

Company Continental Oil Company

Address Box 66, Tujunga, N. M.

By \_\_\_\_\_

Title District Superintendent



(SUBMIT IN TRIPLICATE)

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

Land Office Las Cruces  
Lease No. LC 030133 b  
Unit NMPU

SUNDRY NOTICES AND REPORTS ON WELLS

NOTICE OF INTENTION TO DRILL.....	<input checked="" type="checkbox"/>	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

July 30, 1956

Well No. 9 is located 660 ft. from S line and 1980 ft. from W line of sec. 22

SW/4 Section 22  
(1/4 Sec. and Sec. No.)

22 S 36 E  
(Twp.) (Range)

NMPU  
(Meridian)

South Eunice  
(Field)

Lea  
(County or Subdivision)

New Mexico  
(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 approximate TD of 3825'. 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 350 sacks, cement to be circulated to surface, 5 1/2" OD casing set at 3825' with 1100 sacks, cement to return to approximately 1200'.

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

Eunice, New Mexico

By [Signature]

Title District Superintendent

NEW MEXICO  
OIL CONSERVATION COMMISSION

Form C-128

Well Location and/or Gas Proration Plat

Date 7-30-56

Operator Continental Oil Co. Lease Meyer B-22

Well No. 9 Section 22 Township 22 South Range 36 East NMPM

Located 660 Feet From South Line, 1980 Feet From West 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)


NOTE

This section of  
form is to be  
used for gas  
wells only.



SCALE: 1"=1000'

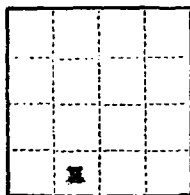
RECEIVED  
JUL 31 1956  
U. S. GEOLOGICAL SURVEY  
ROBBS, NEW MEXICO

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 \_\_\_.

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

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.

Date Surveyed 7-30-56  
John W. West  
Registered Professional Engineer and/or  
Land Surveyor



(SUBMIT IN TRIPLICATE)

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

Land Office Las Cruces  
Lease No. 12 030133 b  
Unit 3477

SUNDRY NOTICES AND REPORTS ON WELLS

NOTICE OF INTENTION TO DRILL.....	<input checked="" type="checkbox"/>	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)

Keyer 3-72

July 10, 1956

Well No. 9 is located 660 ft. from S line and 1980 ft. from W line of sec. 22

54/6 Section 22

(1/4 Sec. and Sec. No.)

22

(Twp.)

16

(Range)

R10N

(Meridian)

South Amice

(Field)

Las

(County or Subdivision)

New Mexico

(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 approximate TD of 3625'. 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: 6 5/8" OD set at 390' with 350 sacks, cement to be circulated to surface, 5 1/2" OD casing set at 3625' with 1100 sacks, cement to return to approximately 1200'.

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

Amice, New Mexico

By

Title District Superintendent



**Petroleum Information**

Publication of Oil & Gas News

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COUNTY **LEA** FIELD **Eunice, S.** STATE **NM**  
 OPR **CONOCO, INC.** API **MN 08996**  
 NO **27** LEASE **South Eunice Unit** MAP  
**Sec 22, T22S, R36E** RECORD  
**660 FSL, 1980 FWL of Sec** **4-3-39 NM**  
**7 mi SW/Eunice** Re SPD **9-25-79** Re **10-4-79**

ESC

8 5/8-561-350 SX  
 5 1/2-3824-1100 SX  
 2 3/8-3788

WELL CLASS: INIT DX FIN DO LSE CODE			
FORMATION	DATUM	FORMATION	DATUM
ID 3825 (QUEN)		PRD 3819	

IP (Seven Rivers-Queen) Perfs 3641-3817 P 13 BOPD + 60 BW.  
 Pot based on 24 hr test. GOR TSTM; gty (NR)

REPORT

COMPLETION 3503 GL

sub-s

F.R.C. 4-17-82 OWWO  
 PD 3819 WO (Seven Rivers-Queen)  
 (Orig. Continental Oil Co., #9 Meyer "B-22",  
 cmp 8-26-56 thru (Queen) Perfs 3787-3817,  
 OTD 3825, OPB 3819)  
 4-12-82 TD 3825; PBD 3819; Complete  
 Perf (Seven Rivers) 3641-46, 3649-52, 3663-67,  
 3689-94, 3713-17, 3727-39, 3750-56 w/2 SPF  
 Acid (3641-3817) 6550 gals  
 4-17-82 COMPLETION ISSUED

4-3-39 NM  
 IC 30-025-70341-82



BEFORE THE OIL CONSERVATION COMMISSION  
OF THE STATE OF NEW MEXICO

IN THE MATTER OF THE HEARING  
CALLED BY THE OIL CONSERVATION  
COMMISSION OF NEW MEXICO FOR  
THE PURPOSE OF CONSIDERING:

CASE NO. 1515  
Order No. R-1265

APPLICATION OF CONTINENTAL OIL COMPANY  
FOR THE ESTABLISHMENT OF A 320-ACRE  
NON-STANDARD GAS PRORATION UNIT IN THE  
JALMAT GAS POOL, LEA COUNTY, NEW MEXICO.

ORDER OF THE COMMISSION

BY THE COMMISSION:

This cause came on for hearing at 9 o'clock a.m. on October 2, 1958, at Santa Fe, New Mexico, before Elvis A. Utz, Examiner duly appointed by the Oil Conservation Commission, hereinafter referred to as the "Commission," in accordance with Rule 1214 of the Commission Rules and Regulations.

NOW, on this 25<sup>th</sup> day of October, 1958, the Commission, a quorum being present, having considered the application, the evidence adduced and the recommendations of the Examiner, Elvis A. Utz, and being fully advised in the premises,

FINDS:

- (1) That due public notice having been given as required by law, the Commission has jurisdiction of this cause and the subject matter thereof.
- (2) That the applicant, Continental Oil Company, is the owner and operator of the S/2 of Section 22, Township 22 South, Range 36 East, NMPM, Lea County, New Mexico.
- (3) That the applicant is the owner and operator of the Meyer B-22 Well No. 1, located 1650 feet from the South line and 990 feet from the East line of Section 22.
- (4) That the applicant proposes that the above-described acreage be established as a non-standard gas proration unit in the Jalmat Gas Pool and that said unit be dedicated to the aforementioned Meyer B-22 Well No. 1.
- (5) That approval of the subject application will not cause waste nor impair correlative rights.

-2-

Case No. 1515

Order No. R-1265

IT IS THEREFORE ORDERED:

(1) That the application of Continental Oil Company for the establishment of a 320-acre non-standard gas proration unit in the Jalmat Gas Pool, consisting of the S/2 of Section 22, Township 22 South, Range 36 East, NMPM, Lea County, New Mexico, be and the same is hereby granted.

(2) That the applicant's Meyer B-22 Well No. 1, located 1650 feet from the South line and 990 feet from the East line of said Section 22, be designated as the unit well for the above-described acreage and that the same be assigned an acreage factor for allowable purposes in the proportion that the acreage in the non-standard unit bears to the acreage in a standard gas proration unit in the Jalmat Gas Pool, subject to the provisions of the Special Rules and Regulations for said pool.

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

STATE OF NEW MEXICO  
OIL CONSERVATION COMMISSION

EDWIN L. MECHEM, Chairman

MURRAY E. MORGAN, Member

A. L. PORTER, Jr., Member and Secretary

S E A L

ir/

CMD :  
OG6IWCM

ONGARD  
INQUIRE WELL COMPLETIONS

11/03/04 15:49:53  
OGOMES -TPKY

API Well No : 30 25 8988 Eff Date : 01-01-1900 WC Status : P  
Pool Idn : 79240 JALMAT;TAN-YATES-7 RVRS (GAS)  
OGRID Idn : 214263 PRE-ONGARD WELL OPERATOR  
Prop Idn : 30041 PRE-ONGARD WELL

Well No : 001  
GL Elevation:

	U/L	Sec	Township	Range	North/South	East/West	Prop/Act (P/A)
B.H. Locn	I	22	22S	36E	FTG	F S FTG 660 F E	

Lot Identifier:

Dedicated Acres:

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

CMD :  
CG6IWCM

*p + n'ed*

ONGARD  
INQUIRE WELL COMPLETIONS

11/03/04 15:48:52  
OGOMES -TPKY

API Well No : 30 25 8991 Eff Date : 01-01-1900 WC Status : P  
Pool Idn : 79240 JALMAT;TAN-YATES-7 RVRS (GAS)  
OGRID Idn : 214263 PRE-ONGARD WELL OPERATOR  
Prop Idn : 30041 PRE-ONGARD WELL

Well No : 004  
GL Elevation:

	U/L	Sec	Township	Range	North/South	East/West	Prop/Act(P/A)
B.H. Locn	: K	22	22S	36E	FTG	F S FTG 1980 F W	
Loc Identifier:							
Dedicated Acre:							
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

CMD :  
OG6IWCM

*Pf 11/2d*

ONGARD  
INQUIRE WELL COMPLETIONS

11/03/04 15:49:10  
OGOMES -TPKY

API Well No : 30 25 8990 Eff Date : 01-01-1900 WC Status : P  
Pool Idn : 33820 JALMAT;TAN-YATES-7 RVRS (OIL)  
OGRID Idn : 214263 PRE-ONGARD WELL OPERATOR  
Prop Idn : 30041 PRE-ONGARD WELL

Well No : 003  
GL Elevation:

	U/L	Sec	Township	Range	North/South	East/West	Prop/Act (P/A)
B.H. Locn	: L	22	22S	36E	FTG	F S FTG	660 F W
Lot Identifier:							
Dedicated Acre:							
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

CMD :  
OGGIWCM

*Post Aled*

ONGARD  
INQUIRE WELL COMPLETIONS

11/03/04 15:49:27  
OGOMES -TPKY

API Well No : 30 25 8989 Eff Date : 31-01-1900 WC Status : P  
Pool Idn : 33820 JALMAT;TAN-YATES-7 RVRS (OIL)  
OGRID Idn : 214263 PRE-ONGARD WELL OPERATOR  
Prop Idn : 30041 PRE-ONGARD WELL

Well No : 002  
GL Elevation:

	U/I	Sec	Township	Range	North/South	East/West	Prop/Act(P/A)
B.H. Locn	:	N	22	22S	36E	FTG	F S FTG 1650 F W
Lot Identifier:							
Dedicated Acre:							
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