

Receive

FAX

Date 12-14-98

NUMBER OF PAGES INCLUDING COVER 10

TO: Mike Stogner
Oil Conservation Division
RE: DEKALB FEDERAL #3

FROM: Margaret Whited
M.E.W. Enterprise
1720 S. Union
Roswell, NM 88201

Phone (505)827-8185
Fax Phone (505)827-1389

Phone (505)627-2065
Fax Phone Same

CC:

REMARKS: Urgent For your review Reply ASAP Please Comment

Thanks so much for all your help. Hope this information will help us. Thanks again.

*- between
increase production lease*

Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89 *Old copy*

DISTRICT I P.O. Box 1980, Hobbs, NM 88240

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

WELL API NO. 30-005-00069

5. Indicate Type of Lease Federal STATE FEE

6. State Oil & Gas Lease No. Federal NM05876

7. Lease Name or Unit Agreement Name DeKalb Federal #3

8. Well No. #3

9. Pool name or Wildcat Bitter Lakes San Andres Pool #3980

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 [X] GAS WELL [] OTHER []

2. Name of Operator MEW Enterprise

3. Address of Operator 1720 S. Union Roswell N.M. 88201

4. Well Location Unit Letter E : 1980 Feet From The North Line and 660 Feet From The West Line

Section 27 Township 10S Range 25E NMPM Chaves County 10. Elevation (Show whether DF, RKB, RT, GR, etc.) GR 3474.5

11. 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: Horizontal Drilling [X]. SUBSEQUENT REPORT OF: REMEDIAL WORK [], ALTERING CASING [], COMMENCE DRILLING OPNS. [], PLUG AND ABANDONMENT [], CASING TEST AND CEMENT JOB [], OTHER: Horizontal Drilling [X].

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. 1. Pull Production Eqp. 2. pump cmt plug for Kick-off. 3. Drill Horizontal w/ 3 7/8 Bit, drill Due East. Azi 90 in producing San Andres pay at 858'. Build curve to Lay Down 90 in 34', Drill Lateral to Total Measured Depth of 1253' Total Vertical Depth 860' giving 400' of vertical Section 90 East. 4. Run 2 7/8 Linear Tyr Back to 4 1/2 csg. 5. Perf. Acidize producing Zone. All of Lateral in same producing zone, San Andres Dolomite formation. 6. Resume well to production. Spud Date 10-14-98 Completion 10-27-98 Testing Production Only

I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE Russell Whited TITLE OWNER DATE 10-29-98 TYPE OR PRINT NAME Russell Whited TELEPHONE NO 505-677-206

(This space for State Use) APPROVED BY TITLE DATE CONDITIONS OF APPROVAL, IF ANY:

District I
 PO Box 1980, Hobbs, NM 88241-1980
 District II
 811 South First, Artesia, NM 88210
 District III
 1000 Rio Brazos Rd., Aztec, NM 87410
 District IV
 2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico
 Energy, Minerals & Natural Resources Department

OIL CONSERVATION DIVISION
 2040 South Pacheco
 Santa Fe, NM 87505

Form C-101
 Revised October 18, 1994
 Instructions on back
 Submit to Appropriate District Office
 State Lease - 6 Copies
 Fee Lease - 5 Copies

AMENDED REPORT

APPLICATION FOR PERMIT TO DRILL, RE-ENTER, DEEPEN, PLUGBACK, OR ADD A ZONE

¹ Operator Name and Address. M.E.W. Enterprise 1700 S. Union, Roswell N.M. 88201		² OGRID Number 160190
		³ API Number 30-005-00069
⁴ Property Code 20173	⁵ Property Name DeKalb Federal	⁶ Well No. 3

⁷ Surface Location

UL or lot no.	Section	Township	Range	Lot Ida	Feet from the	North/South line	Feet from the	East/West line	County
E	27	10S	25E		1980	North	660	West	CHAURS

⁸ Proposed Bottom Hole Location If Different From Surface

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
E	27	10S	25E		1980	North	1062	West	CHAURS

⁹ Proposed Pool 1 Bitter Lakes San Andres Pool Code # 5980	¹⁰ Proposed Pool 2 Bitter Lakes San Andres Pool Code # 5980
--	---

¹¹ Work Type Code D	¹² Well Type Code O	¹³ Cable/Rotary R	¹⁴ Lease Type Code Federal	¹⁵ Ground Level Elevation 3474.5
¹⁶ Multiple NO	¹⁷ Proposed Depth 860	¹⁸ Formation San Andres Dolomite	¹⁹ Contractor Torch	²⁰ Spud Date 10-14-98

²¹ Proposed Casing and Cement Program

Hole Size	Casing Size	Casing weight/foot	Setting Depth	Sacks of Cement	Estimated TOC
3 7/8	2 3/8	4.7	835	—	—

²² Describe the proposed program. If this application is to DEEPEN or PLUG BACK give the data on the present productive zone and proposed new productive zone. Describe the blowout prevention program, if any. Use additional sheets if necessary.

Drill 3 7/8 Horizontal Hole Total Vertical Depth 860'. Due East 402' measured Depth of 1253', Run 2 3/8 . 4.7# Tbs AS Linra, Perf. Acidize. Resume well to production

<p>²³ I hereby certify that the information given above is true and complete to the best of my knowledge and belief.</p> <p>Signature: <i>Russell Whited</i></p> <p>Printed name: Russell Whited</p> <p>Title: OWNER</p> <p>Date: 10-29-98</p> <p>Phone: 505-627-2065</p>	OIL CONSERVATION DIVISION	
	Approved by:	
	Title:	
	Approval Date:	Expiration Date:
Conditions of Approval: Attached <input type="checkbox"/>		

District I
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 District IV
 2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico
 Energy, Minerals & Natural Resources Department

OIL CONSERVATION DIVISION
 2040 South Pacheco
 Santa Fe, NM 87505

Form C-102
 Revised October 18, 1994
 Instructions on back
 Submit to Appropriate District Office
 State Lease - 4 Copies
 Fee Lease - 3 Copies

AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

API Number 30-005-00069		Pool Code 5980		Pool Name Bitter Lakes San Andres	
Property Code 20173		Property Name DeKalb Federal			Well Number #3
OGRID No. 160190		Operator Name M.E.W. Enterprise			Elevation 3474.5

¹⁰ Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
E	27	10S	25E		1980	North	660	West	CHAURS

¹¹ Bottom Hole Location If Different From Surface

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
E	27	10S	25E		1980	North	1062	West	CHAURS

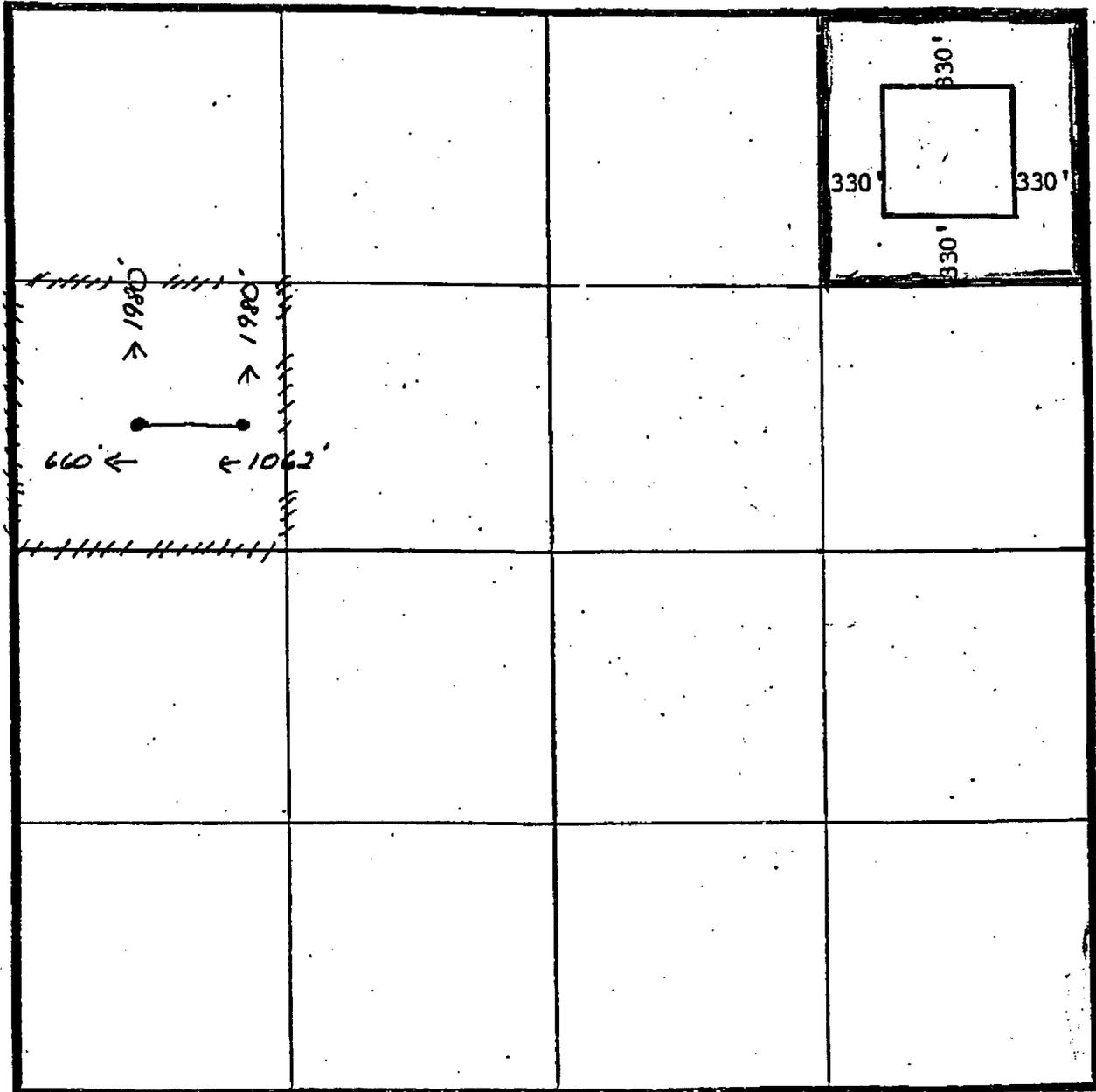
¹² Dedicated Acres	¹³ Joint or Infill	¹⁴ Consolidation Code	¹⁵ Order No. 1061
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NO ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNTIL ALL INTERESTS HAVE BEEN CONSOLIDATED OR A NON-STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION

16 	$\begin{array}{r} 51 \\ 680 \\ 258 \\ \hline 403 \end{array}$	$\begin{array}{r} 211 \\ 1980 \\ 1062 \\ \hline 258 \end{array}$	OPERATOR CERTIFICATION I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief Signature: <i>Russell Whited</i> Printed Name: Russell Whited Title: owner Date: 10-29-98
			SURVEYOR CERTIFICATION 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 belief. Date of Survey: Signature and Seal of Professional Surveyer:
			Certificate Number

Sec. 27 Township No. 10S of Range No. 25E

DEVELOPMENT OIL WELLS

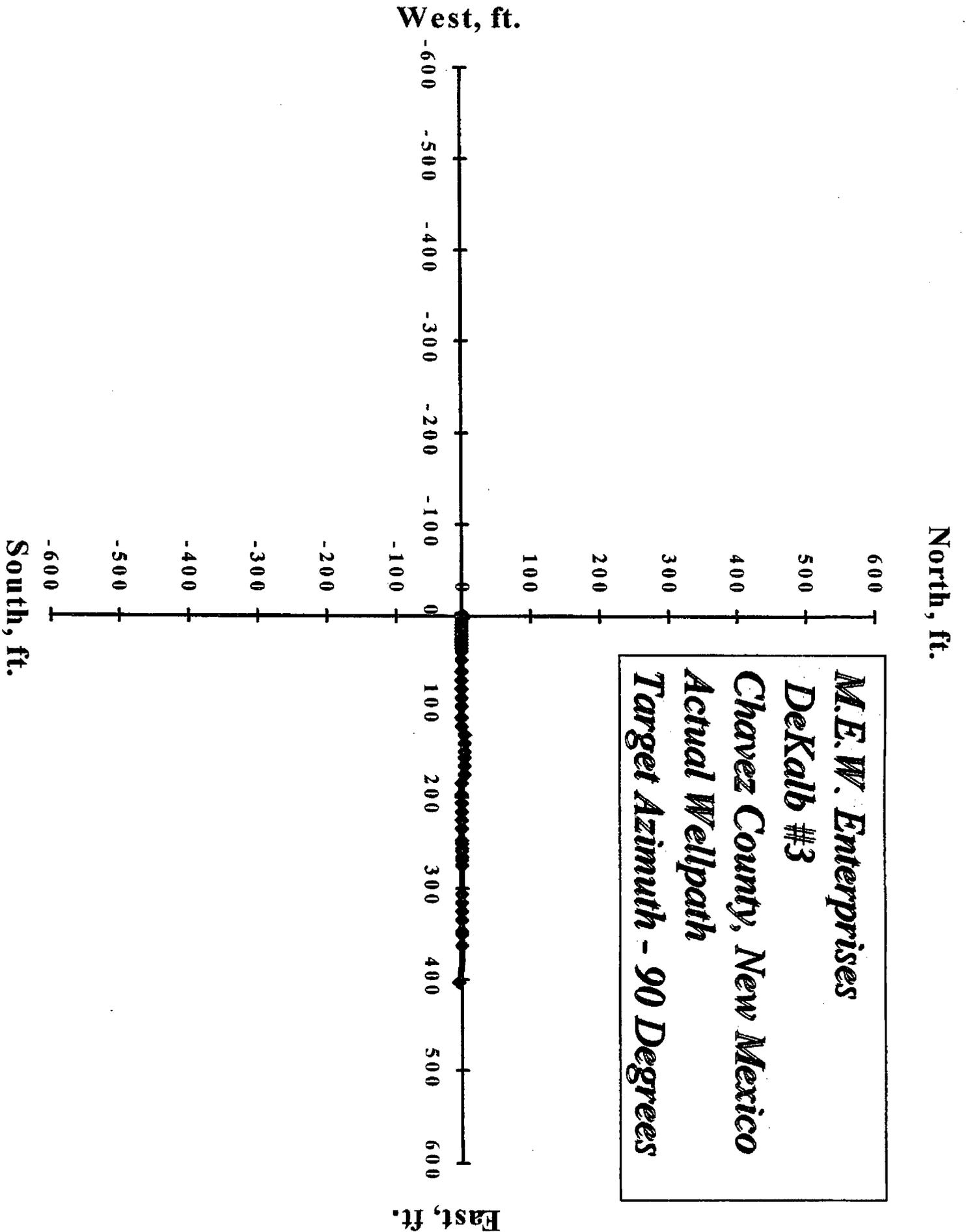


40-Acre Spacing

330' from any tract boundary

330' from nearest well drilling to or capable of producing from same pool.

Only tracts committed to active secondary recovery projects shall be permitted more than four wells.



Actual

M.E.W. Enterprises					
DeKalb #3 Chavez County, New Mexico					
Actual Wellpath -					
Kickoff Point					
M. Depth	=	830	N/S Cord.	=	0
TVD	=	830	E/W Cord.	=	0
Inclination	=	0			
Azimuth	=	<u>90</u>			

Station	Measured Depth	Inclination Deg	Azimuth Deg	TVD Ft	N/S Ft	E/W Ft	Departure Ft	Dog Leg Deg/ft	ROC FT
1	833	2.8	88.4	833.00	0.00	0.15	0.15		
2	836	7.4	88.4	835.99	0.01	0.41	0.41	1.53	37.37
3	838	12.1	90.2	837.96	0.01	0.75	0.75	2.35	24.33
4	839	14.4	91.4	838.93	0.01	0.98	0.98	2.32	24.74
5	840	16.1	91	839.90	0.00	1.24	1.24	1.70	33.64
6	842	19.5	92	841.80	-0.01	1.86	1.86	1.71	33.57
7	844	21.7	92	843.67	-0.04	2.56	2.56	1.10	52.09
8	846	25.9	92	845.50	-0.06	3.37	3.37	2.10	27.28
9	848	29.2	92.4	847.28	-0.10	4.29	4.29	1.65	34.67
10	850	33	92.5	848.99	-0.14	5.32	5.32	1.90	30.15
11	852	35.5	92.4	850.64	-0.19	6.45	6.45	1.25	45.82
12	854	39.4	92.3	852.23	-0.24	7.66	7.66	1.95	29.38
13	856	42.9	92.4	853.74	-0.30	8.98	8.98	1.75	32.73
14	858	46.3	92.6	855.16	-0.36	10.38	10.39	1.70	33.67
15	860	49.7	92.6	856.50	-0.42	11.86	11.87	1.70	33.70
16	862	53	92.7	857.75	-0.50	13.42	13.43	1.65	34.71
17	864	56.5	92	858.90	-0.58	15.06	15.07	1.77	32.31
18	866	59.9	93.3	859.96	-0.69	16.75	16.77	1.70	33.69
19	868	63.5	93.4	860.90	-0.79	18.51	18.53	1.80	31.79
20	870	66.6	93.5	861.75	-0.89	20.32	20.34	1.55	36.95
21	872	69.7	93.3	862.49	-0.99	22.17	22.20	1.56	36.70
22	874	72.8	93.2	863.13	-1.07	24.07	24.09	1.60	35.91
23	876	75.5	92.8	863.68	-1.11	25.99	26.01	1.58	36.30
24	878	78.3	92	864.13	-1.11	27.94	27.96	1.41	40.70
25	880	82.2	90.3	864.47	-1.11	29.91	29.93	1.95	29.38
26	882	85.8	90	864.68	-1.11	31.90	31.92	1.80	31.78
27	884	88.2	90	864.79	-1.07	33.89	33.91	1.50	38.22
28	886	90.3	89.8	864.81	-1.04	35.89	35.91	1.45	39.52
29	888	92.1	88	864.77	-1.04	37.89	37.91	0.90	63.66
30	890	92.7	90	864.69	-1.04	39.89	39.91	0.30	190.99
31	900	92.1	90	864.27	-1.02	49.88	49.89	0.06	906.00
32	910	91.9	90	863.92	-0.98	59.88	59.89	0.02	2864.78
33	920	91.9	89.8	863.59	-0.90	69.87	69.88	0.05	1146.54
34	930	92.1	89.8	863.24	-0.78	79.86	79.87	0.02	2864.78
35	940	91.9	89.3	862.89	-0.63	89.86	89.86	0.04	1281.79
36	950	91.8	89.3	862.57	-0.41	99.85	99.85	0.03	1812.70
37	960	91.8	88.9	862.25	-0.21	109.84	109.84	0.05	1146.48
38	970	91.9	88.6	861.93	-0.05	119.84	119.84	0.01	5729.56

District I
PO Box 1980, Hobbs, NM 88241-1980
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811 South First, Artesia, NM 88210
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1000 Rio Brazos Rd., Aztec, NM 87410
District IV
2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico
Energy, Minerals & Natural Resources Department

OIL CONSERVATION DIVISION
2040 South Pacheco
Santa Fe, NM 87505

Form C-10
Revised October 18, 1999
Instructions on back
Submit to Appropriate District Office
5 Copies

AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

Operator name and Address M.E.W. Enterprises 500 East County Road 140 Midland Tx. 79706		OGRID Number 160190
API Number 30-0 08-000-690001		Reason for Filing Code CO 11-1-96 CH 10-25-96
Pool Name Bitter Lake SA, South	Pool Code 5980	
Property Code 20173	Property Name DeKalb Federal	Well Number 3

II. Surface Location

UL or lot no. E	Section 27	Township 10S	Range 9SE	Lot Ida	Feet from the 1980	North/South Line North	Feet from the 660	East/West line West	County Chaves
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NM-05876

III. Bottom Hole Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
Use Code F	Producing Method Code P	Gas Connection Date NONE	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
34019	Phillips Petroleum Company 4001 Penbrook Odessa Tx 79762	1114010	0	
				RECEIVED DEC 24 1998 OIL CON. DIV. DIST. 2

IV. Produced Water

POD	Water Tank at SWO Unit O, 1315 FSL 2635 FEL, Sec 27, T-10-S, R-25E Chaves	POD ULSTR Location and Description
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V. Well Completion Data

Spud Date	Ready Date	TD	PBTD	Perforations	DHC, DC, MC
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	AGP	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: *Russell Whited*
Printed name: Russell Whited
Title: Owner
Date: _____ Phone: 915-570-8613

OIL CONSERVATION DIVISION

Approved by: SUPERVISOR, DISTRICT II
Title:
Approval Date: DEC 26 1998

If this is a change of operator fill in the OGRID number and name of the previous operator
James F. Kuykendall Previous Operator Signature
James F. Kuykendall Printed Name
owner 10/24/98 Title Date

OPERATOR'S COPY

Form 3160-5 (June 1990)

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

FORM APPROVED Budget Bureau No. 1004-0135 Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

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

5. Lease Designation and Serial No.

NM 05876

6. If Indian, Allottee or Tribe Name

SUBMIT IN TRIPLICATE

7. If Unit or CA, Agreement Designation

1. Type of Well

Oil Well Gas Well Other

8. Well Name and No.

DeKalb 143

2. Name of Operator

MEW Enterprise

9. API Well No.

3. Address and Telephone No.

500 East County Road 140, Midland TX 79706 915-570 8613

10. Field and Pool, or Exploratory Area

Bitter Lakes South

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

NW 1/4 Sec 27, T-10-S, R 25E, NMPM

11. County or Parish, State

SE 1/4 & SW 1/4

160 ACRES MORE OR LESS

Chaves NM

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

TYPE OF SUBMISSION

- Notice of Intent (checked)
Subsequent Report
Final Abandonment Notice

TYPE OF ACTION

- Abandonment
Recompletion
Plugging Back
Casing Repair
Altering Casing
Other (checked) CHANGE OF OPERATOR
Change of Plans
New Construction
Non-Routine Fracturing
Water Shut-Off
Conversion to Injection
Dispose Water

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

13. 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.)

Transfer Operator from K&R Oil & Gas to MEW Enterprise Effective 10/25/96

APPROVED PETER W. CHESTER Peter W. Chester DEC 17 1996 BUREAU OF LAND MANAGEMENT ROSWELL RESOURCE AREA

RECEIVED DEC 11 8 32 AM '96 BUREAU OF LAND MANAGEMENT ROSWELL RESOURCE AREA

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

Signed

Russell White

Title

Owner

Date

12-5-96

(This space for Federal or State office use)

Approved by

Title

Date

Conditions of approval, if any:

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.

*See Instruction on Reverse Side

Form 3000-3a
(January 1996)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
OMB NO. 1004-0034
Expires: September 30, 1998

TRANSFER OF OPERATING RIGHTS (SUBLEASE) IN A
LEASE FOR OIL AND GAS OR GEOTHERMAL RESOURCES

Mineral Leasing Act of 1920 (30 U.S.C. 181 et seq.)
Act for Acquired Lands of 1947 (30 U.S.C. 351-359)
Geothermal Steam Act of 1970 (30 U.S.C. 1001-1025)
Department of the Interior Appropriations Act, Fiscal Year 1981 (42 U.S.C. 6508)

Lease Serial No.
~~1002-0000-000~~
~~1002-0000-000~~
NM 05876

Type or print plainly in ink and sign in ink.

PART A: TRANSFER

1. Transferee (Sublease)*
Street M.E.W. Enterprise
City, State, ZIP Code 500 East County Road 140
Midland TX 79706

*If more than one transferee, check here and list the name(s) and address(es) of all additional transferees on the reverse of this form or on a separate attached sheet of paper.

This transfer is for: (Check one) Oil and Gas Lease, or Geothermal Lease

Interest conveyed: (Check one or both, as appropriate) Operating Rights (sublease) Overriding Royalty, payment out of production or other similar interests or payments

2. This transfer (sublease) conveys the following interest:

Land Description <small>Additional space on reverse, if needed. Do not submit documents or agreements other than this form; such documents or agreements shall only be referenced herein.</small>	Percent of Interest			Percent of Overriding Royalty or Similar Interests	
	Owned <small>b</small>	Conveyed <small>c</small>	Retained <small>d</small>	Reserved <small>e</small>	Previously received or conveyed <small>f</small>
<u>Dekalb Federal Lease</u> <u>T-10-S, R-25-E, N.M.P.M. Chaus</u> <u>County N.M. Lease # 05 NM-05876</u> <u>Sec. 27 05876 NW 1/4</u> <u>containing 160 acres, more or less,</u> <u>dn to 1,000 ft. subsurface only</u>	<u>100</u>	<u>100</u>			<u>17.5</u> <u>7.95</u> <u>Less than</u> <u>15 BOPD</u> <u>per well</u>

FOR BLM USE ONLY—DO NOT WRITE BELOW THIS LINE

THE UNITED STATES OF AMERICA

This transfer is approved solely for administrative purposes. Approval does not warrant that either party to this transfer holds legal or equitable title to this lease.

Transfer approved effective DEC 01 1996

By *[Signature]*
(Authorized Officer)

LAND LAW ASSISTANT
FLUIDS ADJUDICATION TEAM
(Title) JAN 23 1997
(Date)

TRANSMITTAL COVER SHEET

OIL CONSERVATION DIVISION
ENGINEERING BUREAU
(505) 827-7131 (OFFICE)
(505) 827-1389 (FAX)

PLEASE DELIVER THIS FAX TO:

TO: Margaret Whitel

FROM: Michael E. Stogner (505) 827-8185

SUBJECT: DeKalb Fed. #3

DATE: 12-14-98

PAGES: 3 (INCLUDING COVER SHEET)

IF YOU HAVE ANY PROBLEMS RECEIVING THIS FAX, PLEASE CALL THE OFFICE NUMBER ABOVE.

BEFORE THE NEW MEXICO OIL CONSERVATION DIVISION

**APPLICATION OF FASKEN OIL AND
RANCH, LTD., FOR A NON-STANDARD
GAS PRORATION AND SPACING UNIT
AND TWO ALTERNATE UNORTHODOX
GAS WELL LOCATIONS,
EDDY COUNTY, NEW MEXICO.**

No. 11755

SUBPOENA DUCES TECUM

TO: Fasken Oil and Ranch, Ltd.
c/o W. Thomas Kellahin, Esq.
Kellahin & Kellahin
117 North Guadalupe Street
Santa Fe, NM 87501

RECEIVED
MAR 2 1997
Oil Conservation Division

Pursuant to Section 70-2-8, NMSA (1978) and Rule 1211 of the New Mexico Oil Conservation Division's Rules of Procedure, you are hereby ORDERED to appear at 8:15 a.m., April 3, 1997, at the offices of the Oil Conservation Division, 2040 South Pacheco, Santa Fe, New Mexico 87505 and to produce the documents and items specified in attached Exhibit A and to make available to Penwell Energy, Inc., and their attorney, William F. Carr, for copying, all of said documents.

This subpoena is issued on application of Penwell Energy, Inc., through their attorneys, Campbell, Carr, Berge & Sheridan, P.A. Post Office Box 2208, Santa Fe, New Mexico 87504.

TRANSMITTAL COVER SHEET

**OIL CONSERVATION DIVISION
ENGINEERING BUREAU
(505) 827-7131 (OFFICE)
(505) 827-1389 (FAX)**

PLEASE DELIVER THIS FAX TO:

TO:

Mae Morgan

FROM:

Michael E. Stegner (505) 827-8185

SUBJECT:

MEW Enterprises DeKalb Fed. #3

DATE:

12-14-98

PAGES:

3 (INCLUDING COVER SHEET)

**IF YOU HAVE ANY PROBLEMS RECEIVING THIS FAX, PLEASE CALL THE
OFFICE NUMBER ABOVE.**

Dated this ____ day of March, 1997.

NEW MEXICO OIL CONSERVATION DIVISION

BY: _____
WILLIAM J. LEMAY, DIRECTOR

District I
 PO Box 1980, Hobbs, NM 88241-1980
 District II
 811 South First, Artesia, NM 88210
 District III
 1000 Rio Brazos Rd., Aztec, NM 87410
 District IV
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State of New Mexico
 Energy, Minerals & Natural Resources Department

Form C-104
 Revised October 18, 1994
 Instructions on back
 Submit to Appropriate District Office
 5 Copies

OIL CONSERVATION DIVISION
 2040 South Pacheco
 Santa Fe, NM 87505

AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

Operator name and Address M.E.W. Enterprises 500 East County Road 140 Midland Tx. 79706		OGRID Number 160190
API Number 30-0 06000690000		Reason for Filing Code CO 11-1-96 CH 10-25-96
Pool Name Bitter Lake SA, South	Pool Code 5980	
Property Code 20173	Property Name DeKalb Federal	Well Number 3

II. ¹⁰ Surface Location

Ul or lot no. E	Section 27	Township 10S	Range 25E	Lot Idn	Feet from the 1980	North/South Line North	Feet from the 660	East/West line West	County Chaves
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¹¹ Bottom Hole Location

Ul or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
¹² Lse Code F	¹³ Producing Method Code P	¹⁴ Gas Connection Date NONE		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
34019	Phillips Petroleum Company 4001 Penbrook Odessa TX 79762	1114010	0	

IV. Produced Water

²³ POD	WATER TANK AT SWD	²⁴ POD ULSTR Location and Description
	Unit 0, 1315 FSL 2635 FEL, Sec 27, T-10-S, R-25E Chaves	

V. Well Completion Data

²⁵ Spud Date	²⁶ Ready Date	²⁷ TD	²⁸ PBSD	²⁹ Perforations	³⁰ DHC, DC, MC
³¹ Hole Size	³² Casing & Tubing Size	³³ Depth Set	³⁴ Sacks Cement		

VI. Well Test Data

³⁵ Date New Oil	³⁶ Gas Delivery Date	³⁷ Test Date	³⁸ Test Length	³⁹ Tbg. Pressure	⁴⁰ Csg. Pressure
⁴¹ Choke Size	⁴² Oil	⁴³ Water	⁴⁴ Gas	⁴⁵ AOF	⁴⁶ Test Method

⁴⁷ 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.		OIL CONSERVATION DIVISION	
Signature: <i>Russell Whitel</i>	Approved by: <i>Jim W. Gunn</i>		
Printed name: <i>Russell Whitel</i>	Title: <i>District Supervisor</i>		
Title: <i>owner</i>	Approval Date: <i>12/26/96</i>		
Date:	Phone: <i>915-570-8613</i>		

⁴⁸ If this is a change of operator fill in the OGRID number and name of the previous operator			
<i>James F. Kykendall</i>	<i>James F. Kykendall</i>	<i>owner</i>	<i>10/24/96</i>
Previous Operator Signature	Printed Name	Title	Date

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

CONSERVATION DIVISION
RECEIVED
AUG 18 PM 9 20

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

AUG 18 1992

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator K & R Oil & Gas ✓	Well API No. 300050006900s1
Address 2607 Cornell Drive, Roswell, N.M. 88201	
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 checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator _____	

II. DESCRIPTION OF WELL AND LEASE

Lease Name DeKalb Federal	Well No. 3	Pool Name, Including Formation Bitter Lakes South SA	Kind of Lease Sub Federal or Lease <input checked="" type="checkbox"/>	Lease No. NMO5876
Location Unit Letter <u>E</u> : <u>1980</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>West</u> Line Section <u>27</u> Township <u>10S</u> Range <u>25E</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"/> Scurlock-Permian Corp	Address (Give address to which approved copy of this form is to be sent) P.O. Box 4648 Houston, Texas 77210					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> None	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. 27	Twp. 10	Rge. 25E	Is gas actually connected? No	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.

George W. Rampley
Signature _____ Partner
Printed Name _____ Title
Date July 23 1992 Telephone No. 505 623 3536

OIL CONSERVATION DIVISION

Date Approved AUG 12 1992

By M. Williams

Title SUPERVISOR, DISTRICT II

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.

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

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 K & R Oil & Gas	Well API No. 300050006900S1
Address 2607 Cornell Drive, Roswell, N.M. 88201	
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 type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name DeKalb Federal	Well No. 3	Pool Name, Including Formation Bitter Lakes South SA	Kind of Lease K&R, Federal & K&R	Lease No. NMO5876
Location Unit Letter <u>E</u> : <u>1980</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>West</u> Line Section <u>27</u> Township <u>10S</u> Range <u>25E</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)
Pueblo Petroleum Inc.	P.O. Box 8249 Roswell, N.M. 88202
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)
None	
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When ?
	F 27 10S 25E No

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.

George W. Rampley
 Signature George W. Rampley Partner
 Printed Name Jan 9, 1992 Title 505 623 3536
 Date Jan 9, 1992 Telephone No. 505 623 3536

OIL CONSERVATION DIVISION

Date Approved JAN 31 1992
 By Mike Williams
 Title SUPERVISOR, DISTRICT II

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.

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	<input checked="" type="checkbox"/>
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL <input type="checkbox"/> GAS <input type="checkbox"/>
OPERATOR	
PRORATION OFFICE	

OIL CONSERVATION DIVISION
 RECEIVED
 NEW MEXICO OIL CONSERVATION COMMISSION
 '90 JAN 30 11 10 31 AM
 REQUEST FOR ALLOWABLE
 AND
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

RECEIVED

I. OPERATOR

Operator: K&R Oil & Gas

Address: 2607 Cornell Drive, Roswell, N.M. 88201

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): O.C.D. ARTESIA OFFICE

If change of ownership give name and address of previous owner: Brook Operating Corp. P.O. 911 Brocktonbridge, Texas 76024

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>DEKALB FEDERAL</u>	Well No. <u>3</u>	Pool Name, including Formation <u>BITTER LAKE SA, SOUTH</u>	Kind of Lease <u>State, Federal, Other</u>	Lease No. <u>NM-05876</u>
Location Unit Letter <u>E</u> ; <u>1980</u> Feet From The <u>NORTH</u> Line and <u>660</u> Feet From The <u>WEST</u> Line of Section <u>27</u> Township <u>10S</u> Range <u>25E</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"/> <u>Navajo Refining Co</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Drawer 159 Artesia, N.M. 88211</u>			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>NONE</u>	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 <u>F</u>	Sec. <u>27</u>	Twp. <u>10S</u>	Rge. <u>25E</u>
	Is gas actually connected?		When	
	<u>NO</u>			

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
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 Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

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

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.

George W. Rausley
 (Signature)
a Partner
 (Title)
Jan 10 1990
 (Date)

OIL CONSERVATION COMMISSION

APPROVED JAN 23 1990, 19

BY Mike Williams

TITLE SUPERVISOR, DISTRICT II

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

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

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

OIL CONSERVATION DIVISION
 P.O. Box 2088

NOV 17 '89

Santa Fe, New Mexico 87504-2088

O. C. D.
 ARTESIA, OFFICE

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

I.

Operator K and R Oil & Gas	Well API No.
Address 2607 Cornell Drive, Roswell, New Mexico 88201	
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"/>
Effective Date: 12/01/89	
If change of operator give name and address of previous operator Breck Operating Corp., P.O. Box 911, Breckenridge, Texas 76024	

II. DESCRIPTION OF WELL AND LEASE

Lease Name DeKalb Federal	Well No. 3	Pool Name, including Formation Bitter Lake SA, South	Kind of Lease <input checked="" type="checkbox"/> State, <input checked="" type="checkbox"/> Federal or <input type="checkbox"/> Free	Lease No. NM-05876
Location Unit Letter <u>E</u> : 1980 Feet From The <u>north</u> Line and <u>660</u> Feet From The <u>west</u> Line Section <u>27</u> Township <u>10S</u> Range <u>25E</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"/> The Permian Corporation	Address (Give address to which approved copy of this form is to be sent) Box 3119, Midland, Texas 79702					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> None	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 F	Sec. 27	Twp. 10S	Rge. 25E	Is gas actually connected? No	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.

James F. Koukenda
 Signature
 James F. Koukenda
 Printed Name
 11/14/89 Date
 623-3536 Telephone No.
 623-5593

OIL CONSERVATION DIVISION

Date Approved **DEC - 8 1989**

By *Mike Williams*

Title **SUPERVISOR, DISTRICT II**

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.

NM-05876

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
Breck Operating Corp. ✓

3. ADDRESS OF OPERATOR
P.O. Box 911, Breckenridge, Texas 76024

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)
At surface
Unit E: 1980' FNL & 660' FWL

RECEIVED
JUN 01 1989
O. C. D.
ARTESIA OFFICE

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
DeKalb Federal

9. WELL NO.
3

10. FIELD AND POOL, OR WILDCAT
Bitterlake San Andres,

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 27, T10S, R25E

12. COUNTY OR PARISH
Chaves

13. STATE
New Mexico

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3473' DF

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) <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.)

Breck Operating Corp. requests permission to shut in the subject well due to economic conditions. The well currently produces 1.5 BOPD and 1 BWPD. Iron sulphide scaling requires the down hole pump to be pulled every 2-3 weeks. Chemical treatment to remedy the situation is being sought.

RECEIVED
JUN - 6 1989
OIL CONSERVATION DIV.
SANTA FE



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

SIGNED Kenn G. Sullivan TITLE Petroleum Engineer DATE 5/8/89

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____
CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD
DATE PETER W. CHESTER
MAY 30 1989
BUREAU OF LAND MANAGEMENT
SANTA FE, NEW MEXICO

*See Instructions on Reverse Side

FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL <input checked="" type="checkbox"/>
	GAS <input type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
PRORATION OFFICE	

REQUEST FOR ALLOWANCE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED BY
OCT 17 1983
O. C. D.
ARTESIA, OFFICE

RECEIVED
OCT - 5 1987
CONSERVATION DIVISION

Operator
Breck Operating Corp

Address
P. O. Box 911, Breckenridge, Texas 76024

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 **Petroleum Corporation of Texas, Box 911, Breckenridge, TX 76024**

II. DESCRIPTION OF WELL AND LEASE

Lease Name DeKalb Federal	Well No. 3	Pool Name, including Formation Bitter Lake SA, South	Kind of Lease State, Federal or Fee Federal	Lease No. 05876
Location Unit Letter E ; 1980 Feet From The north Line and 660 Feet From The west Line of Section 27 Township 10S Range 25E , NMPM, Chaves County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate
The Permian Corporation Permian (Eff. 9/1/87) Address (Give address to which approved copy of this form is to be sent)
Box 3119, Midland, Texas 79702

Name of Authorized Transporter of Casinghead Gas or Dry Gas
None 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 **F** Sec. **27** Twp. **10S** Rge. **25E** Is gas actually connected? **No** 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 Resv.	Diff. Res
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, CR, 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 Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

*Post #D-3
1-24-84
Chg. Dps.*

GAS WELL

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

VI. 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.

Ladear England
(Signature)
Production Clerk
(Title)
10-12-83
(Date)

OIL CONSERVATION COMMISSION
JAN 26 1984, 19____
APPROVED
BY Leslie A. Clements
Supervisor District II

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 deviate 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 wells.

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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

Form approved.
Budget Bureau No. 42-R1424

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.)

5. LEASE DESIGNATION AND SERIAL NO. **MM-05876**

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME **DeKalb Federal**

9. WELL NO. **3**

10. FIELD AND POOL OR WILDCAT **South Bitter Lakes SA**

11. SEC. T. R. M. OR BLK. AND SURVEY OR AREA **Section 27, T-10-S, R-25- NMPM Survey**

12. COUNTY OR PARISH **Chaves** 13. STATE **New Mexico**

1. OIL WELL GAS WELL OTHER **MAIN OFFICE OCC**

2. NAME OF OPERATOR **Shell Oil Company**

3. ADDRESS OF OPERATOR **1964 MAR 5 AM 8:20
P. O. Box 1858, Roswell, New Mexico 88201**

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface
**1980' FNL & 660' FWL, (SW/4 NW/4)
Section 27, T-10-S, R-25E
NMPM Survey, Chaves County, New Mexico**

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3473' DF

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) Change Status of Well <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.)*

OPERATION

February 27, 1964 thru March 1, 1964.

1. Ran 27 jts. 2", EUE, tubing and hung at 827'; Hague gas anchor at 795'; Seating Nipple at 794'.
2. Ran 2" x 1 1/2" x 8" Bethlehem BHP on 31-3/4" rods & 1-2' sub on top.
3. Connected flow line.
4. Placed well on production.
5. In 24 hours pumped 46 BO + 4 BW on 12-24" SPM. Gravity 23.8 deg. GOR TSTM.

RECEIVED

MAR 5 1964

O. C. C.
ARTESIA, OFFICE.

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

Original Signed By **R. A. Lowery** TITLE **District Exploitation Engineer** DATE **March 2, 1964**

SIGNED **R. A. Lowery**

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

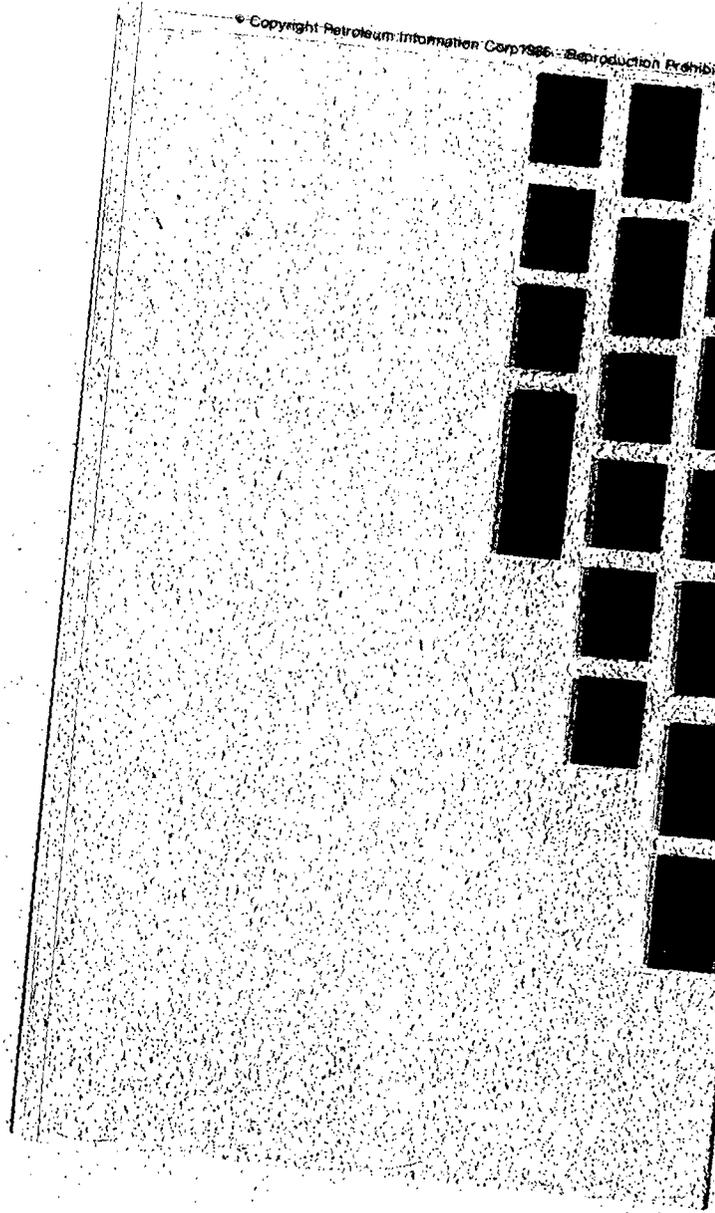
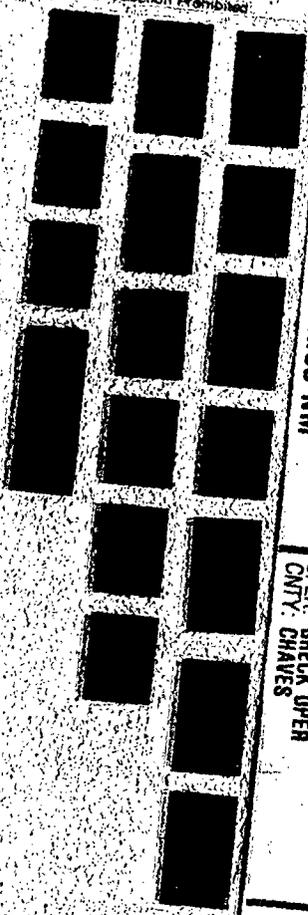
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Petroleum Information
Corporation
REG-FICHE™

10S-25E-27-05 (SW NW)
NEW MEXICO NM

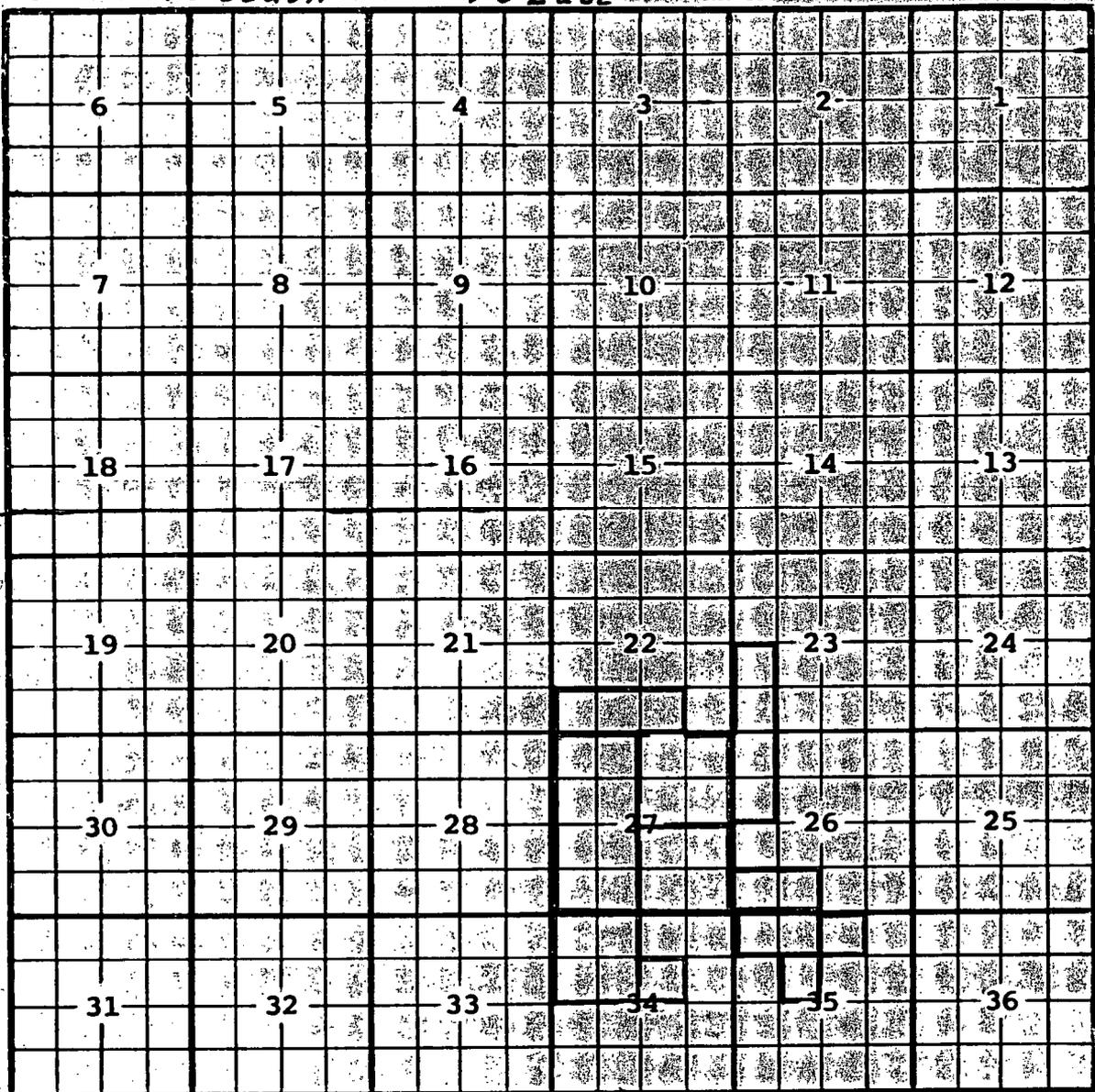
WELL: DEKALB FED 3
OPER: BRECK OPER
CNTY: CHAVES

API: 30-005-00000
ISSUE: A12/85
CARD: 1+



COUNTY *Chaves* POOL *South Bitter Lake - San Andres*

TOWNSHIP *10 South* RANGE *25 East* NMPM



Description: *W/2 Sec. 27 (R-1700, 7-1-60)*

Ext: *5/2 SW 1/4 & SW 1/4 SE 1/4 Sec. 27; SE 1/4 Sec. 27 (R-1824, 12-1-60)*

- *3/2 SW 1/4 Sec. 26; NE 1/4 Sec. 27; NW 1/4 Sec. 34; N 1/2 NW 1/4 Sec. 35 (R-1907, 4-1-61)*

- *NW 1/4 NE 1/4 Sec. 35 (R-2034, 8-1-61) - W 1/2 SW 1/4 Sec. 23; W 1/2 NW 1/4 Sec. 26; SW 1/4 SE 1/4 Sec. 34;*

SE 1/4 NW 1/4 Sec. 35 (R-2139, 1-1-62)