

District I  
PO Box 1900, Hobbs, NM 88241-1900  
District II  
PO Drawer DD, Artesia, NM 88211-0719  
District III  
1000 Rio Bravos Rd., Aztec, NM 87410  
District IV  
PO Box 2088, Santa Fe, NM 87504-2088

State of New Mexico  
Energy, Minerals & Natural Resources Department

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

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

☐ AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

Operator name and Address Aspen Pumping 33 West Blevins Road Artesia, NM 88210		OGRID Number 133862 CHANGE OF OPERATOR Effective 5/1/98
API Number 30-005-21051	Pool Name Chaves Queen Gas Area SE Assoc.	Pool Code 12110
Property Code 23475	Property Name Walters "B" Federal	Well Number 2

II. Surface Location

UL or lot no.	Section	Township	Range	Lot Ida	Feet from the	North/South Line	Feet from the	East/West Line	County
D	34	13S	30E		990	North	990	West	Chaves

Bottom Hole Location

UL or lot no.	Section	Township	Range	Lot Ida	Feet from the	North/South Line	Feet from the	East/West Line	County
D	34	13S	30E		990	North	990	West	Chaves
Lee Code F	Producing Method Code P	Gas Connection Date	C-129 Permit Number	C-129 Effective Date	C-129 Expiration Date				

III. Oil and Gas Transporters

Transporter OGRID	Transporter Name and Address	POD	O/G	POD ULSTR Location and Description
015694	Navajo Refining Company P O Drawer 159 Artesia, NM 88211-0159	0979210	0	

IV. Produced Water

POD	POD ULSTR Location and Description
-----	------------------------------------

V. Well Completion Data

Spud Date	Ready Date	TD	PSTD	Perforations
Hole Size	Casing & Tubing Size	Depth Set	Sacks Cement	

VI. Well Test Data

Date New Oil	Gas Delivery Date	Test Date	Test Length	Tbg. Pressure	Cog. Pressure
Choke Size	Oil	Water	Gas	AOF	Test Method

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

Signature:

Printed name: James D. Adamson

Title: Owner-Operator

Date: 6-15-98

Phone (505) 746-3462

OIL CONSERVATION DIVISION

Approved by:

Title: FIELD REPRESENTATIVE II

Approval Date: JUL 01 1998

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

Frostman Oil Corporation

Clarence Forister

President

4/29/98

Previous Operator Signature

Printed Name

Title

Date

BUREAU OF LAND MANAGEMENT P. O. BOX 1930

NM-18501

## SUNDRY NOTICES AND REPORTS ON WELLS

HOBBS, NEW MEXICO 88240

(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.)

INDIAN, ALLOTTEE OR TRIBE NAME

OIL CONSERVATION DIVISION

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

7. UNIT AGREEMENT NAME

2. NAME OF OPERATOR

8. NAME OF LEASE NAME PM 2 56

3. ADDRESS OF OPERATOR  
Frostman Oil Corporation

Walters B Federal

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

9. WELL NO.

P. O. Drawer W, Artesia, NM 88211-7522

2

At surface

10. FIELD AND POOL, OR WILDCAT

SE Chaves Queen Gas Area Assoc

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

Sec 34 T-13-S R-30-E

14. PERMIT NO.

15. ELEVATIONS (Show whether OP, BT, GR, etc.)

12. COUNTY OR PARISH

13. STATE

30-005-21051

Chaves

NM

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREAT

MULTIPLE COMPLETE

FRACTURE TREATMENT

ALTERING CASING

SHOOT OR ACIDIZE

ABANDON\*

SHOOTING OR ACIDIZING

ABANDONMENT\*

REPAIR WELL

CHANGE PLANE

(Other)

(Other) Reactivate well

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

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

This well was put back on production 7/10/92

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

SIGNED

TITLE Production Clerk

DATE 7/15/92

(This space for Federal or State office use)

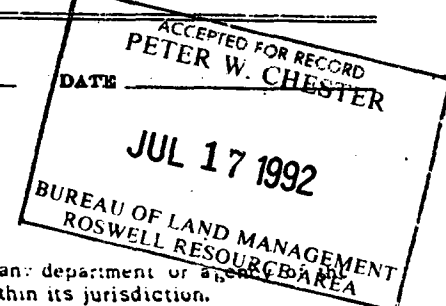
APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

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



UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
P. O. BOX 1980  
HOBBS, NEW MEXICO 88240-18501

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 TO DRILL" for such proposals.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	2. NAME OF OPERATOR Frostman Oil Corporation	3. ADDRESS OF OPERATOR P.O. Drawer W, Artesia, NM 88211-7522	4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface Unit D 990' FNL 990' FWL	5. LEASE DESIGNATION AND SERIAL NO. 88240-18501	6. IF INDIAN, ALLOTTEE OR TRIBE NAME	7. UNIT AGREEMENT NAME	8. FARM OR LEASE NAME Walters B Federal	9. WELL NO. 2	10. FIELD AND POOL, OR WILDCAT SE Chaves Queen Gas Area Associated	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 34 T13S R30E	12. COUNTY OR PARISH 13. STATE
14. PERMIT NO. 30-005-24051	15. ELEVATIONS (Show whether DF, ST, CH, etc.)										

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

(Other) Reactivate well ☒ (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 and 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.)

I plan to put this well back on production, but request some additional time until July 15, 1992 to give me time to get everything done.

Thanks,

I hereby certify that the foregoing is true and correct

SIGNED

*James South*

TITLE President

DATE

5/14/92

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

APPROVED FOR - MONTH PERIOD  
ENDING 7/15/92

\*See Instructions on Reverse Side

APPROVED  
DATE PETER W. CHESTER  
MAY 26 1992  
BUREAU OF LAND MANAGEMENT  
ROSWELL RESOURCE AREA

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

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

OIL CONSERVATION DIVISION

RECEIVED 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

Operator <b>FROSTMAN OIL CORPORATION</b>	Well API No. <b>30-00521051</b>
Address <b>P. O. Drawer W, Artesia, NM 88211-7522</b>	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator <b>Happy Oil Company, P. O. Drawer W, Artesia, NM 88211-7522</b>	

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Walters B Federal</b>	Well No. <b>2</b>	Pool Name, Including Formation <b>SE Chaves Queen Gas Area Asc.</b>	Kind of Lease State, Federal or Fee <b>XXXX</b>	Lease No. <b>NM-18501</b>
Location				
Unit Letter <b>D</b> : <b>990</b> Feet From The North Line and <b>990</b> Feet From The West Line				
Section <b>34</b> Township <b>13S</b> Range <b>30E</b> , NMPM, <b>Chaves</b> 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"/> <b>Navajo Refining Company</b>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. Drawer 159, Artesia, NM 88211</b>	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	Twp.	Rge.
	Is gas actually connected? When ?	

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

VI. OPERATOR CERTIFICATE OF COMPLIANCE

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

Signature Jackie Forister  
Printed Name **Jackie Forister** Agent Title  
Date **5/7/92** Telephone No. **(505) 746-3344**

OIL CONSERVATION DIVISION

MAY 11 '92

Date Approved \_\_\_\_\_  
By [Signature]  
Title **DISTRICT 1 SUPERVISOR**

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

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

DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT P. O. BOX 1980  
HOBBS, NEW MEXICO 88240

5. LEASE DESIGNATION AND SERIAL NO.

NM-18501

SUNDRY NOTICES AND REPORTS ON WELLS

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

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR Happy Oil Company		8. FARM OR LEASE NAME Walters "B" Federal	
3. ADDRESS OF OPERATOR P. O. Drawer W, Artesia, NM 88211-7522		9. WELL NO. 2	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface  990' FNL 990' FWL		10. FIELD AND POOL, OR WILDCAT SE Chaves Queen Gas Area Addo	
14. PERMIT NO.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 34 T13S R30E	
15. ELEVATIONS (Show whether DF, ST, GN, etc.)		12. COUNTY OR PARISH Chaves	
		13. STATE NM	

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) H2<sup>S</sup> Content X

(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.)

H2<sup>S</sup> Content 2 P.P.M.

RECEIVED  
FEB 7 8 33 AM '92  
BUREAU OF LAND MANAGEMENT  
ROSWELL RESOURCE AREA

I hereby certify that the foregoing is true and correct

SIGNED [Signature]

TITLE Production Clerk

DATE 2/5/92

(This space for Federal or State office use)

APPROVED BY  
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

\*See Instructions on Reverse Side

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

ACCEPTED FOR RECORD  
PETER W. CHESTER  
FEB 10 1992  
BUREAU OF LAND MANAGEMENT  
ROSWELL RESOURCE AREA

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

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

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

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

RECEIVED

91 JUN 5 AM 10 02

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator Happy Oil Company Inc.		Well API No. 30-005-21051
Address P O Drawer W, Artesia, NM 88211-0629		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of: <input type="checkbox"/> effective 5-1-91	
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 Frostman Oil Corporation, P O Drawer W, Artesia, NM 88211-0629		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Walters "B" Federal	Well No. 2	Pool Name, Including Formation SE Chaves Queen Gas Area Asso.	Kind of Lease State, Federal or Fee XXXX	Lease No. NM-18501
Location Unit Letter <u>D</u> : <u>990</u> Feet From The <u>North</u> Line and <u>990</u> Feet From The <u>West</u> Line Section <u>34</u> Township <u>13S</u> Range <u>30E</u> , NMPM, <u>Chaves</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"/> Navajo Refining Company	Address (Give address to which approved copy of this form is to be sent) P O Drawer 159, Artesia, NM 88211					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit E	Sec. 34	Twp. 13S	Rge. 30E	Is gas actually connected?	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, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		

V. TEST DATA AND REQUEST FOR ALLOWABLE

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

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

GAS WELL

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

VI. OPERATOR CERTIFICATE OF COMPLIANCE

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

Signature  
Jackie Forister  
Printed Name  
5/22/91  
Date  
746-3344  
Telephone No.

OIL CONSERVATION DIVISION

MAY 30 1991

Date Approved  
By  
Title Geologist

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

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

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

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

DISTRICT III  
1000 Rio Brazos 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

OIL CONSERVATION DIVISION  
RECEIVED  
30 MAR 29 AM 9 57

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 FROSTMAN OIL CORPORATION	Well API No. 30-00521051
Address P. O. Drawer W, Artesia, NM 88210	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of operator give name and address of previous operator Bison Petroleum Corp., 5809 S. Western, Ste. 200, Amarillo, TX 79110-3607

II. DESCRIPTION OF WELL AND LEASE

Lease Name Walters "B" Federal	Well No. 2	Pool Name, Including Formation SE Chaves Queen Gas Area Assoc.	Kind of Lease State (Federal) or Fee XXXX	Lease No. NM-18501
Location Unit Letter <u>D</u> : <u>990</u> Feet From The <u>North</u> Line and <u>990</u> Feet From The <u>West</u> Line Section <u>34</u> Township <u>13S</u> Range <u>30E</u> , <u>NMPM</u> , <u>Chaves</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"/> Navajo Refining Company	Address (Give address to which approved copy of this form is to be sent) P. O. Drawer 159, Artesia, NM 88210					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit E	Sec. 34	Twp. 13S	Rge. 30E	Is gas actually connected?	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 X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 1/13/86	Date Compl. Ready to Prod. 3/24/86		Total Depth 2236		P.B.T.D. 2184			
Elevations (DF, RKB, RT, GR, etc.) 3865 GR	Name of Producing Formation Queen		Top Oil/Gas Pay 2124		Tubing Depth 2134			
Perforations 2134-34					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 (prior, 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.

Clarence Forister  
Signature  
Clarence Forister President  
Printed Name  
3/23/90 (505) 746-3344  
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved MAR 27 1990

By Paul J. Rye  
Title Geologist

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.
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- 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.

DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
N. M. OIL CONS. COMMISSION  
P. O. BOX 1980  
ROSWELL, NEW MEXICO 88240

Expires August 31, 1985

3. LEASE DESIGNATION AND SERIAL NO.

NM-18501

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

## SUNDRY NOTICES AND REPORTS

(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

Bison Petroleum Corporation

3. ADDRESS OF OPERATOR

5809 S. Western Suite 200 Amarillo, TX 79110

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

At surface

990' FNL &amp; 990' FWL

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Walters 'B' Federal

9. WELL NO.

2

10. FIELD AND POOL, OR WILDCAT

SE Chaves Queen Gas Ar

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

As

Sec 34 T13S R30E

14. PERMIT NO.

API #30-005-21051

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

3865 GL

12. COUNTY OR PARISH

Chaves

13. STATE

NM

16.

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

## NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETION

SHOOT OR ACIDIZE

ABANDON\*

REPAIR WELL

CHANGE PLANS

(Other)

Shut-In

## SUBSEQUENT REPORT OF:

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

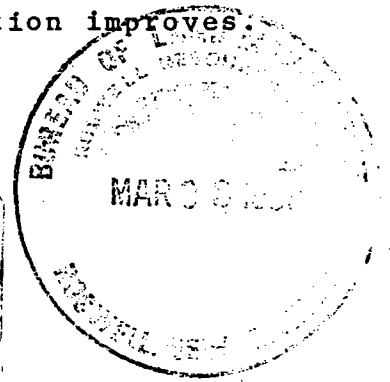
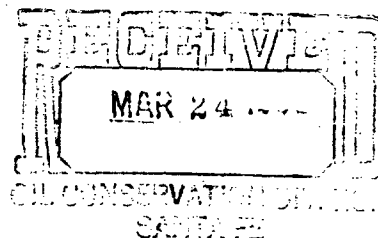
ABANDONMENT\*

(Other)

(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.)\*

Under the current market conditions the Walters 'B' Federal No. 2 is uneconomical to operate. The well was shut-in on 9-1-86 and will continue to be shut-in until the market situation improves.



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

SIGNED

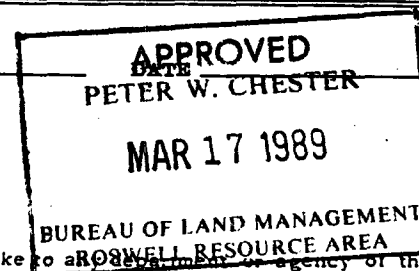
TITLE Administrative Secretary DATE 3-2-89

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:



\*See Instructions on Reverse Side



UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
HOBBS, NEW MEXICO 88240

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"/>		3. LEASE DESIGNATION AND SERIAL NO. NM-18501	
2. NAME OF OPERATOR Bison Petroleum Corporation		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 5809 S. Western Suite 200 Amarillo, TX 79110-3607		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 990' FNL & 990' FWL		8. FARM OR LEASE NAME Walters 'B' Federal	
11. PERMIT NO. API #30-005-21051		9. WELL NO. 2	
15. ELEVATIONS (Show whether DF, ST, GR, etc.) 3865 GL		10. FIELD AND POOL, OR WILDCAT SE Chaves Queen Gas Area	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 34 T13S R30E	
		12. COUNTY OR PARISH Chaves	
		13. STATE NM	

12. 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) Shut-In		(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.) \*

Under the current market conditions the Walters 'B' Federal No. 2 is uneconomical to operate. The well was Shut-In on 9-1-86 and will continue to be Shut-In until the market situation improves.



18. I hereby certify that the foregoing is true and correct  
SIGNED [Signature] TITLE Administrative Secretary DATE 10-16-86  
(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_

ACCEPTED FOR RECORD  
PETER W. CHESTER

OCT 27 1986

\*See Instructions on Reverse Side

(November 1983)  
(Formerly 9-331)

UNITED STATES OIL & GAS COMMISSION  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
HOBBS, NEW MEXICO 88240

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 a well in a different reservoir.  
Use "APPLICATION FOR PERMIT TO DRILL" (and "Proposal")

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	5. LEASE DESIGNATION AND SERIAL NO. NM-18501
2. NAME OF OPERATOR Bison Petroleum Corporation	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 5809 S. Western Suite Santa Fe, Texas 79110-3607	7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 990' FNL & 990' FWL	8. FARM OR LEASE NAME Walters 'B' Federal
14. PERMIT NO. API #30-005-21051	9. WELL NO. 2
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3865 GL	10. FIELD AND POOL, OR WILDCAT SE Chaves Queen Gas Area
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 34 T13S R30E
	12. COUNTY OR PARISH Chaves
	13. STATE NM

18. 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) <input type="checkbox"/>
(Other) <input checked="" type="checkbox"/>		(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.)

First Production. 7-31-86 Ran appx. 156 bbl. oil from test tank.

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

SIGNED [Signature] TITLE Administrative Secretary DATE 8-5-86

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

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

ASSENTED FOR RECORD  
PETER W. CHESTER

AUG 8 1986

BUREAU OF LAND MANAGEMENT  
ROSWELL RESOURCE AREA

## WELL COMPLETION OR RECOMPLETION REPORT AND LOG

1a. TYPE OF WELL:		OIL WELL <input checked="" type="checkbox"/>	GAS WELL <input type="checkbox"/>	DRY <input type="checkbox"/>	OTHER <input type="checkbox"/>						
b. TYPE OF COMPLETION:		NEW WELL <input checked="" type="checkbox"/>	WORK OVER <input type="checkbox"/>	DEEP-EN <input type="checkbox"/>	PLUG BACK <input type="checkbox"/>	DIFF. RESVR. <input type="checkbox"/>	OTHER <input type="checkbox"/>				
2. NAME OF OPERATOR Bison Petroleum Corporation											
3. ADDRESS OF OPERATOR 5809 S. Western Suite 200 Amarillo, Texas 79110-3607											
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements) At surface 990' FNL & 990' FWL At top prod. interval reported below 990' FNL & 990' FWL At total depth 990' FNL & 990' FWL											
14. PERMIT NO. API# 30-005-21051				DATE ISSUED 12-11-85		12. COUNTY OR PARISH Chaves		13. STATE NM			
15. DATE SPUDDED 1-13-86		16. DATE T.D. REACHED 1-16-86		17. DATE COMPL. (Ready to prod.) 3-24-86		18. ELEVATIONS (DF, REB, RT, GR, ETC.)* 3865 GL		19. ELEV. CASINGHEAD 3865 GL			
20. TOTAL DEPTH, MD & TVD 2236		21. PLUG, BACK T.D., MD & TVD 2184		22. IF MULTIPLE COMPL., HOW MANY*		23. INTERVALS DRILLED BY ROTARY TOOLS CABLE TOOLS		24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 2124 - 34' Queen			
25. WAS DIRECTIONAL SURVEY MADE No								26. TYPE ELECTRIC AND OTHER LOGS RUN Compensated Nuetron, Cement Bond Log		27. WAS WELL CORED No	
28. CASING RECORD (Report all strings set in well)											
CASINO SIZE		WEIGHT, LB./FT.		DEPTH SET (MD)		HOLE SIZE		CEMENTING RECORD		AMOUNT PULLED	
8 5/8"		24#		620		12 1/4		285 sx C1 C		0	
5 1/2"		15.5#		2208		7 7/8		150 sx 50/50 poz		0	
29. LINER RECORD (Report all strings set in well)											
SIZE		TOP (MD)		BOTTOM (MD)		BACKS CEMENT*		SCREEN (MD)		PACKER SET (MD)	
										n/a	
30. TUBING RECORD											
SIZE		DEPTH SET (MD)		PACKER SET (MD)							
2 3/8"		2134'		n/a							
31. PERFORATION RECORD (Interval, size and number)											
2124-34'		3/8"		2 spf							
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.											
Interval (MD)		AMOUNT AND KIND OF MATERIAL USED									
Int Sqz 2124-34		250 sx CIH-Clean out to PBTD									
Hydr. Frac Perfs 2124-34		10,000 gal gelled wtr and 25,000 lbs sand.									
33. PRODUCTION											
DATE FIRST PRODUCTION 3-15-86		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Pumping				WELL STATUS (Producing or shut-in) Producing					
DATE OF TEST 6-12-86		HOURS TESTED 24		CHOKE SIZE n/a		PROD'N. FOR TEST PERIOD OIL—BBL. 2		GAS—MCF. 6		WATER—BBL. 1	
FLOW. TUBING PRESS. n/a		CASING PRESSURE 4		CALCULATED 24-HOUR RATE OIL—BBL. 2		GAS—MCF. 6		WATER—BBL. 1		OIL GRAVITY-API (CORR.) 32.0	
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) VENT										TEST WITNESSED BY Billy John Smith	
35. LIST OF ATTACHMENTS Compensated Nuetron Log, Cement Bond Log, Deviation Survey											
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records											
SIGNED <i>[Signature]</i>				TITLE President				DATE 6-18-86			

\*(See Instructions and Spaces for Additional Data on Reverse Side)

# INSTRUCTIONS

**General:** This form is designed for submitting a complete and correct well completion report and log on all types of lands and leases to either a Federal agency or a State agency, or both, pursuant to applicable Federal and/or State laws and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office. See instructions on items 22 and 24, and 33, below regarding separate reports for separate completions.

If not filed prior to the time this summary report is submitted, copies of all currently available logs (drillers, geologists, sample and core analysis, all types electric, etc.), formation and pressure tests, and directional surveys, should be attached hereto, to the extent required by applicable Federal and/or State laws and regulations. All attachments should be listed on this form, see item 35.

Item 4: If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

Item 18: Indicate which elevation is used as reference (where not otherwise shown) for depth measurements given in other spaces on this form and in any attachments.

Items 22 and 24: If this well is completed for separate production from more than one interval zone (multiple completion), so state in item 22, and in item 24 show the producing interval, or intervals, top(s), bottom(s) and name(s) (if any) for only the interval reported in item 33. Submit a separate report (page) on this form, adequately identified, for each additional interval to be separately produced, showing the additional data pertinent to such interval.

Item 29: "Sacks Cement": Attached supplemental records for this well should show the details of any multiple stage cementing and the location of the cementing tool.

Item 33: Submit a separate completion report on this form for each interval to be separately produced. (See instruction for items 22 and 24 above.)

## 37. SUMMARY OF POROUS ZONES:

SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF; CORRELATION INTERVALS; AND ALL DRILL-STEM TESTS, INCLUDING DEPTH INTERVAL TESTED, CUSHION USED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES

FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.
Recent	0	571	Red Beds & Shale
Quaternary	571	611	Anhydrite & Salt
Rustler	611	1176	Red Shale & Salt
Salado	1176	1377	Anhydrite & Salt
Tansill	1377	1487	Red Sand & shale, anhydrite & salt
Yates	1487	2216	Red 7 gray sand, red shale, anhydrite & salt
Seven Rivers			

## 38. GEOLOGIC MARKERS

NAME	MEAS. DEPTH	TRUE VERT. DEPTH
Rustler	571	571
Salado	611	611
Tonsill	1176	1176
Yates	1377	1377
Seven Rivers	1487	1487

RECEIVED  
JUL 7 1986  
O.C.D. OFFICE  
HOBBS OFFICE

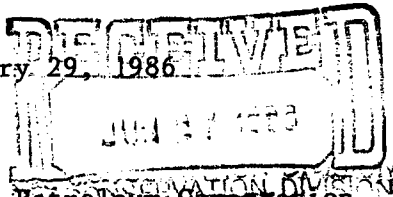
# ARTESIA FISHING TOOL COMPANY

P. O. BOX 470 PHONE (505) 786-6651

470

ARTESIA, NEW MEXICO 88210

January 29, 1986



Bison Petroleum Corporation  
5809 S. Western  
Suite 200  
Amarillo, TX 79110-3607

ATTN: Mr. Bruce O. Barthel

Re: Walters B Federal #2  
Sec. 34, T13S, R31E 30  
Chaves County, New Mexico

Gentlemen:

The following is a Deviation Survey for the above captioned well.

DEPTH	DEVIATION
386'	3/4°
626'	1°
1123'	3/4°
1622'	3/4°
2236'	1°

Very truly yours,

B. N. Muncy Jr.  
Secretary

STATE OF NEW MEXICO §  
COUNTY OF EDDY §

The foregoing was acknowledged before me this 29th day of January, 1986.

NOTARY PUBLIC



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

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

I. Operator  
Bison Petroleum Corporation  
Address  
5809 S. Western Suite 200 Amarillo, Texas 79110-3607

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)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well Name (Including Formation)	Kind of Lease	Lease No.
Walters 'B' Federal	2 SE Chaves Queen Gas Area Asso.	State, Federal or Fee Federal	NM-1850
Location			
Unit Letter D	990 Feet From The North Line and	990 Feet From The West	
Line of Section 34	Township 13S	Range 30E	NMPM, Chaves

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)
Navajo Crude Oil Refining	P.O. Drawer 159 Artesia, NM 88210
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	E 34 13S 30E

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 <input checked="" 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 Res'v. <input type="checkbox"/> Diff. Res. <input type="checkbox"/>		
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
1-13-86	3-24-86	2236	2184
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
3865 Gr	Queen	2124	2134
Perforations			Depth Casing Shoe
2124-34			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
11 1/4	8 5/8" csg	620'	285 sx C1 C
7 7/8	5 1/2" csg	2208'	150 sx 50/50 poz
	2 3/8" tbg	2134'	

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.)	
5-1-86	6-12-86	Pumping	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hours	n/a	4 psi	n/a
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
	2	1	6 - vent

GAS WELL

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

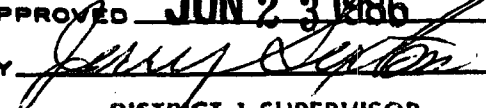
VI. CERTIFICATE OF COMPLIANCE

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

  
(Signature)  
President  
(Title)  
6-18-86  
(Date)

OIL CONSERVATION DIVISION

APPROVED JUN 23 1986, 19

BY   
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 deepen 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 completions.

5. LEASE DESIGNATION AND SERIAL NO.

NM-18501

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Walters 'B' Federal

9. WELL NO.

2

10. FIELD AND POOL, OR WILDCAT

SE Chaves Queen Gas Area Ass

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

Sec 34-T13S-R30E

12. PERMIT NO. API#

30-005-21051

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

3865 Gr.

12. COUNTY OR PARISH

Chaves

13. STATE

NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

☐  
☐  
☐  
☐  
☐

PULL OR ALTER CASING

☐  
☐  
☐  
☐  
☐

FRAC TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON\*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

☐  
☒  
☒

FRAC TREATMENT

SHOOTING OR ACIDIZING

(Other)

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.) \*

1-22-86 Perf 2124-34'. Pressure up to 1600# and found collar lock at 1231'.

1-23-86 Circulate cement to surface behind 5 1/2" casing w/320 sx C1 C cement.

1-29-86 Drill out to BPTD 2184' and hydraulically frac perfs 2124-34' through 2 7/8" tubing and packer with 10,000 gallons gelled water and 25,000 lbs. sand.

1-31-86 PBTD 2167'; put on pump.

3-10-86 Pumping trace of oil; prepare to squeeze. Squeeze perfs 2124-34' w/250 sx C1 H cement finishing @ 3000#.

3-12-86 Clean out to PBTD 2184'

3-13-86 Abrasijet holes @ 2132 1/2' and 2129'. Frac through 2 7/8" tubing and packer w/12,500 gal gel water and 28,700 sand.

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

SIGNED

*[Signature]*

TITLE

President

DATE

4-3-86

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

ACCEPTED FOR RECORD  
DATE  
PETER W. CHESTER

APR 9 1986

\*See Instructions on Reverse Side

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
Alameda, NM 88210

SUBMIT IN TRIPLICATE  
(Other instructions on re-verse side)

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

SUNDRY NOTICES AND REPORTS ON WELLS

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

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Bison Petroleum Corp		8. FARM OR LEASE NAME Walters "B" Federal
3. ADDRESS OF OPERATOR 5809 S. Western, Suite 200, Amarillo, Tx 79110-3607		9. WELL NO. 2
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 990 FNL & 990 FWL		10. FIELD AND POOL, OR WILDCAT St. Charles Gas West Ranch
14. PERMIT NO.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 34-T13S-R30E
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3865 Gr.		12. COUNTY OR PARISH Eddy
		13. STATE NM

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

NOTICE OF INTENTION TO:

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

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other) SPud	<input type="checkbox"/>		

(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.) \*

1/13/86 Spud 12 1/4" hole at 2:30 PM  
1/14/86 TD 626' run 15 Jts 8 5/8" 24# csng set at 620'  
Cmt w/ 285 sxs class "C" Plug down @ 10:15 am cir 5 sxs to pit  
Woc 18 hrs. Pressure test csng to 1000# held 30 min.  
1/15/86 Drill out with 7 7/8" bit  
1/16/86 TD 2236 Ran 70 jts 5 1/2" 15.5# csng. set @ 2208  
cmt W/ 150 sxs 50/50 poz 5# salt 2% CFR-3 plug down @ 3:00 PM

I hereby certify that the foregoing is true and correct

SIGNED

TITLE Agent

DATE 1/18/86

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL IF ANY:

ACCEPTED FOR RECORD  
PETER W. CHESTER

FEB 5 1986

BUREAU OF LAND MANAGEMENT  
ROSWELL RESOURCE AREA

\*See Instructions on Reverse Side



## REGAN BLOWOUT PREVENTERS

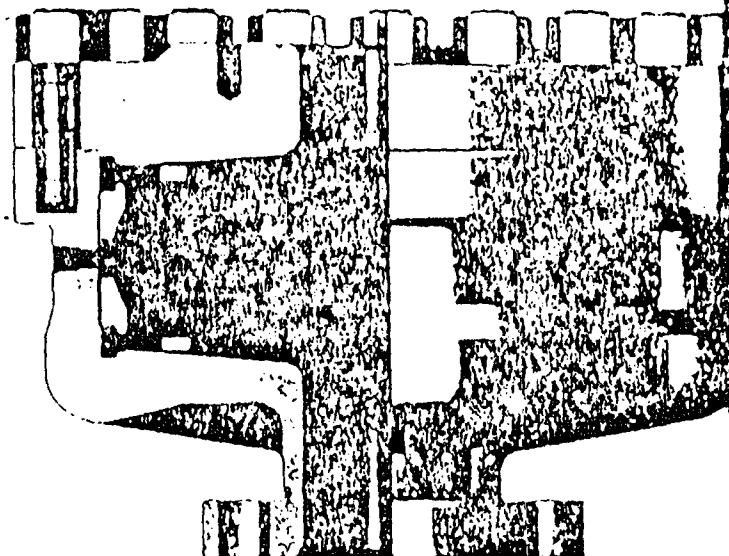
The Regan Torus Blowout Preventer is used primarily on production and workover rigs for well control up to 3000 PSI working pressure.

## DESIGN FEATURES

The Torus Preventer is designed for minimum height to facilitate its use with production and workover rigs.

The rubber packer will conform to any object in the well bore. Sealing ability is not affected by minor damage to the inner bore. The packer will seal on open hole at full working pressure.

The dual packer design increases the reliability of the preventer since the outer rubber is never exposed to the well bore. Under ordinary service the outer packer is rarely replaced.



TORUS BLOWOUT PREVENTER  
PATENTED

## SPECIFICATIONS

Nominal Size	Test Pressure (PSI)	DIMENSIONS (in.)			Weight (lb.)	End Flanges (I)	R/HX Ring Grooves	Side Outlet
		Outside Diameter	Thru Bore	Overall Height				
6	1500	27 1/2	27 1/2	27 1/2	1360	Conn. 6	35	None
8	1500	37 1/2	37 1/2	37 1/2	1550	Conn. 6	45	2" L.P.
9	2000	47 1/2	47 1/2	47 1/2	2675	Conn. 8	49	None

(1) Bottom Flange Bore for use with either 6" or 8" Bore. Used with optional 6" Flange. Top Flange Studded for 1/2" Bore unless otherwise specified.

C.E. LaRue and B.N. Muncy, Jr.

EXHIBIT "E"  
BISON PETROLEUM

N. M. OIL CONS. COMMISSION  
P. O. BOX 1980 UNITED STATES  
HOBBBS, NEW MEXICO 88240  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE\*  
(Other instructions on  
reverse side)

30-005-21051  
Form approved.  
Budget Bureau No. 1004-0136  
Expires August 31, 1985

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  
Bison Petroleum Corp.

3. ADDRESS OF OPERATOR  
5809 S. Western Suite 200, Amarillo, Tx. 79110-3607

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.)\*  
At surface  
990 FNL & 990 FWL  
At proposed prod. zone  
Same

14. DISTANCE IN MILES AND DIRECTION FROM NEAREST TOWN OR POST OFFICE\*  
23 miles West of Hagerman New Mexico

10. DISTANCE FROM PROPOSED\*  
LOCATION TO NEAREST  
PROPERTY OR LEASE LINE, FT.  
(Also to nearest drlg. unit line, if any) 990

18. DISTANCE FROM PROPOSED LOCATION\*  
TO NEAREST WELL, DRILLING, COMPLETED,  
OR APPLIED FOR, ON THIS LEASE, FT. 990

21. ELEVATIONS (Show whether DF, RT, GR, etc.)  
3865 Gr.

23. PROPOSED CASING AND CEMENTING PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	QUANTITY OF CEMENT
12 1/2	8 5/8	24#	600	250 sxs circulated
7 7/8	5 1/2	15.5#	2300	550

Mud Program: 0-600 Spud mud no additives. Fresh water  
600-2300 Brine and native mud.

BOP: At 600' install and test to 3000# the Regan blowout  
preventer; See Exhibit "E"



24. AREA SPACE RESERVE PROPOSED PROGRAM: If proposal is to deepen or plug back, give data on present productive zone and proposed new productive zone. If proposal is to drill or deepen directionally, give pertinent data on subsurface locations and measured and true vertical depths. Give blowout preventer program, if any.

SIGNED [Signature] TITLE Geologist DATE 11/15/85

(This space for Federal or State office use)

PERMIT NO. \_\_\_\_\_ APPROVAL DATE \_\_\_\_\_

APPROVED BY S/Gary Wood, Acting TITLE Area Manager DATE 11 DEC 1985  
CONDITIONS OF APPROVAL, IF ANY: \_\_\_\_\_

\*See Instructions On Reverse Side

**NEW MEXICO OIL CONSERVATION COMMISSION  
WELL LOCATION AND ACREAGE DEDICATION PLAT**

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

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

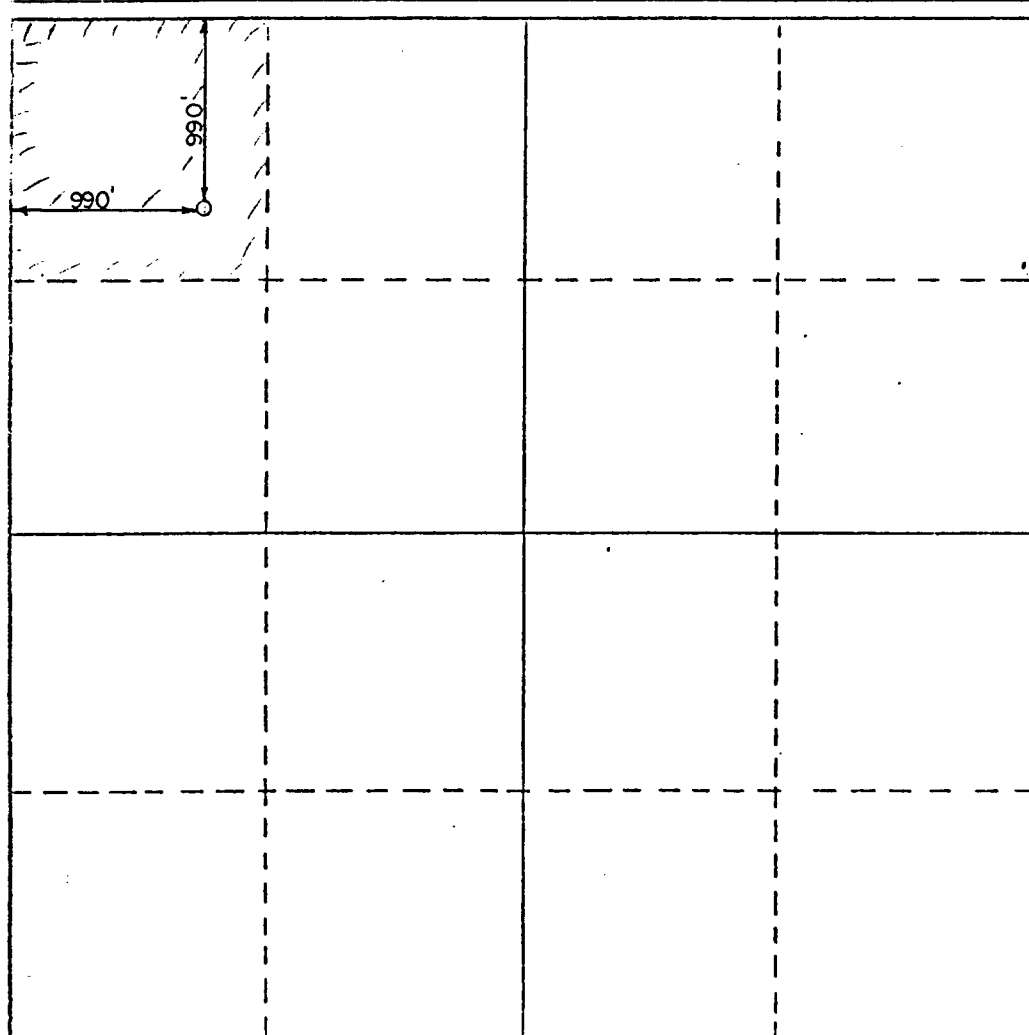
Operator <b>Bison Petroleum Corporation</b>			Lease <b>Walters Federal "B"</b>		Well No. <b>2</b>
Unit Letter <b>D</b>	Section <b>34</b>	Township <b>13 South</b>	Range <b>30 East</b>	County <b>Chaves</b>	
Actual Well Location of Well:					
<b>990</b> feet from the <b>North</b>		line and <b>990</b> feet from the <b>West</b>		Hwy.	
Ground Level Elev. <b>3865</b>	Producing Formation <b>Queen</b>	Pool <b>SE Chaves Green West Ranch</b>		Dedicated Acreage <b>40</b>	Acres

1. Outline the acreage dedicated to the subject well by colored pencil or hatchure 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  
**Randall L. Harris**  
Position  
**Geologist**  
Company  
**Bison Petroleum**

Date  
**11/15/85**

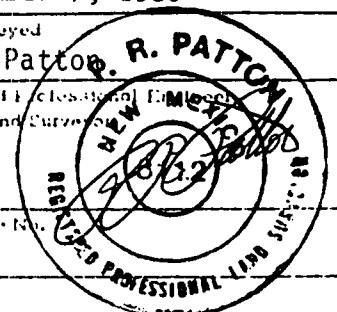
I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

**November 7, 1985**

Date Surveyed  
**P.R. Patton**  
Registered Professional Engineer  
and/or Land Surveyor

**8112**

Certificate No.



0 330 660 990 1320 1650 1980 2310 2640 2970 3300 3630 3960 4290 4620 4950 5280 5610 5940 6270 6600

**WRS COMPLETION REPORT**COMPLETIONS SEC 34 TWP 13S RGE 30E  
PI# 30-T-0003 07/21/86 30-005-21051-0000 PAGE 1NMEX CHAVES \* 990FNL 990FWL SEC NW NW  
STATE COUNTY FOOTAGE SPOTBISON PET D DO  
OPERATOR WELL CLASS INIT FIN

2 WALTERS "B" FEDERAL

WELL NO. LEASE NAME

3874KB 3865GR CHAVES AREA SE  
OPER ELEV FIELD POOL/AREA

API 30-005-21051-0000

LEASE TYPE NO. PERMIT OR WELL I.D. NO.

01/13/1986 06/12/1986 ROTARY OIL  
SPUD DATE COMP. DATE TYPE TOOL STATUS

2300 QUEEN ARTESIA FSHG TOOL 1 RIG SUB 8

PROJ. DEPTH PROJ. FORM CONTRACTOR

DTD 2236 PB 2184 FM/TD QUEEN

DRILLERS T.D. LOG T.D. PLUG BACK TD OLD T.D. FORM T.D.

LOCATION DESCRIPTION

27 MI SE DEXTER, NM

WELL IDENTIFICATION/CHANGES

FIELD CHGD FROM VEST RANCH

CASING/LINER DATACSG 8 5/8 @ 620 W/ 285 SACKS 01  
CSG 5 1/2 @ 2208 W/ 150 SACKS 02TUBING DATA

TBG 2 3/8 AT 2134

INITIAL POTENTIALIPP 2BOPD 6 MCFD 1BW 24HRS  
QUEEN REPERF 2124- 2134 004

PERF 2124- 2134

SGFR 2124- 2134 12500GALS 28700LBS SAND

ADDTV GEL

GTY 32.0 GOR 3000

TYPE FORMATION LTH TOP DEPTH/SUB BSE DEPTH/SUB

LOG RUSTLER 571 3303

LOG SALADO 611 3263

LOG TANSILL 1176 2698

CONTINUED IC# 300057013685

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CORPORATIONPI-WRS-1  
Form No 1

COMPLETIONS SEC 34 TWP 13S RGE 30E  
PI# 30-T-0003 07/21/86 30-005-21051-0000 PAGE 2

BISON PET D DO  
2 WALTERS "B" FEDERAL

TYPE	FORMATION	LTH	TOP	DEPTH/SUB	BSE	DEPTH/SUB
LOG	YATES		1377	2497		
LOG	SVN RVRS		1487	2387		

PRODUCTION TEST DATA

PTP 1UO  
QUEEN PERF 2124- 2134 003  
PERF 2124- 2134  
SGFR 2124- 2134 10320GALS 20000LBS SAND  
SQZD 2124- 2134 ADDTVGEL  
PPD FLUID W/TR OIL W/ 250S  
SQZD & DOC  
DO TO 2184

LOGS AND SURVEYS /INTERVAL,TYPE/

LOGS CNL CBL

DRILLING PROGRESS DETAILS

BISON PET  
203 W 8TH STE 510  
AMARILLO, TX 79189  
806-374-5274  
12/02 LOC/1985/  
01/30 2236 TD, WOCT  
03/27 2236 TD, PB 2184, WOCT  
04/02 2236 TD, PB 2184, TSTG  
04/28 2236 TD, PB 2184, TSTG  
06/11 2236 TD, PB 2184, SI  
07/14 TD REACHED 01/17/86 RIG REL 01/18/86  
2236 TD, PB 2184  
COMP 6/12/86, IPP 2 BO, 6 MCFG, 1 BWPD,  
GOR 3000, GTY 32  
PROD ZONE - QUEEN 2124-2134  
NO CORES OR DSTS RPTD