



H. E. PRINCE

Construction & Petroleum

BOX 129

ROSWELL, NEW MEXICO 88201 U.S.A

622-7708



February 3, 1987

Mr. David Catanack
P. O. Box 2088
Santa Fe, New Mexico
87501

Re: Case #8984
Order # R-8318

Dear Sir,

I recently applied for permission to use a well on my oil lease to dispose of salt water. My case was heard but was dismissed because I was not present. I am sorry I could not be present, but due to sickness for the past six months I have done very little of anything.

Would it be possible to hear my case again? I would greatly appreciate it if it could be and also using the documents that were submitted before.

Sincerely,

H. E. Prince
H. E. Prince

APPLICATION FOR AUTHORIZATION TO INJECT

Case 8984

- I. Purpose: ☐ Secondary Recovery ☐ Pressure Maintenance ☒ Disposal ☐ Storage
Application qualifies for administrative approval? ☐ yes ☐ no

II. Operator: H.E. PRINCE

Address: P.O. Box 129 Roswell, N.M. 88201

Contact party: H.E. PRINCE Phone: 622-7708

III. Well data: Complete the data required on the reverse side of this form for each well proposed for injection. Additional sheets may be attached if necessary.

- IV. Is this an expansion of an existing project? ☐ yes ☒ no
If yes, give the Division order number authorizing the project _____

V. Attach a map that identifies all wells and leases within two miles of any proposed injection well with a one-half mile radius circle drawn around each proposed injection well. This circle identifies the well's area of review.

* VI. Attach a tabulation of data on all wells of public record within the area of review which penetrate the proposed injection zone. Such data shall include a description of each well's type, construction, date drilled, location, depth, record of completion, and a schematic of any plugged well illustrating all plugging detail.

VII. Attach data on the proposed operation, including:

1. Proposed average and maximum daily rate and volume of fluids to be injected;
2. Whether the system is open or closed;
3. Proposed average and maximum injection pressure;
4. Sources and an appropriate analysis of injection fluid and compatibility with the receiving formation if other than reinjected produced water; and
5. If injection is for disposal purposes into a zone not productive of oil or gas at or within one mile of the proposed well, attach a chemical analysis of the disposal zone formation water (may be measured or inferred from existing literature, studies, nearby wells, etc.).

* VIII. Attach appropriate geological data on the injection zone including appropriate lithologic detail, geological name, thickness, and depth. Give the geologic name, and depth to bottom of all underground sources of drinking water (aquifers containing waters with total dissolved solids concentrations of 10,000 mg/l or less) overlying the proposed injection zone as well as any such source known to be immediately underlying the injection interval.

IX. Describe the proposed stimulation program, if any.

* X. Attach appropriate logging and test data on the well. (If well logs have been filed with the Division they need not be resubmitted.)

* XI. Attach a chemical analysis of fresh water from two or more fresh water wells (if available and producing) within one mile of any injection or disposal well showing location of wells and dates samples were taken.

XII. Applicants for disposal wells must make an affirmative statement that they have examined available geologic and engineering data and find no evidence of open faults or any other hydrologic connection between the disposal zone and any underground source of drinking water.

XIII. Applicants must complete the "Proof of Notice" section on the reverse side of this form.

XIV. Certification

I hereby certify that the information submitted with this application is true and correct to the best of my knowledge and belief.

Name: H.E. PRINCE

Title: OPERATOR

Signature: H.E. Prince

Date: 7/15/86

* If the information required under Sections VI, VIII, X, and XI above has been previously submitted, it need not be duplicated and resubmitted. Please show the date and circumstance of the earlier submittal.

III. WELL DATA

A. The following well data must be submitted for each injection well covered by this application. The data must be both in tabular and schematic form and shall include:

- (1) Lease name; Well No.; location by Section, Township, and Range; and footage location within the section.
- (2) Each casing string used with its size, setting depth, sacks of cement used, hole size, top of cement, and how such top was determined.
- (3) A description of the tubing to be used including its size, lining material, and setting depth.
- (4) The name, model, and setting depth of the packer used or a description of any other seal system or assembly used.

Division District offices have supplies of Well Data Sheets which may be used or which may be used as models for this purpose. Applicants for several identical wells may submit a "typical data sheet" rather than submitting the data for each well.

B. The following must be submitted for each injection well covered by this application. All items must be addressed for the initial well. Responses for additional wells need be shown only when different. Information shown on schematics need not be repeated.

- (1) The name of the injection formation and, if applicable, the field or pool name.
- (2) The injection interval and whether it is perforated or open-hole.
- (3) State if the well was drilled for injection or, if not, the original purpose of the well.
- (4) Give the depths of any other perforated intervals and detail on the sacks of cement or bridge plugs used to seal off such perforations.
- (5) Give the depth to and name of the next higher and next lower oil or gas zone in the area of the well, if any.

XIV. PROOF OF NOTICE

All applicants must furnish proof that a copy of the application has been furnished, by certified or registered mail, to the owner of the surface of the land on which the well is to be located and to each leasehold operator within one-half mile of the well location.

Where an application is subject to administrative approval, a proof of publication must be submitted. Such proof shall consist of a copy of the legal advertisement which was published in the county in which the well is located. The contents of such advertisement must include:

- (1) The name, address, phone number, and contact party for the applicant;
- (2) the intended purpose of the injection well; with the exact location of single wells or the section, township, and range location of multiple wells;
- (3) the formation name and depth with expected maximum injection rates and pressures; and
- (4) a notation that interested parties must file objections or requests for hearing with the Oil Conservation Division, P. O. Box 2088, Santa Fe, New Mexico 87501 within 15 days.

NO ACTION WILL BE TAKEN ON THE APPLICATION UNTIL PROPER PROOF OF NOTICE HAS BEEN SUBMITTED.

NOTICE: Surface owners or offset operators must file any objections or requests for hearing of administrative applications within 15 days from the date this application was mailed to them.



H. E. PRINCE

Construction & Petroleum

BOX 129

ROSWELL, NEW MEXICO 88201 U.S.A.

622-7708



July 14, 1986

Case 8984

Enclosed are the items and information requested on form C-108 as per your numbers:

- V. A map of all wells and leases within two miles of proposed disposal well and a one-half mile radius circle around disposal well.
- Vi. A copy of completion and plugging reports of all wells within the review area.
- Vii.
 - 1. 20 barrels of salt water per day.
 - 2. Bottom 52 feet of well is open hole.
 - 3. Well will take 20 barrels or more on gravity flow.
 - 4. Will be reinjecting salt water into the same oil and water zone as produced from, produced from 1025 to 1075 feet and injected at 1025 to 1075 feet.
- Viii. Injection zone is the San Andres Slaughter zone at 1019 to 1071 feet.
Known fresh water is shallow at 50 to 75 feet.
Known Artesian water is at 450 to 600 feet.
- IX. No stimulation intended.
- X. Log completion report enclosed.
- Xi. Enclosed is the well record on the only fresh water well within one mile of proposed disposal well. The fresh water well is not productive and appears to be temporarily abandoned.
- Xii. To the best of my knowledge there is no faults between fresh water and injection area.
- iii. WELL DATA
 - A.
 - (1) Lease name is Federal, well #11, NW $\frac{1}{4}$ of SE $\frac{1}{4}$ of Sec. 33, T6S, R26E, 1650' F.S.L. & 2310' F.W.L. is also shown on enclosed well records
 - (2) Enclosed is information on all hole size and pipe size and all cementing with a copy of cementing record furnished by cementing company, all shown on well records.
 - (3) 2" upset tubing to be used and set at 1000 feet.
 - (4) A positive seal type packer to be set at 1000 feet.

- B. (1) San Andres Slaughter zone, Pool name is Linda San Andres.
- (2) Open hole 1019 to 1071 feet.
- (3) Was drilled to produce oil but produced only salt water so has been reserved for a salt water disposal well.
- (4) None
- (5) A. B. O. sands at 4000 feet gas only.

XIV. All owners of leases and surface owners within one-half mile of well have been furnished a copy of the application by registered mail.

This was advertised in Roswell for our hearing docket. Therefore no additional advertisement should be necessary. No objections.
DE.

OPERATOR'S COPY

SUBMIT IN DUPLICATE*

Form approved.
Budget Bureau No. 42-R355.5.UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY(See other In-
structions on
reverse side)

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

1a. TYPE OF WELL: OIL WELL ☐ GAS WELL ☐ DRY ☒ Other 17 1982

b. TYPE OF COMPLETION:

NEW WELL ☒ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ Other 203

2. NAME OF OPERATOR

H.E. PRINCE

3. ADDRESS OF OPERATOR

P.O. Box 129 Roswell N.Mex 622-7708

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*

At surface 1650' F.S.L. & 2310' F.W.L.

At top prod. interval reported below

At total depth

14. PERMIT NO.

DATE ISSUED

4/14/80

12. COUNTY OR PARISH

CHAVES

13. STATE

New Mexico

15. DATE SPUDDED

6/15/80

16. DATE T.D. REACHED

10/1/80

17. DATE COMPL. (Ready to prod.)

7/1/80

18. ELEVATIONS (DF, RKB, RT, GR, ETC.)*

19. ELEV. CASINGHEAD

3607.0 G.L.

20. TOTAL DEPTH, MD & TVD

1071

21. PLUG, BACK T.D., MD & TVD

22. IF MULTIPLE COMPL., HOW MANY*

23. INTERVALS DRILLED BY

ROTARY TOOLS

CABLE TOOLS

yes

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*

1020 THRU 1071 SAN ANDRES

26. TYPE ELECTRIC AND OTHER LOGS RUN

LOG FROM SAMPLES AT 1 FT. INTERVALS

27. WAS WELL CORED

No

25. CASING RECORD (Report all strings set in well)

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
<u>8 5/8"</u>	<u>24"</u>	<u>100'</u>	<u>12"</u>	<u>CIRCULATED</u>	
<u>4 1/2"</u>	<u>10.5"</u>	<u>1019</u>	<u>7 3/4"</u>	<u>CIRCULATED</u>	

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)

30. TUBING RECORD

SIZE	DEPTH SET (MD)	PACKER SET (MD)

31. PERFORATION RECORD (Interval, size and number)

OPEN HOLE 1019 THRU 1071

32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
<u>1019 - 1071</u>	<u>1000 GAL 15% ACID</u>

33.* PRODUCTION

DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)				WELL STATUS (Producing or shut-in)	
None		SWABED THRU 2" UPSET TUBING					
DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
7/15/80	24	None	→	2	None	20	
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)	
None	None	→					

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)

VENTED

35. LIST OF ATTACHMENTS

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records

SIGNED H.E. PrinceTITLE OPERATORACCEPTED FOR RECORD
David H. Glass
JAN 13 1983
MINERALS MANAGEMENT SERVICE
ROSWELL, NEW MEXICODATE 12/15/82

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

No 6730

DENTON OIL WELL CEMENTING CO.

Artesia, New Mexico

DATE OCTOBER 6 1950 PLACE NE 1/4 Sec 11

CHARGE TO H. E. RINE & SON ORDER NO. _____

MAIL ADDRESS 616 N. 4th St. CITY Artesia STATE N.M.

OWNER OF WELL SPUR CONTRACTOR LEATHERMAN

WELL NO. 111 FARM FAIRVIEW COUNTY CHAVEZ

SURVEY 27-14 SEC. 3 TWP. 6S RANGE 26E

DEPTH 1019 Casing { NEW } SIZE 4 1/2" SIZE HOLE 7 7/8"

OF WELL _____ Csg. CEMTD. 1019 USED } WEIGHT 9.54 AMOUNT AND 200 SACKS

KIND OIL SIZING SIZE { DRILL PIPE _____ CABLE _____ } TRUCK No. _____

OF JOB _____ TUBING _____ TOOLS _____ TRUCK No. _____

_____ ROTARY _____

SPECIAL TOOLS _____ PLUGS YES IF PLUG BACK, FROM _____ TO APPROX. _____

_____ NO _____

FLOATING EQUIPMENT USED _____

TIME REQUIRED MIXING _____ PRESS. { CIRCULATING 2-4 CEMENT LEFT } REQUEST

AND PUMPING CEMENT 1/2 MAXIMUM 4-5 IN PIPE BY NECESSITY 3 FEET

CONDITION OF MUD _____ CONDITION OF WELL AT TIME OF CEMENTING OK CHEMICAL USED None

PRICE REFERENCE NO. 3 TRUCK CALLED OUT 4 AM ON PM LOCATION 11 AM JOB PM BEGAN 12 AM JOB COM. 1 AM PM PLETED _____

PRICE JOB \$423.15 MATERIAL LEFT ON WELL _____

73.00 REMARKS: ALL V.C. 73 ANKLES AT \$1.00 PER ANKLE

19.65 4 1/2" T.C. 1000 LBS. PER T. AT \$15.65

514.83 2 1/4" - 300 LBS. PER T.

19.31 _____

534.14 _____

THE ABOVE JOB WAS DONE UNDER THE SUPERVISION OF THE OWNER OPERATOR, OR HIS AGENT WHOSE SIGNATURE APPEARS BELOW:

CEMENTER [Signature] AGENT OF CONTRACTOR OR OPERATOR

HELPER [Signature]

6022 - ARTESIA PRINTING CO.

ILLEGIBLE

Linda Area San Andres Pay Zone

Elevation g L est 3707

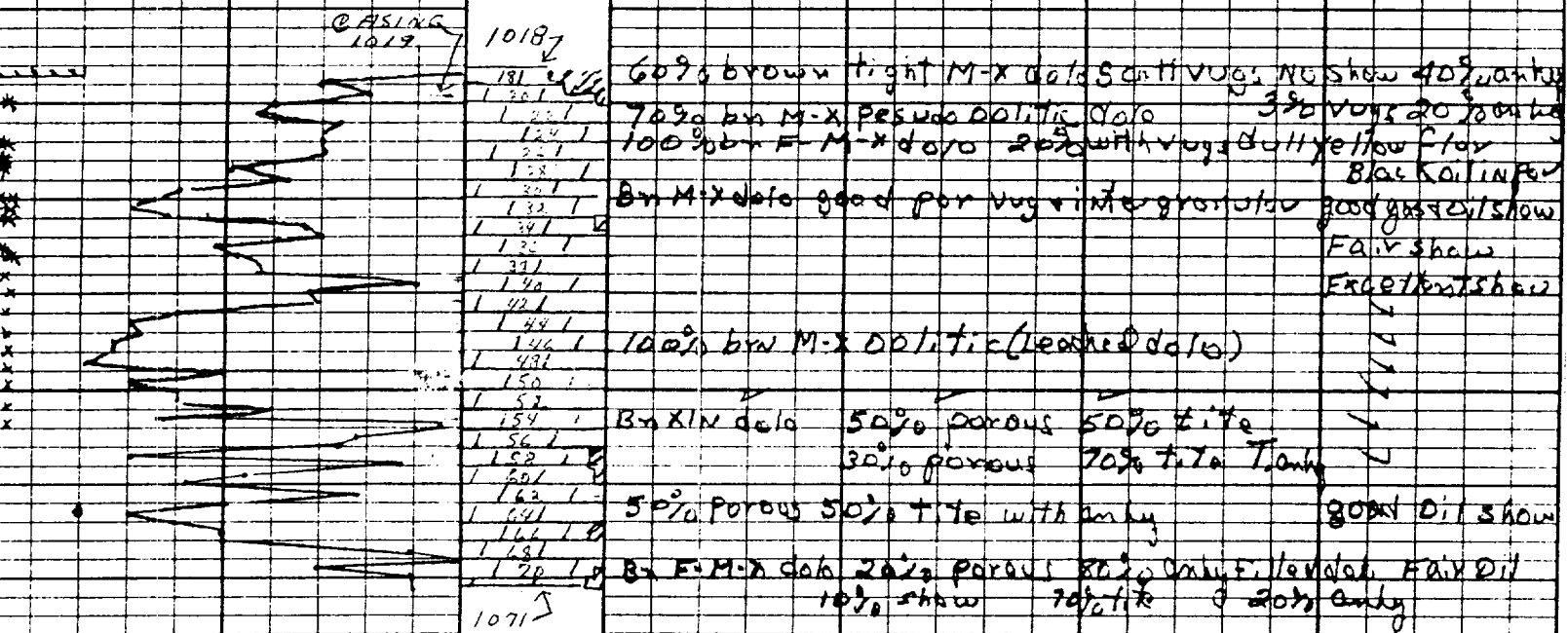
HE Prince & Son # 11 Federal

Sec 33 T6S. R26E 1650' FS + 2310' FW

I'drilling time & o./shows

Sample Description

25" 50"/1000



Scale $1'' = 20'$

Dalton Funchaloe Geologist

1100

Best zone 1041-1053 12

No evidence of water by sampler.

H.E. Prince

San Andres Samples

#	drilling	Depth	Description
0	160	17	60% sand shale with soft clay - 1/2" to 1" thick - mud shale
2	35	18	70% pseudo sand - Mixture (3/4)
3	40	19	70% sand shale - 1/2" to 1" thick - mud shale
4*	30	20	90% sand shale - 1/2" to 1" thick - mud shale
5	28	21	100% sand shale - 3/4" to 1" thick - mud shale
6	37"	22	50% sand shale - 1/2" to 1" thick - mud shale
7	35	23	50% sand shale - 1/2" to 1" thick - mud shale
8*	35	24	(sl. sh.) - 1/2" to 1" thick - mud shale
9*	35	25	100% sand shale - 1/2" to 1" thick - mud shale
10*	33"	26	100% sand shale - 1/2" to 1" thick - mud shale
11	25	27	100% sand shale - 1/2" to 1" thick - mud shale
12	32	28	DOWN 10 MIN
13	20	29	100% sand shale - 1/2" to 1" thick - mud shale
14*	17	30	3" M. sand shale with soft clay - 1/2" to 1" thick - mud shale
15*	15	31	100% sand shale - 1/2" to 1" thick - mud shale
16*	19"	32	100% sand shale - 1/2" to 1" thick - mud shale
17	34"	33	100% sand shale - 1/2" to 1" thick - mud shale
18	35"	34	100% sand shale - 1/2" to 1" thick - mud shale
19*	24	35	100% sand shale - 1/2" to 1" thick - mud shale
20*	26	36	DOWN 10 MIN

ILLEGIBLE

#	Time	Depth	Description	Oolite Por - F%
21	28"	1036-37	Bn M-x gran-Fx gran Rose oolite, interx-Vug per Strong gas	good Bn Por 81 or 1
22	28"	37-38	100% oolite Bn M-x oolite Leached	Exc
23	45"	38-39		
24	34"	39-40		
25	35"	40-41		
26	20"	41-42		
26	15"	42-43		
27	16"	43-44		
28	14"	44-45		poor or
29	14"	45-46	Tanhy	
30	11"	46-47	All leached oolite interx Strong gas	Exc 81 or 1
31	25"	47-48		
32	15"	48-49		
33	20"	49-50		
34	28"	50-51		
35	30"	51-52		
36	23"	52-53		
37	47"	54	100% Bn in oolite 50% porous 50% Fx dense	
38	39"	55	70% 30%	
39	37"	56		good
40	15"	57	30% 70% Tanhy	
41	43"	58	solid oolite 10% Leached 90% only	Fair
42	27"	59	50% porous oolite 50% 5% only	
43	21"	60	60% Fx interx 35% 5% only	

ILLEGIBLE

#	Time	Depth							
44	39	1060 1061	100 bn F-x d/a	20% porous (fine inter-x/n)	0% dense with anhy filling	st. Fi			
45	25	62		50% L	40% dense	40% only			
46	25	63							
47	20	64		50% fine por tight?	40% dense	10% only			
48	25	65		40%	Scott. v. 45/100	50% only			
49	25	66		80% fine sucrosic	20% dense anhy	Fair			
50	45	67		40% Fx	20% porous	40% bn F-x dense			
51	50	68							
52	35	69	Bn F-M-x d/a	20% porous	80% titc	T. anhy refilling			
53	45	70		10%	80 -	10% only			
54	45	71		10%	70 titc	20% only			

ILLEGIBLE

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE

(See other in-
structions on
reverse side)Form approved,
Budget Bureau No. 42-R355.5.

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 Dr. Sam G. Dunn							
3. ADDRESS OF OPERATOR P. O. Box 192, Artesia, New Mexico, 88210							
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 1650 feet from the South line & 1650 feet from the East line At top prod. interval reported below Same At total depth Same							
14. PERMIT NO.				DATE ISSUED			
15. DATE SPUDDED 2-21-65		16. DATE T.D. REACHED 6-9-65		17. DATE COMPL. (Ready to prod.) 8-20-65		18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 3625 GR	
19. ELEV. CASINGHEAD		20. TOTAL DEPTH, MD & TVD 1136		21. PLUG, BACK T.D., MD & TVD 1135		22. IF MULTIPLE COMPL., HOW MANY*	
23. INTERVALS DRILLED BY		ROTARY TOOLS 590-1136		CABLE TOOLS 0-590		24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 1070-1095 Slaughter San Andres	
25. WAS DIRECTIONAL SURVEY MADE No		26. TYPE ELECTRIC AND OTHER LOGS RUN Gamma Ray Neutron		27. WAS WELL CORED Yes		28. CASING RECORD (Report all strings set in well)	
CASING SIZE		WEIGHT, LB./FT.		DEPTH SET (MD)		HOLE SIZE	
10		36		30		11	
5 5/8				32		9 3/4	
4 1/2		9.5		1135		6 3/4	
CEMENTING RECORD		AMOUNT PULLED					
None		30					
175		None					
250		None					
29. LINER RECORD				30. TUBING RECORD			
SIZE		TOP (MD)		BOTTOM (MD)		SACKS CEMENT*	
						SCREEN (MD)	
2 3/8		1095		None			
31. PERFORATION RECORD (Interval, size and number)				32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.			
1070-1092		6 3/8 holes		DEPTH INTERVAL (MD)		AMOUNT AND KIND OF MATERIAL USED	
1033		5 3/8 holes		1070-1095		3,500 Gal. of 15% Acid	
1090		2 3/8 holes					
1095		2 3/8 holes					
33. PRODUCTION							
DATE FIRST PRODUCTION 8-20-65		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Pump 1 1/2" 3" Bannon				WELL STATUS (Producing or shut-in) Producing	
DATE OF TEST 8-25-65		HOURS TESTED 24		CHOKE SIZE 5"		PROD'N. FOR TEST PERIOD 6	
OIL—BBL.		GAS—MCF.		WATER—BBL.		GAS-OIL RATIO	
TSTH		35		35		26	
FLOW. TUBING PRESS.		CASING PRESSURE		CALCULATED 24-HOUR RATE		OIL GRAVITY-API (CORR.)	
				6		26	
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) Vented				TEST WITNESSED BY L. R. McFaden			
35. LIST OF ATTACHMENTS							
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records							

SIGNED

TITLE

Agent

DATE

10-21-67

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

ACCEPTED FOR RECORD

J. W. Luthal

RECEIVED

SEP 18 1963

U. S. GEOLOGICAL SURVEY
GOSWELL, NEIDERHART

U. S. LAND OFFICE S.F.
SERIAL NUMBER LC 068122
LEASE OR PERMIT TO PROSPECT

UNITED STATES
DEPARTMENT OF THE INTERIOR

LOG OF OIL OR GAS WELL

Company H. E. Barnes Address Box 1057, Roswell, New Mexico.

Lessor or Tract _____ Field WC State New Mexico

Well No. 1 Sec. 33 T. 6S R. 26E Meridian NLPM County Chaves

Location 990 ft. ^{NY}S. of S. Line and 2310 ft. ^{MS}W. of W. Line of ----- Elevation 3209.70
(Derrick floor relative to sea level)

The information given herewith is a complete and correct record of the well and all work done thereon so far as can be determined from all available records.

Signed W. E. Buchanan

Date April 6, 1963 Title _____

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

Commenced drilling 28 February 1963 Finished drilling 1 April 1963

OIL OR GAS SANDS OR ZONES

(Denote gas by G)

No. 1, from 1017 to 1068 No. 4, from to

No. 2, from _____ to _____ No. 5, from _____ to _____

No. 3, from _____ to _____ No. 6, from _____ to _____

IMPORTANT WATER SANDS

No. 1. from 23 to 32 No. 3. from _____ to _____

No. 2. from _____ to _____ No. 4. from _____ to _____

CASING RECORD

[illegible]

MUDDING AND CEMENTING RECORD

Size of hole	Water used	Number sacks of cement	Method used	Mud gravity	Amount of mud used
30	90	25 sks Neat	Ferno		
4 1/2	1009	50 sks Neat	Pump	38 Vis	80 sks

PLUGS AND ADAPTERS

Heaving plug—Material _____ Length _____ Depth set _____

Adaptors—Material _____ Size _____

SHOOTING RECORD

Size	Shell used	Explosive used	Quantity	Date	Depth shot	Depth cleaned out
5/8 shots	Lanewells		72 shots	4/6/63	1023-1053 ²⁵	
					1028-37	
					1040-53	

TOOLS USED

Rotary tools were used from -0- feet to 1069 feet, and from _____ feet to _____ feet.

Cable tools were used from _____ feet to _____ feet, and from _____ feet to _____ feet.

DATES

February 28	19 63	Put to producing	April 8	19 63
-------------	-------	------------------	---------	-------

The production for the first 24 hours was 80 barrels of fluid of which 80 % was oil; 10 % emulsion; 10 % water; and 0 % sediment. Gravity, °Bé. _____

If gas well, cu. ft. per 24 hours _____ Gallons gasoline per 1,000 cu. ft. of gas _____

Rock pressure, lbs. per sq. in. _____

EMPLOYEES

-----, Driller

FORMATION RECORD

FROM—	TO—	TOTAL FEET	FORMATION
0	23	23	Brown & Black Clay
23	32	9	Sand
32	108	76	Red Bed.
108	400	292	Red Bed.-Anhy.
400	550	150	Red Bed.-Anhy-Blue shale
550	682	132	Lime-Anhy.
682	850	168	Gray Lime - Dark Gr. Lime
850	1017	167	Lime & Dol.
1017	1060	51	Lime & Dol.

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

(See other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R355.5.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

1a. TYPE OF WELL: OIL WELL ☒ GAS WELL ☐ DRY ☐ Other _____

b. TYPE OF COMPLETION: NEW WELL ☒ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ Other _____

2. NAME OF OPERATOR

Dr. Sam G. Dunn

3. ADDRESS OF OPERATOR

1312 Main, Lubbock, Texas

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*

At surface 990' FSL & 990' FWL

At top prod. interval reported below

At total depth

14. PERMIT NO.

DATE ISSUED

15. DATE SPUDDED 9-17-63 16. DATE T.D. REACHED 9-30-63 17. DATE COMPL. (Ready to prod.) 10-12-64 18. ELEVATIONS (DF, RKB, RT, GR, ETC.) NA 19. ELEV. CASING HEAD NA

20. TOTAL DEPTH, MD & TVD 1143 21. PLUG, BACK T.D., MD & TVD 1046 22. IF MULTIPLE COMPL., HOW MANY* 23. INTERVALS DRILLED BY 0 - 1143 24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 988 - 1027 one hole per foot 25. WAS DIRECTIONAL SURVEY MADE no

26. TYPE ELECTRIC AND OTHER LOGS RUN

Gamma Ray - Nurtron

27. WAS WELL CORED

Yes

29. CASING RECORD (Report all strings set in well)

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
8-5/8	32	100'	11"	Cir.	None
4-1/2	9.5	1046	6-3/4"	75 sacks	None

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
					2"	1026	None

31. PERFORATION RECORD (Interval, size and number)

997 - 1027 2 holes per foot
988 - 996 & 1006 - 1016 one hole per foot.

32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
988 - 1027	Jet perforated
988 - 1027	Treated with 15000 gals of 10% acid water & 12000# of 20-40 sand

33.* PRODUCTION

DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)				WELL STATUS (Producing or shut-in)	
10-12-64		Pumping (6' 0" Bannon working barreil)				Producing	
DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
10-12-64	24	None	→	8	TSTM	16	None
FLOW, TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)	
		→					

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)

Vented TSTM

TEST WITNESSED BY

L. R. McFadin

35. LIST OF ATTACHMENTS

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records

SIGNED Pat Thompson

TITLE Agent

DATE 10-20-64

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

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

(See other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R355.5.

5. LEASE DESIGNATION AND SERIAL NO.

LC 063127

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

England FEDERAL

9. WELL NO.

2

CHANGED TO FED. NO. 4

10. FIELD AND POOL, OR WILDCAT

Linda San Andres

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

33-T6S-R26E, NMPM

12. COUNTY OR PARISH

Chaves

13. STATE

New Mexico

1a. TYPE OF WELL:

OIL WELL ☒ GAS WELL ☐ DRY ☐ Other ☐

b. TYPE OF COMPLETION:

NEW WELL ☒ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ Other ☐

2. NAME OF OPERATOR

Dr. Sam G. Dunn

3. ADDRESS OF OPERATOR

1312 Main, Lubbock, Texas

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)

At surface

1650 ft. from south line and 1667.46 feet from west line of Sec. 33, Twp. 6 South,

At top prod. interval reported below Range 26 East, NMPM

At total depth

14. PERMIT NO.

DATE ISSUED

15. DATE SPURRED

11-23-64

16. DATE T.D. REACHED

12--5-63

17. DATE COMPL. (Ready to prod.)

3-11-64

18. ELEVATIONS (DF, RKB, RT, GR, ETC.)*

3702 GL

19. ELEV. CASINGHEAD

20. TOTAL DEPTH, MD & TVD

1074

21. PLUG, BACK T.D., MD & TVD

1063

22. IF MULTIPLE COMPL., HOW MANY*

23. INTERVALS DRILLED BY

ROTARY TOOLS

CABLE TOOLS

X

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*

999-1032 Slaughter San Andres

25. WAS DIRECTIONAL SURVEY MADE

No

26. TYPE ELECTRIC AND OTHER LOGS RUN

Gamma Ray Neutron

27. WAS WELL CORED

Yes

28. CASING RECORD (Report all strings set in well)

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
8-5/8"	28#	101	11"	50 sack - circulate	None
4-1/2"	9.5#	1063	6-3/4"	50 sack	None

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
					2"	1000	None

31. PERFORATION RECORD (Interval, size and number)

999-1032 2 shots per ft. Jet perforated

32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
999-1032	1000 gal. 15% acid water
	14000 gal. 3% acid water
	with 7000# of 20--40 sand

33. PRODUCTION

DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)				WELL STATUS (Producing or shut-in)	
May 2, 1964		Pumping - Obannon 8 ft. insert pump				Producing	
DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
5-4-64	24	None	→	22	TSTM	25	NA
FLOW, TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)	
None	None	→				NA	

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)

Vented

TEST WITNESSED BY

L. R. McFadin

35. LIST OF ATTACHMENTS

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records

SIGNED

Pat Thompson

TITLE

Agent

DATE

May 19, 1964

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

NUMBER OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	1
FILE	1-
U.S.S.	
LAND OFFICE	
TRANSPORTER	
PRODUCTION OFFICE	
OPERATOR	2

NEW MEXICO OIL CONSERVATION COMMISSION

Santa Fe, New Mexico

(Form C-104)
Revised 7/1/57

REQUEST FOR (OIL) - (GAS) ALLOWABLE

New Well
Recompletion

This form shall be submitted by the operator before an initial allowable will be assigned to any completed Oil or Gas well. Form C-104 is to be submitted in QUADRUPPLICATE to the same District Office to which Form C-101 was sent. The allowable will be assigned effective 7:00 A.M. on date of completion or recompletion, provided this form is filed during calendar month of completion or recompletion. The completion date shall be that date in the case of an oil well when new oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

Artesia, New Mexico May 19, 1964

(Place)

(Date)

WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS:

Dr. Sam G. Dunn

Pendergrass

Well No. 1 in NW 1/4 NW 1/4

(Company or Operator)

(Lease)

D, Sec 4, T 7S, R 26E, NMPM, Linda San Andres Pool

Unit Letter
Chaves

County Date Spudded 12-6-63 Date Drilling Completed 12-12-63

Please indicate location:

Elevation 3803 Total Depth 1064 PBD 1063

Top Oil/Gas Pay 988 Name of Prod. Form. ~~San Andres~~ San Andres

PRODUCING INTERVAL -

Perforations 998-1030 2 shots per ft.

Open Hole None Depth 1063 Depth 990
Casing Shoe Tubing

OIL WELL TEST -

Natural Prod. Test: None bbls. oil, bbls water in hrs, min. Size Choke

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 13 bbls. oil, 41 bbls water in 24 hrs, min. Size Choke

GAS WELL TEST -

Natural Prod. Test: None MCF/Day; Hours flowed Choke Size

Method of Testing (pitot, back pressure, etc.):

Test After Acid or Fracture Treatment: MCF/Day; Hours flowed

Choke Size Method of Testing:

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 1000 gal. 15% acid, 14000 gal. 3% acid water with 7000# 20-40 sand

Casing Tubing Date first new
Press. None Press. None oil run to tanks 5-1-64

Oil Transporter McWood Corporation

Gas Transporter

Remarks:

JUN 1 - 1964

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

Approved JUN 1 1964, 19

Dr. Sam G. Dunn

(Company or Operator)

OIL CONSERVATION COMMISSION

By: Pat Thompson

(Signature)

Title: Agent

Send Communications regarding well to:

Dr. Sam G. Dunn

Name:

1312 Main, Lubbock, Texas

NUMBER OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	1-
FILE	
U.S.G.	
LAND OFFICE	
TRANSPORTER	OIL GAS
PRODUCTION OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION Santa Fe, New Mexico

(Form C-104)
Revised 7/1/57

REQUEST FOR (OIL) - (GAS) ALLOWABLE

New Well
Recompletion

This form shall be submitted by the operator before an initial allowable will be assigned to any completed Oil or Gas well. Form C-104 is to be submitted in QUADRUPLICATE to the same District Office to which Form C-101 was sent. The allowable will be assigned effective 7:00 A.M. on date of completion or recompletion, provided this form is filed during calendar month of completion or recompletion. The completion date shall be that date in the case of an oil well when new oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

Artesia, New Mexico July 26, 1964

(Place)

(Date)

WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS:

Dr. Sam G. Dunn

Sturgeon

Well No. 2

in SE

1/4 NW

1/4

(Company or Operator)

(Lease)

F

Sec 33

T 6S

R 26E

NMPM

Linda San Andres

Pool

Unit Letter

Chaves

County Date Spudded 12-29--63

Date Drilling Completed 1-3-64

Please indicate location:

Elevation NA

Total Depth 1074

PBTD 1070

Top Oil/Gas Pay 1004

Name of Prod. Form. Slaughter San Andres

PRODUCING INTERVAL -

Perforations 1004-1040 with 2 shots per ft.

Open Hole

Depth

Casing Shoe 1070

Depth

Tubing 1010

OIL WELL TEST -

Natural Prod. Test: None bbls.oil, bbls water in hrs, min. Size Choke

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of

load oil used): 10 bbls.oil, 35 bbls water in 24 hrs, min. Size pump

GAS WELL TEST -

Natural Prod. Test: None MCF/Day; Hours flowed Choke Size

Method of Testing (pitot, back pressure, etc.):

Test After Acid or Fracture Treatment: MCF/Day; Hours flowed

Choke Size Method of Testing:

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 1000 gal. 15% acid, 14000 gal. 3% acid water & 7000# 20-40 sand

Casing Press. None Tubing Press. None Date first new oil run to tanks 7-19-64

Oil Transporter McWood Corporation

Gas Transporter

Remarks: JUL 31 1964

O. C. C.

ARTESIA, OFFICE

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

Approved JUL 31 1964, 19

Dr. Sam G. Dunn

(Company or Operator)

OIL CONSERVATION COMMISSION

By: M. L. Armstrong

Title: GAS AND OIL INSPECTOR

By: Pat Thompson

(Signature)

Title: Agent

Send Communications regarding well to:

Name: Pat Thompson

Address: Box 452, Artesia, New Mexico

RECEIVED	
DISTRIBUTION	
SANTA FE	1-
FILE	
U.S.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
PRODUCTION OFFICE	
OPERATOR	2

NEW MEXICO OIL CONSERVATION COMMISSION Santa Fe, New Mexico REQUEST FOR (OIL) - (GAS) ALLOWABLE

(Form C-104)
 Revised 7/1/57

AUG 31 1964

New Well
 Recompletion

O. C. C.

This form shall be submitted by the operator before an initial allowable will be assigned to any completed Oil or Gas well. Form C-104 is to be submitted in QUADRUPLICATE to the same District Office to which Form C-101 was sent. The allowable will be assigned effective 7:00 A.M. on date of completion or recompletion, provided this form is filed during calendar month of completion or recompletion. The completion date shall be that date in the case of an oil well when new oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

Artesia, N. M.

August 28, 1964

(Place)

(Date)

WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS:

Dr. Sam G. Dunn

Sturgeon

Well No. 1, in SE 1/4 NW 1/4,

(Company or Operator)

(Lease)

F 33

T 6S

R 26E

NMPM, Linda San Andres

Pool

Unit Letter

Chaves

County Date Spudded 4-23-64

Date Drilling Completed 4-30-64

Elevation 3605 GR

Total Depth 1059 PBD 1053

Top Oil/Gas Pay 988

Name of Prod. Form. Slaughter San Andres

PRODUCING INTERVAL -

Perforations 988-996-1003-1010-1018-1021

Open Hole Depth Casing Shoe 1053 Depth Tubing 985

OIL WELL TEST -

Natural Prod. Test: None bbls, oil, bbls water in hrs, min. Choke Size

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 11 bbls, oil, 31 bbls water in 24 hrs, min. Choke Size pump

GAS WELL TEST -

Natural Prod. Test: None MCF/Day; Hours flowed Choke Size

Method of Testing (pitot, back pressure, etc.):

Test After Acid or Fracture Treatment: MCF/Day; Hours flowed

Choke Size Method of Testing:

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 15000 gal 7.1% acid and 15000# 20-40 sand

Casing Tubing Date first new Press. None Press. None oil run to tanks August 15, 1964

Oil Transporter McWood Corporation

Gas Transporter

Remarks: Same unit with well no 2

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

Approved AUG 31 1964, 19

Dr. Sam G. Dunn

(Company or Operator)

By: Pat Thompson (Signature)

Title Agent

Send Communications regarding well to:

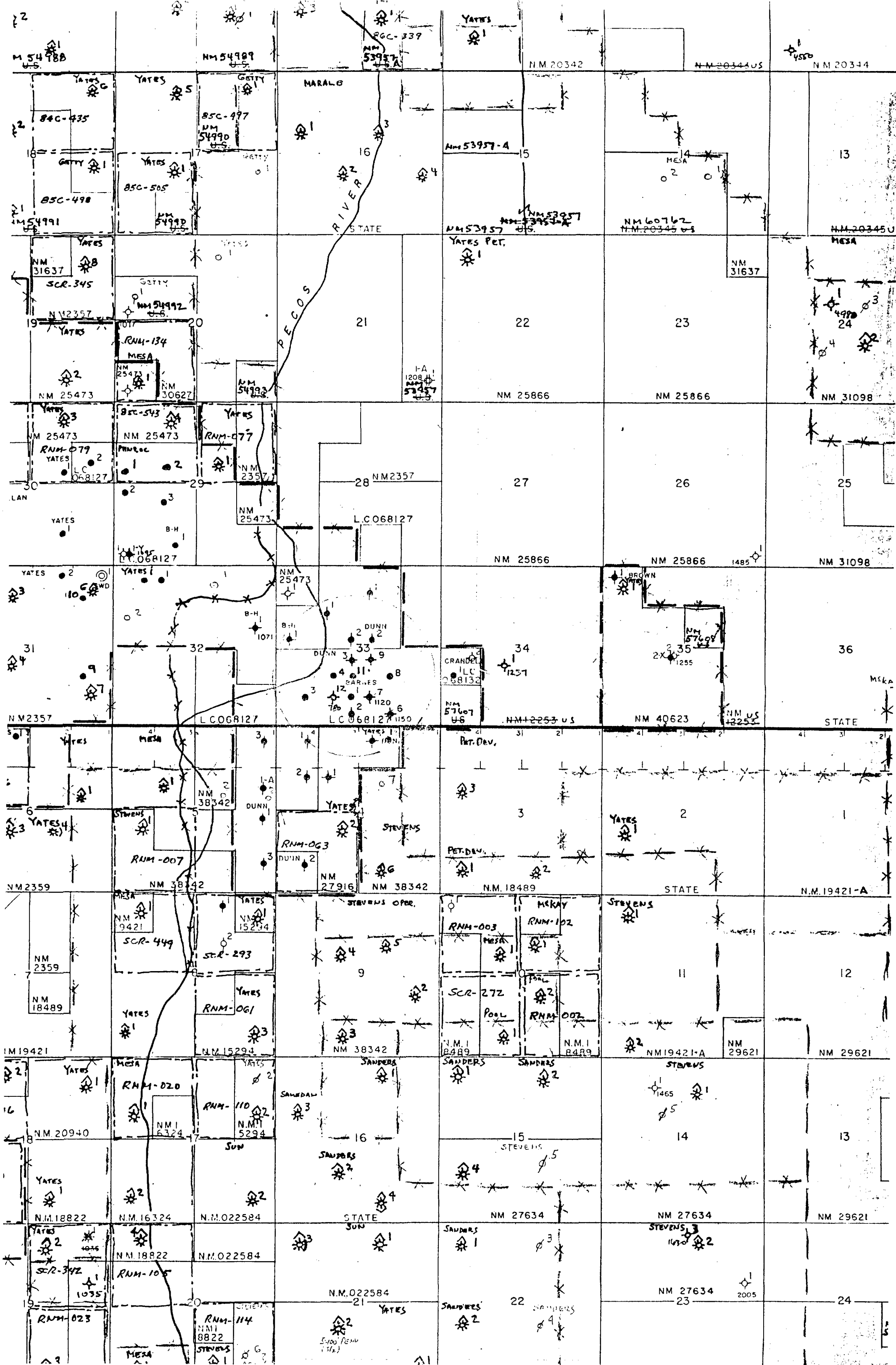
Name Mrs. Pat Thompson

Address Box 452, Artesia, New Mexico

OIL CONSERVATION COMMISSION

By: [Signature]

Title OIL AND GAS INSPECTOR



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"/>		7. UNIT AGREEMENT NAME	
b. TYPE OF COMPLETION:		NEW WELL <input type="checkbox"/> WORK OVER <input type="checkbox"/> DEEP-EN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> DIFF. RESVR. <input type="checkbox"/> Other Reentry		8. FARM OR LEASE NAME	
2. NAME OF OPERATOR		Dr. Sam G. Dunn		England	
3. ADDRESS OF OPERATOR		1312 Main, Lubbock, Texas		9. WELL NO.	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*		At surface 330 ft. from North line and 2310 ft. from East line, NW 1/4 NE 1/4		1 n	
At top prod. interval reported below				10. FIELD AND POOL, OR WILDCAT	
At total depth				Linda San Andres	
14. PERMIT NO.		DATE ISSUED		11. SEC., T. R., M., OR BLOCK AND SURVEY OR AREA	
				Sec. 4, T7S, R24E, N44W	
15. DATE SPUEDDED		16. DATE T.D. REACHED		12. COUNTY OR	
6-10-63		6-20-63		Chaves	
17. DATE COMPL. (Ready to prod.)		18. ELEVATIONS (DF, RKB, RT, GR, ETC.)*		13. STATE	
5-1-64		3735 OL		N. M.	
20. TOTAL DEPTH, MD & TVD		21. PLUG, BACK T.D., MD & TVD		19. ELEV. CASINGHEAD	
1030		None		3735 OL	
22. IF MULTIPLE COMPL., HOW MANY*		23. INTERVALS DRILLED BY		24. WAS DIRECTIONAL SURVEY MADE	
		→		No	
25. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*					26. TYPE ELECTRIC AND OTHER LOGS RUN
1064-1104 Slaughter section in San Andres					Gamma Ray, Neutron, Core Analysis
27. WAS WELL CORED					Yes
28. CASING RECORD (Report all strings set in well)					
CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
7" 4-1/2"	32# 9.5#	92 1124	9-1/4 6-1/4"	30 SRA 50 SAS	None None
29. LINER RECORD					
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	
30. TUBING RECORD				31. PERFORATION RECORD (Interval, size and number)	
SIZE	DEPTH SET (MD)	PACKER SET (MD)	1064-1104 (2 shots per ft.)		
2"	1047	None			
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.			33. PRODUCTION		
DEPTH INTERVAL (MD)		AMOUNT AND KIND OF MATERIAL USED			
1064-1104		jet perforated (2 shots per foot)			
1064-1104		fract w/1000 gal. 15% acid water, 14,000 gal. 3% acid			
		water, 7000# of 20-40 sand.			
DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)		WELL STATUS (Producing or shut-in)	
5-1-64		Pumping - 1-25/32 insert pump		Producing	
DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.
5-8-64	24	None	→	12	TSTM
WATER—BBL.	GAS—OIL RATIO				
25	None				
FLOW, TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.
None	None	→			
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)					TEST WITNESSED BY
Vented					L. R. McFadin
35. LIST OF ATTACHMENTS					
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records					
SIGNED Pat Thompson		TITLE Agent		DATE May 11, 1964	

***(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 record 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 16: 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; CORED 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.	NAME	GEOLOGIC MARKERS	
					NEAR. DEPTH	TOP TRUE VERT. DEPTH
	0	23	Brown & black clay			
	23	32	Sand			
	32	106	Red bed			
	106	400	Red bed any.			
	400	550	Red bed, any, blue shale			
	550	682	lime, any			
	682	850	Gray lime, dark gray lime			
	850	1049	lime, dol			
	1049	1130	lime & dol			

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPPLICATE*
(Other instructions on re-
verse side)Form approved.
Budget Bureau No. 42-R1421.

5. LEASE DESIGNATION AND SERIAL NO.

LC-068130

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

England B

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Linda San Andres

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

S 4, T 7 S, R 26 E

12. COUNTY OR PARISH 13. STATE

1. 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.)OIL WELL ☒ GAS WELL ☐ OTHER

2. NAME OF OPERATOR

H. E. Prince

3. ADDRESS OF OPERATOR

P. O. Box 129, 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

Unit letter B - 330' from N. line

2310' from E. line

14. PERMIT NO.

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

3735 G R

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 PLANS ☐(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 perti-
nent to this work.) *

Plug and abandon as follows:

Well depth 1030 ft.

Run 15 sacks of cement from 1030' back to 848.10'

Cut casing at 774.50' from surface

Run mud from 848.10' back to 142'

Run 100' cement plug 50' in and 50' out of surface pipe.

Run mud from 42' back to 10'

Run cement to surface and set marker.

Clean debris from site.

RECEIVED

AUG 16 1976

U. S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

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

SIGNED H. E. PrinceTITLE OwnerDATE 8/10/76

(This space for Federal or State office use)

APPROVED
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

AUG 17 1976

R. L. BEEKMAN
ACTING DISTRICT ENGINEER

*See Instructions on Reverse Side

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

(See other in-
structions on
reverse side)Form approved.
Budget Bureau No. 42-R355.5.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG*

1a. TYPE OF WELL: OIL WELL ☒ GAS WELL ☒ OTHER ☐ **NOTED**

b. TYPE OF COMPLETION: NEW WELL ☒ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ OTHER ☐ **JAN 11 1965**

2. NAME OF OPERATOR **Dr. Sam G. Dunn**

3. ADDRESS OF OPERATOR **O. C. C. ARTERIA, OFFICE**

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements):
At surface **1666.5 Ft. North line & 1657.6 Ft. from West line**
At top prod. interval reported below **Same**
At total depth **Same**

5. LEASE DESIGNATION AND SERIAL NO. **NM-0400030**

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME **Clark**

9. WELL NO. **1**

10. FIELD AND POOL, OR WILDCAT **Linda San Andres**

11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA **Sec. 4-Twp. 7S-R26E**

12. COUNTY OR PARISH **Chaves**

13. STATE **N.M.**

14. PERMIT NO. DATE ISSUED

15. DATE SPUDDED **2-29-64**

16. DATE T.D. REACHED **4-19-64**

17. DATE COMPL. (Ready to prod.) **10-1-64**

18. ELEVATIONS (DF, RES, RT, OR, ETC.) **3609.70GR**

19. ELEV. CASINGHEAD **3611**

20. TOTAL DEPTH, MD & TVD **1074**

21. PLUG, BACK T.D., MD & TVD **1074**

22. IF MULTIPLE COMPL., HOW MANY?

23. INTERVALS DRILLED BY **0-1074**

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*
1013-1044 Slaughter San Andres

25. WAS DIRECTIONAL SURVEY MADE **No**

26. TYPE ELECTRIC AND OTHER LOGS RUN
Radioactivity Log (Gamma Ray - Neutron)

27. WAS WELL CORED **Yes**

28. CASING RECORD (Report all strings set in well)

CASINO SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT POLLED
8-5/8	28	105'	11"	50 sx	None
4-1/2	9.5	1074'	6-3/4	50sx	None

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)

30. TUBING RECORD

SIZE	DEPTH SET (MD)	PACKER SET (MD)
2"	1030	None

31. PERFORATION RECORD (Interval, size and number)
1037, 1038, 1039, 1041, & 1042 (Sand Jetted)

32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
1037, 1038, 1039, 1041 & 1042	Sand Jetted
1037 to 1042	Treated with 15000 gals of 7.5% acid water & 7000 # of 20-40 sand

33. PRODUCTION

DATE FIRST PRODUCTION	PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)	WELL STATUS (Producing or shut-in)
10-164	Pumping (8' O'Bannon insert pump)	Producing

DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BSL.	GAS—MCF.	WATER—BSL.	GAS-OIL RATIO
10-1-64	24	None	→	5	TSTM 2	NA	

FLOW, TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BSL.	GAS—MCF.	WATER—BSL.	OIL GRAVITY-API (CORR.)
		→				

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) **Vented**

35. LIST OF ATTACHMENTS

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records

SIGNED **Pat. Thompson** TITLE **Agent** DATE **10-15-64**

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

NMCC - ARTESIA
NMCC - PEERS

N. M. O. C. C. COPY

Copy to SF

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLI
(Other instructions on reverse 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 wells. Use "APPLICATION FOR PERMIT" for such proposals.)

5. LEASE DESIGNATION AND SERIAL NO.

N.M. - 0400030

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Clark

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Linda San Andres

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

S 4, T 7 S, R 26 E

12. COUNTY OR PARISH

Chaves

13. STATE

N. M.

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

MAR 28 1977

2. NAME OF OPERATOR

H. E. Prince

O. C. C.

3. ADDRESS OF OPERATOR

P. O. Box 129, Roswell, New Mexico, 88201

ARTESIA, OFFICE

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

At surface

Unit letter F - 1666.5' from N. line

1657.6 from W. line

14. PERMIT NO.

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

3609 G R

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)

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.)

Plug and abandon as follows:

Well depth 1074'

Run 15 sacks of cement from 1074' back to 892.10

Cut casing at 675.50' from surface

Run mud from 892.10 back to 155'

Run 100' cement plug 50' in and 50' out to surface pipe.

Run mud from 55' back to 10'

Run cement to surface and set marker.

Clean debris from site.

RECEIVED

AUG 16 1976

U. S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

POSTED
ID-2
P.A.
4-1-77

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

SIGNED H. E. Prince

TITLE Owner

DATE 8/10/76

(This space for Federal or State office use)

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

MAR 20 1977

P. L. McKinnis
ACTING DISTRICT ENGINEER

*See Instructions 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 land or State office. See instructions on items 22 and 24, and 33, below regarding separate reports for separate completions.

Item 1: If not filed prior to the time this summary record 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.)

27. SUMMARY OF POROUS ZONES: SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF: CORED INTERVALS, AND ALL DRILL-STEM TESTS, INCLUDING DEPTH INTERVAL TESTED, CUSHION USED, TIME TOOL-OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES				38. GEOLOGIC MARKERS	
FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	MEAS. DEPTH
Sam Andros	0	562	Sand, Shale, Lime & Anhydrite Dolomite, Lime & Anhydrite Dolomite Anhydrite (Porosity Zone) Dolomite, Lime & Anhydrite. Log Tops		
Slaughter	562	1013			
San Andros	1013	1044			
San Andros	1044	1074			

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FILE	1
U.S.S.	
LAND OFFICE	
TRANSPORTER	
PRODUCTION OFFICE	
OPERATOR	2

NEW MEXICO OIL CONSERVATION COMMISSION

Santa Fe, New Mexico

(Form C-104)
Revised 7/1/57

REQUEST FOR (OIL) - (GAS) ALLOWABLE

MAY 22 1964

New Well
Recompletion

This form shall be submitted by the operator before an initial allowable will be assigned to any completed Oil or Gas well. Form C-104 is to be submitted in QUADRUPPLICATE to the same District Office to which Form C-101 was sent. The allowable will be assigned effective 7:00 A.M. on date of completion or recompletion, provided this form is filed during calendar month of completion or recompletion. The completion date shall be that date in the case of an oil well when new oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

Artesia, New Mexico

May 19, 1964

(Place)

(Date)

WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS:

Dr. Sam G. Dunn

Osage

Well No. 2

SW

NE

(Company or Operator)

(Lease)

G Sec. 33

T. 6S

R. 26 E

NMPM

Linda San Andres

Pool

Unit Letter

Chaves

County. Date Spudded 1-6-64

Date Drilling Completed 1-11-64

Please indicate location:

Elevation NA

Total Depth 1069

PBTD 1069

Top Oil/Gas Pay 1022

Name of Prod. Form. Slaughter San Andres

PRODUCING INTERVAL -

Perforations 1022-1039, 1043-1046, 1048-1059

Open Hole

Depth

Casing Shoe 1069

Depth

Tubing 1020

OIL WELL TEST -

Natural Prod. Test: None bbls. oil, bbls water in hrs, min. Size Choke

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 15 bbls. oil, 35 bbls water in 24 hrs, min. Size Choke None

GAS WELL TEST -

Natural Prod. Test: None MCF/Day; Hours flowed Choke Size

Method of Testing (pitot, back pressure, etc.):

Test After Acid or Fracture Treatment: MCF/Day; Hours flowed

Choke Size Method of Testing:

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 1000 gal. 15% acid & 4000 gal. 3% acid water with

Casing Press. None Tubing Press. None Date first new oil run to tanks 7000# 20-40 sand May 6, 1964

Oil Transporter McWood Corporation

Gas Transporter None

Remarks: MAY 22 1964

O. C. C.

ARTESIA, OFFICE

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

Approved MAY 22 1964, 19

Dr. Sam G. Dunn

(Company or Operator)

OIL CONSERVATION COMMISSION

By: M. L. Armstrong

Title OIL AND GAS INSPECTOR

By: Pat Thompson

(Signature)

Agent

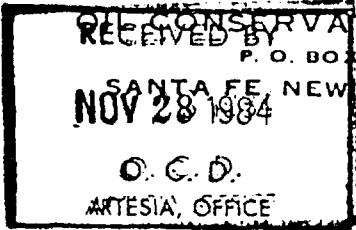
Title Send Communications regarding well to:

Name Dr. Sam G. Dunn

Address 1312 Main St., Lubbock, Texas

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.S.	
LAND OFFICE	
OPERATOR	



Form C-103
Revised 10-1-78

3a. Indicate Type of Lease
State ☐ Fee ☒
3. State Oil & Gas Lease No.

SUNDRY NOTICES AND REPORTS ON WELLS

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

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator Brady W. Production, Inc.	8. Farm or Lease Name OSAGE
3. Address of Operator P.O. Box 9128, Midland, Texas 79708	9. Well No. 2
4. Location of Well UNIT LETTER G 2310 FEET FROM THE North LINE AND 2329 FEET FROM THE East LINE, SECTION 33 TOWNSHIP 6S RANGE 26E NMPM.	10. Field and Pool, or Indicate Linda San Andres
11. Elevation (Show whether DF, RT, GR, etc.) 3608 GR.	12. County Chaves

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

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

7. 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.

On November 12, 1984 this well was plugged with a 25SX. plug placed from 700' to 1069' T.D. and a 10SX. plug from surface to 145' - 10# bentonite mud was placed between the cement plugs 102' of 8 5/8" - 23# surface casing and 1069' - 4 1/2" - 9 1/2# production casing was left in hole - 4" marker was set in top, and the location cleaned and ready for inspection.

Post ID-2
12-7-84
PLA

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

By Al N. Bunday TITLE Operator DATE November 27, 1984

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

(See other In-
structions on
reverse side)

Form approved.
Budget Bureau No. 1004-0137
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

Fed IC-068127

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

Federal

8. NAME OR LEASE NAME

Federal

9. WELL NO.

12

10. FIELD AND POOL, OR WILDCAT

Linda San Andres

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

Sec. 33, T 6S, R26E

1a. TYPE OF WELL:

OIL WELL ☒ GAS WELL ☐ DRY ☐ Other

1b. TYPE OF COMPLETION:

NEW WELL ☒ WORK OVER ☐ DEEP EN ☐ FILL BACK ☐ DIFF. CEMENT ☐ Other

2. NAME OF OPERATOR

H. E. Prince

3. ADDRESS OF OPERATOR

P. O. Box 129, Roswell, New Mexico 88201

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*

At surface Drilled to 780' Plugged and abandoned

At top prod. interval reported below

At total depth 1650' F. W. L. & 990 F. S. L.

14. PERMIT NO.

DATE ISSUED

1/30/80

12. COUNTY OR PARISH

Chaves

13. STATE

N. Mex.

15. DATE SPUDDED

7/15/80

16. DATE T.D. REACHED

2/14/85

17. DATE COMPL. (Ready to prod.)

18. ELEVATIONS (DF, RKB, RT, CR, ETC.)*

19. ELEV. CASINGHEAD

20. TOTAL DEPTH, MD & TVD

780

21. PLUG BACK T.D., MD & TVD

Surface

22. IF MULTIPLE COMPL., HOW MANY*

23. INTERVALS DRILLED BY

ROTARY TOOLS

780'

CABLE TOOLS

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*

NONE

25. WAS DIRECTIONAL SURVEY MADE

Yes

26. TYPE ELECTRIC AND OTHER LOGS RUN

NONE

27. WAS WELL CORDED

No

28. CASING RECORD (Report all strings set in well)

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
8 5/8"	24	100'	12"	Circulated	None

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	BACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)

31. PERFORATION RECORD (Interval, size and number)

None

ACCEPTED FOR RECORD
PETER W. CHESTER

MAY 20 1985

BUREAU OF LAND MANAGEMENT
ROSWELL RESOURCE AREA

32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED

33. PRODUCTION

DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)				WELL STATUS (Producing or shut-in)	
DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)	
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)					TEST WITNESSED BY		

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)

TEST WITNESSED BY

35. LIST OF ATTACHMENTS

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records

SIGNED H. E. Prince

TITLE Operator

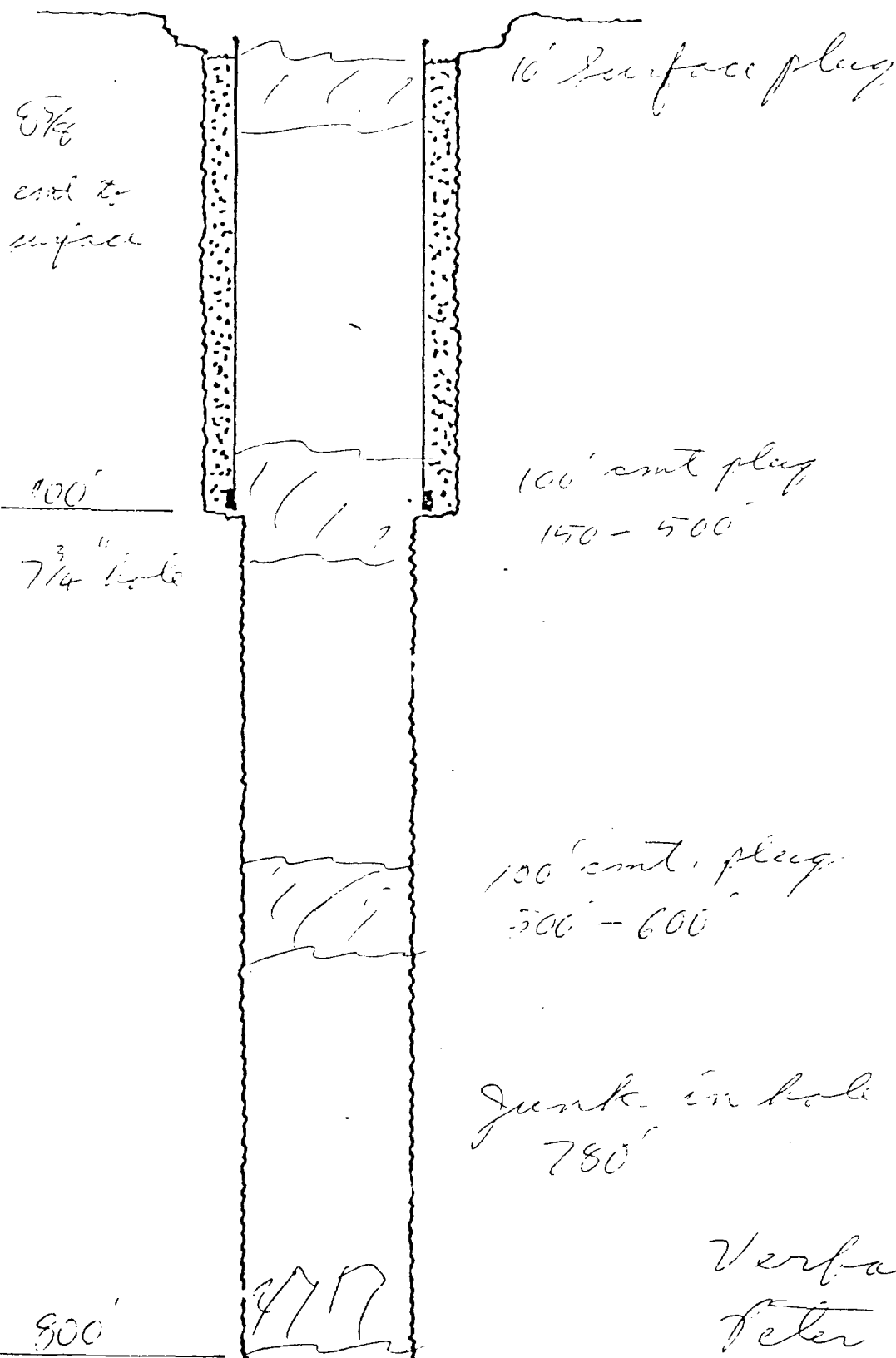
DATE 4/1/85

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

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; cored intervals; and all drill-stem, tests, including depth interval tested, cushion used, time tool open, flowing and shut-in pressures, and recoveries):				38. GEOLOGIC MARKERS	
FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	TOP
					MEAS. DEPTH
Brown Clay and sand	Surface	30	SAMPLES	NONE	
Red Bed	30	90			
Red Bed Anhy.	90	400			
Red Bed Anhy.	400	575			
Red Bed Anhy. With Blue Shale	575	685			
Lime Anhy	685	780			

OPERATOR : H.E. P... ..
WELL : 12 - Federal LEASE No. : LC - 00812
LOCATION : 1650 N. 170 W. 33 - 6 - 20



ILLEGIBLE

Verbal approval
Peter W. Chester
2/15/85

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.

FED. LC-068127
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

H. E. PRINCE

3. ADDRESS OF OPERATOR

P.O. Box 129 Roswell, N. Mexico 58201

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

1650' F.W. 4 & 990' F.S. 4.

14. PERMIT NO.

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

7. UNIT AGREEMENT NAME

FEDERAL

8. FARM OR LEASE NAME

FEDERAL

9. WELL NO.

12

10. FIELD AND POOL, OR WILDCAT

UNDER SAN ANTONIO

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

Sec. 33, T. 6S, R. 26E

12. COUNTY OR PARISH 13. STATE

CHAVES 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 COMPLETION

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) PLUG AND ABANDON

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

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

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.)*

PLUGGED AND ABANDON AS PER VERBA APPROVAL 2/15/85
SURFACE CASING 85" SIZE DEPTH 101' CEMENT CIRCULATED
WELL DRILLED TO TOTAL DEPTH OF 730'
PLACED HEAVY MUD 600' TO 730'
PLACED 800' CEMENT PLUG AT 500' TO 600'
PLACED HEAVY MUD AT 150' TO 500'
PLACED 100' CEMENT PLUG AT 50' TO 150'
PLACED HEAVY MUD 10' TO 50'
PLACED CEMENT FROM SURFACE DOWN TO 10'
SET 4" X 6' STEEL MARKER W/ LEGAL DESCRIPTION ON IT
CLEANED DEBRIS AND CLEANED SITE AND FILLED PIT

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

SIGNED H. E. PRINCE

TITLE OPERATOR

DATE 2/18/85

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

APPROVED
DATE
PETER W. CHESTER
Peter W. Chester
MAY 14 1986
BUREAU OF LAND MANAGEMENT
ROSWELL RESOURCE AREA

*See Instructions on Reverse Side

Form 9-331
(May 1963)

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.)

1. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. LC-068127
2. NAME OF OPERATOR H. E. Prince		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P. O. Box 129, Roswell, New Mexico 88201		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 Unit letter D - 990' from S. line 2310' from E. line		8. FARM OR LEASE NAME Federal
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3615 G.R.	9. WELL NO. 7
		10. FIELD AND POOL, OR WILDCAT Linda San Andres
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA S 33, T 6 S, R 26 E
		12. COUNTY OR PARISH 13. STATE

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 checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <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.) *

Plug and abandon as follows:
Well depth 1119'
Run 15 sack of cement from 1119' back to 937.10'
Cut casing at 720' from top of surface.
Run mud from 937.10 back to 150'.
Run 100 ft. cement plug 50' in and 50' out of surface pipe.
Run mud from 50' back to 10'.
Run cement to surface and set marker.
Clean debris from site.

RECEIVED
AUG 16 1976
U. S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

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

SIGNED H. E. Prince TITLE Owner DATE 8/10/76

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

APPROVED
AUG 17 1976
T. C. BEEKWIND
ACTING DISTRICT ENGINEER

*See Instructions on Reverse Side

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

(See other in-
structions on
reverse side)Form approved.
Budget Bureau No. 42-R355.5.

5. LEASE DESIGNATION AND SERIAL NO.

LC-068127

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Elliott

9. WELL NO.

2 changed to Fed. 7
Linda San Andres10. FIELD AND POOL, OR WILDCAT
OR AREA11. SEC., T., R., M., OR BLOCK AND SURVEY
OR AREA

Sec. 33-T68-R26E

12. COUNTY OR

Chaves

13. STATE

N. M.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

1a. TYPE OF WELL: OIL WELL ☒ GAS WELL ☐ DRY ☐ Other _____

b. TYPE OF COMPLETION:

NEW WELL ☒ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ Other _____

2. NAME OF OPERATOR

Dr. Sam G. Dunn

3. ADDRESS OF OPERATOR

1312 Main, Lubbock, Texas

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)

At surface 990 ft. FSL and 2310 ft. FEL, Sec. 33-T68-R26E
NMPM

At top prod. interval reported below

At total depth

14. PERMIT NO.

DATE ISSUED

15. DATE SHODD

5-1-64

16. DATE T.D. REACHED

5-8-64

17. DATE COMPL. (Ready to prod.)

8-14-64

18. ELEVATIONS (DF, REB, BT, GR, ETC.)*

3615 GR

19. ELEV. CASINGHEAD

20. TOTAL DEPTH, MD & TVD

1122

21. PLUG, BACK T.D., MD & TVD

1119,

22. IF MULTIPLE COMPL.,

HOW MANY*

23. INTERVALS

DRILLED BY

ROTARY TOOLS

0-1122

CABLE TOOLS

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*

1054-1072

Slaughter San Andres

25. WAS DIRECTIONAL

SURVEY MADE

No

26. TYPE ELECTRIC AND OTHER LOGS RUN

Gamma Ray-Neutron

27. WAS WELL CORED

Yes

28. CASING RECORD (Report all strings set in well)

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
8-5/8"	28#	100	11"	75 sacks - cire.	None
4-1/2"	9.5#	1119	6-3/4"	50 sacks	None

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
					2"	1054	

30. TUBING RECORD

31. PERFORATION RECORD (Interval, size and number)

Sand jet with one shot at intervals
1054-1056-1068-1070-1072

32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
1054-1072	1000 gal. 15% acid, 15000 gal. 7 1/2% acid and 7500# 20-40 sand

33.* PRODUCTION

DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)				WELL STATUS (Producing or	
8-14-64		Pumping - 6" x 1-25/32 O'Harmon				Producing	
DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
8-14-64	24	pump	→	12	0-	35	
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)	
		→					

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)

187M- vented

TEST WITNESSED BY

L. R. Noradin

35. LIST OF ATTACHMENTS

Gamma Ray Neutronlog

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records

SIGNED

Pat Thompson

TITLE

Agent

DATE

Aug. 28, 1964

*(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 record 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; CORED 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.	38. GEOLOGIC MARKERS		
				NAME	MEAS. DEPTH	TRUE VERT. DEPTH
Slaughter San Andres	1035 1041 1100	1041 1100 1120	Anhy Brown dol, anhy Anhy	San Andres	530	

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

(See other in-
structions on
reverse side)Form approved.
Budget Bureau No. 42-R355.5.

5. LEASE DESIGNATION AND SERIAL NO.

LC-068127

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Elliott

9. WELL NO.

1 Changed to Fed 6

10. FIELD AND POOL, OR WILDCAT

Linda San Andres

11. SEC., T., R., M., OR BLOCK AND SURVEY

OR AREA
Sec. 33, T. 6S, R. 26E.

12. COUNTY OR

PARISH
Chaves

13. STATE

N. M.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

1a. TYPE OF WELL: OIL WELL ☒ GAS WELL ☐ DRY ☐ Other _____

b. TYPE OF COMPLETION:

NEW WELL ☒ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ Other _____

2. NAME OF OPERATOR

Dr. Sam G. Dunn

3. ADDRESS OF OPERATOR

1312 Main, Lubbock, Texas

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*

At surface 330 ft. from South Line and 1650 ft. from
East Line Sec. 33, Twp. 6 S., R. 26 E., NMPM

At top prod. interval reported below

At total depth

14. PERMIT NO.

DATE ISSUED

15. DATE SPURRED

4-28-64

16. DATE T.D. REACHED

5-11-64

17. DATE COMPL. (Ready to prod.)

9-1-64

18. ELEVATIONS (DF, RKB, RT, GR, ETC.)*

3624 GR

19. ELEV. CASINGHEAD

20. TOTAL DEPTH, MD & TVD

1150

21. PLUG, BACK T.D., MD & TVD

1148

22. IF MULTIPLE COMPL.,
HOW MANY*23. INTERVALS
DRILLED BYROTARY TOOLS
105-1150CABLE TOOLS
0-105

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*

1079-1117 Slaughter San Andres

25. WAS DIRECTIONAL
SURVEY MADE

No

26. TYPE ELECTRIC AND OTHER LOGS RUN

Gamma Ray-Neutron

27. WAS WELL CORED

Yes

28. CASING RECORD (Report all strings set in well)

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
8-5/8"	28#	102	11"	75 sax & circulated	None
4 1/2	9.5#	1148	6-3/4"	50 sax	None

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)

30. TUBING RECORD

SIZE	DEPTH SET (MD)	PACKER SET (MD)
2"	1089	None

31. PERFORATION RECORD (Interval, size and number)

Sand jetted with 1 hole at following
depths: 1087-1094-1096-1098-1107-
1110-1112-1114

32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
1087-1114	1000 gal. 15% acid water, 15000 gal. 7 1/2% acid water, 7000# 20-40 sand

33.*

PRODUCTION

DATE FIRST PRODUCTION 9-1-64		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Pumping - Obannon 1-25/32 x 6'				WELL STATUS (Producing or shut-in) Producing	
DATE OF TEST 9-1-64	HOURS TESTED 24	CHOKE SIZE None	PROD'N. FOR TEST PERIOD →	OIL—BBL. 9	GAS—MCF. None	WATER—BBL. 32	GAS-OIL RATIO
FLOW. TUBING PRESS.		CASING PRESSURE	CALCULATED 24-HOUR RATE →	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)

Vented

TEST WITNESSED BY

L. R. McFadin

35. LIST OF ATTACHMENTS

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records

SIGNED Pat. ThompsonTITLE AgentDATE Sept. 12, 1964

*(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.

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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; CORED 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.	38. • GEOLOGIC MARKERS		
				NAME	MEAS. DEPTH	TRUE VERT. DEPTH
San Andres	1090	1150	NA	San Andres	612	
				Slaughter San Andres	1079	

OPERATOR'S COPY

Form 9-331
(May 1963)

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.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. LC-068127	
2. NAME OF OPERATOR H. E. Prince		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P. O. Box 129, Roswell, New Mexico, 88201		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 Unit Letter O - 330' from S. Line 1650' From E. line		8. FARM OR LEASE NAME Federal	
14. PERMIT NO.		9. WELL NO. 6	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3624 G R		10. FIELD AND POOL, OR WILDCAT Linda San Andres	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA S 33, T 6 S, R 26 E	
		12. COUNTY OR PARISH 13. STATE	

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 COMPLETION <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 checked="" type="checkbox"/>
(Other) <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.)*

Plug and abandon well as follows:

Well Depth 1148 ft.

Run 15 sacks of cement from 1148 ft. back to 966.10 ft.

Cut casing at 750 ft. from surface.

Run Mud from 966.10 back 152 ft.

Run 100' cement plug 50' in and 50' out of surface pipe.

Run mud from 52' back to 10' run cement to surface and set marker.

Clean debris from site.

RECEIVED

AUG 16 1976

U. S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

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

SIGNED H. E. Prince TITLE Owner DATE 8/10/76

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

(Signature of Approver, if any)

APPROVED
AUG 1 1976
F. L. BECKMAN
ACTING DISTRICT ENGINEER

*See Instructions on Reverse Side

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

(See other In-
structions on
reverse side)Form approved.
Budget Bureau No. 42-R355.5.

5. LEASE DESIGNATION AND SERIAL NO.

LC 068127

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

England

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Linda San Andres11. SEC., T., R., M., OR BLOCK AND SURVEY
OR AREA**Sec. 33-T6S-R26E,
NMPM**12. COUNTY OR
PARISH**Chaves**

13. STATE

New Mexico

1a. TYPE OF WELL:

OIL

WELL ☒

GAS

WELL ☐DRY ☐

Other

b. TYPE OF COMPLETION:

NEW

WELL ☒

WORK

OVER ☐

DEEP-

EN ☐

PLUG

BACK ☐

DIFF.

RESVR. ☐

Other

2. NAME OF OPERATOR

Dr. Sam G. Dunn

3. ADDRESS OF OPERATOR

1312 Main, Lubbock, Texas

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*

At surface

NE 1/4 SW 1/4 Sec. 33, T6S, R26E, NMPM

At top prod. interval reported below

2328.9 ft. from West line and**2310 ft. from South line**

At total depth

14. PERMIT NO.

DATE ISSUED

15. DATE SPUNDED

10-30-63

16. DATE T.D. REACHED

11-5-63

17. DATE COMPL. (Ready to prod.)

3-12-64

18. ELEVATIONS (DF, RKB, RT, GR, ETC.)*

19. ELEV. CASINGHEAD

20. TOTAL DEPTH, MD & TVD

1078

21. PLUG, BACK T.D., MD & TVD

107022. IF MULTIPLE COMPL.,
HOW MANY*23. INTERVALS
DRILLED BY

ROTARY TOOLS

CABLE TOOLS

X

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*

1018-1058 Slaughter San Andres25. WAS DIRECTIONAL
SURVEY MADE**No**

26. TYPE ELECTRIC AND OTHER LOGS RUN

Gamma Ray Neutron

27. WAS WELL CORED

Yes

28. CASING RECORD (Report all strings set in well)

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
8-5/8	28#	100	11"	50 sax - circulate	None
4-1/2	9.5#	1078	6-3/4	50 sax	None

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
					2"	1010	None

31. PERFORATION RECORD (Interval, size and number)

**1018-1058 with 2 shots per ft.
Jet perforated**

32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
1018-1058	1000 gal. 15% acid water, 14000 gal. 3% acid water, 7000# 20-40 sand

33. PRODUCTION

DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)				WELL STATUS (Producing or shut-in)	
May 2, 1964		Pumping- 3 ft. O'Bannon insert pump				Producing	
DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
May 5, 1964	24	None	→	20	TSTM	25	None
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)	
None	None	→					

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)

Vented

TEST WITNESSED BY

L. R. McFadin

35. LIST OF ATTACHMENTS

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records

SIGNED

Pat Thompson

TITLE

Agent

DATE

May 19, 1964

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

INSTRUCTIONS

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37. SUMMARY OF POROUS ZONES:

SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF: CORED 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.
	0 520 1013	520 1013 1078	Red bed, sand, shale & lime Dol., Ark., Gyp, shale Dol., saccharine, Ark. lncs

38.

GEOLOGIC MARKERS

NAME	TOP	
	MEAS. DEPTH	TRUE VERT. DEPTH

COMPLETION OR RECOMPLETION
GEOLOGICAL SURVEY
DEPARTMENT OF THE INTERIOR
UNITED STATES

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.

FED.LC-068127

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

FEDERAL

9. WELL NO. 1-England Federal
Fed. #3

10. FIELD AND POOL, OR WILDCAT

LINDA SAN ANDRES

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

S.33-T6S-R26E

12. COUNTY OR PARISH

Chaves

13. STATE

N.M.

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

H. L. Prince

3. ADDRESS OF OPERATOR

606 N. Atkinson, 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

Unit Letter K - 2328.9' From W. Line
2310' From S. Line.

14. PERMIT NO.

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

3608 GR

18. 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 COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

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.)*

Plug and abandon as follows:

Well Depth 1070'

Run 15 sacks of cement from 1070 back to 888.10

Cut Casing at 814.50' from surface

Run Mud from 888.10 back to 142'

Run 100' cement plug 50' in and 50' out of Surface pipe

Run Mud from 42' back to 10'

Run Cement to surface and set marker

Clean debris from site.

RECEIVED
MAR 25 1975
U. S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

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

SIGNED H. L. Prince

TITLE owner

DATE 3-20-75

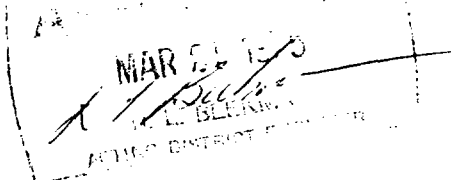
(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

*See Instructions on Reverse Side



UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLIC.

(See other In-
structions on
reverse side)Form approved.
Budget Bureau No. 42-R355.5.

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"/>		5. LEASE DESIGNATION AND SERIAL NO. 11-44107	
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"/>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
2. NAME OF OPERATOR Mr. Geo G. Dunn		7. UNIT AGREEMENT NAME	
3. ADDRESS OF OPERATOR P.O. Box 192, Artesia, New Mexico, 88210		8. FARM OR LEASE NAME 1144107	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 2310 ft. from the south line of 2310 ft. from the old line At top prod. interval reported below 2310 At total depth 1040		9. WELL NO. Change to Fed # 9	
14. PERMIT NO.		DATE ISSUED	
15. DATE SPUDDED 6-2-66		16. DATE T.D. REACHED 7-6-66	
17. DATE COMPL. (Ready to prod.) 10-1-67		18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 2522 00	
19. ELEV. CASINGHEAD		20. TOTAL DEPTH, MD & TVD 1094	
21. PLUG, BACK T.D., MD & TVD 1093		22. IF MULTIPLE COMPL., HOW MANY*	
23. INTERVALS DRILLED BY Rotary		24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 1040-1093 Slaughter San Andres	
25. WAS DIRECTIONAL SURVEY-MADE No		26. TYPE ELECTRIC AND OTHER LOGS RUN Gamma Ray Neutron	
27. WAS WELL CORED Yes		28. CASING RECORD (Report all strings set in well)	
29. LINER RECORD		30. TUBING RECORD	
31. PERFORATION RECORD (Interval, size and number) 1040-1060-1070-1072 1070-1077-1079-1090 Total 32 holes 3-3/8" holes per foot		32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC. DEPTH INTERVAL (MD) 1040-1077 AMOUNT AND KIND OF MATERIAL USED 10,000 lbs. 14, 2614	
33. PRODUCTION DATE FIRST PRODUCTION 10-1-67 PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) 7" x 1 1/2" Danaher Working Barrel WELL STATUS (Producing or) Producing		34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) TEST WITNESSED BY J. C. Sullivan	
35. LIST OF ATTACHMENTS		36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records	
SIGNED Hall		TITLE Geologist	
DATE 10-21-67		ACCEPTED FOR RECORD J. C. Sullivan District Engineer	

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

OPERATOR'S 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.

LC-068127

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR H. E. Prince	8. FARM OR LEASE NAME Federal
3. ADDRESS OF OPERATOR P. O. Box 129, Roswell, New Mexico, 88201	9. WELL NO. 9
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface Unit letter J, 2310' from the S. line 2310' from the E. line.	10. FIELD AND POOL, OR WILDCAT Linda San Andres
14. PERMIT NO.	11. SEC., T., R., E., M., OR BLK. AND SURVEY OR AREA S-33, T 6 S, R 26 E
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3622 G R	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:

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 PLANS ☐(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.)*

Plug and abandon as follows:

Well depth 1093'

Run 15 sacks of cement from 1093 back to 912.10'

Run mud from 912.10 back to 194.43

Run 100' cement plug 50' in and 50' out of surface pipe.

Run mud from 94.43 back to 10'

Run cement to surface and set marker.

Remove all debris from site.

RECEIVED

AUG 16 1976

U. S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

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

SIGNED

H. E. Prince

TITLE

Owner

DATE

8/10/76

(This space for Federal or State office use)

APPROVED BY
AUG 17 1976
T. L. BEEKMANN
ACTING DISTRICT ENGINEER

TITLE

DATE

*See Instructions on Reverse Side

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE

(See other in-
structions on
reverse side)Form approved.
Budget Bureau No. 42-R355.5.

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 _____										
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 _____								
2. NAME OF OPERATOR Yates Petroleum Corporation						3. ADDRESS OF OPERATOR 207 South 4th St., Artesia, NM 88210									
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements) At surface 330' FNL & 1650' FWL At top prod. interval reported below At total depth						14. PERMIT NO. _____ DATE ISSUED _____									
15. DATE SPUCCED		16. DATE T.D. REACHED		17. DATE COMPL. (Ready to prod.)		18. ELEVATIONS (DF, RSB, RT, GR, ETC.)*		19. ELEV. CASINGHEAD							
4-6-81		4-13-81		5-16-81		3657.2' GR									
20. TOTAL DEPTH, MD & TVD		21. PLUG BACK T.D., MD & TVD		22. IF MULTIPLE COMPL., HOW MANY*		23. INTERVALS DRILLED BY		ROTARY TOOLS CABLE TOOLS							
1150'		1137'				0-1150'									
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 1098-1128' San Andres								25. WAS DIRECTIONAL SURVEY MADE No							
26. TYPE ELECTRIC AND OTHER LOGS RUN Gamma Ray Neutron								27. WAS WELL CORED No							
29. CASING RECORD (Report all strings set in well)															
CASINO SIZE		WEIGHT, LB./FT.		DEPTH SET (MD)		HOLE SIZE		CEMENTING RECORD		AMOUNT PULLED					
10-3/4"		35.5#		200'		14-3/4"		200							
4-1/2"		9.5#		1150'		9-1/2"		225							
29. LINER RECORD										30. TUBING RECORD					
SIZE		TOP (MD)		BOTTOM (MD)		SACKS CEMENT		SCREEN (MD)		SIZE		DEPTH SET (MD)		PACKER SET (MD)	
						ACCEPTED FOR RECORD		ROGER A. CHAPMAN		2-3/8"		1085'			
31. PERFORATION RECORD (Interval, size and number) 1098-1128' w/15 .50" holes										32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC. INTERVAL (MD) AMOUNT AND KIND OF MATERIAL USED Acidized perms w/2500 g. 15% DS-30 & ball sealers.					
33.* PRODUCTION															
DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)						WELL STATUS (Producing or shut-in)							
5-16-81		Pumping						Producing							
DATE OF TEST		HOURS TESTED		CHOKE SIZE		PROD'N. FOR TEST PERIOD		OIL—BBL.		GAS—MCF.		WATER—BBL.		GAS-OIL RATIO	
5-18-81		24		-		5		5		TSTM		40		-	
FLOW. TUBING PRESS.		CASING PRESSURE		CALCULATED 24-HOUR RATE		OIL—BBL.		GAS—MCF.		WATER—BBL.		OIL GRAVITY-API (CORR.)			
-		-		5		5		TSTM		40		26			
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) None										NTL-28 REQ		TEST WITNESSED BY Bill Hansen			
35. LIST OF ATTACHMENTS Deviation Survey															
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records															
SIGNED		[Signature]				TITLE		Secretary		DATE		5-20-81			

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

NOTED ERYAN

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> P&A		5. LEASE DESIGNATION AND SERIAL NO. NM 27916
2. NAME OF OPERATOR Yates Petroleum Corporation		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 207 South 4th St., Artesia, NM 88210		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 330 FNL & 1650 FWL, Sec. 4-T7S-R26E		8. FARM OR LEASE NAME North Sturgeon PR Federal
14. PERMIT NO.		9. WELL NO. 1
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3657.2' GR		10. FIELD AND POOL, OR WILDCAT Linda San Andres
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Unit C, Sec. 4-T7S-R26E
		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 ☐

PULL OR ALTER CASING ☐

WATER SHUT-OFF ☐

REPAIRING WELL ☐

FRACTURE TREAT ☐

MULTIPLE COMPLETION ☐

FRACTURE TREATMENT ☐

ALTERING CASING ☐

SHOOT OR ACIDIZE ☐

ABANDON* ☒

SHOOTING OR ACIDIZING ☐

ABANDONMENT* ☐

REPAIR WELL ☐

CHANGE PLANS ☐

(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.)*

Verbal permission to plug and abandon well obtained from Peter Chester, BLM, Roswell 5-31-85, by Ray Stall, YPC, as follows:

Set CIBP at 1050' w/35' cement on top.
Set 50' or 15 sacks surface plug.

Call BLM, Roswell, 24 hours before plugging well. BLM phone no. 624-1790.

Clean location and set P&A marker.



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

SIGNED Ray Stall TITLE Production Supervisor DATE 5-31-85

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

APPROVED
PETER W. CHESTER
DATE

JUN 4 1985

BUREAU OF LAND MANAGEMENT
ROSWELL RESOURCE AREA

*See Instructions on Reverse Side



H. E. PRINCE

Construction & Petroleum

BOX 129

ROSWELL, NEW MEXICO 88201 U.S.A.

622-7708



July 15, 1986

Mr. Tom Cooper
Suite 410 First Nation Towers
Las Cruces, New Mexico, 88001

Re: Disposal Well
NW $\frac{1}{4}$ of SE $\frac{1}{4}$
Sec. 33, T6S, R26E
Certified Number
P 299 873 681

Dear Mr. Tom Cooper,

Enclosed is a copy of the application that has been submitted to the Oil Commission for salt water disposal.

I am no longer using the pit for disposal and instead will be injecting the produced water back into the same formation it is produced from.

The disposalable well is a well I drilled near the pit. It is drilled to 1071 feet and is cased from surface to 1019 feet and it is cement from 1019 feet back to surface.

I only produce 20 barrels of water per day and this well will handle this amount and more on gravity flow.

This well will make an excellent disposalable well because of it being located only 250 feet from the tank battery and it being cemented from 1019 to the surface and also handling the water on gravity flow.

Sincerely,

H. E. Prince
H. E. Prince



H. E. PRINCE

Construction & Petroleum

BOX 129

ROSWELL, NEW MEXICO 88201 U.S.A.

622-7708



July 15, 1986

Yates Energy Corp.
Sunwest Center
Roswell, N.M. 88201

Re: Disposal Well
NW $\frac{1}{4}$ of SE $\frac{1}{4}$
Sec. 33, T6S, R26E
Certified Number
P 299 873 682

Dear Sir,

Enclosed is a copy of the application that has been submitted to the Oil Commission for salt water disposal.

I am no longer using the pit for disposal and instead will be injecting the produced water back into the same formation it is produced from.

The disposalable well is a well I drilled near the pit. It is drilled to 1071 feet and is cased from surface to 1019 feet and it is cement from 1019 feet back to surface.

I only produce 20 barrels of water per day and this well will handle this amount and more on gravity flow.

This well will make an excellent disposalable well because of it being located only 250 feet from the tank battery and it being cemented from 1019 to the surface and also handling the water on gravity flow.

Sincerely,

H. E. Prince
H. E. Prince



H. E. PRINCE

Construction & Petroleum

BOX 129

ROSWELL, NEW MEXICO 88201 U.S.A.

622-7708



July 15, 1986

Mr. W. H. Brady
P.O. Box 9128
Midland, Texas 79708

Re: Disposal Well
NW $\frac{1}{4}$ of SE $\frac{1}{4}$
Sec. 33, T6S, R26E
Certified Number
P 299 873 680

Dear Mr. Brady,

Enclosed is a copy of the application that has been submitted to the Oil Commission for salt water disposal.

I am no longer using the pit for disposal and instead will be injecting the produced water back into the same formation it is produced from.

The disposalable well is a well I drilled near the pit. It is drilled to 1071 feet and is cased from surface to 1019 feet and it is cement from 1019 feet back to surface.

I only produce 20 barrels of water per day and this well will handle this amount and more on gravity flow.

This well will make an excellent disposalable well because of it being located only 250 feet from the tank battery and it being cemented from 1019 to the surface and also handling the water on gravity flow.

Sincerely,

H. E. Prince

H. E. Prince

P 299 873 682

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

★ U.S.G.P.O. 1985-480-794

PS Form 3800, June 1985

Sent to	
YATES ENERGY CORP.	
Street and No	
SUNWEST CENTER	
P.O. State and ZIP Code	
ROSWELL, N.M. 88201	
Postage	\$ 22
Certified Fee	25
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	20
Return Receipt showing to whom Date and Address of Delivery	
TOTAL Postage and Fees	\$ 167
Postmark or Date	1986 88201

P 299 873 681

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

★ U.S.G.P.O. 1985-480-794

PS Form 3800, June 1985

Sent to	
TOM COOPER	
Street and No	
SUITE 410, FIRST NATIONAL Tower	
P.O. State and ZIP Code	
LAS CRUCES, N.M. 88001	
Postage	\$ 22
Certified Fee	25
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	20
Return Receipt showing to whom Date and Address of Delivery	
TOTAL Postage and Fees	\$ 167
Postmark or Date	1986 88201

PS Form 3800, June 1985

★ U.S.G.P.O. 1985-480-794

Sent to	
W. H. BERRY	
Street and No	
BOX 9128	
P.O. State and ZIP Code	
MIDLAND, TEXAS 79708	
Postage	\$ 22
Certified Fee	75
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	20
Return Receipt showing to whom Date and Address of Delivery	
TOTAL Postage and Fees	\$ 167
Postmark or Date	1986 88201

P 299 873 680

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)