

District I
PO Box 980, Hobbs, NM 88241-1980

State of New Mexico
Energy, Minerals & Natural Resources Department

Form C-104
Revised February 10, 1994

District II
PO Drawer DD, Artesia, NM 88211-0719

OIL CONSERVATION DIVISION
RECEIVED
OIL CONSERVATION DIVISION
PO Box 2088

Instruction on back
Submit to Appropriate District Office
5 Copies

District III
1000 Rio Brazos Rd., Aztec, NM, 87410
56 MAR 22 AM Santa Fe, NM 87504-2088

District IV
PO Box 2088, Santa Fe, NM 87504-2088

AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

¹ Operator Name and Address ARCH PETROLEUM INC. 10 DESTA DRIVE, STE. 420E, MIDLAND TX 79705		² OGRID Number 000962
		³ Reason for Filing Code CO EFFECTIVE MARCH 1, 1996
⁴ API Number 30 - 025-21684	⁵ Pool Name FOWLER UPPER YESO	
⁷ Property Code 014915	⁸ Property Name LILLIE	⁶ Pool Code 26680
		⁹ Well Number 4

II. ¹⁰ Surface Location

UI or Lot. No.	Section	Township	Range	Lot Idn.	Feet from the	North/South Line	Feet from the	East/West Line	County
F	23	24S	37E		1880	NORTH	1830	WEST	LEA

¹¹ Bottom Hole Location

UI or Lot. No.	Section	Township	Range	Lot Idn.	Feet from the	North/South Line	Feet from the	East/West Line	County
F									
¹² Lse Code P	¹³ Producing Code P	Method	¹⁴ Gas Connection Date	¹⁵ C-129 Permit Number	¹⁶ C-129 Effective Date	¹⁷ C-129 Expiration Date			

III. Oil and Gas Transporters

¹⁸ Transporter OGRID	¹⁹ Transporter Name and Address	²⁰ POD	²¹ O/G	²² POD ULSTR Location and Description
007440	EOTT ENERGY OPERATING LP P. O. BOX 1660, MIDLAND, TX 79702	718310	O	
020809	SID RICHARDSON CARBON 201MAIN ST,STE.2300 FT.WORTH,TX76102	718330	G	

IV. Produced Water

²³ POD 718350	²⁴ POD ULSTR Location and Description
-----------------------------	--

V. Well Completion Data

²⁵ Spud Date	²⁶ Ready Date	²⁷ TD	²⁸ PBTD	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

⁴⁶ 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: *Bobbie Brooks*

Printed Name: BOBBIE BROOKS

Title: PRODUCTION ANALYST

Date: 3-12-96 Phone: 915-685-1961

OIL CONSERVATION DIVISION

Approved by: *[Signature]*
Title: DISTRICT 1 SUPERVISOR

Approved Date: MAR 18 1996

⁴⁷ If this is a change of operator fill in the OGRID number and name of the previous operator

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

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

'95 OCT 10 AM 9 37

OIL CONSERVATION DIVISION

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

DISTRICT I

P.O. Box 1980, Hobbs, NM 88240

DISTRICT II

P.O. Drawer Dd, Artesia, NM 88210

DISTRICT III

1000 Rio Brazos Rd., Aztec, Nm 87410

API NO. (assigned by OCD on New Wells) 30-025-21684	
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>	
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name LILLIE	
8. Well No. 4	
9. Pool name or Wildcat FOWLER UPPER YESO	
4. Well Location Unit Letter F : 1880 Feet From The NORTH Line and 1830 Feet From The WEST Line Section 23 Township 24S Range 37E NMPM LEA County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) GL=32	

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

1. Type of Well:
OIL WELL GAS WELL OTHER

2. Name of Operator
ARCH PETROLEUM INC.

3. Address of Operator
777 TAYLOR ST., STE. IIA, FORT WORTH, TX 76102

4. Well Location
Unit Letter **F** : **1880** Feet From The **NORTH** Line and **1830** Feet From The **WEST** Line
Section **23** Township **24S** Range **37E** NMPM **LEA** County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
GL=32

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTER CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABAN. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CMT JOB <input type="checkbox"/>	
OTHER: _____ <input type="checkbox"/>		OTHER: ADD PERFS & FRAC TREAT <input checked="" type="checkbox"/>	

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

7/20/95 Clean out fill F/5548'-5660'. Perf F/ 5498', 5440', 5409', 5349', 5313', 5290', 5248', 5214', 5195', 5177', & 5168' w/4- 0.45" diameter JHPF, total 44 shots. Acidize w/total 4,300 gals 15% NEFE HCL. MIRU Dowell-Schlumberger & Frac perfs F/5162'-5579' DN 3-1/2" WS w/71,000 gals of 40# gel w/50-60% CO2 and 226,000# 16/30 mesh Ottawa sand(w/last stage containing propnet) @ 35 bpm and a max pressure of 7000#. Flow & swab back load. Install production equipment and resume production on 8/3/95.

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

SIGNATURE *Bobbie Brooks* TITLE PROD. ANALYST DATE: 10-4-95

TYPE OR PRINT NAME BOBBIE BROOKS TELEPHONE NO. 915/685-1961

APPROVED BY *Jerry Leub* TITLE DISTRICT 1 SUPERVISOR DATE OCT 06 1995

CONDITIONS OF APPROVAL, IF ANY:

Submit 3 Copies
to Appropriate

District Office

OIL CONSERVATION DIVISION

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State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

'95 JUL 14

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT I

P.O. Box 1980, Hobbs, NM 88240

DISTRICT II

P.O. Drawer Dd, Artesia, NM 88210

DISTRICT III

1000 Rio Brazos Rd., Aztec, Nm 87410

API NO. (assigned by OCD on New Wells) 30-025-21684	
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>	
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name LILLIE	
8. Well No. 4	
9. Pool name or Wildcat FOWLER UPPER YESO	

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

1. Type of Well:
 OIL WELL GAS WELL OTHER

2. Name of Operator
ARCH PETROLEUM INC.

3. Address of Operator
777 TAYLOR ST., STE. IIA, FORT WORTH, TX 76102

4. Well Location
 Unit Letter **F** Section **23** Feet From The **1880** Township **24S** Line and Range **37E** Feet From The **1830** Line **WEST** County **LEA**

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

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

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CMT JOB <input type="checkbox"/>
OTHER: ADD PERFS & FRAC TREAT <input checked="" type="checkbox"/>	OTHER: <input type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/>	ALTER CASING <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	PLUG AND ABAN. <input type="checkbox"/>

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

WE PROPOSE:

MIRU PU, NUBOP, PERF. CSG. @ 5171,5179,5197,5216,5250,5291,5315,5352,5411, 5442, 5500 W/4-0.5" JHPF. ACIDIZE ALL PERFS. USING STADDLE PACKER. SAND FRAC TREAT ALL PERFS. FLOW BACK. NDBOP NUWH. RETURN WELL TO PRODUCTION.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.
SIGNATURE Bobbie Brooks TITLE PROD. ANALYST DATE: 7-5-95

TYPE OR PRINT NAME BOBBIE BROOKS TELEPHONE NO. 915/685-1961

APPROVED BY [Signature] TITLE DISTRICT 1 SUPERVISOR DATE JUL 10 1995

CONDITIONS OF APPROVAL, IF ANY

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

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

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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
CHEVRON U.S.A. INC.
Address
P. O. Box 670, Hobbs, NM 88240

Reason(s) for filing (Check proper box)
 New Well
 Recompletion
 Change in Ownership
 Change in Transporter of:
 Oil
 Casinthead Gas
 Dry Gas
 Condensate
 Other (Please explain)
 Name Change Effective 7-1-85

If change of ownership give name and address of previous owner
Gulf Oil Corp., P. O. Box 670, Hobbs, NM 88240

II. DESCRIPTION OF WELL AND LEASE

Lease Name <i>Lillie</i>	Well No. <i>4</i>	Pool Name, including Formation <i>Golden Upper Gess</i>	Kind of Lease State, Federal or Fee <i>Fee</i>	Lease No.
Location Unit Letter <i>F</i> : <i>1880</i> Feet From The <i>North</i> Line and <i>1870</i> Feet From The <i>West</i>				
Line of Section <i>23</i> Township <i>24S</i> Range <i>37E</i> , NMPM, <i>Lea</i> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> <i>Shell Pipeline Corp.</i>	Address (Give address to which approved copy of this form is to be sent) <i>Box 1910, Midland TX 79701</i>			
Name of Authorized Transporter of Casinthead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <i>El Paso Natural Gas Co.</i>	Address (Give address to which approved copy of this form is to be sent) <i>Box 1492 El Paso, TX 79999</i>			
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.
	Is gas actually connected? <i>Yes</i>		When <i>Unknown</i>	

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

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

VI. CERTIFICATE OF COMPLIANCE

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

R.D. Pite
(Signature)

Area Engineer
(Title)

5-31-85
(Date)

OIL CONSERVATION DIVISION

AUG - 2 1985

APPROVED _____, 19

BY *[Signature]*
TITLE DISTRICT 1 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 multiple completed wells.

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LAND OFFICE		
OPERATOR		

NEW MEXICO OIL CONSERVATION COMMISSION

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AUG 20 1971

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease
State Fee

5. State Oil & Gas Lease No.

SUNDRY NOTICES AND REPORTS ON WELLS

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

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator Gulf Oil Corporation	8. Farm or Lease Name Lillie
3. Address of Operator Box 670, Hobbs, New Mexico 88240	9. Well No. 4
4. Location of Well UNIT LETTER F , 1880 FEET FROM THE North LINE AND 1870 FEET FROM THE West LINE, SECTION 23 TOWNSHIP 24-S RANGE 37-E NMPM.	10. Field and Pool, or Wildcat Fowler Upper Yeso
15. Elevation (Show whether DF, RT, GR, etc.) 3200' GL	12. County Lea

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK PLUG AND ABANDON
 TEMPORARILY ABANDON CHANGE PLANS
 PULL OR ALTER CASING
 OTHER

SUBSEQUENT REPORT OF:

REMEDIAL WORK ALTERING CASING
 COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT
 CASING TEST AND CEMENT JOB
 OTHER

Perforated and frac treated.

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

5660' PB.

Pulled rods, pump and tubing. Perforated 5-1/2" casing with 4, 1/2" JHPF at 5160-62', 5184-86', 5236-38', 5284-86' and 5306-08'. Frac treated new perforations with 2500 gallons of 15% NE acid, 35,000 gallons of gel water and 60,000# sand. Flushed with 122 barrels of gel water. Maximum pressure 2700#, ISIP 2200#, after 5 minutes 1300#, after 10 minutes 1200#. AIR 40 bpm. Ran 2-7/8" tubing and set at 5582' with SN at 5551'. Ran rods and pump and returned well to production.

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

SIGNED *Bobland* TITLE Area Production Manager DATE August 20, 1971

APPROVED BY *Joe Stacey* TITLE SUPERVISOR, DISTRICT I DATE AUG 20 1971

CONDITIONS OF APPROVAL, IF ANY

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

State of New Mexico
Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION

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

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I. **Operator** JAN 15 AM 9 29
Chevron U.S.A., Inc.

Well API No.
30-025-21684

Address
P.O. Box 1150 Midland, TX 79702

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

New Well Change in Transporter of:
Recompletion Oil Dry Gas
Change in Operator Casinghead Gas Condensate

If change of operator give name
and address of previous operator _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Lillie	Well No. 4	Pool Name, Including Formation Fowler Upper Yeso	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter <u>F</u> : <u>1880</u> Feet From The <u>North</u> Line and <u>1870</u> Feet From The <u>West</u> Line Section <u>23</u> Township <u>24S</u> Range <u>37E</u> , <u>NMPM</u> , Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Sid Richardson Carbon & Gasoline	Address (Give address to which approved copy of this form is to be sent) 201 Main St., Suite 3000, Ft. Worth, TX 76102
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When ? Yes Unknown

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

IV. COMPLETION DATA

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

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE

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

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

GAS WELL

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

VI. OPERATOR CERTIFICATE OF COMPLIANCE

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

J. K. Ripley
Signature
J. K. Ripley Tech Assistant
Printed Name
12/27/91 Title
Date (915)687-7148 Telephone No.

OIL CONSERVATION DIVISION

Date Approved JAN 13 '92
By [Signature]
Title DISTRICT I SUPERVISOR

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

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

P. O. Box 1980, Hobbs, NM 88240
DISTRICT II
P. O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION

P. O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

I.

Operator Arch Petroleum Inc.	Well API No. 30 - 025-21684
Address 777 Taylor St., Penthouse II-A, Ft. Worth Club Tower, Ft. Worth, TX 76102	
Reason (s) for Filling (check proper box) <input checked="" type="checkbox"/> Other (Please explain) EFFECTIVE APRIL 1, 1994	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator Chevron U.S.A., Inc., P. O. Box 1150, Midland, TX 79702	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Lillie	Well No. 4	Pool Name, Including Formation Fowler Upper Yeso 26680	Kind of Lease State, Federal or Fee	Lease No.
Location Unit Letter F : 1880 Feet From The North Line and 1830 Feet From The West Line Section 23 Township 24S Range 37E , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate Shell Pipeline Cor	Address (Give address to which approved copy of this form is to be sent) P. O. Box 2648, Houston, TX 77252
Name of Authorized Transporter of Casinghead Gas or Dry Gas Sid Richardson Carbon	Address (Give address to which approved copy of this form is to be sent) 201 Main St., Ste. 2300, Ft. Worth, TX 76102
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When?
	Yes Unknown

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plugback	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P. B. T. D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Peforations						Depth Casin; g		
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		

V. TEST DATA AND REQUEST FOR ALLOWABLE

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

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

GAS WELL

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

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.

Rick Vanderslice
Signature
Rick Vanderslice
Printed Name
3/31/94
Date

Oper. Mgr.
Title
(915)685-1961
Telephone No.

OIL CONSERVATION DIVISION

Date Approved **APR 04 1994**

By [Signature]

Title **Geologist**

- INSTRUCTIONS:** This form is to be filed in compliance with Rule 1104
- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
 - All sections of this form must be filled out for allowable on new and recompleted wells.
 - Fill out only Sections I, II, III and VI for changes of operator, well name or number, transporter, or other such changes.
 - Separate Form C - 104 must be filed for each pool in multiply completed wells.

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OPERATOR	

Form C-105
Revised 1-1-65

HOBBS OFFICE D. C. O.
NEW MEXICO OIL CONSERVATION COMMISSION
WELL COMPLETION OR RECOMPLETION REPORT AND LOG
APR 20 1 25 PM '66

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

1a. TYPE OF WELL OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> DRY <input type="checkbox"/> OTHER _____	7. Unit Agreement Name
b. TYPE OF COMPLETION NEW WELL <input checked="" type="checkbox"/> WORK OVER <input type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> DIFF. RESVR. <input type="checkbox"/> OTHER _____	8. Farm or Lease Name Lillie

2. Name of Operator Gulf Oil Corporation	9. Well No. 4
3. Address of Operator P. O. Box 980 - Kermit, Texas	10. Field and Pool, or Wildcat Fowler Blinebry

4. Location of Well UNIT LETTER <u>F</u> LOCATED <u>1880</u> FEET FROM THE <u>North</u> LINE AND <u>1870</u> FEET FROM THE <u>West</u> LINE OF SEC. <u>23</u> TWP. <u>24S</u> RGE. <u>37E</u> NMPM	12. County Lea
--	-------------------

15. Date Spudded 3-18-66	16. Date T.D. Reached 4-5-66	17. Date Compl. (Ready to Prod.) 4-17-66	18. Elevations (DF, RKB, RT, GR, etc.) 3200.2 GR	19. Elev. Casinghead 3198
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20. Total Depth 5695'	21. Plug Back T.D. 5660'	22. If Multiple Compl., How Many ---	23. Intervals Drilled By Rotary Tools 0 - 5695	Cable Tools ---
--------------------------	-----------------------------	---	--	--------------------

24. Producing Interval(s), of this completion - Top, Bottom, Name 5401 - 5579 - Fowler Blinebry	25. Was Directional Survey Made No
--	---------------------------------------

26. Type Electric and Other Logs Run Microlaterolog, Laterlog, Sonic Log - Gamma Ray	27. Was Well Cored No
---	--------------------------

28. CASING RECORD (Report all strings set in well)					
CASING SIZE	WEIGHT LB./FT.	DEPTH SET	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
8-5/8"	24#	1019	12-1/4"	410 sacks	None
5-1/2"	15.5#	5695	7-7/8"	640 sacks	None

29. LINER RECORD				30. TUBING RECORD			
SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN	SIZE	DEPTH SET	PACKER SET
None					2-7/8"	5557	None

31. Perforation Record (Interval, size and number) 5401-03'; 5426-28'; 5466-68'; 5512-14' and 5577-79' w/4" .72 JHPF	32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC. DEPTH INTERVAL Treated each set of perforations w/2000 gals. gelled wtr. pad, 2000 gal w/1# (20-40) SPG and 4000 gal w/1-1/2# (20-40) SPG. Total 40,000 gal gelled water frac.
--	---

33. PRODUCTION							
Date First Production 4-14-66	Production Method (Flowing, gas lift, pumping - Size and type pump) Flowing 24/64" choke					Well Status (Prod. or Shus-in) Producing	
Date of Test 4-17-66	Hours Tested 24	Choke Size 24/64	Prod'n. For Test Period →	Oil - Bbl. 155	Gas - MCF 42	Water - Bbl. 52	Gas - Oil Ratio 271
Flow Tubing Press. 150	Casing Pressure 500	Calculated 24-Hour Rate →	Oil - Bbl. 155	Gas - MCF 42	Water - Bbl. 52	Oil Gravity - API (Corr.) 36.4	

34. Disposition of Gas (Sold, used for fuel, vented, etc.) Sold	Test Witnessed By J. D. Gough
--	----------------------------------

35. List of Attachments Microlaterolog, Laterlog, Sonic Log - Gamma Ray
--

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

SIGNED H. F. Swannack TITLE Area Production Manager DATE April 19, 1966
H. F. Swannack

INSTRUCTIONS

This form is to be filed with the appropriate District Office of the Commission not later than 20 days after the completion of any newly-drilled or deepened well. It shall be accompanied by one copy of all electrical and radio-activity logs run on the well and a summary of all special tests conducted, including drill stem tests. All depths reported shall be measured depths. In the case of directionally drilled wells, true vertical depths shall also be reported. For multiple completions, Items 30 through 34 shall be reported for each zone. The form is to be filed in quintuplicate except on state land, where six copies are required. See Rule 1105.

INDICATE FORMATION TOPS IN CONFORMANCE WITH GEOGRAPHICAL SECTION OF STATE

Southeastern New Mexico

Northwestern New Mexico

T. Anhy _____ 909	T. Canyon _____	T. Ojo Alamo _____	T. Penn. "B" _____
T. Salt _____ 1070	T. Strawn _____	T. Kirtland-Fruitland _____	T. Penn. "C" _____
B. Salt _____ 2320	T. Atoka _____	T. Pictured Cliffs _____	T. Penn. "D" _____
T. Yates _____ 2470	T. Miss _____	T. Cliff House _____	T. Leadville _____
T. 7 Rivers _____ 2716	T. Devonian _____	T. Menefee _____	T. Madison _____
T. Queen _____ 3208	T. Silurian _____	T. Point Lookout _____	T. Elbert _____
T. Grayburg _____ 3522	T. Montoya _____	T. Mancos _____	T. McCracken _____
T. San Andres _____ 3708	T. Simpson _____	T. Gallup _____	T. Ignacio Qtzte _____
T. Glorieta _____ 4850	T. McKee _____	Base Greenhorn _____	T. Granite _____
T. Paddock _____ 4860	T. Ellenburger _____	T. Dakota _____	T. _____
T. Blinebry _____ 5297	T. Gr. Wash _____	T. Morrison _____	T. _____
T. Tubb _____	T. Granite _____	T. Todilto _____	T. _____
T. Drinkard _____	T. Delaware Sand _____	T. Entrada _____	T. _____
T. Abo _____	T. Bone Springs _____	T. Wingate _____	T. _____
T. Wolfcamp _____	T. _____	T. Chinle _____	T. _____
T. Penn. _____	T. _____	T. Permian _____	T. _____
T. Cisco (Bough C) _____	T. _____	T. Penn. "A" _____	T. _____

FORMATION RECORD (Attach additional sheets if necessary)

From	To	Thickness in Feet	Formation	From	To	Thickness in Feet	Formation
0	14	14	Derrick Floor				
14	620	606	Sand				
620	907	287	Red Beds				
907	1070	163	Anhydrite				
1070	2320	1250	Salt				
2320	2716	396	Sand & Anhydrite				
2716	5695	2979	Dolomite				

HOBBS OFFICE O. C. C.

WELL NAME AND NUMBER

Lillie No. 4

APR 19 12 38 PM '66

LOCATION

Unit F, Sec. 23, T-24S, R-37E

(New Mexico give U, S, T & R; Texas give $\frac{1}{4}$ Blk., Surv. & Twp. when required)

OPERATOR

GULF OIL CORPORATION

DRILLING CONTRACTOR

Johnn Drilling Company

The undersigned hereby certifies that he is an authorized representative of the drilling contractor who drilled the above-described well and that he has conducted deviation tests and obtained the following results:

<u>Degrees @ Depth</u>	<u>Degrees @ Depth</u>	<u>Degrees @ Depth</u>	<u>Degrees @ Depth</u>
462	3/4	6.10	6.10
743	1	4.92	11.02
1020	1-1/4	6.07	17.09
1450	2-3/4	20.68	37.77
1617	3-3/4	10.94	48.71
1721	3-3/4	6.81	55.52
1912	4-3/4	15.85	71.37
2154	4-1/4	17.96	89.33
2302	3-3/4	9.69	99.02
2402	3-1/2	6.10	105.12
2493	3	4.76	109.88
2651	2-1/4	6.21	116.09
2776	1-3/4	3.84	119.93
2888	1/2	.97	120.90

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OPERATOR	

HOBBS OFFICE O. C. C.
NEW MEXICO OIL CONSERVATION COMMISSION
 APR 13 1 14 PM '66
 APR 13 1966 32

Form C-103
 Supersedes Old
 C-102 and C-103
 Effective 1-4-65

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

SUNDRY NOTICES AND REPORTS ON WELLS

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

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- <input type="checkbox"/> 2. Name of Operator Gulf Oil Corporation 3. Address of Operator P. O. Box 980, Kermit, Texas 4. Location of Well UNIT LETTER <u>F</u> <u>1880</u> FEET FROM THE <u>North</u> LINE AND <u>1870</u> FEET FROM THE <u>West</u> LINE, SECTION <u>23</u> TOWNSHIP <u>24 S</u> RANGE <u>37 E</u> NMPM.	7. Unit Agreement Name 8. Farm or Lease Name Lillie 9. Well No. 4 10. Field and Pool or Wildcat UNDERSIGNED Fowler Blinbry
15. Elevation (Show whether DF, RT, GR, etc.) 3200.2	12. County Lea

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

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

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

Ran 171 jts. & 1 cut jt. (5680.50') 5 1/2" OD 15.50# J-55 casing set at 5695' with DV tool @ 3804'. Cemented 1st stage w/140 sacks 16% gel, 3% salt and .2% HR-7, and 150 sacks Incor neat. Complete 1st stage @ 6:00 A. M., 4-6-66. Circulated through DV tool, 2nd stage consisted of 250 sacks 16% gel, 3% salt & .2% HR-7 and 100 sacks neat cement, plug down at 12:30 P. M. 4-6-66. Temperature survey indicated top of cement @ 2000'. Waited on cement, drilled out DV tool. Tested to 1000# for 30 minutes, no drop in pressure, drilled out to 5660', released rig.

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

SIGNED M. M. Whitaker TITLE Area Engineer DATE April 11, 1966
 W. W. Whitaker

APPROVED BY Joe J. Ramey TITLE SUPERVISOR DISTRICT 7 DATE _____
 CONDITIONS OF APPROVAL, IF ANY:

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OPERATOR	

OFFICE COPY

HOBBS OFFICE O.C.C.
NEW MEXICO OIL CONSERVATION COMMISSION

MAR 24 11 15

MAR 22 1 12 PM '66

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease
State Fee

5. State Oil & Gas Lease No.

SUNDRY NOTICES AND REPORTS ON WELLS

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

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator Gulf Oil Corporation	8. Farm or Lease Name Lillie
3. Address of Operator P. O. Box 980, Kermit, Texas	9. Well No. 4
4. Location of Well UNIT LETTER <u>F</u> <u>1880</u> FEET FROM THE <u>North</u> LINE AND <u>1870</u> FEET FROM THE <u>West</u> LINE, SECTION <u>23</u> TOWNSHIP <u>24-S</u> RANGE <u>37-E</u> NMPM.	10. Field and Pool, or Wildcat Fowler Blinebry
15. Elevation (Show whether DF, RT, GR, etc.) Later	12. County Lea

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

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

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1705.

Johnn Drilling Company spudded 12-1/4" hole at 6:00 P. M. 3-18-66.

Run 32 jts. (1,003') of 8-5/8" 24# J-55 casing set @ 1019' and cemented with 310 sacks of 16% gel and 100 sacks regular w/2% CaCl₂. Plug down @ 1:30 A. M., 3-20-66. Circulated approximately 10 sacks, waited on cement, tested casing, BOP and rams w/1000# for 30 minutes. No drop in pressure. Drilling ahead.

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

SIGNED H. F. Swannack TITLE Area Production Manager DATE 3-21-66
H. F. Swannack

APPROVED BY _____ TITLE _____ DATE _____

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NEW MEXICO OIL & GAS COMMISSION

Form C-101
Revised 1-1-65

MAR 8 11 25 AM '66

5A. Indicate Type of Lease
STATE FEE

5. State Oil & Gas Lease No.

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work
DRILL DEEPEN PLUG BACK

b. Type of Well
OIL WELL GAS WELL OTHER

SINGLE ZONE MULTIPLE ZONE

2. Name of Operator
Gulf Oil Corporation

3. Address of Operator
P. O. Box 980, Kermit, Texas

4. Location of Well
UNIT LETTER F LOCATED 1880 FEET FROM THE North LINE
AND 1870 FEET FROM THE West LINE OF SEC. 23 TWP. 24-S RGE. 37-E NMPM

7. Unit Agreement Name

8. Farm or Lease Name
Lillie

9. Well No.
4

10. Field and Pool, or Wildcat
Fowler Blinebry

12. County
Lea

19. Proposed Depth
5900

19A. Formation
Blinebry

20. Rotary or C.T.
Rotary

21. Elevations (Show whether DF, RT, etc.)
Later

21A. Kind & Status Plug. Bond
Blanket

21B. Drilling Contractor
Not Awarded

22. Approx. Date Work will start
March 15, 1966

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
12-1/4	8-5/8	24#	800	285	Circulate
7-9/8	5-1/2	14 & 15.5#	5900	475	3100

It is proposed to drill with rotary tools to approximately 5900'

Cement must tie back into 12200'

APPROVAL VALID FOR 60 DAYS UNLESS DRILLING COMMENCED
EXPIRES 6/7/66

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM; IF PROPOSAL IS TO DEEPEN OR PLUG BACK, GIVE DATA ON PRESENT PRODUCTIVE ZONE AND PROPOSED NEW PRODU-
VE ZONE. GIVE BLOWOUT PREVENTER PROGRAM, IF ANY.

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

Signed H. F. Swannack Title Area Production Manager Date March 7, 1966

(This space for State Use)

APPROVED BY _____ TITLE Engineer District DATE _____

CONDITIONS OF APPROVAL, IF ANY:

MAR 11 AM 8:10
MAR 11 AM 6:00
OFFICE OCC

MAR 9 1966

NEW MEXICO OIL CONSERVATION COMMISSION
WELL LOCATION AND ACREAGE DEDICATION PLAT

Fbrn C-102
Supersedes C-128
Effective 1-1-65

All distances must be from the outer boundaries of the Section.

HOBBS OFFICE O.C.C.
MAR 8 11 25 AM '66

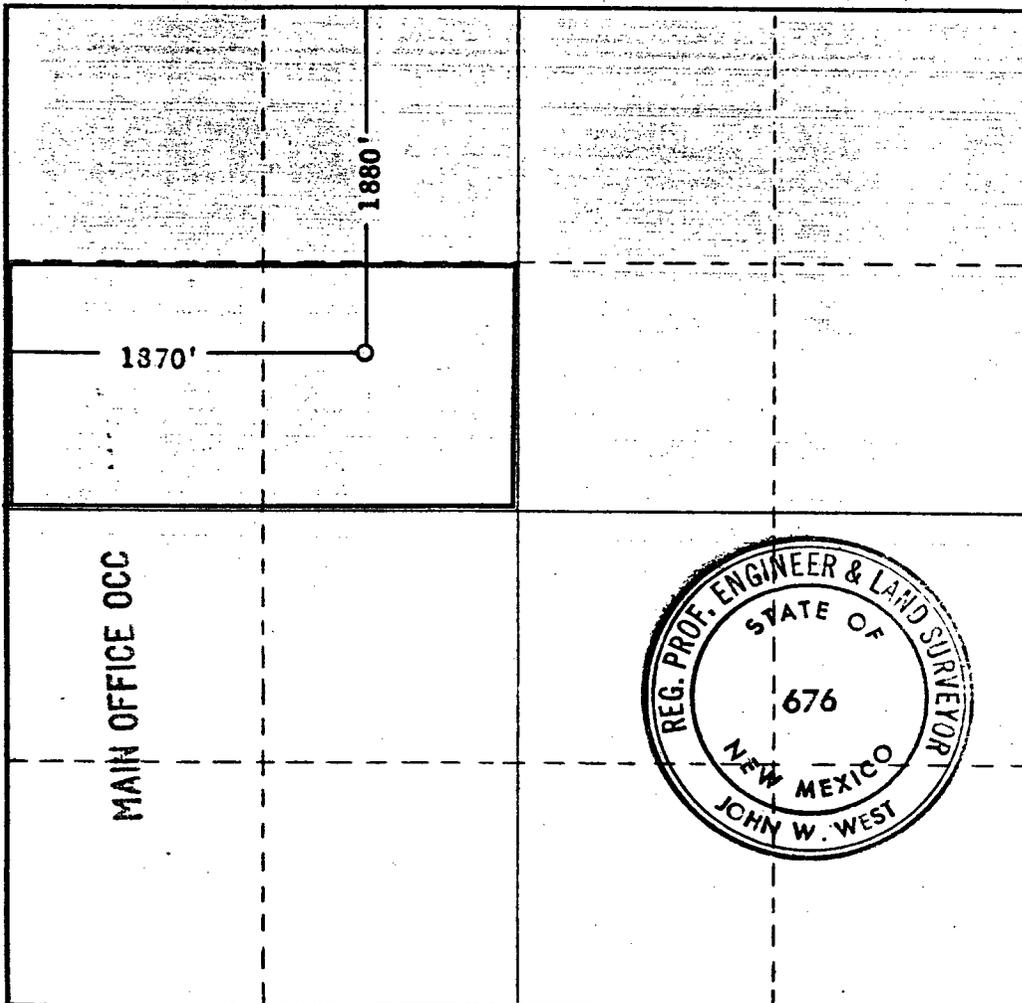
Operator GULF OIL CORP		Lease LILLIE			Well No. 4
Unit Letter F	Section 23	Township 24 SOUTH	Range 37 EAST	County LEA	
Actual Footage Location of Well: 1880 feet from the NORTH line and 1870 feet from the WEST line					
Ground Level Elev. Later	Producing Formation Blinebry		Pool Fowler	Dedicated Acreage: 80 Acres	

1. Outline the acreage dedicated to the subject well by colored pencil or hachure marks on the plat below.
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
3. If more than one lease of different ownership is dedicated to the well, have the interests of all owners been consolidated by communitization, unitization, force-pooling, etc?

Yes No If answer is "yes," type of consolidation _____

If answer is "no," list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.) _____

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



CERTIFICATION

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

Name
A. J. Swannack

Position
Area Production Manager

Company
Gulf Oil Corporation

Date
March 7, 1966

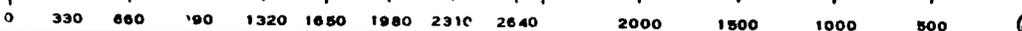
I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

Date Surveyed
FEBRUARY 10, 1966

Registered Professional Engineer and/or Land Surveyor

John W. West

Certificate No. **676**



OWWO

COUNTY LEA FIELD Fowler STATE NM MN 21684
 OPR GULF OIL CORP. MAP
 4 Lillie
 Sec 23, T-24-S, R-37-E CO-ORD
 1880' FNL, 1830' FWL of Sec
 CLASS OWOF EL 32092

Re-Cmp 8-20-71	FORMATION	DATUM	FORMATION	DATUM
CSG & SX - TUBING				
8 5/8" at 1019' w/410 sx				
5 1/2" at 5695' w/540 sx				
LOGS EL GR RA IND HC A				

1870

TD 5695'; PBD 5660'

(Upper Yeso) Perfs 5160-5579' NO NEW POTENTIAL

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CONT. PROP DEPTH 5579' TYPE WO
 DATE

F.R.C. 9-2-71; Opr's Elev. 3200' GL
 PD 5579' WO (Upper Yeso)
 (Orig. comp. 4-17-66 thru Perfs 5401-5579',
 OTD 5695', OPB 5660')

8 -31-71 TD 5695'; PBD 5660'; COMPLETE
 Perf 5160-62', 5184-86', 5236-38', 5284-86',
 5306-08' w/4 SPF
 Acid (5160-5308') 2500 gals
 Frac (5160-5308') 35,000 gals wtr + 60,000# sd

9-2-71 COMPLETION REPORTED

LEA Fowler NM Sec. 23, T-24-S, R-37-E
GULF OIL CORP. 4 Lillie Page #2

4-18-66 Continued
Swbd & flwd 271 BLW + 39 EO in 10 hrs;
4-26-66 TD 5695'; PBD 5660'; COMPLETE
LOG TOPS: Glorieta 4863', Blinebry 5346';
4-28-66 COMPLETION REPORTED

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	GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
 REQUEST FOR ALLOWABLE
 AND OBBS OFFICE O. C. C.
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
 Supersedes Old C-104 and C-105
 Effective 1-1-65

APR 19 12 38 PM '66

ORIGINAL

MAIL OFFICE REC
 APR 22 11 AM '66
 APR 22 11 AM '66

I. OPERATOR

Operator: **Gulf Oil Corporation**

Address: **P. O. Box 980, Kermit, Texas**

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

If change of ownership give name and address of previous owner

CHANGE
 OK *R-3987*

II. DESCRIPTION OF WELL AND LEASE

Lease Name: **Lillie** Well No.: **4** Pool Name: **Fowler-Blinebry** Kind of Lease: **Fee**

Location: Unit Letter **F**; **1880** Feet From The **North** Line and **1870** Feet From The **West**

Line of Section **23**, Township **24S** Range **37E**, NMPM, **Lea** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate
Shell Pipe Line Company Address: **P. O. Box 1910, Midland, Texas**

Name of Authorized Transporter of Casinghead Gas or Dry Gas
El Paso Natural Gas Company Address: **P. O. Box 1394, Jal, New Mexico**

If well produces oil or liquids, give location of tanks. Unit **E** Sec. **23** Twp. **24S** Rge. **37E** Is gas actually connected? **Yes** When **1-15-66**

If this production is commingled with that from any other lease or pool, give commingling order number: **Not commingled**

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>					
Date Spudded: 3-18-66	Date Compl. Ready to Prod.: 4-17-66	Total Depth: 5695'		P.B.T.D.: 5660'				
Pool: Fowler	Name of Producing Formation: Blinebry	Top Oil/Gas Pay: 5401'		Tubing Depth: 5557'				
Perforations: 5401-03', 5426-28', 5466-68', 5512-14', 5577-79'						Depth Casing Shoe: 5694'		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8" Casing		1019		410			
7-7/8"	5-1/2" Casing		5695		640			
5-1/2" Casing	2-7/8" Tubing		5557					

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: 4-14-66	Date of Test: 4-17-66	Producing Method (Flow, pump, gas lift, etc.): FLOW	
Length of Test: 24 hours	Tubing Pressure: 150	Casing Pressure: 500	Choke Size: 24/64"
Actual Prod. During Test: 207	Oil-Bbls.: 155	Water-Bbls.: 52	Gas-MCF: 42

GAS WELL

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

VI. CERTIFICATE OF COMPLIANCE

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

W. W. Whitaker
 (Signature) **W. W. Whitaker**
 Area Engineer
 (Title)
April 18, 1966
 (Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19

TITLE **Fowler Blinebry**

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

CMD :
OG5SECT

ONGARD
INQUIRE LAND BY SECTION

03/23/00 10:25:36
OGOMES -TQCE
PAGE NO: 1

Sec : 01 Twp : 29N Rng : 13W Section Type : NORMAL

4 39.74 Federal owned	3 39.81 Federal owned	2 39.89 Fee owned	1 38.96 Fee owned A A
E 40.00 Fee owned	F 40.00 Fee owned	G 40.00 Fee owned	H 40.00 Fee owned

PF01 HELP PF02 PF03 EXIT PF04 GoTo PF05 PF06
PF07 BKWD PF08 FWD PF09 PRINT PF10 SDIV PF11 PF12

*Gary Kane - Arch Ret.
Has a question about
NSL-4421 that you recently
issued.
915-685-8126*

CMD :
OG5SECT

ONGARD
INQUIRE LAND BY SECTION

03/23/00 10:25:41
OGOMES -TQC6
PAGE NO: 2

Sec : 01 Twp : 29N Rng : 13W Section Type : NORMAL

L 40.00 Fee owned	K 40.00 Fee owned	J 40.00 Fee owned	I 40.00 Fee owned
M 40.00 Fee owned	N 40.00 Fee owned	O 40.00 Fee owned A	P 40.00 Fee owned A

PF01 HELP PF02 PF03 EXIT PF04 GoTo PF05 PF06
PF07 BKWD PF08 FWD PF09 PRINT PF10 SDIV PF11 PF12