

H. E. PRINCE

Construction & Petroleum

BOX 129

ROSWELL, NEW MEXICO 88201 U.S.A.

622-7708



February 3, 1987

Re: Case #8984 Order # R-8318

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

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

BANTA FE, NEW MEXICO 87501

I William A Go PENTRY I

APPLICA	ATION FOR AUTHORIZATION TO INJECT
I.	Purpose: Secondary Recovery Pressure Maintenance Disposal Storage Application qualifies for administrative approval? yes no
11.	Operator: H.E. PRINCE
	Address: For BOX 129 ROSWELL, N.M. 88201
	Contact party: H.E. PRINCE Phone: 622-7708
111.	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.
17.	Is this an expansion of an existing project? yes no lf yes, give the Division order number authorizing the project
٧.	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:
	 Proposed average and maximum daily rate and volume of fluids to be injected; Whether the system is open or closed; Proposed average and maximum injection pressure; Sources and an appropriate analysis of injection fluid and compatibility with the receiving formation if other than reinjected produced water; and 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. $A(f \cap OC) = A(f \cap$
	Name: #F. PRINCE Title OPERATER Signature: # E. Pa. Cap Date: 2/15/86
imdua	e information required under Sections VI, VIII, X, and XI above has been previously tted, it need not be duplicated and resubmitted. Please show the date and circumstance e carlier 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:
 - 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.

XJV. 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 mustice be submitted. Such proof shall consist of a copy of the logal advertisement which was published in the county in which the well is located. The contents of such advertisement must include:

- (1) The nome address, phone number, and contact party for the applicant;
- (2) the inten of 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

Case 8984

July 14, 1986

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 disposalable well and a one-half mile radius circle around disposalable well.
- Vi. A copy of complection and plugging reports of all wells within the review area.
- Vll. 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 from1025 to 1075 feet and injected at 1025 to 1075 feet.
- Vill. Injection zone is the San Andress 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.
 - 1X. No stimulation intended.
 - X. Log complection report enclosed.
 - X1. Enclosed is the well record on the only fresh water well within one mile of proposed disposalable well. The fresh water well is not productive and appears to be temperaly abandoned.
 - Xll. To the best of my knowledge there is no faults between fresh water and injection area.
 - 111. WELL DATA
 - A. (1) Lease name is Federal, well #11, NW of SE 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 postive 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 Koswell for our heaving docket. Therefore no addition I advertisement should. be necessary. No objection.

MINERALS MANAGEMENT SERVICE

DATE /2/15/82

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

Nº 6730

DENTON OIL WELL CEMENTING CO.

Artesia, New Mexico

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SUBMIT IN DUPLIC

UNITED STATES S

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

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

TITLE

agent

DATE

Form 9-330

LOCATE WELL CORRECTLY



Form approved. Budget Bureau No. 42-R355.4. U. S. LAND OFFICE S.F. SERIAL NUMBER IC 068127 LEASE OR PERMIT TO PROSPECT

U.S. GEOLOGICAL SURVEY UNITED STATES
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SUBMIT IN DUPLICALE* Form approved. UNITED STATES Budget Bureau No. 42-R355.5. (See other in-DEPARTMENT OF THE INTERIOR structions on 5. LEASE DESIGNATION AND SERIAL NO. GEOLOGICAL SURVEY 6. IF INDIAN, ALLOTTEE OR TRIBE NAME WELL COMPLETION OR RECOMPLETION REPORT AND LOG* 1a. TYPE OF WELL: 7. UNIT AGREEMENT NAME Other b. TYPE OF COMPLETION: DIFF. CESVR. WORK PLUG BACK WELL X DEEP-S. FARM OR LEASE NAME Other 2. NAME OF OPERATOR England Federal Dr. Sam G. Dunn 3. ADDRESS OF OPERATOR 10. FIELD AND POOL, OR WILDCAT 1312 Main, Lubbock, Texas

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

At surface 990 FSL & 990 FWL Linda-San Andres
11. SEC., T., R., M., OR BLOCK AND SURVEY
OR AREA At top prod. interval reported below At total depth Sec. 33, Twp. 68 R26E 14. PERMIT NO. DATE ISSUED 18. ELEVATIONS (DF, REB, RT, GE, ETC.) 17. DATE COMPL. (Ready to prod.) 15. DATE SPUDDED 16. DATE T.D. REACHED 9-17-63 9-30-63 NA CABLE TOOLS 20. TOTAL DEPTH, MD & TVD ROTARY TOOLS 21. PLUG, BACK T.D., MD & TVD INTERVALS DRILLED BY 1046 25. WAS DIRECTIONAL SURVEY MADE 24. PRODUCING INTERVAL(S), OF THIS COMPLETION-TOP, BOTTOM, NAME (MD AND TVD)* 988 - 1027 one hole per foot no 26. TYPE ELECTRIC AND OTHER LOGS RUN 27. WAS WELL CORED Gamma Ray - Nurtron Yes CASING RECORD (Report all strings set in well) CASING SIZE CEMENTING RECORD WEIGHT, LB./FT. DEPTH SET (MD) HOLE SIZE AMOUNT PULLED 8-5/8 11" 100' Cir. None 1046 75 sacks None 29 LINER RECORD TUBING RECORD 30. SIZE TOP (MD) BOTTOM (MD) SACKS CEMENT* SCREEN (MD) DEPTH SET (MD) PACKER SET (MD) 1026 None 31. PERFORATION RECORD (Interval, size and number) ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC. DEPTH INTERVAL (MD) AMOUNT AND KIND OF MATERIAL USED 997 - 1027 2 holes per foot 988 - 996 & 1006 - 1016 one 1027 983 Jet perforated hole per foot. 1027 Treated with 15000 gals 10% acid water & 120 33.* PRODUCTION PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Sandwell STATUS (Producing or DATE FIRST PRODUCTION 10-12-64 DATE OF TEST PROD'N. FOR OIL BBL. HOURS TESTED CHOKE SIZE Producing BATIO <u> 10-12-64</u> None CALCULATED 24-HOUR RATE CASING PRESSURE OIL-BBL 34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) TEST WITNESSED BY Vented TSTM 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

Agent

DATE 10-20-64

TITLE

Form 9--330 (Rev. 5--63)

SUBMIT IN DUPL ATE* UNITED STATES DEPARTMENT OF THE INTERIOR

(See other instructions on reverse side)

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

Her Hite	1				
ons on side)	5. LEASE	063127	AND	SERIAL	NO.

	OL	OLOGICAL	- SURVEY					
WELL CO	MPLETION O	R RECOM	PLETION I	REPORT	AND L	.OG *	6. IF INDIAN, A	ALLOTTEE OR TRIBE NAME
TYPE OF WELL	L: OIL WELL	GAS WELL	DRY .	Other			7. UNIT AGREES	MENT NAME
TYPE OF COMP								
NEW WELL NAME OF OPERATION	OVER DEEP-	PLUG BACK	DIFF. RESVR.	Other			S. FARM OR LE England	
JT. SAB (G. Dunn			<i>:</i>			9. WELL NO.	, 020,000
ADDRESS OF OPER	Lubbock,	Torne					CHANGED	TO FED. NO. 4
	A Deport location of	learly and in acc	ordance with an	u State requi	cmente)*		Limie	Ban Andres
At top prod. inte	erval reported below	West lin Renge 26	line and e of Sec East, M	1667. 33, IMPM	Twp. (t from South	11. SEC., T., R., OR ABEA	N., OR BLOCK AND SURVEY
At total depth			14. PERMIT NO.		DATE ISSUE	0.0	12. COUNTY OR CARVOS	13. STATE
L1-23-64	16. DATE T.D. REACH			o prod.) 18				19. ELEV. CASINGHEAD
OTAL DEPTH, MD &	·	ACK T.D., MD & TV		TIPLE COMPL.	3702	INTERVALS	ROTARY TOOLS	CABLE TOOLS
1074	1063		How M	ANY*	, 200	DRILLED BY	X	
	RVAL(S), OF THIS COM			MD AND TVD)*				25. WAS DIRECTIONAL SURVEY MADE
199-1032	Slaughter	' wan And	res					No
APPE ELECTRIC A	NO OTHER LOGS RUN						2	7. WAS WELL CORED
CASING SIZE	WEIGHT, LB./FT.	CASING DEPTH SET	G RECORD (Rep	oort all string:	set in wel	CEMENTING	RECORD	
3-5/8"	28#	101	(MB)	11"	50		circulat	a None
FI/2"	9.5#	1063		6-34	50	SBX		None
-							-	
		IIID DEGGED			1			
SIZE		TER RECORD	ACKS CEMENT*	SCREEN (M	30.	SIZE	TUBING RECOR	
						2"	1000	None
					.			
	COBD (Interval, size a	nd number)	_	32.		·	TURE, CEMENT	
	2 shots p		et		TERVAL (MI	'' ^'	MOUNT AND KIND	OF MATERIAL USED
	2 shots perforate		et	999-		160	OO gal.	15% acid wat
			et			140	00 gal.	15% acid wate:
				999-		140	00 gal. 00 gal. h 7000#	15% acid water
99-1032	perforate	ad .	PRO	999-	1032	10 140 wit	00 gal.	15% acid wat: 3% acid wate: 01 20
99-1032	perforate	ON METHOD (Flo	PRO	999-	1032 and type o	10 140 W3t	00 gal.	15% acid water 3% acid water 01 20
PIRST PRODUCTI (a.y 2, 19	perforate	ON METHOD (Flo	PROI	999-	and type o	10 140 W3t	00 gal.	15% acid wate 3% acid water of 2010 sai
999-1032	perforate PRODUCTION HOURS TESTED	on Method (Flo)1ng - Ob	PROI wing, gas lift, po	DUCTION umping—size tt in oilbbl.	and type o	f pump)	WELL ST Shup	20
FIRST PRODUCTI FIRST PRODUCTI FOR TEST 5-4-64 TUBING PRESS.	PRODUCTION	ON METHOD (Flo)INS - Ob CHOKE SIZE NONE CALCULATED 24-HOUR RATE	PROI wing, gas lift, ponnon S	999- DUCTION umping—size 110 OIL-BBL. 22-	and type o	pump) pump TST'A	WELL ST Shut. WATER—BBL. 25 BBL. C	ACID WATES ACID WATES ATUS (Producing or COMMANDE CATUS) GAS-OIL RATIO RA OIL GRAVITY-API (CORR.)
FIRST PRODUCTI (A) 2, 15 OF TEST 5-4-64 TUBING PRESS.	PRODUCTION	ON METHOD (Flo)INS - Ob CHOKE SIZE NONE CALCULATED 24-HOUR RATE	PROI wing, gas lift, ponnon S	DUCTION umping—size ft. in oilbbl. 22 GAS—	and type o	pump) DUMP WATER	WELL ST Shut. WATER—BBL. 25 BBL. C	ATUS (Producing or CATUS (

DIMETER OF COP LA RECEIVED 1 CUSTORISHITON SANTA FF FILE U.S. S. LAND OFFICE TRANSPORTER OIL PROBATION OFFICE OFFIATOR

Santa Fe, New Mexico

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

REQUEST FOR (OIL) - (GAS) ALLOWAPLE

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° Eartenheit. Now Morrico. Morrico.

TE AD			
'E AD			(Place) (Date)
$r \vee r$	E HEREBY	REQUEST	ING AN ALLOWABLE FOR A WELL KNOWN AS:
Dr.	Sam G.	Dunn	Pendergrass Well No. 1 in NW W. NW
₹.	(Company or	Operator)	(lesse) under
ע		Sec	Pendergrass , Well No. 1 in NW 1/4, (Lease) Cunder. T 7S , R 26E , NMPM., Linda San Andres Pool
	********	,,	County. Date Spudded 12-6-63 Elevation 3003 Total Depth 1064 PBTD 1063
, P	Please indica	te location:	Elevation Total Depth PBTD 2003
DO	C	BA	Top Oil/Gas Pay 988 Name of Prod. Form. San Andres
		B	PRODUCING INTERVAL -
1		j	Perforations 998-1030 2 shots per ft.
E	F	G H	Open Hole None Depth Casing Shoe 1063 Depth Tubing 990
]	Open Hole Casing Shoe Tubing
 -		_ 	OIL WELL TEST -
L	K	JI	Natural Prod. Test: None bbls.oil,bbls water inhrs,min. Size
- 1			Total Meline Andre Total and Total and Conference of Confe
M	N	0 P	load oil used): 13 bbls.oil, 11 bbls water in 24 hrs, min. Size
·			load oil used):bbls,oil,bbls water inhrs,min. Size/
			GAS WELL TEST -
330	0/N 9		Natural Prod. Test: None MCF/Day; Hours flowed Choke Size
ubdne	(FOOTAGE)) Commenting Reco	
Size	_		
			Test After Acid or Fracture Treatment: MCF/Day; Hours flowed
-5/8	8 101	+ 50	Choke Size Method of Testing:
		<u> </u>	Acid or footure Treatment d Give amounts of materials used, such as acid, water, oil, and sand):1000 gal. 15% acid. 14000 gal. 3% acid water with
	2 106	50	Acid a footure Heatment d Give amounts of materials used such as acid, water, oil, and sand; 1000 gal. 3% acid water with
		50	Acid ar footure Treatment Give amounts of materials used such as acid, water, oil, and sand): 1000 gal. 15% acid, 14000 gal. 3% acid water with Casing None Tubing Press. None press. None oil run to tanks 5-1-64
	2 106	50	Acid ar 5006 ture Treatment d Give amounts of materials used such as acid, water, oil, and sand): 1006 gal. 15% acid, 14000 gal. 3% acid water with Casing Press. None Tubing Press. None oil run to tanks 5-1-64 McWood Corporation
	2 106	50	Acid or footure Treatment (Give amounts of materials used such as acid, water, oil, and sand): 1000 gal. 3% acid water with Casing None Tubing Date first new Press. None oil run to tanks 5-1-64 MCWOOD Corporation
-1/2	2 106	50	Acid or footure Treatment d Give amounts of materials used such as acid, water, oil, and sand):1000 gal. 15% acid. 14000 gal. 3% acid water with Casing None Press. None oil run to tanks 5-1-64 Oil Transporter McWood Corporation RECEIVED
-1/2	2 106	50	Acid a footure Treatment d Give amounts of materials used such as acid, water, oil, and sand):1000 gal. 15% acid, 14000 gal. 3% acid water with Casing None Press. None oil run to tanks 5-1-64 Oil Transporter McWood Corporation RECEIVED
-1/2	2 106	50	Acid of Footure Treatment Give amounts of materials used such as acid, water, oil, and sand): 1000 gal. 12 acid water with Casing Press. None Press. None Oil Transporter Gas Transporter Gas Transporter MeWood Corporation RECEIVED
-1/2	2 1063	None	Acid a footure Treatment Give amounts of materials used such as acid, water, oil, and sand): 1000 gal. 12 acid water with Casing Press. None Press. None oil run to tanks 5-1-64 Oil Transporter RECEIVED Gas Transporter RECEIVED
-1/2	2 1063 990 3:	None that the inf	Acid ar 5006 ture Treatment dive amounts of materials used such as acid, water, oil, and sand): 1006 gal. 15% acid, 14000 gal. 3% acid water with Casing None Tubing Date first new Press. None oil run to tanks 5-1-64 Oil Transporter RECEIVED Gas Transporter RECEIVED ormation given above is true and complete to the best of APInowledge.
H-1/2	2 1063	None	Acid ar footure Treatment Give amounts of materials used, such as acid, water, oil, and sand): 1000 gal. 12 acid water with Casing Press. None Press. None oil run to tanks 5-1-64 Oil Transporter RECEIVE. Gas Transporter RECEIVE. Cormation given above is true and complete to the best of Aplinowledge. Dr. Sam G. Dunn
H-1/2	2 1063	None that the inf	Acid or 5000 gal. 15% acid. 14000 gal. 3% acid. water, oil, and sand): 1000 gal. 3% acid. water with Casing None Tubing Press. None oil run to tanks 5-1-64 Oil Transporter McWood Corporation Gas Transporter RECEIVED formation given above is true and complete to the best of fig. 14000 gal. 3% acid. water, oil, and 7000 gal. 3% acid. water with 7000 gal. 3% acid. water, oil, and 7000 gal. 3% acid. water with 70
emarks	2 1063	None that the inf	Acid of Goodwire Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 1000 gal. 15% acid, 14000 gal. 3% acid water with Casing Press. None Tubing Date first new 7000 20-40 sand Press. None Press. None oil run to tanks 5-1-64 Cil Transporter RECEIVED Gas Transporter RECEIVED ormation given above is true and complete to the best of April Howledge. Dr. Sam G. Dunn (Company or Operator)
emarks	2 1063	None that the inf	Acid of Coordinate Treatment of Give amounts of Materials used such as acid, water, oil, and gand): 1000 gal. 3% acid water with 7000 gal. 3% acid water, oil, and 7000 gal. 3% acid water, oil, and 7000 gal. 3% acid water with 7000 gal. 3% acid water with 7000 gal. 3% acid water, oil, and 7000 gal. 3% acid water with 7000 gal. 3% acid water with 7000 gal. 3% acid water, oil, and acid water with 7000 gal. 3% acid w
emarks	2 1063	None that the inf	Acid at 6000 ture Treatment (Give amounts 4000 gal. 3% acid, water, oil, and gand): 1000 gal. 3% acid water with Casing None Tubing Press. None oil run to tanks 5-1-64 Cil Transporter RECEIVE. Gas Transporter RECEIVE. Ormation given above is true and complete to the best of April 1000 gal. 3% acid, water, oil, and 7000 gal. 3% acid water with 7000 gal. 3% acid water, oil, and 7000 gal. 3% acid water with 7000 gal.
emarks	2 1063	None that the inf	Acid of Coordinate Treatment of Give amounts of Materials used such as acid, water, oil, and gand): 1000 gal. 3% acid water with 7000 gal. 3% acid water, oil, and 7000 gal. 3% acid water, oil, and 7000 gal. 3% acid water with 7000 gal. 3% acid water with 7000 gal. 3% acid water, oil, and 7000 gal. 3% acid water with 7000 gal. 3% acid water with 7000 gal. 3% acid water, oil, and acid water with 7000 gal. 3% acid w

TRANSPORTER OIL TRANSPORTER OAL PROPATION OFFICE OPPRATOR

- YEW MEXICO OIL CONSERVATION COMMISSION Santa Fe. New Mexico

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

REQUEST FOR (OIL) - (GAS) ALLOWARLE

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 now oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

			Artesia, New Mex	1co July 26, 1964
			(Place)	(Date)
WE ARE	HEREBY	REQUESTI	ING AN ALLOWABLE FOR A WELL KNOWN AS:	. :.
Dr.	sem G.	Dunn	Sturgeon , Well No. 2	in SE 1/4 NW 1/4
F	S	Operator) lec. 33	(Lesse) T 6S , R 26E , NMPM, Linda S	an Andres Pool
UMR	A CONTRACTOR OF THE PERSON OF			
		e location:	County. Date Spudded 12-29-63 Date Drilling Elevation NA Total Depth 1071	+ PBTD 1070
·			Top Oil/Gas Pay 1004 Name of Prod. Form.	Slaughter San Andres
D	C 1	BA	PRODUCING INTERVAL - Perforations 1004-1040 with 2 shots per	- 61
E	F	3 H	Perforations Depth Depth	Peoth
	0	_ 	Open Hole Depth Casing Shoe 1070	Tubing 1010
			OIL WELL TEST -	
L	K	J I	Natural Prod. Test: None bbls.oil, bbls water	
- <u>H</u>	N		Test After Acid or Fracture Treatment (after recovery of vo	Chales
M			load oil used): 10 bbls.oil, 35 bbls water in	24 hrs,min. Size pump
	, , , , , , , , , , , , , , , , , , ,		GAS WELL TEST -	
2310	(FOOTAGE)	389.0/n	Natural Prod. Test: None MCF/Day; Hours flowed	Choke Size
		ementing Reco		
Size	Feet	Sax	Test After Acid or Fracture Treatment:	MCF/Day; Hours flowed
8-5/8	107	50	Choke Size Method of Testing:	
4-1/2	1070	50	Acid or Fracture Treatment (Give amounts of materials used, sand): 1000 gal. 15% acid. 14000 gal.	such as acid, water, oil, and 3% acid unter &
2	1010		Casing None Tubing None Date first new 7000 Press. None oil run to tanks 7-1	20-40 sand
<u> </u>			Oil Transporter McWood Corporation	3=04
Į.		į	1	FEBEIVED
 			Gas Transporter	
Remarks:.		•		JUL-3-1-1964
**************	• • • • • • • • • • • • • • • • • • • •	*****************		O. C. C.
T L			ormation given above is true and complete to the best of my	ARTESIA, OFFICE
ı ner	eoy cerury	1 1 106 Å	Dr. Sam G. Dunn	anowiedge.
approved.		۲.۱۷۲	(Company	or Operator)
c	IL CONS	ERVATION	COMMISSION By: Lat Than	apsoul
•	h. 0 1	7		sture)
By:	TI Ur	usker	1.9 Title Agent	
Title	FIL ADD	อณะ เดอคสซ์โ	Send Communication Name Pat Thompson	ons regarding well to:

			Address DUA TICA AL	tesia, New Mexico

	F RECEI	vea	
	-	04	
-		1/	
FILE		1	-
U. S. G. S.		1	
LAND OFFICE			
TRANSPORTER	OIL		
THEMSOUTEN	449	İ	ļ
PROBATION OF	FICE	17	_
OPFRATOR		13	<u> </u>

EW MEXICO OIL CONSERVATION COMMISSION Santa Fe, New Mexico E C E I V E D

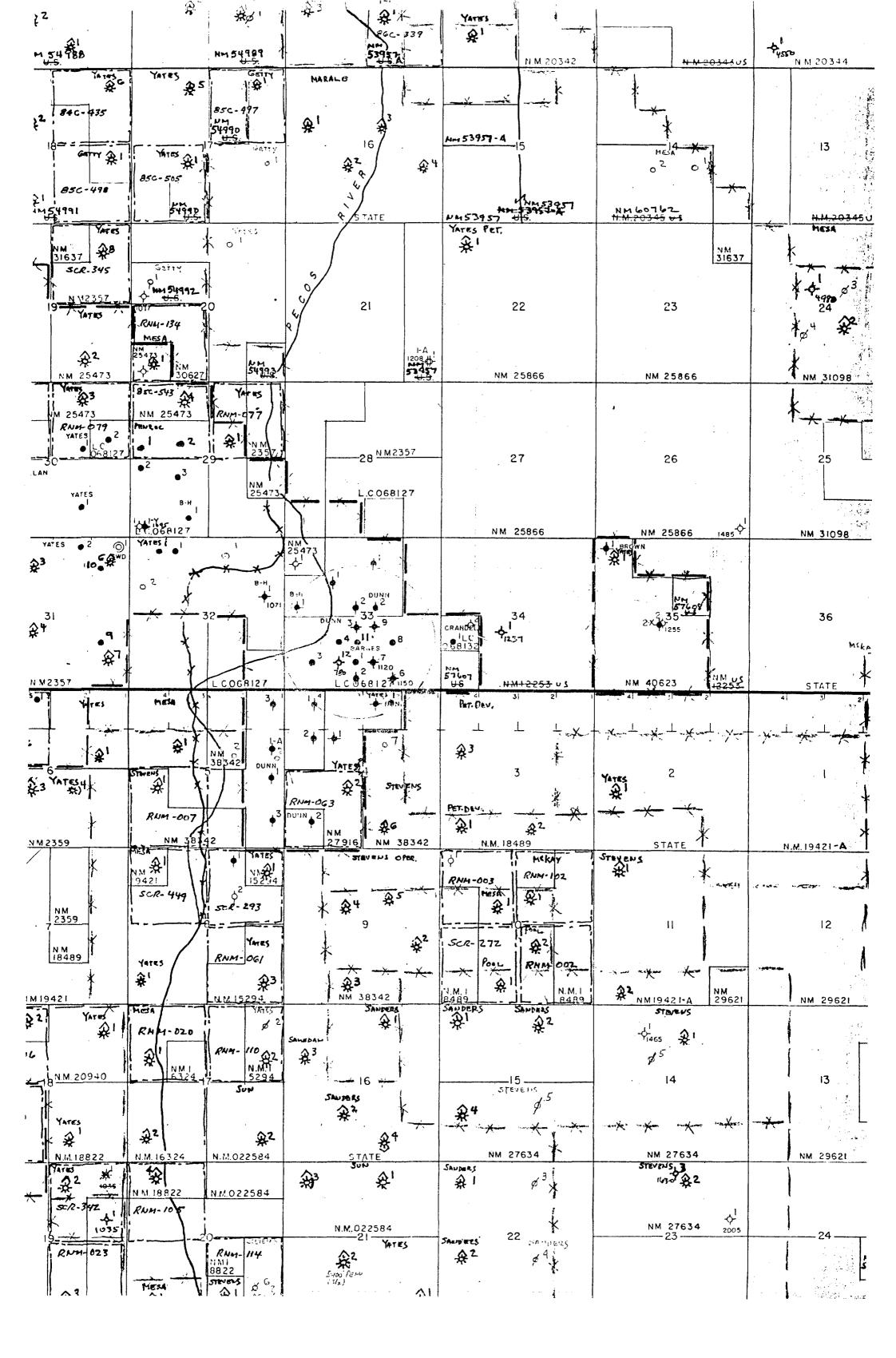
(Form C-104) Revised 7/1/57

REQUEST FOR (OIL) - (GAS) ALLOWARLE AUG 3 1 1964

New Well Recompletion

This form shall be submitted by the operator before an initial allowable will be assigned reliany configured 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 now oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

ed int	o the st	ock tani	ks. Gar mu	etion. The completion is be reported on 15.0	25 psia at (60° Fahrenhei Artesia,	t. No Mo	A An Oal W	ugust.	28. 1	1 dellv- 1964
						(Place)	••••••••			(Date)	-/
Dr.	Sam	G. D	unn V) Stu	rgeon	, Well No	1	, in SE		NW	1/4.
F	(Compa	ny or Op	erator) 33	Stu	(Lesse) 26E	NI (D) (Linda S	an And	red Pati		
	Letter	, Sec		, 1 K		, NMPM.,				*** , ***********	Pool
Cha	ves	••••••		County. Date Spu	dded 4-2	23-64	Date Dril	ling Compl	eted	4-30-6	54
P	lease ir	idicate l	ocation:	Elevation Top Oil/Gas Pay							
D	C	В	A			Name o	f Prod. Form	1. <u>015</u>	ngure:	rsan	Andre
			ļ	PRODUCING INTERVAL Perforations 98		1003-1010	-1018-1	021			
E	OF	G	Н	Perforations	C 770-1	Depth	-TOTO-1	K2	Depth	085	
						Casing	Shoe	23	Tubing	707	
L	K	J	I	OIL WELL TEST - Natural Prod. Test:	None :	obls.oil,	bbls wa	; iter in	hrs,_	min.:	Choke Size
	· · · · ·			Test After Acid or							
M	N	0	P	load oil used):	11 bbls.	oil, <u>31</u>	_bbls water	in' 24	rs,	Choke min. Size	Dump
		<u> </u>		GAS WELL TEST -	:					•	
65	50,7	MY Y	1	Natural Prod. Test:	None	MCF/Da	y; Hours flo	wed :	Choke S	ize	
abding	Casing	and Cem	enting Reco	ord Method of Testing	(pitot, back	c pressure, etc	.):				
Sin		Feet	Sax	Test After Acid or	Fracture T	reatment:		MCF/Day	; Hours f	lowed	
3-5/	/8	105	50	Choke Size							
+2	1	.053	50	Acid or Fracture Tr	reatment (Gi	ve amounts of	materials us	ed, such a	s acid, w gand	ater, oil,	, and
2		985		Casing Tu	ubing ress. <u>Nor</u>	Date first	new Au	gust 1			
				Gil Transporter	McWoo	d Corpor	ation				
			<u> </u>	Gas Transporter							
mark	يكد:٤	em.	Unit	with we	Shall.	<u> </u>			· · · · · · · · · · · · · · · · · · ·		•
•••••••			*******		*****************					•••••••	•••••
·····	• • • • • • • • • • • • • • • • • • • •	•••••••	***********							••••••	•••••
				ormation given above		d complete to	the best of r Sam. G.	ny knowle Dime	dge.		
prov	ed	AUG	.3.1.196	4, 19	9			ny or Oper	ator)		
	OIT 4	CONTER	D = 1 . ~ = ~ -		•	w Dit	Thom	rpso	n/		ا لا
			,	COMMISSION	1	y I L.	(:	Signature)	•••••••		
/: <u>.</u> .	////	1/1/2	41/2	1 1 1 11		Title Agen					
itle		4## 8A	/#apecia				Communic			il to:	
				···		Name Irs					
		-			,	Adress Box	452, A	rtesia	, New	Mexico	



SUBMIT IN DUPL. . TE * UNITED STATES DEPARTMENT OF THE INTERIOR

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

			SIAIES	JODINII	(See	other in-	Bud	get Bureau No. 42-R355.5.
			F THE IN AL SURVEY		struc	tions on -	LC-068,	NATION AND SERIAL NO.
WELL CO	MPLETION	OR RECO	MPLETION	REPORT A	AND LO	G *	. IF INDIAN, A	LLOTTEE OR TRIBE NAME
1a. TYPE OF WEL		LL GAS WELL		Other			. UNIT AGREEM	ENT NAME
b. TYPE OF COM								
WELL	WORK DE	EP- PLEG BACK	DIFF. RESVR.	Other Reer	itry		S. FARM OR LEA	
2. NAME OF OPERAT	_						Englan	d
	G. Dunn					·), WELL NO.	
3. ADDRESS OF OPE	RATOR Line Lubb	ock, Texa	2.8			-	1 6	
4. LOCATION OF WE	•	•		u State require	mente*			San Andres
At surface 33	o it. fr	om North	line and	2310 ft.	Tron i	Cast	11. SEC., T., R.,	78 R26L, K4FA
At top prod. int	erval reported b	elow		•				Andream during is
At total depth						,		
			14. PERMIT NO	. D	ATE ISSUED]	Chaves	13. STATE
					<u> </u>			
15. DATE SPUDDED	16. DATE T.D.		E COMPL. (Ready)	to prod.) 18.	ELEVATIONS (I		GR, ETC.)* 1	9. ELEV. CASINGHEAD 3735 GL
0-10-63 20. total depth, md	6-206	UG, BACK T.D., MD &	1-64 TVD 22 IF MIII	LTIPLE COMPL.,	3735 G		ROTARY TOOLS	CABLE TOOLS
1030		None	HOW M		DRII	LLED BY	X	
24. PRODUCING INTER	RVAL(S), OF THIS	COMPLETION-TO	P, BOTTOM, NAME (MD AND TVD)*	<u> </u>			25. WAS DIRECTIONAL SURVEY MADE
1064-110	4 Slaugh	ter sect	ion in Sa	n Andrei				No 1
26. TYPE ELECTRIC A		on, Core	Analysis	:			∤	. WAS WELL CORED
28.			ING RECORD (Re			MENTING RE		mer de la companya de
CASING SIZE	WEIGHT, LB.			OLE SIZE			CORD	AMOUNT PULLED
4-1/2"	32# 9.5#	92 1121		-1/4"		ra Is		None
1 247 =-	7.74	- Andrew	·			A #/		
	_				,			79-8
29.		LINER RECORI)		30.	TU	BING RECOR	
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD		DE	PTH SET (MD)	PACKER SET (MD)
					5,,		1047	None
31. PERFORATION RE-	CORD (Internal	isa and number	<u> </u>					
		s per ft.	1	32.	ACID. SHOT			QUEEZE, ETC.
2001-2201	/ L BELLE	o her to		1064-		-1	erforat	ed (2 shots
						- - -	oot)	74 (2 22.548
				1064-	1104	fract	w/1000	gal. 15% ac
						vater	.14.000	gal. 3% acid
33.*				DUCTION	Wat	er,700		9-40 sand.
5-1-64		umping -	Flowing, gas lift, 1 1-25/32 1			mp) -	well st	roducing or
53-6	HOURS TESTED	None	PROD'N. FOR TEST PERIOD	OIL—BRL.	GAS—M		WATER—BBL.	GAS-OIL RATIO
NODG	LODE	24-HOUR BA	TE	GASM	icr.	WATER—B	BL. 01	IL GRAVITY-API (CORR.)
34. disposition of C	l	or fuel, vented, etc.)		÷		L. R.	cFadir.
35, LIST OF ATTACH								
36. I hereby certify	that the forego	ing and attached	information is com	plete and corre	ct as determin	ned from al	i available reco	ords
signed 🔀	at The	mpsor	TITLE _	Agent			DATE _	May 11, 1964

NSTRUCTIONS

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.

or Federal office for specific instructions. from 4: If there are no applicable State requirements, tocations on rederat or indicat land should be described in accordance with rederat requirements. Consult local state

Hem 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. Hems 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.)

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Committee of the second			*		पुरुष	FOR.	SUM	
er en				1, 0, 1		FORMATION	ARY O	i Mid egit
# # # A	·····						SUMMARY OF POROUS SHOW ALL IMPORTANT DEPTH INTERVAL TEST	
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7 AT 210 21	,						NTS TI	
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: .			-		TRUE VERT, DEPTH	TOP		
					T. DEPTH			

...

UNITED STATES SUBMIT IN TRIPLICATE* DEPARTMENT OF THE INTERIOR (Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.
5. LEASE DESIGNATION AND SERIAL NO.
LC-068130

GEOLOGICAL	SURVEY

SUNDRY NOT	ICES AND REPORT	S ON WELLS
(Do not use this form for propo Use "APPLIC	sals to drill or to deepen or pl ATION FOR PERMIT—" for su	ug back to a different reservoir. ch proposals.)

6.	IF	INDIAN,	ALLOTTEE	OR	TRIBE	NAME

(Do not use this form for p Use "APF	roposals to drill or to deepen or plug back to a different reservoir. LICATION FOR PERMIT—" for such proposals.)	
OIL GAS OTH	я:	7. UNIT AGREEMENT NAME
H. E. Prince		8. FARM OR LEASE NAME England B
Address of operator P. O. Box 129,	Roswell, New Mexico 88201	9. WELL NO.
See also space 17 below.) At surface	on clearly and in accordance with any State requirements.* 330 from No line	Linda San Andres 11. sec. T., M., or BER, AND SURVEY OR AREA
2310' from E. 1	ine	5 4. T 7 S. R 26 B
14. PERMIT NO.	15, ELEVATIONS (Show whether DF, RT, GR, etc.)	12. COUNTY OR PARISH 13. STATE
	3735 C P	

16.

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

NOT	ICE OF INT	ENTION TO:	SUBSEQUENT RE	tport of:
TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL (Other)		PULL OR ALTER CASING MULTIPLE COMPLETE ABANDON* CHANGE PLANS	water shut-off fracture treatment shooting or acidizing (Other) (Note: Report results of mul Completion or Recompletion R	REPAIRING WELL ALTERING CASING ABANDONMENT* Itiple completion on Well eport 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 1030 ft.

Run 15 sacks of eement 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 1 6 1976

U. S. GEOLOGICAL SURVEY. ARTESIA, NEW MEXICO

0/76

Form 9-336				copy to					
(Rev. 5-68)	Ĺ	JNITED S	STATES	รบฮ์ฟ้ากา	N DUPLION		For Bu	rm approved. dget Bureau No.:42-R3	155.5,
	DEPARTM	IENT OF	THE IN	TERIOR	struct	therin- tions on se side)	l	GNATION AND SERIAL	
*	GE	OLOGICAL	_ SURVEY		i		NM-OH	00030	
WELL CON	APLETION O			REPORT AN	ID LOC	3 *	6. IF INDIAN,	ALLOTTEE OR TRIBE	IAME
	WEI,L L	# 5 5 E	ADRA 🖺	Other NO	TED		7. UNIT AGREE	MENT NAME	
b. TYPE OF COMP	WORK DEEP.	PLUG BACK	DIFF.	Other IA 1			S. PARM OR LE	AHE NAME	
2. NAME OF OPERATO		T WAL	<u> </u>	UNIN 1	1 1965		Clark	그는 취위 성기없다	
Dr. Sam	G. Dunn				!		9. WELL NO.	1 4 E E ST	
3. ADDRESS OF OPER	ATOB	ARTEBIA		- 970	GER		10 81810 480	POOL, OR WILDCAT	
4. LOCATION OF WELL	L (Report location cl	early and in an	ardanos mith am	y State requiremen	nts}*		1 m	★ 25 € 27 € 27	_
At surface 16	66.5 Ft. N	otth 11n	e & 1657	'.6 Ft. fr	om We	st 1:	DE SEC., T., R., OR AREA	San Andres	LVET
At top prod. inte	rval reported below	Same		•					
At total depth	Same				i		Sec.4-Tr	vp. 7S-R26E	
			14. PERMIT NO.	DATE	ISSUED		12. COUNTY OR PARISH	13. STATE	
15. DATE SPUDDED	16. DATE T.D. REACH	HED 17. DATE (OMPL. (Ready t	o prod.) 18. ELI	EVATIONS (D	P, RKB, N	Chaves	19. ELEV. CASINGHEA	D
2-29-64	4-19-64		-64	_ 36	09.700	GR.		8611	
20. TOTAL DEPTH, MD &		CK T.D., MD & TV	D 22. IF MUL HOW M	TIPLE COMPL.,	23. INTE	RVALS LED BY	ROTARY TOOLS	CABLE TOOLS	<u> </u>
1074 24. PRODUCING INTERS	107		OTTOM, NAME (MD AND TVD) .	 	<u> </u>	0-1074	25. WAS DIRECTIO	
1.					1			BURYET MADE	
101	3-1044 Sla	ughter S	an Andre	s	_			No	100
					Ì			7. WAS WELL CORED	lō
29.	1v1ty Log			oort all strings set	in well)			Yes -	1
CASINO SIZE	WEIGHT, LB./FT.	DEPTH SET		LE SIZE		ENTING	RECORD	AMOUNT POLL	ED -
8-5/8	28	105'		1"	50 sx	1116	11:	None	12
4-1/2	9.5	1074	6	-3/4	50sx	1.7	10 Call	None	+등
1, 1		-			•	w	115		13
297		ER RECORD	٠,		30.		rubing recor		 ,
SIZE	TOP (MD) BOT	TTOM (MD) S	ACKS CEMENT*	SCREEN (MD)	SIZE		DEPTH SET (MD)		<u>(D)</u>
					2"	_]	L <u>030</u>	None	
31. PERFORATION RECO		•		82. A	CID. SHOT,	FRACT	URE, CEMENT	SQUEEZE, ETC.	
1037, 1038	8, 1039, 10	041, & 1	042	DEPTH INTERV		- AM		OF MATERIAL USED	
(Sand Jet	ted)			1037,1038 1041 & 10		Cana	Jetted		
•				1037 to				15000 gals	
1						7.5%	ac1d wat	er & 7000	#_of
33.* : DATE FIRST PRODUCTION	ON PRODUCTIO	ON METHOD (Flo		DUCTION umping—size and	type of pum	19) 20-40) sand	TATUS (Producing or	
10-164		oing (8)	0 Banno	n insert	(משנום		shut-	lucing	
DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GASMC		WATER-BBL.	GAS-DIL RATIO	
IO-I-64	24 CASING PRESSURE	NONE	OIL—BBL.	GAS-MCF.	TE	STM WATER-	-BBL. 1 C	INA COR	(.)
	1	24-HOUR RATE		I FOLD	· ~. ~				,
34. DISPOSITION OF GA	s (Sold, used for fuel	l, vented, etc.)			=	J P	TEST WITHESS	ED BY A SACE S	
Ver	nted			10. W. T	- <u>1</u> - 1	: -5.4	1 1 R.	McFadin	
36. I hereby certify	that the foregoing a:	nd attached info	rmation is com	plete and correct a	a determine	ed from	all available rec	ords	
vigned Ya	+ Thomas	cson	TITLE _	Agent	51		DATE	10-15-64	
,									-
	*(See In	structions and	Dpaces for A	Additional Date	a on Keve	rse Sid		ARTESIA	E C
							NMGCC -	HAREUV.	3

			N. M. O. C. C.	COPT	Copy to SF
Form 9-331 (May 1953)		UNI DISTATES	SUBMIT IN THE	tone o ib-	Form approved. Budget Bureau No. 42-R1424.
		MENT OF THE IN SEOLOGICAL SURVI	•	i.	EASE DESIGNATION AND SERIAL NO.
SI				- 8 1	F INDIAN, ALLOTTER OR TRIBE NAME
(Do not use t	bis form for propos Use "APPLICA	als to drill or to deepen or TION FOR PERMIT—" for	RTS ON WELLS r pilk bek Ca Errored re- auch proposals.)	-D	
OIL X WES	. []		MAR 2 8 1977	7. t	HIT AGREEMENT NAME
with with with with 2, Namie OP openiation			WHI 20 1911	8. 2	ARM OR LEASE NAME
HF.E. P	rince		D. C. C.		Clark
P. O. B	ox 129, Ro	swell, New Me	xico, 88201		VELL NO.
4. LOCATION OF WELL See also space 17	(Report location cl	early and in accordance wi	th any State requirements.	10.	FIELD AND POOL, OR WILDCAT
At surface		666.5' from N	. line		inda San Andres
	from W. li	-	- 22110	1	BURYET OR AREA
					4, T 7 S, R 26 E
14. PERMIT NO		3609 G R	ether DF, RT, GA, etc.)	1	COUNTY OF PARISH 13. STATE N. M.
	(harl A-		cate Nature of Notice, R	·	
	NOTICE OF INTEN			aubabquent i	
TEST WATER SHU	T-OFF 1	TILL OR ALTER CASING	WATER SHOT-OI	,	REPAIRING WELL
FRACTURE TREAT		ULTIPLE COMPLETE	FRACTURE TREA	THENT	ALTERING CABING
BHOOT OR ACIDIZE		BANDON*	BHOOTING OR A	CIDIZING	ABANDONMENT* X
nePair WELS (Other)		HANGE PLANS	(Other)(Note: R	eport results of mu	nitiple completion on Well Report and Log form.)
	OR COMPLETED OPE	RATIONS (Clearly state all p			ding estimated date of starting any the for all markers and zones perti-
nent to this work	k.) •	as follows:			
_	th 1074'	as IUIIOWS!	-		
-	•	, 			•
			74' back to 892	:.10	
	_	.50' from sur			RECEIVED
		10 back to 15			
			i 50' out to s u	rface pip	9,010
Run mud	from 55' 1	pack to 10'			U. S. GEOLOGIA
Run ceme	nt to sur	face and set m	marker.		ARTESIA. NEW MEXICO
Clean de	bris from	site.			
				o russom, sid 1917	Samuel Company
				`	10500
					1 Wast on
		•			POSTED 277
8. I hereby certify th	at the foregoing is	true and correct			т
	8 B. 1	Of TITLE	Owner		DATE 8/10/76
	relevat or State office	· 			
	1				D.4.00
CONDITIONS OF	APPROVAL, IF A	NY:	·	——————————————————————————————————————	DATE
MAR 20 1	977				
Joseph State	1	*See Instru	octions on Reverse Side		
DI LEN	ENUMEES.		- · · · - 		•
ACTING DISTRICT					

INSTRUCTIONS

2 F CET 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 and correct well:completions 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 procedure, either are abown below or will be issued by, or may be obtained from, the local Federal and or State office. See instructions on items 22 and 23, below regarding separate reports for separate completions. The then the first instruction on items 22 and 24, and 33, below regarding separate reports for separate completions.

**The thind pressure tests, and iterational surveys, should be attached hereful to the extent required by applicable [Sederal and/or State laws and regulations. All attachments are no applicable surveys, should be attached hereful to the extent required by applicable [Sederal and/or State laws and regulations. All attachments are no spilled instructions.

**Herm 18: Indicate which elevation is used as reference (where not otherwise shown) for depth measurements spaces on this form and in faint 28 and 24: If this well is completed for separate production from more than one interval zend 24: If this well is completed for separate production from more than one interval zend 24: If this well is completed supplemented; showing the additional data perturent to such interval.

**Herm 15: "Stacks General". Attached supplemental growths for this well should show the details of any multiple stage ementing and 24 above.)

**Herm 25: "Stacks General". Attached supplemental for this well should show the details of any multiple stage ementing and 24 above.) BOAM MINE MACIROL ೧ತಲ 001 40 MORELS 191 GEOLOUIC MARKERS C MEAS, DEFTH لات NAME Q زیبتای 38, 15. TERTS, INCLUDING Dolomite Anhydrite (Porosity Zone) Sand, Shale, Lime & Anhydrite Dolinite, Lime & Anhydrite Dolomito, Lime & Anhydrite. PRINTING OFFICE: 1961-O-683636 POROSITY AND CONTENTS THERROF, CORED INTERVALS; AND ALL DRILL STEM IN USED, TIME TUGL, OFEN, PLOWING AND SHUTIN PRESSURES, AND RECOVERIES DESCRIPTION, CONTRNTS, ETC. GOVERNMENT -¥---BOTTOM • 88 ĀĢ SUMMARY OF POROUS ZONES: 810W ALL IMPORTANT ZONES OF PORTION DEETH INTERVAL TESTED, CUSHION 24 TOP 205 : 7. Sarm Andres 'Item 29: "Sacks Ce Item 33: Submit a San Andres San Andres Slaughter FORMATION

Carlo march

Santa Fe, New Mexica E E REQUEST FOR (OIL) - (GAS) ALLOWARLE REQUEST FOR (OIL) - (GAS) ALLOWARLE Recompletion This form shall be submitted by the operator before an initial allowable will be assigned frective 7:00 A.M. on date of completion or recompletion, provided this form is filed during ralenda month of completion or recompletion, provided this form is filed during ralenda month of completion or recompletion, provided this form is filed during ralenda month of completion or recompletion, provided this form is filed during ralenda month of completion or recompletion. The completion of the shall be that date in the case of an oil well when new oil is delivered into the stock tanks. Ga: must be reported on 15.025 pxia at 60° Fahrenheit. ATTESTA, New Mexico May 19, 1960 [Place] WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS: DT = Sam Ge, Durin OSEGE Well No. 2 in SW NE. (Company or Operator) G	LAMBER OF .OF		5	LYEW MEXICO OIL CONSERVATION COMMISSION (Form C-104)
This form shall be submitted by the operator before an initial allowable will be assigned of safe completion. This form shall be submitted in QUADRUPLICATE to the same District Office to which Form Carlo was tent. The allowable will be assigned effective 7:00 A.M. on date of completion or recompletion. The completion or recompletion is to be submitted in QUADRUPLICATE to the same District Office to which Form is filed during calenda month of completion or recompletion. The completion or recompletion, provided this form is filed during calenda month of completion or recompletion. The completion or recompletion. This form shall be submitted in QUADRUPLICATE to the same District Office to which Form is filed during calenda month of completion or recompletion. The allowable will be assigned effective 7:00 A.M. on date of completion or recompletion, provided this form is filed during calenda month of completion or recompletion. Attendance of an oil well was sent. The allowable will be assigned effective 7:00 A.M. on date of completion or recompletion, provided this form is filed during calenda month of completion or recompletion. The completion of recompletion provided this form is filed during calenda month of completion or recompletion. This form shall be submitted in QUADRUPLICATE to the same District Office to which Form is filed during calenda month of completion or recompletion recompletion, provided this form is filed during calenda and provided in the case of an oil well when new oil is defined to the same District Office to which for its filed during calenda and provided this form is file	ANTA FF	TINUTION TO THE PROPERTY OF TH		Santa Fe. New Mexico F 7/1/57
This form shall be submitted by the operator before an initial allowable will be assigned. G-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 ralenda 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. Ga: must be reported on 15.025 pita at 60° Fahrenheit. ATTESIA, New Mexico May 19, 1961 (Place) WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS: Dr. Sam G. Durn OFEGE Well KNOWN AS: Dr. Sam G. Durn OFEGE Well No. 2, in. SW 1/4. NE. 1/4. G. Company or Operator) G. Company or Operator) G. Sec. 33 T. 65 R. 26 E. NMPM. Linda San Andres Chaves Chaves Please indicate location: D C B A Elevation NA Total Depth 1069 Perforations 1022-1039, 1043-1046, 1048-1059 Depth Open Hole Casing Shoe 1069 Tubing Depth Open Hole Casing Shoe 1069 Top Oil Well Test. Natural Prod. Test: None bbls.oil, bbls water in hrs, min. Size Nine Size Natural Prod. Test. None Nethod of Testing in the Choke Natural Prod. Test. None Nethod of Testing (pitot, back pressure, etc.): Tubing Casing and Committing Record Sure Feet Sax Test After Acid or Fracture Treatment: McF/Day; Hours flowed Choke Size Method of Testing: Method of Testing: Method of Testing:	. 9. 9. 3.			REOLEST FOR (OIL) (CAS) ALLOWATER
This form shall be submeted by the operator before an initial allowable will be assigned to any completed Oil or Gar well form C-104 is to be submitted in QUADRUPLICATE to the same District Office to which Forfif 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 calenda completion or recompletion. The completion of are shall be that date in the case of an oil well when new oil is delivered into the stock tanks. Ga: must be reported on 15.025 pxia at 60° Fahrenheit. ATTESTA, New Mexico May 19, 1961 (Place) WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS: DT. Sam G. Dunn OSEZE Well No. 2 In SV NE Company or Operator; G Sec 33 T 68 R 26 E NMPM, Linda San Andres Well Poor Chaves Chaves County. Date Spudded 1-6-54 Date Drilling Completed 1-11-54 Perforations 1022-1039, 1043-1046, 1048-1059 Please indicate location: D C B A PRODUCING INTERVAL Perforations 1022-1039, 1043-1046, 1048-1059 Depth 1069 Depth 1069 Depth 1069 Top 01/Gas Pay 1022 Name of Prod. Form. Slaughter San Andres Open Hole Casing Shoe 1069 Depth 1079 Choke Size Natural Prod. Test: None bis, oil, bbls water in hrs, min. Size Tubing, Casing and Committing Record Sur Feet San 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 brs, min. Size Natural Prod. Test: None McF/Day; Hours flowed Choke Size Natural Prod. Testing (pitot, back pressure, etc.): Sur Feet San Test After Acid or Fracture Treatment: MCF/Day; Hours flowed Choke Size Method of Testing; Method of Testing:	AND OFFICE	(REQUEST FOR (OIL) - (GAS) ALLOWARDE
Form C-104 is to be submitted in QUADRUPLICATE to the same District Office to which Foffir C-101 was sent. The allow able will be assigned effective 7:00 A.M. on date of completion or recompletion, provided this form is filed during calenda cred into the stock tanks. Ga: must be reported on 15.025 pxia at 60° Fahrenheit. ATTURESTAR, New Mexico May 19, 1961 (Place) WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS: DT a Sam Ga Dunn OSEZE , Well No. 2 , in SW , NE , Groups or Operator) G Sec 33 T. 68 , 26 E , NMPM , Linda San Andres Chaves Chaves Chaves Please indicate location: D C B A PRODUCING INTERVAL Perforations 1022-1039, 1043-1046, 1048-1059 Depth Open Hole Casing Shoe 1069 Tubing 1020 Oil WELL TEST - Natural Prod. Test: None bbls.oil, bbls water in brs, min. Size Tubing Casing and Gementing Record Fret Sax B-5/8 102 50 Method of Testing . Method	PFRATOR	12		
And the striped effective 7:00 A.M. on date of completion or recompletion, provided this form is filed during calenda 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. Ga: must be reported on 15.025 pxia at 60° Fahrenheit. ATTESIA, New Mexico May 19, 1961 (Place) (Pla				
month of completion or recompletion. The completion date shall be that date in the case of an oil well when new oil is delived into the stock tanks. Ga: must be reported on 15.025 pit at 60° Fahrenheit. ATLESTIA, New Mexico May 19, 1961 (Place) (Date) (Date) (Company or Operator) G See 33 T 68 R 26 E NMPM, Linda San Andres U Poor Chaves Chaves County Date Spudded 1-6-54 Date Drilling Completed 1-11-64 Please indicate location: Top 011/Gas Pay 1022 Name of Prod. Form. Slaughter San Andre Perforations 1022-1039, 1043-1046, 1048-1059 Den Hole Casing Shoe 1069 Depth Tubing 1020 OIL WELL TEST - Natural Prod. Test: None bils, oil, bils water in hrs, min. Size Nice Action of 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 Nice Nice Action of Testing (pitot, back pressure, etc.): Test After Acid or Fracture Treatment: MCF/Day; Hours flowed Choke Size Method of Testing: Method of Testing: Method of Testing: Method of Testing:				
ATTESIA, New Mexico May 19, 1961 (Place) (Date) WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS: Dr. Sam Go Dunn OSEZE Well No. 2 in SW NE Well No. 2 in				
ATTESIA, New Mexico May 19, 1961 (Place) (Company or Operator) (Company or Operator) (G Sec. 33 T. 68 R. 26 E NMPM, Linda San Andres U.— Pool Pool Pool Pool Pool Pool Pool Poo		•		the reported on 15,025 rule at 60° Fahrenheit
ATE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS: Dr. Sam G. Dunn OSEGE Well No. 2 in. SW KE Company or Operator) G. Sec. 33 T. 68 R. 26 E. NMPM. Linda San Andres U. Poo Chaves Chaves County. Date Spudded 1-6-54 Please indicate location: D. C. B. A. Total Depth 1069 PRODUCING INTERVAL Perforations 1022-1039, 1043-1046, 1048-1059 Depth Casing Shoe 1069 Depth Casing Shoe 1069 Open Hole One Hole One Hole Casing Shoe 1069 Depth Casing Shoe 1069 Open Hole Choke Size Tubing, Casing and Committing Record Sur Fert Sax 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 Tubing, Casing and Committing Record Sur Fert Sax Test After Acid or Fracture Treatment: Method of Testing (pitot, back pressure, etc.): Test After Acid or Fracture Treatment: MCF/Day; Hours flowed Choke Size Method of Testing: MCF/Day; Hours flowed Choke Size Method of Testing:				Artesia, New Mexico May 19, 1964
Company or Operator) G Sec. 33 T 6S R 26 E NMPM. Linda San Andres U Pool Chaves Chaves County Date Spudded 1-6-54 Please indicate location: D C B A PRODUCING INTERVAL Perforations 1022-1039, 1043-1046, 1048-1059 Open Hole Casing Shoe 1069 Depth Casing Shoe 1069 M N O P L K J I Natural Prod. Test: None bbls.oil, bbls water in hrs, min. Size Test After Acid or Fracture Treatment (after recovery of volume of oil egual to volume of Choke Size Tuting Casing and Cementing Record Sur Fret Sax R-5/8 102 50 Method of Testing (pitot, back pressure, etc.): Method of Testing:				
Company or Operator) G Sec 33 T. 65 , R 26 E , NMPM., Linda San Andres Upper Chaves County. Date Spudded 1-6-54				
Chaves Chaves Chaves County. Date Spudded 1-6-54 Please indicate location: D C B A PRODUCING INTERVAL Perforations 1022-1039, 1043-1046, 1048-1059 County. Date Spudded 1-6-54 Date Drilling Completed 1-11-64 Top 01/Gas Pay 1022 Name of Prod. Form. Blaughter San Andre Perforations 1022-1039, 1043-1046, 1048-1059 Copen Hole Casing Shoe 1069 Coll. Well Test 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 Natural Prod. Test: None MCF/Day; Hours flowed Size Free Sax Test After Acid or Fracture Treatment: MCF/Day; Hours flowed Choke Size Method of Testing (pitot, back pressure, etc.): METODORY HOURS Flowed Choke Size Method of Testing: MCF/Day; Hours flowed	Dr.	Sam G.	Dunn	Osege Well No 2 in SV ME
Chaves Chaves County Date Spudded 1-6-54 Please indicate location: Flevation NA Total Depth 1069 Top Cil/Gas Pay 1022 Name of Prod. Form. Slaughter San Andre PRODUCING INTERVAL - Perforations 1022-1039, 1043-1046, 1048-1059 E F G O H Open Hole Depth Casing Shoe 1069 Open Hole Casing Shoe 1069 Natural Prod. Test: None bbls.oil, bbls water in hrs, min. Size 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 Tubing Ceaing and Cementing Record Sur Free Sax Test After Acid or Fracture Treatment: 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: MCF/Day; Hours flowed	G (Cor	npany or Ope	33 :tator)	(Lesse) - 68 - 26 E Linda San Andrea 71 - 4/
Please indicate location: D	ver le	, Sec		, T. OB , R 20 II , NMPM., Dillua ball Andres (2) Pool
Please indicate location: Performance P	Chave	S		County Date Spudded 1-6-54 Date Drilling Completed 1-11-64
Top Cil/Gas Pay 1022 Name of Prod. Form. Slaughter San Andre PRODUCING INTERVAL - Perforations 1022-1039, 1043-1046, 1048-1059 E F G O H Open Hole Depth Casing Shoe 1069 Depth Tubing 1020 OIL WELL TEST - Choke Natural Prod. Test: None bbls.oil, bbls water in hrs, min. Size 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 Ni GAS WELL TEST - Natural Prod. Test: None MCF/Day; Hours flowed Choke Size B-5/8 102 50 Choke Size Method of Testing: MCF/Day; Hours flowed Choke Size Method of Testing:	Please	e indicate la	scation:	Elevation NA Total Depth 1069 PBTD 1069
E F GO H Open Hole O	r icas	e marcare r	A Zuon .	Top Oil/Gas Pay 1022 Name of Prod. Form. Slaughter San Andres
Perforations 1022-1039, 1043-1046, 1048-1059 Depth Open Hole Depth Casing Shoe 1069 Depth Tubing 1020 OIL WELL TEST - Choke Natural Prod. Test: None bbls.oil, bbls water in hrs, min. Size 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 No GAS WELL TEST - Natural Prod. Test: None MCF/Day; Hours flowed Choke Size Method of Testing (pitot, back pressure, etc.): Sure Free Sax Test After Acid or Fracture Treatment: MCF/Day; Hours flowed Choke Size Method of Testing: MCF/Day; Hours flowed Choke Size Method of Testing: MCF/Day; Hours flowed Choke Size Method of Testing:	D	C B	A	
Depth Casing Shoe 1069 Depth Tubing 1020 Other Later I Choke Natural Prod. Test: None bbls.oil, bbls water in hrs, min. Size 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 Natural Prod. Test: None MCF/Day; Hours flowed Choke Size Tubing Casing and Communiting Record Size Nethod of Testing (pitot, back pressure, etc.): Test After Acid or Fracture Treatment: MCF/Day; Hours flowed Choke Size Method of Testing:	•		1 1	
Open Hole	E	F G c	Я	
Natural Prod. Test: None bbls.oil, bbls water in hrs, min. Size Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of Choke load oil used): 15 bbls.oil, 35 bbls water in 24 hrs, min. Size None MCF/Day; Hours flowed Choke Size Natural Prod. Test: None MCF/Day; Hours flowed Choke Size Nethod of Testing (pitot, back pressure, etc.): Size Feet Sax Test After Acid or Fracture Treatment: MCF/Day; Hours flowed Choke Size Method of Testing:				Open Hole Casing Shoe Tubing
Natural Prod. Test: None bbls.oil,bbls water inhrs,min. Size				OIL WELL TEST -
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 No. Size N	T	KJ	I	Choke Natural Prod. Test: None bbls.oil, bbls water in hrs. min. Size
load oil used): 15 bbls, oil, 35 bbls water in 24 hrs, min. Size No. Size N				
GAS WELL TEST - Natural Prod. Test: None MCF/Day; Hours flowed Choke Size Tubing Casing and Cementing Record Method of Testing (pitot, back pressure, etc.): Sur Fret Sax Test After Acid or Fracture Treatment: MCF/Day; Hours flowed 8-5/8 102 50 Choke Size Method of Testing:	M	N O	P	Choke NOD
Natural Prod. Test: None MCF/Day; Hours flowed Choke Size Tubing , Casing and Communing Record Method of Testing (pitot, back pressure, etc.): Sire Free Sax Test After Acid or Fracture Treatment: MCF/Day; Hours flowed Choke Size Method of Testing:				
Sire Free Sax Test After Acid or Fracture Treatment: MCF/Day; Hours flowed Choke Size Method of Testing:	23 10 7			
Sire Free Sax Test After Acid or Fracture Treatment: MCF/Day; Hours flowed Choke Size Method of Testing:	93/0/	FOOTAGE)	337/2	Natural Prod. Test: None MCF/Day; Hours flowed Choke Size
8-5/8 102 50 Choke Size Method of Testing:	tubing ,Cas	ing and Come	nting Record	
0-)/0 102)0	Size	Feet	Sax	Test After Acid or Fracture Treatment: MCF/Day; Hours flowed
	8_5/8	102	50	Choke Size Method of Testing:
4-1/2 1060 50 Acid or Fracture Treatment Give amounts of materials used, such as acid, water, oil, and	0-770	102	-)0	
I	4-1/2	1069	50	Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and
7000# 20=40 cond				2000# 20=40 cond
2" 1020 None Casing Tubing Date first new 1000 2017 Senter Press. None Press. None oil run to tanks May 6, 1964	2#	1020	None	Press. None Press. None oil run to tanks May 6, 1964
Cil Transporter McWood Corporation EIVED				Gil Transporter McWood Corporation
Gas Transporter None				Gas Transporter None
Remarks: #AY 2 2 1964	lemarks:		••••••	MAY 2-2-1964
О. С. С.		•••••		
D. C. C. ARTESIA, DEFICE				
I hereby certify that the information given above is true and complete to the best of my knowledge. The Said G. Dunn	I hereb	y certify the	Whe infor	mation given above is true and complete to the best of my knowledge.

By: // L. Urustro 149

OIL CONSERVATION COMMISSION

Approved.....

Agent
Title

Send Communications regarding well to:

Name Dr. Sam G. Dunn

Address 1312 Main St., Lubbock, Texas

STATE OF NEW MEXICO			
DISTRIBUTION	RELETVEDS TO A NOV 284964 NEW	TION DIVISION 2088 MEXICO 87501	Form C-103 - Revised 10-1-78
U.S.O.S. LAND OFFICE DERATOR	O. C. D.		State Oil & Gas Lease No.
SUNDRY NOTICE	S AND REPORTS ON	IACN TO A DIFFERENT RESERVOIR.	7, Unii Agreement Name
MELL X GAB WELL OTHER-		****	8. Farm of Lease Name
Brady W. Production, Inc.			OSAGE
P.O. Box 9128, Midland, Texa	s 79708		2
Location of Well G 2310	North	2329	10. Field and Pool, or whiten Linda San Andres
	YOWNSHIP6\$	•I	
	5. Elevation (Show whether 3608 GR.	DF, RT, GR, etc.)	12. County Chaves
Check Appropriate NOTICE OF INTENTION	te Box To Indicate N	Nature of Notice, Report or (
TICHPORM REMEDIAL WORK	PLUE AND ABANDON	REMEDIAL WORK COMMENCE DRILLING OPHS. CASING TEST AND CEMENT JQS	ALTERING CASING PLUG AND ADANDOHMENT
OTHER	·	OTHER	
On November 12, 1984 this we			•
and a 105X. plug from surfac	•		
102' of 8 5/8" - 23# surface	e caseing and 106	.9' - 4 1/2" - 9 1/2# p	roduction caseing was left
in hole - 4" marker was set			
		<i>P</i>	
	·		Post ID-2 12-7-84
I, I hereby certify that the information above to true	and complete to the best	of my knowledge and belief.	
and A. Budly		Operator	November 27, 198
10760 07	* TITLE		DATE

- COPE

UNITED STATES

SUBMIT IN DUPLICATE.

DEPARTMENT OF THE INTERIOR

(Sec other Instructions on 14 verse aide)

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

5 THANK BESTGNATION AND SERIAL NO.

		BURE	AU OF LAI	ND MAN	IAGEME	NT				Fed L	2-068127
WELL COM	MPLE	TION C	R RECO	MPLE	TION F	REPOR	TAN	D LO	3.	IF INDIAN,	ALLOTTER OR TRIBE BAME
. TYPE OF WELL	L:	oti. WKIL	X) "AAT [P#4 🔲	Other			7.	INIT AUREE	MENT NAME
NEW XX	WORK (Pira (יים פיי	MVR 🔲	015				Fede	ral
NAME OF OPERATO	01				AVK [(/(ner				Fede	
		Prince							9		
APPRESS OF OPER		Decu	all Na	w Mai	vion 1	88201			10.		POOL, OR WILDCAR
P. O. Box	L (Repor	o NOSW	clearly and in	accordan	ce with an	y State re	guiremen	(e) •	I	inda S	an Andres
At surface Dr				ugge	ı anu	avan	doned	l	11.	OK AREA	, M., OR BLOCK AND BURYET
At top prod. Inte						_			<u>}</u>	Sec.	33, T 6S, R2
At total depth	1650	' F. W	. L. &		F. S.		DATE	IRSUED		COUNTY OF	
								0/80		Chave	
7/15/80				TR COMPL.	(Ready 1	o prod.)	18. ELEV	ATIONS (D	F, RKB, RT, GI	I, ETC.)*	19. BLEV. CASINGHEAD
TOTAL DEPTM, MD 4	A TVD	21. PLUG. 3	ACK T.D., MD A	TVB 2	2. IF WILL		PL.,	23. INTE		TARY TOOL	CABLE TOOLS
780	(5)		face			-			->	780 "	25. WAS DIRECTIONAL
PRODUCTING THEER	VAI.(B).	OF THIS CO	MILETION—TO	r, mottum	I, NAME ()	AD AND TH					SURVEY MADE
	ONE										Yes
N	ONE	R LOGS RUN									NO NO
CABING BIZE	1 WEIG	HT, LB./FT.			ORD (Res	ort all str	ings set i		ENTING RECO		AMOUNT PULLED
8 5/8"	-	24		00'	_	12"			culate		None
	-										
	-				_				····		
	<u>-!</u>	Li	NER RECORI)				30.	TUB	ING RECO	RD
8128	10P (1	(D) ×	OTTOM (MB)	BACKS	CENENT®	BCBERN	(MD)	8122	DEPT	M SST (MD	PACKER BET (MD)
			CEPTED FOR RE								
PERFORATION BEC	ORD (IR					32.	AC	ID, SHOT	, FRACTURE	CEMENT	SQUEEZE ETC.
		4.4	4V 0 0 10	10E		DEPTH	INTERVA	L (MD)	vndih		OF WATERIAL CRED
		IYI.	AY 2019	185					1000	2.8 3 1 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	2 1. · · · · · · · · · · · · · · · · · ·
None		BUREAU (OF LAND MA	ANAGEN	IENT						
			ELL RESOUR]			2		
B FIRST PRODUCTI	ION .	1 PRODUCT	ION METHOD (Floreing		DI'CTION		The Of the	(, ,	, · · · (TATUS (Producing or
. ,		110000	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,	.,,,,,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	•••	ehul-	
S OF TEST	HOURS	TESTED	CHOKE SIZE		PERIOD	01L-B	BL.	GASN	(1.0 V	ATER—BBL.	GAR-OIL BATIO
W. TUBING PROOF.	CASING	PRESSURE	CALCULATED 24-HOUR BA		-85I	64	MCF.	<u></u>	WATERREC	E 175. 3	OIL GRAVITY-API (CORR.)
DISPOSITION OF G	AB (Sold	, used for fu	el, vented, etc.	.) -'				1	TR	ST WITHER	SED BY

	Lime Anhy	Red Bed Anhy. With Blue Shale	Red Bed Anhy.	Red Bed Anhy.	Red Bed	Brown Clay and sand		FORMATION	drill-stem, tests, is recoveries):
	685	10 575	400	90	30	Surface		10P	ncluding depth int
	780	685	575	400	90	30		BOTTOM	erval teated, cuant
			a		3	SAMPLES		DESCRIPTION, CONTENTS, ETC.	drill-stem, tests, including depth interval tested, cusnion used, time tool open, Howang and shursh presentes, and recoveries):
			•			NONE		NAME	٠
•			. •				MEAS, DEPTH	To	

OPERATOR: M.E. Produce WELL: 12-7- direct WELL: 12-7-2000 LEASE No.: 60-60812.2 LOCATION: 1656/0 176/2 33-60-200 16 Burface play LEGIBLE end to u-yace 100' and play 150 - 500 7/4 /2-le 100 cmt, plage San lindre 5: 500 - 600 Junk in holi 780 Verbal approval 2/15/85

	i.					
Form 9-331 (May 1963)	DEPARTME	NITED STAT	INTERIOR	SUBMIT IN TRIPLICATES (Other instructions on re- verse side)	5. LEASE DESIGNATION	CAU No. 42-R1424.
	NDRY NOTICE	ES AND REF	PORTS ON	a different reservoir.	6. IF INDIAN, ALLOYT	EE OR TRIBE NAME
OIL GAB WELL	OTHER				FCDCRA	
2. NAME OF OPERATOR	NCE				8. FARM DE LEAGE NO.	
•	•	5.40/1	N. Meyic	0 58701		
4. LOCATION OF WELL. See also apuce 17 b At surface	29 Ros (Report location clear clow.)	rly and in accordan	ce with any State	requirements.*	10. FIELD AND POOL, 11. BEC., T., R., M., OB SURVEY OR ARE	W HNDRES
1650' F. W.	. L 8 990	15. ELEVATIONS (Shor	w whether DF, RT, G	L etc.)	Sec. 33,769 12, COUNTY OR PARIS CHAVES	1
16.	Check Appr	opriate Box To	Indicate Nature	of Notice, Report, or	Other Data	
TEST WATER SHUT PRACTURE TREAT SHOOT OR ACIDIZS REPAIR WELL (Other)	MUI ABA	N TO: L OR ALTER CASING LTIPLE COMPLETE INDON® INGE PLANS		WATER SHUT-OFF FRACTURE TERATMENT SHOOTING OR ACIDIZING (Other) PLOG AN (NOTE: Report result	REPAIRING ALTERING ABANDONM OF FRANCO is of multiple completion Report and Log (CABING X
proposed work, nent to this work.	If well is directional	ly drilled, give sub	surface locations a	ils, and give pertinent date nd measured and true verti	cal depths for all marke	ate of starting any ers and sones perti-
				BA APPROV		^
WELL DR	ILLED TO	TOTAL	DEPTH		× 1/4 × 2 × 1/.21 × 1	
PLACED H				0' T4 600'		
PLACED H	CRYY MU	DA AT	50' TO 5	Taa'		
PLACED H	CO CEMEN	IT PLUG	AT 50'	To 150'		
PLACED C	EMENT A	FROM SU	PERCE	DOWN TO 10'	,	
	<u> </u>	L MARK	0 D 11./	1-0-1 1-	0.0-	N IT
LLCANED	DEBRIS	AND	CLEANEL	SITE FN	o Fitheo	PIT
						_

18. I hereby certify that the foregoing is true and correct SIGNED		DATE 2/18/85
BIGNED	TITLE OF CRATOR	DATE
(This space for Federal or State office use)		ROVED
APPROVED BY	TITLE	APPROVED RATE CHESTER
CONDITIONS OF APPROVAL, IF ANY:		Dele Miller 1986

*See Instructions on Reverse Side

BUREAU OF LAND MANAGEMENT ROSWELL RESOURCE AREA Form 9-331

UNITED STATES SUBMIT IN TRIPLICATE.

Form approved.

(MRY 1963)	DEPARTMENT OF THE GEOLOGICAL S		r instructions on r side)	5. LEASE DESIGNATION S	AND BERIAL NO.
(Do not use this fe	ORY NOTICES AND RE	pen or plug back to a dif		6. IF INDIAN, ALLOTTER	OR TRIBE NAME
1. OIL GAS	OTHER			7. UNIT AGREEMENT NAM	42
2. NAME OF OPERATOR				8. FARM OR LEASE NAME	<u> </u>
H. E. Pri	nce			Federal	
3. ADDRESS OF OPERATOR	300 0 33 4		,	9. WELL NO.	
4. LOCATION OF WELL (Re)	129, Roswell, New		3201 ements.•	10. FIELD AND POOL, OR	WILDCAT
See also space 17 below At surface				Linda San A	
	er 0 - 990' from S	. line		SURVEY OR AREA	A. AND
2310' fro	m E. line			S 33, T 6 S	<u>R 26 E</u>
14. PERMIT NO.		ow whether DF, RT, GR, etc.)		12. COUNTY OR PARISH	13. STATE
	3615	G.R.			
16.	Check Appropriate Box To	Indicate Nature of N	Notice, Report, or	Other Data	
No	TICE OF INTENTION TO:		SUBSE	QUENT REPORT OF:	
TEST WATER SHUT-OFF	PULL OR ALTER CASIN	WAT!	ER SHUT-OFF	REPAIRING W	BLL
FRACTURE TREAT	MULTIPLE COMPLETE		TURE TREATMENT	ALTERING CAS	
SHOOT OR ACIDIZE REPAIR WELL	ABANDON* CHANGE PLANS		OTING OR ACIDIZING L	ABANDONMEN	
(Other)	,		(Norm: Report resul Completion or Recom	ts of multiple completion of pletion Report and Log form	n Well u.)
	OMPLETED OPERATIONS (Clearly stated) is directionally drilled, give su				
Plug and	abandon as follows	5:			
Well dept					
Run 15 sa	ck of cement from	1119' back t	0 937.10'		
Cut casin	g at 720' from to	of surface.			
Run mud f	rom 937.10 back to	150'.			
	t. cement plug 50		out of sur	face nine.	
	rom 50' back to 10			Laco pipes	
	t to surface and s			DECE	
	ris from site.	Je o marker		RECEI	VED
				AUG 161	976
				U. S. GEOLOGICAL	CHOUS
				ARTESIA, NEW M	IEXICO
			-	•	
		•			
18. I hereby certify that th	he foregoing is true and correct			· · · · · · · · · · · · · · · · · · ·	
SIGNED /	Line	TITLE Owner		PATE 8/1	LO/76
(This space for Federa	l or State office use)				
- APPROVED TO	ROVAL, IF ANY:	TITLE		DATE	
AUNIMIZERS OF APP	ŧ.				

*See Instructions on Reverse Side

UNITED STATES DEPARTMENT OF THE INTERIOR

SUBMIT IN DUPLICATE*

(See other instructions on

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

5.	TC-068127	AND	s

_					
	LEASE	RESIGNATION	AND	SERIAL	N

		GEOLOGIC	AL SURVEY		revers	side) "TC-0	58127 and seemed no
WELL CO	MPLETION	OR RECO	MPLETION R	REPORT AI	ND LOG	* 6. IF INDIA	N, ALLOTTEE OR TRIBE NAMI
1a. TYPE OF WEL	L: OII	GAS WELL	DRY	Other		7. UNIT AGE	EEMENT NAME
b. TYPE OF COM	WORK DE	EP- PLUG	DIFF.	O41		S FARM OR	LEASE NAME
2. NAME OF OPERAT	OVER L EN		RESVR	Other		Elli	
	G. Dunn	.				9. WELL NO	. O+ I D
- -	•	bock, Te				10. FIELD A	ND SOOL, OR WILDCAT
4. LOCATION OF At surface	O Tenort locat	ion clearly and in	accordance with any	State requirement	3-765-R	26E	R., M., OR BLOCK AND SURVEY
At top prod. int	erval reported b	NAP.	4				33-T65-R26E
At total depth	-						
			14. PERMIT NO.	DAT	E ISSUED	12. COUNTY	
15DATE SEMEDED	16. DATE T.D.	REACHED 17. DA	Th COMML (Ready to) prod.) 18 pr	PULTIONS (DE		19. ELEV. CASINGHEAD
5-1-64	16 DATE T.61	t 8-1	COMPL. (Ready to	363	15"CR"	, RKB, RT, GR, ETC.)*	
20. TOTAL DEPTH, MD 1122	& TVD 21. PL	UG, BACK T.D., MD &	TVD 22. IF MULT HOW M.	TIPLE COMPL., ANY*	23, INTE	RVALS ROTARY TO	OLS CABLE TOOLS
24. PRODUCING INTER			P, BOTTOM, NAME (M San Andre			-	25. WAS DIRECTIONAL URVEY MADE
26. TYPE ELECTRIC A	ND OTHER LOGS	RUN					27. WAS WELL CORED
28.		CAS	SING RECORD (Rep	ort all strings se	t in well)		
CASING SIZE	WEIGHT, LB		ET (MD) HO	LE SIZE		ENTING RECORD	AMOUNT PULLED
4-1/2"	9.51	1:	119	6-3/4"	50 s	acks	None
				-			
29.		LINER RECORI)		. 30.	TUBING REC	CORD
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE 2	DEPTH SET (1	MD) PACKER SET (MD)
				·	-		
31. PERFORATION REG			intervals			FRACTURE, CEMEN	
1054-1056-	-1068-107	70-1072		1054-10			15% acid.
					`	15000 gal.	74% acid and
						7500# 20-4	U Sand
33.*				DUCTION			
DATE FIRST, PRODUCT	ION PROI	Pumping	Flowing, gas lift, no	5/32 '5 '8	type of pum annon	p) WELL	STATUS (Producing or
DATE OF TEST 0-14-64	HOURS TESTER	PUMD	PROD'N. FOR TEST PERIOD	01L BBL.	GAS MC	F. WATER-BB	L. GAS-OIL RATIO
FLOW. TUBING PRESS.	CASING PRESSU	URE CALCULATED 24-HOUR RA		GAS-MCI	! ₽. ∵	WATER—BBL.	OIL GRAVITY-API (CORR.)
34. disposition of G	AS (Sold, used for	or fuel, vented, etc.)		<u> </u>	TEST WITH	Noredin
35. LIST OF ATTACE	VENTS Neut	ronios	, <u>, , , , , , , , , , , , , , , , , , </u>	-		<u> </u>	
			information is comp	lete and correct	as determine	d from all available	records
	1.1.11	A A A		Agent		. ;	. Aug. 28,196
SIGNED Z	シェニートン アイ	77.1. 2007C	- TITLE			· DAT	'M'

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 a State laws and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be directled in 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 pursuant to applicable Federal and/or or both, pursuant to ap submitted, particularly General

Hem 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.

14 show the producting for separate production from more than one interval zone (multiple completion), so state 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, or Federal office for specific instructions.

Interval, to 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 continuous interval.

If any form, adequately produced, showing the additional data pertinent to such interval.

If any multiple stage cementing and the location of the cementing tool. (See instruction for items 22 and 24 above.)

3

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چرو

TRUE VERT. DEPTH TOL MEAS. DEPTH GEOLOGIC MARKERS 3 45.7 46.1 San Andres NAME 38 INCLUDING TESTS, 37. SUMMARY OF POROUS ZONES:
SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THERROF; CORED INTERVALS; AND ALL DRILL-STEM T
SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THERROF; CORED INTERVALS; AND ALL DRILL-STEM T
DEPTH INTERVAL TESTED, CUSHION USED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES
DEPTH INTERVAL TESTED, CUSHION USED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES DESCRIPTION, CONTENTS, ETC. 337 BOTTOM TOP FORMATION

SIGNED

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

DATE Sept. 12,1964

SUBMIT IN DUPLICA ... * UNITED STATES (See other in-DEPARTMENT OF THE INTERIOR structions on reverse side) 5. LEASE DESIGNATION AND SERIAL NO. LC-068127 GEOLOGICAL SURVEY 6. IF INDIAN, ALLOTTEE OR TRIBE NAME WELL COMPLETION OR RECOMPLETION REPORT AND LOG* 1a. TYPE OF WELL: 7. UNIT AGREEMENT NAME Other b. TYPE OF COMPLETION: DIFF. RESVR. NEW WELL S. FARM OR LEASE NAME Other . **Elliott** 2. NAME OF OPERATOR Dr. Sam G. Dunn 9. WELL NO 3. ADDRESS OF OPERATOR 1312 Main, Lubbock, Texas 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements).

At surface 30 ft. from South Line and 1650 ft. from East Line Sec. 33, Twp. 6 S., R. 26 E., NMPM Linda San Andres 11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA At top prod. interval reported below Sec. 33, T. 6S, R.26E. At total depth 14. PERMIT NO. DATE ISSUED 12. COUNTY OR 13. STATE Chaves N. M. 15. DATE SPUDDED 16. DATE T.D. REACHED | 17. DATE COMPL. (Ready to prod.) 19. ELEV. CASINGHEAD 18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 5-11-64 3624 GR 9-1-64 20. TOTAL DEPTH, MD & TVD 21. PLUG, BACK T.D., MD & TVD 22. IF MULTIPLE COMPL., HOW MANY* 23 INTERVALS ROTARY TOOLS CABLE TOOLS DRILLED BY 1150 1148 105-1150 0-105 24. PRODUCING INTERVAL(S), OF THIS COMPLETION-TOP, BOTTOM, NAME (MD AND TVD)* WAS DIRECTIONAL SURVEY MADE 1079-1117 Slaughter San Andres No 26. TYPE ELECTRIC AND OTHER LOGS RUN 27. WAS WELL CORED Yes Gamma Ray-Neutron 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# 1111 102 sax & circulated None 9.5# None 29 LINER RECORD TUBING RECORD SIZE BOTTOM (MD) SCREEN (MD) TOP (MD) SACKS CEMENT* DEPTH SET (MD) SIZE PACKER SET (MD) 211 1089 None 31. PERFORATION RECORD (Interval, size and number) ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC. Sand jetted with 1 hole at following DEPTH INTERVAL (MD) AMOUNT AND KIND OF MATERIAL USED depths: 1087-1094-1096-1098-1107-1110-1112-1114 1087-1114 15000 ga1 33.* PRODUCTION WELL STATUS (Producing or shut-in) DATE FIRST PRODUCTION PRODUCTION METHOD (Flowing, gas lift, pumping-size and type of pump) 9-1-64 Pumping -Obannon 1-25/32 Producing DATE OF TEST CHOKE SIZE HOURS TESTED PROD'N. FOR TEST PERIOD GAS-MCF. WATER-BBL. 9-1-64 24 None 9 None FLOW. TUBING PRESS. CASING PRESSURE CALCULATED OIL-BRL. GAS-MCF WATER-BBL. OIL GRAVITY-API (CORR.) 34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) TEST WITNESSED BY Vented L. R. McFadin 35. LIST OF ATTACHMENTS

Agent

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

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 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 faced herefo, to the extent required by applicable Federal and/or State laws and regulations. All attachments should be listed on this form, see item 35.

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 Pederal office for specific instructions.

If an 43: If there are no applicable State requirements, locations from more than one interval zone (multiple completion), so state in Item 24, and in tem 24 show the production from more than one interval reported in Item 38. Submit a separate report (page) on this form, adequately journity 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. See instruction for items 22 and 24 above.)

		d.	TRUE VERT. DEPTH			
	• GEOLOGIC MARKERS	TOP	меля. рертн	1079	ing a second	
parl	38. • GEOLOG		San Andres	Slaughter San Andres	ing (horself) and Solita (horit establish Solita (horit establish)	
1 67	TESTS, INCLUDING					•
- 233 - 233	CORED INTERVALS; AND ALL DRILL-STEM TESTS, INCLUDING AND SHUT-IN PRESSURES, AND RECOVERIES	DESCRIPTION, CONTENTS, ETC.		3 (1436) 27 July 19 19 17 24 July 19 19 19 19 19 19 19 19 19 19 19 19 19		# \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
311			NA	, an or al		
	SITY AND CONTENT ED, TIME TOOL OP	воттом	1150		÷	
* ** *** *** *****	DUS ZONES: TANT ZONES OF POROS TESTED, CUSHION US	TOP	1090	e M. Stare		
t v. ada,	37. SUMMARY OF POROUS ZONES: SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF; DEPTH INTERVAL TESTED, CUSHION USED, TIME TOOL OPEN, FLOWING	FORMATION	San Andres	1		2000 1 2 V

3 3

Form 9-331	111	OPERATOR NITED STATES	SUBMIT IN TRIPLICATE	Form approved.
(May 1963)		NT OF THE INTER	//leban	
		DLOGICAL SURVEY		LC-068127
		ES AND REPORTS to drill or to deepen or plug ON FOR PERMIT " for such p		6. IF INDIAN, ALLOTTEE OR TRIBE NA
ī.		A POR LEASH 101 BUCH	y (y veals.)	7. UNIT AUREEMENT NAME
off. WELL AND CAS WELL .	огиек			8. FARM OR LEASE NAME
	_		,	Federal
H. E. Fri	nce			9. WELL NO.
P. O. Box	129. Rosw	ell New Mexico	88201	6
4. LOCATION OF WELL CE See also space 17 belo At surface	report location clear (w.)	rly and in accordance with any	state requirements.	10. FIELD AND POOL, OR WILDCAT
				Linda San Andres 11. sec., T., R., M., OR BLK. AND
		from S. Line		SURVEY OR AREA
1650 ' From	~			S 33, T 6 S, R 26
14. PERMIT NO.		15. ELEVATIONS (Show whether d 3624 G R	F, RT, GR, etc.)	12. COUNTY OF PARISH 13. STATE
16.	Check Appre	T	Nature of Notice, Report, or	Other Data
	NOTICE OF INTENTIO		• • •	QUENT REPORT OF:
TEST WATER SHUT-O	FF PUL	L OR ALTER CASING	WATER SHUT-OFF	REPAIRING WELL
FRACTURE TREAT	MUI	TIPLE COMPLETE	FRACTURE TREATMENT	ALTERING CASING
RHOOT OR ACIDIZE		NDON*	SHOOTING OR ACIDIZING	ABANDONMENT* X
REPAIR WELL (Other)		NGE PLANS	(Other)(Note: Report result	s of multiple completion on Well pletion Report and Log form.)
17. DESCRIBE PROPOSED OF proposed work. If nent to this work.)	well is directional	Cions (Clearly state all pertine) ly drilled, give subsurface local	nt details, and give pertinent dates	s, including estimated date of starting cal depths for all markers and zones pe
Plug and al	andon wel	l as follows:		
Well Depth	1148 ft.			
Run 15 sack	s of ceme	nt from 1148 ft.	back to 966.10 f	't•
Cut casing	at 750 ft	. from surface.		
_		back 152 ft.		
			aut of sumfoce m	·ina
			out of surface p	
Clean debri			ement to surface a	nd set marker.
			RE	CEIVED
			At	JG 1 6 1976
			U.S. GEO	OLOGICAL SURVEY
			ARTESI	A, NEW MEXICO
		•		<u>.</u> .
18. I hereby certify that			0	0/20/5/
SIGNED L.C.	E 1 31.71	TITLE	Uwner	DATE 8/10/76
(This space for Fede		·		
A DO TO THE OWN	FROTA, IF ANY	TITLE		DATE
alig 1 197	6	**	D 0:1	
X / DUFEKIN	Hil	*See Instruction	ns on Reverse Side	
ACTING DISTRICT F	INFER			
2.4				

mi Freden

Form 9-330								
(Rev. 5-63)			STATES		T IN DUPL1 (See o	E*	Form : Budget	approved. Bureau No. 42-R355.5.
			F THE IN AL SURVEY		strue rever	tions on se side)	LC 0631	TION AND SERIAL NO.
WELL CO	MPLETION (OR RECO	MPLETION	REPORT A	AND LO	3 *	. IF INDIAN, ALLO	OTTEE OR TRIBE NAME
1a. TYPE OF WEL							, UNIT AGREEMEN	T NAME
b. TYPE OF COM		WELL	_ DRY _	Other				
NEW WELL	WORK DEEP-	PLUG BACK	DIFF. RESVR.	Other		s	. FARM OR LEASE	•
2. NAME OF OPERAT					Ç.		. WELL NO.	
3. ADDRESS OF OPER	-						1	
	in, Lubboc				-	1 -	O. FIELD AND POO	
4. LOCATION OF WEI	LL (Report location L/4 SW: Sa				ements)*		Linda Sar	
		_ 2328•	9 ft. from	a west .		í	or area 500.33-16	OH BLOCK AND SURVEY
	erval reported below	2310	ft. from	South 1:	ine	1 .	NMPM	in with the
At total depth			14. PERMIT NO		DATE ISSUED		2. COUNTY OR	13. STATE
			14. 124.11 80		DATE ISSUED	1	Chaves	New Mexico
15. DATE SPUDDED	1	1 -		to prod.) 18.	ELEVATIONS (D	F, RKB, RT,	GR, ETC.)* 19.	ELEV. CASINGHEAD
10-30-63	11-563		-1264	TANKE GOVER	23. INTE		DOMANIA MOOVS	
1078	107	BACK T.D., MD &	HOW M	LTIPLE COMPL., MANY*		LED BY	ROTARY TOOLS	CABLE TOOLS
24. PRODUCING INTER	RVAL(S), OF THIS CO	MPLETION-TO	P, BOTTOM, NAME (MD AND TVD)*			2	25. WAS DIRECTIONAL SURVEY MADE
1015-1058	Slaughte	r San A	ndres	·	: _			No
26. TYPE ELECTRIC A	ND OTHER LOGS RU	<u> </u>		· · · · · · · · · · · · · · · · · · ·		-	1 27. 1	WAS WELL CORED
	Ray Neutro			**				Xes O
28.			ING RECORD (Re					
CASING SIZE	23#	DEPTH S		ole size		IENTING RE	roulate	MODO
4-1/2	9.5#	107		-3/4	50 sax		to:Mada	Hone
								1
29.	7.7	NER RECORI			1 30.		PING PEGODO	
SIZE		OTTOM (MD)	SACKS CEMENT*	SCREEN (MI	 -	1	PTH SET (MD)	PACKER SET (MD)
					2"		1010	None
31. PERFORATION REC	CORD (Internal size	and number						
OI. PERFORATION NEC	.OLD (110001 000, 0000	ana numoer,		82.	ACID, SHOT		E, CEMENT SQU	
1018-1058	with 2 at			1018-	1058	1000	gal. 15	ecid water.
	ser per	forated	l			1400	0 gal, 3	acid water,
						3000	# 20 -4 0	sand
33.*			PRO	DUCTION				
DATE FIRST PRODUCT			Flowing, gas lift, 1		and type of pur	np)	WELL STATE	US (Producing or
May 2, 19		iping-		nnon in		ump	1 ; = = ==	ducing
May5, 196	HOURS TESTED	NOD6	PROD'N. FOR TEST PERIOD	20	GAS—M		WATER—BBL.	None
FLOW, TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RA	OIL-BBL.	GAS-	MCF.	WATER-BI		GRAVITY-API (CORR.)
None	None							
34. DISPOSITION OF G		iei, ventea, etc.)			1	La Re	MoFadin
35. LIST OF ATTACH					** ,	} .	35 0	

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

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

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 shound be listed on this form, see item 35.

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 Hem 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.

Hems 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 or Federal office for specific instructions.

for each additional interval to be separately produced, showing the additional data pertinent to such interval.

| Hem 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.

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

en de la companya de La companya de la co	٠,		
		FORMATION	DEPTH
		ON	DEPTH INTERVAL TESTED, CUSHION USED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES
		<u> </u>	INTERVAL TESTED, CUSHION USED, TIME TOOL OPEN, FLOWING
en e		TOP	STED,
252 C		O.P.	CUSH
			NOI
A Service Control of the Control of			USED,
35 8		BOTTOM	TIME
		X	TOOL
	:	<u> </u>	OPEN
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			WING
			AND
The state of the s		D	TUHB
		DESCRIPTION, CONTENTS, ETC.	-IN F
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THE COMPLETION OF RECOMPLETION THE	TROE VERT. DEPTH		
GEDLOGICAL SURVEY	VERT.		
DEPARTMENT OF THE IN ""	D		
	13	1	1

WELL X

NAME OF OPERATOR H. E. Prince

3. ADDRESS OF OPERATOR

UNITED STATES DEPARTMENT OF THE INTERIOR (Other instructions on re-

SUBMIT IN TRIPLICATE.

Form approved. Budget Bureau No. 42-R1424. 5. LEASE DESIGNATION AND SERIAL NO.

F	D	.LC-	-06812	27		
6.	IF	INDIAN,	ALLOTTEE	OR	TRIBE	NAME

GEOLOGICAL SURVEY							
SUNDRY	NOTICES	AND	REPORTS	ON	WELLS		

(I)0 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.)

7. UNIT AGREEMENT NAME 8. FARM OR LEASE NAME FED ERAL 9. WELL NO. /- England Federal
Fed. #3 Fed. #3 10. FIELD AND POOL, OR WILDCAT LINDA SAN ANDRES 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

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.

606 N. Atkinson, "oswell, New Mexico, 88201

S.33-T6S-R267

14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)

OTHER

12. COUNTY OR PARISH 13. STATE

3608 GR

N.M. Chaves

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

NOTICE OF INTENTION TO:			SUBSEQUENT REPORT OF:					
		1		1			7 <u></u>	_
TEST WATER SHUT-OFF	<u> </u>	PULL OR ALTER CASING			WATER SHUT-OFF		REPAIRING WELL	
FRACTURE TREAT		MULTIPLE COMPLETE			FRACTURE TREATMENT	<u> </u>	ALTERING CASING	
SHOOT OR ACIDIZE		ABANDON*	Y		SHOOTING OR ACIDIZING	L.,	ABANDONMENT*	
REPAIR WELL		CHANGE PLANS			(Other)			
(Other)]	(Note: Report res Completion or Reco	ults mple	of multiple completion on Well etion 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 to888.10 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 2 3 19 15

NAR 2 3 19 15

U.S. GEOLOGICAL SURVEY

WARTESIA, NEW MEXICO

	SIGNED 76. S. Press CV	TITLE GUALA	DATE	3-20-75
-	(This space for Federal or State office use)			
i	APPROVED BY	TITLE	DATE	

*See Instructions on Reverse Side

UNI. ED STATES SUBMIT IN DUPLIC. (See control of the interior structure of the structure

(See other instructions on reverse side)

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

5. LEASE DESIGNATION AND SERIAL NO.

ACCEPTED FOR RECORD

District Engineer

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

WELL CO	mpletion o	R RECOM	PLETION F	REPORT	AND L	.OG *		· · · · · · · · · · · · · · · · · · ·
1a. TYPE OF WEL	L: OIL WELL	GAS WELL	DRY .	Other	:	, ,	7. UNIT AGREEME	NT NAME
b. TYPE OF COM	PLETION:							
WELL A	OVER DEEP-	PLUG BACK	PIFF	Other			S. FARM OR LEAS	
2. NAME OF OPERAT			ď	. 5 - [5]	(p 3)	$\Box Z$	111111	foints!
• •	G. Bunn			NE TO STATE	11000	<u> </u>	9. WELL NO.	1 + 9
3. ADDRESS OF OPE		ு. கூரிய 99வ	an tank take	· · · · · · · · · · · · · · · · · · ·			10. FIELD AND PO	OL OR WILDCAT
4. LOCATION OF WE	I.I. (Report location c	learly and in ac	w lexico	u State requi	rementa)*		-	
At surface	islo it. Ir	en the S	outh lin	e & 23	lu et.	iron	11. SEC., T., R., M.	, OR BLOCK AND SURVEY
At top prod int	terval reported below	u o Pade			:		OR AREA	18 1 18 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
at top prou. Int		116 2000 000					kom 25	
At total depth								
			14. PERMIT NO.	1	DATE ISSUE	o.	12. COUNTY OR PARISH	13. STATE
E	1 10		Course (Destud		· · · · · · · · · · · · · · · · · · ·		F-1821 - 4-3	ta veric
15. DATE SPUDDED	16. DATE T.D. REAC	HED 17. DATE 101		proa.) 18	8. ELEVATION		I, RT, GR, ETC.)* 19.	ELEV. CASINGHEAD
20. TOTAL DEPTH, MD	<u> </u>	ACK T.D., MD & T		TIPLE COMPL		INTERVALS	ROTARY TOOLS	CABLE TOOLS
1044	1093	, MED 05 11	How M	ANY*	23.	DRILLED BY		
	RVAL(S), OF THIS COX	PLETION-TOP,	BOTTOM, NAME ()	ID AND TVD)	*		1	25. WAS DIRECTIONAL
_ والأو	4 =				4		4 + 3 + 4	SURVEY MADE
1940-1006	. Slaughter	Sen ded	rei					The state of the s
	AND OTHER LOGS RUN				· · ·		27.	WAS WELL CORED
Carres Cay	Acut 701			- 1				In
28.		·	G RECORD (Rep		s set in well			
CASING SIZE	WEIGHT, LB./FT.	DEPTH SET		LE SIZE	1 10 1		G RECORD	AMOUNT PULLED
4 1/2	7.3	1004	*		and the second	aces	(4.5% · · · · · · · · · · · · · · · · · · ·	NOLE .
* 45 44				3/4	230		30-10 ph;.	31042
					学 学 ()		<u></u>	
29.	LIN	ER RECORD			- 30.		TUBING RECORD	
SIZE		···	ACKS CEMENT*	SCREEN ()		SIZE	DEPTH SET (MD)	PACKER SET (MD)
					_ Z	47	1075	
							4	2 4
	CORD (Interval, size a	nd number)		32.	ACID, S	HOT, FRA	CTURE, CEMENT SQ	UEEZE, ETC.
1040-1050- 1074-1072-	1.79-1000	ero ja de la composito de la c	lacio.		TERVAL (MI		AMOUNT AND KIND OF	
augustutes Right bad	or per foo	e Vial - Da	40.40	104-7-	####		· · · · · · · · · · · · · · · · · · ·	A, ZSXA
<i>⊕™₩</i> ∦ૢ૽૽ ∷૱૱ૠ	OF SHEET	<i>₩</i>						
					<u> </u>			
33.*			PROI	DUCTION	. ;			
IO-1-57	PRODUCTI		owing, gas lift, p			(pump)	WELL STATE	US (Producing or
IO-1-07	HOURS TESTED	CHOKE SIZE	PROD'N. FOR	OIL—BBL.		—MCF.	WATER—BBL.	GAS-OIL RATIO
LOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL-BBI.		-MCF.	WATE	R—BBL. OIL	GRAVITY-API (CORR.)
34. DISPOSITION OF G	AS (Sold, used for fue	l, vented, etc.)			1 2 2		TEST WITNESSED	
35. LIST OF ATTACH	MENTS						1 1 2 3 5 7 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1	
36. I hereby certify	that the foregoing a	nd attached inf	ormation is comp	lete and cor	rect as dete	rmined fro	m all available record	İs
SIGNED		4.16	_ TITLE	\ge	1.5		DATE	D-21-67
		•						and the second second

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

OPERATOR'S COPY. UNITED STATES SUBMIT IN TRIPLICATE* Other instructions on re(Other instructions on reverse side) Form approved. Budget Bureau No. 42-R1424. 5. LEASE DESIGNATION AND SERIAL NO.

GEOLOGICAL SURVEY	LC-068127
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.)	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
I. OIL X. GAS OTHER OTHER	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR H. E. Frince	8. FARM OR LEASE NAME Federal
3. ADDRESS OF OPERATOR P. O. Box 129, Roswell, New Mexico, 88201	9. WELL NO.
4. LOCATO S OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface	10. FIELD AND POOL, OR WILDCAT Linda San Andres
Unit letter J, 2310' from the S. line	11. BEC., T., R., M., OR BLE. AND SURVEY OR AREA
2310 ' from the E. line.	S-33,T 6 S, R 26 E
14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3622 G R	12. COUNTY OR PARISH 13. STATE Chaves N. Mex.
Check Appropriate Box To Indicate Nature of Notice, Report, or C	Other Data
NOTICE OF INTENTION TO:	UENT REPORT OF:
	ALTERING WELL ALTERING CASING ABANDONMENT* I of multiple completion on Well letion Report and Log form.) I including estimated date of starting any all depths for all markers and zones perti-
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 p	pipe.
Run mud from 94.43 back to 10'	•••
u.s.	RECEIVED AUG 1 6 1976 GEOLOGICAL SURVEY SIA, NEW MEXICO
•	•

18. I hereby certify that the foregoing is true and co	rrect Owner	B/10/76
(This space the Pedgret on Nate office use) A PPROVED BY CONDITIONS OF APPROVAL, IF ANY:	TITLE	DATE
ACTING DISTRICT FNOINFER	*See Instructions on Reverse Side	

Form 3-333 (Rev. 5-63)

UNITED STATES

STATES SUBMIT IN DUPLICATE (See other Instructions on reverse side)

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

DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY

5. LEASE DESIGNATION AND SERIAL NO.

NHU277916 NM 2791	6
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WELL CON	MPLETION C	R RECO	MPLET	ION R	REPORT	ANI) LO	3 *	6. IF INDIAN	, ALLO	OTTEE OR TRIBE NAME
is. TYPE OF WELI			7		Other				7. UNIT AGR	EEMEN	T NAME
b. TYPE OF COMP	LETION:		- n.e.								
					DIFF. RESVR. Other				8. FARM OR LEASE NAME North Sturgeon "PR" Federal		
2. NAME OF OPERATO					10150				9. WELL NO.	_	eon "PR" rederal
3. ADDRESS OF OPER	troleum Corp	oration	····		Miss	$GS_{\overline{s}}$	Jan Com		- 9. WELL NO.	1	
	h 4th St., A	rtesia.	NM 882	10	///			र्य	10. FIELD AN		DL, OR WILDCAT
4. LOCATION OF WEL					Patate requ	lremen ;	*)*10	₹#	Und.	. Sa	n Andres
At surface	330' FNL				U3 00-5	W. a. a.	, 1981	<i>\\\\</i>	<i>1</i> ?	R., M.,	OR BLOCK AND SURVEY
At top prod. inte	rval reported below					اه مروز انه مروز	s	<i>}[</i>			
						١.,	orden, yo.∎ Kana	3	Unit C	, Se	c. 4-7S-26E
At total depth			1 14 PE	RMIT NO.		DATE	ISSUED		12. COUNTY	O.R.	13. STATE
			11.15				.55025		Chaves	·.•	NM
5. DATE SPUDDED	16. DATE T.D. REAC	HED 17. DAT	E COMPL.	(Ready to	prod.) 1	8. ELEV	ATIONS (D	r, rkb.	RT, GR, ETC.)*	19.	ELEV. CASINGHEAD
4-6-81	4-13-81		5-16-8	1			3657.				
20. TOTAL DEPTH, MD &		ACK T.D., MD &	TVD 22	. IF MULT	TIPLE COMP	·.,	23. INTE	RVALS LED BY	ROTARY TOO	LS	CABLE TOOLS
1150'	113							→	0-1150'		
24. PRODUCING INTER	val(s), of this co. 98–1128′ San		э, воттом,	NAME (M	(D AND TVD)	•				2	5. WAS DIRECTIONAL SURVEY MADE
10	90-1120 San	Allules			1					ĺ	No
26. TYPE ELECTRIC A	ND OTHER LOGS BUN									27. v	VAS WELL CORED
	a Ray Neutro										NO
29.		CAS	ING RECO	RD (Repe	ort all strin	ga set in	well)		. 1		
CASINO SIZE	WEIGHT, LB./FT.	DEPTH SE	ET (MD)		LE SIZE		CEM	ENTING	RECORD		AMOUNT PULLED
10-3/4"	35.5#	200	14-		4-3/4"						
4-1/2	9.5#	115	9-		-1/2"	./2'' 225					
						_			*		
29.	1 7.73	IER RECORD	 	1			30.		TUBING REC	20.5	
SIZE		OTTOM (MD)	SACKS CEMBER - SCREEN (XD)	3 SIZE	DEPTH SET (M		PACKER SET (MD)	
		(100)	ACCEPTED TO		OR RECO	10	2-3/8"		1085'		
			ROG	<u> </u>	CHAPM	-	1 370	-	1005		
31. PERFORATION REC	ORD (Interval, size o	ind number)			32.			FRAC	TURE, CEMEN	T SQU	JEEZE, ETC.
				MAY 2	7.4981	NTERVAL			OUNT AND KIND OF		
1098-112	8' w/15 .50'	holes							lized perfs w/2500 g. 15%		
			U.S. GEOLOGICAL SURVEY DS-			<u>30 & ball</u>	30 & ball sealers.				
			ROSM	ZELL, N	EV/ ME)	(:CO-	<u> </u>				
33.•		······································		PRGE	UCTION		-				
DATE FIRST PRODUCTI	ON PRODUCT	ON METHOD (as lift, pu		e and t	pe of pun	p)			IB (Producing or
5-16-81			Pumpin								ucing
DATE OF TEST	HOURS TESTED	CHOKE SIZE		N. FOR PERIOD	OIL—BBL.		GAS-MC		WATER-BBI		GAS-OIL RATIO
5-18-81	24 CASING PRESSURE	- CALCULATED	011-		5	War	TS	TM	40 ► BBL.		GRAVITY-API (CORR.)
	- CASING FRESSURE	24-HOUR RAT		вы. 5	1	-мст. STM	1	40	, , ,	OIL (26
34. DISPOSITION OF GA	AS (Sold, used for fue	el, vented, etc.)				S REG	Ü	TEST WITNE	SED	
		None							Bill Ha	nsei	n
35. LIST OF ATTACHS											
20 1 5		ation Sur									
36. I hereby certify	that the foregoing a	ind attached i	nformation	is comp	lete and con Enginer	rect as	determin	d from	a all available i	ecord	
SIGNED LL	nta Lo	allitt	TI	TLE	Secreta	ry			DATI	s	5-20-81
//	***	etructions of	1.0		1 1:4: 1	<u> </u>		<u> </u>	1	,	1
	الممدان	SETTIONS OF	ma Shac	me sar 🕰	ACIDIO ROL	LIGIA	OR NAVA	rea Ni	7A1	, , .	

ROUNG LANGE Form approved. Budget Bureau No. 1004-0135 UNITED STATES

SUBMIT IN TRIPLICATE*

(Other instructions on rerespectively) Form 3160-5 Expires August 31, 1985 (November 1983) 5. LEASE DESIGNATION AND SERIAL NO. Formerly 9-331) BUREAU OF LAND MANAGEMENT NM 27916 6. IF INDIAN, ALLOTTER 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.) 7. UNIT AGREEMENT NAME WELL OTHER P&A 8. FARM OR LEASE NAME NAME OF OPERATOR North Sturgeon PR Federal Yates Petroleum Corporation 9. WELL NO. ADDRESS OF OPERATOR 1 207 South 4th St., Artesia, NM 88210 LOCATION OF WELL (Report location clearly and in accordance with any State requirements. 10. FIELD AND POOL, OR WILDCAT See also space 17 below.) Linda San Andres 11. SEC., T., E., M., OR BLK. AND SURVEY OR AREA 330 FNL & 1650 FWL, Sec. 4-T7S-R26E Unit C, Sec. 4-T7S-R26E 12. COUNTY OR PARISH! 13. STATE 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 14. PERMIT NO. 3657.2' GR 16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT EMPORT OF: TEST WATER SHUT-OFF PULL OR ALTER CASING WATER SHUT-OFF REPAIRING WELL FRACTURE TREATMENT ALTERING CASING FRACTURE TREAT MULTIPLE COMPLETE X SHOOT OR ACIDIZE ABANDON* SHOOTING OR ACIDIZING REPAIR WYLL CHANGE PLANS (Nork: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) (Other) 17. DESCRIBE PROPOSED OR COMPLETEO 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. SON ELL, NEW 18. I hereby certify that the foregoing is true and correct Production Supervisor 5-31-85 TITLE __ DATE SIGN

SIGNED: ATTA OF LITTLE Production Supervisor DATE 5-31-85

(This space for Federal or State office use)

APPROVED BY TITLE TITLE Production Supervisor DATE 5-31-85

CONDITIONS OF APPROVAL, IF ANT:

See Instructions on Reverse Side

BUREAU OF LAND MANAGEMENT ROSWELL RESOURCE AREA

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



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 Cruses, New Mexico, 88001 Re: Disposal Well

NW4 of SE4

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

Construction & Petroleum

BOX 129

ROSWELL, NEW MEXICO 88201 U.S.A.

622-7708



July 15, 1986

Re: Disposal Well

NW4 of SE4

Sec. 33.T6S,R26E
Certified Number
P 299 873 682

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

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

- 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

NW4 of SE4

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

288 E78 PPS 9

RECEIPT FOR CERTIFIED MAIL

Mr. NSURANTE COVERAGE FROV.CED NOT FOR INTERNATIONAL MAIL

(See Reverse)

* U.S.G.P.O. 1985-480-794	Sert to YATES ENERGY CO Street and No SUNWEST CE PC. State and ZIP Code ROSWELL, N.M. 8	yrer
บ.ร.ต	Postage	5 22
*	Confled Fee	75
	Special Delivery Fige	
	Restricted Delivery Fed	
	Return Federpt showing to whom and Date Delivered	70
198	Peturn Florent showing to whom. Cate and Admission Declary S.	
Juno	TOTAL Postage an社首都	5 167
PS Form 3800, June 1985	9 year ark or Day 1986	2—

P 299 873 681

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED NOT FOR INTERNATIONAL MAIL

(See Reverse)

10.794	Sent to TOM COO	PeR					
* U.S.G.P.O. 1985-480-794	Street and No SUITE 410, FIRST NA		P.				
3.P.O.	P.O State and ZIP Code 6 75 CRUSES, N.I		•				
U.S.C	Postage	22					
*	Certified Fee	25					
	Special Delivery Fee						
	Restricted Delivery Fee						
10	Return Receipt showing to whom and Date Delivered	70					
e 198	Return Receipt showing to whom Date, and Addings, of Delivery						
Jun,	TOTAL Postage and Tees	5 167					
Form 3800, June 1985	Postny Date						
PS	88201						

