	State of New Energy, Minerals and Nature		Form C-104 Revised 1-1-89 See Instructions at Bottom of Page
DİŚTRICT I P.O. Box 1980, Hobbs, NM 88240 DISTRICT II.	OIL CONSERVAT P.O. Box	TION DIVISION	at Dorrow of a se-
P.O. Drawer DD, Artesia, NM 88210	Santa Fe, New Mex		
DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410	REQUEST FOR ALLOWABL	E AND AUTHORIZATION	
I. Operator	TO TRANSPORT OIL	AND NATURAL GAS	API No.
RWK Resource	es, Inc		30-025-03008
Address 120 Binmingha	m Dr. #210 Ca	iroliff, CA	92007
Reason(s) for Filing (Check proper box)	Change in Transporter of:	Other (Please explain)	te a
Recompletion	Oil X Dry Gas Casinghead Gas Condensate	Reaffirm Tra	NSPORTCK
Change in Operator			
II. DESCRIPTION OF WELL A	ND LEASE		of Lease Lease No.
Lesse Name NM "BH" STate MC.	Well No. Pool Name, Includin		of Lease Lease No. Federal or Fee B10278
Location	1000 1	V Line and 1980 F	eet From TheLine
Unit Letter	i de i de i de i		2a. County
Section // Township	125 Range 32E		
III. DESIGNATION OF TRANS	or Condensate 1	RAL GAS Address (Give address to which approve	d copy of this form is to be sent)
TEXACO TRAding & Name of Authorized Transporter of Casings	TRANSportation	P. D. Box 60628 1. Address (Give address to which approve	M. Jand, TX 79711-0628 d copy of this form is to be sent)
If well produces oil or liquids,		Is gas actually connected? Whe	n ?
give location of tanks. If this production is commingled with that fi	$\frac{CNW}{11} \frac{12}{32E}$	ing order number:	
IV. COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v Diff Res'v
Designate Type of Completion -	(X) X Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Date Spudded 10/15/58	6/25/84	1/225 Top Oil/Gas Pay	8605 Tubing Depth
Elevations (DF, RKB, RT, GR, etc.) 4366 GR	Name of Producing Formation	8431	8400
Perforations		15 19.23.26.56 83.87.89 928	Depth Casing Shoe 1/225
89.31,39,41,44,46,53,62,	69,71, 73, 76, 78, 8503, 5, 7, TUBING, CASING AND	CEMENTING RECORD	SACKS CEMENT
HOLE SIZE	CASING & TURING SIZE	350	
11	<u>85/6</u> 51/2	3600	
7 %			
V. TEST DATA AND REQUES OIL WELL (Test must be after r	ST FOR ALLOWABLE ecovery of total volume of load oil and must	be equal to or exceed top allowable for t	his depth or be for full 24 hours.)
Date First New Oil Run To Tank	Date of Test 5/15/91	Producing Method (Flow, pump, gas life	i, elc.)
6/25/84 Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF
Actual Liner During Lear	<u> </u>	1	
GAS WELL Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Actual Prod. Test - MCP/D		Contract Description (Churt in)	Choke Size
Testing Method (pilos, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	
VI. OPERATOR CERTIFIC	ATE OF COMPLIANCE	OIL CONSER	VATION DIVISION
I hereby certify that the rules and regul Division have been complied with and	lations of the Oil Conservation that the information given above		SEP 0 1 '92
is true and complete to the best of my	knowledge and belief.	Date Approved	gned by
Janny lot	16 m	By	
Signature Garry No	ollen Engineer		
	619-943-8448	Title	
Date	Telephone No.		

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

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

2) All sections of this form must be filled out for allowable on new and recompleted wells.
3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
4) Separate Form C-104 must be filed for each pool in multiply completed wells.

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CCD HUBBS COM

Submit 5 Copies Appropriate District Office	Energy, Mir	State of New herals an I Nar Iral	Mexico Resources Department		Form C-104 Revised 1-1-89 See instructions at Bottom of Page
DİSTRICT I P.O. Box 1980, Hobbs, NM 88240 <u>DISTRICT II</u> P.O. Drawer DD, Aricsia, NM 88210	OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088			•	
DISTRICT III					
1000 Rio Brazos Rd., Aztec, NM 87410	REQUEST FO	R ALLOWABLI	E AND AUTHORIZATI		
I. Operator				Well API No.	0
RWK RESOURCES, INC				30-025-0800	<u>'0</u>
Address 120 BIRMINGHAM, SUITE	210. CARDIF	F, CA 92007			
Reason(s) for Filing (Check proper bax)	Change in T	ransporter of:	Other (Please explain)		
Recompletion	0.0	Ory Gas			
If change of operator give name muy hoc	and the second se	вох 728, но	DBBS, NM 88240		
and address of previous operator ILANCO II. DESCRIPTION OF WELL A				r	Lease No.
Lease Name NEW MEXICO "BII" STATE NCT-1	Well No.	Pool Name, Including CAPROCK	Formation WOLFCAMP, EAST	Kind of Lease State, Federal or Fee	
Location	1000		N Lipe and 1980	Feet From The	W Line
Unit LetterF	: 1980	Feet From The			County
Section]] Township	12-S	Range <u>32-E</u>	, NMPM, LEA		
III. DESIGNATION OF TRANS	SPORTER OF OI		AL GAS Address (Give address to which a	approved copy of this form	n is to be scril)
TTEXAS NEW MEXICO PIP	FLINE		Address (Give address to which a	approved copy of this form	n is to be sent)
Name of Authonzed Transporter of Casing WARREN PETROLEUM	thead Gas X		is gas actually connected?	When ? 8/1/84	
If well produces oil or liquids, give location of tanks	WW/4 11	12 32	YES	PC-555	t
If this production is commingled with that IV. COMPLETION DATA	from any other lease or	pool, give commingin			hyde navy
	Oil Well	Gas Well	New Well Workover	Deepen Plug Back S	ame Res v Diff Res'v
Designate Type of Completion	- (A) Date Compl. Ready to) Prod.	Total Depth	P.B.T.D.	
			Top Oil/Gas Pay	Tubing Depth	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing F	ormation	.op 0.2		
Perforations	1			Depth Casing	Shoe
	TUBING	CASING AND	CEMENTING RECORD		
HOLE SIZE	CASING & T		DEPTH SET	Si	ACKS CEMENT
V. TEST DATA AND REQUE	ST FOR ALLOW	ABLE			
V. TEST DATA AND REQUE OIL WELL (Test must be after	recovery of total volum	e of load oil and must	be equal to or exceed top allows Producing Method (Flow, pump	ible for this depth or be for	or full 24 nours i
Date First New Oil Run To Tank	Date of Test		Producing Method (Flow, pully		
Length of Test	Tubing Pressure		Casing Pressure	Choke Size	
	Oil - Bbls		Water - Bbls.	Gas- MCF	
Actual Prod. During Test	Oll - Bols.				
GAS WELL			Bbls. Condensate/MMCF	Gravity of C	ondensate
Actual Prod. Test - MCF/D	Length of Test		Bbls. Condensate/MIVICT		
Testing Method (puor, back pr.)	Tubing Pressure (S)	nut-in)	Casing Pressure (Shut-in)	Choke Size	
VI. OPERATOR CERTIFI I hereby certify that the rules and reg	mutations of the Oil Con	servation	OIL CON	SERVATION	DIVISION
Division have been complied with an is true and compliete to the best of m	od that the information i		Date Annroved		
	. A				
Klin VII	E X		By	<u> </u>	់ ¶្លំនេះ
	PRESIDENT	Title	Titla		
Printed Name 	(619) 943-844	8			
 Date		Felephone No.			والمتحال المترك والمتحد والمتحد والمتحد والمتحد والمتحد والمتحد والمتحد والمتحد والمتحد والمتحد والمتحد والمتح

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

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordiance

with Rule 111. 2) All sections of this form must be filled out for allowable on new and recompleted wells.

3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes

BTATE OF NEW MEXICO			Form C-104 Revised 10-1-78
IGY AND MINERALS DEPARTMENT	OIL CONSERVAT		
0111 MIR UT 10M	р. 0, 00 ж Santa Fe, New 1		
U \$ U,8,	REQUEST FOR	ALLOWABLE	
TRANSPORTER OIL	AN)	
DPENATOR PRONATION DPEICE Operation	AUTHORIZATION TO TRANSPO		
TEXACO Inc.	المراجع مي من من من من من من من من من من من من من		
P. O. Box 728, Hobbs, N	ew Mexico 88240	Other (Piease explain)	
Reason(s) for filing (Check proper box) New Well	Change in Transporter ol:	Uner (rieuse explaint)	
Recompletion	Oil Dry Gos		
Change in Ownership	Cosinghead Gas X Condens		
If change of ownership give name and address of previous owner			
DESCRIPTION OF WELL AND	EASE Well No. Pool Name, Including For	mation Kind of Lease	L+c=+ No. B-10278
New Mexico "BH" State NCI	-1 2 Caprock Wolfca	mp, East State, Federal	
Unit Letter ; F; [980	Eest From The North Line	and <u>1980</u> Feet From T	he West
44 ·		2-Е , мири,	Lea County
Name of Authorized Transporter of Oil	CER OF OIL AND NATURAL GAS		ed copy of this form is to be sent) New Mexico 88240
Texas New Mexico Pipe Li Name of Authorized Transporter of Cas	inghead Gas 🚺 or Dry Gas 🗍	P. O. Box 2528, Hobbs, 1 Address (Give address to which approv	ed copy of this form is to be sent?
Warren Petroleum Corp.		P. O. Box 1689, Lovingt	n
If well produces oil or liquids, give location of tanks.	* 11 12-S 32-E	Yes	8-1-84
*Center of NW/4 If this production is commingled with	th that from any other lease or pool, g	rive commingling order number:	PC-555
COMPLETION DATA Designate Type of Completion	On Hen Gub were	Now Well Workove: Deepen	Plug Buck Same Resiv. Diff. Res 1
Designate Type of Complete Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	*lame of Producing Formation	Top Oll/Gas Pay	Tubiny Depth
Elevations (DF, RKB, RT, GR, etc.)			Depth Casing Shoe
Periorations.			
	TUBING, CASING, AND	CEMENTING RECORD	SACKS CEMENT
HOLE SIZE	CASING & TUBING SIZE		
TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a) able for this de	nth of be jor juli 24 no may	and must be equal to or azesed top allow
OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas li	
Length of Tust	Tubing Presoure	Casing Pressure	Choke Size
	Oll-Bble.	Walet - Bbls.	Gas+MCF
Actual Prod. During Test			
			Gravity of Condensate
GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bble. Condenagle/MMCF	Gravity of Condenedie
Testing Method (pitol, back pr.)	Tubing Presswe (Sbut-in)	Cosing Pressure (Shut-in)	Choke Size
CERTIFICATE OF COMPLIAN	I CE	OIL CONSERVA	
		APPROVED AUG - 6	
I hereby certify that the rules and Division have been complied wit	regulations of the Oli Conservation h and that the information given he beat of my knowledge and belief.	BY ORIGINAL SIGHED BY	JERRY SEXTON
above is live and complete to it		TITLE	والمراجع والمراجع والمراجع والمراجع والمراجع والمراجع والمراجع فالمراجع والمراجع والمراجع والمراجع والمراجع وا
, lol or		This form is to be filed in	compliance with MULE 1104.
1 stoks	naturej	well, this form must be account	ordance with NULE 111.
Assistant District M	lanager	tests teken on the werr in acc	ourt be filled out completely for allow
()	(ile)	white on new and recomptoted .	II, III, and VI for changes of owne ntwn or other such change of condition
August 2, 1984	Datej		ist be filed for each pool in multip

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OLCLO HOBAS CAPICE	

GTATE OF DEW MEXICO IGY AND MINERALS DEPARTMENT			Form C-104 Revised 10-1-78
	SANTA FE, NEW		
V 8.0.8.		,	
LAND OFFICE	REQUEST FOR		
DAS DETENSION	AN AUTHORIZATION TO TRANSP		
PADRATION OFFICE			
TEXACO Inc.			
Address			
P.O. Box 728, Hobbs Freeson(s) for filing (Check proper box,	, New Mexico 88240	Other (Please explain)	
New Well	Change in Transporter of:		
flecompletion A Change in Ownership	Oil Dry Gas Casinghead Gas Conden		
If change of ownership give name and address of previous owner			
DESCRIPTION OF WELL AND	LEASE		
Lease Name	Well No. Pool Name, Including Fa	Stole Fed	
New Mexico 'BH' St. N.	CT-1 2 East Caprock	Wolfcamp	<u> </u>
Unit Letter :	90 Feel From The North Line	and <u>1980</u> Feet Fro	m lihe <u>West</u>
the of Section 11 To	wnship 12.5 Range	32-E , NMPM,	Lea Count
DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	S Address (Give address to which app	proved copy of this form is to be sent)
		P.O. Box 2528, Hot	proved copy of this form is to be sent)
Texas - New Mexico P Name of Authorized Transporter of Cas	singhead Gas 🔀 or Dry Gas 🗌		
TEXACO Inc.	Unit Sec. Twp. Rge.	Is gas actually connected?	New Mexico 88240
If well produces oil or liquids, give location of tanks.	* 11 12-5 32-E	Yes	6.25-84
	th that from any other lease or pool, (give commingling order number:	
COMPLETION DATA	Oll Well Gas Well	New Well Workover Deepen	Plug Back Same Resty, Diff. for
Designate Type of Completio	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Date Spudded	1	11, 225 ' Top Oll/Gas Pay	8605 Tubing Depth
4366' (GR) Perforations	•	8628'	//, 225 ' Depth Casing Shoe
9.4-91-	<u> 5% c.c.</u>		
	TUBING, CASING, AND CASING & TUBING SIZE	CEMENTING RECORD	SACKS CEMENT
HOLE SIZE	13 3/8 "	350'	355
// "	<u> </u>	3600'	<u>2300</u> 450
7 7/8."	5 1/2 "	// 225'	
TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be o)	lier recovery of total volume of load	oil and must be equal to or exceed top z^{2}
OIL WELL Date First New Oil Run To Tanks	able for this de	pth or be for full 24 hours) Producing Method (Flow, pump, ga.	s lijt, etc.)
<u>6-25-84</u>	G-25-84 Tubing Pressure	Pump Casing Pressure	Choke Size
Length of Test	Tubing Pressure	Casing Pressure	-
24 Hrs Actual Prod. During Teat	Oll-Bble.	Water-Bbls.	Gas - MCF
	17	143	TSTM
GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
	Tubing Presews (Shut-in)	Cosing Pressure (Shut-in)	Choke Size
Teeting Method (pitot, back pr.)	Tupud Lienene (Burg-17)		
CERTIFICATE OF COMPLIAN	CE	DIL CONSERV	ATION DIVISION
		APPROVED	1384
ment is a second compliant with	regulations of the Oll Conservation and that the information given	11	D BY JEARY SEXTON
above is this and complete to the	e best of my knowledge and belief.	DISTRIC! I	SHOEDVICOR
11	r.		in compliance with RULE 1104.
1/h.t/			the state for a newly drilled or decost -
	alwe)	well, this form must be according tests taken on the well in ac	coordance with AULE 111.
Assistant District 1	Monager	All excitons of this form	must be filled out completely for all:
Assistant District 1 Tuly 2, 1984	ile)	able on new and recompleted Fill out only Sections	\mathbf{v} the set VI for chapter of \mathbf{o}^{w_0}
JULY 6, 1484 (D)	ale)	I wall name or number, or trace	porter, or other such change of conditions the filed for each pool in mult
		h beparate point crave.	

B. I hereby certify th	at the information above is true		ASST DIST MGR	DATE	6-28-84 JUN 2 9 1984
8. I hereby certify th	ut the information above is true				6 08 01
		and complete to the best	of my knowledge and belief.		
	,	•			
		•			
J •					
4. 5.	W/7000 GALS 20	<pre>% NEFE ACID 8</pre>	A 140 BALL SEALER TEST AND PLACE C	s.	
4.	15'. 19'. 23'.	26', 56', 83	ze 5 1/2" CSG P	, & 8600'.	
3.	PERFORATE 5 1	/2" CASING W	73', 76', 78',	, 39', 41', 8503', 05',	4 4', 07 ',
2.	SET CIBP @ 86 8605'.	25' AND DUM	P 20' SAND ON T	OP OF PLUG.	PBTD
1.	RIGGED UP.				
, Describe Proposed work; SEE RULE	or Completed Operations (Clear 1103.	ey asons one personales alle			
OTHER	or Completed Operations (Clear	ly state all pertinent det	ils, and give pertinent dates. in	ncluding estimated date	of starting any propose
LL OR ALTER CABING		CHANGE PLANS	CASING TEST AND ACMENT JOB ACCOUNT AND ACCOUNT ACCOUNT AND ACCOUNT AND ACCOUNT AND ACCOUNT AND ACCOUNT ACCOUNT AND ACCOUNT ACCOUNT ACCOUNT ACCOUNT ACCOUNT ACCOUNT ACCOUNT ACCOUNT ACCOUNT AND ACCOUNT AND ACCOUNT AND ACCOUNT AND ACCOUNT AND ACCOUNT AND ACCOUNT AND ACCOUNT AND ACCOUNT AND ACCOUNT AND ACCOUNT AND ACCOUNT AND ACCOUNT AND ACCOUNT	rfs in Wolfo	amp [X
MFORM REMEDIAL WO			COMMENCE DRILLING OPNS.		UG AND ABANDONMENT
		PLUG AND ABANDON	REMEDIAL WORK		TERING CASING
	Check Appropriate OTICE OF INTENTION T		ature of Notice, Report SUBSE	or Other Data QUENT REPORT C	F:
<u>IIIIIIII</u>	15. E	Clevation (Show whether 4366	(GR)	12. County Lea	
Wes	t11			нмрм.	
UNIT LETTER					
Location of Well				East Ca	Pool, or Wildcat prock Wolfca
Address of Operator	Box 728, Hobbs, I	New Mexico 88	240	9. Well No. 2	
Jame of Ciperator TEXACO				B. Farm or Lee N. M. [†] B	ise Name H'StNCT-1
	GAS OTHER-			7. Unit Agreen	
DO NOT USE TH	SUNDRY NOTICES	AND REPORTS ON AND REPORTS ON A TO DEEPEN OR PLUG DA	NELLS CK TO A DIFFERENT RESERVOID. PROPOSALS.1		
OPERATOR					10278
LAND OFFICE					Fee Gas Lease No.
U.S.G.S.				Sa. Indicate Ty	pe of Lease
BANTA FE FILE U.B.G.S.	s	ANTA FE, NEW	MEXICO 87501		







Job separation sheet

STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT				
and the second second second second second second second second second second second second second second second	OIL CONSERVA	TION DIVISION		
40. 67 (07)(4 \$ (CTIVED	P. O. BOX			Form C-103 Revised 10-1-79
DISTRIBUTION	SANTA FE, NEW			KGA1260 10-1-10
SANTA FE	SANTA PE, NEW	MEXICO 37301	5a. Indicate Type	e of Leuse
U.S.G.S.			State X	Fee
LAND OFFICE	•		5. State Oil & G	C
OPERATOR				13 Deale not
والمحافظ والمراجع والمراجع والمحافظ والمحافظ والمحافظ والمحافظ والمحافظ والمحاف والمحافي والمحافي والمحافي والمحافية			Б-10278	mmmm
SUNDRY N 100 NOT USE THIS FORM FOR PROFOSA	OTICES AND REPORTS ON STO DELLE ON TO DELLE ON TO DELLE ON TO DECPEN OR PLUG SA	WELLS ICA TO A DIFFERENT RESERVOIR.	<u> </u>	
1.			7. Unit Agreeme:	nt Name
611 (TT) 6A3 (TT)	OTHEA-			
2. Name of Operator			8. Farm or Leas	e Nam e
TEXACO Inc.			N.M. 'BI	I' St. NCT-1
Address of Operator			9, Well No.	
P. O. Box 728, Hobbs, New	Mexico 88240		2	
	Perico corro		10. Field and P	ool, or Wildcat
a, Location of Well	So North	1980	E-st Car	prock Woffcamp
UNIT LETTER F 19	FEET FROM THE	LINE AND	TITITI	inmmm,
				HHHHHH
THE West LINE, SECTION	11 TOWNSHIP 12-S	RANGE	<u>— имрм. ()))))))</u>	illillillili
	15. Elevation (Show whether	DE RT CR etc.)	12. County	
	15. Elevation (Snow whether 43	366' (GR)	Lea	
	propriate Box To Indicate N	ature of Notice, Repor	rt or Other Data	
NOTICE OF INTE		SUBS	EQUENT REPORT OF	*
()	PLUG AND ABANDON	REMEDIAL WORK	ALTE	RING CASING
PERFORM REMEDIAL WORK		COMMENCE DRILLING OPNS.	PLUG	AND ABANDONMENT
TEMPORAR LY ABANOOH	[]	CASING TEST AND CEMENT JOS		
PULL OR ALTER CASING	CHANGE PLANS			· [7]
Re-Perforate Wolfo		OT HER		
17. Describe Proposed or Completed Opera work) SEE RULE 1103.	tions (Clearly state all pertinent det	ails, and give pertinent dates,	including estimated date o	f starting any proposed
1. Fig up. Install BOP 2. Set CIBP @ 8625' & su	not 20' cement on plug	(PBTD-8605').		

- Perforate 5¹/₂ csg W/2-JSPF @ 8431,39,41,44,46,53,62,69,71,73,76,78,8503'.05,07,15,19 23,26,56,83,87,89,92,&8600'.
- 4. Set pkr @ 8350'. Acidize perfs. 8437'-8598' W/7000 gals 20% NEFE Acid & 140 Ball Sealers. Flush W/100 Bbls. produced water.
- 5. Install production equipment. Test & place on production.

•

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18. I hereby certify that the information above is true and complete	to the best of my knowledge and beliel.	
	Asst. Dist. Mgr.	DATE 7-7-83
ORIGINAL SIGNED BY JERRY SEXTON	717LE	JUL 1 1 1983

CONDITIONS OF APPROVADISTRICT I SUPERVISOR

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