

District I
PO Box 1996, Hobbs, NM 88241-1996
District II
PO Drawer DD, Artesia, NM 88211-0719
District III
1009 Rio Brazos 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
		Reason for Filing Code CHANGE OF OPERATOR Effective 5/1/98
API Number 30-005-20462	Pool Name Chaves Queen Gas Area SE Assoc.	Pool Code 12110
Property Code 23474	Property Name Walters Federal	Well Number 2

II. Surface Location

UL or lot no.	Section	Township	Range	Lot Ids	Feet from the	North/South Line	Feet from the	East/West Line	County
L	34	13S	30E		660	West	1980	South	Chaves

Bottom Hole Location

UL or lot no.	Section	Township	Range	Lot Ids	Feet from the	North/South Line	Feet from the	East/West Line	County
L	34	13S	30E		660	West	1980	South	Chaves

" Lease Code F	" Producing Method Code P	" Gas Connection Date 5/20/76	" 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	0980710	O	
000566	Conoco Inc. P O Box 1267 Ponca City, OK 74602	0980730	G	

IV. Produced Water

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

V. Well Completion Data

" Spud Date	" Ready Date	" TD	" PBTD	" 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	" Csg. 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: *James D. Adamson*
Printed name: James D. Adamson
Title: Owner - Operator
Date: 6-15-98 Phone: (505) 746-3462

OIL CONSERVATION DIVISION
Approved by: *[Signature]*
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: *[Signature]* Printed Name: Title: Date:

OIL CONSERVATION DIVISION

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

OIL CONSERVATION DIVISION
RECEIVED

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**

02 APR 27 AM 9 00

I.

Operator Frostman Oil Corporation	Well API No. 30-005-20462
Address P. O. Drawer W, Artesia, NM 88211-7522	
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"/> Dry Gas <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Change in Operator <input checked="" type="checkbox"/>	Effective 4/1/92
If change of operator give name and address of previous operator Happy Oil Company Inc., P. O. Drawer W, Artesia, NM 88211-7522	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Walters 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-17226-A
Location Unit Letter <u>L</u> : <u>660</u> Feet From The <u>West</u> Line and <u>1980</u> Feet From The <u>South</u> Line Section <u>34</u> Township <u>13S</u> Range <u>30E</u> , NMPM, Chaves 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 type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)			
The Maple Gas Corporation	2626 Cole Avenue, #300, Dallas, TX 75204			
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.
	Is gas actually connected? Yes		When? 5/20/76	

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 Jackie Forister Production Clerk
Date 4/15/92 Telephone No. 746-3344

OIL CONSERVATION DIVISION

Date Approved APR 24 '92
By [Signature]
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.

(November 1983)
(Formerly 9-331)

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

EXPIRES AUGUST 31, 1985
LEASE DESIGNATION AND SERIAL 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—" for such proposals.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Happy Oil Company		8. FARM OR LEASE NAME Walters 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 660' FWL 1980' FSL		10. FIELD AND POOL, OR WILDCAT SE Chaves Queen Gas Area Assoc
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GK, etc.)	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 34 T13S R30E
		12. COUNTY OR PARISH Chaves
		13. STATE NM

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ON DIV
32 FEB 17 AM 9

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 COMPLETION <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 PLANE <input type="checkbox"/>	(Other) <input type="checkbox"/>	(Other) <input type="checkbox"/>

(Other) H2^S Content (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^S Content 4 P.P.M.

RECEIVED
FEB 7 8 31 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 _____ TITLE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

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

5 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.

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

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

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

91 JUN 3 AM 10 02
RECEIVED

I.

Operator Happy Oil Company Inc.		Well API No. 30-005-20462
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:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	<i>effective 5-1-91</i>
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 Corporaiton, P O Drawer W, Artesia, NM 88211-0629		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Walters 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-17226-A
Location Unit Letter <u>L</u> : <u>660</u> Feet From The <u>West</u> Line and <u>1980</u> Feet From The <u>South</u> Line Section <u>34</u> Township <u>13S</u> Range <u>30E</u> , NMPM, Chaves 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 checked="" type="checkbox"/> The Maple Gas Corporation	Address (Give address to which approved copy of this form is to be sent) 2626 Cole Avenue #300, Dallas, TX 75204			
If well produces oil or liquids, give location of tanks.	Unit L	Sec. 34	Twp. 13	Rge. 30
Is gas actually connected?		When ?		
Yes		5/20/76		

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.

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

OIL CONSERVATION DIVISION
MAY 30 1991

Date Approved _____
By *[Signature]*
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

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

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

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

90 MAR 29 AM 9 57

I.

Operator FROSTMAN OIL CORPORATION	Well API No. 30-00520462
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 Rison Petroleum Corp., 5809 S. Western, Ste. 200, Amarillo, TX 79110-3607

II. DESCRIPTION OF WELL AND LEASE

Lease Name Walters Federal	Well No. 2	Pool Name, Including Formation SE Chaves Queen Gas Area Assoc.	Kind of Lease State (Federal or Fee) <input checked="" type="checkbox"/>	Lease No. NM 17226-A
Location Unit Letter <u>L</u> : <u>660</u> Feet From The <u>West</u> Line and <u>1980</u> Feet From The <u>South</u> Line Section <u>34</u> Township <u>13S</u> Range <u>30E</u> , NMPM, Chaves County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Navajo Refining Co.</u>	<u>P. O. Drawer 159, Artesia, NM 88210</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Maple Gas Corporation</u>	<u>P. O. Box 5427, T.A. Denver, CO 80217-5427</u>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When?
Unit: <u>L</u> Sec: <u>34</u> Twp: <u>13</u> Rge: <u>30</u>	Yes May 20, 1976

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
		X	X					
Date Spudded <u>12/18/74</u>	Date Compl. Ready to Prod. <u>1/8/75</u>	Total Depth <u>2215</u>		P.B.T.D. <u>2173</u>				
Elevations (DF, RKB, RT, GR, etc.) <u>3863.5 GR</u>	Name of Producing Formation <u>Queen</u>	Top Oil/Gas Pay <u>2118</u>		Tubing Depth <u>2085</u>				
Perforations <u>2118-28</u>							Depth Casing Shoe <u>2215</u>	

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.

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

OIL CONSERVATION DIVISION
MAR 27 1990

Date Approved _____
By [Signature]
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.



**UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY**

N. M. O. C. C. COPY

SUBMIT IN TRIPPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

M 17226- A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

SUNDRY NOTICES AND REPORTS ON WELLS

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

1.

OIL WELL GAS WELL OTHER

2. NAME OF OPERATOR

Dalport Oil Corp.

3. ADDRESS OF OPERATOR

3471 First National Bank Bldg., Dallas, Texas

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

660' FW & 1980' FSL

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Walters-Fed.

9. WELL NO.

2

10. FIELD AND POOL, OR WILDCAT

Wildcat

11. SEC., T., R., OR BLDG. AND SURVEY OR AREA

34-13S-30E

14. PERMIT NO.

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

12. COUNTY OR PARISH

Chaves

13. STATE

N. Mex.

16.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

production casing

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.)*

12-21-74 TD 2215, Ran 55 joints new 4 1/2"-9.5% J-55 casing to 2215. Insert float at top of bottom joint. 2-0 cemented w/125 sx lite, 150 sx 'c', 50% poz, 2% salt/sack, 2% gel, 75 gal acetic acid. Plug down 2:45 A.M. Dec. 22, 1974.

12-27-74 Ran Western g-m log, PSTD 2173, perforated w/J-II strip 2113-28, extra holes 2118 1/2, 2121, 2124, 2125 1/2. Ran 58 joints regular 2 3/8" and 4 joints upset. Base mud anchor at 2099 g.m. Acidized w/1000 gal 7 1/2%.

RECEIVED

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RECEIVED
JAN 13 1975
U.S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

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

SIGNED [Signature] TITLE geologist

DATE 1-9-75

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE _____ DATE _____

TITLE _____ DATE _____

APPROVED
JAN 14 1975
H. L. BEEKMAN
ACTING DISTRICT ENGINEER

*See Instructions on Reverse Side

N. M. O. C. C. COPY
UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

17226

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

SUNDRY NOTICES AND REPORTS ON WELLS

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

1. OIL WELL GAS WELL OTHER

2. NAME OF OPERATOR
Dalport Oil Corp.

3. ADDRESS OF OPERATOR
3421 First National Bank Bldg., Dallas, Texas

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

660' SW & 1900' TSL

14. PERMIT NO.

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

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Walters-Federal

9. WELL NO.

2

10. FIELD AND POOL, OR W/LOCAT

30 Newberry - Wildcat Gas Area

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

34-135-30E

12. COUNTY OR PARISH

Chaves

13. STATE

N.Mex.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) not production casing

REPAIRING WELL

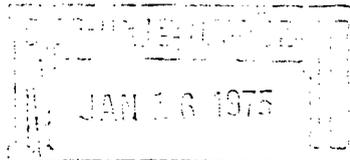
ALTERING CASING

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.)*

Dec. 21, 1974. RD 2215. Ran 55 joints of new 4 1/2"-9.5" J-55 casing to 2215.
Insert float on top of bottom joint. 10 scratchers, 3 centralizers. Cemented with 125 ex lite, 150 ex 10', 500 poz, 20 gal, 3/4 salt/sack. Plug down 2:45 AM.
Dec. 22, 1974. 75 gal acetic acid on top of plug.
Will perforate w/2 shots per foot, acidize w/1000 gal 7%, and possibly frac w/20,000 gal 2% HCl + 30,000 sand.



U.S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

RECEIVED

DEC 30 1974

U.S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

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

SIGNED Don M. Kempf

TITLE geologist

DATE 12-23-74

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

UNITED STATES DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE (Other instructions on reverse side)

Form approved. Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM 17226-A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

SUNDRY NOTICES AND REPORTS ON WELLS

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

1. OIL WELL [] GAS WELL [] OTHER [X]

7. UNIT AGREEMENT NAME

2. NAME OF OPERATOR

8. FARM OR LEASE NAME

Dalport Oil Corporation

Walters-Federal

3. ADDRESS OF OPERATOR

9. WELL NO.

3471 First National Bank Building, Dallas, Texas

2

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

10. WILD CAT POOL, OR WILDCAT Wildcat

660' FW & 1980' FSL

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

34-138-30E

14. PERMIT NO.

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

12. COUNTY OR PARISH

18. STATE

Chaves

New Mexico

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

NOTICE OF INTENTION TO: TEST WATER SHUT-OFF, FRACTURE TREAT, SHOOT OR ACIDIZE, REPAIR WELL, PULL OR ALTER CASING, MULTIPLE COMPLETE, ABANDON*, CHANGE PLANS, SUBSEQUENT REPORT OF: WATER SHUT-OFF, FRACTURE TREATMENT, SHOOTING OR ACIDIZING, REPAIRING WELL, ALTERING CASING, ABANDONMENT* (Other) Set surface casing

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.)*

Spudded December 18, 1974. Drilled 11" hole. Cemented 127.2' of used 8-5/8" - 28#, 8-V line pipe at 139' with 120 sx 'C' +2% c.c. Circulated. Plug down 5:00 p.m. WOC 18 hours. Drilled plug. Tested 600' for 30". Tested OK.

RECEIVED

DEC 23 1974

U. S. GEOLOGICAL SURVEY ARTESIA, NEW MEXICO

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

SIGNED [Signature]

TITLE Geologist

DATE 12-19-74

(This space for Federal or State office use)

APPROVED BY CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

APPROVED DEC 23 1974 R. L. BEEKMAN ACTING DISTRICT ENGINEER

*See Instructions on Reverse Side

2005-2462

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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
 Davenport Oil Corp.

3. ADDRESS OF OPERATOR
 3421 First National Bank Bldg., Dallas, Tx.

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.)
 At surface
 660' FUL, 1980' FSL
 At proposed prod. zone

14. DISTANCE IN MILES AND DIRECTION FROM NEAREST TOWN OR POST OFFICE*
 20 miles north of Loco Hills

15. DISTANCE FROM PROPOSED* LOCATION TO NEAREST PROPERTY OR LEASE LINE, FT. (Also to nearest drig. unit line, if any)
 660'

16. NO. OF ACRES IN LEASE
 560

17. NO. OF ACRES ASSIGNED TO THIS WELL
 160

18. DISTANCE FROM PROPOSED LOCATION* TO NEAREST WELL, DRILLING, COMPLETED, OR APPLIED FOR, ON THIS LEASE, FT.
 none

19. PROPOSED DEPTH
 2300

20. ROTARY OR CABLE TOOLS
 Rotary

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

22. APPROX. DATE WORK WILL START*
 Nov. 10, 1974

5. LEASE DESIGNATION AND SERIAL NO.
 BH 17226 - A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
 Walters-Federal

9. WELL NO.
 2

10. FIELD AND POOL, OR WILDCAT
 Wildcat

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
 34-158-30E

12. COUNTY OR PARISH
 Chaves

13. STATE
 N.M.

23. PROPOSED CASING AND CEMENTING PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	QUANTITY OF CEMENT
11	8-5/8	20	120	120 Sx "C" + 2% c.c.
7-7/8	4 1/2	9.5	2250	125 Sx 110, 150 Sx "C", 50% POE, 80 unit/mack, 2% gel

Will evaluate Queen sand. If productive, will cement 4 1/2" casing, perforate with 2 shots per foot, acidize w/750 gallons 15% acid, and fracture with 20,000 gallons gelled 2% KCl water, 20,000# 20-40 sand, and 5000# 10-20 sand.

RECEIVED

OCT 17 1974

U. S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

IN ABOVE SPACE DESCRIBE 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.

24. SIGNED [Signature] TITLE geologist DATE 10-13-74

(This space for Federal or State office use)

APPROVED
 NOV 6 1974
 R. L. BEEKMAN
 ACTING DISTRICT ENGINEER

APPROVAL DATE
 TITLE all fresh water zones above the Ruster formation must be protected by casing

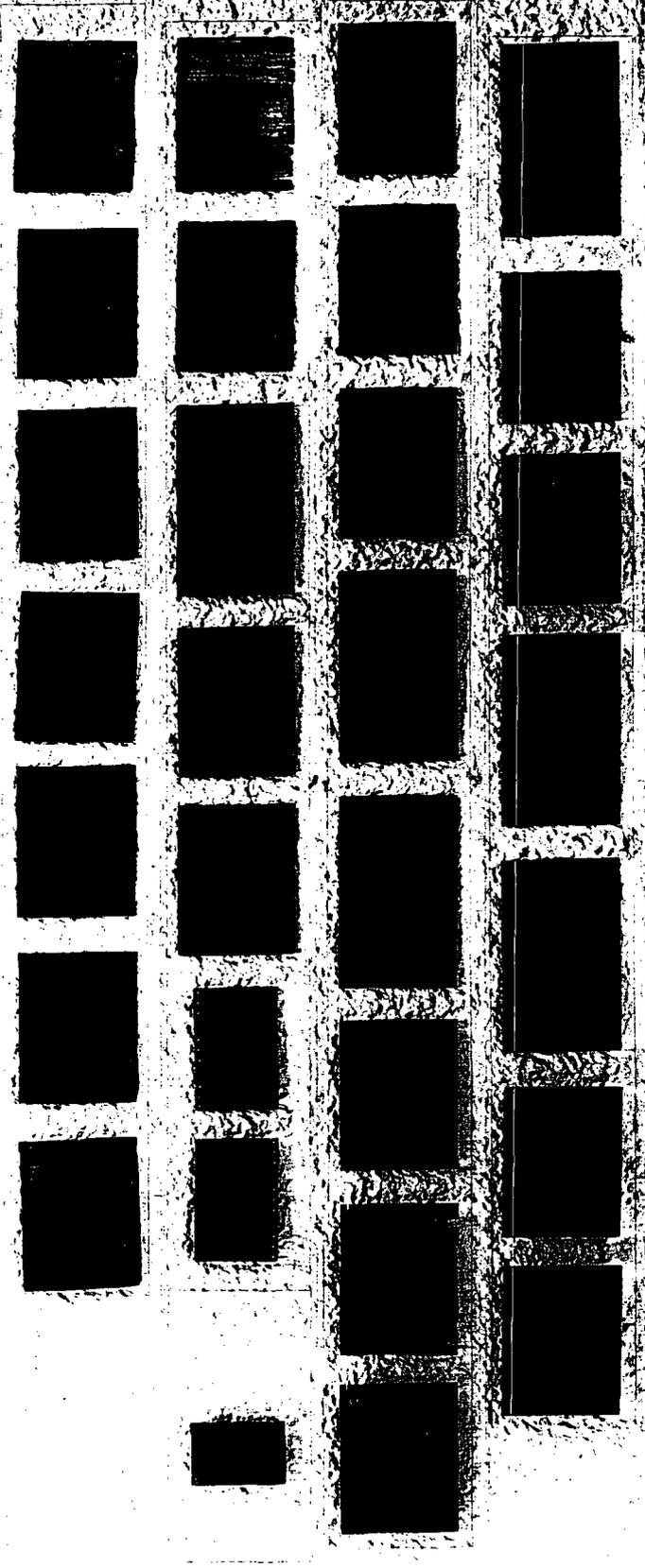
THIS APPROVAL IS RESCINDED IF OPERATIONS ARE NOT COMMENCED WITHIN 3 MONTHS.
 *See Instructions On Reverse Side
 EXPIRES FEB 6 - 1975

Petroleum Information
Corporation
GEO-FICHE™

13S-30E-34-12(NW/SM)
NEW MEXICO NM

WELL: WALTERS FEDERAL 2
OPER: BISON PET
CNTY: CHAVES

API: 30-005-20462-00
ISSUE: R07/88
CARD: 1



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