

1988

CONTINUED ATOKA MORROW, WEST (GAS)														PAGE 854	
WELL S T R	JAN	FEB	MAR	APRIL	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC 1988	PROD MP	ACCUM	
VANDIVER CN COM 1E1818S26E GAS OIL WAT	457	256	13	294	238	55	221	267	170	238	137	257	2603	12433149	47703 1783
VANDIVER DG COM 1N 718S26E GAS OIL WAT	10010 18	6622 14	18109 21	25250 90	1702	915	1579	6061 11	23762 46	26954 49	20647 64 6	20164	161775 313 6	7141977 17627 3572	
WHIRLWIND WL 1M1518S26E GAS WAT	233	342	205	306	235	353	457	528	210	155	221	255	3500	32062 46	
COMPANY TOTAL OIL GAS WAT	18 12204 84	15 8330 112	2182 174863 239	1805 204170 376	304 41722 50	721 97504 138	188 28878 149	482 70185 313	711 143658 239	881 186456 215	610 155950 128	320 151826 94	8237 1275746 2137	74567 21068261 20932	
ATOKA PENN. (PRORATED GAS) PA 9M TO 10M															

AMOCO PRODUCTION CO LEE C GAS COM 1E2218S26E GAS OIL WAT	PLUGGING APPROVED 1984													7901351 36275 977	

CHEVRON U.S.A. INC J H EVEREST GAS COM 1L1418S26E GAS OIL	PLUGGING APPROVED 1975													5493139 52413	

CHEVRON U.S.A. INC. C R MARTIN 1J1518S26E GAS OIL WAT	2729	1837	3880	2391	2340	2856	3317	3437	949	810	3918	6307	34771	12876947 86918 528150	
PAUL TERRY ET AL 2H1518S26E GAS OIL WAT	3565 1608 81	1650 791 112	2015 2080 217	1235 1156 210	1625 2077 217	1560 1519 210	2015 1032 105	2015 2026 217	715 2002 210	455 1943 217	1950 1536 210	2015 1891 208	20815 19661 2214	6356314 21712 13207	
COMPANY TOTAL OIL GAS WAT	4337 3646	2628 1762	5960 2232	3547 1445	4417 1842	4375 1770	4349 2120	5463 2232	2951 925	2753 672	5454 2160	8198 2223	54432 23029	19233261 541357	

BARBARA FASKEN HIGGINS-CAHOON COM 1O 218S26E GAS OIL WAT	11300 13	8812 20 3	8805	10739	9939	10366 8 3	5353	1817	2198	346	1925	71600 41 6	6142175 12935 169		
ROGERS 10 COM 111018S26E GAS OIL WAT	9310 11	4489 6	1486	475	763	1113	1024	559	570	442	422	1020	21673	1703909 2608 142	
COMPANY TOTAL OIL GAS WAT	13 20610 11	20 13301 9	10291	11214	10702	11479 8 3	6377	559	2387	2640	768	2945	93273 23	41 7846088 311	15543 7846088 311

DAVID FASKEN BRADSHAW 1G 218S26E GAS OIL	PLUGGING APPROVED 1984													3052528 9244	

FELMONT OIL CORPORATION AARON COM 1N1118S26E GAS OIL WAT	1744				3166 10 10	19481 32 21	5943 6 8	10553 7 9	1814	1948	2427	4481	51557 55 48	5925958 17027 48	
ATOKA COM 2P1218S26E GAS OIL WAT	27191	10176	23392 19	21249	23041 4	22878 37	4803 8	45338 31 51	8456 51 6	3941 13 2	4529	4798	199792 163 103	9667632 26036 103	
FELMONT ATOKA 1D1218S26E GAS OIL	1364	723	994	902	1226	1170	639	1502	898	434	372	737	10961	1294889 5180	
COMPANY TOTAL OIL GAS WAT	30299 10899 24386	19 10899 24386	22151	27433 22	43529 44	11385 11	57393 66	11168 6	6323 2	7328	10016	262310 151	218 16888479 151	48243 151	

ICM L. INGRAM HAWKINS GAS COM 2C2718S26E GAS OIL	LAST PROD. DATE 03/76													S 2435730 21863	

HADDOX ENERGY CORP. TERRY COM 1G1418S26E GAS OIL WAT	5079	4572	4858		299	268	260	233	178	250	10647	11634	38278	865976 3436 1979	

MALLARD EXPLORATION, INCORPORATED MAYER HOLT 1L2818S26E GAS OIL	PLUGGING APPROVED 1973													1190925 6577	

MARATHON OIL COMPANY ANDREW ARNOQUIST ESTATE 1F2918S26E GAS OIL	6112	4973	5813	2647	6082	5497	6229	5498	5922	5980	5754	5874	66381	11148576 60323	
GUY W NICKSON A 1A3018S26E GAS OIL	LAST PROD. DATE 09/85													S 211825 198	
RALPH NIX 1J2918S26E GAS OIL WAT	RECOMPLETED TO DAYTON WOLF CAMP (GAS)													7032989 50454 204	
ETHEL V NOEL 1P2018S26E GAS OIL	2581	1981	2310	1228	2669	1724	2197	2263	1078	930	1454	1242	21657	8024490 48086	
COMPANY TOTAL OIL GAS WAT	8693 6954	8123	3875	8751	7221	8426	7761	7000	6910	7208	7116	88038	159061 2641783 204		

NEWHOURNE OIL CO FEDERAL B 1P 118S26E GAS OIL WAT	2448				51								2448 51	3933208 30967 17	
SPENCER COM 1K 118S26E GAS OIL WAT	2972	3043		46	3782		2014		4362	1187	1841	19201 46	815868 4226 9		
COMPANY TOTAL OIL GAS WAT	5420 3043		46	51 3782		2014		4362	1187	1841	21649	97 35193	4749076 26		

MWJ PRODUCING COMPANY HENDO LFE 1P1918S26E GAS OIL WAT	1043	851	802	493	1135	757	1005	1026	771	1022	752	812	10469	6671442 42932 1369	

RALPH NIX HENDO-KELLY COM 1N2718S26E GAS	ZONE ABANDONED													2770	

PAN AMERICAN CORP FLINT GAS COM 1J2218S26E GAS OIL	PLUGGING APPROVED 1970													5600025 40116	
C R MARTIN 3D2318S26E GAS OIL	PLUGGING APPROVED 1963													152842 1128	
COMPANY TOTAL OIL GAS														41244 5752867	

PARKER & PARSELEY PETROLEUM CO. HIGGINS TRUST INC COM 1A1318S26E GAS OIL WAT	721	46		3144	1804	749	16					1020	7500	4965006 6254 2556	

UNITED STATES
DEPARTMENT OF THE INTERIOR

GEOLOGICAL SURVEY

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. TYPE OF WORK

DRILL ☒DEEPEN ☐PLUG BACK ☐

b. TYPE OF WELL

OIL
WELL ☐GAS
WELL ☒OTHER ☐SINGLE ZONE ☒ MULTIPLE ZONE ☒

2. NAME OF OPERATOR

Mark Production Company

3. ADDRESS OF OPERATOR

330 Citizens Bank Bldg., Tyler, Texas 75701

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

At surface 990' from the South line & 990' from the East line

At proposed prod. zone

Same

14. DISTANCE IN MILES AND DIRECTION FROM NEAREST TOWN OR POST OFFICE*

4 miles East of Atoka

15. DISTANCE FROM PROPOSED*

LOCATION TO NEAREST
PROPERTY OR LEASE LINE, FT.
(Also to nearest drig. line, if any)

330'

18. DISTANCE FROM PROPOSED LOCATION*
TO NEAREST WELL, DRILLING, COMPLETED,
OR APPLIED FOR, ON THIS LEASE, FT.

16. NO. OF ACRES IN LEASE

120

19. PROPOSED DEPTH

9,600'

17. NO. OF ACRES ASSIGNED
TO THIS WELL

320

20. ROTARY OR CABLE TOOLS

Rotary

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

22. APPROX. DATE WORK WILL START*

August 1, 1974

23.

PROPOSED CASING AND CEMENTING PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	QUANTITY OF CEMENT
20"	16" Conductor Pipe	65#	200'	250 sacks
11"	8-5/8"	24# - 32#	1,970'	475 sacks
7-7/8"	4-1/2"	10.5# - 11.6#	9,600'	325 sacks

10" 900 Series Hydril

Shaffer Model 39 - 3000# Hydraulic Blowout Preventers (see attached plat showing choke manifold and equipment)

MUD PROGRAM:

0 - 200' - Spud mud
200 - 1,900' - Native mud
1,900 - 7,000' - Water
7,000 - 8,000' - Mud up & build viscosity
8,000 - 9,600' - 9.5# to 9.8# - Vis 34-40 - WL 20 cc or less

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: If proposal is to deepen or plug back, give data on present productive zone and proposed new productive zone. If proposal is to drill or deepen directionally, give pertinent data on subsurface locations and measured and true vertical depths. Give blowout preventer program, if any.

24.

SIGNED

(This space for Federal or State office use)

TITLE Assistant Secretary

U.S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

DATE June 6, 1974

APPROVED

PERMIT NO.

JUL 19 1974

H. L. BEEKMAN

Attachments: ENGINEER

SUBJECT TO ATTACHED DEEP WELL CONTROL
APPROVAL, IF ANY
REQUIREMENTS DATED JUN 22 1974
TITLE

DATE

THIS APPROVAL IS REVOKED IF OPERATIONS
ARE NOT COMMENCED WITHIN 3 MONTHS.
OCT 10 1974

*See Instructions On Reverse Side

DECLARED WATER BASIN
CEMENT CC
CASING MUST BE CIRCULATED

NOTIFY USGS IN SUFFICIENT TIME TO
WITNESS CEMENTING THE CASING.

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JUN 10 1974

NEW MEXICO OIL CONSERVATION COMMISSION
WELL LOCATION AND ACREAGE DEDICATION PLAT

Form 12-102
Supersedes C-128
Effective 1-1-65

All distances must be from the outer boundaries of the Section

Operator MARK PRODUCTION COMPANY			Lease FEDERAL "B"		Well No. 1
Section "P"	Section 1	Range 18 South	Range 26 East	County Eddy	
A well is located		Bore hole with			
990		South		990	
feet from the		feet from the		feet from the	
Penn		Atoka Penn		Dedicated Acreage 320	

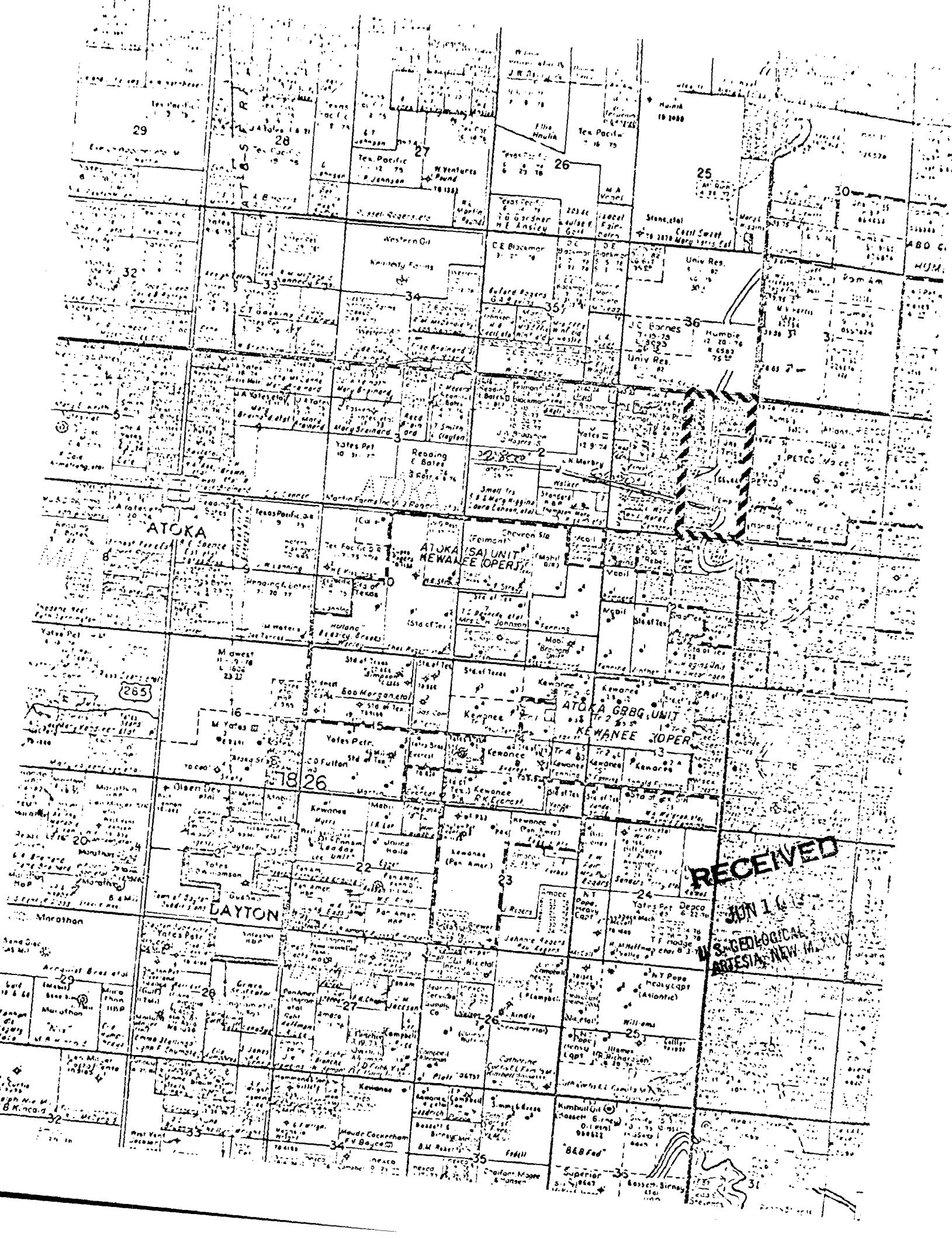
1. Outline the acreage dedicated to the subject well by colored pencil or hatchure marks on the plat below.
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
3. If more than one lease of different ownership is dedicated to the well, have the interests of all owners been consolidated by communitization, unitization, force-pooling, etc?

Yes ☐ No ☒ If answer is "yes," type of consolidation _____

If answer is "no," list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.) All interests except Robert A. Brown & Nelson Collier (see attached)

No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interests, has been approved by the Commission.

	<p>CERTIFICATION</p> <p>I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.</p> <p><i>Gaylon Thompson</i> Title Gaylon Thompson Position Assistant Secretary Company Mark Production Company Date June 6, 1974</p> <p>RECEIVED</p> <p>JUN 10 1974</p> <p>I hereby certify that the well location shown on this plat was plotted from notes of U.S. GEOLOGICAL SURVEY under my supervision, and that the same is true and correct to the best of my knowledge and belief.</p> <p>Date April 17, 1974 Signature <i>[Signature]</i> Title Geologist</p>
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ATOKA

ATOKA NEWARK UNIT

ATOKA GBBQ UNIT

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JUN 1 1964
U.S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

DAYTON

BEFORE THE
OIL CONSERVATION COMMISSION OF NEW MEXICO

IN THE MATTER OF THE APPLICATION
OF MARK PRODUCTION COMPANY FOR
COMPULSORY POOLING, EDDY COUNTY,
NEW MEXICO,

A P P L I C A T I O N

COMES NOW MARK PRODUCTION COMPANY, and as provided
by Section 65-3-14, New Mexico Statutes 1953, as amended,
applies to the Oil Conservation Commission of New Mexico
for an order pooling all the mineral interests in and
under the E/2 of Section 1, Township 18 South, Range 26
East, N.M.P.M., Eddy County, New Mexico and in support
thereof would show the Commission:

1. Applicant is a working interest owner in the
E/2 of Section 1, Township 18 South, Range 26 East, Eddy
County, New Mexico.

2. Applicant has obtained voluntary agreement for
pooling from all but the following:

- (a) Robert A. Brown
General Delivery
Fletcher, Oklahoma 73541
- (b) Nelson Collier
1605 Bixby
Ardmore, Oklahoma 73401

That each nonconsenting interest owner has 1/80th
interest underlying Tract 213, 215, 216, and 222
each of which contains five acres more or less
within the unsurveyed area of the Fairchild Farm
land.

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ARTESIA, NEW MEXICO

3. As required by the provisions of Commission Rule 104, applicant proposes to dedicate the E/2 of Section 1, Township 18 South, Range 26 East, N.M.P.M., Eddy County, New Mexico, to the well.

4. Applicant requests that it be designated operator of the pooled unit requested above.

5. Applicant proposes to drill a well to test the Atoka-Pennsylvanian Pool at an orthodox well location 990 feet from the South line and 990 feet from the East line in Section 1, Township 18 South, Range 26 East, N.M.P.M., Eddy County, New Mexico.

6. Applicant has been unable to obtain voluntary agreement for the pooling of the unpooled interests indicated in paragraph 2 above, and in order to avoid the drilling of unnecessary wells, to protect correlative rights, and to prevent waste, the Commission should pool all interests in the spacing or proration unit as a unit.

WHEREFORE, applicant respectfully requests that the Commission set this matter for hearing before the Commission's duly appointed examiner, and that after notice and hearing as required by law the Commission enter its order pooling all interest underlying the E/2 of Section 1, Township 26 South, Range 26 East, N.M.P.M., Eddy County, New Mexico, and designating applicant operator of the pooled unit, together with provision for applicant to recover its costs out of production including a risk factor to be determined by the Commission and with provisions for the

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ARTESIA, NEW MEXICO

the payment of operating costs and costs of supervision
out of production to be allocated among the owners as
their interest may appear and for further orders as may
be proper in the premises.

Respectfully submitted,

MARK PRODUCTION COMPANY

BY

KELLAHIN & FOX

P. O. Box 1769

Santa Fe, New Mexico 87501

ATTORNEYS FOR APPLICANT

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ARTESIA, NEW MEXICO

UNITED STATES
DEPARTMENT OF THE INTERIOR

GEOLOGICAL SURVEY

SUBMIT IN TRIP
(Other instruction
verse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC-066445

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

SUNDRY NOTICES AND REPORTS ON WELLS

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

1. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR Mark Production Company		8. FARM OR LEASE NAME Federal "B"	
3. ADDRESS OF OPERATOR 330 Citizens Bank Bldg., Tyler, Texas 75701		9. WELL NO. 1	
4. LOCATION OF WELL. (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 990' FSL & 990' FEL		10. FIELD AND POOL, OR WILDCAT Atoka Penn	
14. PERMIT NO.		11. SEC., T., R., M., OR BLK. AND SUBST OR AREA 1-18S-26E	
15. ELEVATIONS (Show whether OF, RT, OR, etc.)		12. COUNTY OR PARISH Eddy	
		13. STATE New Mexico	

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF
FRACTURE TREAT
SHOOT OR ACIDIZE
REPAIR WELL
(Other)

PULL OR ALTER CASING
MULTIPLE COMPLETION
ABANDON*
CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF
FRACTURE TREATMENT
SHOOTING OR ACIDIZING
(Other)

REPAIRING WELL
ALTERING CASING
ABANDONMENT*

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

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

Ran 253 jts 5-1/2" casing - 47 jts N-80, 17# (1700') - 134 jts K-55, 15.5# (5001') - 72 jts K-55, 17# (2675') - cemented with 700 sacks Class "H", 3/4 of 1% CFR2 - plug down @ 12 PM 10-24-74 - WOC 18 hrs - pressure tested casing to 2000 psi for 30 mins held okay - estimated top of cement 6100'.

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NOV 29 1974

U. S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

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

SIGNED

[Signature]

TITLE Assistant Secretary

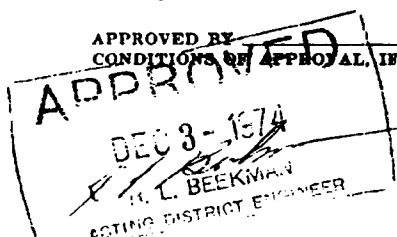
DATE 11-26-74

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE



*See Instructions on Reverse Side

INCLINATION REPORT

OPERATOR Mark Production Company ADDRESS 1907 Gibbs Tower West - Midland, Texas-79701

LEASE Federal "B" WELL NO. 1 FIELD

LOCATION Section 1, T 13 S, R 24 E Eddy County, New Mexico

Depth	Angle (Inclination 'degrees)	Displacement	Displacement Accumulated
200	3/4	2.62	2.62
700	1	8.75	11.37
1014	1/2	2.73	14.10
1514	1-1/2	13.10	27.20
1570	0	0.00	27.20
2563	0	0.00	27.20
3066	3/4	6.59	33.79
3570	3/4	6.60	40.39
4070	3/4	6.55	46.94
4580	1/4	1.90	48.84
5061	3/4	6.30	55.14
5560	1/2	5.29	60.43
6060	0	0.00	60.43
6567	1/4	1.35	61.78
7033	1/2	4.49	66.27
7500	1/2	4.41	70.68
8004	3/4	6.21	76.89
8513	1/4	2.09	78.98
9000	2	19.25	98.23
9243 TD	2	5.51	103.74

I hereby certify that the above data as set forth is true and correct to the best of my knowledge and belief.

CACTUS DRILLING CORPORATION

By: L. A. Rogers
Title: DRILLING SUPERINTENDENT

Affidavit:

Before me, the undersigned authority, appeared L. A. Rogers known to me to be the person whose name is subscribed herebelow, who, on making deposition, under oath states that he is acting for and in behalf of the operator of the well identified above, and that to the best of his knowledge and belief such well was not intentionally deviated from the true vertical whatsoever.

L. A. Rogers
(Affiant's Signature)

Sworn and subscribed to in my presence on this the 25th day of November
1974

Larry R. Virgin
Notary Public in and for the County
of Midland, State of Texas

Seal: My Commission expires June 30, 1975

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE

(See other in-
structions on
reverse side)Form approved.
Budget Bureau No. 42-R3555.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

1a. TYPE OF WELL:		OIL WELL <input type="checkbox"/>	GAS WELL <input checked="" type="checkbox"/>	DRY <input type="checkbox"/>	Other <input type="checkbox"/>		
b. TYPE OF COMPLETION:		NEW WELL <input checked="" type="checkbox"/>	WORK OVER <input type="checkbox"/>	DEEP-EN <input type="checkbox"/>	PLUG BACK <input type="checkbox"/>	DIFF. RESVR. <input type="checkbox"/>	Other <input type="checkbox"/>
2. NAME OF OPERATOR		Garcia Production Company					
3. ADDRESS OF OPERATOR		330 Citizens Bank Bldg., Tyler, Texas 75701					
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*		At surface 900° E 1/2 Sec 10, T. 10N, R. 10E, S. 10E					
At top prod. interval reported below							
At total depth							
14. PERMIT NO.		DATE ISSUED		12. COUNTY OR PARISH		13. STATE	
				Eddy		New Mexico	
15. DATE SPEUDED		16. DATE T.D. REACHED		17. DATE COMPL. (Ready to prod.)		18. ELEV. CASINGHEAD	
8-30-74		9-28-74		11-22-74		3290' GR	
20. TOTAL DEPTH, MD & TVD		21. PLUG BACK T.D., MD & TVD		22. IF MULTIPLE COMPL., HOW MANY*		23. INTERVALS DRILLED BY	
9248'		9233'		--		--	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*		25. WAS DIRECTIONAL SURVEY MADE					
9039 - 9076' - Morrow		Yes					
26. TYPE ELECTRIC AND OTHER LOGS RUN		27. WAS WELL CORRED					
Acoustic Velocity		No					
28. CASING RECORD (Report all strings set in well)							
CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD		AMOUNT PULLED	
15"	65	200'	20"	240 sks		None	
8-5/8"	32 - 46	1,470'	11"	850 sks		None	
5-1/2"	17 - 15.5	8,438'	7-7/8"	700 sks		None	
29. LINER RECORD				30. TUBING RECORD			
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
					2-3/8"	8958'	8965'
31. PERFORATION RECORD (Interval, size and number)				32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.			
9039', 9042', 9045', 9046', 9051', 9052', 9056', 9059', 9064', 9067', 9068', 9074', 9076' - 13, 1/2" holes				DEPTH INTERVAL (MD)			
				9039 - 9076'			
				AMOUNT AND KIND OF MATERIAL USED			
				2,600 gals acid			
33. PRODUCTION							
DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)			WELL STATUS (Producing or shut-in)		
11-20-74		Flowing			Shut-in		
DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
11-26-74	1 hr	24/64"	→	3.3	139	0	∞
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORE.)	
24.0	Pkr	→	72.2	3,136	0	59°	
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)						TEST WITNESSED BY	
Sold - Southern Union Gas Company						W. H. Cravey	
35. LIST OF ATTACHMENTS							
Acoustic Velocity Logs, Directional Survey							
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records							
SIGNED		TITLE			DATE		
[Signature]		Assistant Secretary			Dec. 10, 1974		

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

INSTRUCTIONS

General: This form is designed for submitting a complete and correct well completion report and log on all types of lands and leases to either a Federal agency or a State agency, or both, pursuant to applicable Federal and/or State laws and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office. See instructions on Items 22 and 24, and 88, below regarding separate reports for separate completions.

If not filed prior to the time this summary record is submitted, copies of all currently available logs (drillers, geologists, sample and core analysis, all types electric, etc.), formation and pressure tests, and directional surveys, should be attached hereto, to the extent required by applicable Federal and/or State laws and regulations. All attachments should be listed on this form, see Item 35.

Item 4: If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

Item 18: Indicate which elevation is used as reference (where not otherwise shown) for depth measurements given in other spaces on this form and in any attachments. **Items 22 and 24:** If this well is completed for separate production from more than one interval zone (multiple completion), so state in Item 22, and in Item 24 show the producing interval, or intervals, top(s), bottom(s) and name(s) (if any) for only the interval reported in Item 33. Submit a separate report (page) on this form, adequately identified, for each additional interval to be separately produced, showing the additional data pertinent to such interval.

Item 29: "Sacks Cement": Attached supplemental records for this well should show the details of any multiple stage cementing and the location of the cementing tool. **Item 33:** Submit a separate completion report on this form for each interval to be separately produced. (See instruction for Items 22 and 24 above.)

37. SUMMARY OF POROUS ZONES:

SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF: CORED INTERVALS, AND ALL DRILL-STEM TESTS, INCLUDING DEPTH INTERVAL TESTED, CUSHION USED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES

FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	NEAR. DEPTH	TOP	TRUE VERT. DEPTH
Red Bed & Chert	0'	240'		Queen	2430'		
L. & sh	200'	1875'		San Andres	2330'		
lm & dolomite	1875'	2060'		Florin etc	2650'		
lm	2060'	5550'		Blinney	4085'		
lm & chert	5550'	5694'		Tabb	4445'		
lm	5694'	6170'		Winkelman	4825'		
lm & sh	6170'	6445'		Alco	6040'		
lm	6445'	8667'		Permian	7070'		
lm & sh	8667'			Perm	8440'		
				Permian	8578'		
				Permian	9217'		
				Permian	9258'		
15' overflow - 10' in 10' - flowed 0.5 10' on 1" choke - 10' - 1 by 1 by period on 5/8" choke, 10' - 13.5 (200) - 10' 1503 w - 10' 1503 w - 10' 3750 w - Recovered 10' condensate							

OIL CONSERVATION COMMISSION

P. O. DRAWER DD

ARTESIA, , NEW MEXICO 88210

RECEIVED

JUN 9 1975

O. C. C.
ARTESIA, OFFICE

NOTICE OF GAS CONNECTION

DATE June 6, 1975

This is to notify the Oil Conservation Commission that connection for
the purchase of gas from the Mark Production , Federal
Operator Lease
SE/SE
#1 , 1-18S-26E , West Red Lake , Southern Union Gas Co.
Well Unit S.T.R. Pool Name of Purchaser
was made on June 6, 1975

SOUTHERN UNION GAS COMPANY
Purchaser

cc: Curtis W. Newbourn
330 Citizens Bank Building
Tyler, Texas 75701

Southern Union Production Company
8350 North Central Wxpressway
Campbell Center
Dallas, Texas 75206

James P. Leach
Representative

Transmission Manager
Title

cc: To operator:
Oil Conservation Commission - Santa Fe, N.M. 87501
E. R. Corliss - Dallas - Engineering Dept.
W. B. Richardson - Gas Meas. - Dallas
R. J. McCrary - Dallas - Purchase & Prorations
E. H. Redden - Carlsbad - Dispatch Office
John E. Carter - Carlsbad - Plants

SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

RECEIVED

Operator		APR 14 1975
Mark Production Company		
Address		
330 Citizens Bank Bldg., Tyler, Texas 75701		
Reason(s) for filing (Check proper box)		Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.				
Federal "B"	1	Atoka Penn	State, Federal or Fee Federal	LC-066445				
Location								
Unit Letter	P	990 Feet From The South	Line and	990 Feet From The East				
Line of Section	1	Township	18S	Range	26E	NMPM,	Eddy	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Navajo Crude Oil Purchasing Company	Drawer 175, Artesia, New Mexico 88210
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Southern Union Gas Company	Fidelity Union Tower, Dallas, Texas 75201
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
P 1 18S 26E	No yes 6-6-75

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X	X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
8-30-74	11-22-74	9248'	9233'					
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
3290 GR	Morrow	9039'	8958'					
Perforations	9039', 9042', 9045', 9046', 9051', 9052', 9056', 9059', 9064', 9067', 9068', 9074', 9076'			Depth Casing Shoe				
				9248'				
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
20"	16"	200'	240					
11"	8-5/8"	1970'	850					
7-7/8"	5-1/2"	9248'	700					
	2 3/8"	5153'						

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
8,136	1 hr.	.01	59
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size
back pressure	2860	Pkr	24/64"

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Marjorie Lotz Marjorie Lotz
(Signature)
Production Clerk
(Title)
4/9/75
(Date)

OIL CONSERVATION COMMISSION

APPROVED JUN 9 1975
BY W. A. Gressett
TITLE SUPERVISOR, DISTRICT II

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allowable on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.
Separate Forms C-104 must be filed for each pool in multiply completed wells.

NEW MEXICO
OIL CONSERVATION COMMISSION
P. O. BOX 11088
SANTA FE, NEW MEXICO

RECEIVED

JUN 19 1975

O. C. C.
ARTEZIA, OFFICE

GAS SUPPLEMENT NO. (X/Y) (SE) AR 278 **DATE** 6-9-75

NOTICE OF WELL CONNECTION OR AUTHORITY TO ASSIGN ALLOWABLE
ALL VOLUMES EXPRESSED IN MCF

The operator of the following well has complied with all the requirements of the Oil Conservation Commission and may be assigned an allowable as shown below.

Date of Connection 6-6-75 Date of First Allowable or Allowable Change 6-6-75
Purchaser Southern Union Gas Company Pool Atoka Penn.
Operator Mark Production Co. Lease Federal B
Well No. 1 Unit Letter P Sec. 1 Twp. 18S Rnge. 26E
Dedicated Acreage 320 Revised Acreage _____ Difference _____
Acreage Factor 1.00 Revised Acreage Factor _____ Difference _____
Deliverability _____ Revised Deliverability _____ Difference _____
A x D Factor _____ Revised A x D Factor _____ Difference _____

New Connection (N)
(AFO 8136 MCF)

W. A. Greasett DIST. # 12

CALCULATION OF SUPPLEMENTAL ALLOWABLE

MONTH	% OF MO.	PREV. ALLOW.	REV. ALLOW.	PREV. PROD.	REV. PROD.	REMARKS
JANUARY						
FEBRUARY						
MARCH						
APRIL						
MAY						
JUNE	<u>8333</u>		<u>78474</u>			
JULY						
AUGUST						
SEPTEMBER						
OCTOBER						
NOVEMBER						
DECEMBER						
TOTALS						
ALLOWABLE PRODUCTION DIFFERENCE - - - - -						
April SCHEDULE O/U STATUS - - - - -						
REVISED April O/U STATUS - - - - -						
EFFECTIVE IN July SCHEDULE - - - - -						
PREVIOUS PERIOD ADJUSTMENTS - - - - -						
						CURRENT CLASSIFICATION NC TO N

NOTICE OF SHUT-IN

The following described well has been Shut-in for Failure of Compliance:

Purchaser _____ Pool _____ Date _____
Operator _____ Lease _____
Well No. _____ Unit Letter _____ Sec. _____ Twp. _____ Rnge. _____
Effective date of Shut-in _____ Reason for Shut-In _____

A. L. PORTER, Jr., Director

By _____

SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

RECEIVED

JUN 10 1975

I. Operator
Mark Production Company **O. C. C.**
Address **ARTESIA, OFFICE**
330 Citizens Bank Building, Tyler, Texas 75701

Reason(s) for filing (Check proper box) *Additional*
New Well ☐ *Change in Transporter of:*
Recompletion ☐ Oil ☐ Dry Gas ☒ Temporary ~~Change in~~ Transporter of
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐ Gas for Drilling Rig
2 Drill Spenser Com #1-A-1-18-26

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Federal "B"	Well No. 1	Pool Name, Including Formation Atoka Penn	Kind of Lease State, Federal or Free Federal	Lease No. LC-066445
Location Unit Letter <u>P</u> <u>990</u> Feet From The <u>South</u> Line and <u>990</u> Feet From The <u>East</u> Line of Section <u>1</u> Township <u>18S</u> Range <u>26E</u> , NMPM, <u>Eddy</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> <i>New Mexico Oil Purchasing Co.</i>	Address (Give address to which approved copy of this form is to be sent) <i>Drawer 175 Artesia New Mexico</i>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <i>Cactus Drilling Company Rig #14</i>	Address (Give address to which approved copy of this form is to be sent) <i>2626 Fidelity Union Tower, Dallas, TX 75201</i>
If well produces oil or liquids, give location of tanks. Unit <u>P</u> Sec. <u>1</u> Twp. <u>18</u> Rge. <u>26</u>	Is gas actually connected? <u>yes</u> When <u>6-6-75</u> <u>54.</u> <u>6-7-75</u> <u>Cactus</u>

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resv.	Diff. Resv.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

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

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

M. Wayne Lotz
(Signature)
Production Clerk
(Title)
May 28, 1975
(Date)

OIL CONSERVATION COMMISSION

APPROVED JUN 17 1975
BY *W. A. Russell*
TITLE SUPERVISOR, DISTRICT II

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allowable on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other change of condition.
Separate Forms C-104 must be filed for each pool in multiply completed wells.

SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

RECEIVED

SEP 13 1976

Operator Mark Production Company	
Address 330 Citizens Bank Building, Tyler, Texas 75701	
Reason(s) for filing (Check proper box)	
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/>
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Other (Please explain) Name of Transporter only Effective August 1, 1976

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Federal "B"	Well No. 1	Pool Name, including Formation Atoka Penn	Kind of Lease State, Federal or Fee Federal	Lease No. LC-066445
Location Unit Letter P, 990 Feet From The South Line and 990 Feet From The East Line of Section 1 Township 18 S Range 26 E, NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Navajo Crude Oil Purchasing Company	Address (Give address to which approved copy of this form is to be sent) Drawer 175, Artesia, New Mexico	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Gas Company of New Mexico	Address (Give address to which approved copy of this form is to be sent) First International Building, Dallas, Texas	
If well produces oil or liquids, give location of tanks.	Unit P	Sec. 1
	Twp. 18	Pge. 26
	Is gas actually connected? Yes	When 6-6-75

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

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res'tv.
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.					
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth					
Perforations		Depth Casing Shoe							
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT					

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

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

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

[Signature]
Production Clerk
(Title)
September 8, 1976
(Date)

OIL CONSERVATION COMMISSION

APPROVED SEP 14 1976
BY *[Signature]*
TITLE SUPERVISOR, DISTRICT II

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allowable on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter or other such change of condition.
Separate Forms C-104 must be filed for each pool in multiply completed wells.

SANTA FE	/	
FILE	/	✓
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL /	
	GAS /	
OPERATOR	/	
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

RECEIVED

I. OPERATOR

Operator: MEWBOURNE OIL COMPANY

Address: 330 Citizens Bank Building, Tyler, TEXAS 75702

Reason(s) for filing (Check proper box):

New Well <input type="checkbox"/>	Change in Transporter of:	Other (Please explain)
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	Change in name of Operator only
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	from Mark Production Company
		effective MAY 1, 1977

If change of ownership give name and address of previous owner: Change in operating name only (same ownership).

II. DESCRIPTION OF WELL AND LEASE

Lease Name: Federal "B"	Well No.: 1	Pool Name, including Formation: Atoka Penn	Kind of Lease: State, Federal or Fee	Lease No.: Federal LC-066445
Location: Unit Letter P : 990 Feet From The South Line and 990 Feet From The East				
Line of Section 1 Township 18 S Range 26 E, NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Navajo Crude Oil Purchasing Company	Drawer 175, Artesia, New Mexico
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Gas Company of New Mexico	First International Building, Dallas, TX
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit P Sec. 1 Twp. 18 Rge. 26	Yes 6/6/75 75270

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Restv.	Diff. Restv.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Perforations	Depth Casing Shoe							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

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

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Marjorie Lotz
(Signature)
Production Clerk
(Title)
April 15, 1977
(Date)

OIL CONSERVATION COMMISSION
JUN 13 1977
APPROVED: _____
BY: *W.A. Gussatt*
TITLE: SUPERVISOR, DISTRICT II

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allowable on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.
Separate Forms C-104 must be filed for each pool in multiply completed wells.

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

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-99 and C-11
Effective 1-1-65

JAN 11 1982

O. C. D.
ARTESIA, OFFICE

Mewbourne Oil Company

Address
P. O. Box 7698, Tyler, Texas 75711

Reason(s) for Filing (Check proper box)

New Well ☐ Change in Transporter of:
Per completion ☐ Oil ☐ Dry Gas ☒
Change in Ownership ☐ Condensate Gas ☐ Condensate ☐

Other (Please explain)

Change of address since last C-104
was filed 4/15/77

If change of ownership give name
and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

Lease Name Federal "B"	Well No. 1	Pool Name, including Formation Atoka Penn	Kind of Lease State, Federal or Fee Federal LC	Lease No. -066445
Location Unit 1-111 P 990 Feet From The South Line and 990 Feet From The East Line of Section 1 Township 18S Range 26E N.M.P.M. Eddy County				

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Navajo Crude Oil Purchasing Company	Drawer 175, Artesia, New Mexico
Name of Authorized Transporter of Condensate Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Southern Union Gathering Company	1800 First International Bldg., Dallas, TX 75270
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit P Sec. 1 Twp. 18 Rge. 26	Yes 6/6/75

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

III. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Stim Res't	Partial Flow
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (D.P., R.M., R.T., C.R., etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Perforations			Depth Casing Shoe					

IV. TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of land oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Devices (Flow, pump, gas lift, etc.)	
Length of Test	Testing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Ratio	Water-Ratio	Gas-Ratio

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Ratio Condensate/MCF	Gravity of Condensate
Testing Pressure (psig, back pr.)	Testing Pressure (psig-in)	Casing Pressure (psig-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Janice O'Neil
(Signature)
Production Clerk
(Title)

January 6, 1982
(Date)

OIL CONSERVATION COMMISSION

APPROVED
JAN 12 1982
BY *W. A. Grasset*
SUPERVISOR, DISTRICT II
TITLE

This form is to be filed in compliance with RULE 1104.

If data is to be used for allowable for a newly drilled or recompleting well, this form must be accompanied by a calculation of the amount of gas taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable to be calculated and reported.

Fill out only Sections I, II, III, and VI for change of owner, change of name, or change of location or other such change of ownership.

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

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

Form C-104
Supersedes Old C-104 and C-11
Effective 1-1-65

SEP 22 1982

O. C. D.

ARTESIA, OFFICE

Operator MEWBOURNE OIL COMPANY	
Address P. O. Box 7698, Tyler, Texas 75711	
Reason(s) for filing (Check proper box)	
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input checked="" type="checkbox"/>
Change in Ownership <input type="checkbox"/>	

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Federal "B"	Well No. 1	Pool Name, including Formation Atoka Penn	Kind of Lease State, Federal or Fee Federal	Lease No. LC066445
Location Unit Letter <u>P</u> : <u>990</u> Feet From The <u>South</u> Line and <u>990</u> Feet From The <u>East</u>				
Line of Section <u>1</u> Township <u>18 South</u> Range <u>26 East</u> , NMPM, <u>Eddy</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Phillips Petroleum Company	Address (Give address to which approved copy of this form is to be sent) Bartlesville, Oklahoma
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit <u>P</u> Sec. <u>1</u> Twp. <u>18</u> Rge. <u>26</u> Is gas actually connected? <input type="checkbox"/> When

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

V. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.					
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth					
Perforations		Depth Casing Shoe							
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT					

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

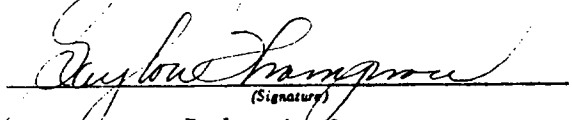
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

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

1. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.


(Signature)
Exploration Secretary
(Title)
September 20, 1982
(Date)

OIL CONSERVATION COMMISSION

APPROVED SEP 23 1982, 19

BY Original Signed By
Leslie A. Clements
TITLE Supervisor District II

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allowable on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter or other such change of condition.
Separate Forms C-104 must be filed for each pool in multiply completed wells.

SANTA FE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
U.S.G.S.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
LAND OFFICE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
TRANSPORTER	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
PRODUCTION OFFICE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and
C-104a (1-1-63)

AUG 20 1984

O. C. D.
APTES

Operator
MEWBOURNE OIL COMPANY

Address
P. O. Box 7698, Tyler, Texas 75711

Reason(s) for filing (Check proper box)
 New Well ☐ Change in Transporter of:
 Recompletion ☐ Oil ☐ Dry Gas ☒
 Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐ Other (Please explain)

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name FEDERAL "B"	Well No. 1	Pool Name, Including Formation ATOKA PENN	Kind of Lease FEDERAL State, Federal or Fee	Lease No. LCQ 66445
Location Unit Letter P : 990 Feet From The South Line and 990 Feet From The East				
Line of Section 1 Township 18 South Range 26 East NMPM, Eddy County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Gas Company of New Mexico	P.O. Box 26400, Albuquerque, N.M. 87125
If well produces oil or liquids, give location of tanks.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Some Resrv.	Diff. Resrv.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Perforations	Depth Casing Shoe							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bble.	Water-Bble.	Gas-MCF

Test FB-3
24-24
6.1 CT per
545

GAS WELL

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

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Rayford Thompson
(Signature)
Exploration Secretary
(Title)
August 17, 1984
(Date)

OIL CONSERVATION COMMISSION

APPROVED AUG 22 1984, 19
BY Original Signed By
Leslie A. Clements
TITLE Supervisor District II

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allowable on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.
Separate Forms C-104 must be filed for each pool in multiply completed wells.

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

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
 Supersedes Old C-104 and C-11
 Effective 1-1-65

RECEIVED BY	
MAY 26 1987	
O. C. D.	
ALBUQUERQUE OFFICE	

Operator MEWBOURNE OIL COMPANY	
Address P. O. BOX 7698, TYLER, TEXAS 75711	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Federal "B"	Well No. 1	Pool Name, including Formation Atoka Penn	Kind of Lease State, Federal or Fee Federal	Lease No. LC-066445
Location				
Unit Letter P	990	Feet From The South Line and 990	Feet From The East	
Line of Section 1	Township 18S	Range 26E	NMPM, Eddy	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Phillips Petroleum Company	4001 Pembroke, Odessa, Texas 79761
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Sunterra Gas Gathering Company	P.O.Box 26400, Albuquerque, N.M. 87125
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	P 1 18S 26E Yes 6/6/75

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'r.	Diff. Res'r.
		<input checked="" type="checkbox"/>						
Date Spudded 8/30/74	Date Compl. Ready to Prod. 11/22/74	Total Depth 9248'	P.B.T.D. 9233'					
Elevations (DF, RKB, RT, GR, etc.) 3290' GR	Name of Producing Formation Morrow	Top Oil/Gas Pay 9039'	Tubing Depth 8958'					
Perforations 9039' - 9076'	Depth Casing Shoe							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
20"	16"	200'	240					
11"	8-5/8"	1,970'	850					
7-7/8"	5-1/2"	9,248'	700					

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for 24 hours or be for full 24 hours)


Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
		Part ID-3	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
			5-29-87
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
			by GT:GMM

GAS WELL

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

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.


 Dayton Thompson
 Engineering Operations Secretary
 May 20, 1987
 (Date)

OIL CONSERVATION COMMISSION

APPROVED **MAY 29 1987**
 BY **Original Signed By**
Mike Williams
 TITLE **Oil & Gas Inspector**

This form is to be filed in compliance with RULE 1104.
 If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.
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 Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.
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SANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
U.S.G.S.	<input type="checkbox"/>
LAND OFFICE	<input type="checkbox"/>
TRANSPORTER	<input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
PRODUCTION OFFICE	<input type="checkbox"/>

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
 Supersedes Old C-104 and C-11
 Effective 1-1-65

RECEIVED BY
 JUL 14 1987
 O. C. D.
 ARTESIA, OFFICE

I. OPERATOR
 MEWBOURNE OIL COMPANY
 Address
 P. O. BOX 7698, TYLER, TEXAS 75711

Reason(s) for filing (Check proper box)
 New Well ☐ Change in Transporter of:
 Recompletion ☐ Oil ☐ Dry Gas ☒
 Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

If change of ownership give name
 and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Federal "B"	Well No. 1	Pool Name, including Formation Atoka Penn	Kind of Lease State, Federal or Fee Federal	Lease No. LC-066445
Location Unit Letter P : 990 Feet From The South Line and 990 Feet From The East				
Line of Section 1 Township 18S Range 26E , NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Phillips Petroleum Company	Address (Give address to which approved copy of this form is to be sent) 4001 Pembroke, Odessa, Texas 79761
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Gas Company of New Mexico	Address (Give address to which approved copy of this form is to be sent) P.O. Box 26400, Albuquerque, N.M. 87125
If well produces oil or liquids, give location of tanks. Unit P Sec. 1 Twp. 18S Rge. 26E	Is gas actually connected? When Yes 6/6/75

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

IV. COMPLETION DATA

Designate Type of Completion - (X) <input type="checkbox"/> Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res't. <input type="checkbox"/> Diff. Res't.	Date Spudded 8/30/74	Date Compl. Ready to Prod. 11/22/74	Total Depth 9248'	P.B.T.D. 9233'
Elevations (DF, RKB, RT, GR, etc.) 3290' GR	Name of Producing Formation Morrow	Top Oil/Gas Pay 9039'	Tubing Depth 8958'	
Perforations 9039' - 9076'			Depth Casing Shoe	

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
20"	16"	200'	240
11"	8-5/8"	1,970'	850
7-7/8"	5-1/2"	9,248'	700

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

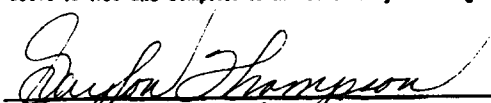
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	7-17-87
Length of Test	Tubing Pressure	Casing Pressure	14.67' 866
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

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

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.


 Engineering Operations Secretary
 (Title)

July 9, 1987
 (Date)

OIL CONSERVATION COMMISSION

APPROVED **JUL 16 1987**, 19
 BY Original Signed By
 Le A. Clements
 TITLE Supervisor District II

This form is to be filed in compliance with RULE 1104.
 If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.
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UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC-066445

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

SUNDRY NOTICES AND REPORTS ON WELLS

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

1. ☐ OIL WELL ☐ GAS WELL ☒ OTHER RECEIVED
2. NAME OF OPERATOR Mewbourne Oil Company
3. ADDRESS OF OPERATOR Box 5270 Hobbs, New Mexico 88241
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
At surface: 990' FSL & 990' FEL OCT 31 '88
ARTESIA OFFICE

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Federal "B"

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Atoka Penn

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

1-T18S-R26E

12. COUNTY OR PARISH 13. STATE

Eddy

N.M.

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

3290' GR

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐ PULL OR ALTER CASING ☐
FRACTURE TREAT ☐ MULTIPLE COMPLETE ☐
SHOOT OR ACIDIZE ☐ ABANDON* ☒
REPAIR WELL ☐ CHANGE PLANS ☐
(Other) ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐ REPAIRING WELL ☐
FRACTURE TREATMENT ☐ ALTERING CASING ☐
SHOOTING OR ACIDIZING ☐ ABANDONMENT* ☐
(Other) ☐

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

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

Propose To Plug & Abandon Well in the following manner:

Set CIBP @ 8975' and cap w/35' of cement.
Spot 100' cement plug @ top of Wolfcamp @ 7070'.
Cut off 5-1/2" csg. @ 6,000' & spot 75' cement plug in csg. stub & 75' above stub & tag.
Spot 200' cement plug @ 4,000'.
Spot 100' cement plug @ base of 8-5/8" csg. (1970'-50' in & out & tagged plug)
Spot 100' cement plug @ base of 16" csg. (200'-50' in & out)
Leave 50' surface plug. SJS

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

SIGNED [Signature]

TITLE District Supt.

DATE 10/03/88

(This space for Federal or State office use)

APPROVED BY [Signature]

TITLE

DATE 10-26-88

CONDITIONS OF APPROVAL, IF ANY:

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instruction
reverse side)

Form approved.
Budget Bureau No. 1004-0-10
Expires August 31, 1985

LEASE DESIGNATION AND SERIAL

LC 066445

IF INDIAN, ALLOTTEE OR TRIBE NAME

UNIT AGREEMENT NAME

FARM OR LEASE NAME

Federal R

WELL NO.

FIELD AND FOOT OR WILDCAT

SEC. T., R., M., OR B.L. AND
SURVEY OR AREA

Sec. 1, Township 18

So. R-26-E

COUNTY OR PARISH 13. STATE

Eddie New Mexico

SUNDRY NOTICES AND REPORTS ON WELLS

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

Oil ☐ GAS ☒ WELL ☐ OTHER

NAME OF OPERATOR

Mewbourne Oil Company

ADDRESS OF OPERATOR

P.O. BOX 5270 Hobbs, New Mexico

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

See also space 17 below)
At surface

990 Feet from east line

PERMIT NO.

ELEVATIONS (Show whether DT, RT, CR, etc.)

3289 GL

16

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETION

ABANDON*

CHANGE PLANT

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

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

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details and give pertinent dates, including estimated date of starting any
proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones perti-
nent to this work.)*

1-30-89

Plugged well as follows:

Set CIBP at 8975 with 35 SXS Cement BX Dump Bailer TIH with tubing
8940 ft Circulate hole with mud Pull to 7070 spot 30 SXS inside 5-1/2"
to 6805 Cut & Pull 159 Jts 5-1/2" casing from 6320 TIH with tubing
sopt 45 SXS 6395 WOC tag TOC 5984. Pull tubing to 4000 ft. spot 65 SXS
On 2-1-89.

2-2-89 tag 3800 ft. pull to 2020 spot 40 SXS WOC tag 1807 ft pull
tubing to 300 ft. Circulate cement to surf with 100 SXS.

Cut off wellhead install dryhole marker completed 2-2-89.

Mud between all plugs.

Post ID-2
3-17-89
P+A

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

SIGNED

TITLE

President

DATE

March 3, 1989

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

3-13-89

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side