

CASES NO. 12771/12771A

Note to file: The attached documentation, as it relates to the following described eighteen (18) wells located in Lea County, New Mexico operated by Pronghorn Management Corporation of Hobbs, New Mexico, pertains to the matter heard in this cause and is hereby made a part of the official record. Please do not remove from the case file by order of the examiner.

**MICHAEL E. STOGNER
EXAMINER**



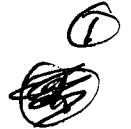
Date: March 3, 2005

Ref. No.	API No.	Well Name and Number	LN/ULSTR	Footage Location
1	30-025-28197	Fowler "B" Well No. 1	K-6-19S-38E	2310' FSL & 2317' FWL
2	30-025-11182	J. F. Black Well No. 3	B-21-24S-37E	660' FNL & 1980' FEL
3	30-025-11183	J. F. Black Well No. 4	F-21-24S-37E	1980' FN & WL
4	30-025-21401	J. F. Black Well No. 5	K-21-24S-37E	1980' FSL & 2030' FWL
5	30-025-25149	Jennings Federal Well No. 4	K-14-24S-32E	1980' FSL & 1650' FWL
6	30-025-08358	Marshall Well No. 1	4/M-19-23S-33E	660' FS & WL
7	30-025-25000	Marshall Well No. 5	F-19-23S-33E	1980' FN & WL
8	30-025-03523	New Mexico "BZ" State (NCT-5) Well No. 3	E-29-21S-35E	1980' FNL & 660' FWL
9	30-025-03524	New Mexico "BZ" State (NCT-5) Well No. 4	F-29-21S-35E	1980' FN & WL
10	30-025-32362	New Mexico "BZ" State (NCT-5) Well No. 5	D-29-21S-35E	40' FNL & 750' FWL
11	30-025-28659	New Mexico "DL" State Well No. 6	P-18-23S-33E	660' FS & EL
12	30-025-03734	State "T" Well No. 1	13/M-6-16S-36E	2970' FSL & 330' FWL
13	30-025-03735	State "T" Well No. 2	12/L-6-16S-36E	4290' FSL & 500' FWL
14	30-025-03736	State "T" Well No. 3	14/N-6-16S-36E	3300' FSL & 1551' FWL
15	30-025-03737	State "T" Well No. 4	11/K-6-16S-36E	4620' FSL & 1885' FWL
16	30-025-30872	Gila "4" Deep Well No. 1	G-4-25S-33E	1975' FNL & 1980' FEL
17	30-025-21478	J. F. Black Well No. 6	F-21-24S-37E	2630' FNL & 1340' FWL
18	30-025-21479	J. F. Black Well No. 7	C-21-24S-37E	1310' FNL & 2626' FWL

CMD :
OG6CLOG

ONGARD
C105-WELL COMPLETION OR RECOMP CASING LOG

02/22/05 09:19:54
OGOMES -TP80



OGRID Identifier : 122811 PRONGHORN MANAGEMENT CORP
Prop Identifier : 14993 FOWLER B
API Well Identifier : 30 25 28197 Well No : 001
Surface Locn - UL : K Sec : 6 Twp : 19S Range : 38E Lot Idn :
Multiple comp (S/M/C) : S TVD Depth (Feet) : 4303 MVD Depth (Feet) : 4303
Spud Date : P/A Date :
Casing/Linear Record:

S Size (inches)	Grade Weight (lb/ft)	Depth(ft) Top-Liner	Depth(ft) Bot-Liner	Hole Size (inches)	Cement (Sacks)	TOC (feet)	Code
8.625	24.0	0.0	363.0	11.000	200		C
5.500	14.0	0.0	4303.0	7.875	1000		C

E0009: Enter data to modify record
PF01 HELP PF02 PF03 EXIT PF04 GoTo PF05 PF06 CONFIRM
PF07 PF08 PF09 COMMENT PF10 TLOG PF11 PF12

*Cum Prod. as of
12-31-1993
6986 MCF
99944 BBL
1140 BBL*

*No Production
Reported in
ONGARD
or GoTech*

Last Production - Sept. 1985

Currently Inactive:

CMD :
OG6IWCM

ONCARD
INQUIRE WELL COMPLETIONS

02/22/05 09:26:10
OGOMES -TP80

API Well No : 30 25 28157 B/EI Date : 05-20-1994 WC Status : A
Pool Idn : 31920 HOBBS;GRAYBURG-SAN ANDRES
OGRID Idn : 122811 PRONGHORN MANAGEMENT CORP
Prop Idn : 14992 FOWLER B

Well No : 001
GL Elevation: 3622

	U/L	Sec	Township	Range	North/South	East/West	Prop/Act (P/A)
B.H. Locn	: K	6	19S	38E	FTG 2310 E S	FTG 2317 F W	A

Lot Identifier:

Dedicated Acre: 40.00

Lease Type : P

Type of consolidation (Comm, Unit, Forced Pooling - C/U/P/O) :

M0025: Enter PF keys to scroll

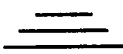
PF01 HELP	PF02	PF03 EXIT	PF04 GoTo	PF05	PF06
PF07	PF08	PF09	PF10 NEXT-WC	PF11 HISTORY	PF12 NXTREC

ANNUAL REPORT

OF THE

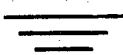
**NEW MEXICO OIL & GAS ENGINEERING
COMMITTEE**

HOBBS, NEW MEXICO



VOLUME I-A

Southeast New Mexico



1985

CONTINUED HOBBS (10-3A)

WELL S T R	JAN	FEB	MAR	APRIL	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC 1985	PROD NP	ACCU
196H 419S38E OIL	1440	892	589	540	605	615	409	440	394	321	263	318	6826P	6826
384 GAS		2155	342	322	322	350	314	313	274	250	208	215	5461	
WAT	7256	6585	5649	7041	7885	7961	12513	10647	10116	12651	10051	12116	110471	
197L3418S38E OIL													26993P	26993
384 GAS													8422	
WAT													50406	
198C 619S38E OIL													84P	84
384 GAS													145	
WAT													340P	340
199B 619S38E OIL													27	
384 GAS													275	
WAT													198P	198
200G 619S38E OIL													4	
384 GAS													186	
WAT													170P	170
201H 619S38E OIL													8	
384 GAS													186	
WAT														
COMPANY TOTAL OIL	141345	130472	141808	129333	129125	125518	132103	134515	134742	135952	121402	162060	1618375	74569578
GAS	278888	254614	271172	241663	232599	231002	220889	224168	197147	180116	145298	171745	2649301	
WAT	849386	807488	938945	959507	998969	1016641	1140986	1103005	1228408	1366661	1068355	1237400	12715751	

MORRIS R. ANTWEL MCKINLEY B 1G2018S38E OIL	PLUGGING APPROVED 1960													28215
MORRIS 2E2118S38E OIL	101	84	89	94	94	99	97	89	107	103	87	86	1130P	4139
28 GAS		28	26	22	22	22	17	19	20	22	21	20	265	
STANOLIND STATE 1P1418S37E OIL	PLUGGING APPROVED 1966													67820
COMPANY TOTAL OIL	101	84	89	94	94	99	97	89	107	103	87	86	1130	100174
28 GAS		28	26	22	22	20	17	19	20	22	21	20	265	
WAT														

APOLLO ENERGY, INC. FOWLER B 1K 619S38E OIL	3	44	19	30	51	69	44	68	26				354S	1140
28 GAS		399	146	327	479	461	464	464	316				3090	
WAT	5580	4611	5580	5400	5580	5400	5580	5580	5400				48711	

BRAVO ENERGY INC. HAROLD B 1E1818S38E OIL	62	42	67	88	188	207	210	232	196	218	185	164	1859F	79523
48 GAS		52	68	62	246	229	229	311	264	269	208	196	2181	
WAT	184	109	174	229	489	539	546	603	481	426	481	426	4855	
2F1818S38E OIL	264	180	287	376	802	881	894	986	835	927	788	695	7915P	114648
48 GAS		220	290	264	1048	972	973	1323	1124	1143	883	833	9277	
WAT	3638	2477	3951	5179	11047	12128	12326	13601	11511	12785	10863	9594	109100	
3D1818S38E OIL	INJECTION WELL													51255
4C1818S38E OIL	52	67	88	88	188	207	210	232	196	218	185	164	1859P	75667
48 GAS		52	68	62	246	229	229	311	264	269	208	196	2181	
WAT	119	80	127	167	362	393	399	441	372	414	352	312	3538	
RICE 1H1318S37E OIL	INJECTION WELL													62854
2G1318S37E OIL	262	228	213	186	172	200	204	219	171	214	155	217	2441F	140515
48 GAS	1284	1268	1427	1108	685	609	597	547	612	596	600	757	10090	
WAT	157	137	128	112	103	120	122	113	103	128	99	130	1446	
3A1318S37E OIL	157	229	214	186	172	200	204	219	172	214	156	217	2446P	113577
48 GAS	1284	1269	1426	1108	685	609	598	547	612	596	601	758	10093	
WAT	113	98	92	80	74	86	88	113	92	92	67	94	1071	
4B1318S37E OIL	INJECTION WELL													14589
COMPANY TOTAL OIL	913	721	848	924	1522	1695	1722	1888	1570	1791	1469	1457	16520	652628
28 GAS	2868	2861	3279	2604	2910	2646	2626	3039	2876	2873	2500	2740	33822	
WAT	4189	2901	4472	5767	12075	13286	13481	14871	12570	13986	11856	10556	120010	

CITIES SERVICE COMPANY FOWLER B 1K 619S38E OIL	PLUGGING APPROVED 1960													795

CONTINENTAL OIL COMPANY STATE A 5 20 519S38E OIL	PLUGGING APPROVED 1973													247750

EXXON CORPORATION BOWERS A FEDERAL 2918S38E OIL	PLUGGING APPROVED 1971													1092320
BOWERS B FEDERAL 1D2918S38E OIL	PLUGGING APPROVED 1972													815601
2J2018S38E OIL	PLUGGING APPROVED 1946													307449
5P2018S38E OIL	PLUGGING APPROVED 1960													417295
STATE A 3J2518S37E OIL	PLUGGING APPROVED 1947													100213
COMPANY TOTAL OIL														2732878

GULF OIL CORPORATION W D GRIMES NCT A 103218S38E OIL	RECOMPLETED TO BYERS QUEEN (GAS)													1360549
W D GRIMES NCT B 6N3218S38E OIL	PLUGGING APPROVED 1952													609377
W D GRIMES NCT C 4K2118S38E OIL	PLUGGING APPROVED 1949													145473
H T DRUITT NCT 1F 819S38E OIL	PLUGGING APPROVED 1960													2617
COMPANY TOTAL OIL														2118016

MARATHON OIL COMPANY STATE 1N 919S38E OIL	RECOMPLETED TO BOWERS SEVEN RVRS, SOUTH (GAS)													13092
4M3018S38E OIL	PLUGGING APPROVED 1957													418692
COMPANY TOTAL OIL														431784

MORAN OIL PRODUCING AND DRILLING CORP. GULF STATE 1B2618S37E OIL	PLUGGING APPROVED 1967													9865

B. R. MORRISON STATE D 113618S37E OIL	PLUGGING APPROVED 1972													2301

PAN AMERICAN CORP W N FERRY TR 26P 919S38E OIL	PLUGGING APPROVED 1946													195959

RICE ENGINEERING AND ASSOCIATES, INC. STATE A 1P2518S37E OIL	CONVERTED TO SWD													102926

SHELL OIL COMPANY NORTH HOBBS & SA UT. SEC. 13 331J2018S38E OIL	PLUGGING APPROVED 1982													70285
MCKINLEY A 611918S38E OIL	RECOMPLETED TO BYERS QUEEN (GAS)													1052559
STATE F 1A2318S37E OIL	RECOMPLETED TO BOWERS SEVEN RIVERS													15023
COMPANY TOTAL OIL														1137867

SHELL WESTERN E & P INC. NORTH HOBBS & SA UT. SEC. 13 121E1318S37E OIL	277	115	50	89	104	169	103	72	116	160	105	116	1476P	75612
18 GAS	32	168	18	18	3	2	2	3	3	20	3	4	672	
WAT	305	143	76	59	447	960	61	104	150	252	85	117	2739	
131L1318S37E OIL	382	286	370	475	430	480	533	386	522	532	524	609	5529F	52261
48 GAS	441	47	202	254	348	258	42	100	198	255	120	227	2297	
WAT	1447	1313	1373	1513	1377	1530	1556	1789	1920	1963	1987	2217	19985	
141M1318S37E OIL	INJECTION WELL													258257
211C1318S37E OIL	121	64	75	182	157	41	86	91	88	101	105	116	1227P	31439
48 GAS		1	1	5	4	1	2	3	3	2	2	3	35	
WAT	88	24	28	9									146	
221F1318S37E OIL	INJECTION WELL													78207
241N1318S37E OIL	92	69	29	80	6	20	6	6	66	66	6	6	440P	396073
48 GAS		1							2	2			233	
WAT	227	6564	5815	6979	6651	7410	6820	6828	6576	6747	5688	4660	78067	
331J1318S37E OIL	INJECTION WELL													31035
341D1318S37E OIL	553	361	365	441	406	427	541	478	350	396	368	445	5131P	576572
48 GAS	3191	290	9	74	123	1424	1879	1550	1006	977	893	846	12262	
WAT	14293	14453	14716	15730	14418	13563	13811	13524	12872	14211	13663	14816	170070	

1

Submit 3 Copies To Appropriate District Office
District I
1625 N. French Dr., Hobbs, NM 87240
District II
811 South First, Artesia, NM 87210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources
OIL CONSERVATION DIVISION
2040 South Pacheco
Santa Fe, NM 87505

Form C-103
Revised March 25, 1999

WELL API NO. <u>28197</u> <u>30-025-07646</u>
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name: <u>Fowler "B"</u>
8. Well No. <u>1</u>
9. Pool name or Wildcat <u>Hobbs (G-5A)</u>
10. Elevation (Show whether DR, RKB, RT, GR, etc.)

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

1. Type of Well:
Oil Well Gas Well Other

2. Name of Operator
PRONGHOAN MGT. CORP.

3. Address of Operator
P.O. Box 1772 Hobbs, N.M. 88241

4. Well Location
Unit Letter K : 2310 feet from the South line and 2317 feet from the West line
Section 6 Township 19 S Range 38 E NMPM Lea County

11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input checked="" type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: <input type="checkbox"/>	

12. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation.

1. Move in and rig up.
2. POOH with production equipment.
3. Clean out well to total depth.
4. TIT with production equipment.
5. Return well to production.

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

SIGNATURE Guy A. Baber TITLE Partner DATE 10/23/01

Type or print name Guy A. Baber Telephone No. 505-393-8986
(This space for State use)

APPROVED BY _____ TITLE _____ DATE _____
Conditions of approval, if any:

2

Submit 3 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

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

State of New Mexico
Energy, Minerals and Natural Resources Department

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator PRONGHORN MANAGEMENT CORPORATION (122811)	Well API No. 30-025-07646-28197
Address P.O. BOX 1772 HOBBS, NM 88241	
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Change in Transporter of: <input checked="" type="checkbox"/> Other (Please explain) Recompletions <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> OPERATOR NAME CHANGE ONLY Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	MAY 01 1994
If change of operator give name and address of previous operator BABER WELL SERVICING COMPANY P.O. BOX 1772 HOBBS, NM 88241	

II. DESCRIPTION OF WELL AND LEASE

Lease Name FOWLER B (4992)	Well No. 1	Pool Name, Including Formation HOBBS (G-SA) (31930)	Kind of Lease FE	Lease No.
Location Unit Letter K : 2310 Feet From The PSL Line and 2317 Feet From The FWL Line Section 6 Township 19S Range 38E , NMPM , IRA County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> CITGO Petro Corp. (017407)	Address (Give address to which approved copy of this form is to be sent) 1031 ANDREW HWY STE 303, MIDLAND, TX. 79701
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> N/A	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 K Sec. 6 Twp. 19S Rge. 38E	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:

IV. COMPLETION DATA

O-TRNSP. OGRID NO. _____ G-TRNSP. OGRID NO. _____ OIL POD NO. _____ GAS POD NO. _____	Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
	Date Compl. Ready to Prod.	Total Depth			P.B.T.D.				
	Name of Producing Formation	Top Oil/Ost Pay			Tubing Depth				
	Depth Casing Shoe								
TUBING, CASING AND CEMENTING RECORD									
CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT			

REQUEST FOR ALLOWABLE

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.)

Test	Date of Test	Producing Method (Flow, pump, gas lift, etc.)		
Tubing Pressure	Casing Pressure	Choke Size		
Oil - Bbls.	Water - Bbls.	Gas - MCP		
Length of Test	Bbls. Condensate/MCIP	Gravity of Condensate		
Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		

CERTIFICATE OF COMPLIANCE

and regulations of the Oil Conservation Division and that the information given above is true and correct to the best of my knowledge and belief.

Signature Sherry Wade
Printed Name **SHERRY WADE** Title **PRODUCTION CLERK**
Date **3-5-94** Telephone No. **(505) 392-5516**

OIL CONSERVATION DIVISION

Date Approved **3-20-94**
By Paul Rantz
Title Assistant

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

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- All sections of this form must be filled out for allowable on new and recompleted wells.

OFFICE RECEIVED	
DISTRIBUTION	
DATE	
BY	
S.U.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATION	
PROMOTION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator: Apollo Energy, Inc.

Address: P. O. Box 5315 Hobbs, New Mexico 88241

Reason(s) for filing (Check proper box) Other (Please explain)

New Well Change in Transporter of: Oil Dry Gas Change of Transporter Effective April 1, 1984

Recompletion Casinghead Gas Condensate

Change in Ownership

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Fowler 'B'</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Hobbs - Grayburg/San Andres</u>	Kind of Lease State, Federal or Fee Fee	Lease No.
Location				
Unit Letter <u>K</u>	<u>2310</u>	Feet From The <u>South</u> Line and <u>2317</u>	Feet From The <u>West</u>	
Line of Section <u>6</u>	Township <u>19-S</u>	Range <u>38-E</u>	N.M.P.M.	County <u>Lea</u>

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Koch Oil Company of Texas, Inc.</u>	<u>P. C. Box 1558 Breckenridge, Texas 76024</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Phillips Petroleum Company</u>	<u>424 Home Savings & Loan Bartlesville, OK 7400</u>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit <u>K</u> Sec. <u>6</u> Twp. <u>19</u> Rge. <u>38</u>	<u>Yes</u> <u>September 21, 1983</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	Some Resrv.	Diff. Res.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Perforations	Depth Casing Shoe							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

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

Date First New Oil Ran 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 (prior, back pr.)	Tubing Pressure (Shot-In)	Casing Pressure (Shot-In)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

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

[Signature]
(Signature)
Vice President
(Title)
March 20, 1984
(Date)

OIL CONSERVATION DIVISION

APPROVED MAR 21 1984, 19
BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

TITLE _____

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 list of the deviated tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for all wells on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of facts.
Separate Form C-104 must be filed for each pool in multi-well tracts.

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

Form C-104
Revised 10-01-78
Format 08-01-83
Page 1

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TRANSPORTER	OIL		
	GAS		
OPERATOR			
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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
Baber Well Servicing Company

Address
P. O. Box 1772 500 W. Taylor Hobbs, NM 88240

Reason(s) for filing (Check proper box) Other (Please explain)

<input type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas	Change in Operator
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Condensate		
<input type="checkbox"/> Change in Ownership				

If change of ownership give name and address of previous owner Apollo Energy, Inc. P. O. Box 5315 Hobbs, NM 88241

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Fowler B</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Hobbs - Grayburg/San Andres</u>	Kind of Lease <u>State, Federal or Fee</u>	Lease No.
Location				
Unit Letter <u>K</u>	<u>2310</u>	Feet From The <u>South</u>	Line and <u>2317</u>	Feet From The <u>West</u>
Line of Section <u>6</u>	Township <u>19-S</u>	Range <u>38-E</u>	NMPM, <u>Lea</u>	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Citgo Petroleum Corporation</u>	<u>P. O. Box 272 Odessa, TX 79760-0272</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Phillips 66 Natural Gas</u>	<u>4001 Penbrook, Odessa, Tx. 79760</u>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
<u>K</u> <u>6</u> <u>19</u> <u>38</u>	<u>Yes</u> <u>September 21, 1983</u>

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

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

G. Baber /KH
(Signature)

Executive Vice President
(Title)

June 24, 1988
(Date)

OIL CONSERVATION DIVISION

APPROVED _____, 19____
BY _____
TITLE _____

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 deviated 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 multiphase completed wells.

CITGO

CITGO Petroleum Corporation

XXXXXXXXXXXXXXXXXXXXXXXXXXXX

July 14, 1983

Apollo Energy, Inc.
P. O. Box 5315
Hobbs, NM 88241

Attn: Mr. M. Merchant

RE: Fowler "B" #1
Sec. 6, T19S, R38E
Lea County, NM

Dear Sir:

This letter will confirm arrangements for CITGO Petroleum to purchase the crude oil production from the above captioned lease. For the crude oil purchased, we will pay you based on our posted price for New Mexico Sour Crude. CITGO will hold the Basic Division order, and remit taxes to the State of New Mexico. CITGO will also be responsible for calculating, withholding, and depositing the Windfall Profit Taxes with the Internal Revenue Service.

Arrangements have been made for Western Oil Transportation Company to transport the oil for us, and CITGO Petroleum Corporation should be shown as gatherer (Box 272, Odessa, TX 79760-0272), when filing the State of New Mexico C-104 Form.

Enclosed is a "Crude Oil W.P.T. Operator Certification and Agreement" Form, designed to relieve the operator of monthly certification requirements. Also a letter from CITGO Petroleum explaining a portion of the W.P.T. requirements.

In order to expedite payment for your production, please furnish an up-to-date Title Opinion to our Division Order Department at your earliest convenience. The correct mailing address: P. O. Box 3758, Tulsa, OK 74102.

Thank you for the opportunity to do business with your company. Contact me whenever I may be of assistance.

Very truly yours,



Mark L. Parsons
Field Representative
Crude Oil Supply Department

MLP/gjc
cc: Mr. B. T. Windham - Crude Oil Supply - Tulsa, OK
Ms. Marsha Banks - Division Order - Tulsa, OK

Enclosure

Handwritten notes and stamps in the bottom right corner, including a date stamp that appears to say "JUL 14 1983".

Handwritten notes at the bottom of the page, including the name "Mr. M. Merchant" and other illegible scribbles.

CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

NMOCD O+4
FILE

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

CLASSIFICATION	
DISTRIBUTION	
SANTA FE	
FILE	
CLASS	
CLASS OFFICE	
TRANSPORTER	
OPERATOR	
REGISTRATION OFFICE	
OPERATOR	

APOLLO ENERGY, INC.

Address

P. O. BOX 5315, HOBBS, NEW MEXICO 88241

Reason(s) for filing (Check proper box) Other (Please explain)

New Well Change in Transporter of: Oil Dry Gas
 Incompletion Casinghead Gas Condensate
 Change in Ownership

Change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
FOWLER "B"		HOBBS - GRAYBURG/SAN ANDRES	State, Federal or Fee FEE	
Location				
Unit Letter	K	2310 Feet From The South	Line and 2317	Feet From The West
Line of Section	6	Township 19-S	Range 38-E	NMPM, LEA County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
CITGO PETROLEUM CORPORATION	P. O. BOX 272 ODESSA, TEXAS 79760-0272
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)
PHILLIPS PETROLEUM COMPANY	424 HOME SAVINGS & LOAN, BARTLESVILLE, OK 74004
Does well produce oil or liquids, give location of tanks.	Is gas actually connected? When
Unit Sec. Twp. Rge. K 6 19 38	YES SEPTEMBER 21, 1983

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 Revs.	Diff. Revs.
	X		X					
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
5-7-83	6-19-83		4303		4291			
Perforations (DF, RAB, RT, CR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
3622 GL	GB/SA		4160		4267			
Perforations					Depth Casing Shoe			
4241-59 ; 4160-4230					4303			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
11"	8 5/8"	363'	200
7 7/8"	5 1/2"	4303	1000
	2 3/8"	4267	

TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of lead 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.)	
6-26-83	6-26-83	PUMP	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
48 hrs.		30	2"
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
360	80	280	100/D

TEST WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pump, back pr.)	Tubing Pressure (Stat-10)	Casing Pressure (Stat-10)	Choke Size

CERTIFICATE OF COMPLIANCE

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

William John McEachert
(Signature)
VICE PRESIDENT
(Title)
SEPTEMBER 21, 1983
(Date)

OIL CONSERVATION DIVISION
APPROVED SEP 22 1983
ORIGINAL SIGNED BY EDDIE SEAY
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.
All sections of this form must be filled out completely for allowables on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of owner, well name, location, transporter, or other such change of ownership.
Separate Form C-104 must be filed for each pool in multiple completed wells.

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WELL COMPLETION OR RECOMPLETION REPORT AND LOG

5a. Indicate Type of Lease
State Fee

5. State Oil & Gas Lease No.

TYPE OF WELL
OIL WELL GAS WELL DRY OTHER _____

TYPE OF COMPLETION
NEW WELL WORK OVER DEEPEN PLUG BACK DIFF. RESRV. OTHER _____

7. Unit Agreement Name

8. Farm or Lease Name
FOWLER "B"

Name of Operator
APOLLO ENERGY, INC.

9. Well No.
1

Address of Operator
P. O. BOX 5315, HOBBS, NEW MEXICO 88241

10. Field and Pool, or Wildcat
HOBBS - GB/SA

Location of Well

LETTER K LOCATED 2310 FEET FROM THE SOUTH LINE AND 2317 FEET FROM

12. County

WEST LINE OF SEC. 6 TWP. 19-S RGE. 38-E

12. County
LEA

14. Date Spudded 5-7-83 16. Date T.D. Reached 5-19-83 17. Date Compl. (Ready to Prod.) 6-19-83 18. Elevations (DF, RKB, RT, GR, etc.) 3622 GL 19. Elev. Casinghead -

Total Depth 4303 21. Plug Back T.D. 4291 22. If Multiple Compl., How Many - 23. Intervals Drilled By Rotary Tools Cable Tools -

Producing Interval(s), of this completion - Top, Bottom, Name 4160 - 4259 - GB/SA 25. Was Directional Survey Made YES

Type Electric and Other Logs Run DLL & CNL 27. Was Well Cored NO

CASING RECORD (Report all strings set in well)

CASING SIZE	WEIGHT LB./FT.	DEPTH SET	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
8 5/8"	24	363'	11"	200 sxs. Class "C"	-
5 1/2"	14	4303'	7 7/8"	800 sxs. Lite + 200 sx "C"	-

LINER RECORD				TUBING RECORD			
SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN	SIZE	DEPTH SET	PACKER SET
			NONE		2 3/8"	4267'	-

Perforation Record (Interval, size and number)

4241'-59'	1 spf
4160'-4230'	1 spf

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

DEPTH INTERVAL	AMOUNT AND KIND MATERIAL USED
4241-59	1800 gal. 20% 50-50 N ₂
4160-4230	6000 gal. 15%

First Production 6-20-83 Production Method (Flowing, gas lift, pumping - Size and type pump) PUMPING Well Status (Prod. or Shut-in) SHUT-IN

No. of Test	Hours Tested	Choke Size	Prod'n. For Test Period	Oil - Bbl.	Gas - MCF	Water - Bbl.	Gas - Oil Ratio
6-26-83	48	2"	40	80	100	280	1250

Flow Tubing Press.	Casing Pressure	Calculated 24-Hour Rate	Oil - Bbl.	Gas - MCF	Water - Bbl.	Oil Gravity - API (Corr.)
-	30#	40	40	100	140	32

Disposition of Gas (Sold, used for fuel, vented, etc.) CURRENTLY SHUT-IN - WAITING ON HOOK UP Test Witnessed By DARREL PHILLIPS

List of Attachments DEVIATION SURVEY ALAN RALSTON

I hereby certify that the information shown on both sides of this form is true and complete to the best of my knowledge and belief.

SIGNED M. Y. Merchant TITLE VICE PRESIDENT DATE JUNE 29, 1983

INSTRUCTIO

This form is to be filed with the appropriate District Office of the Division not later than 20 days after the completion of any newly-drilled or deepened well. It shall be accompanied by one copy of all electrical and radio-activity logs run on the well and a summary of all special tests conducted, including drill stem tests. All depths reported shall be measured depths. In the case of directionally drilled wells, true vertical depths shall also be reported. For multiple completions, Items 30 through 34 shall be reported for each zone. The form is to be filed in quintuplicate except on state land, where six copies are required. See Rule 1105.

INDICATE FORMATION TOPS IN CONFORMANCE WITH GEOGRAPHICAL SECTION OF STATE

Southeastern New Mexico

Northwestern New Mexico

T. Anby _____	T. Canyon _____	T. Ojo Alamo _____	T. Penn. "B" _____
T. Salt 1650 _____	T. Strawn _____	T. Kirtland-Fruitland _____	T. Penn. "C" _____
B. Salt 2750 _____	T. Atoka _____	T. Pictured Cliffs _____	T. Penn. "D" _____
T. Yates 2880 _____	T. Miss _____	T. Cliff House _____	T. Leadville _____
T. 7 Rivers 3440 _____	T. Devonian _____	T. Menefee _____	T. Madison _____
T. Queen 3700 _____	T. Silurian _____	T. Point Lookout _____	T. Elbert _____
T. Grayburg 4020 _____	T. Montoya _____	T. Mancos _____	T. McCracken _____
T. San Andres 4162 _____	T. Simpson _____	T. Gallup _____	T. Ignacio Qtzite _____
T. Glorieta _____	T. McKee _____	Base Greenhorn _____	T. Granite _____
T. Paddock _____	T. Ellenburger _____	T. Dakota _____	T. _____
T. Blinberry _____	T. Gr. Wash _____	T. Morrison _____	T. _____
T. Tubb _____	T. Granite _____	T. Todilto _____	T. _____
T. Drinkard _____	T. Delaware Sand _____	T. Entrada _____	T. _____
T. Abo _____	T. Bone Springs _____	T. Wingate _____	T. _____
T. Wolfcamp _____	T. _____	T. Chinle _____	T. _____
T. Penn. _____	T. _____	T. Permian _____	T. _____
T. Cacao (Bough C) _____	T. _____	T. Penn. "A" _____	T. _____

OIL OR GAS SANDS OR ZONES

No. 1, from 4160 _____ to 4300 _____	No. 4, from _____ to _____
No. 2, from _____ to _____	No. 5, from _____ to _____
No. 3, from _____ to _____	No. 6, from _____ to _____

IMPORTANT WATER SANDS

Include data on rate of water inflow and elevation to which water rose in hole.

No. 1, from _____ to _____ feet _____
No. 2, from _____ to _____ feet _____
No. 3, from _____ to _____ feet _____
No. 4, from _____ to _____ feet _____

FORMATION RECORD (Attach additional sheets if necessary)

From	To	Thickness in Feet	Formation	From	To	Thickness in Feet	Formation
0	400	400	Fresh water sands, red beds				
400	1650	1250	Red beds, Anhydrite				
1650	2750	1100	Salt, Anhydrite				
2750	2880	130	Salt, Anhydrite				
2880	3440	560	Sand, Anhydrite, Dolomite				
3440	4162	722	Sand, Anhydrite, Shale				
4162	4303	141	Dolomite, Shale				

REF
 JUL 5 1983
 O.C.D.
 HOBBS OFFICE

Well No. 12-30-84
Lea, County, N.M.

Operator: Apollo Energy Inc.

Drilling Contractor: Marc Drilling Inc.

The undersigned hereby certifies that he is an authorized representative of the drilling contractor who drilled the above-described well and that he has conducted deviation tests and obtained the following results:

Degrees and Depth	Degrees and Depth	Degrees and Depth	Degrees and Depth
1 1/4 3517	1 3/4 3517		
2 1/4 4002	2 1/4 4002		
3 1/4 4300	3 1/4 4300		
3 1/4 4303	3 1/4 4303		
3 1/4 4900			
1 3/4 337			
1 3/4 337			
2 1/4 337			
2 1/4 312			
2 3/4 3131			
2 3/4 3810			

Marc Drilling Inc.

Clay Burkhart
Clay Burkhart, President

Subscribed and sworn to on this 24th day of May 1983

By name of Operator: 12-30-84
Steve Dole

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

3 NMOCD
1 CITIES SERVICE
1 FILE
OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

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OPERATOR		

5a. Indicate Type of Lease
State Gas

5. State Oil & Gas Lease No.

SUNDRY NOTICES AND REPORTS ON WELLS

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

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-	7. Unit Agreement Name
2. Name of Operator APOLLO ENERGY, INC.	8. Farm or Lease Name FOWLER "B"
3. Address of Operator P. O. BOX 5315, HOBBS, NEW MEXICO 88241	9. Well No. 1
4. Location of Well UNIT LETTER <u>K</u> <u>2310</u> FEET FROM THE <u>South</u> LINE AND <u>2317</u> FEET FROM THE <u>West</u> LINE, SECTION <u>6</u> TOWNSHIP <u>19-S</u> RANGE <u>38-E</u> NMPM.	10. Field and Pool, or WHDCAT Hobbs - GB San Andres
15. Elevation (Show whether DF, RT, GR, etc.) 3622 GL	12. County LEA

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

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>
OTHER <input type="checkbox"/>	OTHER <input type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	COMPLETION & TEST <input checked="" type="checkbox"/>

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

5-25-83 - 6-27-83 Ran compensated neutron from 4291'-2750'. Moved in completion unit. Perforated 1 spf from 4241'-59'. Ran 2 3/8" tubing and packer. Spotted 100 gallons of 20% acid across perms. Acidized with 1800 gal. 20% HCL, 50-50 N₂ AIR 3 BPM. Swabbed some acid water-10% Oil and then swabbed dry. Pulled packer and tubing, and perforated 4160'-4230'. Ran packer and plug. Acidized new perms. w/6000 gallons 15% - Swab tested 10-15% Oil + load water and gas.

6-19-83 Put well on pump. Tested 40 BO, 145 BW, 100 MCF/GPD. Shut well in. Presently waiting on gas hook-up and building tank battery.

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

SIGNED M. Y. Merchant TITLE Vice President DATE June 29, 1983
 M. Y. Merchant
 ORIGINAL SIGNED BY EDDIE SEAY
 OIL & GAS INSPECTOR
 APPROVED BY _____ TITLE _____ DATE _____

JUL 5 1983

CONDITIONS OF APPROVAL, IF ANY:

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LAND OFFICE	
OPERATOR	

Indicate Type of Lease	
State <input type="checkbox"/>	Fed <input checked="" type="checkbox"/>
1. State Oil & Gas Lease No.	
2. Unit Agreement Name	
3. Form of Lease Name	
Fowler "B"	
4. Well No.	
1	
5. Field and Pool, or Widened	
Hobbs - GBSA	
6. County	
Lea	

SUNDRY NOTICES AND REPORTS ON WELLS

DO NOT USE THIS FORM FOR PROPOSALS TO DRILL A 20-DEPTH OR DEEPER WELL BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT TO DRILL" (FORM C-101) FOR SUCH PROPOSALS.

OIL WELL <input checked="" type="checkbox"/>	GAS WELL <input type="checkbox"/>	OTHER-
Name of Operator		
APOLLO ENERGY, INC.		
Address of Operator		
P. O. BOX 5315, HOBBS, NM 88241		
Location of Well		
UNIT LETTER	K	2310'
FEET FROM THE		South
LINE AND		2317'
FEET FROM		
THE	West	LINE, SECTION
		6
		TOWNSHIP
		19-S
		RANGE
		38-E
		UNION

15. Elevation (Show whether Dr, RT, GR, etc.)

3622 GL.

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPER. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER <u>Drilled & set casing.</u> <input checked="" type="checkbox"/>

17. Descriptive Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Spudded 11" hole @ 5:00 p.m. 5-7-83. Drilled to 363'. Set 8 5/8" 24# K-55 ST&C casing with 200 sxs. Class "C" cement. Circulated 10 sxs. After WOC 12 hours, NU BOP, drilled out cement and plug. Drilled 7 7/8" hole to 3800'. Mudded up @ 3800'. Drilled to 4293'. Ran Dual Waterlog 4228'-2800'. Unable to run CNL-Pensivy because of red bed problems. Drilled ahead to 4303'. Ran 5 1/2" 15.5# SR, K-55 Casing to 4303'. Halliburton cemented with 800 sxs. Lite, 15# salt, 1/4# Fluocel and 200 sxs. Class "C" Poz, 0.5 Halad-9. Circulated 84 sxs. to pit. Plug down @ 6:45 a.m. 5-21-83. Released rig 10:00 a.m. 5-21-83.

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

SIGNED Jerry Sexton TITLE Vice President DATE May 23, 1983

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT 1 SUPERVISOR

MAY 26 1983

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

30-065-28147

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OPERATOR	

NMOCD - Hobbs : 0+4
File

5A. Indicate Type of Lease
STATE FEDERAL

5. State Oil & Gas Lease No.

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

Type of Work
 Type of Well DRILL DEEPEN PLUG BACK
 OIL WELL GAS WELL OTHER
 SINGLE ZONE MULTIPLE ZONE

7. Unit Agreement Name

8. Farm or Lease Name

Fowler "B"

9. Well No.

1

10. Field and Pool, or Wildcat

Hobbs - GBSA

Name of Operator
APOLLO ENERGY, INC.

Address of Operator
P. O. BOX 5315, HOBBS, NM 83241

Location of Well
 UNIT LETTER K LOCATED 2310' FEET FROM THE South LINE
2317' FEET FROM THE West LINE OF SEC. 6 TWP. 19-S RGE. 38-E NMPM

17. County

Lea

19. Proposed Depth 4300'	19A. Formation Grayburg-S. A.	20. Rotary or C.T. Rotary
21A. Kind & Status Plug. Band Blanket	21B. Drilling Contractor to be determined	22. Approx. Date Work will start May 17, 1983

Elevations (Show whether Dr, R1, etc.)
3622 GL

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
17 1/2"	13 3/8"	48#	40'	100	Circulate
11"	8 5/8"	24#	1350'	800	Circulate
7 7/8"	5 1/2"	17#	4300'	850	1300'

1. Surface Hole to be drilled with fresh water mud.
2. 7 7/8" production hole will be mudded up @ approx. 3900'.
3. BOP will be used after drilling out from underneath the surface casing.
4. Mud logging unit will be utilized through the pay zone.
5. Open hole logs may or may not be run.

APPROVAL VALID FOR 180 DAYS
 PERMIT EXPIRES 10/13/83
 UNLESS DRILLING UNDERWAY

ABOVE SPACE DESCRIBE PROPOSED PROGRAM; IF PROPOSAL IS TO DEEPEN OR PLUG BACK, GIVE DATA ON PRESENT PRODUCTIVE ZONE AND PROPOSED NEW PRODUCTIVE ZONE. GIVE BLOWOUT PREVENTER PROGRAM, IF ANY.

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

Signed Jerry Sexton Title Vice President Date April 13, 1983

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APR 18 1983

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

All the acreage west of the outer 60' boundary of the 1/4 section

APOLLO ENERGY, INC.

FOWLER "B"

K 6 14 00015 35 EAST 11A

2310 SOUTH 2317 WEST

3622.0 Grayburg San Andres Hobbs 40

Outline the acreage dedicated to the subject well by colored pencil on the plat below.

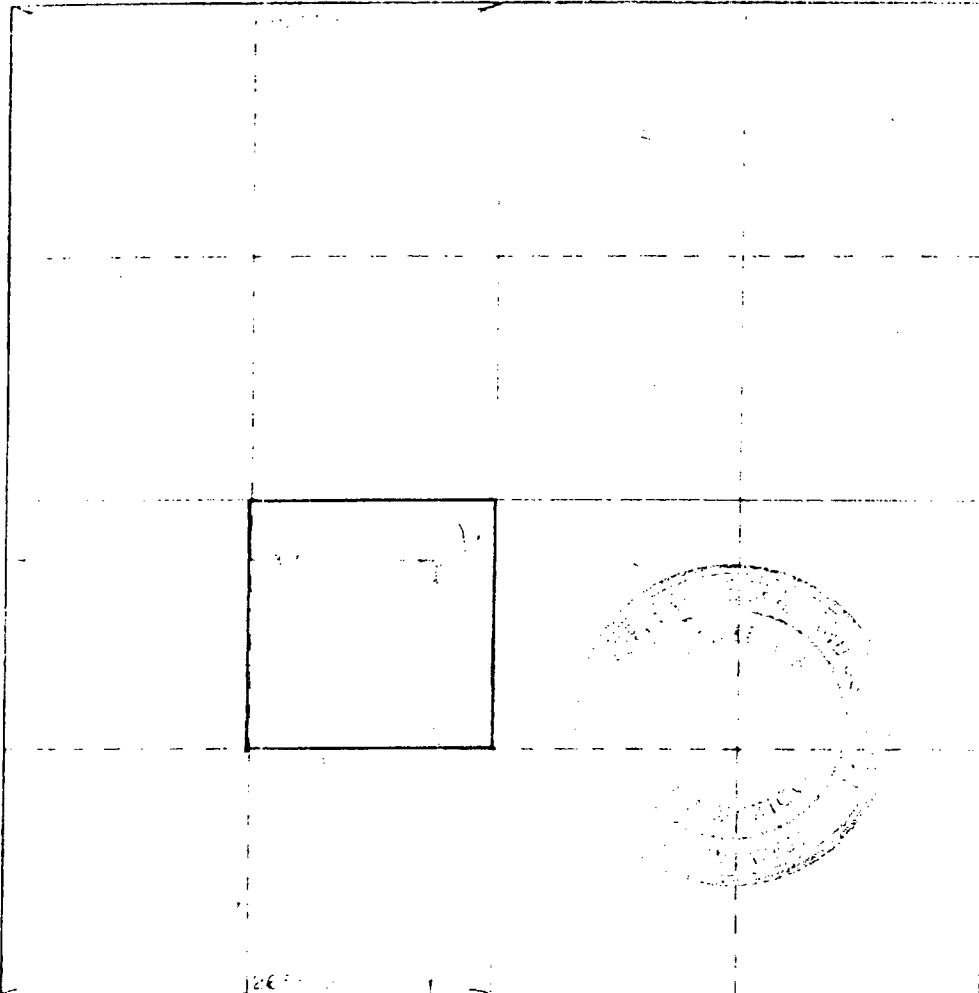
If more than one lease is dedicated to the well, outline each and identify the ownership thereon (as to working interest and royalty).

If more than one lease of different ownership is dedicated to the well, indicate the interests of all owners herein (as to working interest and royalty).

If it is a "dry hole" type of consultation

indicate as "dry" list the owners and tract descriptions which have actually been drilled and if so reverse side of this form if necessary.

No acreage will be assigned to the well until all interests have been transferred to a single unit, or until a non-standard unit, eliminating such interests has been approved by the Commission.



DEDICATION

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

M. Y. Merchant

M. Y. Merchant

Vice President

APOLLO ENERGY, INC.

April 13, 1983

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision and that the same is true and correct to the best of my knowledge and belief.

3/2/83

Registered Professional Engineer
in the State of Texas

John W. West

JOHN W. WEST NO. 676

COUNTY LEA TWP Hobbs STATE NM
 OPER APOLLO ENERGY, INC. API 30-025-28197
 NO 1 SAN Fowler "B" MAP
 Sec 6, T19S, R38E COORD
 2310 FSL, 2317 FWL of Sec 7-4-42 NM
 4 mi SW/Hobbs SPD 5-7-83 CMP 6-26-83

CSC	WELL CLASS: INIT D FIN DO LSE CODE			
	FORMATION	DATUM	FORMATION	DATUM
8 5/8-363-200 sx				
5 1/2-4303-1000 sx				
2 3/8-4267				
	IC 4303 (SADR)		PBD 4291	

IP (Grayburg-San Andres) Perfs 4160-4259 P 40 BOPD +
 140 BW. Pot based on 24 hr test. COR 1250; gty 32

CONTR NoCC 1192 DEPTH 3622 GL sub-a 10

SPD 4-28-83
 IC 4303 RT (Grayburg-San Andres)
 4-18-81 21g 4110
 5-26-80 ID 4303; PBD 4291; WOCT
 6-7-83 ID 4303; PBD 4291; WOP
 Perf (Grayburg-San Andres) 4241-59 w/1 SRF
 Acid (4241-59) 1800 gals
 Prod dry (4241-59)
 Perf (Grayburg-San Andres) 4160-4230 w/1 POP
 Acid (4160-4230) 6000 gals
 Prod 5 50 + 60 BW in 24 hrs (4160-4259)
 6-14-83 ID 4303; PBD 4291; POP
 6-21-83 ID 4303; PBD 4291; Ppg
 7-13-83 ID 4303; PBD 4291; Complete
 LOG TOPS: Salt 1650, Base Salt 2750, Yates
 2430, Seven Rivers 3440, Queen 3700, Grayburg
 4160, San Andres 4160

7-4-42 NM

LEA
APOLLO ENERGY, INC.

Hobbs
1 Fowler "B"
Sec 6, T19S, R38E

NM
Page #2

7-18-83 Continued
 LOGS RUN: CNL, DILL
 Rig Released 5-21-83
7-23-85 COMPLETION ISSUED

7-4-42 NM
IC 30-025-70242-83

CMD :
OG6CLOG

ONGARD
C105-WELL COMPLETION OR RECOMP CASING LOG

02/22/05 09:22:27
OGOMES -TP80

2

OGRID Identifier : 122811 PRONGHORN MANAGEMENT CORP
Prop Identifier : 14988 J F BLACK
API Well Identifier : 30 25 11182 Well No : 003
Surface Locn - UL : B Sec : 21 Twp : 24S Range : 37E Lot Idn :
Multiple comp (S/M/C): S TVD Depth (Feet) : 3600 MVD Depth (Feet): 3600
Spud Date : 04-11-1938 P/A Date :
Casing/Linear Record:

S Size (inches)	Grade Weight (lb/ft)	Depth(ft) Top-Liner	Depth(ft) Bot-Liner	Hole Size (inches)	Cement (Sacks)	TOC (feet)	Code
12.500	40.0	0.0	192.0	16.000	100		C
8.625	32.0	0.0	1384.0	12.250	150		C
7.000	24.0	0.0	3338.0	7.875	125		C


E0009: Enter data to modify record

PF01 HELP PF02 PF03 EXIT PF04 GoTo PF05 PF06 CONFIRM
PF07 PF08 PF09 COMMENT PF10 TLOG PF11 PF12

Last Production:

Dec 1993

Currently Inactive



CMD :
OG6IWCM

ONGARD
INQUIRE WELL COMPLETIONS

02/22/05 09:22:36
OGOMES -TP80

API Well No : 30 25 11182 Eff Date : 05-20-1994 WC Status : A
Pool Idn : 37240 LANGLIE MATTIX;7 RVRS-Q-GRAYBURG
OGRID Idn : 122811 PRONGHORN MANAGEMENT CORP
Prop Idn : 14988 J F BLACK

Well No : 003
GL Elevation: 3233

	U/L	Sec	Township	Range	North/South	East/West	Prop/Act (P/A)
B.H. Locn	: B	21	24S	37E	FTG 660 F N	FTG 1980 F E	A

Lot Identifier:

Dedicated Acre: 40.00

Lease Type : P

Type of consolidation (Comm, Unit, Forced Pooling - C/U/F/O) :

M0025: Enter PF keys to scroll

PF01 HELP	PF02	PF03 EXIT	PF04 GoTo	PF05	PF06
PF07	PF08	PF09	PF10 NEXT-WC	PF11 HISTORY	PF12 NXTREC

CMD :
OG6IPRD

ONGARD
INQUIRE PRODUCTION BY POOL/WELL

02/22/05 09:22:47
OGOMES -TP80
Page No: 1

OGRID Identifier : 122811 PRONGHORN MANAGEMENT CORP
Pool Identifier : 37240 LANGLIE MATTIX;7 RVRS-Q-GRAYBURG
API Well No : 30 25 11182 Report Period - From : 01 1993 To : 12 2005

API Well No	Property Name	Prodn. Days MM/YY Prod	Production Volumes Gas Oil Water	Well Stat
30 25 11182	J F BLACK	05 94		S
30 25 11182	J F BLACK	06 94		S
30 25 11182	J F BLACK	07 94		S
30 25 11182	J F BLACK	08 94		S
30 25 11182	J F BLACK	09 94		S
30 25 11182	J F BLACK	10 94		S
30 25 11182	J F BLACK	11 94		S

Reporting Period Total (Gas, Oil) :

M0025: Enter PF keys to scroll

PF01 HELP PF02 PF03 EXIT PF04 GoTo PF05 PF06 CONFIRM
PF07 BKWD PF08 FWD PF09 PF10 NXTPOOL PF11 NXTOGD PF12

CMD
OG6IPRD

ONGARD
INQUIRE PRODUCTION BY POOL/WELL

02/22/05 09:22:51
OGOMES -TP90
Page No: 2

OGRID Identifier : 122811 PRONGHORN MANAGEMENT CORP
Pool Identifier : 37240 LANGLIE MATTIX;7 RVRS-Q-GRAYBURG
API Well No : 30 25 11182 Report Period - From : 01 1993 To : 12 2005

API Well No	Property Name	Prodn. Days MM/YY Prod	Production Volumes Gas Oil Water	Well Stat
30 25 11182	J F BLACK	12 94		S
30 25 11182	J F BLACK	01 95		S
30 25 11182	J F BLACK	02 95		S
30 25 11182	J F BLACK	03 95		S
30 25 11182	J F BLACK	04 95		S
30 25 11182	J F BLACK	05 95		S
30 25 11182	J F BLACK	06 95		S

Reporting Period Total (Gas, Oil) :

E0049: User may continue scrolling.

PF01 HELP PF02 PF03 EXIT PF04 GoTo PF05 PF06 CONFIRM
PF07 BKWD PF08 FWD PF09 PF10 NXTPOOL PF11 NXTOGD PF12

CMD :
CGGIPRD

ONGARD
INQUIRE PRODUCTION BY POOL/WELL

03/22/05 09:22:53
OGOMES -TP80
Page No: 3

OGRID Identifier : 122811 PRONGHORN MANAGEMENT CORP
Pool Identifier : 37240 LANGLIE MATTIX;7 RVRS-Q-GRAYBURG
API Well No : 30 25 11182 Report Period - From : 01 1993 To : 12 2005

API Well No	Property Name	Prodn. Days MM/YY Prod	Production Volumes Gas Oil Water	Well Stat
30 25 11182	J F BLACK	07 95		S
30 25 11182	J F BLACK	08 95		S
30 25 11182	J F BLACK	09 95		S
30 25 11182	J F BLACK	10 95		S
30 25 11182	J F BLACK	11 95		S
30 25 11182	J F BLACK	12 95		S
30 25 11182	J F BLACK	01 96		S

Reporting Period Total (Gas, Oil) :

E0049: User may continue scrolling.

PF01 HELP PF02 PF03 EXIT PF04 GoTo PF05 PF06 CONFIRM
PF07 BKWD PF08 FWD PF09 PF10 NXTPOOL PF11 NXTOGD PF12

CMD :
OGGIPRD

ONWARD
INQUIRE PRODUCTION BY POOL/WELL

C2/22/05 09:22:54
OCOMES -TP80
Page No: 4

OGRID Identifier : 122811 PRONGHORN MANAGEMENT CORP
Pool Identifier : 37240 LANGLIE MATTIX;7 RVRS-Q-GRAYBURG
API Well No : 30 25 11182 Report Period - From : 01 1993 To : 12 2005

API Well No	Property Name	Prodn. Days MM/YY Prod	Production Volumes Gas Oil Water	Well Stat
30 25 11182	J F BLACK	02 96		S
30 25 11182	J F BLACK	03 96		S
30 25 11182	J F BLACK	04 96		S
30 25 11182	J F BLACK	05 96		S
30 25 11182	J F BLACK	06 96		S
30 25 11182	J F BLACK	07 96		S
30 25 11182	J F BLACK	08 96		S

Reporting Period Total (Gas, Oil) :

E0049: User may continue scrolling.

PF01 HELP PF02 PF03 EXIT PF04 GoTo PF05 PF06 CONFIRM
PF07 BKWD PF08 FWD PF09 PF10 NXTPOOL PF11 NXTOGD PF12

CMD :
OG6IPRD

ONGARD
INQUIRE PRODUCTION BY POOL/WELL

02/22/05 09:22:55
OGOMES -TP80
Page No: 5

OGRID Identifier : 122811 PRONGHORN MANAGEMENT CORP
Pool Identifier : 37240 LANGLIE MATTIX;7 RVRS-Q-GRAYBURG
API Well No : 30 25 11182 Report Period - From : 01 1993 To : 12 2005

API Well No	Property Name	Prodn. Days MM/YY Prod	Production Volumes Gas Oil Water	Well Stat
30 25 11182	J F BLACK	09 96		S
30 25 11182	J F BLACK	10 96		S
30 25 11182	J F BLACK	11 96		S
30 25 11182	J F BLACK	12 96		S
30 25 11182	J F BLACK	01 97		S
30 25 11182	J F BLACK	02 97		S
30 25 11182	J F BLACK	03 97		S

Reporting Period Total (Gas, Oil) :

E0049: User may continue scrolling.

PF01 HELP PF02 PF03 EXIT PF04 GoTo PF05 PF06 CONFIRM
PF07 BKWD PF08 FWD PF09 PF10 NXTPOOL PF11 NXTOGD PF12

CMD :
OG6IPRD

ONGARD
INQUIRE PRODUCTION BY POOL/WELL

02/22/05 09:22:56
OGOMES -TP80
Page No: 6

OGRID Identifier : 122811 PRONGHORN MANAGEMENT CORP
Pool Identifier : 37240 LANGLIE MATTIX;7 RVRS-Q-GRAYBURG
API Well No : 30 25 11182 Report Period - From : 01 1993 To : 12 2005

API Well No	Property Name	Prodn. Days MM/YY Prod	Production Volumes Gas Oil Water	Well Stat
30 25 11182	J F BLACK	04 97		S
30 25 11182	J F BLACK	05 97		S
30 25 11182	J F BLACK	06 97		S
30 25 11182	J F BLACK	07 97		S
30 25 11182	J F BLACK	08 97		S
30 25 11182	J F BLACK	09 97		S
30 25 11182	J F BLACK	10 97		S

Reporting Period Total (Gas, Oil) :

E0049: User may continue scrolling.

PF01 HELP PF02 PF03 EXIT PF04 GoTo PF05 PF06 CONFIRM
PF07 BKWD PF08 FWD PF09 PF10 NXTPOOL PF11 NXTOGD PF12

CMD :
OG6IPRD

ONGARD
INQUIRE PRODUCTION BY POOL/WELL

02/22/05 09:22:58
OGOMES -TP80
Page No: 7

OGRID Identifier : 122811 PRONGHORN MANAGEMENT CORP
Pool Identifier : 37240 LANGLIE MATTIX;7 RVRS-Q-GRAYBURG
API Well No : 30 25 11182 Report Period - From : 01 1993 To : 12 2005

API Well No	Property Name	Prodn. Days MM/YY Prod	Production Volumes Gas Oil Water	Well Stat
30 25 11182	J F BLACK	11 97		S
30 25 11182	J F BLACK	12 97		S
30 25 11182	J F BLACK	01 98		S
30 25 11182	J F BLACK	02 98		S
30 25 11182	J F BLACK	03 98		S
30 25 11182	J F BLACK	04 98		S
30 25 11182	J F BLACK	05 98		S

Reporting Period Total (Gas, Oil) :

E0049: User may continue scrolling.

PF01 HELP PF02 PF03 EXIT PF04 GoTo PF05 PF06 CONFIRM
PF07 BKWD PF08 FWD PF09 PF10 NXTPOOL PF11 NXTOGD PF12

CMD :
OC6IPRD

ONGARD
INQUIRE PRODUCTION BY POOL/WELL

02/22/05 09:22:59
OGOMES -TP80
Page No: 8

OGRID Identifier : 122811 PRONGHORN MANAGEMENT CORP
Pool Identifier : 37240 LANGLIE MATTIX;7 RVRS-Q-GRAYBURG
API Well No : 30 25 11182 Report Period - From : 01 1993 To : 12 2005

API Well No	Property Name	Prodn. Days MM/YY Prod	Production Volumes Gas Oil Water	Well Stat
30 25 11182	J F BLACK	06 98		S
30 25 11182	J F BLACK	07 98		S
30 25 11182	J F BLACK	08 98		S
30 25 11182	J F BLACK	09 98		S
30 25 11182	J F BLACK	10 98		S
30 25 11182	J F BLACK	11 98		S
30 25 11182	J F BLACK	12 98		S

Reporting Period Total (Gas, Oil) :

E0049: User may continue scrolling.

PF01 HELP PF02 PF03 EXIT PF04 GoTo PF05 PF06 CONFIRM
PF07 BKWD PF08 FWD PF09 PF10 NXTPOOL PF11 NXTOGD PF12

CMD :
OGCIPRD

SHGARD
INQUIRE PRODUCTION BY POOL/WELL

02/22/05 09:23:00
OGOMES -TP80
Page No: 9

OGRID Identifier : 122911 PRONGHORN MANAGEMENT CORP
Pool Identifier : 37240 LANGLIE MATTIX;7 RVRS-Q-GRAYBURG
API Well No : 30 25 11182 Report Period - From : 01 1993 To : 12 2005

API Well No	Property Name	Prodn. Days MM/YY. Prod	Production Volumes Gas Oil Water	Well Stat
30 25 11182	J F BLACK	01 99		S
30 25 11182	J F BLACK	02 99		S
30 25 11182	J F BLACK	03 99		S
30 25 11182	J F BLACK	04 99		S
30 25 11182	J F BLACK	05 99		S
30 25 11182	J F BLACK	06 99		S
30 25 11182	J F BLACK	07 99		S

Reporting Period Total (Gas, Oil) :

E0049: User may continue scrolling.

PF01 HELP PF02 PF03 EXIT PF04 GoTo PF05 PF06 CONFIRM
PF07 BKWD PF08 FWD PF09 PF10 NXTPOOL PF11 NXTOGD PF12

CMD :
OG6IPRD

ONGARD
INQUIRE PRODUCTION BY POOL/WELL

02/22/05 09:23:01
OGOMES -TP80
Page No: 10

OGRID Identifier : 122811 PRONGHORN MANAGEMENT CORP
Pool Identifier : 37240 LANGLIE MATTIX;7 RVRS-Q-GRAYBURG
API Well No : 30 25 11182 Report Period - From : 01 1993 To : 12 2005

API Well No	Property Name	Prodn. Days MM/YY Prod	Production Volumes Gas Oil Water	Well Stat
30 25 11182	J F BLACK	08 99		S
30 25 11182	J F BLACK	09 99		S
30 25 11182	J F BLACK	10 99		S
30 25 11182	J F BLACK	11 99		S
30 25 11182	J F BLACK	12 99		S
30 25 11182	J F BLACK	01 00		S
30 25 11182	J F BLACK	02 00		S

Reporting Period Total (Gas, Oil) :

E0049: User may continue scrolling.

PF01 HELP PF02 PF03 EXIT PF04 GoTo PF05 PF06 CONFIRM
PF07 BKWD PF08 FWD PF09 PF10 NXTPOOL PF11 NXTOGD PF12

CMD :
OG6IPRD

ONGARD
INQUIRE PRODUCTION BY POOL/WELL

02/22/05 09:23:02
OGOMES -TP80
Page No: 11

OGRID Identifier : 122811 PRONGHORN MANAGEMENT CORP
Pool Identifier : 37240 LANGLIE MATTIX;7 RVRS-Q-GRAYBURG
API Well No : 30 25 11182 Report Period - From : 01 1993 To : 12 2005

API Well No	Property Name	Prodn. Days MM/YY Prod	Production Volumes Gas Oil Water	Well Stat
30 25 11182	J F BLACK	03 00		S
30 25 11182	J F BLACK	04 00		S
30 25 11182	J F BLACK	05 00		S
30 25 11182	J F BLACK	06 00		S
30 25 11182	J F BLACK	07 00		S
30 25 11182	J F BLACK	08 00		S
30 25 11182	J F BLACK	09 00		S

Reporting Period Total (Gas, Oil) :

E0049: User may continue scrolling.

PF01 HELP PF02 PF03 EXIT PF04 GoTo PF05 PF06 CONFIRM
PF07 BKWD PF08 FWD PF09 PF10 NXTPOOL PF11 NXTOGD PF12

CMD :
OG6IPRD

ONGARD
INQUIRE PRODUCTION BY POOL/WELL

02/22/05 09:23:04
OGOMBS -TP80
Page No: 12

OGRID Identifier : 122811 PRONGHORN MANAGEMENT CORP
Pool Identifier : 37240 LANGLIE MATTIX;7 RVR-S-Q-GRAYBURG
API Well No : 30 25 11182 Report Period - From : 01 1993 To : 12 2005

API Well No	Property Name	Prod. Days		Production Volumes			Well Stat
		MM/YY	Prod	Gas	Oil	Water	
30 25 11182	J F BLACK	10	00			S	
30 25 11182	J F BLACK	11	00			S	
30 25 11182	J F BLACK	12	00			S	
30 25 11182	J F BLACK	01	01			S	
30 25 11182	J F BLACK	02	01			S	
30 25 11182	J F BLACK	03	01			S	
30 25 11182	J F BLACK	04	01			S	

Reporting Period Total (Gas, Oil) :

E0049: User may continue scrolling.

PF01 HELP PF02 PF03 EXIT PF04 GoTo PF05 PF06 CONFIRM
PF07 BKWD PF08 FWD PF09 PF10 NXTPOOL PR11 NXTOGD PF12

CMD :
OG6IPRD

ONGARD
INQUIRE PRODUCTION BY POOL/WELL

02/22/05 09:23:05
OGOMES -TP90
Page No: 13

OGRID Identifier : 122811 PRONGHORN MANAGEMENT CORP
Pool Identifier : 37240 LANGLIE MATTIX;7 RVRS-Q-GRAYBURG
API Well No : 30 25 11182 Report Period - From : 01 1993 To : 12 2005

API Well No	Property Name	Prodn. Days MM/YY Prod	Production Volumes Gas Oil	Well Water Stat
30 25 11182	J F BLACK	05 01		S
30 25 11182	J F BLACK	06 01		S
30 25 11182	J F BLACK	07 01		S
30 25 11182	J F BLACK	08 01		S
30 25 11182	J F BLACK	09 01		S
30 25 11182	J F BLACK	10 01		S
30 25 11182	J F BLACK	11 01		S

Reporting Period Total (Gas, Oil) :

E0049: User may continue scrolling.

PF01 HELP PF02 PF03 EXIT PF04 GoTo PF05 PF06 CONFIRM
PF07 BKWD PF08 FWD PF09 PF10 NXTPOOL PF11 NXTOGD PF12

CMD :
OG61PRD

ONGARD
INQUIRE PRODUCTION BY POOL/WELL

02/22/05 09:23:06
OGOMES -TP80
Page No: 14

OGRID Identifier : 122811 PRONGHORN MANAGEMENT CORP
Pool Identifier : 37240 LANGLIE MATTIX;7 RVRS-Q-GRAYBURG
API Well No : 30 25 11182 Report Period - From : 01 1993 To : 12 2005

API Well No	Property Name	Prodn. MM/YY	Days Prod	Production Volumes			Well Stat
				Gas	Oil	Water	
30 25 11182	J F BLACK	12	01				S
30 25 11182	J F BLACK	01	02				S
30 25 11182	J F BLACK	02	02				S
30 25 11182	J F BLACK	03	02				S
30 25 11182	J F BLACK	04	02				S
30 25 11182	J F BLACK	05	02				S
30 25 11182	J F BLACK	06	02				S

Reporting Period Total (Gas, Oil) :

E0049: User may continue scrolling.

PF01 HELP PF02 PF03 EXIT PF04 GoTo PF05 PF06 CONFIRM
PF07 BKWD PF08 FWD PF09 PF10 NXTPOOL PF11 NXTOGD PF12

CMD :
OG6IPRD

ONGARD
INQUIRE PRODUCTION BY POOL/WELL

02/23/05 09:23:07

OGOMES -TP80

Page No: 15

OGRID Identifier : 122811 PRONGHORN MANAGEMENT CORP
Pool Identifier : 37240 LANGLIE MATTIX;7 RVRS-Q-GRAYBURG
API Well No : 30 25 11182 Report Period - From : 01 1993 To : 12 2005

API Well No	Property Name	Prodn. Days MM/YY Prod	Production Volumes Gas Oil Water	Well Stat
30 25 11182	J F BLACK	07 02		S
30 25 11182	J F BLACK	08 02		S
30 25 11182	J F BLACK	09 02		S
30 25 11182	J F BLACK	10 02		S
30 25 11182	J F BLACK	11 02		S
30 25 11182	J F BLACK	12 02		S
30 25 11182	J F BLACK	01 03		S

Reporting Period Total (Gas, Oil) :

E0049: User may continue scrolling.

PF01 HELP PF02 PF03 EXIT PF04 GoTo PF05 PF06 CONFIRM
PF07 BKWD PF08 FWD PF09 PF10 NXTPOOL PF11 NXTOGD PF12

CMD :
OG5IPRD

ONGARD
INQUIRE PRODUCTION BY POOL/WELL

02/22/05 09:23:09
OGOMBS -TP80
Page No: 16

OGRID Identifier : 122811 PRONGHORN MANAGEMENT CORP
Pool Identifier : 37240 LANGLIE MATTIX;7 RVRS-Q-GRAYBURG
API Well No : 30 25 11182 Report Period - From : 01 1993 To : 12 2005

API Well No	Property Name	Prodn. MM/YY	Days Prod	Production Gas	Production Oil	Water	Well Stat
30 25 11182	J F BLACK	02	03				S
30 25 11182	J F BLACK	03	03				S
30 25 11182	J F BLACK	04	03				S
30 25 11182	J F BLACK	05	03				S
30 25 11182	J F BLACK	06	03				S
30 25 11182	J F BLACK	07	03				S
30 25 11182	J F BLACK	08	03				S

Reporting Period Total (Gas, Oil) :

E0049: User may continue scrolling.

PF01 HELP PF02 PF03 EXIT PF04 GoTo PF05 PF06 CONFIRM
PF07 BKWD PF08 FWD PF09 PF10 NXTPOOL PF11 NXTOGD PF12

CMD :
OG6IPRD

ONGARD
INQUIRE PRODUCTION BY POOL/WELL

02/22/05 09:23:10
OGOMES -TP80
Page No: 17

OGRID Identifier : 122811 PRONGHORN MANAGEMENT CORP
Pool Identifier : 37240 LANGLIE MATTIX;7 RVRS-Q-GRAYBURG
API Well No : 30 25 11182 Report Period - From : 01 1993 To : 12 2005

API Well No	Property Name	Prodn. Days MM/YY Prod	Production Volumes			Well Water Stat
			Gas	Oil		
30 25 11182	J F BLACK	09 03			S	
30 25 11182	J F BLACK	10 03			S	
30 25 11182	J F BLACK	11 03			S	
30 25 11182	J F BLACK	12 03			S	
30 25 11182	J F BLACK	01 04			S	
30 25 11182	J F BLACK	02 04			S	
30 25 11182	J F BLACK	03 04			S	

Reporting Period Total (Gas, Oil) :

E0049: User may continue scrolling.

PF01 HELP PF02 PF03 EXIT PF04 GoTo PF05 PF06 CONFIRM
PF07 BKWD PF08 FWD PF09 PF10 NXTPOOL PF11 NXTOGD PF12

CMD :
OG6IPRD

ONGARD
INQUIRE PRODUCTION BY POOL/WELL

02/22/05 09:23:11
OGOMES -TP80
Page No: 18

OGRID Identifier : 122811 PRONGHORN MANAGEMENT CORP
Pool Identifier : 37240 LANGLIE MATTIX;7 RVRS-Q-GRAYBURG
API Well No : 30 25 11182 Report Period - From : 01 1993 To : 12 2005

API Well No	Property Name	Prodn. Days MM/YY Prod	Production Volumes Gas Oil Water	Well Stat
30 25 11182	J F BLACK	04 04		S
30 25 11182	J F BLACK	05 04		S
30 25 11182	J F BLACK	06 04		S
30 25 11182	J F BLACK	07 04		S
30 25 11182	J F BLACK	08 04		S
30 25 11182	J F BLACK	09 04		S
30 25 11182	J F BLACK	10 04		S

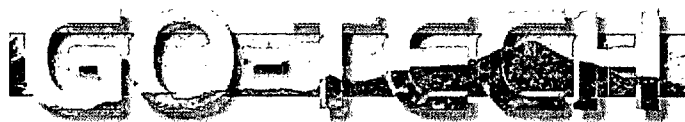
Reporting Period Total (Gas, Oil) :

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Well: J F BLACK **No.:** 003
Operator: PRONGHORN MANAGEMENT CORP [[NM SLO data](#)]
API: 3002511182 **Township:** 24.0S **Range:** 37E
Section: 21 **Unit:** B
Land Type: P **County:** Lea
Pools associated:

- [LANGLIE MATTIX;7 RVR-S-Q-GRAYBURG](#) **Total Acreage:** 40 **Completion:** 1
- [Show All](#)

Year: 1973
 Pool Name: LANGLIE MATTIX;7 RVR-S-Q-GRAYBURG

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	29	103	0	31	29	103
February	26	93	0	27	55	196
March	29	76	0	31	84	272
April	29	190	0	30	113	462
May	32	262	32	31	145	724
June	65	266	301	29	210	990
July	87	0	400	31	297	990
August	96	0	442	31	393	990
September	666	0	42	29	1059	990
October	481	0	25	31	1540	990
November	600	0	31	30	2140	990
December	257	0	312	31	2397	990

Total 2397 990 1585 362

Year: 1975

Pool Name: LANGLIE MATTIX;7 RVRS-Q-GRAYBURG

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	249	363	984	31	2646	1353
February	309	174	1236	25	2955	1527
March	344	175	1368	31	3299	1702
April	269	277	2421	30	3568	1979
May	289	314	2346	31	3857	2293
June	181	208	724	28	4038	2501
July	368	65	1816	30	4406	2566
August	330	51	1611	30	4736	2617
September	283	165	1486	29	5019	2782
October	370	172	1942	31	5389	2954
November	290	137	1580	30	5679	3091
December	326	137	1978	31	6005	3228
Total	3608	2238	19492	357		

Year: 1976

Pool Name: LANGLIE MATTIX;7 RVRS-Q-GRAYBURG

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	254	230	1907	31	6259	3458
February	273	390	1995	29	6532	3848
March	242	533	1767	31	6774	4381
April	337	635	1348	30	7111	5016
May	295	377	2395	31	7406	5393
June	288	406	2354	30	7694	5799
July	262	691	1628	31	7956	6490
August	254	544	1640	31	8210	7034
September	265	522	1640	30	8475	7556
October	271	220	1665	31	8746	7776
November	297	218	1824	30	9043	7994
December	298	224	1824	31	9341	8218
Total	3336	4990	21987	366		

Year: 1977

Pool Name: LANGLIE MATTIX;7 RVRS-Q-GRAYBURG

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	256	223	1554	31	9597	8441
February						

	325	282	2369	28	9922	8723
March	91	247	2160	30	10013	8970
April	70	156	1680	30	10083	9126
May	62	233	1488	31	10145	9359
June	172	160	1557	30	10317	9519
July	208	84	1540	30	10525	9603
August	177	84	1313	30	10702	9687
September	152	67	1238	30	10854	9754
October	131	189	1060	31	10985	9943
November	187	397	1513	30	11172	10340
December	145	54	1181	31	11317	10394
Total	1976	2176	18653	362		

Year: 1979

Pool Name: LANGLIE MATTIX;7 RVRS-Q-GRAYBURG

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	71	0	1330	23	11388	10394
February	67	0	1254	28	11455	10394
March	86	0	1615	31	11541	10394
April	79	0	1501	30	11620	10394
May	77	0	1206	31	11697	10394
June	116	0	1554	30	11813	10394
July	100	0	1328	30	11913	10394
August	76	0	1190	31	11989	10394
September	91	0	1729	30	12080	10394
October	88	0	1394	31	12168	10394
November	143	0	1296	30	12311	10394
December	140	0	1405	31	12451	10394
Total	1134	0	16802	356		

Year: 1980

Pool Name: LANGLIE MATTIX;7 RVRS-Q-GRAYBURG

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	110	0	1448	31	12561	10394
February	64	0	863	21	12625	10394
March	74	0	1159	29	12699	10394
April	61	0	956	30	12760	10394
May	93	0	1457	31	12853	10394
June	69	0	1096	30	12922	10394
July	55	0	1320	30	12977	10394

August	58	0	1392	31	13035	10394
September	60	0	1140	30	13095	10394
October	101	0	1567	31	13196	10394
November	78	0	1049	24	13274	10394
December	85	0	1116	31	13359	10394
Total	908	0	14563	349		

Year: 1981

Pool Name: LANGLIE MATTIX;7 RVRS-Q-GRAYBURG

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	115	0	1515	31	13474	10394
February	111	0	729	23	13585	10394
March	121	0	790	31	13706	10394
April	139	0	1680	30	13845	10394
May	146	0	1420	31	13991	10394
June	147	0	1483	30	14138	10394
July	107	0	1473	31	14245	10394
August	62	0	965	28	14307	10394
September	137	0	1851	30	14444	10394
October	110	0	1629	31	14554	10394
November	130	0	1730	30	14684	10394
December	84	0	1159	26	14768	10394
Total	1409	0	16424	352		

Year: 1982

Pool Name: LANGLIE MATTIX;7 RVRS-Q-GRAYBURG

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	39	0	1439	0	14807	10394
February	58	0	1019	23	14865	10394
March	149	0	1837	29	15014	10394
April	124	0	1661	30	15138	10394
May	58	0	1650	30	15196	10394
June	52	0	1489	30	15248	10394
July	60	0	1739	31	15308	10394
August	63	0	2037	31	15371	10394
September	64	0	2232	30	15435	10394
October	67	0	1657	31	15502	10394
November	84	0	1644	30	15586	10394
December	73	0	970	28	15659	10394
Total	891	0	19374	323		

Year: 1983

Pool Name: LANGLIE MATTIX;7 RVRS-Q-GRAYBURG

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	56	0	1463	24	15715	10394
February	77	0	1450	25	15792	10394
March	97	0	1710	31	15889	10394
April	87	0	1947	0	15976	10394
May	87	0	1801	29	16063	10394
June	101	0	1642	30	16164	10394
July	76	0	1846	21	16240	10394
August	100	0	1751	31	16340	10394
September	77	0	2037	30	16417	10394
October	75	0	1719	30	16492	10394
November	55	25	1620	29	16547	10419
December	38	31	1277	17	16585	10450
Total	926	56	20263	297		

Year: 1989

Pool Name: LANGLIE MATTIX;7 RVRS-Q-GRAYBURG

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	17	10	449	31	16602	10460
February	17	7	455	28	16619	10467
March	22	0	413	31	16641	10467
April	29	0	410	30	16670	10467
May	34	0	403	31	16704	10467
June	35	0	376	30	16739	10467
July	31	0	327	31	16770	10467
August	26	0	364	31	16796	10467
September	23	0	425	30	16819	10467
October	27	0	434	31	16846	10467
November	0	0	0	0	16846	10467
December	0	0	0	0	16846	10467
Total	261	17	4056	304		

Year: 1990

Pool Name: LANGLIE MATTIX;7 RVRS-Q-GRAYBURG

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	0	0	0	0	16846	10467
February	21	0	350	0	16867	10467
March	0	0	0	0	16867	10467
April						

	0	0	0	0	16867	10467
May	0	0	0	0	16867	10467
June	0	0	0	0	16867	10467
July	0	0	0	0	16867	10467
August	0	0	0	0	16867	10467
September	0	0	0	0	16867	10467
October	0	0	0	0	16867	10467
November	0	0	0	0	16867	10467
December	0	0	0	0	16867	10467
Total	21	0	350	0		

Year: 1991

Pool Name: LANGLIE MATTIX;7 RVRS-Q-GRAYBURG

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	0	0	0	0	16867	10467
February	0	0	0	0	16867	10467
March	0	0	0	0	16867	10467
April	0	0	0	0	16867	10467
May	0	0	0	0	16867	10467
June	41	0	1470	20	16908	10467
July	0	0	0	0	16908	10467
August	0	0	0	0	16908	10467
September	0	0	0	0	16908	10467
October	0	0	0	0	16908	10467
November	0	0	0	0	16908	10467
December	0	0	0	0	16908	10467
Total	41	0	1470	20		

Year: 1992

Pool Name: LANGLIE MATTIX;7 RVRS-Q-GRAYBURG

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	0	0	0	0	16908	10467
February	0	0	0	0	16908	10467
March	0	0	0	0	16908	10467
April	0	0	0	0	16908	10467
May	0	0	0	0	16908	10467
June	0	0	0	0	16908	10467
July	0	0	0	0	16908	10467
August	0	0	0	0	16908	10467
September	0	0	0	0	16908	10467

October	0	0	0	0	16908	10467
November	0	0	0	0	16908	10467
December	0	0	0	0	16908	10467
Total	0	0	0	0		

Year: 1993
 Pool Name: LANGLIE MATTIX;7 RVRS-Q-GRAYBURG

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	0	0	0	0	16908	10467
February	0	0	0	0	16908	10467
March	0	0	0	0	16908	10467
April	0	0	0	0	16908	10467
May	0	0	0	0	16908	10467
June	0	0	0	0	16908	10467
July	0	0	0	0	16908	10467
August	0	0	0	0	16908	10467
September	0	0	0	0	16908	10467
October	0	0	0	0	16908	10467
November	0	0	0	0	16908	10467
December	2	0	0	15	16910	10467
Total	2	0	0	15		

Year: 1994
 Pool Name: LANGLIE MATTIX;7 RVRS-Q-GRAYBURG

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	0	0	0	0	16910	10467
February	0	0	0	0	16910	10467
March	0	0	0	0	16910	10467
April	0	0	0	0	16910	10467
May	0	0	0	0	16910	10467
June	0	0	0	0	16910	10467
July	0	0	0	0	16910	10467
August	0	0	0	0	16910	10467
September	0	0	0	0	16910	10467
October	0	0	0	0	16910	10467
November	0	0	0	0	16910	10467
December	0	0	0	0	16910	10467
Total	0	0	0	0		

Year: 1995
 Pool Name: LANGLIE MATTIX;7 RVRS-Q-GRAYBURG

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	0	0	0	0	16910	10467
February	0	0	0	0	16910	10467
March	0	0	0	0	16910	10467
April	0	0	0	0	16910	10467
May	0	0	0	0	16910	10467
June	0	0	0	0	16910	10467
July	0	0	0	0	16910	10467
August	0	0	0	0	16910	10467
September	0	0	0	0	16910	10467
October	0	0	0	0	16910	10467
November	0	0	0	0	16910	10467
December	0	0	0	0	16910	10467
Total	0	0	0	0		

Year: 1996

Pool Name: LANGLIE MATTIX;7 RVRS-Q-GRAYBURG

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	0	0	0	0	16910	10467
February	0	0	0	0	16910	10467
March	0	0	0	0	16910	10467
April	0	0	0	0	16910	10467
May	0	0	0	0	16910	10467
June	0	0	0	0	16910	10467
July	0	0	0	0	16910	10467
August	0	0	0	0	16910	10467
September	0	0	0	0	16910	10467
October	0	0	0	0	16910	10467
November	0	0	0	0	16910	10467
December	0	0	0	0	16910	10467
Total	0	0	0	0		

Year: 1997

Pool Name: LANGLIE MATTIX;7 RVRS-Q-GRAYBURG

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	0	0	0	0	16910	10467
February	0	0	0	0	16910	10467
March	0	0	0	0	16910	10467
April	0	0	0	0	16910	10467
May	0	0	0	0	16910	10467
June	0	0	0	0	16910	10467

July	0	0	0	0	16910	10467
August	0	0	0	0	16910	10467
September	0	0	0	0	16910	10467
October	0	0	0	0	16910	10467
November	0	0	0	0	16910	10467
December	0	0	0	0	16910	10467
Total	0	0	0	0		

Year: 1998

Pool Name: LANGLIE MATTIX;7 RVRS-Q-GRAYBURG

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	0	0	0	0	16910	10467
February	0	0	0	0	16910	10467
March	0	0	0	0	16910	10467
April	0	0	0	0	16910	10467
May	0	0	0	0	16910	10467
June	0	0	0	0	16910	10467
July	0	0	0	0	16910	10467
August	0	0	0	0	16910	10467
September	0	0	0	0	16910	10467
October	0	0	0	0	16910	10467
November	0	0	0	0	16910	10467
December	0	0	0	0	16910	10467
Total	0	0	0	0		

Year: 1999

Pool Name: LANGLIE MATTIX;7 RVRS-Q-GRAYBURG

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	0	0	0	0	16910	10467
February	0	0	0	0	16910	10467
March	0	0	0	0	16910	10467
April	0	0	0	0	16910	10467
May	0	0	0	0	16910	10467
June	0	0	0	0	16910	10467
July	0	0	0	0	16910	10467
August	0	0	0	0	16910	10467
September	0	0	0	0	16910	10467
October	0	0	0	0	16910	10467
November	0	0	0	0	16910	10467
December	0	0	0	0	16910	10467

Total 0 0 0 0

Year: 2000
 Pool Name: LANGLIE MATTIX;7 RVRS-Q-GRAYBURG

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	0	0	0	0	16910	10467
February	0	0	0	0	16910	10467
March	0	0	0	0	16910	10467
April	0	0	0	0	16910	10467
May	0	0	0	0	16910	10467
June	0	0	0	0	16910	10467
July	0	0	0	0	16910	10467
August	0	0	0	0	16910	10467
September	0	0	0	0	16910	10467
October	0	0	0	0	16910	10467
November	0	0	0	0	16910	10467
December	0	0	0	0	16910	10467
Total	0	0	0	0		

Year: 2001
 Pool Name: LANGLIE MATTIX;7 RVRS-Q-GRAYBURG

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	0	0	0	0	16910	10467
February	0	0	0	0	16910	10467
March	0	0	0	0	16910	10467
April	0	0	0	0	16910	10467
May	0	0	0	0	16910	10467
June	0	0	0	0	16910	10467
July	0	0	0	0	16910	10467
August	0	0	0	0	16910	10467
September	0	0	0	0	16910	10467
October	0	0	0	0	16910	10467
November	0	0	0	0	16910	10467
December	0	0	0	0	16910	10467
Total	0	0	0	0		

Year: 2002
 Pool Name: LANGLIE MATTIX;7 RVRS-Q-GRAYBURG

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	0	0	0	0	16910	10467
February						

	0	0	0	0	16910	10467
March	0	0	0	0	16910	10467
April	0	0	0	0	16910	10467
May	0	0	0	0	16910	10467
June	0	0	0	0	16910	10467
July	0	0	0	0	16910	10467
August	0	0	0	0	16910	10467
September	0	0	0	0	16910	10467
October	0	0	0	0	16910	10467
November	0	0	0	0	16910	10467
December	0	0	0	0	16910	10467
Total	0	0	0	0		

Year: 2003

Pool Name: LANGLIE MATTIX;7 RVRS-Q-GRAYBURG

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	0	0	0	0	16910	10467
February	0	0	0	0	16910	10467
March	0	0	0	0	16910	10467
April	0	0	0	0	16910	10467
May	0	0	0	0	16910	10467
June	0	0	0	0	16910	10467
July	0	0	0	0	16910	10467
August	0	0	0	0	16910	10467
September	0	0	0	0	16910	10467
October	0	0	0	0	16910	10467
November	0	0	0	0	16910	10467
December	0	0	0	0	16910	10467
Total	0	0	0	0		

Year: 2004

Pool Name: LANGLIE MATTIX;7 RVRS-Q-GRAYBURG

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	0	0	0	0	16910	10467
February	0	0	0	0	16910	10467
March	0	0	0	0	16910	10467
April	0	0	0	0	16910	10467
May	0	0	0	0	16910	10467
June	0	0	0	0	16910	10467
July	0	0	0	0	16910	10467

August	0	0	0	0	16910	10467
September	0	0	0	0	16910	10467
October	0	0	0	0	16910	10467
November	0	0	0	0	16910	10467
December	0	0	0	0	16910	10467
Total	0	0	0	0		

Page last updated 07/22/2004. Webmaster gotech_prrc@yahoo.com

ANNUAL REPORT

OF THE

NEW MEXICO OIL & GAS ENGINEERING
COMMITTEE, INC.

HOBBS, NEW MEXICO

505-393-3411

VOLUME I-A

Southeast New Mexico

1993

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2640 South Pacheco, Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources
OIL CONSERVATION DIVISION
2040 South Pacheco
Santa Fe, NM 87505

WELL API NO.
30-025-11182

5. Indicate Type of Lease
STATE FEE

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name:
J. F. Black

8. Well No.
3

9. Pool name or Wildcat
Langlic Mattix TRURS Q-Grayburg

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

1. Type of Well:
Oil Well Gas Well Other

2. Name of Operator
PAONGHUAN MGT. COOP.

3. Address of Operator
P.O. Box 1772 Hobbs, N.M. 88241

4. Well Location
Unit Letter B : 660 feet from the North line and 1980 feet from the EAST line
Section 21 Township 24S Range 37E NMPM Lea County

10. Elevation (Show whether DR, RKB, RT, GR, etc.)

11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

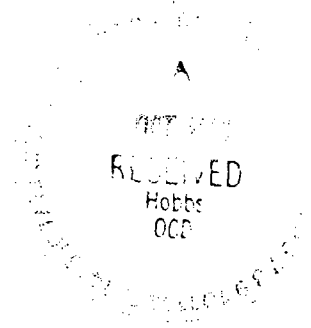
PERFORM REMEDIAL WORK PLUG AND ABANDON
TEMPORARILY ABANDON CHANGE PLANS
PULL OR ALTER CASING MULTIPLE COMPLETION
OTHER:

SUBSEQUENT REPORT OF:

REMEDIAL WORK ALTERING CASING
COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT
CASING TEST AND CEMENT JOB
OTHER:

12. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation.

- 1. Move in and rig up.
- 2. Clean out well to total depth.
- 3. Install production equipment.
- 4. Return well to production.
- 5. If uneconomical re-complete in Julmat Yates zone. Will file appropriate forms for NMOCO approval.



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

SIGNATURE Guy A. Baber TITLE Partner DATE 10/24/01

Type or print name Guy A. Baber Telephone No. 505-393-8386
(This space for State use)

APPROVED BY _____ TITLE _____ DATE _____

Conditions of approval, if any:

API Well No: 30-025-11182-00-00 Owner: PRONGHORN MANAGEMENT CORP County: Lea
 Well Name: JF BLACK Number: 003 Inspect No: 1ELG0001591
 Well Type: Oil (Producing) Well Status: Active
 UL-S-T-R: B-21-24S-37E Facility/Project: NA

Purpose: Normal Routine Activity
 Type: Routine/Periodic
 Notification Type: Field Visit or Inspection
 Date Performed: 03/07/2000
 Date NOV:
 Date RmdyReq:
 Date Extension:
 Date Passed:
 Violation? SNC? Well Idle >1 Year?
 Current Type: 0 Status: A Type: Status:
 Change ONGARD to... 0 S
 Respondant: PRONGHORN MANAGEMENT CORP 122811
 S/O N/EL NU
 Compliance

Failed Items

Comply#
 IncdntNo
 Inspector: E.L. Gonzales Duration:
 PHOTO

API Well No: 30-025-11182-00-00 Owner: PRONGHORN MANAGEMENT CORP County: Lea
 Well Name: JF BLACK Number: 003 Inspect No: 1LW H0025651327
 Well Type: Oil (Producing) Well Status: Active
 UL-S-T-R: B-21-24S-37E Facility/Project: NA

Purpose: Normal Routine Activity
 Type: Routine/Periodic
 Notification Type:
 Date Performed: 09/12/2000
 Date NOV:
 Date RmdyReq:
 Date Extension:
 Date Passed:
 Violation? SNC? Well Idle >1 Year?
 Current Type: 0 Status: A Type: Status:
 Change ONGARD to... S
 Respondant: PRONGHORN MANAGEMENT CORP 122811
 No Pumping Unit SHUT-IN
 Compliance

Failed Items

Comply#
 IncdntNo
 Inspector: Buddy Hill Duration: 0.2

API Well No: 30-025-11182-00-00 Owner: PRONGHORN MANAGEMENT CORP County: Lea
Well Name: J.F. BLACK Number: 003 Inspect No: IAWH0111558562
Well Type: Oil (Producing) Well Status: Active
UL-S-I-R: E-21-24S-37E Facility/Project: NA

Purpose: Normal Routine Activity
Type: Routine/Periodic
Notification Type:
Date Performed: 04/25/2001
Date NOV:
Date RmdyReq:
Date Extension:
Date Passed:
Comply#:
Violation? SNC? Well Idle >1 Year?
Current Type: O Status: A Type: S
Change ONGARD to...
Respondant: PRONGHORN MANAGEMENT CORP 122811
NO ACTIVITY

Failed Items

Incident No: Inspector: Buddy Hill Duration: 0.5

District I
PO Box 1980, Hobbs, NM 88241-1980
District II
PO Drawer DD, Artesia, NM 88211-0719
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
PO Box 2088, Santa Fe, NM 87504-2088

State of New Mexico
Energy, Minerals & Natural Resources Department
OIL CONSERVATION DIVISION
PO Box 2088
Santa Fe, NM 87504-2088

Form C-104
Revised February 10, 1994
Instructions on back
Submit to Appropriate District Office
5 Copies

AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

Operator name and Address PRONGHORN MANAGEMENT CORPORATION P.O. BOX 1772 HOBBS, NM 88241		OGRID Number 122811
		Reason for Filing Code 10-1-94 C O (oil transport)
API Number 30-0 25-11182	Pool Name LANGLIE MATTIX 7 RVRS-Q-GRAYBURG	Pool Code 37240
Property Code 014988	Property Name J. F. BLACK	Well Number 003

II. Surface Location

UL or lot no.	Section	Township	Range	Lot Ida	Feet from the	North/South line	Feet from the	East/West line	County
B	21	24S	37E		1980	NORTH	660	EAST	LEA

Bottom Hole Location

UL or lot no.	Section	Township	Range	Lot Ida	Feet from the	North/South line	Feet from the	East/West line	County

Lea Code	Producing Method Code	Gas Connection Date	C-129 Permit Number	C-129 Effective Date	C-129 Expiration Date
S	PUMPING	N/A			

III. Oil and Gas Transporters

Transporter OGRID	Transporter Name and Address	POD	O/G	POD ULSTR Location and Description
022628	TEXAS-NEW MEXICO PIPELINE P.O. BOX 60028 SAN ANGELO, TX 76906	500910	0	G 21 24S 37E

IV. Produced Water

POD	POD ULSTR Location and Description
500950	G 21 24S 37E

V. Well Completion Data

Spud Date	Ready Date	TD	PBTD	Perforations

Hole Size	Casing & Tubing Size	Depth Set	Sacks Cement

VI. Well Test Data

Date New Oil	Gas Delivery Date	Test Date	Test Length	Tbg. Pressure	Cg. Pressure

Choke Size	Oil	Water	Gas	AOF	Test Method

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

Signature: *Sherry Wade*
Printed name: Sherry Wade
Title: Prod. Clerk
Date: 10/19/94
Phone: (505) 392-5516

OIL CONSERVATION DIVISION
Approved by: *[Signature]*
Title: *[Title]*
Approval Date: OCT 21 1994

If this is a change of operator fill in the OGRID number and name of the previous operator

Previous Operator Signature	Printed Name	Title	Date

Submit 3 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

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

State of New Mexico
Energy, Minerals and Natural Resources Department

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator PRONGHORN MANAGEMENT CORPORATION <i>(122811)</i>	Well API No. 30-025-11182
Address P.O. BOX 1772 HOBBS, NM 88241	
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> Other (Please explain) MAY 01 1994	
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 type="checkbox"/>
Change in Operator <input type="checkbox"/>	OPERATOR NAME CHANGE ONLY
If change of operator give name and address of previous operator BABER WELL SERVICING COMPANY P.O. BOX 1772 HOBBS, NM 88241	

II. DESCRIPTION OF WELL AND LEASE

Lease Name J F BLACK <i>(14928)</i>	Well No. 3	Pool Name, including Formation LANGLIE MATTIX 7 RVRS Q-G <i>(37240)</i>	Kind of Lease <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal or Fee	Lease No.
Location Unit Letter B ; 660 Feet From The FNL Line and 1980 Feet From The FEL Line Section 21 Township 24S Range 37E , NMPM , LEA County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Lantern Petroleum Corp. <i>[13063]</i>	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 2281, MIDLAND, TX. 79702	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> N/A	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 B	Sec. 21
	Twp. 24S	Rgn. 37E
	Is gas actually connected?	When?

OIL POD NO. *500930*
 GAS POD NO. *500930*
 O-TRNSP. OGRID NO. *13063*
 G-TRNSP. OGRID NO. *500950*

Completed with that from any other lease or pool, give commingling order number: _____

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

REQUEST FOR ALLOWABLE
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.)

Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
	Tubing Pressure	Casing Pressure
	Oil - Bbls.	Water - Bbls.
		Gas - MCP
	Length of Test	Bbls. Condensate/MMCF
		Gravity of Condensate
	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 Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Sherry Wade
Signature **SHERRY WADE** Title **PRODUCTION CLERK**
Printed Name **3-5-94** (505) 392-5516
Date Telephone No.

OIL CONSERVATION DIVISION
Date Approved **MAY 20 1994**
By *Paul Knut* Orig. signed by **Paul Knut** Geologist
Title _____

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.

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

State of New Mexico
 Energy, Minerals and Natural Resources Department

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

DISTRICT II
 P.O. Drawer DD, Artesia, NM 88210

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

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

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

I.

Operator BABER WELL SERVICING COMPANY	Well APN No. 30-025-11182
Address P.O. BOX 1772 HOBBS, NM 88241	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of: <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Change in Operator <input checked="" type="checkbox"/>	
If change of operator give name and address of previous operator CAPROCK OIL & GAS, INC. P.O. BOX 828 ANDREWS, TX. 79714	

II. DESCRIPTION OF WELL AND LEASE

Lease Name J.F. BLACK	Well No. 3	Pool Name, including Formation Langlie Mattix Seven Rivers	Kind of Lease State, Federal or Fee	Lease No.
Location Queen				
Unit Letter B	Feet From The 660	FNL Line and 1980	Feet From The FEL	Line
Section 21	Township 24S	Range 37E	NMPM, LEA	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil LANTERN PETROLEUM CORP	<input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 2281, MIDLAND, TX. 79701
Name of Authorized Transporter of Casinghead Gas EL PASO NATURAL GAS	<input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) 304 TEXAS AVENUE, EL PASO, TX. 79901
If well produces oil or liquids, give location of tanks.	Unit B	Sec. 21
	Temp. 24S	Rgs. 37E
	Is gas actually connected?	When?

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE

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

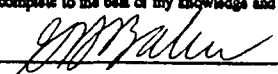
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF.

GAS WELL

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

VI. OPERATOR CERTIFICATE OF COMPLIANCE

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

Signature 
 G.A. BABER PRESIDENT
 Printed Name Title
 March 5, 1991 (505) 393-5516
 Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved APR 27 1991
 By _____
 Title _____

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.

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

State of New Mexico
 Energy, Minerals and Natural Resources Department

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

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

DISTRICT II
 P.O. Drawer DD, Artesia, NM 88210

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

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

I.

Operator CAPROCK OIL & GAS, INC.	Well API No. 30-025-11182
Address P. O. Box 828, Andrews, Texas 79714	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of operator give name and address of previous operator **David H. Arrington Oil & Gas, Inc., P. O. Box 3109, Midland TX 79702**

II. DESCRIPTION OF WELL AND LEASE

Lease Name J. F. Black	Well No. 3	Pool Name, including Formation LanglieMattix Seven RiversQueen	Kind of Lease State, Federal or Fee	Lease No.
Location Unit Letter B : 660 Feet From The FNL Line and 1980 Feet From The FEL Line Section 21 Township 24S Range 37E NMPM. Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Texas New Mexico Pipeline Company	P. O. Box 2528, NM 88240
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas	
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When ?

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

IV. COMPLETION DATA

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

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

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

GAS WELL

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

VI. OPERATOR CERTIFICATE OF COMPLIANCE

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

Alvin Collins
 Signature
Alvin Collins, President
 Printed Name
November 1, 1990 Date
(915) 523-6500 Telephone No.

OIL CONSERVATION DIVISION

Date Approved _____
 By _____
 Title _____

- 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.

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

State of New Mexico
 Energy, Minerals and Natural Resources Department

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

DISTRICT II
 P.O. Drawer DD, Artesia, NM 88210

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

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

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

I.

Operator David H. Arrington Oil & Gas, Inc.	Well API No. 30-025-11182
Address P.O. Box 2071, Midland, TX 79702	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of operator give name and address of previous operator: Texaco Inc., P.O. Box 3109, Midland, TX 79702

II. DESCRIPTION OF WELL AND LEASE

Lease Name J.F. Black	Well No. 3	Pool Name, Including Formation Langlie Mattix Seven Rivers Queen	Kind of Lease State, Federal or Fee <input checked="" type="radio"/>	Lease No.
Location Unit Letter <u>B</u> : <u>660</u> Feet From The <u>FNL</u> Line and <u>1980</u> Feet From The <u>FEL</u> Line Section <u>21</u> Township <u>24S</u> Range <u>37E</u> , <u>NMPM</u> , <u>Lea</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Texas New Mexico Pipe Line Company	P.O. Box 2528, Hobbs, NM 88240
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>El Paso Natl Gas</u>	
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When ?

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

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

GAS WELL

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

VI. OPERATOR CERTIFICATE OF COMPLIANCE

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

Signature David H. Arrington President
 Printed Name 1/29/90 Title
 Date (915) 682-6685 Telephone No.

OIL CONSERVATION DIVISION
MAR 19 1990

Date Approved _____

By Paul Kautz **Orig. Signed by Geologist**

Title _____

- 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.

NEW MEXICO OIL CONSERVATION COMMISSION
SANTA FE, NEW MEXICO

Form C-110
Revised 7/1/55

(File the original and 4 copies with the appropriate district office)

CERTIFICATE OF COMPLIANCE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Company or Operator TEXACO Inc. Lease J.F. Black
Well No. 3 Unit Letter B S 21T 24SR 37E Pool Langlie-Mattix
County Lea Kind of Lease (State, Fed. or Patented) Patented
If well produces oil or condensate, give location of tanks: Unit F S 21T 24SR 37E
Authorized Transporter of Oil or Condensate Texas New Mexico Pipe Line

Address Box 1510, Midland, Texas
(Give address to which approved copy of this form is to be sent)

Authorized Transporter of Gas El Paso Natural Gas
Address Box 1384, Jal, N.M. Date Connected _____
(Give address to which approved copy of this form is to be sent)

If Gas is not being sold, give reasons and also explain its present disposition:

Reasons for Filing: (Please check proper box) New Well ()
Change in Transporter of (Check One): Oil Dry Gas C'head Condensate
Change in Ownership Other Name change
Remarks: _____
(Give explanation below)

Change of Corporate name from The Texas Company
to TEXACO Inc. effective May 1, 1959

The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.

Executed this the 30 day of April 19 59

By [Signature]

Approved _____ 19 _____

Title District Accountant

OIL CONSERVATION COMMISSION

Company The Texas Company

By [Signature]

Address P.O. Box 352, Midland, Texas

Title _____

NEW MEXICO OIL CONSERVATION COMMISSION

MISCELLANEOUS REPORTS ON WELLS

(Submit to appropriate District Office as per Commission Rule 1106)

COMPANY The Texas Company Box 1270 Midland, Texas
 (Address)

LEASE J. E. Black WELL NO. 3 UNIT B S 21 T 24-S R 37-E
 DATE WORK PERFORMED See Below POOL Langlie-Mattix

This is a Report of: (Check appropriate block) Results of Test of Casing Shut-off
 Beginning Drilling Operations Remedial Work
 Plugging Other

Detailed account of work done, nature and quantity of materials used and results obtained.

Cleaned out cavings at 3467' with sand pump to plug back depth of 3495 on 8-4-55. Set packer at 3305' in 7" casing and treated open hole from 3338'-3495' with 10,000 gals of emulsified lease crude oil with 1 lb. of sand per gallon. Completed 1 PM 8-10-55. Ran 2" tubing set at 3400'. Pumped 5 bbls of load oil in 24 hrs on 8-16-55. All load oil recovered by 8-23-55.

FILL IN BELOW FOR REMEDIAL WORK REPORTS ONLY

Original Well Data:
 DF Elev. 3233' TD 3600' PBD 3495' Prod. Int. Open hole Compl Date 9-17-38
 Tbnng. Dia 2" Tbnng Depth 3400' Oil String Dia 7" Oil String Depth 3338'
 Perf Interval (s) Open Hole
 Open Hole Interval 3338'-3385' Producing Formation (s) Queen
Slotted Liner 3390'-3495'

RESULTS OF WORKOVER:	BEFORE	AFTER
Date of Test	<u>4-25-55</u>	<u>8-24-55</u>
Oil Production, bbls. per day	<u>1</u>	<u>3 Pumped</u>
Gas Production, Mcf per day	<u>---</u>	<u>24 hrs.</u>
Water Production, bbls. per day	<u>0</u>	<u>---</u>
Gas-Oil Ratio, cu. ft. per bbl.	<u>---</u>	<u>161,250</u>
Gas Well Potential, Mcf per day	<u>---</u>	<u>---</u>

Witnessed by _____ (Company)

OIL CONSERVATION COMMISSION

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

Name C. M. Lueder
 Title _____
 Date Jul 12 1955

Name [Signature]
 Position Asst. Dist. Supt.
 Company The Texas Company

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

MISCELLANEOUS NOTICES

Submit this notice in TRIPLICATE to the District Office, Oil Conservation Commission, before the work specified is to begin. A copy will be returned to the sender on which will be given the approval, with any modifications considered advisable, or the rejection by the Commission or agent, of the plan submitted. The plan as approved should be followed, and work should not begin until approval is obtained. See additional instructions in the Rules and Regulations of the Commission.

Indicate Nature of Notice by Checking Below

NOTICE OF INTENTION TO CHANGE PLANS		NOTICE OF INTENTION TO TEMPORARILY ABANDON WELL		NOTICE OF INTENTION TO DRILL DEEPER	
NOTICE OF INTENTION TO PLUG WELL		NOTICE OF INTENTION TO PLUG BACK	X	NOTICE OF INTENTION TO SET LINER	
NOTICE OF INTENTION TO SQUEEZE		NOTICE OF INTENTION TO ACIDIZE		NOTICE OF INTENTION TO SHOOT (Nitro)	
NOTICE OF INTENTION TO GUN PERFORATE		NOTICE OF INTENTION (OTHER)		NOTICE OF INTENTION (OTHER) Sandfrac	X

OIL CONSERVATION COMMISSION
SANTA FE, NEW MEXICO

Midland, Texas
(Place)

May 17, 1955
(Date)

Gentlemen:

Following is a Notice of Intention to do certain work as described below at the J. F. Black

The Texas Company

(Company or Operator)

Well No. 3 in B

(Unit)

NE 1/4 NE 1/4 of Sec. 21, T. 24-S, R. 37-E, NMPM., Langlie-Mattix Pool

Lea County.

FULL DETAILS OF PROPOSED PLAN OF WORK
(FOLLOW INSTRUCTIONS IN THE RULES AND REGULATIONS)

TD: 3600' PBTB 3495'

5 1/2" casing set at 3385'

In order to increase productivity of this well we desire to clean out and plug back to 3495'. Treat formation through perforations 3390'-3495' with 10,000 gallons emulsified lease crude plus 10,000 lbs sand, test and place on production.

Approved....., 19.....
Except as follows:

Approved
OIL CONSERVATION COMMISSION

By: *[Signature]*

Title:

The Texas Company

(Company or Operator)

By: *[Signature]*

Position: Asst. District Superintendent

Send Communications regarding well to:

Name: The Texas Company

Address: Box 1270, Midland, Texas

March 7, 1955

The Texas Co.

Box 1270

Midland, Texas

GOR- 161,250

Date- 4-2-54

Gentlemen:

A review of the records for your Black ²¹ 3 ~~4-26-37~~
Lease Well No. S.T.R.
in the Langlie Mattix Pool, which has a Gas Oil Ratio in excess
of 100,000-1, indicates that this well should remain in the Langlie Mattix
Oil pool. The Gas Oil Ratio limit in this Pool is 10,000, which
means that gas production cannot exceed top allowable for the pool multiplied
by the Gas Oil Ratio limit for the pool.

Yours very truly,

OIL CONSERVATION COMMISSION

L. G. Hanley

A.E.P./hs

Copy: OCC-Santa Fe.
Transporter

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

It is necessary that Form C-104 be approved before this form can be approved and an initial allowable be assigned to any completed Oil or Gas well. Submit this form in QUADRUPPLICATE.

CERTIFICATE OF COMPLIANCE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Company or Operator **The Texas Company** Lease **J. F. Black**
Address **Box 1270 - Midland, Texas** **Box 1720 - Fort Worth, Texas**
(Local or Field Office) (Principal Place of Business)
Unit **B**, Well(s) No. **3**, Sec. **21**, T. **24-S**, R. **37-E**, Pool **Langlie-Mattix**
County **Lea** Kind of Lease: **Private**

If Oil well Location of Tanks **Casinghead Gas**

Authorized Transporter **El Paso Natural Gas Company** Address of Transporter
Box 1384 - Eunice, New Mexico **El Paso, Texas**
(Local or Field Office) (Principal Place of Business)

Per cent of **Casinghead Gas** to be Transported **100** Other Transporters authorized to transport **Casinghead Gas**
from this unit are **None**

REASON FOR FILING: (Please check proper box)

NEW WELL CHANGE IN OWNERSHIP
CHANGE IN TRANSPORTER OTHER (Explain under Remarks)

REMARKS:

Order R-520

The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.

Executed this the **4th** day of **November**, 19**54**

Approved....., 19.....
The Texas Company

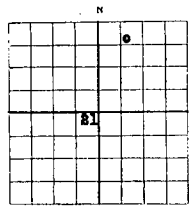
OIL CONSERVATION COMMISSION

By..... Title **Asst. Dist. Supt.**

Title.....

41534 - J.F. Black Lease
Lea County, New Mexico

FORM C-105



ALWAYS USE ADDRESS LOCATE WELLS CORRECTLY

NEW MEXICO OIL CONSERVATION COMMISSION

Santa Fe, New Mexico
OCT 14 1938
HOBBS OFFICE

WELL RECORD

DUPLICATE

Mail to Oil Conservation Commission, Santa Fe, New Mexico, or its proper agent not more than twenty days after completion of well. Follow instructions in the Rules and Regulations of the Commission. Indicate questionable data by following it with (3). SUBMIT IN TRIPLICATE.

The Texas Company Drawer "K" Wink, Texas
Company of Operator Address
J.F. Black Well No. **3** in NW 1/4 - NE 1/4 of Sec. **21** T. **24S**
Lease
R. **37-E** N. M. P. M. **Mattix Area** Field, **Lea** County.
Well is **660** feet south of the North line and **1980** feet west of the East line of **Section 21**
If State land the oil and gas lease is No. _____ Assignment No. _____
If patented land the owner is **J.E. Black** Address **Jal, New Mexico**
If Government land the permittee is _____ Address _____
The Lessee is **The Texas Company** Address **Box 2332, Houston, Texas**
Drilling commenced **April 11th** 19 **38** Drilling was completed **Sept. 17th** 19 **38**
Name of drilling contractor **Richmond Drilling Co.** Address **Big Springs, Texas**
Elevation above sea level at top of casing **3233** feet. At Derrick Floor _____
The information given is to be kept confidential until _____ 19 _____

OIL SANDS OR ZONES

No. 1, from 2825 to 2835	No. 4, from 3410 to 3495	Oil
No. 2, from 3366 to 3373	Gas	
No. 3, from 3399 to 3403	Oil	

IMPORTANT WATER SANDS

Include data on rate of water inflow and elevation to which water rose in hole.

No. 1, from _____ to _____	feet.
No. 2, from _____ to _____	feet.
No. 3, from _____ to _____	feet.
No. 4, from _____ to _____	feet.

CASING RECORD

SIZE	WEIGHT PER FOOT	THICKNESS PER INCH	MAKE	AMOUNT	KIND OF SHOT	CUT & FILLED FROM	PERFORATED FROM TO	PURPOSE
15 1/2"	70#	8	L.W.	119'	Texas Pat.	Pulled		
13 1/2"	40#	8	"	183'	BIW Pat.			
10-3/4"	32.75#	8	"	817'	Tex. Pat.	Pulled		
8-5/8"	32#	8	"	1391'	"	"		
7"	24#	10	Smls	3353'	Packer Guide			
5-5/16"	17#	10	"	111'			3390 3495	Liner

MUDDING AND CEMENTING RECORD

SIZE OF HOLE	SIZE OF CASING	WHIRL SET	NO. BAGS OF CEMENT	METHOD USED	MUD GRAVITY	AMOUNT OF MUD USED
	13"	192'	100	Halliburton		
	8-5/8"	1384'	150	"		
	7"	3358'	125'	"		

PLUGS AND ADAPTERS

Heaving plug—Material _____ Length _____ Depth Set _____
Adapters—Material _____ Size _____

RECORD OF SHOOTING OR CHEMICAL TREATMENT

SIZE	SHELL USED	EXPLOSIVE OR CHEMICAL USED	QUANTITY	DATE	DEPTH SHOT OR TREATED	DEPTH CLEANED OUT
4"	10	Nitroglycerin	210	8-9-38	3410-3495	to 3495'

Results of shooting or chemical treatment Before shooting the well flowed approx. 40 Bbl. in 24 hours, after shooting & cleaning out, the well flowed 75 Bbls. oil in 24 hours.

RECORD OF DRILL-STEM AND SPECIAL TESTS

If drill-stem or other special tests or deviation surveys were made, submit report on separate sheet and attach hereto.

TOOLS USED

Rotary tools were used from _____ feet to _____ feet, and from _____ feet to _____ feet
Cable tools were used from 0 feet to 3600 feet, and from _____ feet to _____ feet

PRODUCTION

Put to producing Sept. 17th 19 38
The production of the first 24 hours was 75 barrels of fluid of which 100 % was oil; _____ % emulsion; _____ % water; and _____ % sediment. Gravity, Be 37.1
If gas well, cu. ft. per 24 hours _____ Gallons gasoline per 1,000 cu. ft. of gas _____
Rock pressure, lbs. per sq. in. _____ Gas Oil Ratio 1500'

EMPLOYEES

F.L. Tubbs Driller V.C. Surger Driller
D.E. Vandervort Driller F.E. Polen Driller

FORMATION RECORD ON OTHER SIDE

I hereby swear or affirm that the information given herewith is a complete and correct record of the well and all work done on it so far as can be determined from available records.

Subscribed and sworn to before me this 7th day of October 19 38 at Wink, Texas on Oct. 7th, 1938
Name [Signature]
Position District Superintendent
Representing The Texas Company
My Commission expires 5-31-39 Address Drawer "K", Wink, Texas

FORMATION RECORD

FROM	TO	THICKNESS IN FEET	FORMATION
0	95	95	Surface Soil & Sand
95	135	40	Sand & Gravel
135	205	70	Red Rock & Red Beds
205	260	155	Red Beds & Shale
260	450	90	Red Rock
450	755	305	Sand & Shale
755	1080	325	Red Rock & Red Beds
1080	1370	290	Anhydrite & Red Rock
1370	1415	45	Anhydrite
1415	2475	1060	Salt Anhydrite & Some Potash
2475	2720	245	Grey Lime
2720	2725	5	Sandy Shale
2725	2825	100	Lime
2825	2835	10	Medium Lime
2835	3366	531	Lime
3366	3373	7	Soft Lime
3373	3399	26	Hard Lime
3399	3405	4	Medium Lime
3405	3410	7	Hard Lime
3410	3495	85	Medium Brown Lime & Sand
3495	3560	65	Hard Grey Lime
3560	3600	40	Hard Grey Sandy Lime

Plugged back from 3600' to 3495' leaving a string of 5" tools in hole below 3500'

Deviation tests as follows;

500' - 0°	2000' - 1/2°
1000' - 2°	2460' - 1/8°
1500' - 1/2°	2925' - 0°

WELL HISTORY

Gas tested 1,000,000 Cu. Ft. at 3450'. The well was drilled to a total depth of 3600', but was plugged back to 3495' leaving a string of tools in the hole below 3500'. On Aug. 9th, 1938 the well was shot with 210 quarts of nitroglycerin from 3410' to 3495'. It was necessary to run 111' of 5-3/16" liner with the lower 105' perforated before the hole could be cleaned out to 3495' and running 2" tubing with Emer-Dodge underset packer at 3390'. The well flowed 75 Bbls. oil in 24 hrs. with gas oil ratio of 1500. Before shooting, the production the production was approximately 40 Bbls. oil per day.

NEW MEXICO OIL CONSERVATION COMMISSION

Santa Fe, New Mexico

MISCELLANEOUS REPORTS ON WELL

Submit this report in triplicate to the Oil Conservation Commission or its proper agent within ten days after the work specified is completed. It should be signed and sworn to before a notary public for reports on beginning drilling operations, results of shooting well, results of test of casing shut-offs, result of plugging of well, and other important operations, even though the work was witnessed by an agent of the commission. Reports on minor operations need not be signed and sworn to before a notary public. See additional instructions in the Rules and Regulations of the Commission.

Indicate nature of report by checking below:

REPORT ON BEGINNING DRILLING OPERATIONS		REPORT ON REPAIRING WELL	
REPORT ON RESULT OF SHOOTING OR CHEMICAL TREATMENT OF WELL	X	REPORT ON PULLING OR OTHERWISE ALTERING CASING	
REPORT ON RESULT OF TEST OF CASING SHUT-OFF		REPORT ON DEEPENING WELL	
REPORT ON RESULT OF PLUGGING OF WELL			

Wink, Texas September 23, 1938.
Place Date

OIL CONSERVATION COMMISSION
Santa Fe, New Mexico.
Gentlemen:

DUPLICATE

Following is a report on the work done and the results obtained under the heading noted above at the

The Texas Company J.F. Black Well No. 3 in the
Company or Operator Lease
NW 1/4 - NE 1/4 of Sec. 21 T. 24 S. R. 37 E. N. M. P. M.,
Mattix Area. Field, Lea County

The dates of this work were as follows: See below.

Notice of intention to do the work was ~~was not~~ submitted on Form C-102 on August and approval of the proposed plan was ~~was not~~ obtained. (Cross out incorrect words.)

DETAILED ACCOUNT OF WORK DONE AND RESULTS OBTAINED

Total depth - 3495'.

This well was shot on 8-9-38, with 210 quarts of nitroglycerin from 3410' to 3495'. It was necessary to run 110' of 5-3/16" liner on 9-8-38 in order to clean the well out to bottom.

After cleaning out to bottom and running 2" tubing the well flowed 75 barrels of pipe line oil thru open tubing in 24 hours on 9-13-38.

Witnessed by _____ Name Company Title

Subscribed and sworn to before me this
25th day of September, 1938.

Notary Public

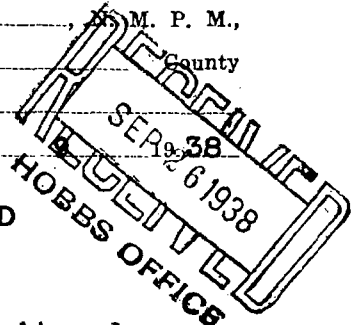
I hereby swear or affirm that the information given above is true and correct.

Name _____
Position District Superintendent
Representing The Texas Company
Company or Operator
Address Drawer K; Wink, Texas.

My Commission expires 5-31-39

Remarks:

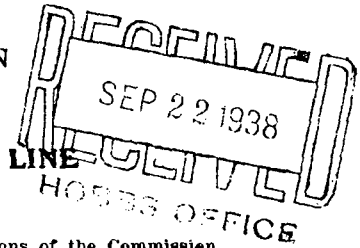
Wes Walker
Name
OIL & GAS INSPECTOR
Title



NEW M EXICO OIL CONSERVATION COMMISSION

Santa Fe, New Mexico

REQUEST FOR PERMISSION TO CONNECT WITH PIPE LINE



This request should be SUBMITTED IN TRIPLICATE. See instructions in the Rules and Regulations of the Commission.

Fort Worth, Texas, September 20, 1938

Place

Date

OIL CONSERVATION COMMISSION, Santa Fe, New Mexico.

Gentlemen:

Permission is requested to connect The Texas Company J. F. Black Company or Operator Lease

Wells No. 3 in NW 1/4 NE 1/4 of Sec. 21, T. 24 S, R. 37 E, N. M. P. M.,

Mattix Field, Lea County, with the pipe line of the

Shell Pipe Line Corporation Houston, Texas Pipe Line Co. Address

Status of land (State, Government or privately owned) Privately owned

Location of tank battery Approximately 1000' SW of this well

Description of tanks three high 500 barrel tanks

Logs of the above wells were filed with the Oil Conservation Commission See Note, 19

All other requirements of the Commission have [have not] been complied with. (Cross out incorrect words.)

Additional information:

Note: Log of well will be furnished upon completion of well.

DUPLICATE

Yours truly,

Permission is hereby granted to make pipe line connections requested above.

THE TEXAS COMPANY

Owner or Operator

OIL CONSERVATION COMMISSION,

By A. J. ...

By H. S. Cole, Jr.

Title Member of the Commission

Position Acting Division Manager

Date SEP 21 1938

Address Box 1720, Fort Worth, Texas

NEW MEXICO OIL CONSERVATION COMMISSION

Santa Fe, New Mexico

MISCELLANEOUS NOTICES

Submit this notice in triplicate to the Oil Conservation Commission or its proper agent before the work specified is to begin. A copy will be retained to the sender on which will be given the approval, with any modifications considered advisable, or the rejection by the Commission or agent, of the plan submitted. The plan as approved should be followed, and work should not begin until approvals obtained. See additional instructions in the Rules and Regulations of the Commission.

Indicate nature of notice by checking below:

DUPLICATE

NOTICE OF INTENTION TO TEST CASING SHUT-OFF	NOTICE OF INTENTION TO SHOOT OR CHEMICALLY TREAT WELL	X
NOTICE OF INTENTION TO CHANGE PLANS	NOTICE OF INTENTION TO PULL OR OTHERWISE ALTER CASING	
NOTICE OF INTENTION TO REPAIR WELL	NOTICE OF INTENTION TO PLUG WELL	
NOTICE OF INTENTION TO DEEPEN WELL		

Wink, Texas August 9, 1938
Place Date

OIL CONSERVATION COMMISSION,
 Santa Fe, New Mexico.

Gentlemen:

Following is a notice of intention to do certain work as described below at the

The Texas Company Company or Operator **J.F. Black** Lease Well No. **3** in **NW $\frac{1}{4}$ -NE $\frac{1}{4}$**

of Sec. **21**, T. **24 S.**, R. **37 E.**, N. M. P. M., **Mattix Area** Field,

Lea County.

FULL DETAILS OF PROPOSED PLAN OF WORK

FOLLOW INSTRUCTIONS IN THE RULES AND REGULATIONS OF THE COMMISSION

Total depth 3495' lime.

Desire to shoot this well with 210 quarts of nitroglycerine from 3410' to 3495' in an effort to make a commercial producer of this well.

The results of the shot will be reported on form C-103 within ten days after shooting and cleaning out.

RECEIVED
 AUG 12 1938
RECEIVED
HOBBS OFFICE

AUG 12 1938

Approved _____, 19____
 except as follows:

The Texas Company
Company of Operator

By *L. T. Hobbs*

Position **District Superintendent**
 Send communications regarding well to

Name **The Texas Company**

Address **Drawer K; Wink, Texas.**

OIL CONSERVATION COMMISSION,
 By *Walter*
 Title _____

NEW MEXICO OIL CONSERVATION COMMISSION

Santa Fe, New Mexico

MISCELLANEOUS REPORTS ON WELL

Submit this report in triplicate to the Oil Conservation Commission or its proper agent within ten days after the work specified is completed.

Indicate nature of report by checking below:

Table with 4 rows and 2 columns for reporting categories: REPORT ON BEGINNING DRILLING OPERATIONS, REPORT ON RESULT OF SHOOTING OR CHEMICAL TREATMENT OF WELL, REPORT ON RESULT OF TEST OF CASING SHUT-OFF, REPORT ON RESULT OF PLUGGING OF WELL, REPORT ON REPAIRING WELL, REPORT ON PULLING OR OTHERWISE ALTERING CASING, REPORT ON DEEPENING WELL.

Wink, Texas June 14, 1938

Place Date

OIL CONSERVATION COMMISSION Santa Fe, New Mexico.

Gentlemen:

DUPLICATE

Following is a report on the work done and the results obtained under the heading noted above at the

The Texas Company J.F. Black Well No. 3 in the NW-1/4 of NE-1/4 of Sec. 21 T. 24 S. R. 37 E., N. M. P. M., Mattix Area Field, Lea County

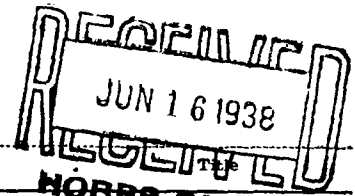
The dates of this work were as follows: See below

Notice of intention to do the work was submitted on Form C-102 on June 10 19 38 and approval of the proposed plan was obtained. (Cross out incorrect words.)

DETAILED ACCOUNT OF WORK DONE AND RESULTS OBTAINED

Set and cemented 3328' (111 Jts.) of 7"OD, 24#, seamless casing at 3338' with 125 sacks of El Toro common cement. Completed cementing at 11:45 AM. 6-9-38.

Drilled plug at 8:00 AM. 6-13-38. Bailed hole dry; let stand one hour; tested OK. Hole dry.



Witnessed by Name Company

Subscribed and sworn to before me this 14th day of June, 19 38

Notary Public

I hereby swear or affirm that the information given above is true and correct.

Name District Superintendent

Position

Representing The Texas Company

Company or Operator

Address Drawer K; Wink, Texas

My Commission expires 5-31-39

Remarks:

Guy Shepard R. M. Name

Oil & Gas Inspector Title

NEW MEXICO OIL CONSERVATION COMMISSION
 Santa Fe, New Mexico

MISCELLANEOUS NOTICES

Submit this notice in triplicate to the Oil Conservation Commission or its proper agent before the work specified is to begin. A copy will be returned to the sender on which will be given the approval, with any modifications considered advisable, or the rejection by the Commission or agent, of the plan submitted. The plan as approved should be followed, and work should not begin until approval is obtained. See additional instructions in the Rules and Regulations of the Commission.

Indicate nature of notice by checking below:

NOTICE OF INTENTION TO TEST CASING SHUT-OFF	<input checked="" type="checkbox"/>	NOTICE OF INTENTION TO SHOOT OR CHEMICALLY TREAT WELL	
NOTICE OF INTENTION TO CHANGE PLANS		NOTICE OF INTENTION TO PULL OR OTHERWISE ALTER CASING	
NOTICE OF INTENTION TO REPAIR WELL		NOTICE OF INTENTION TO PLUG WELL	
NOTICE OF INTENTION TO DEEPEN WELL			

Wink, Texas

June 10, 1938

Place

Date

OIL CONSERVATION COMMISSION,
 Santa Fe, New Mexico.

DUPLICATE

Gentlemen:

Following is a notice of intention to do certain work as described below at the

The Texas Company J.F. Black Well No. 3 in NW $\frac{1}{4}$ -NE $\frac{1}{4}$
Company or Operator Lease
 of Sec. 21, T. 24 S., R. 37 E., N. M. P. M., Mattix Area. Field,
Lea. County.

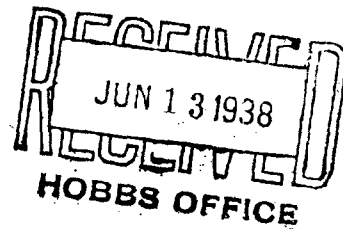
FULL DETAILS OF PROPOSED PLAN OF WORK

FOLLOW INSTRUCTIONS IN THE RULES AND REGULATIONS OF THE COMMISSION

Total depth - 3338' Lime.

Set and cemented 3328' (111 Jts.) of 7"OD, 24#, seamless casing at 3338' with 125 sacks of El Toro common cement. Completed cementing at 11:45 AM. 6-9-38.

Anticipate drilling plug and testing casing by bailing method after 60 hours or at approximately 11:45 PM. 6-11-38.



JUN 13 1938

Approved _____, 19____
 except as follows:

The Texas Company
Company or Operator

By _____
 Position District Superintendent
 Send communications regarding well to

OIL CONSERVATION COMMISSION,

By Guy Shepard R.M.
 Title Oil & Gas Inspector

Name The Texas Company
 Address Drawer K; Wink, Texas.

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

MISCELLANEOUS REPORTS ON WELL

Submit this report in triplicate to the Oil Conservation Commission or its proper agent within ten days after the work specified is completed. It should be signed and sworn to before a notary public for reports on beginning drilling operations, results of shooting well, results of test of casing shut-offs, result of plugging of well, and other important operations, even though the work was witnessed by an agent of the commission. Reports on minor operations need not be signed and sworn to before a notary public. See additional instructions in the Rules and Regulations of the Commission.

Indicate nature of report by checking below:

REPORT ON BEGINNING DRILLING OPERATIONS		REPORT ON REPAIRING WELL	
REPORT ON RESULT OF SHOOTING OR CHEMICAL TREATMENT OF WELL		REPORT ON PULLING OR OTHERWISE ALTERING CASING	
REPORT ON RESULT OF TEST OF CASING SHUT-OFF	X	REPORT ON DEEPENING WELL	
REPORT ON RESULT OF PLUGGING OF WELL			

Wink, Texas

May 11, 1938

OIL CONSERVATION COMMISSION
Santa Fe, New Mexico.
Gentlemen:

DUPLICATE

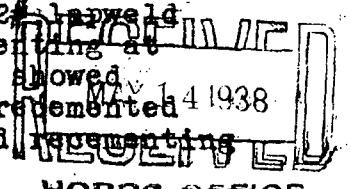
Following is a report on the work done and the results obtained under the heading noted above at the
The Texas Company J.F. Black Well No. 3 in the
Company or Operator Lease
NW 1/4 - NE 1/4 of Sec. 21, T. 24 S., R. 37 E., N. M. P. M.,
Mattix Area Field, Lea County

The dates of this work were as follows: See below

Notice of intention to do the work was ~~submitted~~ submitted on Form C-102 on May 8 19 38
and approval of the proposed plan was ~~obtained~~ obtained. (Cross out incorrect words.)

DETAILED ACCOUNT OF WORK DONE AND RESULTS OBTAINED

Set and cemented 1374' (47 Jts.) of 8-5/8" OD, 32# lapweld casing at 1384' with 100 sacks of cement. Completed cementing at 3:30 PM. 5-4-38. Drilled plug at 3:00 PM. 5-7-38. Test showed failure to get shut-off. Drilled one foot to 1387' and re-cemented casing with 50 sacks of El Toro common cement. Completed cementing at 6:00 PM. 5-7-38.



Drilled plug at 5:00 PM. 5-10-38. Bailed hole dry; let stand one hour; tested OK. Hole dry.

Witnessed by _____
Name Company Title

Subscribed and sworn to before me this
11 th day of May, 19 38

Notary Public

My Commission expires 5-31-39

I hereby swear or affirm that the information given above is true and correct.
Name _____
Position District Superintendent
Representing The Texas Company
Company or Operator
Address Drawer K; Wink, Texas.

Remarks:

Lynd Shepard, Jr.
Name
Oil & Gas Inspector

MAY 14 1938

NEW MEXICO OIL CONSERVATION COMMISSION

Santa Fe, New Mexico

MISCELLANEOUS REPORTS ON WELLS

Submit this report in triplicate to the Oil Conservation Commission or its proper agent within ten days after the work specified is completed. It should be signed and sworn to before a notary public for reports on beginning drilling operations, results of shooting well, results of test of casing shut-off, result of plugging of well, and other important operations, even though the work was witnessed by an agent of the Commission. Reports on minor operations need not be signed and sworn to before a notary public. See additional instructions in the Rules and Regulations of the Commission.

Indicate nature of report by checking below:

REPORT ON BEGINNING DRILLING OPERATIONS	REPORT ON REPAIRING WELL
REPORT ON RESULT OF SHOOTING OR CHEMICAL TREATMENT OF WELL	REPORT ON PULLING OR OTHERWISE ALTERING CASING
REPORT ON RESULT OF TEST OF CASING SHUT-OFF X	REPORT ON DEEPENING WELL
REPORT ON RESULT OF PLUGGING OF WELL	

Wink, Texas
Place

May 8, 1938
Date

OIL CONSERVATION COMMISSION,
SANTA FE, NEW MEXICO.

Gentlemen:

DUPLICATE

Following is a report on the work done and the results obtained under the heading noted above at the

The Texas Company Company or Operator **J.F. Black** Lease Well No. **3** in the

NW 1/4 - NE 1/4 of Sec. **21**, T. **24 S.**, R. **37 E.**, N. M. P. M.,
Mattix Area Field, **Lea** County.

The dates of this work were as follows: **See below.**

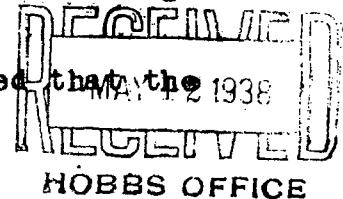
Notice of intention to do the work was (~~correct~~) submitted on Form C-102 on **May 5** 19 **38**
and approval of the proposed plan was (~~correct~~) obtained. (Cross out incorrect words.)

DETAILED ACCOUNT OF WORK DONE AND RESULTS OBTAINED

Set and cemented 1374' (47 Jts.) of 8-5/8"OD, 32#, lapweld casing at 1384' with 100 sacks of cement. Completed cementing at 3:30 PM. 5-4-38.

Drilled plug at 3:00 PM. 5-7-38. Test showed that the cement job failed to hold.

The casing will be recemented.



Witnessed by _____ Name _____ Company _____ Title _____

Subscribed and sworn before me this _____

9th day of **May**, 19**38**.

Notary Public

I hereby swear or affirm that the information given above is true and correct.

Name **[Signature]**

Position **District Superintendent**

Representing **The Texas Company**
Company of Operator

My commission expires **5-31-39**

Address **Drawer K, Wink, Texas.**

Remarks:

Guy Shepard Jmb
Name
Oil & Gas Inspector
Title

MAY 12 1938

NEW MEXICO OIL CONSERVATION COMMISSION

Santa Fe, New Mexico

MISCELLANEOUS NOTICES

Submit this notice in triplicate to the Oil Conservation Commission or its proper agent before the work specified is to begin. A copy will be returned to the sender on which will be given the approval, with any modifications considered advisable, or the rejection by the Commission or agent, of the plan submitted. The plan as approved should be followed, and work should not begin until approval is obtained. See additional instructions in the Rules and Regulations of the Commission.

Indicate nature of notice by checking below:

NOTICE OF INTENTION TO TEST CASING SHUT-OFF	<input checked="" type="checkbox"/>	NOTICE OF INTENTION TO SHOOT OR CHEMICALLY TREAT WELL	
NOTICE OF INTENTION TO CHANGE PLANS		NOTICE OF INTENTION TO PULL OR OTHERWISE ALTER CASING	
NOTICE OF INTENTION TO REPAIR WELL		NOTICE OF INTENTION TO PLUG WELL	
NOTICE OF INTENTION TO DEEPEN WELL			

Wink, Texas Place May 8, 1938 Date

OIL CONSERVATION COMMISSION,
Santa Fe, New Mexico.

Gentlemen:

DUPLICATE

Following is a notice of intention to do certain work as described below at the

The Texas Company Company or Operator J.F. Black Lease Well No. 3 in NW 1/4 - NE 1/4

of Sec. 21, T. 24 S., R. 37 E., N. M. P. M., Mattix Area Field, Lea County.

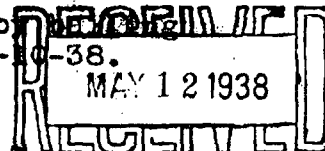
FULL DETAILS OF PROPOSED PLAN OF WORK
FOLLOW INSTRUCTIONS IN THE RULES AND REGULATIONS OF THE COMMISSION

Set and cemented 1374' (47 Jts.) of 8-5/8" OD, 32#, lapweld casing at 1384' with 100 sacks of cement. Completed cementing at 3:30 PM. 5-4-38.

Drilled plug at 3:00 PM. 5-7-38. Test showed failure to get shut-off.

Drilled one foot to 1387' and recemented casing with 50 sacks of El Toro common cement. Completed recementing at 6:00 PM. 5-7-38.

Anticipate drilling plug and testing casing by ~~the~~ method after 60 hours or at approximately 6:00 AM. 5-10-38.



MAY 10 1938

HOBBS OFFICE

Approved _____, 19____
except as follows:

The Texas Company
Company or Operator

By _____

Position District Superintendent.
Send communications regarding well to

OIL CONSERVATION COMMISSION

Name The Texas Company

By *Emily Shepard JMB*

Address Drawer K; Wink, Texas.

Title _____

NEW MEXICO OIL CONSERVATION COMMISSION

Santa Fe, New Mexico

MISCELLANEOUS NOTICES

Submit this notice in triplicate to the Oil Conservation Commission or its proper agent before the work specified is to begin. A copy will be returned to the sender on which will be given the approval, with any modifications considered advisable, or the rejection by the Commission or agent, of the plan submitted. The plan as approved should be followed, and work should not begin until approval is obtained. See additional instructions in the Rules and Regulations of the Commission.

Indicate nature of notice by checking below:

NOTICE OF INTENTION TO TEST CASING SHUT-OFF	<input checked="" type="checkbox"/>	NOTICE OF INTENTION TO SHOOT OR CHEMICALLY TREAT WELL	
NOTICE OF INTENTION TO CHANGE PLANS		NOTICE OF INTENTION TO PULL OR OTHERWISE ALTER CASING	
NOTICE OF INTENTION TO REPAIR WELL		NOTICE OF INTENTION TO PLUG WELL	
NOTICE OF INTENTION TO DEEPEN WELL			

Wink, Texas

May 5, 1938

Place

Date

OIL CONSERVATION COMMISSION,
Santa Fe, New Mexico.

Gentlemen:

Following is a notice of intention to do certain work as described below at the

DUPLICATE

The Texas Company Lease **J.F. Black** Well No. **3** in **NW $\frac{1}{4}$ -NE $\frac{1}{4}$**
 Company or Operator
 of Sec. **21**, T. **24 S.**, R. **37 E.**, N. M. P. M., **Mattix Area** Field,
Lea County.

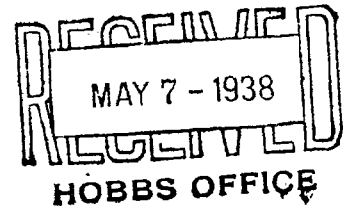
FULL DETAILS OF PROPOSED PLAN OF WORK

FOLLOW INSTRUCTIONS IN THE RULES AND REGULATIONS OF THE COMMISSION

Total depth - 1386' Anhydrite.

Set and cemented 1374' (47 Jts.) of 8-5/8"OD, 32#, lapweld casing at 1384' with 100 sacks of cement. Completed cementing at 3:30 PM. 5-4-38.

Anticipate drilling plug and testing casing by bailing method after 60 hours or at approximately 3:30 AM. 5-7-38.



MAY 7 - 1938

Approved _____, 19____
 except as follows:

The Texas Company
 Company or Operator

By *[Signature]*
 Position **District Superintendent.**
 Send communications regarding well to

OIL CONSERVATION COMMISSION
 By *[Signature]*
 Title **St. & Co. Sec. 100**

Name **The Texas Company**
 Address **Drawer K; Wink, Texas.**

NEW MEXICO OIL CONSERVATION COMMISSION

Santa Fe, New Mexico

MISCELLANEOUS REPORTS ON WELL

Submit this report in triplicate to the Oil Conservation Commission or its proper agent within ten days after the work specified is completed. It should be signed and sworn to before a notary public for reports on beginning drilling operations, results of shooting well, results of test of casing shut-offs, result of plugging of well, and other important operations, even though the work was witnessed by an agent of the commission. Reports on minor operations need not be signed and sworn to before a notary public. See additional instructions in the Rules and Regulations of the Commission.

Indicate nature of report by checking below:

REPORT ON BEGINNING DRILLING OPERATIONS		REPORT ON REPAIRING WELL	
REPORT ON RESULT OF SHOOTING OR CHEMICAL TREATMENT OF WELL		REPORT ON PULLING OR OTHERWISE ALTERING CASING	
REPORT ON RESULT OF TEST OF CASING SHUT-OFF	X	REPORT ON DEEPENING WELL	
REPORT ON RESULT OF PLUGGING OF WELL			

Wink, Texas

April 22, 1938

Place

Date

OIL CONSERVATION COMMISSION
Santa Fe, New Mexico.

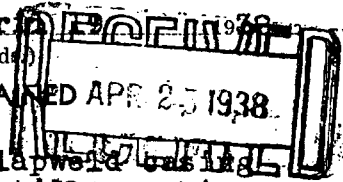
Gentlemen:

Following is a report on the work done and the results obtained under the heading noted above at the.....

The Texas Company J.F. Black Well No. 3 in the
 Company or Operator Lease
NW $\frac{1}{4}$ -NE $\frac{1}{4}$ of Sec. 21 , T. 24 S. , R. 37 E. , N. M. P. M.,
Mattix Area. Field, Lea County

The dates of this work were as follows: See below.

Notice of intention to do the work was ~~xxxxxx~~ submitted on Form C-102 on APR 20 1938
 and approval of the proposed plan was ~~xxxxxx~~ obtained. (Cross out incorrect words)



DETAILED ACCOUNT OF WORK DONE AND RESULTS OBTAINED

Set and cemented 181' (9 Jts.) of 12 $\frac{1}{2}$ " 40# lapweld casing at 192' with 50 sacks of El Toro common cement. Completed cementing at 7:45 PM. 4-15-38. Drilled plug at 8:00 PM. 4-17-38. Bailing test showed failure to get shut-off.

Completed re-cementing the above 12 $\frac{1}{2}$ " casing with 50 sacks of El Toro common cement at 12:30 PM. 4-18-38.

Drilled plug at 8:00 PM. 4-20-38; bailed hole dry, let stand one hour; tested OK. Hole dry.

Witnessed by _____
 Name Company Title

Subscribed and sworn to before me this _____

22 day of April, 1938

[Handwritten signature]
 Notary Public

I hereby swear or affirm that the information given above is true and correct.

Name *[Handwritten Signature]*

Position District Superintendent

Representing The Texas Company
 Company or Operator

My Commission expires 5-31-39

Address Drawer K; Wink, Texas.

Remarks:

[Large diagonal stamp reading 'DUPLICATE']

[Handwritten Signature: Guy Shepard]
 Name

Oil & Gas Inspector
 Title

ADD ...

NEW MEXICO OIL CONSERVATION COMMISSION
 Santa Fe, New Mexico

NOTICE OF INTENTION TO DRILL

Notice must be given to the Oil Conservation Commission or its proper agent and approval obtained before drilling begins. If changes in the proposed plan are considered advisable, a copy of this notice showing such changes will be returned to the sender. Submit this notice in triplicate. One copy will be returned following approval. See additional instructions in Rules and Regulations of the Commission.

Fort Worth, Texas

March 26, 1938

Place

Date

OIL CONSERVATION COMMISSION,
 Santa Fe, New Mexico.

Gentlemen:

You are hereby notified that it is our intention to commence the drilling of a well to be known as

The Texas Company **J. F. Black** Well No. **3** in **NW 1/4 NE 1/4**
 Company or Operator Lease
 of Sec. **21**, T **24 S**, R **37 E**, N. M. P. M., **Mattix** Field, **Lea** County.

AREA 640 ACRES
 LOCATE WELL CORRECTLY

The well is **660** feet (~~X~~) (S.) of the **N** line and **1980** feet
~~(W)~~ (W.) of the **E** line of **Section 21**

(Give location from section or other legal subdivision lines. Cross out wrong directions.)

If state land the oil and gas lease is No. _____ Assignment No. _____

If patented land the owner is **J. H. Black**

Address **Jal, New Mexico**

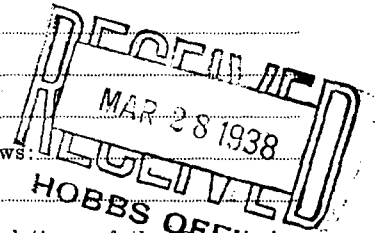
If government land the permittee is _____

Address _____

The lessee is **The Texas Company**

Address **Box 2332, Houston, Texas**

We propose to drill well with drilling equipment as follows
Cable Tools



The status of a bond for this well in conformance with Rule 39 of the General Rules and Regulations of the Commission is as follows: **\$10,000 blanket surety bond of the Maryland Casualty Company has been filed with State Geologist.** approximately

We propose to use the following strings of casing and to land or cement them/as indicated:

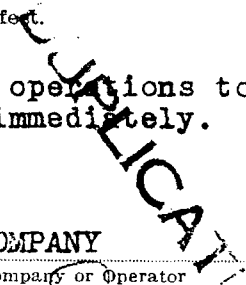
Size of Hole	Size of Casing	Weight Per Foot	New or Second Hand	Depth	Landed or Cemented	Sacks Cement
16"	12 1/2" OD	40#	New	185'	Cemented	75
12-1/4"	10 3/4" OD	40#	"	775'	Landed	-
10"	8-5/8" OD	32#	Secondhand	1300'	Cemented	50
7-7/8"	7" OD	24#	New	3300'	"	125

If changes in the above plan become advisable we will notify you before cementing or landing casing. We estimate that the first productive oil or gas sand should occur at a depth of about **3300** feet.

Additional information: **FORMATIONS EXPECTED:**

Top of Salt **1250'**
 Base of Salt **2450'**
 Top of Main Brown Lime **2750'**

Drilling operations to be started immediately.



Approved **MAR 28 1938**, 19____
 except as follows:

Sincerely yours,
THE TEXAS COMPANY
 Company or Operator

By **H. J. Cole**
 Position **Assistant Division Manager**
 Send communication regarding well to

OIL CONSERVATION COMMISSION,
 By **[Signature]**
 Title **Oil & Gas Inspector**

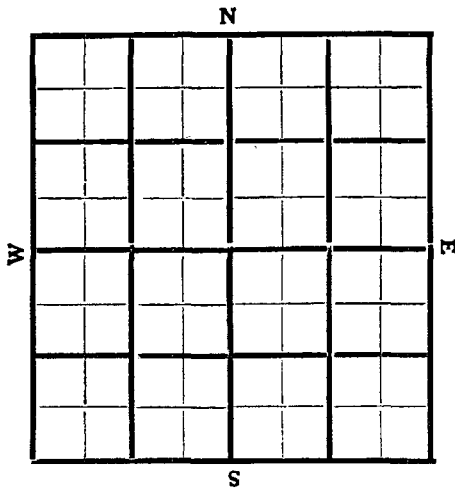
Name **The Texas Company,**
 Address **Box 1720, Fort Worth, Texas**

Mattix

SCOUT REPORT NEW MEXICO

XXXXXXXXXX
XXXXXXXXXX

OIL CONSERVATION COMMISSION



Company Texas Company

Farm Name J.F. Black Well No. B

Land Classification Fee

Sec. 21 Twp. 2L Range 37 County Lea

Feet from Line: 660 N. S. 1980 E. W.

Elevation _____ Method _____

Contractor Richardson Scout _____

Spudded _____ Completed _____ Initial Production _____

Bond Status _____

ACID RECORD

Casing and Cementing Record Amount

Size	Feet	Inches	Sox Cement
15	12		
12	12		
10	220		
8	130		
7	100		
5	345		

Gals.

Prod.	Date

Top Pay _____ Total Depth _____

SHOOTING RECORD

No. of Quarts	<u>210</u>	Shot at	<u>3400</u>	Feet	<u>3095</u>
No. of Quarts		Shot at		Feet	

Date		Date	
APR 5-1938		JUN 28 1938	<u>T.D. 3450 L W O Order</u>
APR 12 1938			<u>To Run Liner</u>
APR 19 1938			<u>7-5</u>
4/26		JUL 12 1938	<u>3470 L</u>
7/1	<u>Reaming 10"</u>	JUL 15 1938	<u>T.D. 3600</u>
MAY 3 1938		JUL 25 1938	
5-9		AUG 2 - 1938	
MAY 17 1938		AUG 9 - 1938	
MAY 24 1938			
5-31	<u>2975</u>		
JUN 7 - 1938			
JUN 14 1938			
JUN 21 1938			

LOG

Depth	Formation	Depth	Formation	Depth	Formation
AUG 16 1938	T.D. 3600L P.B. 3495L Clay out after shot.	SEP 26 1938			
AUG 23 1938	T.D. 3600L P.B. 3495L Clay out after shot.				
AUG 30 1938	T.D. 3600L P.B. 3495L Clay out after shot.				
SEP 7 1938					
SEP 12 1938					
SEP 19 1938					

CMD :
OG6CLOG

ONGARD

02/22/05 09:26:05
OGOMES -TP80

3

C105-WELL COMPLETION OR RECOMP CASING LOG

OGRID Identifier : 122811 PRONGHORN MANAGEMENT CORP
Prop Identifier : 14988 J F BLACK
API Well Identifier : 30 25 11103 Well No : 004
Surface Locn - UL : F Sec : 21 Twp : 24S Range : 37E Lot Idn :
Multiple comp (S/M/C) : S TVD Depth (Feet) : 3617 MVD Depth (Feet) : 3617
Spud Date : 09-25-1938 P/A Date :
Casing/Linear Record:

S Size (inches)	Grade Weight (lb/ft)	Depth(ft) Top-Liner	Depth(ft) Bot-Liner	Hole Size (inches)	Cement (Sacks)	TOC (feet)	Code
13.000	40.0	0.0	200.0	99.000	50		C
8.625	28.0	0.0	1369.0	99.000	100		C
7.000	24.0	0.0	3352.0	99.000	125		C

E0009: Enter data to modify record

PF01 HELP PF02 PF03 EXIT PF04 GoTo PF05 PF06 CONFIRM
PF07 PF08 PF09 COMMENT PF10 TLOG PF11 PF12

*Cum Prod. Changler-Mattie)
as of 12-31-1993
250679 MCF
109367 BO
255406 BW*

*Last longline Mattie oil
production
from NMO + GBC Reports
in Oct. 1987*

*No Production
Reported in
ONGARD*

Inactive Well

CMD :
OG6IWCM

ONGARD
INQUIRE WELL COMPLETIONS

02/22/05 09:26:11
OGOMES -TPSO

API Well No : 30 25 11183 Eff Date : 05-20-1994 WC Status. : A
Pool Idn : 33820 JALMAT;TAN-YATES-7 RVRS (OIL)
OGRID Idn : 122811 PRONGHORN MANAGEMENT CORP
Prop Idn : 14988 J F BLACK

Well No : 004
GL Elevation: 3234

	U/I	Sec	Township	Range	North/South	East/West	Prop/Act (P/A)
B.H. Locn	:	F	21	24S	37E	FTG 1980 F N FTG 1980 F W	P

Lot Identifier:

Dedicated Acre: 40.00

Lease Type : P

Type of consolidation (Comm, Unit, Forced Pooling - C/U/F/O) :

M0025: Enter PF keys to scroll

PF01 HELP	PF02	PF03 EXIT	PF04 GoTo	PF05	PF06
PF07	PF08	PF09	PF10 NEXT-WC	PF11 HISTORY	PF12 NXTREC

CMD :
OG6IWCM

ONGARD
INQUIRE WELL COMPLETIONS

02/22/05 09:26:14
OGOMES -TP80

API Well No : 30 - 25 11183 Eff Date : 05-20-1994 WC Status : P
Pool Idn : 37240 LANGLIE MATTIX;7 RVR5-Q-GRAYBURG
OGRID Idn : 122811 PRONGHORN MANAGEMENT CORP
Prop Idn : 14988 J F BLACK

Well No : 004
GL Elevation: 3234

	U/L	Sec	Township	Range	North/South	East/West	Prop/Act (P/A)
B.H. Locn	: F	21	24S	37E	FTC 1980 F N	FTG 1980 E W	P

Lot Identifier:

Dedicated Acre:

Lease Type : P

Type of consolidation (Comm, Unit, Forced Pooling C/U/F/O) :

PF01 HELP PF02 PF03 EXIT PF04 GoTo PF05 PF06
PF07 PF08 PF09 PF10 NEXT-WC PF11 HISTORY PF12 NXTREC

[HOME](#) | [PETROLEUM DATA](#) | [NEWS](#) | [MARKETPLACE](#) | [SOFTWARE](#) | [SPONSORS](#) | [LINKS](#) | [CONTACT](#)

[PTTC](#)
[PRRC](#)
[NM-TECH](#)
[NMBGMR](#)



[NYMEX LS Crude](#) \$50.30
[Navajo WTXI](#) \$45.00
[Henry Hub](#) \$6.00

Updated 2/22/2005

[GENERAL](#) | [COUNTY](#) | [OPERATOR](#) | [POOL](#) | [LOCATION](#) | [OCD LOG & WELL FILES](#)

View Production Data

In Internet Explorer, right click and select "Save Target As..."
In Netscape, right click and select "Save Link As..."

Download: [HTTP](#)

Well: J F BLACK **No.:** 004
Operator: PRONGHORN MANAGEMENT CORP [[NM SLO data](#)]
API: 3002511183 **Township:** 24.0S **Range:** 37E
Section: 21 **Unit:** F
Land Type: P **County:** Lea
Pools associated:

- [JALMAT;TAN-YATES-7 RVRS \(OIL\)](#) **Total Acreage:** 40 **Completion:** 1
- [LANGLIE MATTIX;7 RVRS-Q-GRAYBURG](#) **Total Acreage:** Unknown **Completion:** Unknown
- [Show All](#)

Year: 1973
 Pool Name: LANGLIE MATTIX;7 RVRS-Q-GRAYBURG

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	288	303	582	31	288	303
February	260	275	550	27	548	578
March	289	222	562	30	837	800
April	235	236	235	29	1072	1036
May	257	325	630	31	1329	1361
June	33	331	792	30	1362	1692
July	43	105	1805	31	1405	1797
August	48	108	912	31	1453	1905
September	39	96	741	28	1492	2001
October	28	25	532	30	1520	2026

November	35	22	665	30	1555	2048
December	50	21	1200	31	1605	2069
Total	1605	2069	9206	359		

Year: 1975

Pool Name: LANGLIE MATTIX;7 RVRS-Q-GRAYBURG

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	94	253	752	29	1699	2322
February	171	244	9474	28	1870	2566
March	276	246	2009	31	2146	2812
April	134	388	1541	30	2280	3200
May	97	300	1520	31	2377	3500
June	75	199	862	28	2452	3699
July	153	62	2059	31	2605	3761
August	153	40	2032	30	2758	3801
September	220	131	2224	30	2978	3932
October	259	137	2619	31	3237	4069
November	175	183	2082	26	3412	4252
December	245	184	2447	31	3657	4436
Total	2052	2367	29621	356		

Year: 1976

Pool Name: LANGLIE MATTIX;7 RVRS-Q-GRAYBURG

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	254	310	1907	29	3911	4746
February	206	0	1845	29	4117	4746
March	211	0	2803	31	4328	4746
April	169	0	3211	30	4497	4746
May	168	0	4056	30	4665	4746
June	165	0	1343	24	4830	4746
July	184	0	2139	31	5014	4746
August	178	0	2151	31	5192	4746
September	148	0	2831	28	5340	4746
October	108	0	2052	24	5448	4746
November	119	0	2261	27	5567	4746
December	119	0	2261	30	5686	4746
Total	2029	310	28860	344		

Year: 1977

Pool Name: LANGLIE MATTIX;7 RVRS-Q-GRAYBURG

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	103	0	1938	31	5789	4746
February	130	0	3096	28	5919	4746
March	273	0	1987	28	6192	4746
April	330	0	2413	26	6522	4746
May	290	0	825	28	6812	4746
June	245	0	995	29	7057	4746
July	312	0	1058	30	7369	4746
August	266	0	897	26	7635	4746
September	303	0	1300	30	7938	4746
October	273	0	1239	31	8211	4746
November	344	0	1563	30	8555	4746
December	126	0	931	31	8681	4746
Total	2995	0	18242	348		

Year: 1979

Pool Name: LANGLIE MATTIX;7 RVRS-Q-GRAYBURG

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	141	0	1416	23	8822	4746
February	133	0	1518	28	8955	4746
March	171	0	1955	31	9126	4746
April	157	0	1805	30	9283	4746
May	153	0	2019	31	9436	4746
June	116	0	1554	30	9552	4746
July	100	0	1328	30	9652	4746
August	101	0	1342	31	9753	4746
September	122	0	1621	30	9875	4746
October	118	0	1581	31	9993	4746
November	57	0	1368	30	10050	4746
December	55	0	1320	31	10105	4746
Total	1424	0	18827	356		

Year: 1980

Pool Name: LANGLIE MATTIX;7 RVRS-Q-GRAYBURG

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	110	0	1707	31	10215	4746
February	81	0	400	21	10296	4746
March	125	0	1116	29	10421	4746
April	79	0	1063	30	10500	4746
May	123	0	1647	31	10623	4746
June	92	0	1235	30	10715	4746

July	82	0	1577	31	10797	4746
August	86	0	1653	31	10883	4746
September	89	0	1035	30	10972	4746
October	102	0	1582	31	11074	4746
November	78	0	1049	24	11152	4746
December	85	0	1316	31	11237	4746
Total	1132	0	15380	350		

Year: 1981

Pool Name: LANGLIE MATTIX;7 RVRS-Q-GRAYBURG

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	115	0	1786	31	11352	4746
February	110	0	729	23	11462	4746
March	121	0	790	31	11583	4746
April	84	0	1488	30	11667	4746
May	88	0	1263	31	11755	4746
June	90	0	1322	30	11845	4746
July	64	0	887	31	11909	4746
August	47	0	845	28	11956	4746
September	136	0	1374	30	12092	4746
October	109	0	1344	31	12201	4746
November	97	0	1302	30	12298	4746
December	50	0	952	26	12348	4746
Total	1111	0	14082	352		

Year: 1982

Pool Name: LANGLIE MATTIX;7 RVRS-Q-GRAYBURG

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	78	0	1037	0	12426	4746
February	116	0	725	23	12542	4746
March	88	0	1289	29	12630	4746
April	74	0	1175	30	12704	4746
May	117	0	1174	30	12821	4746
June	104	0	1059	30	12925	4746
July	122	0	1237	31	13047	4746
August	126	0	1449	31	13173	4746
September	128	0	1588	30	13301	4746
October	133	0	1179	31	13434	4746
November	111	0	1159	30	13545	4746
December	72	0	657	28	13617	4746

Total 1269 0 13728 323

Year: 1983

Pool Name: LANGLIE MATTIX;7 RVRS-Q-GRAYBURG

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	83	0	1058	24	13700	4746
February	114	0	1050	25	13814	4746
March	97	0	1411	31	13911	4746
April	87	0	1947	30	13998	4746
May	87	0	1801	29	14085	4746
June	102	0	1354	30	14187	4746
July	76	0	1522	21	14263	4746
August	100	0	1444	31	14363	4746
September	128	0	1617	30	14491	4746
October	75	0	1417	30	14566	4746
November	56	25	1335	29	14622	4771
December	38	30	1052	17	14660	4801
Total	1043	55	17008	327		

Year: 1989

Pool Name: LANGLIE MATTIX;7 RVRS-Q-GRAYBURG

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	0	0	0	0	14660	4801
February	0	0	0	0	14660	4801
March	0	0	0	0	14660	4801
April	0	0	0	0	14660	4801
May	0	0	0	0	14660	4801
June	0	0	0	0	14660	4801
July	0	0	0	0	14660	4801
August	0	0	0	0	14660	4801
September	0	0	0	0	14660	4801
October	0	0	0	0	14660	4801
November	0	0	0	0	14660	4801
December	0	0	0	0	14660	4801
Total	0	0	0	0		

Year: 1990

Pool Name: LANGLIE MATTIX;7 RVRS-Q-GRAYBURG

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	0	0	0	0	14660	4801
February						

	0	0	114	0	14660	4801
March	0	0	135	0	14660	4801
April	0	0	0	0	14660	4801
May	0	0	0	0	14660	4801
June	0	0	0	0	14660	4801
July	0	0	0	0	14660	4801
August	0	0	0	0	14660	4801
September	0	0	0	0	14660	4801
October	0	0	0	0	14660	4801
November	0	0	0	0	14660	4801
December	0	0	0	0	14660	4801
Total	0	0	249	0		

Year: 1991
 Pool Name: LANGLIE MATTIX;7 RVRS-Q-GRAYBURG

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	0	0	0	0	14660	4801
February	0	0	0	0	14660	4801
March	0	0	0	0	14660	4801
April	0	0	0	0	14660	4801
May	0	0	0	0	14660	4801
June	0	0	0	0	14660	4801
July	0	0	0	0	14660	4801
August	0	0	0	0	14660	4801
September	0	0	0	0	14660	4801
October	0	0	0	0	14660	4801
November	0	0	0	0	14660	4801
December	0	0	0	0	14660	4801
Total	0	0	0	0		

Year: 1992
 Pool Name: JALMAT;TAN-YATES-7 RVRS (OIL)

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	0	0	0	0	14660	4801
February	0	0	0	0	14660	4801
March	0	0	0	0	14660	4801
April	0	0	0	0	14660	4801
May	0	0	0	0	14660	4801
June	0	0	0	0	14660	4801
July	0	0	0	0	14660	4801

August	0	0	0	0	14660	4801
September	0	0	0	0	14660	4801
October	0	0	0	0	14660	4801
November	0	0	0	0	14660	4801
December	0	0	0	0	14660	4801
Total	0	0	0	0		

Pool Name: LANGLIE MATTIX;7 RVRS-Q-GRAYBURG

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	0	0	0	0	14660	4801
February	0	0	0	0	14660	4801
March	0	0	0	0	14660	4801
April	0	0	0	0	14660	4801
May	0	0	0	0	14660	4801
June	0	0	0	0	14660	4801
July	0	0	0	0	14660	4801
August	0	0	0	0	14660	4801
September	0	0	0	0	14660	4801
October	0	0	0	0	14660	4801
November	0	0	0	0	14660	4801
December	0	0	0	0	14660	4801
Total	0	0	0	0		

Year: 1994

Pool Name: JALMAT;TAN-YATES-7 RVRS (OIL)

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	0	0	0	0	14660	4801
February	0	0	0	0	14660	4801
March	0	0	0	0	14660	4801
April	0	0	0	0	14660	4801
May	0	0	0	0	14660	4801
June	0	0	0	0	14660	4801
July	0	0	0	0	14660	4801
August	0	0	0	0	14660	4801
September	0	0	0	0	14660	4801
October	0	0	0	0	14660	4801
November	0	0	0	0	14660	4801
December	0	0	0	0	14660	4801
Total	0	0	0	0		

Year: 1995

Pool Name: JALMAT;TAN-YATES-7 RVRs (OIL)

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	0	0	0	0	14660	4801
February	0	0	0	0	14660	4801
March	0	0	0	0	14660	4801
April	0	0	0	0	14660	4801
May	0	0	0	0	14660	4801
June	0	0	0	0	14660	4801
July	0	0	0	0	14660	4801
August	0	0	0	0	14660	4801
September	0	0	0	0	14660	4801
October	0	0	0	0	14660	4801
November	0	0	0	0	14660	4801
December	0	0	0	0	14660	4801
Total	0	0	0	0		

Year: 1996

Pool Name: JALMAT;TAN-YATES-7 RVRs (OIL)

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	0	0	0	0	14660	4801
February	0	0	0	0	14660	4801
March	0	0	0	0	14660	4801
April	0	0	0	0	14660	4801
May	0	0	0	0	14660	4801
June	0	0	0	0	14660	4801
July	0	0	0	0	14660	4801
August	0	0	0	0	14660	4801
September	0	0	0	0	14660	4801
October	0	0	0	0	14660	4801
November	0	0	0	0	14660	4801
December	0	0	0	0	14660	4801
Total	0	0	0	0		

Year: 1997

Pool Name: JALMAT;TAN-YATES-7 RVRs (OIL)

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	0	0	0	0	14660	4801
February	0	0	0	0	14660	4801
March	0	0	0	0	14660	4801
April						

	0	0	0	0	14660	4801
May	0	0	0	0	14660	4801
June	0	0	0	0	14660	4801
July	0	0	0	0	14660	4801
August	0	0	0	0	14660	4801
September	0	0	0	0	14660	4801
October	0	0	0	0	14660	4801
November	0	0	0	0	14660	4801
December	0	0	0	0	14660	4801
Total	0	0	0	0		

Year: 1998
 Pool Name: JALMAT;TAN-YATES-7 RVRs (OIL)

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	0	0	0	0	14660	4801
February	0	0	0	0	14660	4801
March	0	0	0	0	14660	4801
April	0	0	0	0	14660	4801
May	0	0	0	0	14660	4801
June	0	0	0	0	14660	4801
July	0	0	0	0	14660	4801
August	0	0	0	0	14660	4801
September	0	0	0	0	14660	4801
October	0	0	0	0	14660	4801
November	0	0	0	0	14660	4801
December	0	0	0	0	14660	4801
Total	0	0	0	0		

Year: 1999
 Pool Name: JALMAT;TAN-YATES-7 RVRs (OIL)

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	0	0	0	0	14660	4801
February	0	0	0	0	14660	4801
March	0	0	0	0	14660	4801
April	0	0	0	0	14660	4801
May	0	0	0	0	14660	4801
June	0	0	0	0	14660	4801
July	0	0	0	0	14660	4801
August	0	0	0	0	14660	4801
September	0	0	0	0	14660	4801

October	0	0	0	0	14660	4801
November	0	0	0	0	14660	4801
December	0	0	0	0	14660	4801
Total	0	0	0	0		

Year: 2000
 Pool Name: JALMAT;TAN-YATES-7 RVRS (OIL)

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	0	0	0	0	14660	4801
February	0	0	0	0	14660	4801
March	0	0	0	0	14660	4801
April	0	0	0	0	14660	4801
May	0	0	0	0	14660	4801
June	0	0	0	0	14660	4801
July	0	0	0	0	14660	4801
August	0	0	0	0	14660	4801
September	0	0	0	0	14660	4801
October	0	0	0	0	14660	4801
November	0	0	0	0	14660	4801
December	0	0	0	0	14660	4801
Total	0	0	0	0		

Year: 2001
 Pool Name: JALMAT;TAN-YATES-7 RVRS (OIL)

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	0	0	0	0	14660	4801
February	0	0	0	0	14660	4801
March	0	0	0	0	14660	4801
April	0	0	0	0	14660	4801
May	0	0	0	0	14660	4801
June	0	0	0	0	14660	4801
July	0	0	0	0	14660	4801
August	0	0	0	0	14660	4801
September	0	0	0	0	14660	4801
October	0	0	0	0	14660	4801
November	0	0	0	0	14660	4801
December	0	0	0	0	14660	4801
Total	0	0	0	0		

Year: 2002
 Pool Name: JALMAT;TAN-YATES-7 RVRS (OIL)

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	0	0	0	0	14660	4801
February	0	0	0	0	14660	4801
March	0	0	0	0	14660	4801
April	0	0	0	0	14660	4801
May	0	0	0	0	14660	4801
June	0	0	0	0	14660	4801
July	0	0	0	0	14660	4801
August	0	0	0	0	14660	4801
September	0	0	0	0	14660	4801
October	0	0	0	0	14660	4801
November	0	0	0	0	14660	4801
December	0	0	0	0	14660	4801
Total	0	0	0	0		

Year: 2003
 Pool Name: JALMAT;TAN-YATES-7 RVRS (OIL)

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	0	0	0	0	14660	4801
February	0	0	0	0	14660	4801
March	0	0	0	0	14660	4801
April	0	0	0	0	14660	4801
May	0	0	0	0	14660	4801
June	0	0	0	0	14660	4801
July	0	0	0	0	14660	4801
August	0	0	0	0	14660	4801
September	0	0	0	0	14660	4801
October	0	0	0	0	14660	4801
November	0	0	0	0	14660	4801
December	0	0	0	0	14660	4801
Total	0	0	0	0		

Year: 2004
 Pool Name: JALMAT;TAN-YATES-7 RVRS (OIL)

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	0	0	0	0	14660	4801
February	0	0	0	0	14660	4801
March	0	0	0	0	14660	4801
April	0	0	0	0	14660	4801
May	0	0	0	0	14660	4801
June	0	0	0	0	14660	4801

July	0	0	0	0	14660	4801
August	0	0	0	0	14660	4801
September	0	0	0	0	14660	4801
October	0	0	0	0	14660	4801
November	0	0	0	0	14660	4801
December	0	0	0	0	14660	4801
Total	0	0	0	0		

Page last updated 07/22/2004. Webmaster gotech_prrc@yahoo.com

ANNUAL REPORT

OF THE

**NEW MEXICO OIL & GAS ENGINEERING
COMMITTEE**

HOBBS, NEW MEXICO

=====
VOLUME I-A

Southeast New Mexico
=====

1987

Table with columns: WELL S T R, JAN, FEB, MAR, APRIL, MAY, JUNE, JULY, AUG, SEPT, OCT, NOV, DEC 1987, PROD MP, ACCUM. Rows include various company totals and well production data for companies like TAHQE OIL AND CATTLE CO, TENNECO OIL COMPANY, TERRA RESOURCES, INCORPORATED, and TEXACO INCORPORATED.

Submit 3 Copies To Appropriate District Office
District I
1625 N. French Dr., Hobbs, NM 87240
District II
811 South First, Artesia, NM 87210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources
OIL CONSERVATION DIVISION
2040 South Pacheco
Santa Fe, NM 87505

Form C-103
Revised March 25, 1999

WELL API NO.
30-025-11183
5. Indicate Type of Lease
STATE FEE
6. State Oil & Gas Lease No.

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

7. Lease Name or Unit Agreement Name:
J. F. Black

1. Type of Well:
Oil Well Gas Well Other

8. Well No.
4

2. Name of Operator
PACIFICHOAN MGT. CORP.

9. Pool name or Wildcat
Jalmat - T - Y - SR

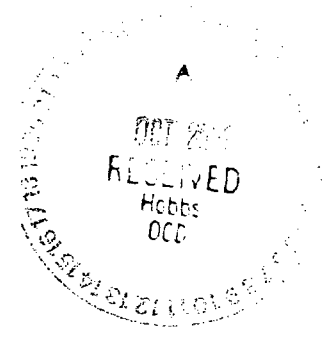
3. Address of Operator
P.O. Box 1772 Hobbs, N.M. 88241

4. Well Location
Unit Letter F : 1980 feet from the N line and 1980 feet from the W line
Section 21 Township 24S Range 37E NMPM Lea County

10. Elevation (Show whether DR, RKB, RT, GR, etc.)
3234 (DF)

11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:
PERFORM REMEDIAL WORK PLUG AND ABANDON
TEMPORARILY ABANDON CHANGE PLANS
PULL OR ALTER CASING MULTIPLE COMPLETION
OTHER:
SUBSEQUENT REPORT OF:
REMEDIAL WORK ALTERING CASING
COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT
CASING TEST AND CEMENT JOB
OTHER:

12. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation.
1. Move in AND Rig up.
2. Install production equipment.
3. Return well to production.
4. Evaluate, if uneconomical will file to p+4 well or convert to injection.



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

SIGNATURE Guy A. Baber TITLE Partner DATE 10/24/01

Type or print name Guy A. Baber Telephone No. 505-393-8386
(This space for State use)

APPROVED BY _____ TITLE _____ DATE _____
Conditions of approval, if any:

Handwritten mark

API Well No: 30-025-11183-00-00 Owner: PRONGHORN MANAGEMENT CORP County: Lea
 Well Name: JEBLACK Number: 004 Inspect No: ILVH00256511-2
 Well Type: Oil (Producing) Well Status: Active
 UL-S-T-R: 21-24S-37E Facility/Project: N/A

Purpose: Normal Routine Activity Violation? SNC? Well Idle > 1 Year? Current Type: O Status: A Type Status
 Change ONGARD to... S
 Respondant: PRONGHORN MANAGEMENT CORP 12831
 Note: No Pumping Unit NO WELL SIGN TOP OF TBC OPEN
 Compliance

Date Performed: 10/12/2000
 Date NOV:
 Date RmdyReq:
 Date Extension:
 Date Passed:
 PHOTO

Failed Items

Comply#
 IncdntNo
 Inspector: Buddy Hill Duration: 0.3

API Well No: 30-025-11183-00-00 Owner: PRONGHORN MANAGEMENT CORP County: Lea
 Well Name: JEBLACK Number: 004 Inspect No: ILVH011558627
 Well Type: Oil (Producing) Well Status: Active
 UL-S-T-R: 21-24S-37E Facility/Project: N/A

Purpose: Normal Routine Activity Violation? SNC? Well Idle > 1 Year? Current Type: O Status: A Type Status
 Change ONGARD to... S
 Respondant: PRONGHORN MANAGEMENT CORP 12831
 Note: NO ACTIVITY
 Compliance

Date Performed: 10/25/2000
 Date NOV:
 Date RmdyReq:
 Date Extension:
 Date Passed:
 PHOTO

Failed Items

Comply#
 IncdntNo
 Inspector: Buddy Hill Duration: 0.3

District I
PO Box 1980, Hobbs, NM 88241-1980
District II
PO Drawer DD, Artesia, NM 88211-0719
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
PO Box 2088, Santa Fe, NM 87504-2088

State of New Mexico
Energy, Minerals & Natural Resources Department
OIL CONSERVATION DIVISION
PO Box 2088
Santa Fe, NM 87504-2088

Form C-104
Revised February 10, 1994
Instructions on back
Submit to Appropriate District Office
5 Copies

AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

Operator name and Address PRONGHORN MANAGEMENT CORPORATION P.O. BOX 1772 HOBBS, NM 88241		OGRID Number 122811
		Reason for Filing Code 10-194 C O (oil transpr)
AM Number 30-0 25-11183	Pool Name JALMAT - T-Y SR	Pool Code 33820
Property Code 014988	Property Name J. F. BLACK	Well Number 004

II. Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South Line	Feet from the	East/West line	County
F	21	24S	37E		1980	NORTH	1980	WEST	LEA

Bottom Hole Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
Lea Code S	Producing Method Code PUMPING	Gas Connection Date N/A	C-119 Permit Number	C-119 Effective Date	C-119 Expiration Date				

III. Oil and Gas Transporters

Transporter OGRID	Transporter Name and Address	POD	O/G	POD ULSTR Location and Description
022628	TEXAS-NEW MEXICO PIPELINE P.O. BOX 60028 SAN ANGELO, TX 76906	0499810	0	F 21 24S 37E

IV. Produced Water

POD	POD ULSTR Location and Description
0499850	F 21 24S 37E

V. Well Completion Data

Spud Date	Ready Date	TD	PDTD	Perforations
Well Size	Casing & Tubing Size	Depth Set	Sacks Cement	

VI. Well Test Data

Date New Oil	Gas Delivery Date	Test Date	Test Length	Tbg. Pressure	Gas Pressure
Choke Size	Oil	Water	Gas	AOF	Test Method

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

Signature: *Sherry Wade*
Printed name: **Sherry Wade**
Title: **Prod. Clerk**
Date: **10/19/94** Phone: **(505) 392-5516**

OIL CONSERVATION DIVISION
Approved by: **ORIGINAL SIGNED BY JERRY SEXTON**
Title: **SUPERVISOR**
Approval Date: **OCT 28 1994**

"If this is a change of operator fill in the OGRID number and name of the previous operator"

Previous Operator Signature _____ Printed Name _____ Title _____

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

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

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

State of New Mexico
Energy, Minerals and Natural Resources Department

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator PRONGHORN MANAGEMENT CORPORATION <122811>	Well API No. 30-025-11183
Address P.O. BOX 1772 HOBBS, NM 88241	
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> Other (Please explain) MAY 01 1994	
New Well <input type="checkbox"/> Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> OPERATOR NAME CHANGE ONLY	
If change of operator give name and address of previous operator BABER WELL SERVICING COMPANY P.O. BOX 1772 HOBBS, NM 88241	

II. DESCRIPTION OF WELL AND LEASE

Lease Name J F BLACK <14282>	Well No. 4	Pool Name, including Formation JALMAT - T-Y-SR <33820>	Kind of Lease State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Fee <input type="checkbox"/>	Lease No.
Location Unit Letter F : 1980 Feet From The FNL Line and 1980 Feet From The FWL Line Section 21 Township 24S Range 37E , NMPM, LEA County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Lantern Petroleum Corp [13063]	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 2281, MIDLAND, TX. 79702	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> N/A	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit: F Sec: 21 Twp: 24S Rge: 37E	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:

IV. COMPLETION DATA

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

REQUEST FOR ALLOWABLE

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.)

Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
	Tubing Pressure	Casing Pressure	Choke Size
	Oil - Bbls.	Water - Bbls.	Gas - MCF
	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

CERTIFICATE OF COMPLIANCE

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

Signature Sherry Wade
Printed Name **SHERRY WADE** Title **PRODUCTION CLERK**
Date 3-5-94 Telephone No. **(505) 392-5516**

OIL CONSERVATION DIVISION

Date Approved MAY 01 1994
By Paul Kautz Orig. Signed by **Paul Kautz** Geologist
Title _____

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.

Submit 5 Copies
 Appropriate District Office
DISTRICT I
 P.O. Box 1980, Hobbs, NM 88240
DISTRICT II
 P.O. Drawer DD, Artesia, NM 88210
DISTRICT III
 1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
 Energy, Minerals and Natural Resources Department
OIL CONSERVATION DIVISION
 P.O. Box 2088
 Santa Fe, New Mexico 87504-2088

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

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

I.

Operator <i>Cooper Well Servicing Co.</i>	Well API No. <i>30-025-11183</i>
Address <i>P.O. Box 1772 Lords N.M. 88240</i>	
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Change in Transporter of: Recompletion <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> Other (Please explain) <input type="checkbox"/>	
If change of operator give name and address of previous operator _____	

II. DESCRIPTION OF WELL AND LEASE

Lease Name <i>J.F. Blank</i>	Well No. <i>4</i>	Pool Name, including Formation <i>Jalmar</i>	Kind of Lease State, Federal or Fee <input checked="" type="checkbox"/>	Lease No.
Location Unit Letter <i>E</i> : <i>1980</i> Feet From The <i>Northeast</i> Line and <i>1980</i> Feet From The <i>West</i> Line Section <i>21</i> Township <i>24S</i> Range <i>37E</i> NMPM, <i>Lea</i> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <i>Lantern Jet</i>	Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <i>Sid Richardson Co.</i>	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	Sec.	Twp.	Rge.	Is gas actually connected?	When?

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Recv	Diff Recv
Date Spudded	Date Compl. Ready to Prod. <i>2/23/90</i>		Total Depth <i>3617</i>		P.B.T.D. <i>3260</i>			
Elevations (OB, RKB, RT, GR, etc.) <i>3234</i>	Name of Producing Formation <i>Jalmar</i>		Top Oil/Gas Pay <i>2808</i>		Tubing Depth <i>3000</i>			
Perforations <i>20 above 2808, 36, 39, 42, 80, 2904, 21, 29, 64, 66, 68, 70, 72, 3077, 29, 86, 46, 49, 50, 58 3352</i>								
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<i>14 3/4</i>	<i>13"</i>		<i>200'</i>		<i>50 5/2</i>			
<i>10</i>	<i>8 5/8"</i>		<i>1364</i>		<i>100 5/2</i>			
<i>7 7/8</i>	<i>7 1/2"</i>		<i>3322</i>		<i>125 5/2</i>			

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 Spgs To Tank <i>2/23/90</i>	Date of Test <i>2/23/90</i>	Producing Method (Flow, pump, gas lift, etc.) <i>Ramp</i>	
Length of Test <i>24</i>	Tubing Pressure <i>Principals</i>	Casing Pressure <i>40</i>	Choke Size <i>2" open</i>
Actual Prod. During Test	Oil - Bbls. <i>TRAIL</i>	Water - Bbls. <i>8</i>	Gas - MCF <i>25</i>

GAS WELL

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

VI. OPERATOR CERTIFICATE OF COMPLIANCE

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

Mark P. Coates
 Signature _____ Enclosure
 Printed Name *Mark P. Coates* Title _____
 Date *7/20/92* Telephone No. *302-5516*

OIL CONSERVATION DIVISION

Date Approved AUG 26 '92

By ORIGINAL SIGNED BY JERRY SEXTON

Title DISTRICT I SUPERVISOR

- 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.

3/22/91

Memo

From

EVELYN DOWNS
*Oil Conservation Staff
Specialist*

To Guy Baber

According to our records the Langlie Mattix zone in the J.F. Black #4 was abandoned in 1990 with a plug back TD of 3260. The Jalmat Yates zones was perforated 2803-3058 at that time. A well completion report, Form C-105 was filed but no request for gas allowable was ever submitted for the Jalmat zone.

If you return this well to production you must submit a C-104 for allowable assignment to the Jalmat, or show that the Jalmat perms have been squeezed and the Langlie Mattix zone opened.

Oil Conservation Division
PO Box 1980, Hobbs, New Mexico 88241-1980

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

DISTRICT II
 P.O. Drawer DD, Artesia, NM 88210

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

State of New Mexico
 Energy, Minerals and Natural Resources Department

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

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

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

I.

Operator BABER WELL SERVICING COMPANY	Well API No. 30-025-11183
Address P.O. BOX 1772 HOBBS, NM 88241	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of: <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator CAPROCK OIL & GAS, INC. P.O. BOX 828, ANDREWS, TX. 79714	

II. DESCRIPTION OF WELL AND LEASE

Lease Name J. F. BLACK	Well No. 4	Pool Name, Including Formation Langlie Mattix Seven Rivers Queen	Kind of Lease State, Federal or Foreign	Lease No.
Location Unit Letter F : 1980 Feet From The FNL Line and 1980 Feet From The FWL Line Section 21 Township 24S Range 37E , NMPM LEA County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Note: Temporarily Abandoned

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Lantern Petroleum Corp	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2281 Midland, Tx. 79701
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Nat'l Gas	Address (Give address to which approved copy of this form is to be sent) 304 Texas Avenue El Paso 79901
If well produces oil or liquids, give location of tanks.	Unit Sec. Prop. Rgo. Is gas actually connected? When?

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

IV. COMPLETION DATA

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

V. TEST DATA AND REQUEST FOR ALLOWABLE

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

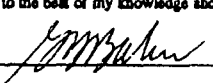
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF.

GAS WELL

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

VI. OPERATOR CERTIFICATE OF COMPLIANCE

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

Signature 
 Printed Name **G.A. Baber** Title **President**
 Date **02/01/91** Telephone No. **(505) 393-5516**

OIL CONSERVATION DIVISION

Date Approved _____

By **ORIGINAL SIGNED BY ENERGY DIVISION**
 DISTRICT SUPERVISOR

Title _____

- 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.

Submit to Appropriate District Office
 State Lease - 6 copies
 Fee Lease - 5 copies
 DISTRICT I
 P.O. Box 1980, Hobbs, NM 88240

State of New Mexico
 Energy, Minerals and Natural Resources Department

Form C-105
 Revised 1-1-89

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

DISTRICT II
 P.O. Drawer DD, Artesia, NM 88210

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

WELL API NO. 30-025-11183
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.

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 _____	7. Lease Name or Unit Agreement Name J.F. Black
b. Type of Completion: NEW WELL <input type="checkbox"/> WORK OVER <input checked="" type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input checked="" type="checkbox"/> DIFF RESVR <input checked="" type="checkbox"/> OTHER _____	8. Well No. 4
2. Name of Operator David H. Arrington Oil & Gas, Inc.	9. Pool name or Wildcat Jalmat
3. Address of Operator P.O. Box 2071, Midland, TX 79702	

4. Well Location
 Unit Letter F : 1980 Feet From The North Line and 1980 Feet From The West Line
 Section 21 Township 24S Range 37E NMPM Lea County

10. Date Spudded	11. Date T.D. Reached	12. Date Compl. (Ready to Prod.) 2/23/90	13. Elevations (DF & RKB, RT, GR, etc.) 3234' DF	14. Elev. Casinghead
15. Total Depth 3617'	16. Plug Back T.D. 3260'	17. If Multiple Compl. How Many Zones?	18. Intervals Drilled By Rotary Tools _____ Cable Tools _____	
19. Producing Interval(s), of this completion - Top, Bottom, Name 2803'-3508' Yates			20. Was Directional Survey Made No	
21. Type Electric and Other Logs Run None			22. Was Well Cored No	

CASING RECORD (Report all strings set in well)

CASING SIZE	WEIGHT LB/FT.	DEPTH SET	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
13"	40#	200'	14-3/4"	50 sx	None
8-5/8"	28#	1369'	10"	100 sx	None
7"	24#	3352'	7-7/8"	125 sx	None

24. LINER RECORD				25. TUBING RECORD			
SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN	SIZE	DEPTH SET	PACKER SET
					2-3/8"	3108'	-

26. Perforation record (interval, size, and number) Perf 20 holes @ 2803', 36, 39, 75, 84, 2904', 21, 29, 64, 66, 68, 70, 72, 3009', 29, 44, 46, 48, 50, 58	27. ACID, SHOT, FRACTURE, CEMENT, SQUEEZE, ETC. DEPTH INTERVAL 2803'-3058' AMOUNT AND KIND MATERIAL USED A/1100 gal 7.5% NEFE HCL Frac w/ 46,000 gals 75% Nitrogen Foam + 107,000# 12/20 sand
--	---

PRODUCTION

28. Date First Production 2/23/90		Production Method (Flowing, gas lift, pumping - Size and type pump) Pumping				Well Status (Prod. or Shut-in) Producing Shut-in	
Date of Test 2/23/90	Hours Tested 24	Choke Size None	Prod'n For Test Period	Oil - Bbl. Trace	Gas - MCF 25	Water - Bbl. 8	Gas - Oil Ratio Dry Gas
Flow Tubing Press. Pumping	Casing Pressure 40	Calculated 24-Hour Rate	Oil - Bbl. Trace	Gas - MCF 25	Water - Bbl. 8	Oil Gravity - API - (Corr.)	

29. Disposition of Gas (Sold, used for fuel, vented, etc.)
Sold

Test Witnessed By
B. Hill

30. List Attachments

31. I hereby certify that the information shown on both sides of this form is true and complete to the best of my knowledge and belief

Signature George R. Jones Printed Name George R. Jones Title Consultant Date 3/15/90

Submit to Appropriate District Office
 State Lease - 4 copies
 Fee Lease - 3 copies

State of New Mexico
 Energy, Minerals and Natural Resources Department

Form C-102
 Revised 1-1-89

OIL CONSERVATION DIVISION

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

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

DISTRICT II
 P.O. Drawer DD, Artesia, NM 88210

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

WELL LOCATION AND ACREAGE DEDICATION PLAT

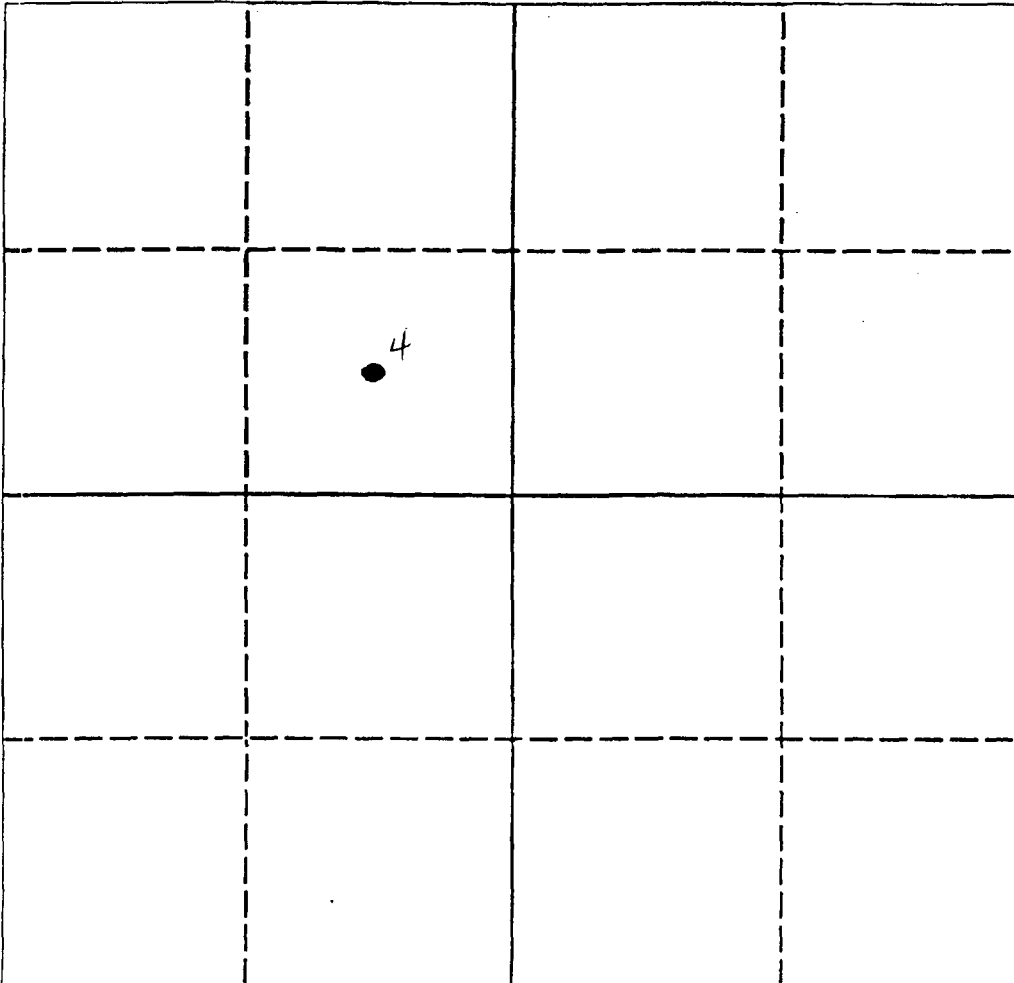
All Distances must be from the outer boundaries of the section

Operator DAVID H. ARRINGTON OIL & GAS INC.		Lease J.F. BLACK		Well No. 4
Unit Letter F	Section 21	Township 24S	Range 37E	County LEA
Actual Footage Location of Well: 1980 feet from the NORTH line and 1980 feet from the WEST line				
Ground level Elev. 3,234' DF	Producing Formation YATES - SEVEN RIVERS		Pool JALMAT	Dedicated Acreage: 160. 40 Acres

- Outline the acreage dedicated to the subject well by colored pencil or hachure marks on the plat below.
- If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
- If more than one lease of different ownership is dedicated to the well, have the interest 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.)

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 interest, has been approved by the Division.



OPERATOR CERTIFICATION

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

Signature: *George R. Jones*
 GEORGE R. JONES

Printed Name: ENGINEER - CONSULTING

Position: FOR DAVID H. ARRINGTON OIL & GAS
 Company:

Date: 2-13-90

SURVEYOR CERTIFICATION

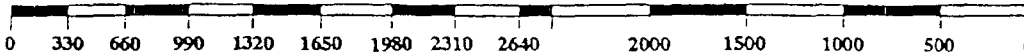
I hereby certify that the well location shown on this plat was plotted from field notes actual surveys made by me or under supervision, and that the same is true correct to the best of my knowledge belief.

Date Surveyed: _____

Signature & Seal of Professional Surveyor

SEE ORIGINAL PLAT

Certificate No. _____



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

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

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

State of New Mexico
Energy, Minerals and Natural Resources Department

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator CAPROCK OIL & GAS, INC.	Well API No. 30-025-11183
Address P. O. Box 828, Andrews, Texas 79714	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator David H. Arrington Oil & Gas, Inc., P. O. Box 3109, Midland TX 79702	

II. DESCRIPTION OF WELL AND LEASE

Lease Name J. F. Black	Well No. 4	Pool Name, including Formation Langlie Mattix Seven Rivers Quad	Kind of Lease State, Federal or (FCC)	Lease No.
Location Unit Letter <u>F</u> : 1980 Feet From The <u>FNL</u> Line and 1980 Feet From The <u>FWL</u> Line Section <u>21</u> Township <u>24S</u> Range <u>37E</u> , <u>NMPM</u> , <u>Lea</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Note: Temporarily Abandoned

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Texas New Mexico Pipeline Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 2528, NM 88240	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas	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	Sec.
	Twp.	Rge.
	Is gas actually connected?	When?

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

IV. COMPLETION DATA

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

V. TEST DATA AND REQUEST FOR ALLOWABLE

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

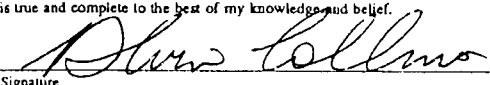
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

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

VI. OPERATOR CERTIFICATE OF COMPLIANCE

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


Signature
Alvin Collins, President
Printed Name
November 1, 1990
Date
(915) 523-6500
Telephone No.

OIL CONSERVATION DIVISION

Date Approved _____
By _____
Title _____

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.

Submit to Appropriate
District Office
State Lease - 6 copies
Fee Lease - 5 copies

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-101
Revised 1-1-89

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

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

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

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

API NO. (assigned by OCD on New Wells) 30-025-11183
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work: DRILL <input type="checkbox"/> RE-ENTER <input type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input checked="" type="checkbox"/>	7. Lease Name or Unit Agreement Name J.F. Black
b. Type of Well: OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> SINGLE ZONE <input checked="" type="checkbox"/> MULTIPLE ZONE <input type="checkbox"/>	8. Well No. 4
2. Name of Operator David H. Arrington Oil & Gas, Inc.	9. Pool name or Wildcat Jalmat
3. Address of Operator 203 West Wall - Suite 305, Midland, TX 79701	
4. Well Location Unit Letter <u>F</u> : <u>1980</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>West</u> Line Section <u>21</u> Township <u>245N</u> Range <u>37E</u> NMPM Lea County	

10. Proposed Depth 3,200'	11. Formation Yates-7 Rivers	12. Rotary or C.T. Rotary
13. Elevations (Show whether DF, RT, GR, etc.) 3,234' DF	14. Kind & Status Plug. Bond Single Well	15. Drilling Contractor R&H Well Service
16. Approx. Date Work will start 2/14/90		

17. PROPOSED CASING AND CEMENT PROGRAM					
SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
14-3/4"	13"	40#	200'	50 sx	
10"	8-5/8"	28#	1,369'	100 sx	
7-7/8"	7"	24#	3,352'	125 sx	

The well will be plugged back from the Langlie Mattix (Queen) formation and recompleted to a depth of 3,200' as a Jalmat (Yates-7 Rivers) producer. Acidize, test and possible frac. 600/900 series 3000# rated BOP complete with pipe & blind RAMS.

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. GIVE BLOWOUT PREVENTER PROGRAM, IF ANY.

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

SIGNATURE [Signature] TITLE President DATE 2/12/90
 TYPE OR PRINT NAME David H. Arrington TELEPHONE NO. (915) 682-6685

(This space for State Use)

Orig. Signed by:
Paul Kautz
Geologist

APPROVED BY _____ TITLE _____ DATE _____

FEB 15 1990

CONDITIONS OF APPROVAL, IF ANY:

Submit to Appropriate District Office
 State Lease - 4 copies
 Fee Lease - 3 copies

State of New Mexico
 Minerals and Natural Resources Department

Form C-102
 Revised 1-1-89

OIL CONSERVATION DIVISION

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

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

DISTRICT II
 P.O. Drawer DD, Artesia, NM 88210

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

WELL LOCATION AND ACREAGE DEDICATION PLAT

All Distances must be from the outer boundaries of the section

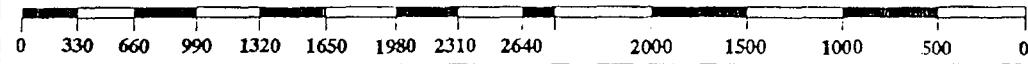
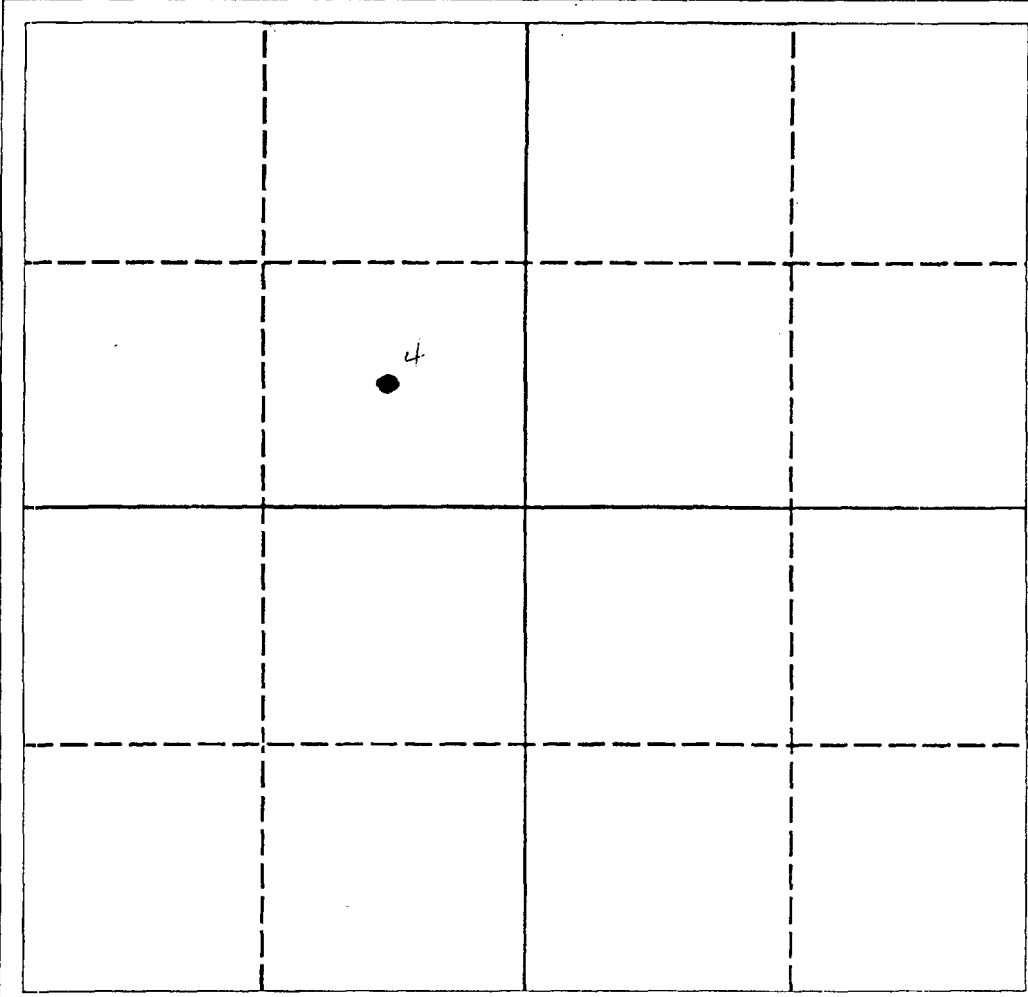
Operator DAVID H. ARRINGTON OIL & GAS INC.		Lease J.F. BLACK		Well No. 4
Unit Letter F	Section 21	Township 24S	Range 37E	County LEA
Actual Footage Location of Well: 1980 feet from the NORTH line and 1980 feet from the WEST line				
Ground level Elev. 3,234' DF	Producing Formation YATES - SEVEN RIVERS	Pool JALMAT	Dedicated Acreage: 160 Acres	

- Outline the acreage dedicated to the subject well by colored pencil or hachure marks on the plat below.
- If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
- If more than one lease of different ownership is dedicated to the well, have the interest 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.) _____

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 interest, has been approved by the Division.



OPERATOR CERTIFICATION

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

Signature: *George R. Jones*
 GEORGE R. JONES

Printed Name: ENGINEER - CONSULTING

Position FOR: DAVID H. ARRINGTON OIL & GAS

Company: 2-13-90

Date:

SURVEYOR CERTIFICATION

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

Date Surveyed:

Signature & Seal of Professional Surveyor:

SEE ORIGINAL PLAT

Certificate No.:

1-9-17

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

State of New Mexico
Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION

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

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

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

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

I.

Operator David H. Arrington Oil & Gas, Inc.	Well API No. 30-025-11183
Address P.O. Box 2071, Midland, TX 79702	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of operator give name and address of previous operator: Texaco Inc., P.O. Box 3109, Midland, TX 79702

II. DESCRIPTION OF WELL AND LEASE

Lease Name J.F. Black	Well No. 4	Pool Name, including Formation Langlie Mattix Seven Rivers Queen	Kind of Lease <input checked="" type="radio"/> State <input type="radio"/> Federal or <input type="radio"/> Fee	Lease No.
Location				
Unit Letter F	1980	Feet From The FNL	Line and 1980	Feet From The FWL
Section 21	Township 24S	Range 37E	NMPM	Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS NOTE: Temporarily Abandoned

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input 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 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 Sec. Twp. Rge. Is gas actually connected? When ?

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations	Depth Casing Shoe							

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE

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

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

GAS WELL

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

VI. OPERATOR CERTIFICATE OF COMPLIANCE

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

Signature David H. Arrington
Printed Name David H. Arrington Title President
Date 1/29/90 Telephone No. (915) 682-6685

OIL CONSERVATION DIVISION

Date Approved FEB 15 1990
By Paul Kautz Drig. Signed by
Geologist
Title _____

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.

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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

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

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

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

WELL API NO.

5. Indicate Type of Lease
STATE FEE

6. State Oil & Gas Lease No.

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

1. Type of Well:
OIL WELL GAS WELL OTHER

2. Name of Operator
Texaco Inc.

3. Address of Operator
P. O. Box 728, Hobbs, New Mexico 88240

4. Well Location
Unit Letter F ; 1980 Feet From The North Line and 1980 Feet From The West Line
Section 21 Township 24-S Range 37-E NMPM Lea County

7. Lease Name or Unit Agreement Name
J. F. Black

8. Well No.
4

9. Pool name or Wildcat
Langlie Mattix
Seven Rivers Queen-GA

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: Shut-In Extension <input checked="" type="checkbox"/>		OTHER: <input type="checkbox"/>	

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

REMARKS:

- 1. Well Status - Shut In Extension.
- 2. Temporary Abandonment Date - November 1, 1987
- 3. Reason for Abandonment - Uneconomical to Produce.
- 4. Future Plans - Held for possible plugging.
- 5. Date of future workover or plugging - 3rd Quarter, 1990.

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

SIGNATURE J. F. Black TITLE Asst. Dist. Petr. Engr. DATE 8/02/89

TYPE OR PRINT NAME _____ TITLE NO. _____

(This space for State Use)
ORIGINAL SIGNED BY TERRY HEATON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE AUG 4 1989

CONDITIONS OF APPROVAL, IF ANY:

2nd TA expires 8-1-90

CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-103 Revised 10-1-

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LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease
 State Fed

3. State Oil & Gas Lease No.

SUNDRY NOTICES AND REPORTS ON WELLS

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

1. OIL WELL GAS WELL OTHER
 7. Unit Agreement Name

2. Name of Operator
 Texaco Inc.
 8. Farm or Lease Name
 J. F. Black

3. Address of Operator
 P. O. Box 728, Hobbs, New Mexico 38240
 9. Well No.
 4

4. Location of Well
 UNIT LETTER F 1980 FEET FROM THE North LINE AND 1980 FEET FROM
 THE West LINE, SECTION 21 TOWNSHIP 24-S RANGE 37-E N.M.P.M.
 10. Field and Pool, or WHC&L
 Langlie Mattix
 Seven Rivers Queen

15. Elevation (Show whether DF, RT, GR, etc.)
 3234' (DF)
 12. County
 Lea

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK
 TEMPORARILY ABANDON
 PULL OR ALTER CASING
 OTHER Shut-In

PLUG AND ABANDON
 CHANGE PLANS

REMEDIAL WORK
 COMMENCE DRILLING OPNS.
 CASING TEST AND CEMENT JOB
 OTHER

ALTERING CASING
 PLUG AND ABANDONMENT

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1703.

REMARKS

- WELL STATUS - Shut-In.
- TEMPORARY ABANDONMENT DATE - November 1, 1987.
- REASON FOR ABANDONMENT - Uneconomical to Produce.
- FUTURE PLANS - Held for possible plugging.
- DATE OF FUTURE WORKOVER OR PLUGGING - 3rd Quarter, 1989.

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

ISSUED BR Meck Asst. TITLE Dist. Petroleum Engineer DATE August 1, 1988

Orig. Entered by
 Paul [unclear]
 G. [unclear]

APPROVED BY _____ TITLE _____ DATE AUG 0 8 88

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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease
State Fee
5. State Oil & Gas Lease No.
-

SUNDRY NOTICES AND REPORTS ON WELLS

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

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-	7. Unit Agreement Name -
2. Name of Operator TEXACO Inc.	8. Farm or Lease Name J. F. Black
3. Address of Operator P. O. Box 728, Hobbs, New Mexico 88240	9. Well No. 4
4. Location of Well UNIT LETTER F 1980 FEET FROM THE North LINE AND 1980 FEET FROM THE West LINE, SECTION 21 TOWNSHIP 24-S RANGE 37-E NMPM.	10. Field and Pool, or Wildcat Langlie Mattix Seven Rivers Queen
15. Elevation (Show whether DF, RT, GR, etc.) 3234' (DF)	12. County Lea

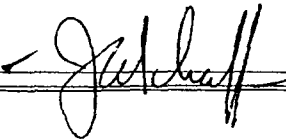
16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <input type="checkbox"/>

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

1. Pull Rods, pump & Tubing.
2. Set packer @ 3265'.
3. Acidize Open-Hole Section 3352'-3617' w/6000 gal. FE-NE retarded acid & 2400 gal. gel brine water containing 300# Rock Salt & 300# Benzoic Acid Flakes in 4-equal stages.
4. Follow w/110 gals. Scale inhibitor containing 50 bbl. fresh water.
5. Flush w/180 bbl. fresh water.
6. Run tubing, rods & pump. Test & return to production.

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

SIGNED  TITLE Asst. Dist. Supt. DATE 1-27-76
APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

JAN 28 1976

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OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease
State Fee

5. State Oil & Gas Lease No.
--

SUNDRY NOTICES AND REPORTS ON WELLS

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

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-	7. Unit Agreement Name --
2. Name of Operator TEXACO Inc.	8. Farm or Lease Name J. F. Black
3. Address of Operator P. O. Box 728 - Hobbs, New Mexico	9. Well No. 4
4. Location of Well UNIT LETTER <u>F</u> <u>1980</u> FEET FROM THE <u>North</u> LINE AND <u>1980</u> FEET FROM THE <u>West</u> LINE, SECTION <u>21</u> TOWNSHIP <u>24-S</u> RANGE <u>37-E</u> NMPM.	10. Field and Pool, or Wildcat Langlie Mattix
15. Elevation (Show whether DF, RT, GR, etc.) 3234' DF	12. County Lea

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <input type="checkbox"/>

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

1. Pull rods, pump and tubing.
2. Drill out hole from 3568' to 3617'.
3. Spotted 100 gals 15% NEA on bottom.
4. Ran gamma ray neutron logs from 3606' - 2350'.
5. Ran 2 7/8" tubing w/packer set at 3301'. Frac open hole 3352' - 3617' w/24,000 gals gel lease crude w/1 ppg 20/40 sand and 1/40 ppg Mark II adomite in 4 - 6000 gal stages w/300 gals 15% NEA between stages and 100 - 400# unibeads between stages.
6. Pull 2 7/8" tubing and packer. Run tubing, pump and rods. Tested and placed on production.

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

SIGNED [Signature] TITLE Assistant District Superintendent DATE 2-2-72

APPROVED BY Joe D. Ramey TITLE Dist. I, Supv. DATE FEB 7 1972

CONDITIONS OF APPROVAL, IF ANY:

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LAND OFFICE		
OPERATOR		

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease State <input type="checkbox"/> Fee <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No. ---
7. Unit Agreement Name ---
8. Farm or Lease Name J. F. Black
9. Well No. 4
10. Field and Pool, or Wildcat Langlie Mattix
12. County Lea

SUNDRY NOTICES AND REPORTS ON WELLS

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

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- <input type="checkbox"/>
2. Name of Operator TEXACO Inc.
3. Address of Operator P. O. Box 728, Hobbs, New Mexico 88240
4. Location of Well UNIT LETTER <u>F</u> <u>1980</u> FEET FROM THE <u>North</u> LINE AND <u>1420</u> FEET FROM THE <u>East</u> LINE, SECTION <u>21</u> TOWNSHIP <u>24-S</u> RANGE <u>37-E</u> NMPM.
15. Elevation (Show whether DF, RT, CR, etc.) 3234' DF

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input checked="" type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <input type="checkbox"/>

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

1. Pull rods, pump & tubing.
2. Drill out 50' to 3615'.
3. Spot 100 gals 15% acid at 3615'.
4. Run Gamma Ray Neutron Logs from 3615' - 2500'.
5. Frac down 2 7/8" tubing w/24,000 gals gelled lease grade w/1 PPG 20/40 sand & 25 lbs/1000 gals MK II Adomite & 40 lbs/1000 gals gelling agent as follows:
Frac in 4 equal stages, preceeding each stage w/300 gals NE acid. Add unibeads as necessary.
6. Run tubing, rods & pump. Test & place on production.

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

SIGNED <u>[Signature]</u>	TITLE <u>Assistant District Superintendent</u>	DATE <u>11-30-71</u>
APPROVED BY <u>Joe D. Ramey</u>	TITLE <u>Dist. I, Supv.</u>	DATE <u>DEC 1 1971</u>

CONDITIONS OF APPROVAL, IF ANY:

NEW MEXICO OIL CONSERVATION COMMISSION
SANTA FE, NEW MEXICO

Form C-110
Revised 7/1/55

(File the original and 4 copies with the appropriate district office)

CERTIFICATE OF COMPLIANCE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Company or Operator TEXACO Inc. Lease J.F. Black

Well No. 4 Unit Letter F S 2T 24R 37E Pool Langlie Mattix

County Lea Kind of Lease (State, Fed. or Patented) Patented

If well produces oil or condensate, give location of tanks: Unit F S 2T 24R 37E

Authorized Transporter of Oil or Condensate Texas New Mexico Pipe Line

Address Box 1510, Midland, Texas

(Give address to which approved copy of this form is to be sent)

Authorized Transporter of Gas El Paso Natural Gas

Address Box 1384, Jal. N.M. Date Connected _____

(Give address to which approved copy of this form is to be sent)

If Gas is not being sold, give reasons and also explain its present disposition:

Reasons for Filing: (Please check proper box) New Well ()

Change in Transporter of (Check One): Oil () Dry Gas () C'head () Condensate ()

Change in Ownership () Other Name change 14

Remarks: (Give explanation below)

Change of Corporate name from The Texas Company
to TEXACO Inc. effective May 1, 1959

The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.

Executed this the 30th day of April 19 59

By [Signature]

Title District Accountant

Company The Texas Company

Address P.O. Box 352, Midland, Texas

Approved _____ 19 _____

OIL CONSERVATION COMMISSION

By [Signature]

Title _____

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

It is necessary that Form C-104 be approved before this form can be approved and an initial allowable be assigned to any completed Oil or Gas well. Submit this form in QUADRUPPLICATE.

CERTIFICATE OF COMPLIANCE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Company or Operator The Texas Company Lease J. F. Black

Address Box 1270 - Midland, Texas Box 1720 - Fort Worth, Texas
(Local or Field Office) (Principal Place of Business)

Unit F, Well(s) No. 4, Sec. 21, T. 24-S, R. 37-E, Pool Langlie-Mattix

County Lea Kind of Lease: Private

If Oil well Location of Tanks Casinghead Gas

Authorized Transporter El Paso Natural Gas Company Address of Transporter

Box 1384 - Eunice, New Mexico El Paso, Texas
(Local or Field Office) (Principal Place of Business)

Per cent of Casinghead Gas ~~Oil or Gas~~ to be Transported 100 Other Transporters authorized to transport Casinghead Gas ~~Oil or Gas~~

from this unit are None

REASON FOR FILING: (Please check proper box)

NEW WELL CHANGE IN OWNERSHIP

CHANGE IN TRANSPORTER OTHER (Explain under Remarks)

REMARKS:

Order R-520

The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.

Executed this the 10th day of November, 1954

The Texas Company

Approved....., 19.....

OIL CONSERVATION COMMISSION

By [Signature]

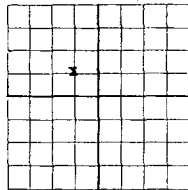
By.....

Title Asst. Dist. Supt.

Title.....

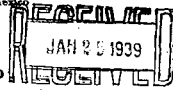
FORM C-14

NEW MEXICO OIL CONSERVATION COMMISSION



AREA 60 ACRES
LOCATE WELL CORRECTLY

Santa Fe, New Mexico



WELL RECORD

COPIES OF
DUPLICATE

Mail to Oil Conservation Commission, Santa Fe, New Mexico, or its proper agent not more than twenty days after completion of well. Follow instructions in the Rules and Regulations of the Commission. Indicate questionable data by following it with (3). SUBMIT IN TRIPPLICATE.

The Texas Company Drawer "K", Wink, Texas
 J. F. Black, N. M. P. M., Mattix, Lea County, Texas
 Well No. 4 in SE 1/4 NW 1/4 of Sec. 21, T. 24-S
 Well is 1980 feet south of the North line and 3300 feet west of the East line of said section 21.
 If State land the oil and gas lease is No. Assignment No.
 If patented land the owner is J. F. Black Address Jal, New Mexico
 If Government land the permittee is Address
 The Lessee is The Texas Company Address Box 2332, Houston, Texas
 Drilling commenced 2-25 1938 Drilling was completed 1-12 1939
 Name of drilling contractor Richmond Drilling Co. Address Big Springs, Texas
 Elevation above sea level 3288 feet at derrick floor.
 The information given is to be kept confidential until 19

OIL SANDS OR ZONES

No. 1, from 3477 to 3565 No. 4, from to
 No. 2, from to No. 5, from to
 No. 3, from to No. 6, from to

IMPORTANT WATER SANDS

Include data on rate of water inflow and elevation to which water rose in hole.
 No. 1, from 560 to 570 feet
 No. 2, from 820 to 835 feet
 No. 3, from to feet
 No. 4, from to feet

CASING RECORD

SIZE	WEIGHT PER FOOT	THICKNESS PER INCH	MAKE	AMOUNT	KIND OF SHOT	CUT & FILLED FROM	PERFORATED		PURPOSE
							FROM	TO	
15 1/2"	70#	8	LW	115	Pulled				
13"	40#	8	LW	192	Regular				
10-3/4"	32.75#	8	EL. W.	850	Pulled				
8-5/8"	28#	8	EL. W.	1389	Guide				
7"	24#	10	LW	3379	Guide				

MUDDING AND CEMENTING RECORD

SIZE OF HOLE	SIZE OF CASING	WHERE SET	NO. BAGS OF CEMENT	METHOD USED	MUD GRAVITY	AMOUNT OF MUD USED
13"	200		50	Halliburton		
8-5/8"	1369		100	Halliburton		
7"	3352		125	Halliburton		

PLUGS AND ADAPTERS

Heaving plug—Material Length Depth Set
 Adapters—Material Size

RECORD OF SHOOTING OR CHEMICAL TREATMENT

SIZE	SHELL USED	EXPLOSIVE OR CHEMICAL USED	QUANTITY	DATE	DEPTH SHOT OR TREATED	DEPTH CLEANED OUT
4 1/2"	12	Nitro	320 qts	12-28-38	3452-3555	3565

Results of shooting or chemical treatment Shot tamped with 1/2 yard of pea gravel. Before shooting, well flowed 40 bbls oil per day. After shooting, well flowed 183 bbls of PL oil in 18 hours through 3/4" choke on tubing with G/O/R 1800. Packer set at 3288'

RECORD OF DRILL-STEM AND SPECIAL TESTS

If drill-stem or other special tests or deviation surveys were made, submit report on separate sheet and attach hereto.

TOOLS USED

Rotary tools were used from 0 feet to 3565 feet, and from 0 feet to 0 feet
 Cable tools were used from 0 feet to 3565 feet, and from 0 feet to 0 feet

PRODUCTION

Put to producing January 12, 1939 on test.
 The production of the first 18 hours was 183 barrels of fluid of which 100% was oil;
 emulsion; % water; and % sediment. Gravity, Bo. 37.1
 If gas well, cu. ft. per 24 hours Gallons gasoline per 1,000 cu. ft. of gas
 Rock pressure, lbs. per sq. in. Gas-Oil Ratio 1500.

EMPLOYEES

L. H. Lunsford Driller John Withrow Driller
 D. E. Vandervort Driller F. L. Tubbs Driller

FORMATION RECORD ON OTHER SIDE

I hereby swear or affirm that the information given herewith is a complete and correct record of the well and all work done on it so far as can be determined from available records.

Subscribed and sworn to before me this 21 day of January, 1939 at Wink, Texas 1-21-39
 Notary Public Name District Superintendent
 Representing The Texas Company
 My Commission expires 5-31-39 Address Drawer "K", Wink, Texas
 JFN-JPB

FORMATION RECORD

FROM	TO	THICKNESS (IN FEET)	FORMATION
0	90	90	Caliche
90	122	32	Sand
122	315	193	Red Rock
315	365	50	Shale
365	420	55	Red Rock
420	560	140	Shale
560	590	30	Sand
590	775	215	Shale
775	820	45	Red Rock
820	835	15	Sand
835	1105	270	Red Rock
1105	1205	100	Anhydrite
1205	1360	155	Red Rock & Anhydrite
1360	1375	15	Anhydrite
1375	2105	730	Anhydrite & Salt
2105	2565	460	Anhydrite
2565	2825	260	Anhydrite & Lime
2825	2715	90	Lime, Brown
2715	3475	758	Sandy Lime
3475	3565	92	Lime.
3565 TOTAL DEPTH			
			STRAIGHT HOLE TESTS:
			500'-0°; 1000'-3-1/2°; 1500'-2°;
			2000'-1°; 2500'-1°; 2780'-1°.

NEW MEXICO OIL CONSERVATION COMMISSION

Santa Fe, New Mexico

MISCELLANEOUS REPORTS ON WELL

Submit this report in triplicate to the Oil Conservation Commission or its proper agent within ten days after the work specified is completed. It should be signed and sworn to before a notary public for reports on beginning drilling operations, results of shooting well, results of test of casing shut-offs, result of plugging of well, and other important operations, even though the work was witnessed by an agent of the commission. Reports on minor operations need not be signed and sworn to before a notary public. See additional instructions in the Rules and Regulations of the Commission.

Indicate nature of report by checking below:

REPORT ON BEGINNING DRILLING OPERATIONS		REPORT ON REPAIRING WELL	
REPORT ON RESULT OF SHOOTING OR CHEMICAL TREATMENT OF WELL	X	REPORT ON PULLING OR OTHERWISE ALTERING CASING	
REPORT ON RESULT OF TEST OF CASING SHUT-OFF		REPORT ON DEEPENING WELL	
REPORT ON RESULT OF PLUGGING OF WELL			

Wink, Texas

January 14, 1939

Place

Date

OIL CONSERVATION COMMISSION
Santa Fe, New Mexico.

Gentlemen:

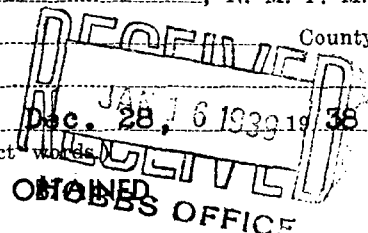
DUPLICATE

Following is a report on the work done and the results obtained under the heading noted above at the.....

The Texas Company **J. F. Black** Well No. **4** in the
Company or Operator Lease
SE-1/4 of NW-1/4 of Sec. **21** T. **24 S** R. **37 E** N. M. P. M.,
Mattix Field, **Lea** County

The dates of this work were as follows: **12-28-38**

Notice of intention to do the work was (~~written~~) submitted on Form C-102 on **Dec. 28, 1938** and approval of the proposed plan was (~~written~~) obtained. (Cross out incorrect words.)



DETAILED ACCOUNT OF WORK DONE AND RESULTS OBTAINED

T. D. 3565' - lime.

Shot on 12-28-38 with 320 quarts of nitro from 3452' to 3555' - tamped with 1/2 yard of pea gravel.

Before shooting, well flowed 40 barrels oil per day. After shooting, well flowed 183 barrels PL oil in 18 hours through 3/4" choke on tubing with gas/oil ratio of 1500. Facker is set at 3286'.

Witnessed by _____
Name Company Title

Subscribed and sworn to before me this **14th** day of **January**, 19 **39**

Notary Public

I hereby swear or affirm that the information given above is true and correct.

Name
 Position **District Superintendent**
 Representing **The Texas Company**
Company or Operator
 Address **Drawer K, Wink, Texas**

My Commission expires **5-31-39**

Remarks:

A. ANDREAS
State Geologist **R.M.**
Member Oil Conservation Commission

Title

NEW MEXICO OIL CONSERVATION COMMISSION

Santa Fe, New Mexico

MISCELLANEOUS NOTICES

Submit this notice in triplicate to the Oil Commission or its proper agent before the work specified is to begin. A copy will be returned to the sender on which will be given the approval, with any modifications considered advisable, or the rejection by the Commissioner or agent, of the plan submitted. The plan as approved should be followed, and work should not begin until approval is obtained. See additional instructions in the Rules and Regulations of the Commission.

Indicate nature of notice by checking below:

Table with 4 columns: NOTICE OF INTENTION TO TEST CASING SHUT-OFF, NOTICE OF INTENTION TO SHOOT OR CHEMICALLY TREAT WELL, NOTICE OF INTENTION TO CHANGE PLANS, NOTICE OF INTENTION TO PULL OR OTHERWISE ALTER CASING, NOTICE OF INTENTION TO REPAIR WELL, NOTICE OF INTENTION TO DEEPEN WELL, NOTICE OF INTENTION TO PLUG WELL. The second column has an 'X' in the first row.

Wink, Texas

December 28, 1938

Place

Date

OIL CONSERVATION COMMISSION, Santa Fe, New Mexico.

Gentlemen:

DUPLICATE

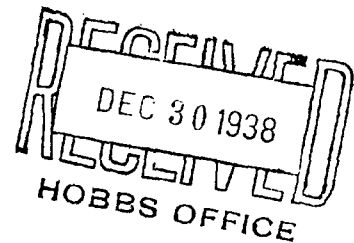
Following is a notice of intention to do certain work as described below at the The Texas Company J.F. Black Well No. 4 in SE 1/4 NW 1/4 of Sec. 21, T. 24 S, R. 37 E, N. M. P. M., Lea County, Lea County, Mattix Field.

FULL DETAILS OF PROPOSED PLAN OF WORK FOLLOW INSTRUCTIONS IN THE RULES AND REGULATIONS OF THE COMMISSION

Total depth - 3565' Lime.

We desire to shoot this well with approximately 320 quarts of nitroglycerine from 3452' to 3555' before completing this well. The shot will be tamped with 1/2 yard of pea gravel.

Results of the shot will be reported within 10 days after shooting and cleaning out.



DEC 30 1938

Approved except as follows: _____, 19____

The Texas Company

Company or Operator

By _____

Position District Superintendent

Send communications regarding well to

Name The Texas Company

Address Drawer K

Wink, Texas.

OIL CONSERVATION COMMISSION,

By _____

Title OIL & GAS INSPECTOR

NEW MEXICO OIL CONSERVATION COMMISSION

Santa Fe, New Mexico

MISCELLANEOUS REPORTS ON WELL

Submit this report in triplicate to the Oil Conservation Commission or its proper agent within ten days after the work specified is completed. It should be signed and sworn to before a notary public for reports on beginning drilling operations, results of shooting well, results of test of casing shut-offs, result of plugging of well, and other important operations, even though the work was witnessed by an agent of the commission. Reports on minor operations need not be signed and sworn to before a notary public. See additional instructions in the Rules and Regulations of the Commission.

Indicate nature of report by checking below:

REPORT ON BEGINNING DRILLING OPERATIONS		REPORT ON REPAIRING WELL	
REPORT ON RESULT OF SHOOTING OR CHEMICAL TREATMENT OF WELL		REPORT ON PULLING OR OTHERWISE ALTERING CASING	
REPORT ON RESULT OF TEST OF CASING SHUT-OFF	X	REPORT ON DEEPENING WELL	
REPORT ON RESULT OF PLUGGING OF WELL			

Wink, Texas

December 12, 1938

Place

Date

OIL CONSERVATION COMMISSION
Santa Fe, New Mexico.

DUPLICATE

Gentlemen:

Following is a report on the work done and the results obtained under the heading noted above at the.....

The Texas Company J.F. Black Well No. 4 in the
Company or Operator Lease
SE-1/4 of NW-1/4 of Sec. 21 T. 24 S. R. 37 E. N. M. P. M.,
Mattix Field, Lea County

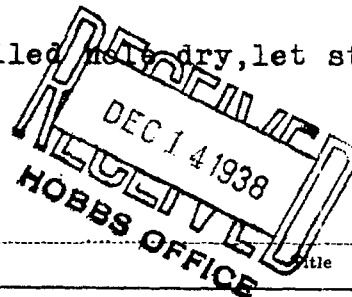
The dates of this work were as follows: See below.....

Notice of intention to do the work was (~~was not~~) submitted on Form C-102 on December 7 1938
 and approval of the proposed plan was (~~was not~~) obtained. (Cross out incorrect words.)

DETAILED ACCOUNT OF WORK DONE AND RESULTS OBTAINED

Set and cemented 3345' (142 jts) of 7"OD, 24#, lapweld casing at 3352' with 125 sacks of El Toro common cement. Completed cementing at 3:00 PM. 12-6-38.

Drilled plug at 3:30 PM. 12-10-38. Bailed hole dry, let stand one hour; tested OK. Hole dry.



Witnessed by
Name Company Title

Subscribed and sworn to before me this

12 th day of December 19 38.....

Notary Public

I hereby swear or affirm that the information given above is true and correct.

Name [Signature].....

Position District Superintendent.....

Representing The Texas Company.....
Company or Operator

Address Drawer K; Wink, Texas......

My Commission expires 5-31-39.....

Remarks:

[Signature]
 Name

OIL & GAS INSPECTOR

Title

NEW MEXICO OIL CONSERVATION COMMISSION

Santa Fe, New Mexico

MISCELLANEOUS NOTICES

Submit this notice in triplicate to the Oil Commission or its proper agent before the work specified is to begin. A copy will be returned to the sender on which will be given the approval, with any modifications considered advisable, or the rejection by the Commissioner or agent, of the plan submitted. The plan as approved should be followed, and work should not begin until approval is obtained. See additional instructions in the Rules and Regulations of the Commission.

Indicate nature of notice by checking below:

NOTICE OF INTENTION TO TEST CASING SHUT-OFF	<input checked="" type="checkbox"/>	NOTICE OF INTENTION TO SHOOT OR CHEMICALLY TREAT WELL	
NOTICE OF INTENTION TO CHANGE PLANS		NOTICE OF INTENTION TO PULL OR OTHERWISE ALTER CASING	
NOTICE OF INTENTION TO REPAIR WELL			
NOTICE OF INTENTION TO DEEPEN WELL		NOTICE OF INTENTION TO PLUG WELL	

Wink, Texas December 7, 1938
Place Date

OIL CONSERVATION COMMISSION,
Santa Fe, New Mexico.
Gentlemen:

DUPLICATE

Following is a notice of intention to do certain work as described below at the

The Texas Company J.F. Black Well No. 4 in SE 1/4 - NW 1/4
Company or Operator Lease
of Sec. 21, T. 24 S, R. 37 E, N. M. P. M., Mattix Field,
Lea County.

FULL DETAILS OF PROPOSED PLAN OF WORK
FOLLOW INSTRUCTIONS IN THE RULES AND REGULATIONS OF THE COMMISSION

Total depth - 3352' Lime.

Set and cemented 3345' (141 Jts.) of 7"OD, lapweld casing at 3352' with 125 sacks of El Toro common cement. Completed cementing at 3:00 PM. 12-6-38.

Anticipate drilling plug and testing casing by bailing method after 48 hours or at approximately 3:00 PM. 12-8-38.

RECEIVED
DEC - 9 1938
RECEIVED
HOBBS OFFICE

Approved except as follows: DEC - 9 1938, 19

The Texas Company
Company or Operator

By *L. W. Shepherd*

Position District Superintendent

Send communications regarding well to

Name The Texas Company

Address Drawer K

Wink, Texas.

OIL CONSERVATION COMMISSION,

By *Ross Walker*
Title OIL & GAS INSPECTOR

NEW MEXICO OIL CONSERVATION COMMISSION

Santa Fe, New Mexico

MISCELLANEOUS REPORTS ON WELL

Submit this report in triplicate to the Oil Conservation Commission or its proper agent within ten days after the work specified is completed. It should be signed and sworn to before a notary public for reports on beginning drilling operations, results of shooting well, results of test of casing shut-offs, result of plugging of well, and other important operations, even though the work was witnessed by an agent of the commission. Reports on minor operations need not be signed and sworn to before a notary public. See additional instructions in the Rules and Regulations of the Commission.

Indicate nature of report by checking below:

REPORT ON BEGINNING DRILLING OPERATIONS		REPORT ON REPAIRING WELL	
REPORT ON RESULT OF SHOOTING OR CHEMICAL TREATMENT OF WELL		REPORT ON PULLING OR OTHERWISE ALTERING CASING	
REPORT ON RESULT OF TEST OF CASING SHUT-OFF	X	REPORT ON DEEPENING WELL	
REPORT ON RESULT OF PLUGGING OF WELL			

Wink, Texas

October 25, 1938

Place

Date

OIL CONSERVATION COMMISSION
Santa Fe, New Mexico.

DUPLICATE

Gentlemen:

Following is a report on the work done and the results obtained under the heading noted above at the.....

The Texas Company J.F. Black Well No. 4 in the
Company or Operator Lease

SE-1/4 of NW-1/4 of Sec. 21 T. 24 S. R. 37 E. N. M. P. M.,
Mattix Area Field, Lea County

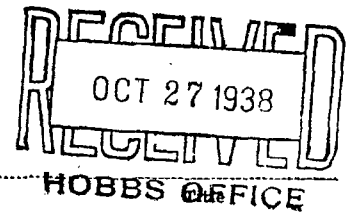
The dates of this work were as follows: See below

Notice of intention to do the work was (~~received~~) submitted on Form C-102 on October 16 1938
and approval of the proposed plan was (~~received~~) obtained. (Cross out incorrect words.)

DETAILED ACCOUNT OF WORK DONE AND RESULTS OBTAINED

Set and cemented 1360' of 8-5/8"OD, electric weld casing at 1369' with 100 sacks of cement. Completed cementing at 3:30 AM. 10-16-38.

~~Drilled plug at 8:15 PM~~ 10-18-38. Bailed hole dry, let stand one hour, tested OK. Hole dry.



Witnessed by Name Company **HOBBS OFFICE**

Subscribed and sworn to before me this
25 day of October, 1938.
.....
Notary Public

I hereby swear or affirm that the information given above is true and correct.
Name J.F. Black
Position Assistant Superintendent
Representing The Texas Company
Company or Operator
Address Drawer K, Wink, Texas.

My Commission expires 5-31-39

Remarks:

J. R. Walter
Name
OIL & GAS INSPECTOR

Title

NEW MEXICO OIL CONSERVATION COMMISSION

Santa Fe, New Mexico

MISCELLANEOUS NOTICES

Submit this notice in triplicate to the Oil Conservation Commission or its proper agent before the work specified is to begin. A copy will be returned to the sender on which will be given the approval, with any modifications considered advisable, or the rejection by the Commission or agent, of the plan submitted. The plan as approved should be followed, and work should not begin until approval is obtained. See additional instructions in the Rules and Regulations of the Commission.

Indicate nature of notice by checking below:

NOTICE OF INTENTION TO TEST CASING SHUT-OFF	<input checked="" type="checkbox"/>	NOTICE OF INTENTION TO SHOOT OR CHEMICALLY TREAT WELL	
NOTICE OF INTENTION TO CHANGE PLANS		NOTICE OF INTENTION TO PULL OR OTHERWISE ALTER CASING	
NOTICE OF INTENTION TO REPAIR WELL		NOTICE OF INTENTION TO PLUG WELL	
NOTICE OF INTENTION TO DEEPEN WELL			

Wink, Texas October 16, 1938
Place Date

OIL CONSERVATION COMMISSION,
Santa Fe, New Mexico.

Gentlemen:

Following is a notice of intention to do certain work as described below at the

The Texas Company J.F. Black Well No. 4 in SE 1/4 - NW 1/4
Company or Operator Lease

of Sec. 21, T. 24 S., R. 37 E., N. M. P. M., Mattix Area Field,
Lea County.

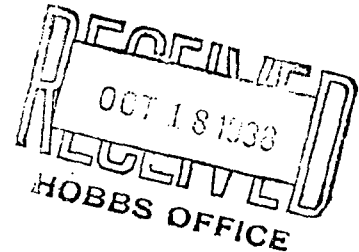
DUPLICATE

FULL DETAILS OF PROPOSED PLAN OF WORK
FOLLOW INSTRUCTIONS IN THE RULES AND REGULATIONS OF THE COMMISSION

Total depth - 1372' Anhydrite.

Set and cemented 1360' of 8-5/8"OD, electric weld casing at 1369' with 100 sacks of cement. Completed cementing at 3:30 AM. 10-16-38.

Anticipate drilling plug and testing casing by bailing method after 48 hours or at approximately 3:30 AM. 10-18-38.



OCT 18 1938

Approved _____, 19____
except as follows:

The Texas Company
Company or Operator

By L. T. [Signature] 10/18/38

Position District Superintendent
Send communications regarding well to

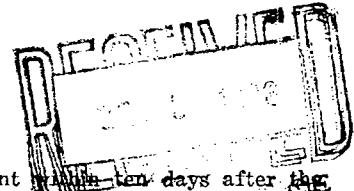
Name The Texas Company

Address Drawer K; Wink, Texas.

OIL CONSERVATION COMMISSION,
By [Signature]
Title OIL & GAS INSPECTOR

NEW MEXICO OIL CONSERVATION COMMISSION

Santa Fe, New Mexico



MISCELLANEOUS REPORTS ON WELL

Submit this report in triplicate to the Oil Conservation Commission or its proper agent ~~within ten days after the~~ work specified is completed. It should be signed and sworn to before a notary public for reports on beginning drilling operations, results of shooting well, results of test of casing shut-offs, result of ~~plugging~~ plugging of well, and other important operations, even though the work was witnessed by an agent of the commission. Reports on minor operations need not be signed and sworn to before a notary public. See additional instructions in the Rules and Regulations of the Commission.

Indicate nature of report by checking below:

REPORT ON BEGINNING DRILLING OPERATIONS		REPORT ON REPAIRING WELL	
REPORT ON RESULT OF SHOOTING OR CHEMICAL TREATMENT OF WELL		REPORT ON PULLING OR OTHERWISE ALTERING CASING	
REPORT ON RESULT OF TEST OF CASING SHUT-OFF	X	REPORT ON DEEPENING WELL	
REPORT ON RESULT OF PLUGGING OF WELL			

Wink, Texas

October 1, 1938

Place

Date

OIL CONSERVATION COMMISSION
Santa Fe, New Mexico.

Gentlemen:

DUPLICATE

Following is a report on the work done and the results obtained under the heading noted above at the.....

The Texas Company J. F. Black Well No. 4 in the
Company or Operator Lease
SE 1/4 - NW 1/4 of Sec. 21, T. 24 S., R. 37 E., N. M. P. M.,
Mattix Area Field, Lea County

The dates of this work were as follows: See below

Notice of intention to do the work was (~~was not~~) submitted on Form C-102 on September 29 1938 and approval of the proposed plan was (~~was not~~) obtained. (Cross out incorrect words.)

DETAILED ACCOUNT OF WORK DONE AND RESULTS OBTAINED

Set and cemented 190' (9 jts.) of 13"OD, 40#, lapweld casing at 200' with 50 sacks of OK cement. Completed cementing at 12 Noon 9-28-38.

Drilled plug at 4:00 PM. 9-30-38. Bailed hole dry, let stand one hour, tested OK. Hole dry.

Witnessed by _____
Name Company Title

Subscribed and sworn to before me this
1 st day of October, 1938.
[Signature]
Notary Public

I hereby swear or affirm that the information given above is true and correct.

Name *[Signature]*
Position District Superintendent
Representing The Texas Company
Company or Operator
Address Drawer K, Wink, Texas.

My Commission expires 5-31-39

Remarks:

[Signature]
OIL CASING INSPECTOR
Name
OIL CASING INSPECTOR
Title

NEW MEXICO OIL CONSERVATION COMMISSION

Santa Fe, New Mexico

MISCELLANEOUS NOTICES

Submit this notice in triplicate to the Oil Conservation Commission or its proper agent before the work specified is to begin. A copy will be returned to the sender on which will be given the approval, with any modifications considered advisable, or the rejection by the Commission or agent, of the plan submitted. The plan as approved should be followed, and work should not begin until approval is obtained. See additional instructions in the Rules and Regulations of the Commission.

Indicate nature of notice by checking below:

NOTICE OF INTENTION TO TEST CASING SHUT-OFF	<input checked="" type="checkbox"/>	NOTICE OF INTENTION TO SHOOT OR CHEMICALLY TREAT WELL	<input type="checkbox"/>
NOTICE OF INTENTION TO CHANGE PLANS	<input type="checkbox"/>	NOTICE OF INTENTION TO PULL OR OTHERWISE ALTER CASING	<input type="checkbox"/>
NOTICE OF INTENTION TO REPAIR WELL	<input type="checkbox"/>	NOTICE OF INTENTION TO PLUG WELL	<input type="checkbox"/>
NOTICE OF INTENTION TO DEEPEN WELL	<input type="checkbox"/>		<input type="checkbox"/>

Wink, Texas September 29, 1938

Place Date

OIL CONSERVATION COMMISSION,
Santa Fe, New Mexico.

Gentlemen:

Following is a notice of intention to do certain work as described below at the

The Texas Company J.F. Black Well No. 4 in SE 1/4 - NW 1/4
Company or Operator Lease

of Sec. 21 T. 24 S., R. 37 E., N. M. P. M., Mattix Field,
Lea County.

DUPLICATE

FULL DETAILS OF PROPOSED PLAN OF WORK

FOLLOW INSTRUCTIONS IN THE RULES AND REGULATIONS OF THE COMMISSION

Total depth - 201' Red Rock.

Set and cemented 190' (9 Jts.) of 13" OD, 40#, lapweld casing at 200' with 50 sacks of OK. cement. Completed cementing at 12 Noon. 9-28-38.

Anticipate drilling plug and testing casing by bailing method after 48 hours or at approximately 12:00 Noon. 9-30-38.

RECEIVED
OCT 1 - 1938
RECEIVED

HOBBS OFFICE

OCT 1 - 1938

Approved _____, 19____
except as follows:

The Texas Company

Company or Operator

By [Signature]

Position District Superintendent

Send communications regarding well to

Name The Texas Company

Address Drawer "K" Wink, Texas

OIL CONSERVATION COMMISSION,

By [Signature]

Title OIL & GAS INSPECTOR

NEW MEXICO OIL CONSERVATION COMMISSION

Santa Fe, New Mexico

NOTICE OF INTENTION TO DRILL

Notice must be given to the Oil Conservation Commission or its proper agent and approval obtained before drilling begins.

Fort Worth, Texas July 5, 1938

OIL CONSERVATION COMMISSION, Santa Fe, New Mexico. Gentlemen:

You are hereby notified that it is our intention to commence the drilling of a well to be known as

The Texas Company J. F. Black Well No. 4 in SE 1/4 NW 1/4

Company or Operator Lease of Sec. 21, T. 24 S, R. 37 E, N. M. P.M., Mattix Field, Lea County.

Grid for well location with columns for section, township, range, and north-south/east-west directions.

The well is 1980 feet (S.) of the N line and 1980 feet (E.) of the W line of said Section 21

(Give location from section or other legal subdivision lines. Cross out wrong directions.)

If state land the oil and gas lease is No. - Assignment No. -

If patented land the owner is J. H. Black

Address Jal, New Mexico

If government land the permittee is - DUPLICATE

Address -

The lessee is The Texas Company

Address Box 2332, Houston, Texas

AREA 640 ACRES LOCATE WELL CORRECTLY

We propose to drill well with drilling equipment as follows:

Cable Tools

The status of a bond for this well in conformance with Rule 39 of the General Rules and Regulations of the Commission is as follows: \$10,000 blanket surety bond of the Maryland Casualty Company has been filed with State Geologist. We propose to use the following strings of casing and to land or cement them as indicated:

Table with columns: Size of Hole, Size of Casing, Weight Per Foot, New or Second Hand, Depth, Landed or Cemented, Sacks Cement.

If changes in the above plan become advisable we will notify you before cementing or landing casing that the first productive oil or gas sand should occur at a depth of about 3425 feet.

Additional information: FORMATIONS EXPECTED:

Top of Salt 1250' Base of Salt 2575' Top of Main Brown Lime 2700'

Drilling operations to be started immediately.

Approved 1938 except as follows:

Sincerely yours,

THE TEXAS COMPANY

Company or Operator

By [Signature]

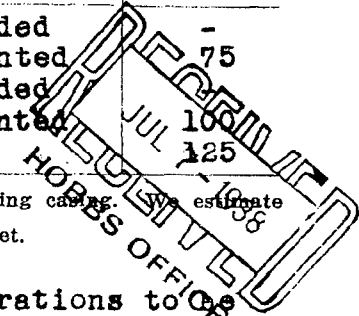
Position Assistant Division Manager

Send communication regarding well to

Name The Texas Company

Address Box 1720, Fort Worth, Texas

OIL CONSERVATION COMMISSION, By [Signature] Title Oil & Gas Inspector



CMD :
OG6CLOG

ONGARD
C105-WELL COMPLETION OR RECOMP CASING LOG

02/22/05 09:29:59
OGOMES -TP80



OGRID Identifier : 122800 PRONGHORN MANAGEMENT CORP
Prop Identifier : 14988 J F BLACK
API Well Identifier : 30 25 21401 Well No : 005
Surface Locn - UL : K Sec : 21 Twp : 24S Range : 37E Lot Idn :
Multiple comp (S/M/C) : S TVD Depth (Feet) : 3700 MVD Depth (Feet) : 3700
Spud Date : 08-27-1965 P/A Date :
Casing/lineal Record:

S Size (inches)	Grade Weight (lb/ft)	Depth(ft) Top-Liner	Depth(ft) Bot-Liner	Hole Size (inches)	Cement (Sacks)	TOC (feet)	Code
7.000	20.0	0.0	251.0	9.875	250		C
4.500	9.5	0.0	3421.0	6.250	150		C

B0009: Enter data to modify record

PF01 HELP	PF02	PF03 EXIT	PF04 GoTo	PF05	PF06 CONFIRM
PF07	PF08	PF09 COMMENT	PF10 TLOG	PF11	PF12

Cum. Prod. as of 12-31-1993

*25825 MCF
27434 BO*

last prod.

January 1984

*No Production
Reported in
ONGARD*

Inactive Well

CMD :
OG61WCM

ONGARD
INQUIRE WELL COMPLETIONS

02/22/05 09:30:09
OGOMES -TP90

API Well No : 30 25 2140 Eff Date : 05-20-1984 WC Status : A
Pool Idn : 37240 LANGLIE MATTIX;7 RVRB-Q-GRAYBURG
OGRID Idn : 122811 PRONGHORN MANAGEMENT CORP
Prop Idn : 14988 J F BLACK

Well No : 005
GL Elevation: 3239

	U/L	Sec	Township	Range	North/South	East/West	Prop/Act (P/A)
B.H. Locn	: K	21	24S	37E	FTG 1980 F S	FTG 2030 F W	A

Lot Identifier:

Dedicated Acre: 40.00

Lease Type : P

Type of consolidation (Comm, Unit, Forced Pooling : C/U/F/O) :

E6317: No more recs. for this api well no.

PF01 HELP PF02 PF03 EXIT PF04 GoTo PF05 PF06
PF07 PF08 PF09 PF10 NEXT-WC PF11 HISTORY PF12 NXTREC

4

ANNUAL REPORT

OF THE

NEW MEXICO OIL & GAS ENGINEERING COMMITTEE

HOBBS, NEW MEXICO



VOLUME I-A

Southeast New Mexico



1984

WELL S. T. R. JAN FEB MAR APRIL MAY JUNE JULY AUG SEPT OCT NOV DEC 1984 PROD. MP. ACCUM

TERRA RESOURCES, INCORPORATED

Table with columns for well ID, type, and monthly production from Jan to Dec 1984. Includes wells like CARLSON 8813, 281325537E, 3G1325537E, etc.

TEXAGO INCORPORATED (JALM DISTRICT)

Table with columns for well ID, type, and monthly production. Includes wells like JALM 124537E, 3B2124537E, 4F2124537E, etc.

E. BLINERY FEDERAL NCT 2

Table with columns for well ID, type, and monthly production. Includes wells like 2H2624537E, 3G3523537E, 303523537E, etc.

C. C. FRISTOE FEDERAL NCT 1

Table with columns for well ID, type, and monthly production. Includes wells like 603524537E, 3P2624537E, 3A2624537E, etc.

J. H. GAMBRELL FEDERAL NCT 8

Table with columns for well ID, type, and monthly production. Includes wells like 1C2925537E, 2F1623537E, 301623537E, etc.

C. E. PENNY FEDERAL NCT 4

Table with columns for well ID, type, and monthly production. Includes wells like 301925537E, 301925537E, 2F1925537E, etc.

C. M. SHEPHERD FEDERAL NCT 1

Table with columns for well ID, type, and monthly production. Includes wells like 2P1623537E, 301623537E, 2P1623537E, etc.

TEXAS PACIFIC OIL COMPANY INC.

Table with columns for well ID, type, and monthly production. Includes wells like 1J1824537E, 2E1824537E, 3E1824537E, etc.

WIDEWATER OIL COMPANY

Table with columns for well ID, type, and monthly production. Includes wells like 2E1824537E, 3E1824537E, 2E1824537E, etc.

WIDEWATER OIL COMPANY

Table with columns for well ID, type, and monthly production. Includes wells like 2E1824537E, 3E1824537E, 2E1824537E, etc.

Submit 3 Copies To Appropriate District Office
 District I
 1625 N. French Dr., Hobbs, NM 87240
 District II
 811 South First, Artesia, NM 87210
 District III
 1000 Rio Brazos Rd., Aztec, NM 87410
 District IV
 2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico
 Energy, Minerals and Natural Resources

Form C-103..
 Revised March 25, 1999

OIL CONSERVATION DIVISION
 2040 South Pacheco
 Santa Fe, NM 87505

WELL API NO.
 30-025-21401

5. Indicate Type of Lease
 STATE FEE

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name:

J. F. Black

8. Well No.

5

9. Pool name or Wildcat

Langlie-Mattix TRS & Grubberg

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

1. Type of Well:
 Oil Well Gas Well Other

2. Name of Operator
 PRONGHORN Mgt. Corp.

3. Address of Operator
 P.O. Box 1772 Hobbs, N.M. 88241

4. Well Location

Unit Letter K : 1980 feet from the South line and 2030' feet from the West line

Section 21 Township 24S Range 37E NMPM Lea County

10. Elevation (Show whether DR, RKB, RT, GR, etc.)

11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK PLUG AND ABANDON

TEMPORARILY ABANDON CHANGE PLANS

PULL OR ALTER CASING MULTIPLE COMPLETION

OTHER:

SUBSEQUENT REPORT OF:

REMEDIAL WORK ALTERING CASING

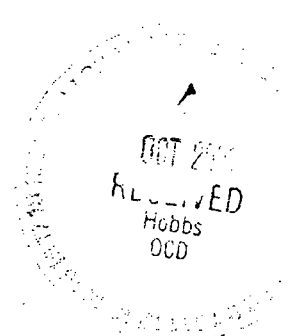
COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT

CASING TEST AND CEMENT JOB

OTHER:

12. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation.

1. Move in and rig up.
2. Perforate Jalmut Yates zone.
3. Evaluate production for stimulation.
4. Return well to production.



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

SIGNATURE Guy A. Baber TITLE Partner DATE 10/24/01

Type or print name Guy A. Baber Telephone No. 505-393-8386
 (This space for State use)

APPROVED BY _____ TITLE _____ DATE 10/24/01

Conditions of approval, if any:

2

API Well No: **30-025-21401-00-00** Owner: **PRONGHORN MANAGEMENT CORP** County: **Lea**
 Well Name: **LF BLACK** Number: **005** Inspect No: **ILWH0025650755**
 Well Type: **Oil (Producing)** Well Status: **Active**
 UL-S-T-R: **N-21-24S-37E** Facility/Project: **XY**

Purpose: **Normal Routine Activity** Violation? SNC? Well Idle >1 Year? Current Type: **O** Status: **A** Type: **S**
 Type: **PHOTO** Respondant: **PRONGHORN MANAGEMENT CORP** 122311
 Notification Type: **No Well Sign. (Of incorrect info) NO PUMPING UNIT DISCONNECTED.**
 Compliance

Date Performed: **09/12/2000**
 Date NOV:
 Date RmdyReq:
 Date Extension:
 Date Passed:

Failed Items

Comply# IncdntNo Inspector: **Buddy Hill** Duration: **0.5**

API Well No: **30-025-21401-00-00** Owner: **PRONGHORN MANAGEMENT CORP** County: **Lea**
 Well Name: **LF BLACK** Number: **005** Inspect No: **ILWH0111588697**
 Well Type: **Oil (Producing)** Well Status: **Active**
 UL-S-T-R: **N-21-24S-37E** Facility/Project: **XY**

Purpose: **Normal Routine Activity** Violation? SNC? Well Idle >1 Year? Current Type: **O** Status: **A** Type: **S**
 Type: **PHOTO** Respondant: **PRONGHORN MANAGEMENT CORP** 122311
 Notification Type: **NO ACTIVITY!**
 Compliance

Date Performed: **04/25/2001**
 Date NOV:
 Date RmdyReq:
 Date Extension:
 Date Passed:

Failed Items

Comply# IncdntNo Inspector: **Buddy Hill** Duration: **0.2**

District I
PO Box 1980, Hobbes, NM 88241-1980
District II
PO Drawer DD, Artesia, NM 88211-0719
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
PO Box 2088, Santa Fe, NM 87504-2088

State of New Mexico
Energy, Minerals & Natural Resources Department
OIL CONSERVATION DIVISION
PO Box 2088
Santa Fe, NM 87504-2088

Form C-104
Revised February 10, 1994
Instructions on back
Submit to Appropriate District Office
5 Copies

AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

Operator name and Address PRONGHORN MANAGEMENT CORPORATION P.O. BOX 1772 HOBBS, NM 88241		OGRID Number 122811
		Reason for Filing Code C O eff. 10/1/94
A/P Number 30 - 0 25-21401	Pool Name LANGLIE MATTIX 7 RIVERS	Pool Code 37240
Property Code 14988	Property Name J. F. BLACK	Well Number 005

II. Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South Line	Feet from the	East/West line	County
K	21	24S	37E		1980	SOUTH	2030	WEST	LEA

Bottom Hole Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County

Lea Code	Producing Method Code	Gas Connection Date	C-129 Permit Number	C-129 Effective Date	C-129 Expiration Date
----------	-----------------------	---------------------	---------------------	----------------------	-----------------------

III. Oil and Gas Transporters

Transporter OGRID	Transporter Name and Address	POD	O/G	POD ULSTR Location and Description
022628	TEXAS-NEW MEXICO PIPELINE P.O. BOX 60028 SAN ANGELO, TX 76906	0500910	0	G 21 24S 37E

IV. Produced Water

POD 0500950	POD ULSTR Location and Description G 21 24S 37E
----------------	--

V. Well Completion Data

Spud Date	Ready Date	TD	PBTD	Perforations
Hole Size	Casing & Tubing Size	Depth Set	Sacks Cement	

VI. Well Test Data

Date New Oil	Gas Delivery Date	Test Date	Test Length	Tbg. Pressure	Cap. Pressure
Choke Size	Oil	Water	Gas	AOF	Test Method

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

Signature: <i>Sherry Wade</i>	OIL CONSERVATION DIVISION Approved by: ORIGINAL SIGNED BY GARY WINK
Printed name: SHERRY WADE	Title: FIELD REP. II
Title: PRODUCTION CLERK	Approval Date: OCT 26 1994
Date: 10-24-94	Phone: (505) 392-5516

* If this is a change of operator fill in the OGRID number and name of the previous operator

Previous Operator Signature	Printed Name	Title	Date

GW

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

DISTRICT II
 P.O. Drawer DD, Artesia, NM 88210

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

State of New Mexico
 Energy, Minerals and Natural Resources Department

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

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

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

I.

Operator PRONGHORN MANAGEMENT CORPORATION (12281)	Well API No. 30-025-21401
Address P.O. BOX 1772 HOBBS, NM 88241	
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Change in Transporter of: Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> OPERATOR NAME CHANGE ONLY Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	MAY 01 1994
If change of operator give name and address of previous operator BABER WELL SERVICING COMPANY. P.O. BOX 1772 HOBBS, NM 88241	

II. DESCRIPTION OF WELL AND LEASE

Lease Name J F BLACK (14988)	Well No. 5	Pool Name, including Formallon LANGLIE MATTIX 7 RVRS Q-G (37240)	Kind of Lease State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Per <input type="checkbox"/>	Lease No.
Location Unit Letter K : 1980 Feet From The FSL Line and 2030 Feet From The FWL Line Section 21 Township 24S Range 37E , NMPM, LEA County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> LANTERN Petroleum Corp. [13063]	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 2281, MIDLAND, TX. 79702
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> N/A	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 K Sec. 21 Twp. 24S Rge. 37E 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:

IV. COMPLETION DATA

Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
	Date Compl. Ready to Prod.		Total Depth					P.B.T.D.
R, etc.)	Name of Producing Formation		Top Oil/Gas Pay					Tubing Depth
								Depth Casing Shoe

TUBING, CASING AND CEMENTING RECORD

CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

REQUEST FOR ALLOWABLE
 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.)

Well No.	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
	Tubing Pressure	Casing Pressure
	Oil - Bbls.	Water - Bbls.
		Gas - MCF
	Length of Test	Bbls. Condensate/MMCF
R, etc.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)
		Gravity of Condensate
		Choke Size

CERTIFICATE OF COMPLIANCE
 I, the undersigned, being duly sworn, depose and say that the information given above is true and correct to the best of my knowledge and belief.

Signature *Sherry Wade*
 Printed Name **SHERRY WADE** Title **PRODUCTION CLERK**
 Date **3-5-94** Telephone No. **(505) 392-5516**

OIL CONSERVATION DIVISION

Date Approved _____
 By _____ Title **Geologist**

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.

OIL POD NO. 500910
 GAS POD NO. 500910
 O-TRNSP. OGRID NO. 13063
 G-TRNSP. OGRID NO. 13063
 500910
 500910

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

State of New Mexico
 Energy, Minerals and Natural Resources Department

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

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

DISTRICT II
 P.O. Drawer DD, Artesia, NM 88210

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

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

I.

Operator BABER WELL SERVICING COMPANY	Well API No. 30-025-21401
Address P.O. BOX 1772 HOBBS, NM 88241	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of: <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator CAPROCK OIL & GAS, INC. P.O. Box 828 ANDREWS, TX. 79714	

II. DESCRIPTION OF WELL AND LEASE

Lease Name J.F. BLACK	Well No. 5	Pool Name, Including Formation Langlie Mattix Seven Rivers	Kind of Lease State, Federal or <u>Fee</u>	Lease No.
Location Queen				
Unit Letter K	: 1980	Feet From The FSL	Line and 2030	Feet From The FWL
Section 21	Township 24S	Range 37E	NMPM, LEA	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS NOTE: Shut-in at present

Name of Authorized Transporter of Oil LANTERN PETROLEUM CORP	<input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2281 Midland, Tx. 79701
Name of Authorized Transporter of Casinghead Gas El Paso Nat'l Gas	<input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) 304 Texas Avenue El Paso, Tx 79901
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	Twp.	Rge.
	Is gas actually connected?	When?

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DP, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE

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

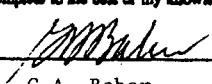
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF.

GAS WELL

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

VI. OPERATOR CERTIFICATE OF COMPLIANCE

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

Signature: 
 G.A. Baber President

Printed Name: G.A. Baber Title: President
 Date: 02/01/91 Telephone No.: (505) 393-5516

OIL CONSERVATION DIVISION

Date Approved: MAR 22 1991

By: _____
 Title: _____

- 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.

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

DISTRICT II
 P.O. Drawer DD, Artesia, NM 88210

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

State of New Mexico
 Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

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

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

I.

Operator CAPROCK OIL & GAS, INC.	Well API No. 30-025-21401
Address P. O. Box 828, Andrews, Texas 79714	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator <u>David H. Arrington Oil & Gas, Inc., P. O. Box 3109, Midland TX 79702</u>	

II. DESCRIPTION OF WELL AND LEASE

Lease Name J. F. Black	Well No. 5	Pool Name, Including Formation Langlie Mattix Seven Rivers Queen	Kind of Lease State, Federal or <input checked="" type="radio"/> Other	Lease No.
Location Unit Letter <u>K</u> : 1980 Feet From The <u>ESL</u> Line and <u>2030</u> Feet From The <u>EWL</u> Line Section <u>21</u> Township <u>24S</u> Range <u>37E</u> , NMPM, <u>Lea</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Note: Shut-in at present

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Texas New Mexico Pipeline Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 2528, NM 88240
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas	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 Sec. Twp. Rge. Is gas actually connected? When ?

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

IV. COMPLETION DATA

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

V. TEST DATA AND REQUEST FOR ALLOWABLE

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

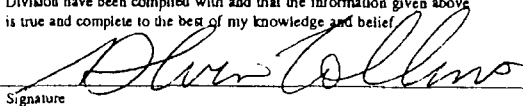
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF

GAS WELL

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

VI. OPERATOR CERTIFICATE OF COMPLIANCE

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


 Signature
Alvin Collins, President
 Printed Name
 Date November 1, 1990
 Title
(915) 523-6500
 Telephone No.

OIL CONSERVATION DIVISION

Date Approved _____
 By _____
 Title _____

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.

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

State of New Mexico
Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

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

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

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

I.

Operator David H. Arrington Oil & Gas, Inc.	Well API No. 30-025-21401
Address P.O. Box 2071, Midland, TX 79702	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
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 type="checkbox"/>
Change in Operator <input checked="" type="checkbox"/>	
If change of operator give name and address of previous operator Texaco Inc., P.O. Box 3109, Midland, TX 79702	

II. DESCRIPTION OF WELL AND LEASE

Lease Name J.F. Black	Well No. 5	Pool Name, including Formation Langlie Mattix Seven Rivers Queen	Kind of Lease <input checked="" type="radio"/> State, Federal or <input type="radio"/> Fee	Lease No.
Location Unit Letter <u>K</u> 1980 Feet From The <u>FSL</u> Line and <u>2030</u> Feet From The <u>FWL</u> Line Section <u>21</u> Township <u>24S</u> Range <u>37E</u> , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS NOTE: Shut-in at present

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Texas New Mexico Pipeline</u>	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>El Paso Natl Gas</u>	
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When?

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations							Depth Casing Shoe	

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE

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

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

GAS WELL

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

VI. OPERATOR CERTIFICATE OF COMPLIANCE

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

Signature David H. Arrington
David H. Arrington President
Printed Name Title
Date 1/29/90 Telephone No. (915) 682-6685

OIL CONSERVATION DIVISION

MAR 19 1990

Date Approved _____

By Paul Kautz
Orig. Signed by Geologist

Title _____

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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PERATOR		

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO RE-DRILL OR PLUG BACK TO A DIFFERENT RESERVOIR. USE APPLICATION FOR PERMIT 22 (FORM C-101) FOR SUCH PROPOSALS.)

OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5a. Indicate Type of Lease State <input type="checkbox"/> Fee <input type="checkbox"/>
Name of Operator TEXACO INC.		5. State Oil & Gas Lease No.
Address of Operator P. O. Box 728, Hobbs, New Mexico 88240		7. Unit Agreement Name
Location of Well UNIT LETTER K 1980 FEET FROM THE South LINE AND 2030 FEET FROM THE West LINE, SECTION 21 TOWNSHIP 24-S RANGE 37-E NMPM.		6. Farm or Lease Name J. F. Black
15. Elevation (Show whether DF, RT, GR, etc.) 3239' (DF)		9. Well No. 5
12. County Lea		10. Field and Pool or Field Langile Mattix Seven Rivers Queen

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
DRILL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <input type="checkbox"/>

1. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

1. Rigged up. Pulled rods & pump. Installed BOP. Pulled tubing.
2. Set pkr. @ 4335'. Spot 220 gal. Nacor 73' acid w/250 gal. fresh water in open hole section 2421'-3700'. Flush w/13 bbls. fresh water.
3. Installed pumping equipment. Test & place on production.

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

SIGNED *[Signature]* TITLE Asst. Dist. Supt. DATE 2-25-77
 APPROVED BY *[Signature]* TITLE _____ DATE _____
 CONDITIONS OF APPROVAL, IF ANY _____

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OPERATOR		

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease	
State <input type="checkbox"/>	Fee <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.	
-	
7. Unit Agreement Name	
-	
8. Farm or Lease Name	
J. F. Black	
9. Well No.	
5	
10. Field and Pool, or Wildcat	
Langlie Mattix Seven Rivers Queen	
12. County	
Isla	

SUNDRY NOTICES AND REPORTS ON WELLS

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

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- <input type="checkbox"/>
2. Name of Operator TEXACO Inc.
3. Address of Operator P.O. Box 728, Hobbs, New Mexico 88240
4. Location of Well UNIT LETTER <u>K</u> , <u>1980</u> FEET FROM THE <u>South</u> LINE AND <u>2030</u> FEET FROM THE <u>West</u> LINE, SECTION <u>21</u> TOWNSHIP <u>24S</u> RANGE <u>37E</u> NMPM.
15. Elevation (Show whether DF, RT, GR, etc.) 3239' DF

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

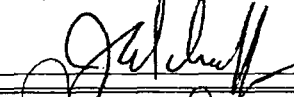
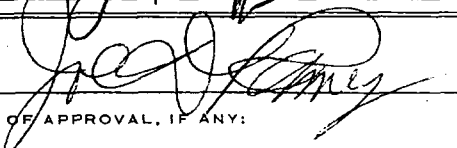
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>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

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

The following work on subject well has been completed:

1. Pulled rods and tubing.
2. Tested casing above packer.
3. Found leak in casing at 615'. Replaced 8 joints casing.
4. Ran 2-3/8" tubing and packer and tested casing.
5. Found leak at 778'. Pulled tubing and packer.
6. Ran tubing, packer and RBP. Tested casing. Located leaks at 778' and 820'. All other OK. Set RBP at 2994'. Dumped 4' sand on BP.
7. Ran cement retainer and cemented at 640' with 200 sx Class C cement. Cement circulated.
8. Ran tubing and bit. Drilled cement retainer and cement 640-830'.
9. Tested casing and pulled tubing and bit.
0. Ran tubing, pump, rods and test.
1. Pull rods and tubing. Ran 2-7/8" tubing and packer and set at 3361'.
2. Frac open hole 3421-3700' w/24,000 gals gelled lease crude containing 1# 20/40 sand and 1/40# Adomite per gal. in 1 - 4000 and 4 - 5000 gal stages. Followed first stage with 400# unibeads second stage with 100# and third and fourth with 150#.
3. Pull 2-7/8" tubing and packer and ran 2-3/8" production tubing.
4. Ran pump, rods and return to production.

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

SIGNED 	TITLE <u>Assistant District Superintendent</u>	DATE <u>August 20, 1971</u>
APPROVED BY 	TITLE <u>SUPERVISOR DISTRICT I</u>	DATE <u>AUG 20 1971</u>
CONDITIONS OF APPROVAL, IF ANY:		

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Form C-105
Revised 1-1-65

NEW MEXICO OIL CONSERVATION COMMISSION
WELL COMPLETION OR RECOMPLETION REPORT AND LOG

Indicate Type of Lease
State Fee
5. State Oil & Gas Code No. **17,955**
Reg

1a. TYPE OF WELL
OIL WELL GAS WELL DRY OTHER _____
b. TYPE OF COMPLETION
NEW WELL WORK OVER DEEPEN PLUG BACK DIFF. RESVR. OTHER _____

7. Unit Agreement Name
NONE
8. Farm or Lease Name
J. F. Black

2. Name of Operator
TEXACO Inc.

9. Well No.
5

3. Address of Operator
P. O. Box 728 - Hobbs, New Mexico

10. Field and Pool, or Wildcat
Langlie-Matrix

4. Location of Well
UNIT LETTER K LOCATED 1980 FEET FROM THE South LINE AND 9030 FEET FROM

12. County
Lea

THE West LINE OF SEC. 21 TWP. 24-S RGE. 37-E N.M.P.M.

15. Date Spudded
Aug. 27, 1965
16. Date T.D. Reached
Sept. 4, 1965
17. Date Compl. (Ready to Prod.)
September 25, 1965
18. Elevations (DF, RKB, RT, GR, etc.)
3239' (D. F.)
19. Elev. Casinghead
3229'

20. Total Depth
3700'
21. Plug Back T.D.
Open Hole 3421'-TD
22. If Multiple Compl., How Many
NO
23. Intervals Drilled By
Rotary Tools
3700'
Cable Tools
NONE

24. Producing Interval(s), of this completion - Top, Bottom, Name
Open Hole From 3421' to 3700'
25. Was Directional Survey Made
YES

26. Type Electric and Other Logs Run
Acoustilog
27. Was Well Cored
NO

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

CASING SIZE	WEIGHT LB./FT.	DEPTH SET	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
7"	20.00	251'	9 7/8"	250 Sx.	NONE
4 1/2"	9.50	3421'	6 1/4"	150 Sx.	NONE

29. LINER RECORD

SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN
NONE				

30. TUBING RECORD

SIZE	DEPTH SET	PACKER SET

31. Perforation Record (Interval, size and number)
Open Hole From 3421' to 3700'

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

DEPTH INTERVAL	AMOUNT AND KIND MATERIAL USED
3421' to 3700'	1500 gals 15% ISTM acid.

33. PRODUCTION

Date First Production
Sept. 24, 1965
Production Method (Flowing, gas lift, pumping - Size and type pump)
Pump
Well Status (Prod. or Shut-in)
Producing

Date of Test Sept. 25, 1965	Hours Tested 24 Hours	Choke Size Pump	Prodn. For Test period →	Oil - Bbl. 1	Gas - MCF 2800	Water - Bbl. NONE	Gas-Oil Ratio 2800
Flow Tubing Press. Pump	Casing Pressure ---	Calculated 24-Hour Rate →	Oil - Bbl. 1	Gas - MCF 2800	Water - Bbl. NONE	Oil Gravity - API (Corr.) 37	

34. Disposition of Gas (Sold, used for fuel, vented, etc.)
Sold - El Paso Natural Gas Company
Test Witnessed By
E. C. O'Kief

35. List of Attachments
NONE

36. I hereby certify that the information shown on both sides of this form is true and complete to the best of my knowledge and belief.

SIGNED W. E. Moran TITLE Assistant to the District Superintendent DATE September 27, 1965

INSTRUCTIONS

This form is to be filed with the appropriate District Office of the Commission not later than 20 days after the completion of any newly-drilled or deepened well. It shall be accompanied by one copy of all electrical and radio-activity logs run on the well and a summary of all special tests conducted, including drill stem tests. All depths reported shall be measured depths. In the case of directionally drilled wells, true vertical depths shall also be reported. For multiple completions, items 30 through 34 shall be reported for each zone. The form is to be filed in quintuplicate except on state land, where six copies are required. See Rule 1105.

INDICATE FORMATION TOPS IN CONFORMANCE WITH GEOGRAPHICAL SECTION OF STATE

Southeastern New Mexico

Northwestern New Mexico

T. Anhy <u>2320'</u>	T. Canyon _____	T. Ojo Alamo _____	T. Penn. "B" _____
T. Salt <u>2320'</u>	T. Strawn _____	T. Kirtland-Fruitland _____	T. Penn. "C" _____
B. Salt <u>2420'</u>	T. Atoka _____	T. Pictured Cliffs _____	T. Penn. "D" _____
T. Yates <u>2715'</u>	T. Miss _____	T. Cliff House _____	T. Leadville _____
T. 7 Rivers _____	T. Devonian _____	T. Menefee _____	T. Madison _____
T. Queen <u>3155'</u>	T. Silurian _____	T. Point Lookout _____	T. Elbert _____
T. Grayburg _____	T. Montoya _____	T. Mancos _____	T. McCracken _____
T. San Andres _____	T. Simpson _____	T. Gallup _____	T. Ignacio Qtzite _____
T. Glorieta _____	T. McKee _____	Base Greenhorn _____	T. Granite _____
T. Paddock _____	T. Ellenburger _____	T. Dakota _____	T. _____
T. Blinbry _____	T. Gr. Wash _____	T. Morrison _____	T. _____
T. Tubb _____	T. Granite _____	T. Todilto _____	T. _____
T. Drinkard _____	T. Delaware Sand _____	T. Entrada _____	T. _____
T. Abo _____	T. Bone Springs _____	T. Wingate _____	T. _____
T. Wolfcamp _____	T. _____	T. Chinle _____	T. _____
T. Penn. _____	T. _____	T. Permian _____	T. _____
T. Cisco (Bough C) _____	T. _____	T. Penn. "A" _____	T. _____

FORMATION RECORD (Attach additional sheets if necessary)

From	To	Thickness in Feet	Formation	From	To	Thickness in Feet	Formation
0	233	233	Caliche				
233	312		Redbed				
312	1186		Redbed & Anhy				
1186	1840		Redbed, Anhy & Shale				
1840	2210		Anhy				
2210	2365		Salt				
2365	2978		Anhy & Salt				
2978	3350		Anhy & Lime				
3350	3700		Anhy, Lime & Dolo				
Total Depth		3700					
Open Hole	3421'	3700					
All measurements from rotary table or 10' above ground level.							
Wellbore Number		5218					
5 - _____							
11 - _____							
11 - _____							

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	GAS
OPERATOR	
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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

SEP 27 1 24 PM '55

I. Operator: TEXCON Inc.
 Address: P. O. Box 726 - Hobbs, New Mexico
 Reasons for filing (Check proper box):
 New Well Change in Transporter of:
 Recombination 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	<u>J. F. Black</u>	Well No.	<u>5</u>	Pool Name, including Formation	<u>Lanslie-Mattix</u>	Kind of Lease	<u>State, Federal or Fee</u>
Location	Unit Letter <u>K</u> , <u>1960</u> Feet From The <u>South</u> Line and <u>2000</u> Feet From The <u>West</u> Line of Section <u>21</u> , Township <u>24-S</u> Range <u>37-E</u> , NMPM, Lea County						

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	<u>Texas-New Mexico Pipe Line Company</u>	Address (Give address to which approved copy of this form is to be sent)	<u>P. O. Box 1510 - Midland, Texas</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	<u>El Paso Natural Gas Company</u>	Address (Give address to which approved copy of this form is to be sent)	<u>P. O. Box 1384 - Jal. New Mexico</u>
If well produces oil or liquids, give location of tanks.	Unit <u>F</u> Sec. <u>21</u> Twp. <u>24-S</u> Rge. <u>37-E</u>	is gas actually connected?	<u>YES</u>
		When	<u>September 27, 1965</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)	<input checked="" type="checkbox"/> OIL Well	<input type="checkbox"/> Gas Well	<input type="checkbox"/> New Well	<input type="checkbox"/> Workover	<input type="checkbox"/> Deepen	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Same Res'tv.	<input type="checkbox"/> Diff. Res'tv.
Date Spudded	<u>August 27, 1965</u>	Date Compl. Ready to Prod.	<u>September 25, 1965</u>	Total Depth	<u>3700'</u>	P.B.T.D.	<u>Open Hole - 3421'-3700'</u>	
Pool	<u>Lanslie-Mattix</u>	Name of Producing Formation	<u>Queen</u>	Top Oil/Gas Pay	<u>3421'</u>	Tubing Depth	<u>3490'</u>	
Perforations	<u>Open Hole 3421' to 3700'</u>			Depth Casing Shoe	<u>3421'</u>			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
<u>6 7/8"</u>	<u>7"</u>	<u>251'</u>	<u>250 Sx.</u>					
<u>6 1/4"</u>	<u>4 1/2"</u>	<u>3421'</u>	<u>150 Sx.</u>					

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Text 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	<u>September 24, 1965</u>	Date of Test	<u>September 25, 1965</u>	Producing Method (Flow, pump, gas lift, etc.)	<u>Pump</u>
Length of Test	<u>24 Hours</u>	Tubing Pressure	<u>Pump</u>	Casing Pressure	<u>---</u>
Actual Prod. During Test	<u>1</u>	Oil-Bbls.	<u>1</u>	Water-Bbls.	<u>NONE</u>
				Gas-MCF	<u>(NONE)</u>

GAS WELL

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

I. 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.

W. E. Morgan
 W. E. Morgan (Signature)
 Assistant to the District Superintendent (Title)
 September 27, 1965 (Date)

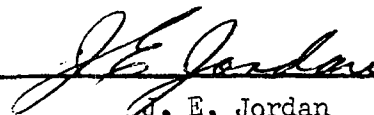
OIL CONSERVATION COMMISSION

APPROVED _____, 19____
 BY _____

TITLE _____
 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 Sections I, II, III, and VI only 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.

SEP 23 1 29 12 1965


I, J. E. Jordan, being of lawful age and being the
Field Foreman for TEXACO Inc., do state that
the deviation record which appears on this form is true and correct to
the best of my knowledge.



J. E. Jordan

Subscribed and sworn to before me this the 17th day of September,
19 65.

My commission expires October 20, 1966.



R. E. Johnson
Notary Public in and for Lea County,
State of New Mexico.

Lease J. F. Black Well No. 5

DEVIATION RECORD

<u>DEPTH</u>	<u>DEGREES C. F</u>
250'	1/4
754'	1/4
1117'	1/2
1610'	1 1/2
1714'	1
2049'	3/4
2660'	1 1/2
2900'	2 3/4
3090'	3
3180'	3
3295'	3
3444'	2 3/4
3575'	2 1/4
3700'	2

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NEW MEXICO OIL CONSERVATION COMMISSION

SEP 9 2 41 PM '65

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease
State Fee

5. State Oil & Gas Lease No.
Fee

SUNDRY NOTICES AND REPORTS ON WELLS

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

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name NONE
2. Name of Operator TEXACO Inc.	8. Farm or Lease Name J. F. Black
3. Address of Operator P. O. Box 728 - Hobbs, New Mexico	9. Well No. 5
4. Location of Well UNIT LETTER <u>K</u> <u>1980</u> FEET FROM THE <u>South</u> LINE AND <u>2030</u> FEET FROM THE <u>West</u> LINE, SECTION <u>21</u> TOWNSHIP <u>24-S</u> RANGE <u>37-E</u> NMPM.	10. Field and Pool, of Wildcat Langlie-Mattix
15. Elevation (Show whether DF, RT, GR, etc.) 3239' (E. F.)	12. County Lea

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

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

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1709.

Total Depth - 3700'
7" O. D. Casing Cemented at 251'

Ran 3410' of 4 1/2" O. D. Casing, 9.5 LB, H-40, NEW, and cemented at 3421' with 150 Sx. Incor with 4% gel. Open Hole from 3421' to 3700'.
Job complete 6:45 A. M. September 5, 1965.

Tested 4 1/2" O. D. Casing for 30 minutes with 1500 P. S. I. from 8:00 A. M. to 8:30 A. M. September 7, 1965. Tested O. K. Job complete 8:30 A. M. September 7, 1965.

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

SIGNED J. E. Jordan TITLE Field Foreman DATE September 9, 1965
J. E. Jordan

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

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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

Aug 31 2 33 PM '65

5a. Indicate Type of Lease
State Fee

5. State Oil & Gas Lease No.
Fee

SUNDRY NOTICES AND REPORTS ON WELLS

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

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name NONE
2. Name of Operator TEXACO Inc.	8. Farm or Lease Name J. F. Black
3. Address of Operator P. O. Box 728 - Hobbs, New Mexico	9. Well No. 5
4. Location of Well UNIT LETTER <u>K</u> <u>1980</u> FEET FROM THE <u>South</u> LINE AND <u>2030</u> FEET FROM THE <u>West</u> LINE, SECTION <u>21</u> TOWNSHIP <u>24-S</u> RANGE <u>37-E</u> NMPM.	10. Field and Pool, or Wildcat Langlie Mattix
15. Elevation (Show whether DF, RT, GR, etc.) 3227' (GR)	12. County Lea

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

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

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Total Depth - 251'
Spudded 9 7/8" Hole at 6:00 A. M. August 27, 1965

Ran 240' of 7" O. D. Casing, 20.00 LB, J-55, NEW, and cemented at 251' with 250 Sx. Incor with 2% CC. Plug at 230'. Cement Circulated.

Temperature of mixing slurry - 88°, Strength - 12 Hours - 1000 P. S. I.
Bottom Hole Temperature - 86°, Job complete 2:48 P. M. August 27, 1965.

Tested 7" O. D. Casing for 30 minutes with 600 P. S. I. from 3:00 A. M. to 3:30 A. M. August 28, 1965. Tested O. K. Drilled cement plug and re-tested for 30 minutes with 600 P. S. I. from 4:00 A. M. to 4:30 A. M. August 28, 1965. Tested O. K. Job complete 4:30 A. M. August 28, 1965.

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

SIGNED J. E. Jordan TITLE Field Foreman DATE August 31, 1965.
J. E. Jordan

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

NO. OF COPIES RECEIVED	
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FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-101
Revised 1-1-65

AUG 13 11 57 AM '65

5A. Indicate Type of Lease
DATE FEE

5. State Oil & Gas Lease No.
41534

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work DRILL <input checked="" type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/>		7. Unit Agreement Name ----
b. Type of Well OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		8. Farm or Lease Name J. F. Black
2. Name of Operator Texaco Inc.		9. Well No. 5
3. Address of Operator P. O. Box 3109, Midland, Texas		10. Field and Pool, or Wildcat Langlie Mattix-Queen
4. Location of Well UNIT LETTER <u>K</u> LOCATED <u>1980</u> FEET FROM THE <u>South</u> LINE AND <u>2030</u> FEET FROM THE <u>West</u> LINE OF SEC. <u>21</u> TWP. <u>24-S</u> RGE. <u>37-E</u> NMPM		12. County Lea
19. Proposed Depth 3705'		19A. Formation Queen Sand
20. Rotary or C.T. Rotary		
21. Elevations (Show whether DF, RT, etc.) GR--3227	21A. Kind & Status Plug. Bond \$10,000 blanket	21B. Drilling Contractor Unknown
22. Approx. Date Work will start At once		

23.

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
9 7/8"	7"	20#	250'	250 *	circulate
6 1/4"	4 1/2"	9.5#	3450'	150 **	2400'

* Cement with 250 sx Incor neat containing accelerator.
** Set 4 1/2" casing at 3450' with packer shoe. Cement with 150 sx Class "C" 4% gel preceded with 300 barrels fresh water.

FORMATION TOPS EXPECTED

Anhydrite	1090'	Yates	2734'
Top Salt	1303'	Queen	3436'
Bottom Salt	2575'	Total Depth	3705'

APPROVED AND COMMENCED,
AUG 13 1965

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, GIVE BLOWOUT PREVENTER PROGRAM, IF ANY.

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

Signed W. M. Bumpass Title Senior Civil Engineer Date 8/12/65

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

NEW MEXICO OIL CONSERVATION COMMISSION
WELL LOCATION AND ACREAGE DEDICATION PL.

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

All distances must be from the outer boundaries of the Section.

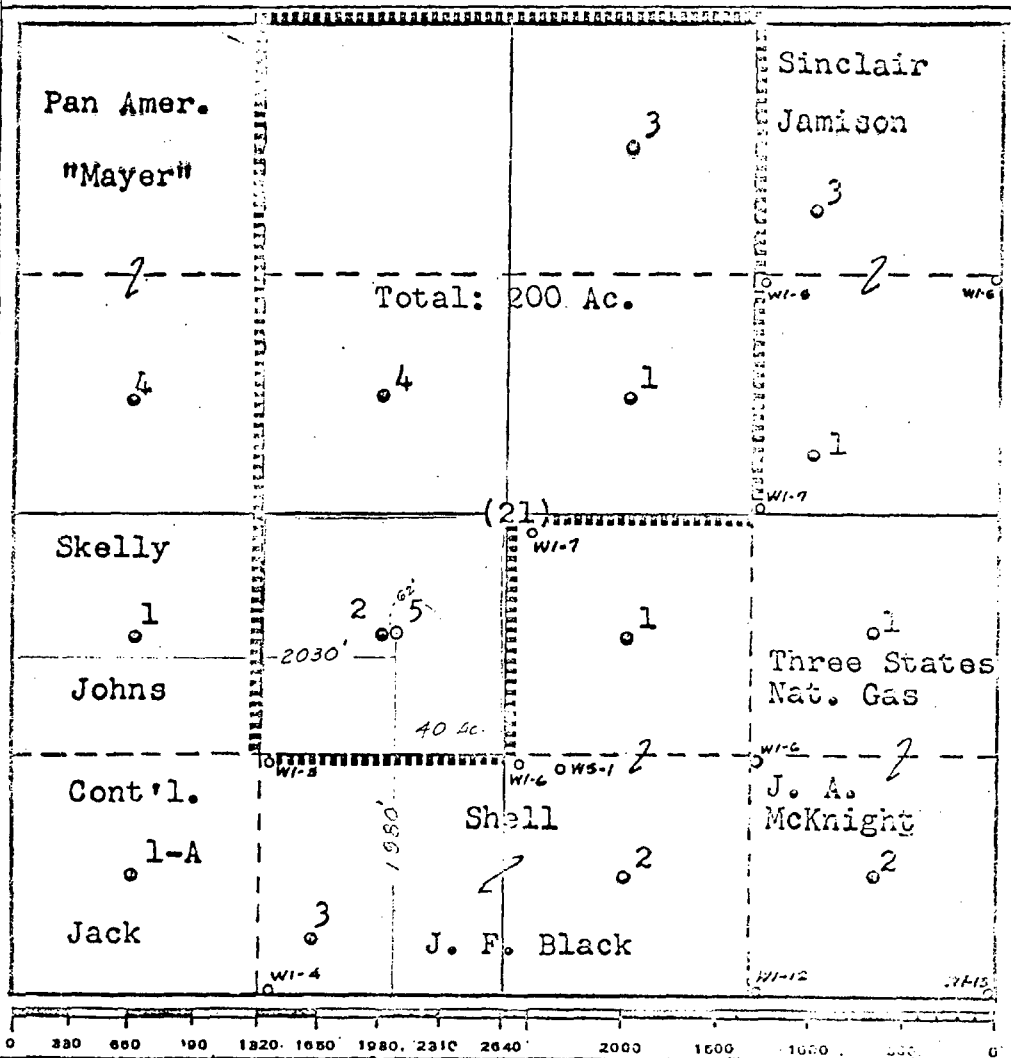
Operator TEXACO Inc.		Lease J. F. Black		Well No. 5
Unit Letter K	Section 21	Township 24 South	Range 37 East	County Lea
Actual Footage Location of Well: 1980 feet from the South line and 2030 feet from the West line Sec. 21				
Ground Level Elev. 3227'	Producing Formation Queen Sand	Pool Lanslie-Mattix	Dedicated Acreage: 40 Acres	

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.) _____

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.



CERTIFICATION	
I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.	
Name	<i>W. M. Bumpass</i>
Position	Senior Civil Engineer
Company	TEXACO Inc.
Date	8/12/65
I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.	
Date Surveyed	8/11/65
Registered Professional Engineer and/or Land Surveyor	
<i>W. M. Bumpass</i>	
Certificate No.	4882

50-225-21401

COUNTY	LEA	FIELD	Langlie-Mattix	STATE	NM
OPR	TEXACO INC.				MAP
	5 Black, I. F.				
	Sec. 21, T-24-S, R-37-E				CO-ORD
	1980' fr S Line & 2030' fr W Line of Sec.				
	Spd 8-27-65				CLASS
	Cmp 9-24-65				EL
		FORMATION	DATUM	FORMATION	DATUM
CSG & SX . TUBING					
	7"	251'	250		
	4½"	3421'	150		
LOGS EL GR RA IND HC A					
					TD 3700'

IP Queen OH 3421-3700' Pmpd 1 BOPD. Pot. Based on 24 hr test, gravity 37., GOR TSTM.

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CONT.	PROP DEPTH	3705'	TYPE
DATE			

F.R. 8-19-65
 PD 3705' - Queen
 8-30-65 Drlg. 2060'.
 9-7-65 TD 3700', prep to Ac.
 9-13-65 TD 3700', pmpg load.
 Ac. 1500 gals. (OH 3421-3700')
 Pmpd 94 BLO + 5 BLW/36 hrs (-21 BLO, -31 BLW)
 9-20-65 TD 3700', prep to swab.
 pmpd no fluid in 72 hrs.
 9-27-65 TD 3700', COMPLETED.

[HOME](#) | [PETROLEUM DATA](#) | [NEWS](#) | [MARKETPLACE](#) | [SOFTWARE](#) | [SPONSORS](#) | [LINKS](#) | [CONTACT](#)

[PTTC](#)
[PRRC](#)
[NM-TECH](#)
[NMBGMR](#)



[NYMEX LS Crude](#) \$50.30
[Navajo WTXI](#) \$45.00
[Henry Hub](#) \$6.00
 Updated 2/22/2005

[GENERAL](#) | [COUNTY](#) | [OPERATOR](#) | [POOL](#) | [LOCATION](#) | [OCD LOG & WELL FILES](#)

View Production Data

In Internet Explorer, right click and select "Save Target As..."
In Netscape, right click and select "Save Link As..."

Download: [HTTP](#)

Well: J F BLACK **No.:** 005
Operator: PRONGHORN MANAGEMENT CORP [[NM SLO data](#)]
API: 3002521401 **Township:** 24.0S **Range:** 37E
Section: 21 **Unit:** K
Land Type: P **County:** Lea
Pools associated:

- [LANGLIE MATTIX;7 RVR-S-Q-GRAYBURG](#) **Total Acreage:** 40 **Completion:** 1
- [Show All](#)

Year: 1973

Pool Name: LANGLIE MATTIX;7 RVR-S-Q-GRAYBURG

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	173	304	489	31	173	304
February	156	275	440	27	329	579
March	172	222	470	31	501	801
April	354	95	543	30	855	896
May	288	131	822	31	1143	1027
June	33	133	1067	30	1176	1160
July	44	317	1422	31	1220	1477
August	48	327	1552	31	1268	1804
September	40	287	592	29	1308	2091
October	30	66	903	25	1338	2157
November	35	60	1132	30	1373	2217
December	50	56	1617	31	1423	2273

Total 1423 2273 11049 357

Year: 1975
Pool Name: LANGLIE MATTIX;7 RVRS-Q-GRAYBURG

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	200	45	2002	31	1623	2318
February	240	193	2426	28	1863	2511
March	276	195	2770	31	2139	2706
April	268	307	2710	30	2407	3013
May	222	187	2565	31	2629	3200
June	121	124	2904	28	2750	3324
July	246	39	5952	31	2996	3363
August	246	20	5904	30	3242	3383
September	188	67	2497	30	3430	3450
October	223	69	2564	31	3653	3519
November	156	50	1863	30	3809	3569
December	205	50	2684	31	4014	3619
Total	2591	1346	36841	362		

Year: 1976
Pool Name: LANGLIE MATTIX;7 RVRS-Q-GRAYBURG

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	160	84	2179	31	4174	3703
February	172	147	2272	29	4346	3850
March	182	201	2093	31	4528	4051
April	141	239	1873	30	4669	4290
May	140	143	2209	31	4809	4433
June	138	0	2178	30	4947	4433
July	106	0	1422	30	5053	4433
August	102	0	1422	31	5155	4433
September	106	0	1422	30	5261	4433
October	109	0	1448	25	5370	4433
November	119	0	1581	30	5489	4433
December	119	0	1581	30	5608	4433
Total	1594	814	21680	358		

Year: 1977
Pool Name: LANGLIE MATTIX;7 RVRS-Q-GRAYBURG

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	103	0	1355	27	5711	4433
February						

	55	0	1320	26	5766	4433
March	91	36	2942	30	5857	4469
April	71	22	2296	30	5928	4491
May	63	34	2037	31	5991	4525
June	50	23	2450	30	6041	4548
July	105	73	2544	30	6146	4621
August	88	73	2136	29	6234	4694
September	76	58	1824	30	6310	4752
October	33	78	1067	31	6343	4830
November	62	165	2005	30	6405	4995
December	18	15	882	31	6423	5010
Total	815	577	22858	355		

Year: 1979

Pool Name: LANGLIE MATTIX;7 RVRS-Q-GRAYBURG

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	71	0	1330	31	6494	5010
February	47	0	893	28	6541	5010
March	86	0	1615	31	6627	5010
April	79	0	1501	30	6706	5010
May	77	0	1463	31	6783	5010
June	58	0	1907	30	6841	5010
July	49	0	1584	30	6890	5010
August	50	0	1200	31	6940	5010
September	61	0	1464	30	7001	5010
October	59	0	1140	31	7060	5010
November	57	0	1102	30	7117	5010
December	57	0	1344	31	7174	5010
Total	751	0	16543	364		

Year: 1980

Pool Name: LANGLIE MATTIX;7 RVRS-Q-GRAYBURG

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	56	0	1320	31	7230	5010
February	32	0	792	21	7262	5010
March	75	0	1175	29	7337	5010
April	41	0	984	30	7378	5010
May	62	0	1488	31	7440	5010
June	69	0	1081	30	7509	5010
July	82	0	1285	31	7591	5010

August	59	0	1416	31	7650	5010
September	90	0	2160	30	7740	5010
October	34	0	1666	31	7774	5010
November	77	0	1222	24	7851	5010
December	85	0	1316	31	7936	5010
Total	762	0	15905	350		

Year: 1981

Pool Name: LANGLIE MATTIX;7 RVRS-Q-GRAYBURG

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	115	0	2166	31	8051	5010
February	55	0	846	23	8106	5010
March	61	0	924	31	8167	5010
April	83	0	1734	30	8250	5010
May	88	0	1490	31	8338	5010
June	90	0	1890	30	8428	5010
July	63	0	1841	31	8491	5010
August	47	0	997	28	8538	5010
September	69	0	1413	30	8607	5010
October	74	0	1883	31	8681	5010
November	66	0	1827	30	8747	5010
December	34	0	1336	26	8781	5010
Total	845	0	18347	352		

Year: 1982

Pool Name: LANGLIE MATTIX;7 RVRS-Q-GRAYBURG

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	19	0	2203	0	8800	5010
February	28	0	1506	23	8828	5010
March	88	0	1974	29	8916	5010
April	74	0	1800	30	8990	5010
May	30	0	2568	30	9020	5010
June	26	0	2279	30	9046	5010
July	31	0	1893	31	9077	5010
August	32	0	3168	31	9109	5010
September	32	0	656	30	9141	5010
October	33	0	2500	31	9174	5010
November	83	0	2077	30	9257	5010
December	30	0	970	28	9287	5010
Total	506	0	23594	323		

Year: 1983

Pool Name: LANGLIE MATTIX;7 RVRS-Q-GRAYBURG

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	27	0	2200	22	9314	5010
February	39	0	2250	25	9353	5010
March	97	0	2160	31	9450	5010
April	89	0	1970	30	9539	5010
May	88	0	1801	29	9627	5010
June	102	0	2095	28	9729	5010
July	76	0	650	21	9805	5010
August	99	0	2191	31	9904	5010
September	77	0	2574	30	9981	5010
October	99	0	2268	30	10080	5010
November	73	34	2132	29	10153	5044
December	51	40	1680	17	10204	5084
Total	917	74	23971	323		

Year: 1989

Pool Name: LANGLIE MATTIX;7 RVRS-Q-GRAYBURG

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	0	0	0	0	10204	5084
February	0	0	0	0	10204	5084
March	0	0	0	0	10204	5084
April	0	0	0	0	10204	5084
May	0	0	0	0	10204	5084
June	0	0	0	0	10204	5084
July	0	0	0	0	10204	5084
August	0	0	0	0	10204	5084
September	0	0	0	0	10204	5084
October	0	0	0	0	10204	5084
November	0	0	0	0	10204	5084
December	0	0	0	0	10204	5084
Total	0	0	0	0		

Year: 1990

Pool Name: LANGLIE MATTIX;7 RVRS-Q-GRAYBURG

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	0	0	0	0	10204	5084
February	0	0	0	0	10204	5084
March	0	0	0	0	10204	5084
April						

	0	0	0	0	10204	5084
May	0	0	0	0	10204	5084
June	0	0	0	0	10204	5084
July	0	0	0	0	10204	5084
August	0	0	0	0	10204	5084
September	0	0	0	0	10204	5084
October	0	0	0	0	10204	5084
November	0	0	0	0	10204	5084
December	0	0	0	0	10204	5084
Total	0	0	0	0		

Year: 1991

Pool Name: LANGLIE MATTIX;7 RVRS-Q-GRAYBURG

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	0	0	0	0	10204	5084
February	0	0	0	0	10204	5084
March	0	0	0	0	10204	5084
April	0	0	0	0	10204	5084
May	0	0	0	0	10204	5084
June	0	0	0	0	10204	5084
July	0	0	0	0	10204	5084
August	0	0	0	0	10204	5084
September	0	0	0	0	10204	5084
October	0	0	0	0	10204	5084
November	0	0	0	0	10204	5084
December	0	0	0	0	10204	5084
Total	0	0	0	0		

Year: 1992

Pool Name: LANGLIE MATTIX;7 RVRS-Q-GRAYBURG

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	0	0	0	0	10204	5084
February	0	0	0	0	10204	5084
March	0	0	0	0	10204	5084
April	0	0	0	0	10204	5084
May	0	0	0	0	10204	5084
June	0	0	0	0	10204	5084
July	0	0	0	0	10204	5084
August	0	0	0	0	10204	5084
September	0	0	0	0	10204	5084

October	0	0	0	0	10204	5084
November	0	0	0	0	10204	5084
December	0	0	0	0	10204	5084
Total	0	0	0	0		

Year: 1994
 Pool Name: LANGLIE MATTIX;7 RVRS-Q-GRAYBURG

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	0	0	0	0	10204	5084
February	0	0	0	0	10204	5084
March	0	0	0	0	10204	5084
April	0	0	0	0	10204	5084
May	0	0	0	0	10204	5084
June	0	0	0	0	10204	5084
July	0	0	0	0	10204	5084
August	0	0	0	0	10204	5084
September	0	0	0	0	10204	5084
October	0	0	0	0	10204	5084
November	0	0	0	0	10204	5084
December	0	0	0	0	10204	5084
Total	0	0	0	0		

Year: 1995
 Pool Name: LANGLIE MATTIX;7 RVRS-Q-GRAYBURG

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	0	0	0	0	10204	5084
February	0	0	0	0	10204	5084
March	0	0	0	0	10204	5084
April	0	0	0	0	10204	5084
May	0	0	0	0	10204	5084
June	0	0	0	0	10204	5084
July	0	0	0	0	10204	5084
August	0	0	0	0	10204	5084
September	0	0	0	0	10204	5084
October	0	0	0	0	10204	5084
November	0	0	0	0	10204	5084
December	0	0	0	0	10204	5084
Total	0	0	0	0		

Year: 1996
 Pool Name: LANGLIE MATTIX;7 RVRS-Q-GRAYBURG

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	0	0	0	0	10204	5084
February	0	0	0	0	10204	5084
March	0	0	0	0	10204	5084
April	0	0	0	0	10204	5084
May	0	0	0	0	10204	5084
June	0	0	0	0	10204	5084
July	0	0	0	0	10204	5084
August	0	0	0	0	10204	5084
September	0	0	0	0	10204	5084
October	0	0	0	0	10204	5084
November	0	0	0	0	10204	5084
December	0	0	0	0	10204	5084
Total	0	0	0	0		

Year: 1997

Pool Name: LANGLIE MATTIX;7 RVRS-Q-GRAYBURG

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	0	0	0	0	10204	5084
February	0	0	0	0	10204	5084
March	0	0	0	0	10204	5084
April	0	0	0	0	10204	5084
May	0	0	0	0	10204	5084
June	0	0	0	0	10204	5084
July	0	0	0	0	10204	5084
August	0	0	0	0	10204	5084
September	0	0	0	0	10204	5084
October	0	0	0	0	10204	5084
November	0	0	0	0	10204	5084
December	0	0	0	0	10204	5084
Total	0	0	0	0		

Year: 1998

Pool Name: LANGLIE MATTIX;7 RVRS-Q-GRAYBURG

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	0	0	0	0	10204	5084
February	0	0	0	0	10204	5084
March	0	0	0	0	10204	5084
April	0	0	0	0	10204	5084
May	0	0	0	0	10204	5084
June	0	0	0	0	10204	5084

July	0	0	0	0	10204	5084
August	0	0	0	0	10204	5084
September	0	0	0	0	10204	5084
October	0	0	0	0	10204	5084
November	0	0	0	0	10204	5084
December	0	0	0	0	10204	5084
Total	0	0	0	0		

Year: 1999

Pool Name: LANGLIE MATTIX;7 RVRS-Q-GRAYBURG

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	0	0	0	0	10204	5084
February	0	0	0	0	10204	5084
March	0	0	0	0	10204	5084
April	0	0	0	0	10204	5084
May	0	0	0	0	10204	5084
June	0	0	0	0	10204	5084
July	0	0	0	0	10204	5084
August	0	0	0	0	10204	5084
September	0	0	0	0	10204	5084
October	0	0	0	0	10204	5084
November	0	0	0	0	10204	5084
December	0	0	0	0	10204	5084
Total	0	0	0	0		

Year: 2000

Pool Name: LANGLIE MATTIX;7 RVRS-Q-GRAYBURG

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	0	0	0	0	10204	5084
February	0	0	0	0	10204	5084
March	0	0	0	0	10204	5084
April	0	0	0	0	10204	5084
May	0	0	0	0	10204	5084
June	0	0	0	0	10204	5084
July	0	0	0	0	10204	5084
August	0	0	0	0	10204	5084
September	0	0	0	0	10204	5084
October	0	0	0	0	10204	5084
November	0	0	0	0	10204	5084
December	0	0	0	0	10204	5084

Total 0 0 0 0

Year: 2001
Pool Name: LANGLIE MATTIX;7 RVRS-Q-GRAYBURG

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	0	0	0	0	10204	5084
February	0	0	0	0	10204	5084
March	0	0	0	0	10204	5084
April	0	0	0	0	10204	5084
May	0	0	0	0	10204	5084
June	0	0	0	0	10204	5084
July	0	0	0	0	10204	5084
August	0	0	0	0	10204	5084
September	0	0	0	0	10204	5084
October	0	0	0	0	10204	5084
November	0	0	0	0	10204	5084
December	0	0	0	0	10204	5084
Total	0	0	0	0		

Year: 2002
Pool Name: LANGLIE MATTIX;7 RVRS-Q-GRAYBURG

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	0	0	0	0	10204	5084
February	0	0	0	0	10204	5084
March	0	0	0	0	10204	5084
April	0	0	0	0	10204	5084
May	0	0	0	0	10204	5084
June	0	0	0	0	10204	5084
July	0	0	0	0	10204	5084
August	0	0	0	0	10204	5084
September	0	0	0	0	10204	5084
October	0	0	0	0	10204	5084
November	0	0	0	0	10204	5084
December	0	0	0	0	10204	5084
Total	0	0	0	0		

Year: 2003
Pool Name: LANGLIE MATTIX;7 RVRS-Q-GRAYBURG

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	0	0	0	0	10204	5084
February						

	0	0	0	0	10204	5084
March	0	0	0	0	10204	5084
April	0	0	0	0	10204	5084
May	0	0	0	0	10204	5084
June	0	0	0	0	10204	5084
July	0	0	0	0	10204	5084
August	0	0	0	0	10204	5084
September	0	0	0	0	10204	5084
October	0	0	0	0	10204	5084
November	0	0	0	0	10204	5084
December	0	0	0	0	10204	5084
Total	0	0	0	0		

Year: 2004

Pool Name: LANGLIE MATTIX;7 RVRS-Q-GRAYBURG

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	0	0	0	0	10204	5084
February	0	0	0	0	10204	5084
March	0	0	0	0	10204	5084
April	0	0	0	0	10204	5084
May	0	0	0	0	10204	5084
June	0	0	0	0	10204	5084
July	0	0	0	0	10204	5084
August	0	0	0	0	10204	5084
September	0	0	0	0	10204	5084
October	0	0	0	0	10204	5084
November	0	0	0	0	10204	5084
December	0	0	0	0	10204	5084
Total	0	0	0	0		

Page last updated 07/22/2004. Webmaster gotech_prrc@yahoo.com

District I
PO Box 1988, Hobbs, NM 88241-1988
District II
PO Drawer DD, Artesia, NM 88211-8719
District III
1600 Rio Bravo Rd., Aztec, NM 87410
District IV
PO Box 2088, Santa Fe, NM 87504-2088

State of New Mexico
Energy, Minerals & Natural Resources Department
OIL CONSERVATION DIVISION
PO Box 2088
Santa Fe, NM 87504-2088

Form C-104
Revised February 10, 1994
Instructions on back
Submit to Appropriate District Office
5 Copies

AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

Operator name and Address MARKS AND GARNER PRODUCTION, LTD. CO. POB 70 LOVINGTON, NM 88260		OGRID Number 014070
Reason for Filing Code CHG OF OPERATOR		Pool Code 19090
API Number 30-0 25-25149	Pool Name DOUBLE X DELAWARE	Well Number 4
Property Code 29096	Property Name JENNINGS FEDERAL	

II. Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South Line	Feet from the	East/West line	County
K	14	24S	32E		1980	South	1650	West	Lea

Bottom Hole Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
K	14	24S	32E		1980	South	1650	West	Lea

Lea Code	Producing Method Code	Gas Connection Date	C-129 Permit Number	C-129 Effective Date	C-129 Expiration Date
F	F	8-31-79			

III. Oil and Gas Transporters

Transporter OGRID	Transporter Name and Address	POD	O/G	POD ULSTR Location and Description
015694	NAVAJO REFINING CO POB 150 ARTESIA NM 88211	500010 1273710	O	B-14-24S-32E
036785	DUKE ENERGY FIELD SERV BOX 50020 MIDLAND TX 79710	500020 1273730	G	B-14-24S-32E

IV. Produced Water

POD	POD ULSTR Location and Description
500050	

V. Well Completion Data

Spud Date	Ready Date	TD	FBTD	Perforations
Hole Size	Casing & Tubing Size	Depth Set	Sacks Cement	

VI. Well Test Data

Date New Oil	Gas Delivery Date	Test Date	Test Length	Tbg. Pressure	Cog. Pressure
Choke Size	Oil	Water	Gas	AOP	Test Method

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

Signature: *Ernest L. Marks*

Printed name: ERNEST L. MARKS
Title: MEMBER-PARTNER
Date: 9-1-01 Phone: 305 396 5326

OIL CONSERVATION DIVISION

Approved by: *[Signature]*
Title: *[Title]*
Approval Date: *[Date]*

If this is a change of operator fill in the OGRID number and name of the previous operator

122811 *[Signature]* Guy A. Baber, III 9/1/01
Previous Operator Signature Printed Name Title Date
PRONGHORN MGMT CORP GA BABER111 PRESIDENT

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

SUNDRY NOTICES AND REPORTS ON WELLS

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

SUBMIT IN TRIPLICATE

1. Type of Well

Oil Well Gas Well Other

2. Name of Operator

Pronghorn Management Corporation

3. Address and Telephone No.

P.O. Box 1772 Hobbs N.M. 88240 505-393-9176

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

1980' FSL 1650' FWL
514-T245-A32E

5. Lease Designation and Serial No.

NM 033503

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

Jenwings Federal #4

9. API Well No.

30-025-25149

10. Field and Pool, or Exploratory Area

Double X Delaware

11. County or Parish, State

Lea

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

TYPE OF SUBMISSION

TYPE OF ACTION

Notice of Intent
 Subsequent Report
 Final Abandonment Notice

Abandonment
 Recompletion
 Plugging Back
 Casing Repair
 Altering Casing
 Other Suspension of operations.

Change of Plans
 New Construction
 Non-Routine Fracturing
 Water Shut-Off
 Conversion to Injection
 Dispose Water

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

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

1. Well is capable of producing but request suspension of operations due to low oil price.
2. Recountable reserves in excess of 17,500 bbls.
3. Possible infill drilling exists.
4. Potential waterflood candidate
5. Well bore is needed for producer on possible injection
6. Request 2 year suspension.

RECEIVED
FEB 23 10 4:06
BUREAU OF LAND MGMT.
DUBUQUE NEW MEXICO

DENIED

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

Signed

Title

Date

(This space for Federal or State office use)

Approved by

Title

Date

Conditions of approval, if any:

GARY COURLEY

AUG 26 1990

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. Oil Cons. Division
P.O. Box 1980
Hobbs, NM 88240

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

SUNDRY NOTICES AND REPORTS ON WELLS

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

SUBMIT IN TRIPLICATE

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other	5. Lease Designation and Serial No. NM 033503
2. Name of Operator Pronghorn Management Corporation	6. If Indian, Allottee or Tribe Name
3. Address and Telephone No. P.O. Box 1772 Hobbs N.M. 88240 505-393-9176	7. If Unit or CA, Agreement Designation
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 1980' FSL 1650' FWL' S14-T24S-R32E	8. Well Name and No. Jenwings Federal #4
	9. API Well No. 30-025-25149
	10. Field and Pool, or Exploratory Area Double X Delaware
	11. County or Parish, State Lea

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

TYPE OF SUBMISSION	TYPE OF ACTION
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input type="checkbox"/> Other _____
	<input checked="" type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Dispose Water

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

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

Return well to production by 3/14/99

RECEIVED
 1998 DEC 17 P 12:54
 BUREAU OF LAND MGMT
 HOBBS, NEW MEXICO

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

Signed *[Signature]* Title Partner Date 12/14/98

(This space for Federal or State office use)

Approved by (ORIG. SGD.) ALEXIS C. SWOBODA Title PETROLEUM ENGINEER Date JAN 07 1999

Conditions of approval, if any:

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. Oil Co. Division
P.O. Box 1980
Hobbs, NM 88241

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

5. Lease Designation and Serial No.

NM 033503

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

JENNINGS Federal #4

9. API Well No.

90-025-25149

10. Field and Pool, or Exploratory Area

Double X Delaware

11. County or Parish, State

LEA

SUNDRY NOTICES AND REPORTS ON WELLS

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

SUBMIT IN TRIPLICATE

1. Type of Well

Oil Well Gas Well Other

2. Name of Operator

PRONGHORN MANAGEMENT CORPORATION

3. Address and Telephone No.

P.O. Box 1772 Hobbs N.M. 88240 505-343-9176

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

1980' FSL 1650' FWL
S14-T24S-R32E

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

TYPE OF SUBMISSION

Notice of Intent
 Subsequent Report
 Final Abandonment Notice

TYPE OF ACTION

Abandonment
 Recompletion
 Plugging Back
 Casing Repair
 Altering Casing
 Other temporary abandon
 Change of Plans
 New Construction
 Non-Routine Fracturing
 Water Shut-Off
 Conversion to Injection
 Dispose Water

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

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

1. Pull out of hole w/ production equipment.
2. Set retrievable bridge plug @ ± 4850'.
3. Pressure test plug and casing.
4. Circulate hole with packer fluid.
5. Temporary abandon as of 12/14/98

RECEIVED
1998 SEP 14 A 9:41
BUREAU OF LAND MGMT.
HOBBBS, NEW MEXICO

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

Signed *[Signature]*

Title *Petroleum*

Date 9/14/98

(This space for Federal or State office use)

(ORIG. SGD.) DAVID R. GLASS

Title PETROLEUM ENGINEER

Date SEP 29 1998

Approved by
Conditions of approval, if any:

SEE ATTACHED FOR

CONDITIONS OF APPROVAL

Title 18 U.S.C. Section 1001. It is unlawful for any person 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.

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

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

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

State of New Mexico
Energy, Minerals and Natural Resources Department

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator PRONGHORN MANAGEMENT CORPORATION <122811>		Well API No. 30-025-25149
Address P.O. BOX 1772 HOBBS, NM 88241		
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> <input checked="" type="checkbox"/> Change in Transporter of Recompletion <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/> OPERATOR NAME CHANGE ONLY Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		XXX Other (Please explain) MAY 01 1994
If change of operator give name and address of previous operator BABER WELL SERVICING COMPANY P.O. BOX 1772 HOBBS, NM 88241		

II. DESCRIPTION OF WELL AND LEASE

Lease Name <1499> JENNINGS FEDERAL	Well No. 4	Pool Name, Including Formation <19000> DOUBLE X DELAWARE	Kind of Lease <State (Federal) on-fee	Lease No. NM-033503
Location Unit Letter K, 1980 Feet From The South Line and 1650 Feet From The West Line Section 14 Township 24S Range 32E NMPM, LEA County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil NAVAJO REFINING CORP.	or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 159 ARTESIA, NM 88211
Name of Authorized Transporter of Casinghead Gas GPM GAS CORPORATION	or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) 4044 PENBROOK ST. ODESSA, TX 79762
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 14
	Twp. 24	Rge. 32
	Is gas actually connected?	When?

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

O-TRNSP. OGRID NO. 14724
 G-TRNSP. OGRID NO. 4171
 OIL POD NO. 50010
 GAS POD NO. 50020

Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
	Data Compl. Ready to Prod.		Total Depth			P.B.T.D.		
R, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Depth Casing Shoe								

TUBING, CASING AND CEMENTING RECORD

CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

REQUEST FOR ALLOWABLE

shall 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.)

Well	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
	Tubing Pressure	Casing Pressure
	Oil - Bbls.	Water - Bbls.
		Gas - MCF
	Length of Test	Bbls. Condensate/MMCF
		Gravity of Condensate
	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)
		Choke Size

CERTIFICATE OF COMPLIANCE

Division have been supplied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature: Sherry Wade
 Printed Name: SHERRY WADE PRODUCTION CLERK
 Title: 3-5-94 (505) 392-5516
 Date: _____ Telephone No. _____

OIL CONSERVATION DIVISION

Date Approved: May 20 1994
 By: _____
 Title: _____
 Original Signed by: Paul ...

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.

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

ILLEGIBLE

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

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LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRODUCTION OFFICE			

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator: Navajo Refining Co.

Address: P.O. Box 1792 Hobbs N.M. 88202

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

<input type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input checked="" type="checkbox"/> Oil	<input type="checkbox"/> Condensate
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	

Other (Please explain):

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>FERRELL FEDERAL</u>	Well No. <u>4</u>	Pool Name, including Formation <u>DOUBLE X VOLCANO</u>	Kind of Lease State, Federal or Fee <u>FEDERAL</u>	Lease No. <u>NM-022</u>
Location				
Unit Letter <u>K</u>	<u>1980</u>	Feet From The <u>S</u>	Line and <u>1000</u>	Feet From The <u>W</u>
Line of Section <u>14</u>	Township <u>24-S</u>	Range <u>32-E</u>	, NMPM, <u>LEE</u> Coun	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> <u>Navajo Refining Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 159 Hobbs N.M. 88202</u>					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Phillips 66 Nat. Gas</u>	Address (Give address to which approved copy of this form is to be sent) <u>4001 KENNEDY, ALBUQUERQUE 87102</u>					
If well produces oil or liquids, give location of tanks.	Unit <u>F</u>	Sec. <u>14</u>	Twp. <u>24</u>	Rge. <u>32</u>	Is gas actually connected? <input checked="" type="checkbox"/>	When <u>-</u>

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

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

Mark R. Clarke

(Signature)

ENGINEER

(Title)

2-9-89

(Date)

OIL CONSERVATION DIVISION

FEB 10 1989

APPROVED _____, 19 _____

BY ORIGINAL SIGNED BY JERRY SIXTON

DISTRICT I SUPERVISOR

TITLE _____

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

If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the deviator tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all able 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 Form C-104 must be filed for each pool in multi-completed wells.

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

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DISTRIBUTION	
SANTA FE	
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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
Baber Well Servicing Co.

Address
P. O. Box 1772 Hobbs, NM 88240

Reason(s) for filing (Check proper box) Other (Please explain)

<input type="checkbox"/> New Well	Change in Transporter of:	
<input type="checkbox"/> 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

If change of ownership give name and address of previous owner Tenenco Oil Co., 7990 IH 10 West, San Antonio, TX. 78230

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Jennings Federal</u>	Well No. <u>4</u>	Pool Name, including Formation <u>Double X Delaware</u>	Kind of Lease State, Federal or Fee Fed. <u>NM-033503</u>	Lease No.
Location Unit Letter <u>K</u> : <u>1980</u> Feet From The <u>South</u> Line and <u>1650</u> Feet From The <u>West</u> Line of Section <u>14</u> Township <u>24-S</u> Range <u>32-E</u> , NMPM, <u>Lea</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS


Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)			
<u>Permian Corporation</u>	<u>Box 3119, Midland, Texas 79702</u>			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)			
<u>Phillips Petroleum Co. 66 Natl Gas</u>	<u>4001 Penbrook, Odessa, Texas 79762</u>			
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.
	<u>F</u>	<u>14</u>	<u>24</u>	<u>32</u>
	Is gas actually connected?		When	

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

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


(Signature)
Exec. Vice Pres.
(Title)
October 19, 1987
(Date)

OIL CONSERVATION DIVISION

OCT 22 1987

APPROVED _____, 19____
BY _____ ORIGINAL SIGNED BY JERRY SEXTON
TITLE _____ DISTRICT I SUPERVISOR

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

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE

(See instructions on reverse side)

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

5. LEASE DESIGNATION AND SERIAL NO.

NM - 033503

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

USA Jennings Federal

9. WELL NO.

4

10. FIELD AND POOL, OR WILDCAT

Double "X" Delaware

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

Sec. 14, T24S, R32E

12. COUNTY OR PARISH

Lea

13. STATE

New Mexico

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

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

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

2. NAME OF OPERATOR
Tenneco Oil Company

3. ADDRESS OF OPERATOR
1860 Lincoln St., Suite 1200, Denver, Colorado 80203

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

At surface 1980 FSL and 1650 FWL

At top prod. interval reported below

At total depth

14. PERMIT NO. DATE ISSUED

15. DATE SPUNDED 11/4/75 16. DATE T.D. REACHED 11/14/75 17. DATE COMPL. (Ready to prod.) 11/17/75 18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 3588.7 GL 19. ELEV. CASINGHEAD

20. TOTAL DEPTH, MD & TVD TD 5000' 21. PLUG, BACK T.D., MD & TVD PBD 4976 22. IF MULTIPLE COMPL., HOW MANY* 23. INTERVALS DRILLED BY ROTARY TOOLS YES CABLE TOOLS

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* Ramsey Sand 4914-22' 25. WAS DIRECTIONAL SURVEY MADE YES

26. TYPE ELECTRIC AND OTHER LOGS RUN Core Gamma Correlation Comp. formation density, dual ind. laterolog. Sonic log & BHC 27. WAS WELL CORED Yes

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

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
8 5/8"	24# K-55	360'	12 1/4"	275 sxs.	None
5 1/2"	17# K-55	4999'	7 7/8"	395 sxs.	None

29. LINER RECORD 30. TUBING RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
None					2 3/8	4956	None

31. PERFORATION RECORD (Interval, size and number) 4914 - 22 2 JSPF Ramsey Sand

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

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
4914-22	Frac'd w/12000 gal of YFGO, 8000# 20/40 sand, 9000# 10/20 sand

33. PRODUCTION

DATE FIRST PRODUCTION	PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)	WELL STATUS (Producing or shut-in)
11/29/75	Pumping #4, 1 1/4" Rod Pump	Recovering load oil

DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
	24			8		58	1000'

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

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) TEST WITNESSED BY Test to be filed when load oil recovered

35. LIST OF ATTACHMENTS
Logs are being mailed under separate cover

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

SIGNED [Signature] TITLE Production Clerk DATE 12/8/75

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

INSTRUCTIONS

General: This form is designed for submitting a complete and correct well completion report and log on all types of lands and leases to either a Federal agency or a State agency, or both, pursuant to applicable Federal and/or State laws and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office. See instructions on Items 22 and 24, and 33, below regarding separate reports for separate completions.

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

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

Item 18: Indicate which elevation is used as reference (where not otherwise shown) for depth measurements given in other spaces on this form and in any attachments.

Items 22 and 24: If this well is completed for separate production from more than one interval zone (multiple completion), so state in Item 22 and in Item 24 show the producing interval, or intervals, top(s), bottom(s) and name(s) (if any) for only the interval reported in Item 33. Submit a separate report (page) on this form, adequately identified, for each additional interval to be separately produced, showing the additional data pertinent to such interval.

Item 29: "Seals Cement": Attached supplemental reports 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 INTERVAL ZONES OF POROSITY AND COMMENTS THEREOF; CORE INTERVALS; AND ALL DRILL-STEM TESTS, INCLUDING DEPTH INTERVAL INSIDE CUSHION USED, LINK TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES				38. GEOLOGIC MARKERS	
FORMATION	TOP	BOTTOM	DESCRIPTION, COMMENTS, ETC.	NAME	TOP
					MAX. DEPTH TRUE VERT. DEPTH
Ramsey Sand	4910	4936	Core 4914-4975, Rec. 15' sand, porous, show oil plus 45' sand, porous, no show.	Lamar Ls Delaware Sd. Ramsey Sd.	4964 4892 4910

RECEIVED

JUL 13 1976

OIL CONSERVATION COMM.
HOBBS, N. M.

DISTRIBUTION	
SALE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

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

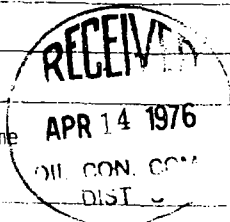
Form C-104
 Successor Old C-104 and C-111
 Effective 1-1-65

Operator
 Tenneco Oil Company

Address
 1860 Lincoln St., Suite 1200, Denver, Colorado 80203

Reason(s) for filing (check proper box)
 New Well Change in Transporter of:
 Recompletion Oil Dry Gas Change in well name
 Change in Ownership Costinghead Gas Condensate

Other (Please explain)



If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Jennings Federal	Well No. 4	Pool Name, including Formation Double "X" Delaware	Kind of Lease State, Federal or Free Federal	Lease No. 033503
Location Unit Letter <u>K</u> : <u>1980</u> Feet From The <u>South</u> Line and <u>1650</u> Feet From The <u>West</u> Line of Section <u>14</u> Township <u>24S</u> Range <u>32E</u> NMPM, <u>McKinley</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"/> <u>Permian (Eff. 8/1/87)</u>	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Costinghead 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 Sec. Twp. Rgs. Is gas actually connected? 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 Well	Chf. 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			
ILLEGIBLE								

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	Bois, Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shot-in)	Casing Pressure (Shot-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]
 Division Clerical Supervisor
4/12/76
 (Date)

OIL CONSERVATION COMMISSION

APPROVED APR 14 1976, 19
 BY [Signature]
 TITLE Dist 1, Supv.

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	
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

Operator
Tenneco Oil Company

Address
1860 Lincoln, Suite 1200, Denver, Colorado 80203

Reason(s) for filing (Check proper box) Other (Please explain)

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 _____

DESCRIPTION OF WELL AND LEASE

Lease Name USA Jennings Federal	Well No. 4	Pool Name, Including Formation Double "X" Delaware	Kind of Lease State, Federal or Fee Federal	Lease No. 033503
Location				
Unit Letter K	1980	Feet From The South Line and 1650	Feet From The West	
Line of Section 14	Township 24S	Range 32E	NMPM, Lea	County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Permian Corporation	P. O. Box 3119, Midland, Texas
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Phillips Petroleum	P. O. Box 477, Buckeye, New Mexico 88212
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit K Sec. 14 Twp. 24S Rge. 32E	Yes Jan., 1976

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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Restv.	Diff. Restv.
Date Spudded 11-4-75	Date Compl. Ready to Prod. 11-17-75	Total Depth 5000'	P.B.T.D. 4976					
Elevations (DF, RKB, RT, CR, etc.) 3588.7 GL	Name of Producing Formation Ramsey Sand	Top Oil/Gas Pay 4914'	Tubing Depth 4966					
Perforations 4914 - 22 2 JSPF	Depth Casing Shoe NA							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12 1/4"	8 5/8"	360'	275 sacks					
7 7/8"	5 1/2"	4999'	395 sacks					

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 11/29/75	Date of Test 1/24/75	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24	Tubing Pressure Not available	Casing Pressure Not available	Choke Size Not available
Actual Prod. During Test 8 bbls	Oil-Bble. 8 bbls	Water-Bble. 58	Gas-MCF 8

GAS WELL

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

I. 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.

D.D. Myers
(Signature)
Div. Production Manager
(Title)
2-9-76
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY Jerry Sexton
TITLE _____

This form is to be filed in compliance with RULE 1104.
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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.
Separate Forms C-104 must be filed for each pool in multiply completed wells.

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPI
(Other instructions
reverse side)

TE*
re-

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.
NM 033503

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.)

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
USA Jennings Federal

9. WELL NO.
4

10. FIELD AND POOL, OR WILDCAT
Double "X" Delaware

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

Sec. 14, T24S, R32E

12. COUNTY OR PARISH | 13. STATE
Lea | New Mexico

1. OIL WELL GAS WELL OTHER

2. NAME OF OPERATOR
Tenneco Oil Company

3. ADDRESS OF OPERATOR
1850 Lincoln, Suite 1200, Denver, Colorado 80203

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface
1980' FSL and 1650' FWL

14. PERMIT NO. | 15. ELEVATIONS (Show whether DF, RT, GR, etc.)
| 3622' GL

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)			

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input checked="" type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input checked="" type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(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.)*

11-17-75 MIRUCU
11-18-75 PBD 4976. Ran Pkr. to PBD. Circ hole w/oil. Set pkr. @ 4778. Test csg to 1000, swabbed well to 4200.
11-19-75 Ran GR corr. log. Set pkr. @ 4778. Perf'd 4914-22. SWBD. 13.8 BLO.
11-20-75 Swabbed. Unsuccessful.
11-21-75 Frac'd w/12000 gallons. YFGO, 8000# 20/40 sand, 9000# 10/20 sand. AIR 9 BPM @ 3400 PSI. ISIP 1000.
11-22-75 SITP 250, F/4.3 BO & died. SWBD 40.4 BO & 10.2 BW in 3 hrs.
11-23-75 SI
11-24-75 RU to run pumping equipment.
11-25-75 WIH with rods & pump.
11-27-75 SI
11-28-75 Installed pumping unit.
11-29-75 P/31 BO, 11 BW.
Waiting on test.
This well recovering load oil at this time

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

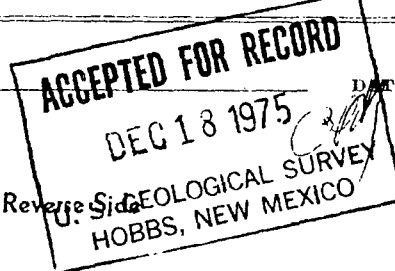
SIGNED [Signature] TITLE Production Clerk

DATE 12/11/75

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____

CONDITIONS OF APPROVAL, IF ANY:



*See Instructions on Reverse Side

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLIC
(Other instructions
verse side)

Form approved.
Budget Bureau No. 42-R1421.

5. LEASE DESIGNATION AND SERIAL NO.

NM 033503

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.)

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

USA Jennings Federal

9. WELL NO.

4

10. FIELD AND POOL, OR WILDCAT

Double "X" Delaware

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

Sec. 14, T24S, R32E

12. COUNTY OR PARISH

Lea

13. STATE

New Mexico

1. OIL WELL GAS WELL OTHER

2. NAME OF OPERATOR
Tenneco Oil Company

3. ADDRESS OF OPERATOR
1360 Lincoln St., Suite 1200 Denver, Colorado 80203

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

1930 FSL and 1650 FWL

14. PERMIT NO.

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

3588.7 GL (correction to old plat)

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

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

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

- 11/14 - 11/16/75 Waiting on completion unit.
- 11/17/75 MIRUCU taged PBTD @ 4976
- 11/18/75 Cir. hole w/oil. Set pkr @ 4778 KB. Pressure tested csg. to 1000#. Held OK. Swabbed well to 4200'.
- 11/19/75 Gamma Ray tool could not get through seating nipple. POH w/tbg. Ran gamma ray correlation log down csg. RIH w/tbg. and pkr. Reset pkr 4778, Perf'd 4914-22 KB w/2 JSPF. Swabbed 13.8 bbl of load oil.
- 11/20/75 Swabbed well dry. No fluid entry.
- 11/21/75 Sand frac'd w/12,000 gal of YFGO, 8,000# 20/40 sand, 9,000# 10/20 sand. AIR 9 bpm @ 3400 psi.
- 11/22/75 Flowed 4.3bbl oil and 10.2 bbl of water in 3 hours.
- 11/22/75 - 11/28/75 Installing pumping unit.
- 11/29/75 31 bo, 11 bw. Recovered load oil.
- 11/30/75 10 bo, 17 bw. Gas locked. Recovered load oil.
- 12/1/75 Pump gas locked added 4' pony rod. Put well to pump.
- 12/2/75 Pumping 19 bo 58 bw in 21 hours.

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

SIGNED

[Signature]

TITLE

Production Clerk

DATE

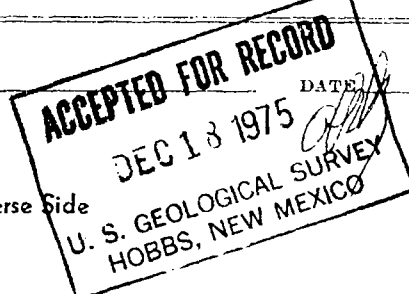
Dec 5, 1975

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:



*See Instructions on Reverse Side



TABULATION OF DEVIATION TESTS
TENNECO OIL COMPANY

<u>DEPTH</u>	<u>INCLINATION</u>
843'	1/2°
1334	3/4°
1834	1°
2334	1 1/2°
2809	1 3/4°
3309	2 1/2°
3440	2 1/2°
3905	2 3/4°
4405	2 1/2°
4909	2 1/2°

AFFIDAVIT

This is to certify that to the best of my knowledge, the above tabulation details the deviation test taken on Tenneco Oil Company's well: USA Jennings Federal #4, 1980 FSL and 1650 FWL, Sec. 14, T24S, R32E, Lea County, New Mexico

Signed

Ted F. Drake
Agent for Tenneco Oil Company

THE STATE OF COLORADO)
CITY AND COUNTY OF DENVER)

Before me, the undersigned authority, on this day, personally appeared,

Ted F. Drake, known to me to be an Agent for Tenneco Oil Company, and to be the person whose name is subscribed to the above statement, who, being by me duly sworn on oath, states that he

has knowledge of the facts stated herein, and that said statement is true and correct. Subscribed and sworn to before me, a Notary Public in and

for said County and State, this fifth Day of December, 1975.

D. P. Crawford
Notary Public

My Commission Expires:

My Commission Expires Feb. 11, 1978

UNITED STATES DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE*
(Other instructions reverse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.
NM 757, Fed. 033503

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
USA Jennings Federal

9. WELL NO.
4

10. FIELD AND POOL, OR WILDCAT
Double "X" Delaware

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 14, T24S, R32E

12. COUNTY OR PARISH
Lea

13. STATE
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.)

1. OIL WELL GAS WELL OTHER

2. NAME OF OPERATOR
Tenneco Oil Company

3. ADDRESS OF OPERATOR
1360 Lincoln, Suite 1200 Denver, Colorado 80203

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

1980 FSL and 1650 FWL

14. PERMIT NO.

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

3622 GL

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREAT

MULTIPLE COMPLETE

FRACTURE TREATMENT

ALTERING CASING

SHOOT OR ACIDIZE

ABANDON*

SHOOTING OR ACIDIZING

ABANDONMENT*

REPAIR WELL

CHANGE PLANS

(Other)

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

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

11-6 - 11-10-75 Drilling 7 7/8" hole to 4914.
11-11-75 WIH w/core bbls. Cored 4914-4975 Delaware Sand.
11-12 - 11-13-75 Drilled to TD of 5000'. Circ. hole clean. Ran DIH, DI, and FDC logs. Ran and cemented 154 jts, 5 1/2" 17#, K-55, LT& C, ST & C, EUE, casing w/395 sx cement. Set @ 4999.

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

SIGNED [Signature]

TITLE Production Clerk

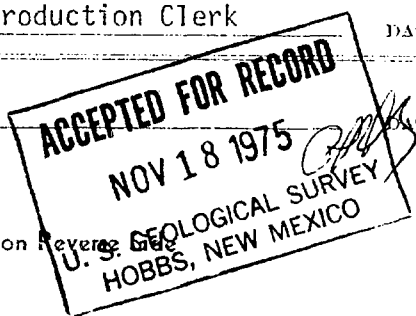
DATE Nov 14, 1975

(This space for Federal or State office use)

APPROVED BY _____

TITLE _____

CONDITIONS OF APPROVAL, IF ANY:



*See Instructions on Reverse Side

(May 1963)

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.
NM 757, Fed. 033503

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
USA Jennings Federal

9. WELL NO.
4

10. FIELD AND POOL, OR WILDCAT
Double "X" Delaware

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

Sec. 14, T24S, R32E

12. COUNTY OR PARISH | 13. STATE
Lea | New Mexico

1. OIL WELL GAS WELL OTHER

2. NAME OF OPERATOR
Tenneco Oil Company

3. ADDRESS OF OPERATOR
1860 Lincoln St., Suite 1200 Denver, Colorado 80203

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface
1990 FSL and 1650 FWL

14. PERMIT NO.

15. ELEVATIONS (Show whether WFL, RT, GR, etc.)
3622 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)

FULL OR ALTER CASING
MULTIPLE COMPLETE
ABANDON*
CHANGE PLANS

SUBSEQUENT REPORT OF:

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

REPAIRING WELL
ALTERING CASING
ABANDONMENT*

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

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

Spudded well 4:00 P.M. 11-4-75 Drilled to 366 . Ran and cemented. 11 JTS 8 5/8" casing to 360' w/275 sacks cement. Tested to BOP to 1000#. Held OK.

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

SIGNED

Tull H. Ducky

TITLE

Production Clerk

DATE

Oct. 7 1975

(This space for Federal or State office use)

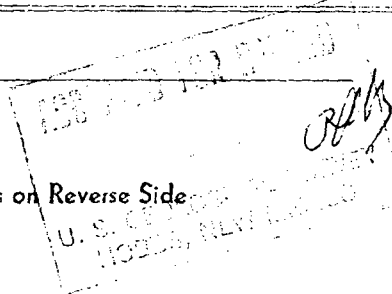
APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side



UNITEL 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
 Tenneco Oil Company

3. ADDRESS OF OPERATOR
 1860 Lincoln Street, Suite 1200, Denver, Colorado 80203

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.)*
 At surface 1980 FSL & 1650 FWL
 At proposed prod. zone Same

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

5. LEASE DESIGNATION AND SERIAL NO.
 NM-757, Fed. 033503

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
 USA Jennings Federal

9. WELL NO.
 4

10. FIELD AND POOL, OR WILDCAT
 Double "X" Delaware

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
 Sec. 14, T24S, R32E

12. COUNTY OR PARISH | 13. STATE
 Lea | New Mexico

15. DISTANCE FROM PROPOSED* LOCATION TO NEAREST PROPERTY OR LEASE LINE, FT. (Also to nearest drlg. unit line, if any) 1650'

16. NO. OF ACRES IN LEASE 520

17. NO. OF ACRES ASSIGNED TO THIS WELL 40

18. DISTANCE FROM PROPOSED LOCATION* TO NEAREST WELL, DRILLING, COMPLETED, OR APPLIED FOR, ON THIS LEASE, FT. + 1900

19. PROPOSED DEPTH 5040

20. ROTARY OR CABLE TOOLS Rotary

21. ELEVATIONS (Show whether DF, RT, GR, etc.) 3622 GL

22. APPROX. DATE WORK WILL START* Upon Approval

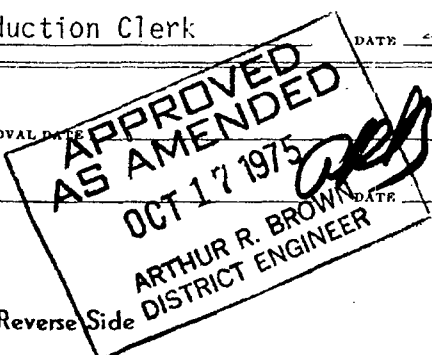
23. PROPOSED CASING AND CEMENTING PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	QUANTITY OF CEMENT
12 1/4	8 5/8	24.0#	± 350	Sufficient to circulate
7 7/8	5 1/2	15.5#	TD 5040	Cement back to surface casing.

1. Drill 12 1/4" hole to ±350'
2. Set 8 5/8"OD surface casing & cement to surface.
3. Drill 7 7/8" to TD, mud will be clear wtr to top of salt @ approx. 1430, then near-saturated salt mud to TD.
4. Run BHC W/GR and dual induction logs.
5. Run 5 1/2" casing and cement to base of salt if well is commercially productive.
6. If non productive P&A as per USGS specs. erect dry hole marker and restore area.

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 [Signature] TITLE Production Clerk DATE Sept 26 1975



(This space for Federal or State office use)

PERMIT NO. _____ APPROVAL DATE _____

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

JAN 17 1975

*See Instructions On Reverse Side

NEW MEXICO OIL CONSERVATION COMMISSION
WELL LOCATION AND ACREAGE DEDICATION PLAN

Form No. 1
Supersedes O-125
Effective 1-1-70

All distances must be from the outer boundaries of the Section.

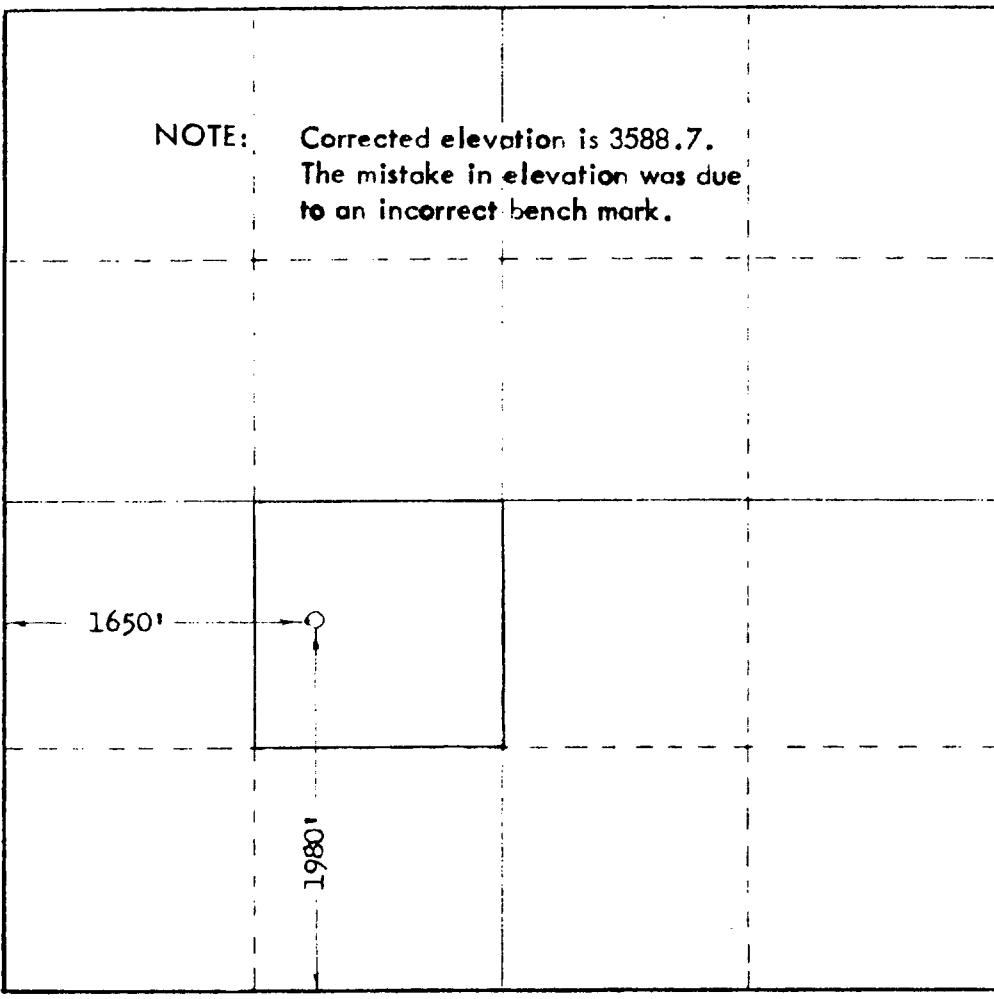
TENNECO OIL COMPANY		Lease		USA Jennings Federal		4	
K	Section 14	Township 24 South	Range 32 East	Lea			
1980		south		1650		west	
3622.0		Double "X" Delaware		Double "X" Delaware		40	

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 interest therein 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.) _____

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.



NOTE: Corrected elevation is 3588.7.
The mistake in elevation was due to an incorrect bench mark.

CERTIFICATION

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

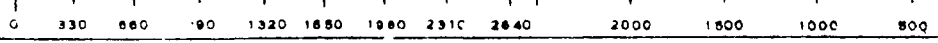
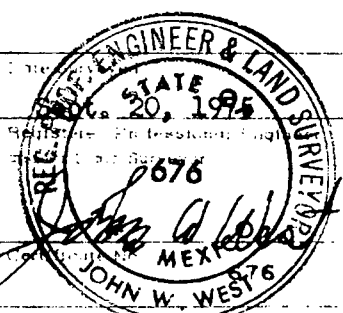
Paul J. Drees

Production Clerk

Tenneco Oil Company

November 18, 1975

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct in the best of my knowledge and belief.



NEW MEXICO OIL CONSERVATION COMMISSION
WELL LOCATION AND ACREAGE DEDICATION PLAN

Form O-10,
Supersedes O-128
Effective 1-1-65

All distances must be from the outer boundaries of the Section.

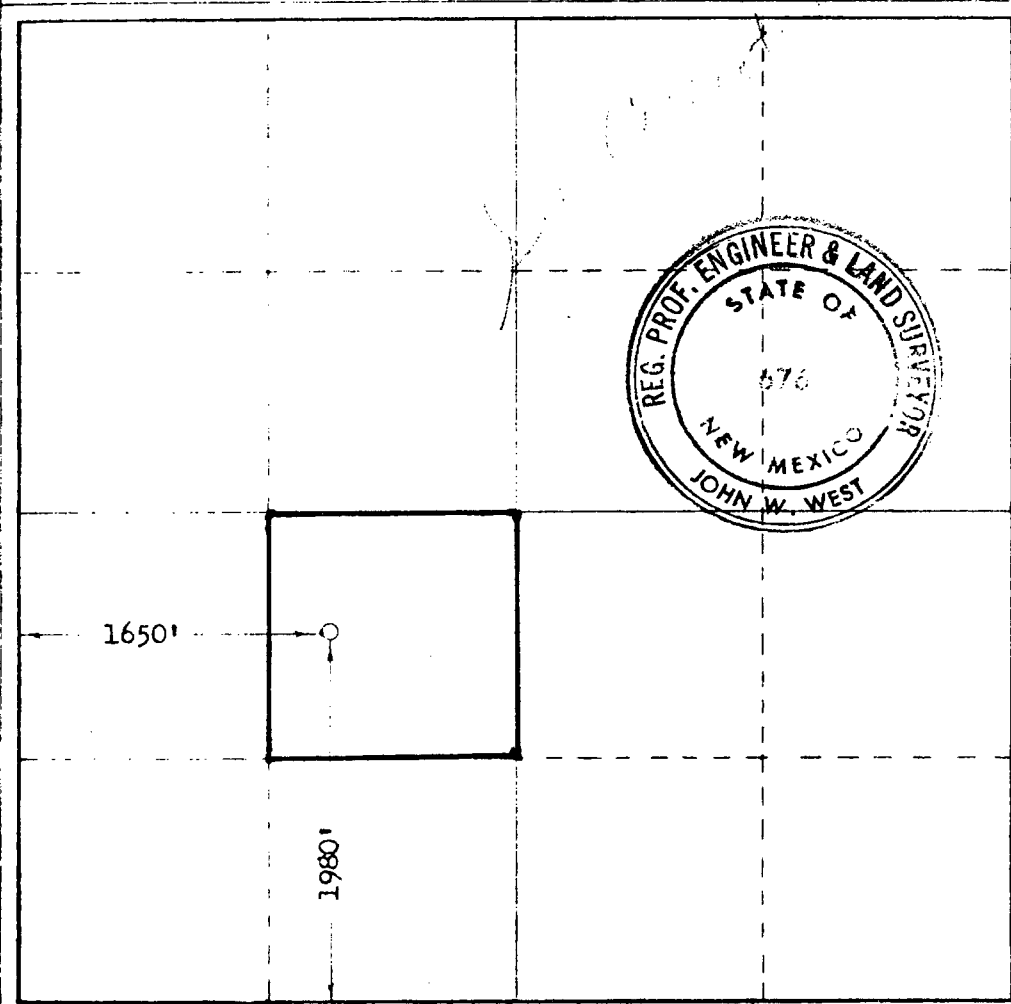
Operator TENNECO OIL COMPANY			Lease USA Jennings Federal		Well No. 4
Tract Letter K	Section 14	Township 24 South	Range 32 East	County Lea	
Actual Well Location of Well:					
1980 feet from the south line and		1650 feet from the west line			
Ground Elev. Elev 3622.0	Producing Formation Ramsey (Delaware Sand)	Pool Double "X" Delaware	Estimated Acreage 40 Acres		

1. Outline the acreage dedicated to the subject well by colored pencil or hachure 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.) _____

No allowable well 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.



CERTIFICATION

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

Name Production Clerk
Company Tenneco Oil Company
Address
City
State

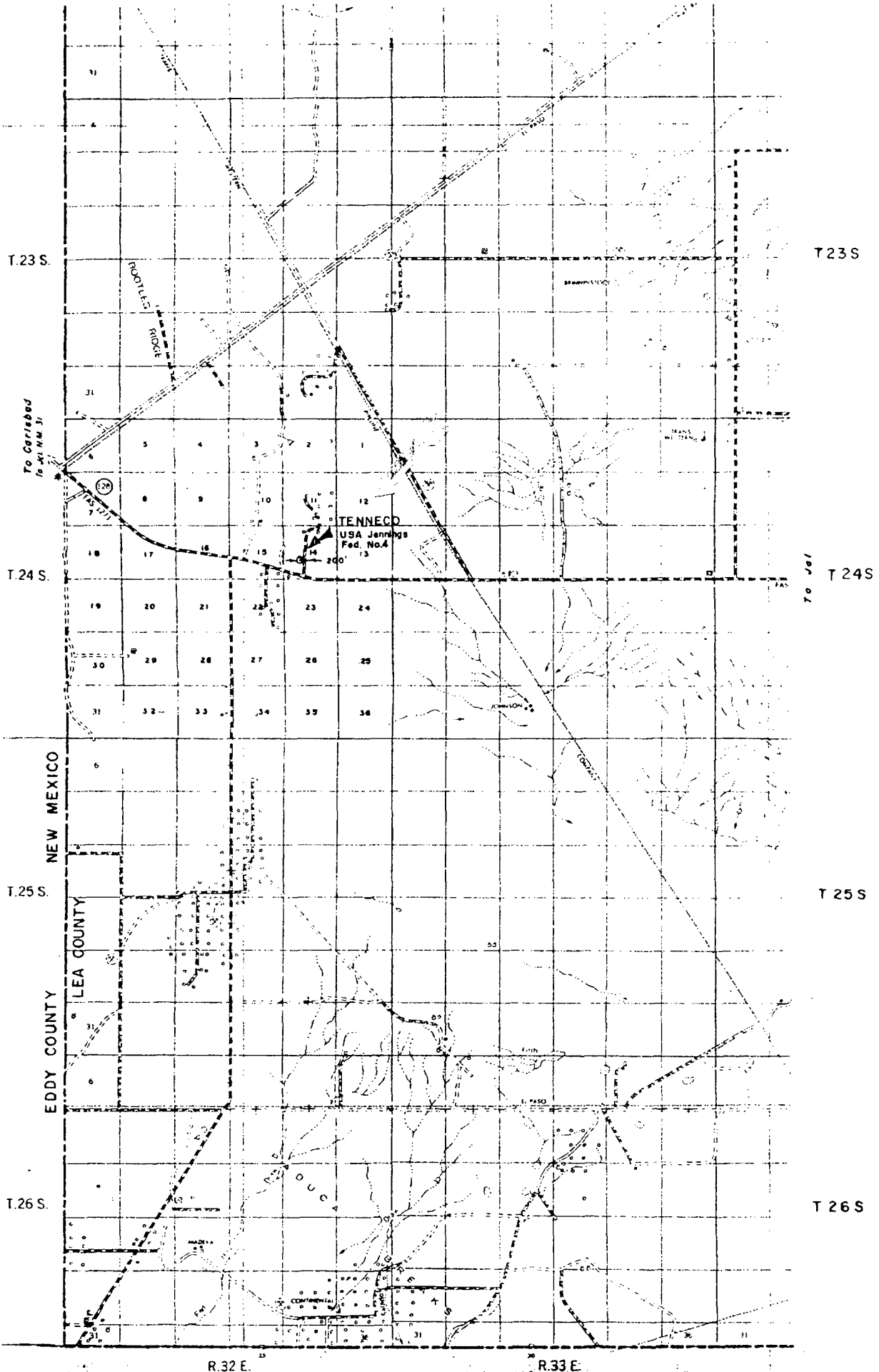
I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

Date Sept. 20, 1975
Registered Professional Engineer <i>John W. West</i>
Commission No. 676



R 32 E

R 33 E



T.23 S.

T.23 S.

T.24 S.

T.24 S.

T.25 S.

T.25 S.

T.26 S.

T.26 S.

R 32 E.

R 33 E.

To Carlsbad
To Mt. N.M. 31

To Jol

NEW MEXICO

LEA COUNTY

EDDY COUNTY

TENNECO
USA Jennings
Fed. No. 4

RODOLFO
RODOLFO

JOHNSON

E. PASO

CO. 100

COUNTY	LEA	FIELD	Double X	STATE	NM
OPR	TENNECO OIL CO.			API	30-025-25149
NO	4	LEASE	U.S.A. Jennings Federal	SERIAL	4-3-8 NM
Sec 14, T24S, R32E				MAP	
1980' FSL, 1650' FWL of Sec				CO-NO	
23 mi S & 6 mi E/Halfway				ELEV	
SPO	11-4-75	CMP	11-29-75	WELL CLASS:	D
CSG				FIN	DO
	8 5/8" at 360' w/375 sx			FORMATION	DATUM
	5 1/2" at 4999' w/395 sx			FORMATION	DATUM
				TD 5000' (DLWR)	PBD 4976'
FP (Delaware) Perfs 4914-22' P 8 BOPD + 58 BW. Pot based on					
4 hr test. GOR 1000					
CONTR	Cactus			OPR'S ELEV	3589' GL
				PD	5040' RE

F.R. 10-20-75
 (Delaware)
 11-6-75 Drlg 1178'
 11-11-75 TD 4914'; Prep Core
 11-17-75 TD 5000'; WOCU
 Cored (Delaware) 4914-75, rec 60', No descr
 11-26-75 TD 5000'; PBD 4976'; Prep RUP
 Perf (Delaware) 4914-22'
 Frac (4914-22') 12,000 gals oil + 17,000# sd
 Swbd 40 BLO + 10 BW in 3 hrs (4914-22')
 12-4-75 TD 5000'; PBD 4976'; Ppg Ld
 Ppd 19 BLO + 80 BW in 24 hrs (4914-22')
 12-15-75 TD 5000'; PBD 4976'; Ppg Ld
 Ppd 19 BLO + 88 BW in 24 hrs (4914-22')
 1-5-76 TD 5000'; PBD 4976'; WO OCC Pot

4-3-8 NM

LEA
TENNECO OIL CO.

Double X
4 U.S.A. Jennings Federal
Sec 14, T24S, R32E

NM
Page #2

1-5-76

Continued

Ppd 14 BO + 72 BW in 24 hrs (4914-22')

4-12-76

ID 5000'; PBD 4976'; Complete

4-17-76

COMPLETION ISSUED

4-3-8 NM

IC 30-023-70077-75

Submit 3 Copies To Appropriate District Office
 District I
 1625 N. French Dr., Hobbs, NM 87240
 District II
 811 South First, Artesia, NM 87210
 District III
 1000 Rio Brazos Rd., Aztec, NM 87410
 District IV
 2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico
 Energy, Minerals and Natural Resources

Form C-103...
 Revised March 25, 1999

OIL CONSERVATION DIVISION
 2040 South Pacheco
 Santa Fe, NM 87505

WELL API NO. 30-025-08358
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. LC-068848
7. Lease Name or Unit Agreement Name: Marshall
8. Well No. 1
9. Pool name or Wildcat CRUZ DELAUNNE

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

1. Type of Well:
 Oil Well Gas Well Other

2. Name of Operator
Phoghan Mgt. Comp.

3. Address of Operator
P.O. Box 1772 Hobbs, N.M. 88241

4. Well Location
 Unit Letter **M** : **660** feet from the **South** line and **660** feet from the **West** line
 Section **19** Township **23S** Range **33E** NMPM County **Lea**

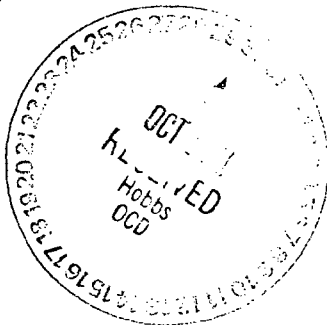
10. Elevation (Show whether DR, RKB, RT, GR, etc.)

11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input checked="" type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: <input type="checkbox"/>	

12. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation.

1. Move in and rig up.
2. Clean out well to total depth ±5237'
3. Perforate Ramsey Sand.
4. Evaluate production.
5. Produce well on file document for water injection well.



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

SIGNATURE *Guy A. Baber* TITLE Pantwen DATE 10/29/01

Type or print name Guy A. Baber Telephone No. 505-393-8786
 (This space for State use)

APPROVED BY _____ TITLE _____ DATE _____
 Conditions of approval, if any: _____

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. Oil & Gas Division
1625 N. French Dr.
Hobbs, NM 88240

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

SUNDRY NOTICES AND REPORTS ON WELLS

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

5. Lease Designation and Serial No.

LC-068848

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

SUBMIT IN TRIPLICATE

1. Type of Well

Oil Well Gas Well Other

2. Name of Operator

Pronghorn Management Corporation

3. Address and Telephone No.

P.O. Box 1772 Hobbs, N.M. 88240 505-393-9176

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

660' FSL 660' FWL
S19-T23S-R33E

8. Well Name and No.

Marshall #1

9. API Well No.

30-025-08358

10. Field and Pool, or Exploratory Area

Cruz Delaware

11. County or Parish, State

Lea

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

TYPE OF SUBMISSION

- Notice of Intent
- Subsequent Report
- Final Abandonment Notice

TYPE OF ACTION

- Abandonment
- Recompletion
- Plugging Back
- Casing Repair
- Altering Casing
- Other deepen + test for production.
- Change of Plans
- New Construction
- Non-Routine Fracturing
- Water Shut-Off
- Conversion to Injection
- Dispose Water

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

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

1. Move in and rig up drilling equipment.
2. Clean out and deepen well to Bowe Spring.
3. Test Lower Delaware and Bowe Spring for commercial production.
4. Put well on production and submit proper paper work for injection well.

APPROVED FOR 1 MONTH PERIOD
ENDING FEB 05 2001

RECEIVED
BUREAU OF LAND MANAGEMENT
NOV 27 A 6:47

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

Signed [Signature]

Title Inspector

Date 11/23/00

(This space for Federal or State office use)

(ORIG. SGD.) LES BABYAK

Title PETROLEUM ENGINEER

Date JAN 05 2001

Approvals of approval, if any:

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
N.M. Oil Cons. Division
P.O. Box 1980
Hobbs, NM 88241

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

SUNDRY NOTICES AND REPORTS ON WELLS

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

5. Lease Designation and Serial No.

NMLC068848

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

MARSHALL FED. 1,6,

9. API Well No.

30-025-08358

10. Field and Pool, or Exploratory Area

CRUZ DELAWARE

11. County or Parish, State

LEA COUNTY, NM

SUBMIT IN TRIPLICATE

1. Type of Well

Oil Well Gas Well Other T.A.

2. Name of Operator

PRONGHORN MANAGEMENT CORPORATION

3. Address and Telephone No.

P. O. BOX 1772 HOBBS, NEW MEXICO 88241 392-5516

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

Section 19-T23S-R33E

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

TYPE OF SUBMISSION	TYPE OF ACTION
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input checked="" type="checkbox"/> Other CONTINUE T.A. STATUS
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Dispose Water

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

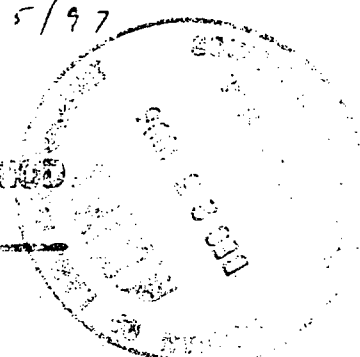
13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

PRONGHORN MGT. REQUESTS A CONTINUANCE OF THE T.A. STATUS FOR THE MARSHALL FED. WELLS. WE ARE EVALUATING THE FEASIBILITY OF EXPANDING THE PRESSURE MAINTENANCE PROJECT FROM THE STATE "DL" LEASE SOUTHWARD INTO THE MARSHALL AND FIELDS LEASES. THE "DL" #1 HAS RECOVERED TWICE THE RESERVES AS HAVE THE NON P-M WELLS.

Will submit evaluation 11/15/97

for yr.
RECEIVED
DEC 19 9 35 AM '96
OIL & GAS DIVISION

2000 MONTH PERIOD
FEB 07 1997



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

Signed *[Signature]*

Title PRESIDENT

Date 12/4/96

(This space for Federal or State office use)

(ORIG. SCD) DAVID R. GLASS

Approved by

Title PETROLEUM ENGINEER

Date JAN 07 1997

Conditions of approval, if any:

APPROVED FOR APPROVAL

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

RECEIVED

N.M. OIL CONS. COMMISSION
Budget Bureau No. 1004-0135
P.O. BOX 980 March 31, 1993
Lease No. NEW MEXICO 38240
HOBBS, NM L.C.068848

SUNDRY NOTICES AND REPORTS ON WELLS

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

AUG 13 11 13 AM '95

SUBMIT IN TRIPLICATE BUREAU OF LAND MGMT
HOBBS, NM

1. Type of Well
 Oil Well Gas Well Other T.A.

2. Name of Operator
PRONGHORN MANAGEMENT CORPORATION

3. Address and Telephone No.
P.O. BOX 1772 HOBBS, NEW MEXICO 88241 (505) 392-5516

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
**660FSL & 660 SWL (SW/4 SW/4) of SECTION 19
 T-23S, R-33E**

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.
MARSHALL FEDERAL #1

9. API Well No.
30-025-08358

10. Field and Pool, or Exploratory Area
CRUZ DELAWARE

11. County or Parish, State
LEA CNTY, NM

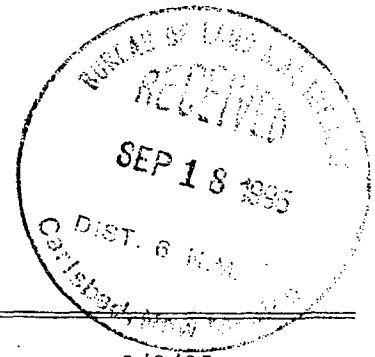
2. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION	
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input checked="" type="checkbox"/> Other Continue T.A. Status	<input type="checkbox"/> Dispose Water

3. 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.)

PRONGHORN MGT. REQUESTS A CONTINUANCE OF THE T.A. STATUS FOR THE MARSHALL FEDERAL #1. WE ARE STILL EVALUATING THE FEASIBILITY OF EXPANDING THE PRESSURE MAINTENANCE PROJECT FROM THE STATE "DL" LEASE SOUTHWARD INTO THE MARSHALL AND FIELDS LEASES. THE "DL" #1 HAS RECOVERED TWICE THE RESERVES AS HAVE THE NON-PM WELLS.

TH APPROVED FOR 12 MONTH PERIOD
 ENDING 9/21/96



I hereby certify that the foregoing is true and correct

Signed [Signature] Title President Date 9/8/95

(This space for Executive State office use)
 Approved by (ORIG. SCD) JOE G. LARA Title PETROLEUM ENGINEER Date 10/23/95
 Conditions of approval, if any:

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.

mp

PAID
88240
10-10-94

Form 3160-5
(June 1990)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

5. Lease Designation and Serial No.
NM LC 068848

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.
MARSHALL FEDERAL #1

9. API Well No.
30-025-08358

10. Field and Pool, or Exploratory Area
CRUZ DELAWARE 14910

11. County or Parish, State
LEA CNTY, NM

SUNDRY NOTICES AND REPORTS ON WELLS

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

SUBMIT IN TRIPLICATE

1. Type of Well
 Oil Well Gas Well Other T.A.

2. Name of Operator
PRONGHORN MANAGEMENT CORP (formerly Baber Well Svc)

3. Address and Telephone No.
P.O. BOX 1772 (505) 392-5516

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
660' FSL & 660' FWL (SW/4, SW/4) Section 19
Twn 23-S, Rnge 33-E

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

TYPE OF SUBMISSION	TYPE OF ACTION
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input checked="" type="checkbox"/> Other <i>Mit</i>
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Dispose Water

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

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

Tested Casings to 500' psi As per Attached Chart. Casings Held O.K.

Test date 9/21/94

RECEIVED
OCT 11 7 10 AM '94
BUREAU OF LAND MGMT.
HOBBS, NM.



RECEIVED
OCT 13 11 09 AM '94
CARRIZO AREA
SUNSET

25 1994
2

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

Signed *Mark R. Clarke* Title *Engineer* Date *10-4-94*

(This space for Federal or State office use)

Approved by _____ Title _____ Date _____
Conditions of approval, if any:

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

UNIT STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. CONS. COMMISSION
P.O. BOX 980
HOBBS, NEW MEXICO 88240

PHH
5-26-94

RECEIVED
SUNDRY NOTICES AND REPORTS ON WELLS

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

BUREAU OF LAND MGMT
HOBBS PERMIT IN TRIPLICATE

1. Type of Well
 Oil Well Gas Well Other *T.A.*

2. Name of Operator
PRONGHORN MANAGEMENT CORPORATION (formerly Bobcat Well Servicing)

3. Address and Telephone No.
P.O. BOX 1772 HOBBS, NEW MEXICO 88241

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
*660' Fsg & 660' Rule (SW 1/4 SW 1/4) OF SECTION 19
 T-23-S, R-33-E Lea County N.M.*

5. Lease Designation and Serial No.
N711068846

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.
Marshall Federal No. 1

9. API Well No.
30-025-08358

10. Field and Pool, or Exploratory Area
CRUE DEVELOPE

11. County or Parish, State
Lea Co., N.M.

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

TYPE OF SUBMISSION	TYPE OF ACTION
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input checked="" type="checkbox"/> Altering Casing
	<input type="checkbox"/> Other <i>Continue T.A. Status</i>
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Dispose Water

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

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

Pronghorn Management requests a continuance of the T.A. status for the Marshall Federal No. 1 well as we are presently evaluating the feasibility of expanding the pressure maintenance project from the State "DL" Lease southward into the Marshall and Fields Leases. The "DL" No. 1 has recovered twice the reserves as have the non-pm wells. Once a water source has been established, several of these wells will be converted to injectors. If this is satisfactory, we will set up to test the casing for mechanical integrity.

14. I hereby certify that the foregoing is true and correct.
 Signed *Mark R. Clarke* Title *Engineer* Date *5/25/94*

(This space for Federal or State office use)
 Approved by **(ORIG. SGD.) JOE G. LARA** Title **PETROLEUM ENGINEER** Date *6/7/94*

test to be conducted within 90 days as per attached.

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.

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

State of New Mexico
Energy, Minerals and Natural Resources Department

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

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator PRONGHORN MANAGEMENT CORPORATION <122811>	Well API No. 30-025-08358
Address P. O. BOX 1772 HOBBS, NM 88241	
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> Other (Please explain) MAY 01 1994 New Well <input type="checkbox"/> Change in Transporter of: <input type="checkbox"/> Dry Gas <input type="checkbox"/> OPERATOR NAME CHANGE ONLY Recompletions <input type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator BABER WELL SERVICING COMPANY P.O. BOX 1772 HOBBS, NM 88241	

II. DESCRIPTION OF WELL AND LEASE

Lease Name MARSHALL <14992>	Well No. 1	Pool Name, including Formation CRUZ-DELAWARE <14910>	Kind of Lease State (Federal) Lease	Lease No. LC-068848
Location Unit Letter <u>M</u> : <u>660</u> Feet From The <u>FSL</u> Line and <u>660</u> Feet From The <u>FWL</u> Line Section <u>19</u> Township <u>23S</u> Range <u>33E</u> , NMPM, LEA County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil NAVAJO REFINING CORP <input checked="" type="checkbox"/> or Condensate <D156R4>	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 159 ARTESIA, NM 88211					
Name of Authorized Transporter of Casinghead Gas GPM GAS CORP. <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <D0917D>	Address (Give address to which approved copy of this form is to be sent) 4004 PENBROOK ST. ODESSA, TX 79762					
If well produces oil or liquids, give location of tanks.	Unit P	Sec. 24	Twp. 23	Rgn. 32	Is gas actually connected? YES	When? 8-1-94
If this production is commingled with that from any other lease or pool, give commingling order number: CTB-75						

IV. COMPLETION DATA

OIL POD NO. GAS POD NO. O-TRNSP. OGRID NO. G-TRNSP. OGRID NO.	Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	DIT Res'v
	Date Compl. Ready to Prod.	Total Depth			F.B.T.D.				
	Name of Producing Formation	Top Oil/Gas Pay			Tubing Depth				
	Depth Casing Shoe								
TUBING, CASING AND CEMENTING RECORD									
CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT			

REQUEST FOR ALLOWABLE 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.)			
Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
	Tubing Pressure	Casing Pressure	Choke Size
	Oil - Bbls.	Water - Bbls.	Gas - MCF
	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

CERTIFICATE OF COMPLIANCE

rules and regulations of the Oil Conservation Division and that the information given above is true and complete to the best of my knowledge and belief.

Signature Sherry Wade
SHERRY WADE PRODUCTION CLERK
Printed Name
Date 3.5.94 Title
(505) 392-5516 Telephone No.

OIL CONSERVATION DIVISION

Date Approved MAY 20 1994
By Paul Kautz Orig. Signed by
Geologist
Title _____

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

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- All sections of this form must be filled out for allowable on new and recompleted wells.

MMCF for use of casing, well name or number, transporter, or other such changes.

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

RECEIVED

DEC 12 12 09 PM '91

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

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or to change the location of a well or to change the reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other	5. Lease Designation and Serial No. <i>CC 06884B</i>
2. Name of Operator <i>DABER Well Services Co.</i>	6. If Indian, Allottee or Tribe Name
3. Address and Telephone No. <i>P.O. Box 1772 Hobbs, N.M. 88240</i>	7. If Unit or CA, Agreement Designation
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) <i>Su1/4 SW1/4 SECTION 19, T-23-S, R-33-E Unit 77</i>	8. Well Name and No. <i>Marshall No. 1</i>
	9. API Well No.
	10. Field and Pool, or Exploratory Area <i>Crue Delaware</i>
	11. County or Parish, State <i>Lea County, N.M.</i>

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

TYPE OF SUBMISSION	TYPE OF ACTION
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing <i>Coning Integrity Test</i>
	<input type="checkbox"/> Other
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Dispose Water

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

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

1. Notified BLM Representative
2. Loaded casing w/ 4.5 bbls 2% PC1
3. Pressured casing to 500+ psi. Head is 14 inches
4. Released pressure. Closed well back in.
5. Requesting TA status.

RECEIVED
DEC 6 5 10 PM '91
BUREAU OF LAND MGMT.
HOBBS, NM.

APPROVED FOR 12 MONTH PERIOD
ENDING 12-1-92

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

Signed *Mark D. Clarke* Title *Engineer* Date *12/4/91*

(This space for Federal or State office use)

Approved by _____ Title _____ Date *12-20-91*

Conditions of approval, if any:

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

*See Instruction on Reverse Side

JRN

BABER

P.O. BOX 1772
500 W. TAYLOR
HOBBS, N.M. 88241
505-393-5516
505-397-3502

June 8, 1990

Oil Conservation Division
P. O. Box 1980
Hobbs, NM 88240

ATTN: Nelda Morgan

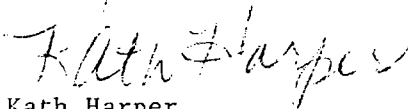
Dear Ms. Morgan:

It has come to our attention that the Marshall #1, located in the Cruz Delaware, Unit Letter M, S-19, T-23S, R-33E, was erroneously reported as a producing well on both the January and February 1990 C-115 Production reports.

The Marshall #1 was temporarily abandoned when we purchased it from Estacado in April 1989 and has remained so up to the present time.

We are sorry for the confusion our error on January and February's reports has caused. Hopefully, this will straighten everything out.

Sincerely,



Kath Harper
Secretary

P. S. Enclosed are copies of corrected January & February C-115's.

cc: OCD, Santa Fe, NM



STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT
 OIL CONSERVATION DIVISION
 HOBBS DISTRICT OFFICE

GARREY CARRUTHERS
 GOVERNOR

May 2, 1990

POST OFFICE BOX 1884
 HOBBS, NEW MEXICO 88240-1884
 (505) 393-6163

SECOND NOTICE

Baber Well Servicing Co.

P.O. Box 1772

Hobbs, NM 88240

Re: Wells Producing Without Assigned Allowable

Gentlemen:

Production is being reported on Form C-115 for the month of Jan. & Feb 1990 for well/wells listed below; although, according to our records, there is no assigned allowable.

<u>Pool</u>	<u>Lease Name</u>	<u>Well #</u>	<u>UL-Sec-Twp-Rge</u>
Cruz Delaware	Marshall	#1	M Sec 19, T23S, R33E

In order than an allowable may be assigned, please submit the following forms:

Gas/oil ratio test -- Form C-116 -- marked Special

Very truly yours,

OIL CONSERVATION DIVISION

Jerry Sexton
 Supervisor, District I

ed



STATE OF NEW MEXICO
ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT
OIL CONSERVATION DIVISION
HOBBS DISTRICT OFFICE

BRUCE KING
GOVERNOR

April 30, 1991

POST OFFICE BOX 1980
HOBBS, NEW MEXICO 88241-1980
15051 393-6161

Baber Well Servicing Company
P.O. Box 755
Hobbs, NM 88240

Attn: Mark D. Clarke

Re: TA'd Wells
Marshall #1-M 19-23-33 Cruz Delaware Pool
New Mexico BZ State NCT-5 #1-D 29-21-35 San Simon Yates Assoc. North
New Mexico BZ State NCT-5 #2-C 29-21-35 San Simon Yates Assoc. North

Gentlemen:

A check of the wells listed in your letter indicates no production is being reported for the above-referenced wells.

If you are producing the Marshall #1 you need to file the following forms so an allowable can be assigned:

- 1) C-103 showing well has been returned to production
- 2) C-104 designating transporters of oil and gas
- 3) C-116 Gas/oil ratio test
- 4) C-115 -- report production

Enclosed you will find a copy of a letter from Kath Harper dated June 8, 1990, stating that the production reported for this well in January and February 1990 was reported in error.

The New Mexico BZ State NCT-5 #1 and #2 are not listed on your C-115 Report. In fact none of the wells on that lease are listed. You should be listing them even though they are not producing. If the #1 and #2 are actually producing you need to send in a gas/oil ratio test, Form C-116, to get an allowable and then show production on your C-115 Monthly Operator's Report.

We concur that the New Mexico DL State #1-I 18-23-33 and the Howse C #1-H 11-20-38 are both producing and we will remove them from the list of wells which need to be TA'd.

The Gulf State well is in Eddy County and if you have filed your subsequent plugging report I am sure it will be removed from the list.

Very truly yours,

OIL CONSERVATION DIVISION

Jerry Sexton
Supervisor, District I



HOBBS DISTRICT OFFICE

March 6, 1990

POST OFFICE BOX 1983
HOBBS, NEW MEXICO 88241-1983
(505)393-6161

FRY CARRUTHERS
GOVERNOR

Baber Well Servicing Company
P.O. Box 1772
Hobbs, NM 88240

Gentlemen:

Production is being reported on Form C-115 for the well/wells listed below, although, according to our records, there is no assigned allowable.

<u>Pool</u>	<u>Lease</u>	<u>Well #</u>	<u>Sec-Twp-Rge</u>
Cruz Delaware	Marshall	#1-M	19-23-33

Please submit the following forms in order that an allowable may be assigned.

Production test on Form C-116 marked "special"

Very truly yours,

OIL CONSERVATION DIVISION

Jerry Sexton
Supervisor, District I

/ed

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

State of New Mexico
Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

I.

Operator BABER WELL SERVICING COMPANY	Well API No.
Address P. O. BOX 1772, HOBBS, NM 88240	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of: <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Effective 5-1-89 date of transfer	
Temporarily abandoned 6-15-88	
If change of operator give name and address of previous operator ESTACADO, INC., P. O. BOX 5587, HOBBS, NM 88241	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Marshall	Well No. 1	Pool Name, Including Formation Cruz Delaware	Kind of Lease <i>Feet</i> State-Extension Fee XXX	Lease No. LC-068848
Location Unit Letter <u>M</u> : <u>660</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>West</u> Line Section <u>19</u> Township <u>23S</u> Range <u>33E</u> , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> T/A	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 type="checkbox"/> T/A	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	Sec.	Twp.	Rge.
Is gas actually connected?	When ?			

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE

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

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

GAS WELL

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

VI. OPERATOR CERTIFICATE OF COMPLIANCE

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

Guy A. Baber III
Signature
Guy A. Baber III President
Printed Name
May 3, 1989 Date
505-393-5516 Telephone No.

OIL CONSERVATION DIVISION

Date Approved **MAY 5 1989**
By **ORIGINAL SIGNED BY JERRY SEXTON**
DISTRICT I SUPERVISOR
Title

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

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- All sections of this form must be filled out for allowable on new and recompleted wells.
- Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- Separate Form C-104 must be filed for each pool in multiply completed wells.

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
P.O. BOX 1000

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

LC-068848

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

SUNDRY NOTICES AND REPORTS ON WELLS

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

1. OIL WELL GAS WELL OTHER

2. NAME OF OPERATOR
Estacado, Inc.

3. ADDRESS OF OPERATOR
P. O. Box 5587, Hobbs, New Mexico 88241

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

660' FSL & 660' FWL

Unit Letter "M"

14. PERMIT NO.

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

3719 DF

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Marshall "Federal"

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Cruz Delaware

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

Sec. 19, T-23-S, R-33-E

12. COUNTY OR PARISH

Lea

13. STATE

NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) Temporary Abandon

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.)*

On July 28, 1988 tested 4 1/2" casing above top of cement plug @ 4880' to 500 psi for 15 minutes. Pressured held. Perf. interval 5086-5108 T.D. 5237. Well to be temporary abandoned pending evaluation.

RECEIVED
AUG 3 11 25 AM '88
CARR AREA

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

SIGNED

[Signature]

TITLE

President

DATE

Aug. 2, 1988

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

APPROVED FOR 12 MONTH PERIOD
ENDING 8/10/89

*See Instructions on Reverse Side

SJS

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

LC-068848

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.)

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Marshall Federal

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Cruz Delaware

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

Sec. 19, T-23-S, R-33-E

12. COUNTY OR PARISH

Lea

13. STATE
NM

1. OIL WELL GAS WELL OTHER

2. NAME OF OPERATOR
ESTACADO, INC

3. ADDRESS OF OPERATOR
P. O. Box 5587, Hobbs, New Mexico 88241

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

660' FSL & 660' FWL

Unit Letter "M"

14. PERMIT NO.

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

3719 DF

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) Pressure Test Csg & T.A.

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

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

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

Well file records indicate perf interval 5086'-5108' was plugged off with 35 sx of cement on 5/12/76. Top of plug at 4880, TD 5237'. Well was apparently then shut-in. Propose to test casing above plug to 500 psi and if pressure holds, request Temporary Abandonment, If pressure does not hold, a notice of intention to perform remedial work will be filed,

RECEIVED
JUL 13 11 33 AM '88

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

SIGNED [Signature] TITLE President

DATE July 12, 1988

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____
CONDITIONS OF APPROVAL, IF ANY

DATE 7-21-88

Notify this office in time to witness test.

*See Instructions on Reverse Side

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OPERATOR		

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

5a. Indicate Type of Lease
State FEDERAL Fee

5. State Oil & Gas Lease No.
FED.#LC-068848

SUNDRY NOTICES AND REPORTS ON WELLS

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

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		7. Unit Agreement Name
2. Name of Operator ESTACADO, INC.		8. Farm or Lease Name Marshall Federal
Address of Operator P. O. Box 5587, Hobbs, New Mexico 88241		9. Well No. 1
4. Location of Well UNIT LETTER <u>M</u> <u>660</u> FEET FROM THE <u>S</u> LINE AND <u>660</u> FEET FROM THE <u>W</u> LINE, SECTION <u>19</u> TOWNSHIP <u>23S</u> RANGE <u>33E</u> NMPM.		10. Field and Pool, or Wildcat Cruz Delaware
15. Elevation (Show whether DF, RT, GR, etc.) 3719 DF		12. County Lea

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK PLUG AND ABANDON

TEMPORARILY ABANDON CHANGE PLANS

PULL OR ALTER CASING

OTHER Pressure Test Csg. & Temp. Abnd.

SUBSEQUENT REPORT OF:

REMEDIAL WORK ALTERING CASING

COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT

CASING TEST AND CEMENT JOBS

OTHER

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Well file records indicate perf interval 5086'-5108' was plugged off with 35 sx of cement on 5/12/76. Top of plug at 4880. TD 5237'. Well was apparently then shut-in. Propose to test casing above plug to 500 psi & if pressure holds, request Temporary Abandonment. If pressure does not hold, a notice of intention to perform remedial work will be filed.

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

SIGNED Donald L. Taylor TITLE President DATE July 12, 1988

APPROVED BY FOR RECORD ONLY TITLE _____ DATE _____

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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	GAS	
OPERATOR		
PROMOTION OFFICE		

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 11-01-78
Format 08-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator ESTACADO, INC.

Address P.O. BOX 5587, HOBBS, N.M. 88241

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	Other (Please explain) <u>EFFECTIVE 1-1-82</u>
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	
<input checked="" type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	
	<input type="checkbox"/> Dry Gas	
	<input type="checkbox"/> Condensate	

If change of ownership give name and address of previous owner CONOCO, INC., P.O. BOX 460, HOBBS, N.M. 88240

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>MARSHALL</u>	Well No. <u>1</u>	Pool Name, including Formation <u>CRUZ DELAWARE</u>	Kind of Lease State, <u>(Federal or Fee)</u>	Lease No. <u>LC-063848</u>
Location Unit Letter <u>M</u> : <u>660</u> Feet From The <u>SOUTH</u> Line and <u>660</u> Feet From The <u>WEST</u> Line of Section <u>19</u> Township <u>23-5</u> Range <u>33-E</u> , NMPM, <u>LEA</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>CONOCO, INC. SURFACE TRANSPORTATION</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. BOX 2587, HOBBS, N.M. 88240</u>					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>PHILLIPS PETROLEUM COMPANY</u>	Address (Give address to which approved copy of this form is to be sent) <u>PHILLIPS BLDG., ODESSA, TEXAS</u>					
If well produces oil or liquids, give location of tanks.	Unit <u>P</u>	Sec. <u>24</u>	Twp. <u>23</u>	Rge. <u>32</u>	Is gas actually connected? <u>YES</u>	When <u>8-1-64</u>

If this production is commingled with that from any other lease or pool, give commingling order number: CTB-75

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

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

[Signature]

(Signature)
Vice President

(Title)
12-31-86

(Date)

OIL CONSERVATION DIVISION
JAN 6 1987
APPROVED _____, 19____
BY ORIGINAL SIGNED BY JERRY SEXTON
TITLE DISTRICT I SUPERVISOR

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 number, or transporter, or other such changes in condition.
Separate Forms C-104 must be filed for each pool in multiply completed wells.

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OPERATION	
PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. OPERATOR
Operator: CONOCO INC.
Address: P. O. Box 460, Hobbs, N.M. 88240

Reason(s) for filing (Check proper box) Other (Please explain)

New Well <input type="checkbox"/>	Change in Transporter of: <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Oil <input checked="" type="checkbox"/>	Condensate <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Marshall</u>	Well No. <u>1</u>	Pool Name, Including Formation <u>Cruz Delaware</u>	Kind of Lease State, (Federal) or Fee <u>LC-068898</u>
Location Unit Letter <u>M</u> : <u>660</u> Feet From The <u>5</u> Line and <u>660</u> Feet From The <u>W</u> Line of Section <u>19</u> Township <u>23</u> Range <u>33</u> NMPM. <u>Lea</u> County			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Conoco Inc. Surface Team</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 2587, Hobbs</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Phillips Petroleum</u>	Address (Give address to which approved copy of this form is to be sent) <u>Odessa, TX</u>
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When <u>yes</u> <u>NA</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 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 10% of total volume 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 (prior, back pr.)	Tubing Pressure (Shot-in)	Casing Pressure (Shot-in)	Choke Size

CERTIFICATE OF COMPLIANCE

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

Jane A. Hein
(Signature)
Administrative Supervisor

DEC 22 1980
(Date)

OIL CONSERVATION DIVISION

APPROVED _____, 19____
BY _____
TITLE _____

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 deviated tests taken on the well in accordance with RULE 1111.
All sections of this form must be filled out completely for all wells 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 conditions.
Separate Forms C-104 must be filed for each pool in multi-completed wells.

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GAS
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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 1-1-55

Operator
Conoco Inc.
 Address
P.O. Box 460, Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box) Other (Please explain)
 New Well Change in Transporter of: Oil Dry Gas Change of corporate name from Continental Oil Company effective July 1, 1979.
 Recombination Oil Dry Gas
 Change in CASINGHEAD Casinghead Gas Condensate

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Marshall	Well No. 1	Pool Name, Including Formation Cruz Delaware	Kind of Lease State, Federal or Fee Federal	Lease No.
Location Unit Letter M 660 Feet From The South Line and 660 Feet From The West				
Line of Section 19 Township 23 Range 33 , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
The Permian Corporation	P.O. Box 3119, Midland, Texas
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)
Phillips Petroleum Company	Phillips Bldg., Odessa, Texas
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
P 24 23 32	yes 8-1-64

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 Rest.	Oil Rest.
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 (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

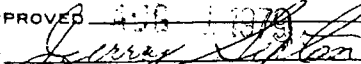
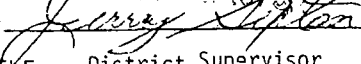
VI. CERTIFICATE OF COMPLIANCE

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.


 Division Manager
 (Title)

JUL 25 1979
 NMOCD (5) File (Date)

OIL CONSERVATION COMMISSION

APPROVED  19
 BY 
 TITLE **District Supervisor**

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.

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

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

I. Operator
 Conoco Inc.
 Address
 P.O. Box 460, Hobbs, New Mexico 88240

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

Other (Please explain)
 Change of corporate name from Continental Oil Company effective July 1, 1979.

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Marshall	Well No. 1	Pool Name, including Formation Cruz Delaware	Kind of Lease State, Federal or Fee	Lease No. 10-068840
Location Unit Letter <u>M</u> <u>660</u> Feet From The <u>S</u> Line and <u>660</u> Feet From The <u>W</u>				
Line of Section <u>19</u> Township <u>23-S</u> Range <u>33-E</u> , NMPM, <u>Lea</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Permian Corporation	Address (Give address to which approved copy of this form is to be sent) Box 319 Midland Texas
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Company	Address (Give address to which approved copy of this form is to be sent) Box 2105 Midland, Texas
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Rest.	Diff. Rest.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		F.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 (spot, 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.

J. Manzosa
 (Signature)
 Division Manager

6/13/79
 (Date)
 NMOCD (5)
 USGCS(5) NMFU(4) File

OIL CONSERVATION COMMISSION

APPROVED JUL 11 1979, 19
 BY Jerry Simpson
 TITLE District Supervisor

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.

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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

Form approved
Budget Bureau No. 42 R1424

6. LEASE DESIGNATION AND SERIAL NO.

LC 068848

7. IF INDIAN, ALLOTTEE OR TRIBE NAME

SUNDRY NOTICES AND REPORTS ON WELLS

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

1. OIL WELL GAS WELL OTHER

2. NAME OF OPERATOR
Continental Oil Company

3. ADDRESS OF OPERATOR
P. O. Box 460, Hobbs, New Mexico 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
Use also space 17 below.)
At surface
660 FS X WL

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
MARKS 42 L

9. WELL NO.
1

10. FIELD AND POOL, OR WILDCAT
CRUZ DELAWARE

11. SEC. T. R. M., OR BLM, AND SURVEY OR AREA
Sec. 19, T-235, R-33E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, LT, GR, etc.)
3719 DF

12. COUNTY OR PARISH
LEA

13. STATE
NM

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT 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) *Shut-in*

REPAIRING WELL
ALTERING CASING
ABANDONMENT*

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

17. DETAILS OF OPERATIONS 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.)

Status of Well: *Temporary Shut-in*
Approximate date that temp. aban. commenced: *1-7-76*
Reason for temp. aban.: *EXCESSIVE WATER*
Future plans for well: *STUDY FOR REMEDIAL WORK*

This approval of temporary abandonment expires JUN 1 1977

Approximate date of future W. O. or plugging: *1-1-77*

18. I hereby certify that the foregoing is true and correct
SIGNED *P. Callaghan* TITLE *Staff Asst* DATE *6-20-76*

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

JUL 20 1976

J. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPlicate
(Other instructions
verse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.
LC-068848
6. IF INDIAN, ALLOTTEE OR TRIBE NAME

SUNDRY NOTICES AND REPORTS ON WELLS

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

1. OIL WELL GAS WELL OTHER

2. NAME OF OPERATOR
Continental Oil Co.

3. ADDRESS OF OPERATOR
BOX 460 Hobbs, N. Mexico

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface
660' FSL and 660' FWL of Sec 19

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Marshall

9. WELL NO.
1

10. FIELD AND POOL, OR WILDCAT
Cruz Delaware

11. SEC., T. R., M., OR BLK. AND SURVEY OR AREA
Sec 19, T-235, R-33E

12. COUNTY OR PARISH 13. STATE
Lea N. Mexico

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3719' df

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input checked="" type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input checked="" type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	

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

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

Located leak in 4 1/2" casing @ 660'. Set RBP @ 725' and dumped 2 SKS 10/20 sand down casing. Set packer @ 550' and cemented w/ 150 sacks class C cement. Perforated w/ 1 1/2" spf @ 5086', 28', 90', 5096', 5100', and 5104'. Completed - 9-14-72

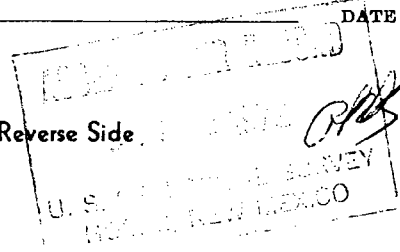
18. I hereby certify that the foregoing is true and correct

SIGNED *Robert Paul III* TITLE *Admin. Supervisor* DATE *12-22-72*

(This space for Federal or State office use)

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

*See Instructions on Reverse Side



USGS-5 File

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE
(Other instructions on
reverse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC-068848

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.)

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Marshall

9. WELL NO.

10. FIELD AND POOL, OR WELDCAT

Cruz Delaware

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

Sec 19, T-235, R-33E

12. COUNTY OR PARISH

Lea

13. STATE

N. Mexico

1. OIL WELL GAS WELL OTHER

2. NAME OF OPERATOR

Continental Oil Company

3. ADDRESS OF OPERATOR

Box 460 Hobbs, New Mexico

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

660' FSL and 660' FWL of Sec 19

14. PERMIT NO.

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

3719' df

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

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

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

Test 4 1/2" casing for leaks to 5050'. After locating leak set bridge plug 40'-50' below hole and packer 106'-150' above the hole. Squeeze w/ 150 sacks class C cement w/ 3# salt per sack. Wait on cement. Test squeeze to 500 psi. Set packer at ± 5000'. Frac w/ 10,000 gals fresh water and 20,000 # 10/20 sand.

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

SIGNED

J. L. Gordon

TITLE

Admin. Supervisor

DATE

5-5-72

(This space for Federal or State office use)

APPROVED

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

MAY 8 1972

*See Instructions on Reverse Side

J L GORDON
ACTING DISTRICT ENGINEER

USGS(5) File

NO. OF COPIES RECEIVED	
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FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

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

I.

Operator
Continental Oil Company

Address
P. O. Box 460, Hobbs, New Mexico

Reason(s) for filing (check proper box) Other (Please explain)

New Well <input type="checkbox"/>	Change in Transporter of:	Casinghead gas previously vented.
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input checked="" 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 <u>Marshall</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Cruz Delaware</u>	Kind of Lease <u>Federal</u> State, Federal or Fee
Location			
Unit Letter <u>M</u> ; <u>660</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>West</u>			
Line of Section <u>19</u> , Township <u>23</u> Range <u>33</u> , NMPM, <u>Lea</u> County			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)			
<u>The Permian Corporation</u>	<u>P.O. Box 3119, Midland, Texas</u>			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)			
<u>Phillips Petroleum Company</u>	<u>Phillips Bldg., Odessa, Texas</u>			
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp. Rge.	Is gas actually connected? When
	<u>P</u>	<u>24</u>	<u>23 32</u>	<u>Yes 8-1-64</u>

If this production is commingled with that from any other lease or pool, give commingling order number: CTB-75

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Pool	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	Casing Pressure	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.

Original Signed:
G. C. Jamieson
(Signature)
Assistant District Manager
(Title)
January 27, 1965
(Date)
NMOCC-5, USGS-2, JM

OIL CONSERVATION COMMISSION

APPROVED _____, 19____

BY [Signature]

TITLE _____

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 Sections I, II, III, and VI only 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.

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPlicate
(Other instructions
verse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC 068848

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

SUNDRY NOTICES AND REPORTS ON WELLS

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

1. OIL WELL GAS WELL OTHER **Nov 19 10 11 AM '63**

2. NAME OF OPERATOR
Continental Oil Company

3. ADDRESS OF OPERATOR
Box 460, Hobbs, New Mexico

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface
**660' FSL & 660' FWL, Sec. 19-23S-33E,
Lea County, New Mexico NMFM**

14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3719 DF

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Marshall

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Cruz Delaware

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

Sec. 19-23S-33E

12. COUNTY OR PARISH

Lea

13. STATE

N. M.

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

NOTICE OF INTENTION TO:

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

SUBSEQUENT REPORT OF:

WATER SHUT-OFF
FRACTURE TREATMENT
SHOOTING OR ACIDIZING
(Other) **Inst. Pumping Equip.**
(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)
REPAIRING WELL
ALTERING CASING
ABANDONMENT*

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

In order to produce this well from the perforations at 5105-08 of the Delaware horizon, permanent pumping equipment has been installed. Equipment installed included an 80D pumping unit, a 15 HP electric motor, 3,900' of 5/8" x 25' sucker rods and 1,500' of 3/4" x 25' sucker rods.

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

SIGNED *[Signature]*

TITLE **Asst. Div. Supt.**

DATE **11-12-63**

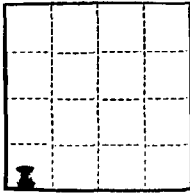
(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____ DATE _____

ACCEPTED FOR RECORD
[Signature]
District Engineer

*See Instructions on Reverse Side



(SUBMIT IN TRIPLICATE)

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

Land Office Las Cruces
Lease No. 0-2010
Unit X

1962 JUL 12 PM 2:58

SUNDRY NOTICES AND REPORTS ON WELLS

NOTICE OF INTENTION TO DRILL.....	SUBSEQUENT REPORT OF WATER SHUT-OFF.....	
NOTICE OF INTENTION TO CHANGE PLANS.....	SUBSEQUENT REPORT OF SHOOTING OR ACIDIZING.....	
NOTICE OF INTENTION TO TEST WATER SHUT-OFF.....	SUBSEQUENT REPORT OF ALTERING CASING.....	
NOTICE OF INTENTION TO RE-DRILL OR REPAIR WELL.....	SUBSEQUENT REPORT OF RE-DRILLING OR REPAIR.....	
NOTICE OF INTENTION TO SHOOT OR ACIDIZE.....	SUBSEQUENT REPORT OF ABANDONMENT.....	
NOTICE OF INTENTION TO PULL OR ALTER CASING.....	SUPPLEMENTARY WELL HISTORY.....	
NOTICE OF INTENTION TO ABANDON WELL.....		
	<u>Subs. to Squares & Report</u>	<u>X</u>

(INDICATE ABOVE BY CHECK MARK NATURE OF REPORT, NOTICE, OR OTHER DATA)

July 11, 1962

Well No. 1 is located 66.0 ft. from N line and 660 ft. from W line of sec. 19

SW/4 of SW/4 Sec. 19 23S 33E N74W
(1/4 Sec. and Sec. No.) (Twp.) (Range) (Meridian)

Crow-DeLauro Lee New Mexico
(Field) (County or Subdivision) (State or Territory)

The elevation of the derrick floor above sea level is 3719 ft.

DETAILS OF WORK

(State names of and expected depths to objective sands; show sizes, weights, and lengths of proposed casings; indicate mudding jobs, cementing points, and all other important proposed work)

Work started 6-10-62.
Work done - Squared perfs 5095-5099 with 40 sacks cement. Drilled out cement and retainer to 5237. Perf 5105-08 with 4 J5FP. Stub tested. Installed test pumping unit. Removed test unit and installed surface controller.
Work Completed - 6-12-62
Well tested - 7-9-62, 47 Bo, 39 BW in 24 hrs on 32/64 choke, TP 425 lbs, CP 625 lbs, with 246 MCFD. OOR 5234.

I understand that this plan of work must receive approval in writing by the Geological Survey before operations may be commenced.

Company Continental Oil Company

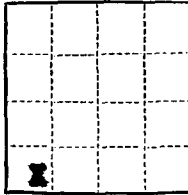
Address Box 477

Hobbs, New Mexico

By T. J. White

Title District Superintendent

USGS (3) MEXCO (2) NWH File



(SUBMIT IN TRIPLICATE)

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

MAY 22 AM 7 24

Land Office Las Cruces
Lease No. 06054
Unit X

SUNDRY NOTICES AND REPORTS ON WELLS

NOTICE OF INTENTION TO DRILL.....		SUBSEQUENT REPORT OF WATER SHUT-OFF.....	
NOTICE OF INTENTION TO CHANGE PLANS.....		SUBSEQUENT REPORT OF SHOOTING OR ACIDIZING.....	
NOTICE OF INTENTION TO TEST WATER SHUT-OFF.....		SUBSEQUENT REPORT OF ALTERING CASING.....	
NOTICE OF INTENTION TO RE-DRILL OR REPAIR WELL.....		SUBSEQUENT REPORT OF RE-DRILLING OR REPAIR.....	
NOTICE OF INTENTION TO SHOOT OR ACIDIZE.....		SUBSEQUENT REPORT OF ABANDONMENT.....	
NOTICE OF INTENTION TO PULL OR ALTER CASING.....		SUPPLEMENTARY WELL HISTORY.....	
NOTICE OF INTENTION TO ABANDON WELL..... <i>to Squeeze & Report</i>	X		

(INDICATE ABOVE BY CHECK MARK NATURE OF REPORT, NOTICE, OR OTHER DATA)

Well No. 1 is located 660 ft. from S line and 660 ft. from W line of sec. 19
34 1/4 of SW 1/4 Sec. 19 23E 33 E MPM
(1/4 Sec. and Sec. No.) (Twp.) (Range) (Meridian)
Oron-Delaware Las New Mexico
(Field) (County or Subdivision) (State or Territory)

The elevation of the derrick floor above sea level is 3719 ft.

DETAILS OF WORK

(State names of and expected depths to objective sands; show sizes, weights, and lengths of proposed casings; indicate mudding jobs, cementing points, and all other important proposed work)

Latest monthly test 28 EG, 100W with 975.1 BEFOPS on 1 1/2" choke, GOR 35,000.
 It is proposed to squeeze the present perforations with cement and reperforate for production in the same zone in the following manner:
 1. Squeeze perf in 5095'-5099' with 100 barrels water. Follow with 100 sacks reg neat cement with 6 1/2 gal.
 2. Clean out to TP and test casing.
 3. Perf casing 5105'-08' with 4 BEF.
 4. Seal in.

Permission is requested to perform the above work.

I understand that this plan of work must receive approval in writing by the Geological Survey before operations may be commenced.

Company Continental Oil Company

Address Box 427

Hobbs, New Mexico

By [Signature]

Title District Superintendent

NUMBER OF COPIES RECEIVED	
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FILE	
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LAND OFFICE	
TRANSPORTER	OIL
	GAS
PRODUCTION OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION
SANTA FE, NEW MEXICO

CERTIFICATE OF COMPLIANCE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

FORM C-110
(Rev. 7-60)

FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE

Company or Operator Continental Oil Company				Lease Marshall	Well No. 1
Unit Letter M	Section 19	Township 23S	Range 33E	County Lea	

Pool Cruz Delaware	Kind of Lease (State, Fed, Fee) Federal
------------------------------	---

If well produces oil or condensate give location of tanks	Unit Letter M	Section 19	Township 23S	Range 33E
--	-------------------------	----------------------	------------------------	---------------------

Authorized transporter of oil <input checked="" type="checkbox"/> or condensate <input type="checkbox"/>	Address (give address to which approved copy of this form is to be sent)
Permian Corporation	Box 3119, Midland, Texas

Is Gas Actually Connected? Yes _____ No

Authorized transporter of casing head gas <input type="checkbox"/> or dry gas <input type="checkbox"/>	Date Connected	Address (give address to which approved copy of this form is to be sent)

If gas is not being sold, give reasons and also explain its present disposition:

No market - gas vented.

REASON(S) FOR FILING (please check proper box)

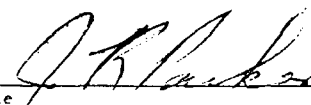
New Well <input type="checkbox"/>	Change in Ownership <input type="checkbox"/>
Change in Transporter (check one)	Other (explain below)
Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Casing head gas <input type="checkbox"/> Condensate <input type="checkbox"/>	Change in Pool Designation

Remarks

0/4 NMOC: WAM SW File

The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.

Executed this the **2nd** day of **January**, 19 **62**.

OIL CONSERVATION COMMISSION		By
Approved by		Title
Title		District Superintendent
Date	Company	Address
	Continental Oil Company	Box 68, Eunice, N. M.

X			

(SUBMIT IN TRIPLICATE)

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

Land Office Las Cruces
Lease No. 068848
Unit M

SUNDRY NOTICES AND REPORTS ON WELLS

NOTICE OF INTENTION TO DRILL.....	SUBSEQUENT REPORT OF WATER SHUT-OFF.....	XX
NOTICE OF INTENTION TO CHANGE PLANS.....	SUBSEQUENT REPORT OF SHOOTING OR ACIDIZING.....	
NOTICE OF INTENTION TO TEST WATER SHUT-OFF.....	SUBSEQUENT REPORT OF ALTERING CASING.....	
NOTICE OF INTENTION TO RE-DRILL OR REPAIR WELL.....	SUBSEQUENT REPORT OF RE-DRILLING OR REPAIR.....	
NOTICE OF INTENTION TO SHOOT OR ACIDIZE.....	SUBSEQUENT REPORT OF ABANDONMENT.....	
NOTICE OF INTENTION TO PULL OR ALTER CASING.....	SUPPLEMENTARY WELL HISTORY.....	
NOTICE OF INTENTION TO ABANDON WELL.....		

(INDICATE ABOVE BY CHECK MARK NATURE OF REPORT, NOTICE, OR OTHER DATA)

October 31, 1961, 19

Well No. 1 is located 650 ft. from N line and 600 ft. from W line of sec. 19
SW/4 Sec 19 235 33E NMPM
(1/4 Sec. and Sec. No.) (Twp.) (Range) (Meridian)
Cruz Delaware Lea New Mexico
(Field) (County or Subdivision) (State or Territory)

The elevation of the derrick floor above sea level is 3719 ft. KB

DETAILS OF WORK

(State names of and expected depths to objective sands; show sizes, weights, and lengths of proposed casings; indicate mudding jobs, cementing points, and all other important proposed work)

Ran 5252' of 4 1/2" OD 9.50# J-55 casing set at 5237' w/150 ex.
wOC 36 hrs. Top of cement 4500'. Thirty minute casing test - 1500#.
Tested OK. Released rig at 8:30 PM 9-17-61.

I understand that this plan of work must receive approval in writing by the Geological Survey before operations may be commenced.

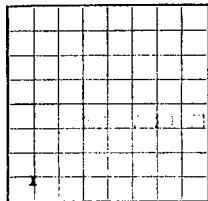
Company Continental Oil Company

Address Box 68

Junica, New Mexico

0/2 USGS RM006-2 WAM file

By [Signature]
Title District Superintendent



LOCATE WELL CORRECTLY

NOTED
OCT 5 1961
STANDLEY

U. S. LAND OFFICE Las Cruces
SERIAL NUMBER 068848
LEASE OR PERMIT TO PROSPECT

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

NEW WELL COMPLETION
LOG OF OIL OR GAS WELL

Company Continental Oil Company Address Box 68 - Eunice, New Mexico
Lessor or Tract I. J. Marshall Field Crus Delaware State New Mexico
Well No. 1 Sec. 19 T. 29 R. 33 Meridian N74 County Lea
Location 660 ft. ^N of S Line and 660 ft. ^E of W Line of Section 19 (Elevation 3719) **KB**

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

Date October 3, 1961 Title District Superintendent

The summary on this page is for the condition of the well at above date.
Commenced drilling , 19 Finished drilling , 19

OIL OR GAS SANDS OR ZONES
(Denote gas by G)

No. 1, from 5095' to 5099' No. 4, from to
No. 2, from to No. 5, from to
No. 3, from to No. 6, from to

IMPORTANT WATER SANDS

No. 1, from to No. 3, from to
No. 2, from to No. 4, from to

CASING RECORD

Size casing	Weight per foot	Threads per inch	Make	Amount	Kind of shoe	Cut and pulled from	Perforated		Purpose
							From	To	
<u>8 5/8</u>	<u>381</u>	<u>200</u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u>4 1/2</u>	<u>5237</u>	<u>150</u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>

MUDDING AND CEMENTING RECORD

Size casing	Wheals set	Number sacks of cement	Method used	Mud gravity	Amount of mud used
<u>8 5/8</u>	<u>381</u>	<u>200</u>	<u> </u>	<u> </u>	<u> </u>
<u>4 1/2</u>	<u>5237</u>	<u>150</u>	<u> </u>	<u> </u>	<u> </u>

PLUGS AND ADAPTERS

Heaving plug—Material Length Depth set
Adapters—Material Size

SHOOTING RECORD

Size	Shells used	Explosive used	Quantity	Date	Depth shot	Depth cleaned out
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>

TOOLS USED

Rotary tools were used from 0 feet to 5237 feet, and from feet to feet
Cable tools were used from feet to feet, and from feet to feet

DATES

Put to producing September 20, 1961
The production for the first 24 hours was 271 barrels of fluid of which 100 % was oil; % emulsion; % water; and % sediment. Gravity, °Bé. 40
If gas well, cu. ft. per 24 hours Gallons gasoline per 1,000 cu. ft. of gas
Rock pressure, lbs. per sq. in.

EMPLOYEES

C. P. Stewart, Driller D. A. May, Driller
L. W. White, Driller

FORMATION RECORD

FROM	TO	TOTAL FEET	FORMATION
<u>0</u>	<u>900</u>	<u> </u>	<u>Red Bed & Caliche</u>
<u>900</u>	<u>1232</u>	<u> </u>	<u>Anhydrite</u>
<u>1232</u>	<u>4773</u>	<u> </u>	<u>Salt & Anhydrite</u>
<u>4773</u>	<u>5028</u>	<u> </u>	<u>Anhydrite</u>
<u>5028</u>	<u>5085</u>	<u> </u>	<u>Lims & Shale</u>
<u>5085</u>	<u>5237</u>	<u> </u>	<u>Sand & Shale</u>

TD 5237', KB 12', Elev 3719' KB, Pay Dela Sd 5095-5114', Net effective pay 15', Csg Pt 4 1/2" at 5237', Perf 5095-5099' w/4 JSPF by Collar log. Tops: Rustler 900, Salt 1232', Base of Salt 4773', Lamar Lm 5028', Dela Sd 5085'. Log Comparison: 5095' on Collar log vs 5095' on Sonic & 5088' on Core. IP Fl 113 bbls 40 Deg (estimated) grav oil, 0 BW, in 10 hrs, 20/64" chk, TP 150 lbs, CP 500 lbs, w/70.8 MCFG, COR 627, DGR 271 bbls. 2st daily allow 44 BO (38 acre proration unit). Well was not treated. PL conn - Permian Corp. Drig started 9-5-61, comp 9-17-61, tstd 9-20-61, rig released 9-17-61.

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

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

REQUEST FOR (OIL) - (~~GAS~~) ALLOWABLE

New Well
Recompletion

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

Eunice, New Mexico 9-27-61
(Place) (Date)

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

Continental Oil Co. I.J. Marshall 19, Well No. 1, in SW 1/4 SW 1/4,
(Company or Operator) (Lease)

M, Sec. 19, T.23-S, R. 33-E, NMPM, Undesignated Pool
Unit Letter

Lea County, Date Spudded 9-5-61, Date Drilling Completed 9-17-61

Please indicate location:

D	C	B	A
E	F	G	H
L	K	J	I
M	N	O	P
X			

Elevation 3719' KB Total Depth 5237' PBD

Top Oil Pay 5095 Name of Prod. Form. Delaware Sand

PRODUCING INTERVAL -

Perforations 5095-5099'

Open Hole Depth 5237' Casing Shoe 5237' Tubing 5080'

OIL WELL TEST -

Natural Prod. Test: 113 bbls. oil, 0 bbls water in 10 hrs, min. Size 20/64' Choke

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

GAS WELL TEST -

Natural Prod. Test: MCF/Day; Hours flowed Choke Size

Tubing, Casing and Cementing Record

Size	Feet	Size
8-5/8	372	200
4-1/2	5252	150
2-3/8	5097	

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

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

Choke Size Method of Testing:

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand):

Casing 500 Tubing 150 Date first new oil run to tanks 9-20-61
Press. 500 Press. 150

Oil Transporter Permian Corporation

Gas Transporter

Remarks: This well was not treated.

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

Approved, 19

Continental Oil Company

(Company or Operator)

OIL CONSERVATION COMMISSION

By: [Signature]

By: [Signature] (Signature)

Title

Title Dist. Supt.

Send Communications regarding well to:

Name J. R. Parker

Address Box 68, Eunice, N. M.

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

NEW MEXICO OIL CONSERVATION COMMISSION
SANTA FE, NEW MEXICO
**CERTIFICATE OF COMPLIANCE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS**

FORM C-110
(Rev. 7-60)

FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE

Company or Operator Continental Oil Company				Lease No. 17	Well No. 1
Unit Letter M	Section 19	Township 23-S	Range 33-E	County Lea	

Pool Undesignated	Kind of Lease (State, Fed, Fee) Federal
-----------------------------	---

If well produces oil or condensate give location of tanks	Unit Letter M	Section 19	Township 23-S	Range 33-E
---	-------------------------	----------------------	-------------------------	----------------------

Authorized transporter of oil <input checked="" type="checkbox"/> or condensate <input type="checkbox"/>	Address (give address to which approved copy of this form is to be sent)
Permian Corporation	Box 3119, Midland, Texas

Is Gas Actually Connected? Yes _____ No **X**

Authorized transporter of casing head gas <input type="checkbox"/> or dry gas <input type="checkbox"/>	Date Connected	Address (give address to which approved copy of this form is to be sent)

If gas is not being sold, give reasons and also explain its present disposition:

No Market - Gas Flared

REASON(S) FOR FILING (please check proper box)

- | | |
|--|--|
| New Well <input checked="" type="checkbox"/> | Change in Ownership <input type="checkbox"/> |
| Change in Transporter (check one) | Other (explain below) |
| Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> | |
| Casing head gas . <input type="checkbox"/> Condensate . . <input type="checkbox"/> | |

Remarks

0/4 NMOCC WAM SW File

The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.

Executed this the **27th** day of **September**, 19 **61**.

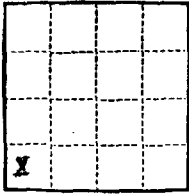
OIL CONSERVATION COMMISSION		By
Approved by		Title
Title		District Superintendent
Date	Company Continental Oil Company	
	Address Box 68, Eunice, New Mexico	

(SUBMIT IN TRIPLICATE)

Land Office Las Cruces

Lease No. 068848

Unit M



UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUNDRY NOTICES AND REPORTS ON WELLS

NOTICE OF INTENTION TO DRILL		SUBSEQUENT REPORT OF WATER SHUT-OFF	<input checked="" type="checkbox"/>
NOTICE OF INTENTION TO CHANGE PLANS		SUBSEQUENT REPORT OF SHOOTING OR ACIDIZING	
NOTICE OF INTENTION TO TEST WATER SHUT-OFF		SUBSEQUENT REPORT OF ALTERING CASING	
NOTICE OF INTENTION TO RE-DRILL OR REPAIR WELL		SUBSEQUENT REPORT OF RE-DRILLING OR REPAIR	
NOTICE OF INTENTION TO SHOOT OR ACIDIZE		SUBSEQUENT REPORT OF ABANDONMENT	
NOTICE OF INTENTION TO PULL OR ALTER CASING		SUPPLEMENTARY WELL HISTORY	
NOTICE OF INTENTION TO ABANDON WELL			

(INDICATE ABOVE BY CHECK MARK NATURE OF REPORT, NOTICE, OR OTHER DATA)

September 14, 1961

I. J. Marshall 19
Well No. 1 is located 660 ft. from (N) line and 660 ft. from (E) line of sec. 19
SW/4 Sec. 19 23-S 33-E NMPH
(1/4 Sec. and Sec. No.) (Twp.) (Range) (Meridian)
Blount Lea New Mexico
(Field) (County or Subdivision) (State or Territory)

The elevation of the derrick floor above sea level is 3707 ft. GL

DETAILS OF WORK

(State names of and expected depths to objective sands; show sizes, weights, and lengths of proposed casings; indicate mudding jobs, cementing points, and all other important proposed work)

Spudded at 9:00 P.M. 9-5-61. Set 372' of 8 5/8" CD 2 1/2" H-40 condition "B" at 381
E/200 ex. Cement circulated. WOC 24 hours. Thirty minute casing test; before and
after plug was drilled 150%. Tested O.K.

I understand that this plan of work must receive approval in writing by the Geological Survey before operations may be commenced.

Company Continental Oil Company

Address Box 63

El Paso, New Mexico

0/2 UNOS 18400-2 224 File

By [Signature]

Title Alt. for District Superintendent

APPROVED

Budget Bureau No. 42-R358.4
Approval expires 12-31-60.

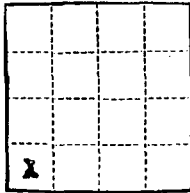
Form 9-331a
(Feb. 1961)

SEP 6 1961 (SUBMIT IN TRIPLICATE)

Land Office Las Cruces

Lease No. 068848

Unit H



E. W. STANDLEY
DISTRICT ENGINEER
UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY



SEP 6 1961

SUNDRY NOTICES AND REPORTS ON WELLS
GEOLOGICAL SURVEY
HUBBS, NEW MEXICO

NOTICE OF INTENTION TO DRILL.....	<input checked="" type="checkbox"/>	SUBSEQUENT REPORT OF WATER SHUT-OFF.....	
NOTICE OF INTENTION TO CHANGE PLANS.....		SUBSEQUENT REPORT OF SHOOTING OR ACIDIZING.....	
NOTICE OF INTENTION TO TEST WATER SHUT-OFF.....		SUBSEQUENT REPORT OF ALTERING CASING.....	
NOTICE OF INTENTION TO RE-DRILL OR REPAIR WELL.....		SUBSEQUENT REPORT OF RE-DRILLING OR REPAIR.....	
NOTICE OF INTENTION TO SHOOT OR ACIDIZE.....		SUBSEQUENT REPORT OF ABANDONMENT.....	
NOTICE OF INTENTION TO PULL OR ALTER CASING.....		SUPPLEMENTARY WELL HISTORY.....	
NOTICE OF INTENTION TO ABANDON WELL.....			

(INDICATE ABOVE BY CHECK MARK NATURE OF REPORT, NOTICE, OR OTHER DATA)

I. J. Marshall 19 _____ September 6, 1961

Well No. 1 is located 660 ft. from N line and 660 ft. from W line of sec. 19

SW/4 Sec. 19
(1/4 Sec. and Sec. No.)

23-S
(Twp.)

33-E
(Range)

NMPM
(Meridian)

Wildcat
(Field)

Lea
(County or Subdivision)

New Mexico
(State or Territory)

The elevation of the derrick floor above sea level is 3707 ft.

DETAILS OF WORK

(State names of and expected depths to objective sands; show sizes, weights, and lengths of proposed casings; indicate mudding jobs, cementing points, and all other important proposed work)

It is intended to drill a well at the above location with rotary tools to a depth of 5300' in the Delaware Sand. Casing will be cemented in accordance with USGS regulations and other special requirements will be complied with.

The following casing program is planned: 8 5/8" OD 24# H-40 set at 350' w/175 sx; 4 1/2" OD 9.5# J-55 set at 5300' w/1000 sx. The 4 1/2" string will be set only if commercial production is encountered.

Verbal approval obtained from your Mr. Stanley by phone conversation with our Mr. Lyon on September 6, 1961.

I understand that this plan of work must receive approval in writing by the Geological Survey before operations may be commenced.

Company Continental Oil Company

Address Box 68

Binice, New Mexico

By [Signature]

0/4 USGS/5 Plats; NGP WAM WAB/Plat

Title Alt. for District Supt.

MOCC-2/2 Plats & USGS; File

NEW MEXICO OIL CONSERVATION COMMISSION
WELL LOCATION AND ACREAGE DEDICATION PLATE 000

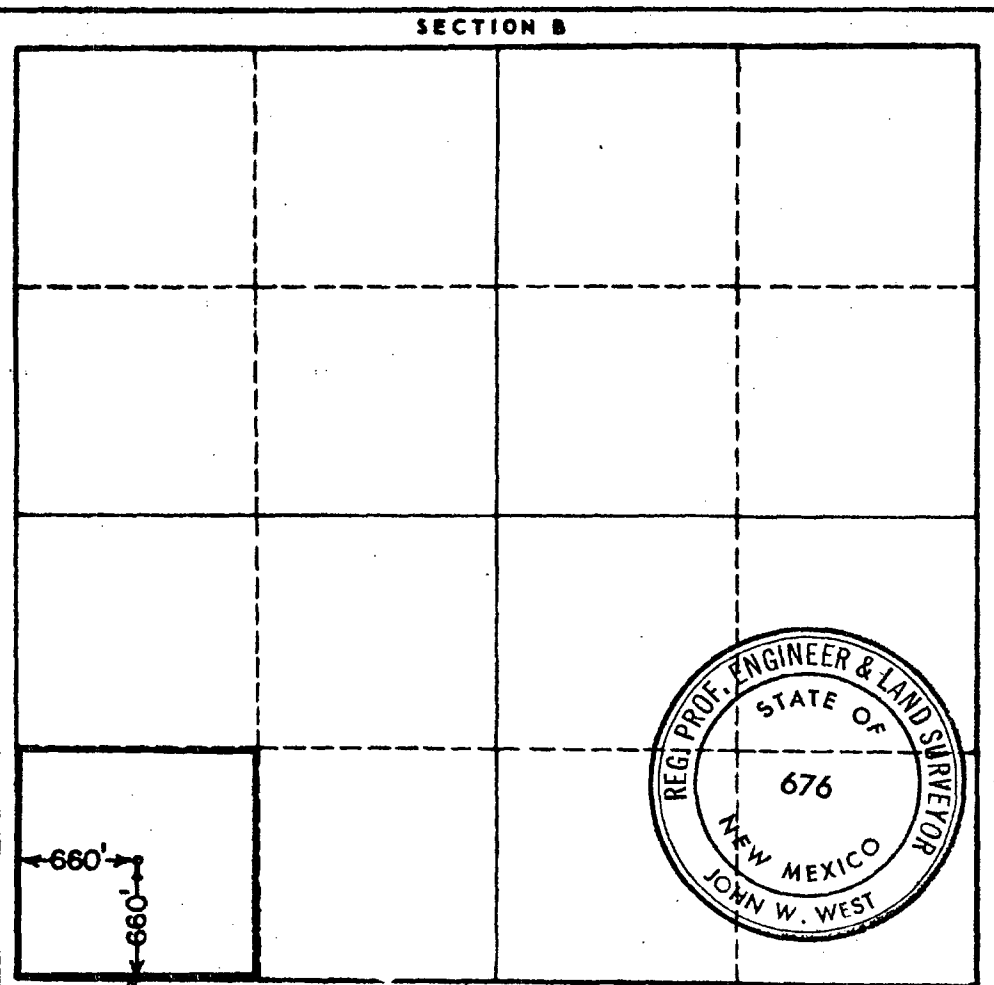
FORM C-128
 Revised 5/1/57

SEE INSTRUCTIONS FOR COMPLETING THIS FORM ON THE REVERSE SIDE

SECTION A					1961 SEP 12 AM 9:35
Operator Continental Oil Company		Lease I.J. Marshall		Well No. 19-1	
Unit Letter N	Section 19	Township 23 South	Range 33 East	County Lea	
Actual Footage Location of Well: 660 feet from the South line and 660 feet from the West line					
Ground Level Elev. 3706.5	Producing Formation Delaware Sand		Pool Wildcat	Dedicated Acreage: 40 Acres	

1. Is the Operator the only owner in the dedicated acreage outlined on the plat below? YES NO ("Owner" means the person who has the right to drill into and to produce from any pool and to appropriate the production either for himself or for himself and another. (63-3-29 (e) NMSA 1935 Comp.)
2. If the answer to question one is "no," have the interests of all the owners been consolidated by communitization agreement or otherwise? YES NO . If answer is "yes," Type of Consolidation _____
3. If the answer to question two is "no," list all the owners and their respective interests below:

Owner	Land Description



CERTIFICATION

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

V. T. Lyon
 Name
V. T. Lyon

Position
Alt. for Dist. Supt.

Company
Continental Oil Co.

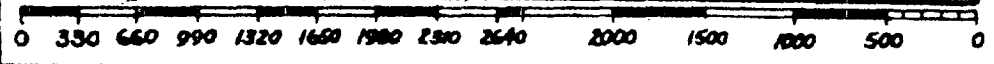
Date
September 6, 1961

I hereby certify that the well location shown on the plat in SECTION B was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

Date Surveyed
8-30-61

Registered Professional Engineer and/or Land Surveyor, **JOHN W. WEST**
John W. West

Certificate No.
N. M. - P. E. & L. S. NO. 676



CMD :
OG6CLOC

ONGARD

02/22/05 09:34:10

6

C105-WELL COMPLETION OR RECOMP CASING LOG

OGOMES -TP80

OGRID Identifier : 122911 PRONGHORN MANAGEMENT CORP
 Prop Identifier : 14997 MARSHALL
 API Well Identifier : 30 25 8358 Well No : 001
 Surface Locn - UL ^M 4 Sec : 19 Twp : 23S Range : 33E Lot Idr :
 Multiple comp (S/M/C) : S TVD Depth (Feet) : 5099 MVD Depth (Feet) : 5099
 Spud Date : 09-05-1961 F/A Date :
 Casing/Linear Record:

S Size (inches)	Grade Weight (lb/ft)	Depth(ft) Top-Liner	Depth(ft) Bot-Liner	Hole Size (inches)	Cement (Sacks)	TOC (feet)	Code
8.625	24.0	0.0	381.0	99.000	200		C
4.500	9.5	0.0	5237.0	99.000	150		C

S0009: Enter data to modify record

PF01 HELP PF02 PF03 EXIT PF04 GoTo PF05 PF06 CONFIRM
 PF07 PF08 PF09 COMMENT PF10 TLOG PF11 PF12

Cum. Prod. as of 12-31-1993

*154002 MCF
78303 BO*

*No Production
Reported on
ONGARD*

Last Prod. - Feb. 1990

Inactive Well

CMD :
OG6IWCM

ONGARD
INQUIRE WELL COMPLETIONS

02/22/05 09:34:23
OGOMES -TP80

API Well No : 30 25 8358 Eff Date : 09-21-1995 WC Status : T
Pool Idn : 14910 CRUZ;DELAWARE
OGRID Idn : 122811 PRONGHORN MANAGEMENT CORP
Prop Idn : 14997 MARSHALL

Well No : 001
GL Elevation: 3719

	U/L	Sec	Township	Range	North/South	East/West	Prop/Act(P/A)
B.H. Locn	: 4	19	23S	33E	FTG 660 F S	FTG 660 F W	A

Lot Identifier:

Dedicated Acre: 40.00

Lease Type : F

Type of consolidation (Comm, Unit, Forced Pooling - C/U/F/O) :

M0025: Enter PF keys to scroll

PF01 HELP	PF02	PF03 EXIT	PF04 GoTo	PF05	PF06
PF07	PF08	PF09	PF10 NEXT-WC	PF11 HISTORY	PF12 NXTREC

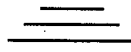
6

ANNUAL REPORT

OF THE

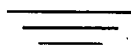
NEW MEXICO OIL & GAS ENGINEERING
COMMITTEE

HOBBS, NEW MEXICO



VOLUME I-A

Southeast New Mexico



1990

WELL S T R JAN FEB MAR APRIL MAY JUNE JULY AUG SEPT OCT NOV DEC 1990 PROD MP ACCUM

Table with columns for well names (e.g., TOM R MINIHAN, SOCONY MOBIL OIL COMPANY INCORPORATED) and production data (PROD MP, ACCUM).

CROSSROADS SAN ANDRES, EAST SA OM TO 5M

Large table containing production data for various wells under the 'CROSSROADS SAN ANDRES, EAST' section, including well names like BRAZOS PET. CO., THE EASTLAND OIL COMPANY, GANDY CORP., and M.C. GANDY & DALE GANDY.

CROSSROADS STRAWN SO. (ABANDONED) PS OM TO 11M

Table with columns for well names (e.g., J. M. HYBER CORPORATION, CROM FLATS SAN ANDRES (ABANDONED) SA) and production data.

Table with columns for well names (e.g., JACK L. MCCLELLAN BARBARA FEDERAL, CRUZ DELAWARE) and production data.

Large table containing production data for various wells under the 'BABER WELLS SERVICING CO' section, including well names like LP2423S32E, 4A2523S32E, MARSHALL, and NEW MEXICO DL.

Table with columns for well names (e.g., CONOCO, INC. MARSHALL) and production data.



HOME | PETROLEUM DATA | NEWS | MARKETPLACE | SOFTWARE | SPONSORS | LINKS | CONTACT

[PTTC](#)
[PRRC](#)
[NM-TECH](#)
[NMBGMR](#)



[NYMEX LS Crude](#) \$50.30
[Navajo WTXI](#) \$45.00
[Henry Hub](#) \$6.00
 Updated 2/22/2005

[GENERAL](#) | [COUNTY](#) | [OPERATOR](#) | [POOL](#) | [LOCATION](#) | [OCD LOG & WELL FILES](#)

View Production Data

In Internet Explorer, right click and select "Save Target As..."
In Netscape, right click and select "Save Link As..."

Download: [HTTP](#)

Well: MARSHALL **No.:** 001
Operator: PRONGHORN MANAGEMENT CORP [[NM SLO data](#)]
API: 3002508358 **Township:** 23.0S **Range:** 33E
Section: 19 **Unit:** M
Land Type: F **County:** Lea
Pools associated:

- [CRUZ;DELAWARE](#) **Total Acreage:** 40 **Completion:** 1
- [Show All](#)

Year: 1970
 Pool Name: CRUZ;DELAWARE

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	335	493	700	30	335	493
February	310	503	648	28	645	996
March	267	580	1335	31	912	1576
April	238	314	1190	30	1150	1890
May	347	64	961	29	1497	1954
June	334	113	925	30	1831	2067
July	232	258	1206	31	2063	2325
August	262	113	1362	31	2325	2438
September	127	160	1207	30	2452	2598
October	331	151	2052	31	2783	2749
November	271	235	1680	30	3054	2984
December	276	149	1971	31	3330	3133

Total 3330 3133 15237 362

Year: 1971

Pool Name: CRUZ;DELAWARE

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	285	176	2036	31	3615	3309
February	316	227	2257	28	3931	3536
March	310	190	889	31	4241	3726
April	257	218	737	30	4498	3944
May	234	203	671	31	4732	4147
June	210	164	602	30	4942	4311
July	193	63	553	31	5135	4374
August	212	10	608	31	5347	4384
September	173	7	496	30	5520	4391
October	233	17	668	31	5753	4408
November	230	14	659	30	5983	4422
December	191	9	548	31	6174	4431
Total	2844	1298	10724	365		

Year: 1972

Pool Name: CRUZ;DELAWARE

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	195	88	559	31	6369	4519
February	218	136	625	29	6587	4655
March	196	147	562	31	6783	4802
April	178	91	510	30	6961	4893
May	157	45	450	31	7118	4938
June	162	74	465	30	7280	5012
July	0	0	0	0	7280	5012
August	248	4	3736	30	7528	5016
September	241	224	1494	28	7769	5240
October	251	50	3096	31	8020	5290
November	213	50	2396	30	8233	5340
December	213	53	2035	31	8446	5393
Total	2272	962	15928	332		

Year: 1973

Pool Name: CRUZ;DELAWARE

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	193	44	2380	31	8639	5437
February						

	111	44	1369	28	8750	5481
March	187	11	1706	31	8937	5492
April	203	10	1852	30	9140	5502
May	154	7	2218	31	9294	5509
June	109	145	1570	30	9403	5654
July	97	141	1397	31	9500	5795
August	288	467	1692	31	9788	6262
September	287	62	1686	30	10075	6324
October	123	45	1332	31	10198	6369
November	130	90	1408	28	10328	6459
December	85	82	921	31	10413	6541
Total	1967	1148	19531	363		

Year: 1974
 Pool Name: CRUZ;DELAWARE

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	278	18	4659	31	10691	6559
February	220	405	1613	21	10911	6964
March	147	287	2524	31	11058	7251
April	169	617	2897	30	11227	7868
May	138	283	2668	31	11365	8151
June	145	266	2803	30	11510	8417
July	127	562	2477	31	11637	8979
August	0	0	0	0	11637	8979
September	0	0	0	0	11637	8979
October	0	0	0	0	11637	8979
November	0	0	0	0	11637	8979
December	0	0	0	0	11637	8979
Total	1224	2438	19641	205		

Year: 1975
 Pool Name: CRUZ;DELAWARE

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	0	0	0	0	11637	8979
February	0	0	0	0	11637	8979
March	0	0	0	0	11637	8979
April	0	0	0	0	11637	8979
May	0	0	0	0	11637	8979
June	0	0	0	0	11637	8979
July	0	0	0	0	11637	8979

August	0	0	0	0	11637	8979
September	0	0	0	0	11637	8979
October	0	0	0	0	11637	8979
November	0	0	0	0	11637	8979
December	0	0	0	0	11637	8979
Total	0	0	0	0		

Year: 1976

Pool Name: CRUZ;DELAWARE

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	0	0	0	0	11637	8979
February	0	0	0	0	11637	8979
March	0	0	0	0	11637	8979
April	0	0	0	0	11637	8979
May	0	0	0	0	11637	8979
June	0	0	0	0	11637	8979
July	0	0	0	0	11637	8979
August	0	0	0	0	11637	8979
September	0	0	0	0	11637	8979
October	0	0	0	0	11637	8979
November	0	0	0	0	11637	8979
December	0	0	0	0	11637	8979
Total	0	0	0	0		

Year: 1977

Pool Name: CRUZ;DELAWARE

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	0	0	0	0	11637	8979
February	0	0	0	0	11637	8979
March	0	0	0	0	11637	8979
April	0	0	0	0	11637	8979
May	0	0	0	0	11637	8979
June	0	0	0	0	11637	8979
July	0	0	0	0	11637	8979
August	0	0	0	0	11637	8979
September	0	0	0	0	11637	8979
October	0	0	0	0	11637	8979
November	0	0	0	0	11637	8979
December	0	0	0	0	11637	8979
Total	0	0	0	0		

Year: 1979
Pool Name: CRUZ;DELAWARE

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	0	0	0	0	11637	8979
February	0	0	0	0	11637	8979
March	0	0	0	0	11637	8979
April	0	0	0	0	11637	8979
May	0	0	0	0	11637	8979
June	0	0	0	0	11637	8979
July	0	0	0	0	11637	8979
August	0	0	0	0	11637	8979
September	0	0	0	0	11637	8979
October	0	0	0	0	11637	8979
November	0	0	0	0	11637	8979
December	0	0	0	0	11637	8979
Total	0	0	0	0		

Year: 1980
Pool Name: CRUZ;DELAWARE

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	0	0	0	0	11637	8979
February	0	0	0	0	11637	8979
March	0	0	0	0	11637	8979
April	0	0	0	0	11637	8979
May	0	0	0	0	11637	8979
June	0	0	0	0	11637	8979
July	0	0	0	0	11637	8979
August	0	0	0	0	11637	8979
September	0	0	0	0	11637	8979
October	0	0	0	0	11637	8979
November	0	0	0	0	11637	8979
December	0	0	0	0	11637	8979
Total	0	0	0	0		

Year: 1981
Pool Name: CRUZ;DELAWARE

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	0	0	0	0	11637	8979
February	0	0	0	0	11637	8979
March	0	0	0	0	11637	8979
April						

	0	0	0	0	11637	8979
May	0	0	0	0	11637	8979
June	0	0	0	0	11637	8979
July	0	0	0	0	11637	8979
August	0	0	0	0	11637	8979
September	0	0	0	0	11637	8979
October	0	0	0	0	11637	8979
November	0	0	0	0	11637	8979
December	0	0	0	0	11637	8979
Total	0	0	0	0		

Year: 1982
 Pool Name: CRUZ;DELAWARE

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	0	0	0	0	11637	8979
February	0	0	0	0	11637	8979
March	0	0	0	0	11637	8979
April	0	0	0	0	11637	8979
May	0	0	0	0	11637	8979
June	0	0	0	0	11637	8979
July	0	0	0	0	11637	8979
August	0	0	0	0	11637	8979
September	0	0	0	0	11637	8979
October	0	0	0	0	11637	8979
November	0	0	0	0	11637	8979
December	0	0	0	0	11637	8979
Total	0	0	0	0		

Year: 1983
 Pool Name: CRUZ;DELAWARE

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	0	0	0	0	11637	8979
February	0	0	0	0	11637	8979
March	0	0	0	0	11637	8979
April	0	0	0	0	11637	8979
May	0	0	0	0	11637	8979
June	0	0	0	0	11637	8979
July	0	0	0	0	11637	8979
August	0	0	0	0	11637	8979
September	0	0	0	0	11637	8979

October	0	0	0	0	11637	8979
November	0	0	0	0	11637	8979
December	0	0	0	0	11637	8979
Total	0	0	0	0		

Year: 1984

Pool Name: CRUZ;DELAWARE

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	0	0	0	0	11637	8979
February	0	0	0	0	11637	8979
March	0	0	0	0	11637	8979
April	0	0	0	0	11637	8979
May	0	0	0	0	11637	8979
June	0	0	0	0	11637	8979
July	0	0	0	0	11637	8979
August	0	0	0	0	11637	8979
September	0	0	0	0	11637	8979
October	0	0	0	0	11637	8979
November	0	0	0	0	11637	8979
December	0	0	0	0	11637	8979
Total	0	0	0	0		

Year: 1985

Pool Name: CRUZ;DELAWARE

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	0	0	0	0	11637	8979
February	0	0	0	0	11637	8979
March	0	0	0	0	11637	8979
April	0	0	0	0	11637	8979
May	0	0	0	0	11637	8979
June	0	0	0	0	11637	8979
July	0	0	0	0	11637	8979
August	0	0	0	0	11637	8979
September	0	0	0	99	11637	8979
October	0	0	0	99	11637	8979
November	0	0	0	99	11637	8979
December	0	0	0	99	11637	8979
Total	0	0	0	0		

Year: 1986

Pool Name: CRUZ;DELAWARE

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	0	0	0	99	11637	8979
February	0	0	0	99	11637	8979
March	0	0	0	99	11637	8979
April	0	0	0	99	11637	8979
May	0	0	0	99	11637	8979
June	0	0	0	99	11637	8979
July	0	0	0	99	11637	8979
August	0	0	0	99	11637	8979
September	0	0	0	99	11637	8979
October	0	0	0	99	11637	8979
November	0	0	0	99	11637	8979
December	0	0	0	99	11637	8979
Total	0	0	0	0		

Year: 1987
Pool Name: CRUZ;DELAWARE

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	0	0	0	99	11637	8979
February	0	0	0	0	11637	8979
March	0	0	0	0	11637	8979
April	0	0	0	0	11637	8979
May	0	0	0	0	11637	8979
June	0	0	0	0	11637	8979
July	0	0	0	0	11637	8979
August	0	0	0	0	11637	8979
September	0	0	0	0	11637	8979
October	0	0	0	0	11637	8979
November	0	0	0	0	11637	8979
December	0	0	0	0	11637	8979
Total	0	0	0	0		

Year: 1988
Pool Name: CRUZ;DELAWARE

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	0	0	0	0	11637	8979
February	0	0	0	0	11637	8979
March	0	0	0	0	11637	8979
April	0	0	0	0	11637	8979
May	0	0	0	0	11637	8979
June	0	0	0	0	11637	8979

July	0	0	0	0	11637	8979
August	0	0	0	0	11637	8979
September	0	0	0	0	11637	8979
October	0	0	0	0	11637	8979
November	0	0	0	0	11637	8979
December	0	0	0	0	11637	8979
Total	0	0	0	0		

Year: 1989

Pool Name: CRUZ;DELAWARE

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	0	0	0	0	11637	8979
February	0	0	0	0	11637	8979
March	0	0	0	0	11637	8979
April	0	0	0	0	11637	8979
May	0	0	0	0	11637	8979
June	0	0	0	0	11637	8979
July	0	0	0	0	11637	8979
August	0	0	0	0	11637	8979
September	0	0	0	0	11637	8979
October	0	0	0	0	11637	8979
November	0	0	0	0	11637	8979
December	1	11	50	1	11638	8990
Total	1	11	50	1		

Year: 1990

Pool Name: CRUZ;DELAWARE

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	4	24	78	31	11642	9014
February	4	73	72	28	11646	9087
March	0	0	0	0	11646	9087
April	0	0	0	0	11646	9087
May	0	0	0	0	11646	9087
June	0	0	0	0	11646	9087
July	0	0	0	0	11646	9087
August	0	0	0	0	11646	9087
September	0	0	0	0	11646	9087
October	0	0	0	0	11646	9087
November	0	0	0	0	11646	9087
December	0	0	0	0	11646	9087

Total 8 97 150 59

Year: 1991
Pool Name: CRUZ;DELAWARE

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	0	0	0	0	11646	9087
February	0	0	0	0	11646	9087
March	0	0	0	0	11646	9087
April	0	0	0	0	11646	9087
May	0	0	0	0	11646	9087
June	0	0	0	0	11646	9087
July	0	0	0	0	11646	9087
August	0	0	0	0	11646	9087
September	0	0	0	0	11646	9087
October	0	0	0	0	11646	9087
November	0	0	0	0	11646	9087
December	0	0	0	0	11646	9087
Total	0	0	0	0		

Year: 1992
Pool Name: CRUZ;DELAWARE

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	0	0	0	0	11646	9087
February	0	0	0	0	11646	9087
March	0	0	0	0	11646	9087
April	0	0	0	0	11646	9087
May	0	0	0	0	11646	9087
June	0	0	0	0	11646	9087
July	0	0	0	0	11646	9087
August	0	0	0	0	11646	9087
September	0	0	0	0	11646	9087
October	0	0	0	0	11646	9087
November	0	0	0	0	11646	9087
December	0	0	0	0	11646	9087
Total	0	0	0	0		

Year: 1993
Pool Name: CRUZ;DELAWARE

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	0	0	0	0	11646	9087
February						

	0	0	0	0	11646	9087
March	0	0	0	0	11646	9087
April	0	0	0	0	11646	9087
May	0	0	0	0	11646	9087
June	0	0	0	0	11646	9087
July	0	0	0	0	11646	9087
August	0	0	0	0	11646	9087
September	0	0	0	0	11646	9087
October	0	0	0	0	11646	9087
November	0	0	0	0	11646	9087
December	0	0	0	0	11646	9087
Total	0	0	0	0		

Year: 1994

Pool Name: CRUZ;DELAWARE

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	0	0	0	0	11646	9087
February	0	0	0	0	11646	9087
March	0	0	0	0	11646	9087
April	0	0	0	0	11646	9087
May	0	0	0	0	11646	9087
June	0	0	0	0	11646	9087
July	0	0	0	0	11646	9087
August	0	0	0	0	11646	9087
September	0	0	0	0	11646	9087
October	0	0	0	0	11646	9087
November	0	0	0	0	11646	9087
December	0	0	0	0	11646	9087
Total	0	0	0	0		

Year: 1995

Pool Name: CRUZ;DELAWARE

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	0	0	0	0	11646	9087
February	0	0	0	0	11646	9087
March	0	0	0	0	11646	9087
April	0	0	0	0	11646	9087
May	0	0	0	0	11646	9087
June	0	0	0	0	11646	9087
July	0	0	0	0	11646	9087

August	0	0	0	0	11646	9087
September	0	0	0	0	11646	9087
October	0	0	0	0	11646	9087
November	0	0	0	0	11646	9087
December	0	0	0	0	11646	9087
Total	0	0	0	0		

Year: 1996
 Pool Name: CRUZ;DELAWARE

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	0	0	0	0	11646	9087
February	0	0	0	0	11646	9087
March	0	0	0	0	11646	9087
April	0	0	0	0	11646	9087
May	0	0	0	0	11646	9087
June	0	0	0	0	11646	9087
July	0	0	0	0	11646	9087
August	0	0	0	0	11646	9087
September	0	0	0	0	11646	9087
October	0	0	0	0	11646	9087
November	0	0	0	0	11646	9087
December	0	0	0	0	11646	9087
Total	0	0	0	0		

Year: 1997
 Pool Name: CRUZ;DELAWARE

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	0	0	0	0	11646	9087
February	0	0	0	0	11646	9087
March	0	0	0	0	11646	9087
April	0	0	0	0	11646	9087
May	0	0	0	0	11646	9087
June	0	0	0	0	11646	9087
July	0	0	0	0	11646	9087
August	0	0	0	0	11646	9087
September	0	0	0	0	11646	9087
October	0	0	0	0	11646	9087
November	0	0	0	0	11646	9087
December	0	0	0	0	11646	9087
Total	0	0	0	0		

Year: 1998
Pool Name: CRUZ;DELAWARE

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	0	0	0	0	11646	9087
February	0	0	0	0	11646	9087
March	0	0	0	0	11646	9087
April	0	0	0	0	11646	9087
May	0	0	0	0	11646	9087
June	0	0	0	0	11646	9087
July	0	0	0	0	11646	9087
August	0	0	0	0	11646	9087
September	0	0	0	0	11646	9087
October	0	0	0	0	11646	9087
November	0	0	0	0	11646	9087
December	0	0	0	0	11646	9087
Total	0	0	0	0		

Year: 1999
Pool Name: CRUZ;DELAWARE

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	0	0	0	0	11646	9087
February	0	0	0	0	11646	9087
March	0	0	0	0	11646	9087
April	0	0	0	0	11646	9087
May	0	0	0	0	11646	9087
June	0	0	0	0	11646	9087
July	0	0	0	0	11646	9087
August	0	0	0	0	11646	9087
September	0	0	0	0	11646	9087
October	0	0	0	0	11646	9087
November	0	0	0	0	11646	9087
December	0	0	0	0	11646	9087
Total	0	0	0	0		

Year: 2000
Pool Name: CRUZ;DELAWARE

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	0	0	0	0	11646	9087
February	0	0	0	0	11646	9087
March	0	0	0	0	11646	9087
April						

	0	0	0	0	11646	9087
May	0	0	0	0	11646	9087
June	0	0	0	0	11646	9087
July	0	0	0	0	11646	9087
August	0	0	0	0	11646	9087
September	0	0	0	0	11646	9087
October	0	0	0	0	11646	9087
November	0	0	0	0	11646	9087
December	0	0	0	0	11646	9087
Total	0	0	0	0		

Year: 2001

Pool Name: CRUZ;DELAWARE

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	0	0	0	0	11646	9087
February	0	0	0	0	11646	9087
March	0	0	0	0	11646	9087
April	0	0	0	0	11646	9087
May	0	0	0	0	11646	9087
June	0	0	0	0	11646	9087
July	0	0	0	0	11646	9087
August	0	0	0	0	11646	9087
September	0	0	0	0	11646	9087
October	0	0	0	0	11646	9087
November	0	0	0	0	11646	9087
December	0	0	0	0	11646	9087
Total	0	0	0	0		

Year: 2002

Pool Name: CRUZ;DELAWARE

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	0	0	0	0	11646	9087
February	0	0	0	0	11646	9087
March	0	0	0	0	11646	9087
April	0	0	0	0	11646	9087
May	0	0	0	0	11646	9087
June	0	0	0	0	11646	9087
July	0	0	0	0	11646	9087
August	0	0	0	0	11646	9087
September	0	0	0	0	11646	9087

October	0	0	0	0	11646	9087
November	0	0	0	0	11646	9087
December	0	0	0	0	11646	9087
Total	0	0	0	0		

Year: 2003

Pool Name: CRUZ;DELAWARE

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	0	0	0	0	11646	9087
February	0	0	0	0	11646	9087
March	0	0	0	0	11646	9087
April	0	0	0	0	11646	9087
May	0	0	0	0	11646	9087
June	0	0	0	0	11646	9087
July	0	0	0	0	11646	9087
August	0	0	0	0	11646	9087
September	0	0	0	0	11646	9087
October	0	0	0	0	11646	9087
November	0	0	0	0	11646	9087
December	0	0	0	0	11646	9087
Total	0	0	0	0		

Year: 2004

Pool Name: CRUZ;DELAWARE

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	0	0	0	0	11646	9087
February	0	0	0	0	11646	9087
March	0	0	0	0	11646	9087
April	0	0	0	0	11646	9087
May	0	0	0	0	11646	9087
June	0	0	0	0	11646	9087
July	0	0	0	0	11646	9087
August	0	0	0	0	11646	9087
September	0	0	0	0	11646	9087
October	0	0	0	0	11646	9087
November	0	0	0	0	11646	9087
December	0	0	0	0	11646	9087
Total	0	0	0	0		

CMD :
OG6CLOG

ONGARD
C105-WELL COMPLETION OR RECOMP CASING LOG

02/22/05 09:40:06
OGOMBS -TP80

7

OGRID Identifier : 122811 PRONGHORN MANAGEMENT CORP
Prop Identifier : 14997 MARSHALL
API Well Identifier : 30 25 25000 Well No : 005
Surface Locn - UL : F Sec : 19 Twp : 23S Range : 33E Lot Idn :
Multiple comp (S/M/C) : S TVD Depth (Feet) : 5186 MVD Depth (Feet):
Spud Date : P/A Date :
Casing/Linear Record:

S Size (inches)	Grade Weight (lb/ft)	Depth(ft) Top-Liner	Depth(ft) Bot-Liner	Hole Size (inches)	Cement (Sacks)	TOC (feet)	Code
99.000	99.0	99999.0	99999.0	99.000	9999	99999	C

E0009: Enter data to modify record

PF01 HELP PF02 PF03 EXIT PF04 GoTo PF05 PF06 CONFIRM
PF07 PF08 PF09 COMMENT PF10 TLOG PF11 PF12

Last Production April 1998

Intuitive Well

CMD :
OG6IWCM

ONGARD
INQUIRE WELL COMPLETIONS

02/22/05 09:40:12
OGOMES -TP80

API Well No : 30 25 25000 Eff Date : 05-20-1994 WC Status : A
Pool Idn : 14910 CRUZ;DELAWARE
OGRID Idn : 122811 PRONGHORN MANAGEMENT CORP
Prop Idn : 14997 MARSHALL

Well No : 005
GL Elevation: 99999

	U/L	Sec	Township	Range	North/South	East/West	Prop/Act	(P/A)
B.H. Locn	:	F	19	23S	33E	FTG 1980 F N FTG 1980 F W		P

Lot Identifier:

Dedicated Acre: 40.00

Lease Type : F

Type of consolidation (Comm, Unit, Forced Pooling - C/U/F/O) :

M0025: Enter PF keys to scroll

PF01 HELP	PF02	PF03 EXIT	PF04 GoTo	PF05	PF06
PF07	PF08	PF09	PF10 NEXT-WC	PF11 HISTORY	PF12 NXTREC

CMD :
OG6IPRD

ONGARD
INQUIRE PRODUCTION BY POOL/WELL

02/22/05 09:40:22
OGOMES -TP00
Page No: 1

OGRID Identifier : 122811 PRONGHORN MANAGEMENT CORP
Pool Identifier : 14910 CRUZ;DELAWARE
API Well No : 30 25 25000 Report Period - From : 01 1993 To : 12 2005

API Well No	Property Name	Prodn. MM/YY	Days Prod	Production Gas	Oil	Water	Well Stat
30 25 25000	MARSHALL	05 94		2	5	187	P
30 25 25000	MARSHALL	06 94	30	14	32	320	P
30 25 25000	MARSHALL	07 94	31	19	14	217	P
30 25 25000	MARSHALL	08 94	10	10	2	30	P
30 25 25000	MARSHALL	09 94	1	2			P
30 25 25000	MARSHALL	10 94					S
30 25 25000	MARSHALL	11 94					S

Reporting Period Total (Gas, Oil) :

M0025: Enter PF keys to scroll

PF01 HELP PF02 PF03 EXIT PF04 GoTo. PF05 PF06 CONFIRM
PF07 BKWD PF08 FWD PF09 PF10 NXTPOOL PF11 NXTOGD PF12

CMD :
OG6IPRD

ONGARD
INQUIRE PRODUCTION BY POOL/WELL

02/22/05 09:40:27
OGOMES -TP80
Page No: 2

OGRID Identifier : 122811 PRONGHORN MANAGEMENT CORP
Pool Identifier : 14910 CRUZ;DELAWARE
API Well No : 30 25 25000 Report Period - From : 01 1993 To : 12 2005

API Well No	Property Name	Prodn. MM/YY	Days Prod	Production Gas	Oil	Water	Well Stat
30 25 25000	MARSHALL	12 94	1		3	5	P
30 25 25000	MARSHALL	01 95	1		2	4	P
30 25 25000	MARSHALL	02 95					S
30 25 25000	MARSHALL	03 95					S
30 25 25000	MARSHALL	04 95	20		2	25	P
30 25 25000	MARSHALL	05 95	15		6	25	P
30 25 25000	MARSHALL	06 95	15		6	25	P

Reporting Period Total (Gas, Oil) :

E0049: User may continue scrolling.

PF01 HELP PF02 PF03 EXIT PF04 GoTo PF05 PF06 CONFIRM
PF07 BKWD PF08 FWD PF09 PF10 NXTPOOL PF11 NXTOGD PF12

CMD :
OG6IPRD

ONGARD
INQUIRE PRODUCTION BY POOL/WELL

02/22/05 09:40:28
OGOMES -TP80
Page No: 3

OGRID Identifier : 122911 PRONGHORN MANAGEMENT CORP
Pool Identifier : 14910 CRUZ;DELAWARE
API Well No : 30 25 25000 Report Period - From : 01 1993 To : 12 2005

API Well No	Property Name	Prodn. MM/YY	Days Prod	Production Gas	Oil	Water	Well Stat
30 25 25000	MARSHALL	07 95	10		1	2	P
30 25 25000	MARSHALL	08 95	10		1	5	P
30 25 25000	MARSHALL	09 95	20		2	10	P
30 25 25000	MARSHALL	10 95	5		1		P
30 25 25000	MARSHALL	11 95	5		2		P
30 25 25000	MARSHALL	12 95	5		2		P
30 25 25000	MARSHALL	01 96	10		5	5	P

Reporting Period Total (Gas, Oil) :

E0049: User may continue scrolling.

PF01 HELP PF02 PF03 EXIT PF04 GoTo PF05 PF06 CONFIRM
PF07 BKWD PF08 FWD PF09 PF10 NXTPOOL PF11 NXTOGD PF12

CMD :
OG6IPRD

ONGARD
INQUIRE PRODUCTION BY POOL/WELL

02/22/05 09:40:30
OGOMES -TP80
Page No: 4

OGRID Identifier : 122811 PRONGHORN MANAGEMENT CORP
Pool Identifier : 14910 CRUZ;DELAWARE
API Well No : 30 25 25000 Report Period - From : 01 1993 To : 12 2005

API Well No	Property Name	Prodn. MM/YY	Days Prod	Production Volumes Gas	Oil	Water	Well Stat
30 25 25000	MARSHALL	02 96	5		1	10	P
30 25 25000	MARSHALL	03 96	15		3	10	P
30 25 25000	MARSHALL	04 96	15		5	15	P
30 25 25000	MARSHALL	05 96	15		2	5	P
30 25 25000	MARSHALL	06 96	15		3	10	P
30 25 25000	MARSHALL	07 96	15		3	10	P
30 25 25000	MARSHALL	08 96	15		3	10	P

Reporting Period Total (Gas, Oil) :

E0049: User may continue scrolling.

PF01 HELP PF02 PF03 EXIT PF04 GoTo PF05 PF06 CONFIRM
PF07 BKWD PF08 FWD PF09 PF10 NXTPOOL PF11 NXTOGD PF12

CMD :
OG6IPRD

CNGARD
INQUIRE PRODUCTION BY POOL/WELL

02/22/05 09:40:31
OGOMES -TP80
Page No: 5

OGRID Identifier : 122811 PRONGHORN MANAGEMENT CORP
Pool Identifier : 14910 CRUZ;DELAWARE
API Well No : 30 25 25000 Report Period : From : 01 1993 To : 12 2005

API Well No	Property Name	Prodn. MM/YY	Days Prod	Production Gas	Oil	Water	Well Stat
30 25 25000	MARSHALL	09 96	15		2	8	P
30 25 25000	MARSHALL	10 96	15		2	4	P
30 25 25000	MARSHALL	11 96	15		2	6	P
30 25 25000	MARSHALL	12 96	15		2	5	P
30 25 25000	MARSHALL	01 97	15		2	5	P
30 25 25000	MARSHALL	02 97	15		2	5	P
30 25 25000	MARSHALL	03 97	15		2	5	P

Reporting Period Total (Gas, Oil) :

E0049: User may continue scrolling.

PF01 HELP PF02 PF03 EXIT PF04 GoTo PF05 PF06 CONFIRM
PF07 BKWD PF08 FWD PF09 PF10 NXTPOOL PF11 NXTOGD PF12

CMD :
OG6IPRD

ONGARD
INQUIRE PRODUCTION BY POOL/WELL

02/22/05 09:40:32
OGOMES -TP80
Page No: 6

OGRID Identifier : 122811 PRONGHORN MANAGEMENT CORP
Pool Identifier : 14910 CRUZ;DELAWARE
API Well No : 30 25 25000 Report Period - From : 01 1993 To : 12 2005

API Well No	Property Name	Prodn. MM/YY	Days Prod	Production Gas	Oil	Water	Well Stat
30 25 25000	MARSHALL	04 97	15		2	5	P
30 25 25000	MARSHALL	05 97	15		2	5	P
30 25 25000	MARSHALL	06 97	15		2	4	P
30 25 25000	MARSHALL	07 97	15		2	5	P
30 25 25000	MARSHALL	08 97	15		2	5	P
30 25 25000	MARSHALL	09 97	15		2	5	P
30 25 25000	MARSHALL	10 97	15		2	5	P

Reporting Period Total (Gas, Oil) :

E0049: User may continue scrolling.

PF01 HELP PF02 PF03 EXIT PF04 GoTo PF05 PF06 CONFIRM
PF07 BKWD PF08 FWD PF09 PF10 NXTPOOL PF11 NXTOGD PF12

CMD :
OG6IPRD

ONGARD
INQUIRE PRODUCTION BY POOL/WELL

02/22/05 09:40:34
OGOMES -TP80
Page No: 7

OGRID Identifier : 122811 PRONGHORN MANAGEMENT CORP
Pool Identifier : 14910 CRUZ;DELAWARE
API Well No : 30 25 25000 Report Period - From : 01 1993 To : 12 2005

API Well No	Property Name	Prodn. MM/YY	Days Prod	Production Volumes			Well Stat
				Gas	Oil	Water	
30 25 25000	MARSHALL	11 97	15		2	5	P
30 25 25000	MARSHALL	12 97	15		2	5	P
30 25 25000	MARSHALL	01 98	15		2	5	P
30 25 25000	MARSHALL	02 98	15		2	4	P
30 25 25000	MARSHALL	03 98	15		2	3	P
30 25 25000	MARSHALL	04 98	15		2	3	P
30 25 25000	MARSHALL	05 98					T

Reporting Period Total (Gas, Oil) :

E0049: User may continue scrolling.

PF01 HELP PF02 PF03 EXIT PF04 GoTo PF05 PF06 CONFIRM
PF07 BKWD PF08 FWD PF09 PF10 NXTPOOL PF11 NXTOGD PF12

CMD :
OG6IPRD

ONGARD
INQUIRE PRODUCTION BY POOL/WELL

02/22/05 09:40:36
OCOMES -TP80
Page No: 8

OGRID Identifier : 122811 PRONGHORN MANAGEMENT CORP
Pool Identifier : 14910 CRUZ;DELAWARE
API Well No : 30 25 25000 Report Period - From : 01 1993 To : 12 2005

API Well No	Property Name	Prodn. Days MM/YY Prod	Production Volumes Gas Oil Water	Well Stat
30 25 25000	MARSHALL	06 98		P
30 25 25000	MARSHALL	07 98		T
30 25 25000	MARSHALL	08 98		T
30 25 25000	MARSHALL	09 98		T
30 25 25000	MARSHALL	10 98		T
30 25 25000	MARSHALL	11 98		T
30 25 25000	MARSHALL	12 98		T

Reporting Period Total (Gas, Oil) :

E0049: User may continue scrolling.

PF01 HELP PF02 PF03 EXIT PF04 GoTo PF05 PF06 CONFIRM
PF07 BKWD PF08 FWD PF09 PF10 NXTPOOL PF11 NXTOGD PF12

CMD :
CG61PRD

ONGARD
INQUIRE PRODUCTION BY POOL/WELL

02/22/05 09:40:37
GCOMES -TP80
Page No: 9

OGRID Identifier : 122811 PRONGHORN MANAGEMENT CORP
Pool Identifier : 14910 CRUZ;DELAWARE
API Well No : 30 25 25000 Report Period - From : 01 1993 To : 12 2005

API Well No	Property Name	Prodn. Days MM/YY Prod	Production Volumes Gas Oil Water	Well Stat
30 25 25000	MARSHALL	01 99		T
30 25 25000	MARSHALL	02 99		T
30 25 25000	MARSHALL	03 99		T
30 25 25000	MARSHALL	04 99		T
30 25 25000	MARSHALL	05 99		T
30 25 25000	MARSHALL	06 99		T
30 25 25000	MARSHALL	07 99		T

Reporting Period Total (Gas, Oil) :

E0049: User may continue scrolling.

PF01 HELP PF02 PF03 EXIT PF04 GoTo PF05 PF06 CONFIRM
PF07 BKWD PF08 FWD PF09 PF10 NXTPOOL PF11 NXTOGD PF12

CMD :
OG6IPRD

ONGARD
INQUIRE PRODUCTION BY POOL/WELL

02/22/05 09:40:38
OGOMES -TP80
Page No: 10

OGRID Identifier : 122811 PRONGHORN MANAGEMENT CORP
Pool Identifier : 14910 CRUZ;DELAWARE
API Well No : 30 25 25000 Report Period - From : 01 1993 To : 12 2005

API Well No	Property Name	Prodn. Days MM/YY Prod	Production Volumes Gas Oil Water	Well Stat
30 25 25000	MARSHALL	08 99		T
30 25 25000	MARSHALL	09 99		T
30 25 25000	MARSHALL	10 99		T
30 25 25000	MARSHALL	11 99		T
30 25 25000	MARSHALL	12 99		T
30 25 25000	MARSHALL	01 00		T
30 25 25000	MARSHALL	02 00		T

Reporting Period Total (Gas, Oil) :

E0049: User may continue scrolling.

PF01 HELP PF02 PF03 EXIT PF04 GoTo PF05 PF06 CONFIRM
PF07 BKWD PF08 FWD PF09 PF10 NXTPOOL PF11 NXTOGD PF12

CMD :
OG6IPRD

ONGARD
INQUIRE PRODUCTION BY POOL/WELL

02/22/05 09:40:39
OGOMES -TP80
Page No: 11

OGRID Identifier : 122811 PRONGHORN MANAGEMENT CORP
Pool Identifier : 1.910 CRUZ;DELAWARE
API Well No : 30 25 25000 Report Period - From : 01 1993 To : 12 2005

API Well No	Property Name	Prodn. Days MM/YY Prod	Production Volumes Gas Oil Water	Well Stat
30 25 25000	MARSHALL	03 00		T
30 25 25000	MARSHALL	04 00		T
30 25 25000	MARSHALL	05 00		T
30 25 25000	MARSHALL	06 00		T
30 25 25000	MARSHALL	07 00		T
30 25 25000	MARSHALL	08 00		T
30 25 25000	MARSHALL	09 00		T

Reporting Period Total (Gas, Oil) :

E0049: User may continue scrolling.

PF01 HELP PF02 PF03 EXIT PF04 GoTo PF05 PF06 CONFIRM
PF07 BKWD PF08 FWD PF09 PF10 NXTPOOL PF11 NXTOGD PF12

CMD :
OG6IPRD

ONGARD
INQUIRE PRODUCTION BY POOL/WELL

02/22/05 09:40:41

OGOMES -TP80

Page No: 12

OGRID Identifier : 122811 PRONGHORN MANAGEMENT CORP

Pool Identifier : 14910 CRUZ;DELAWARE

API Well No : 30 25 25000 Report Period - From : 01 1993 To : 12 2005

API Well No	Property Name	Prodn. Days MM/YY Prod	Production Volumes Gas Oil Water	Well Stat
30 25 25000	MARSHALL	10 00		T
30 25 25000	MARSHALL	11 00		T
30 25 25000	MARSHALL	12 00		T
30 25 25000	MARSHALL	01 01		T
30 25 25000	MARSHALL	02 01		T
30 25 25000	MARSHALL	03 01		T
30 25 25000	MARSHALL	04 01		T

Reporting Period Total (Gas, Oil) :

E0049: User may continue scrolling.

PF01 HELP PF02 PF03 EXIT PF04 GoTo PF05 PF06 CONFIRM
PF07 BKWD PF08 FWD PF09 PF10 NXTPOOL PF11 NXTOGD PF12

CMD :
OG61PRD

ONGARD
INQUIRE PRODUCTION BY POOL/WELL

02/22/05 09:40:42
OGOMES -TP80
Page No: 13

OGRID Identifier : 122811 PRONGHORN MANAGEMENT CORP
Pool Identifier : 1491G CRUZ;DELAWARE
API Well No : 30 25 25000 Report Period - From : 01 1993 To : 12 2005

API Well No	Property Name	Prodn. Days MM/YY Prod	Production Volumes Gas Oil Water	Well Stat
30 25 25000	MARSHALL	05 01		T
30 25 25000	MARSHALL	06 01		T
30 25 25000	MARSHALL	07 01		T
30 25 25000	MARSHALL	08 01		T
30 25 25000	MARSHALL	09 01		T
30 25 25000	MARSHALL	10 01		T
30 25 25000	MARSHALL	11 01		P

Reporting Period Total (Gas, Oil) :

E0049: User may continue scrolling.

PF01 HELP PF02 PF03 EXIT PF04 GoTo PF05 PF06 CONFIRM
PF07 BKWD PF08 FWD PF09 PF10 NXTPOOL PF11 NXTOGD PF12

OGRID Identifier : 122811 PRONGHORN MANAGEMENT CORP
Pool Identifier : 14910 CRUZ;DELAWARE
API Well No : 30 25 25000 Report Period - From : 01 1993 To : 12 2005

API Well No	Property Name	Prodn. Days MM/YY Prod	Production Volumes Gas Oil Water	Well Stat
30 25 25000	MARSHALL	12 01		P
30 25 25000	MARSHALL	01 02		P
30 25 25000	MARSHALL	02 02		P
30 25 25000	MARSHALL	03 02		P
30 25 25000	MARSHALL	04 02		P
30 25 25000	MARSHALL	05 02		P
30 25 25000	MARSHALL	06 02		P

Reporting Period Total (Gas, Oil) :

E0049: User may continue scrolling.

PF01 HELP PF02 PF03 EXIT PF04 GoTo PF05 PF06 CONFIRM
PF07 BKWD PF08 FWD PF09 PF10 NXTPOOL PF11 NXTOGD PF12

CMD :
OG6IPRD

ONGARD
INQUIRE PRODUCTION BY POOL/WELL

02/22/05 09:40:45
OGOMES -TP80
Page No: 15

OGRID Identifier : 122811 PRONGHORN MANAGEMENT CORP
Pool Identifier : 14910 CRUZ;DELAWARE
API Well No : 30 25 25000 Report Period - From : 01 1993 To : 12 2005

API Well No	Property Name	Prod. Days MM/YY Prod	Production Volumes Gas Oil Water	Well Stat
30 25 25000	MARSHALL	07 02		P
30 25 25000	MARSHALL	08 02		P
30 25 25000	MARSHALL	09 02		P
30 25 25000	MARSHALL	10 02		P
30 25 25000	MARSHALL	11 02		P
30 25 25000	MARSHALL	12 02		P
30 25 25000	MARSHALL	01 03		P

Reporting Period Total (Gas, Oil) :

E0049: User may continue scrolling.

PF01 HELP PF02 PF03 EXIT PF04 GoTo PF05 PF06 CONFIRM
PF07 BKWD PF08 FWD PF09 PF10 NXTPOOL PF11 NXTOGD PF12

CMD :
OG6IPRD

ONGARD
INQUIRE PRODUCTION BY POOL/WELL

02/22/05 09:40:46
OGOMES -TP80
Page No: 16

OGRID Identifier : 122811 PRONGHORN MANAGEMENT CORP
Pool Identifier : 14910 CRUZ;DELAWARE
API Well No : 30 25 25000 Report Period - From : 01 1993 To : 12 2005

API Well No	Property Name	Prodn. Days MM/YY Prod	Production Volumes Gas Oil Water	Well Stat
30 25 25000	MARSHALL	02 03		P
30 25 25000	MARSHALL	03 03		P
30 25 25000	MARSHALL	04 03		P
30 25 25000	MARSHALL	05 03		P
30 25 25000	MARSHALL	06 03		P
30 25 25000	MARSHALL	07 03		P
30 25 25000	MARSHALL	08 03		P

Reporting Period Total (Gas, Oil) :

E0049: User may continue scrolling.

PF01 HELP PF02 PF03 EXIT PF04 GoTo PF05 PF06 CONFIRM
PF07 BKWD PF08 FWD PF09 PF10 NXTPOOL PF11 NXTOGD PF12

CMD :
OG6IPRD

ONGARD
INQUIRE PRODUCTION BY POOL/WELL

02/22/05 09:40:48
OGOMES -TP80
Page No: 17

OGRID Identifier : 122811 PRONGHORN MANAGEMENT CORP
Pool Identifier : 14910 CRUZ;DELAWARE
API Well No : 30 25 25000 Report Period - From : 01 1993 To : 12 2005

API Well No	Property Name	Prodr. Days MM/YY Prod	Production Volumes Gas Oil Water	Well Stat
30 25 25000	MARSHALL	09 03		P
30 25 25000	MARSHALL	10 03		P
30 25 25000	MARSHALL	11 03		P
30 25 25000	MARSHALL	12 03		P
30 25 25000	MARSHALL	01 04		P
30 25 25000	MARSHALL	02 04		P
30 25 25000	MARSHALL	03 04		P

Reporting Period Total (Gas, Oil) :

E0049: User may continue scrolling.

PF01 HELP PF02 PF03 EXIT PF04 GoTo PF05 PF06 CONFIRM
PF07 BKWD PF08 FWD PF09 PF10 NXTPOOL PF11 NXTOGD PF12

CMD :
OG6IPRD

ONGARD
INQUIRE PRODUCTION BY POOL/WELL

02/22/05 09:40:49
OGOMES -TP8C
Page No: 18

OGRID Identifier : 122811 PRONGHORN MANAGEMENT CORP
Pool Identifier : 14910 CRUZ;DELAWARE
API Well No : 30 25 25000 Report Period - From : 01 1993 To : 12 2005

API Well No	Property Name	Produ. Days MM/YY Prod	Production Volumes Gas Oil Water	Well Stat
30 25 25000	MARSHALL	04 04		P
30 25 25000	MARSHALL	05 04		P
30 25 25000	MARSHALL	06 04		P
30 25 25000	MARSHALL	07 04		P
30 25 25000	MARSHALL	08 04		P
30 25 25000	MARSHALL	09 04		P
30 25 25000	MARSHALL	10 04		P

Reporting Period Total (Gas, Oil) : 47 126 1027

E0049: User may continue scrolling.

PF01 HELP PF02 PF03 EXIT PF04 GoTo PF05 PF06 CONFIRM
PF07 BKWD PF08 FWD PF09 PF10 NXTPOOL PF11 NXTOGD PF12

7

Submit 3 Copies To Appropriate District Office
District I
1625 N. French Dr., Hobbs, NM 87240
District II
811 South First, Artesia, NM 87210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103...
Revised March 25, 1999

OIL CONSERVATION DIVISION
2040 South Pacheco
Santa Fe, NM 87505

WELL API NO. 30-025-25000
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. LC-068848
7. Lease Name or Unit Agreement Name: Marshall
8. Well No. 5
9. Pool name or Wildcat Cruz Delaware
10. Elevation (Show whether DR, RKB, RT, GR, etc.)

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

1. Type of Well:
Oil Well Gas Well Other

2. Name of Operator
PRONGHOAN Mgt. Corp.

3. Address of Operator
P.O. Box 1772 Hobbs, N.M. 88241

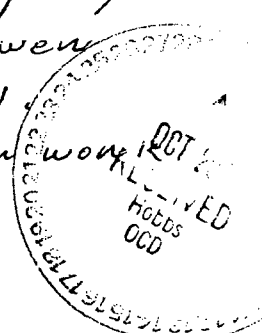
4. Well Location
Unit Letter F : 1980 feet from the North line and 1980 feet from the West line
Section 19 Township 23S Range 33E NMPM Lea County

11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <u>deepen and test lower zones for production</u> <input checked="" type="checkbox"/>		OTHER: <input type="checkbox"/>	

12. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation.

1. Move in and rig up well servicing equipment.
2. Clean out and deepen well to Bone Springs.
3. Test and evaluate Bone Springs and Lower Delaware for commercial production.
4. Put well on production or submit paper for approval for an injection well.



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

SIGNATURE Guy A. Barber TITLE Plant New DATE 10/26/01

Type or print name Guy A. Barber Telephone No. 505-393-8386
(This space for State use)

APPROVED BY _____ TITLE _____ DATE _____
Conditions of approval, if any: _____

N.M. Oil Cons. Division
 1625 L. Ranch Dr.
 Hobbs, NM 88240

Form 3160-5
 (June 1990)

UNITED STATES
 DEPARTMENT OF THE INTERIOR
 BUREAU OF LAND MANAGEMENT

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

SUNDRY NOTICES AND REPORTS ON WELLS

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

5. Lease Designation and Serial No.

LC -068848

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

SUBMIT IN TRIPLICATE

1. Type of Well

Oil Well Gas Well Other

2. Name of Operator

Pronghorn Management Corporation

3. Address and Telephone No.

P.O. Box 1772 Hobbs, NM 88240 505-793-9176

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

1980' FNL 1980' FWL

S19 - T23S - R33E

8. Well Name and No.

Marshall #5

9. API Well No.

30-025-25000

10. Field and Pool, or Exploratory Area

Cruz Delaware

11. County or Parish, State

Lea

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

TYPE OF SUBMISSION

TYPE OF ACTION

Notice of Intent

Abandonment

Change of Plans

Subsequent Report

Recompletion

New Construction

Final Abandonment Notice

Plugging Back

Non-Routine Fracturing

Casing Repair

Water Shut-Off

Altering Casing

Conversion to Injection

Other deepen + test

Dispose Water

LOWER ZONES FOR PRODUCTION.

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

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

1. Move in and rig up drilling equipment.
2. Clean out and deepen well to Bowe Spring
3. Test Lower Delaware and Bowe Spring for commercial production.
4. Put well on production or submit proper paper work for injection well.

RECEIVED OCT 27 1999
 2000 NOV 27 A 6:47
 2000 NOV 27 A 6:47

APPROVED FOR 1 MONTH PERIOD
 ENDING FEB 05 2001

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

Signed [Signature]

Title Petroleum

Date 11/24/00

(This space for Federal or State office use)

Approved by (ORIG. SGD.) LES BABYAK
 Conditions of approval, if any:

Title PETROLEUM ENGINEER

Date JAN 05 2001

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

*See Instruction on Reverse Side

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

State of New Mexico
 Energy, Minerals and Natural Resources Department

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

DISTRICT II
 P.O. Drawer DD, Artesia, NM 88210

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

DISTRICT III
 600 Rio Grande Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
 TO TRANSPORT OIL AND NATURAL GAS

Operator PRONGHORN MANAGEMENT CORPORATION <i>(122811)</i>	Well APT No. 30-025-25000
Address P.O. BOX 1772 HOBBS, NM 88241	
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> Other (Please explain) MAY 01 1994	
New Well <input type="checkbox"/> Recomplications <input type="checkbox"/> Change in Operator <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casingshead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> OPERATOR NAME CHANGE ONLY
Change of operator give name and address of previous operator BABER WELL SERVICING COMPANY P.O. BOX 1772 HOBBS, NM 88241	

I. DESCRIPTION OF WELL AND LEASE

Lease Name MARSHALL <i>(1492)</i>	Well No. 5	Pool Name, including Formation CRUZ DELAWARE <i>(1491D)</i>	Kind of Lease <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Fee	Lease No. LC-068848
Location Unit Letter F : 1980 Feet From The FNL Line and 1980 Feet From The FWL Line Section 19 Township 23S Range 33E , NMPM , LEA County				

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate NAVAJO REFINING CORP <i>(15694)</i>	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 159 ARTESIA, NM 88211					
Name of Authorized Transporter of Casingshead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> GPM GAS CORP. <i>(20912)</i>	Address (Give address to which approved copy of this form is to be sent) 4004 PENBROOK ST. ODESSA, TX 79762					
If well produces oil or liquids, give location of tanks.	Unit P	Sec. 24	Twp. 23	Rgn. 32	Is gas actually connected? YES	When? 8-1-94
If this production is commingled with that from any other lease or pool, give commingling order number: CTB-75						

V. COMPLETION DATA

Selection - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Compl. Ready to Prod.	Total Depth			P.B.T.D.				
Name of Producing Formation	Top Oil/Gas Pay			Tubing Depth				
Depth Casing Shoe								
TUBING, CASING AND CEMENTING RECORD								
CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT		

REQUEST FOR ALLOWABLE		
<i>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.</i>		
Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Tubing Pressure	Casing Pressure	Choke Size
Oil - Bbls.	Water - Bbls.	Gas - MCF
Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

DECLARATION OF COMPLIANCE
 I certify that the information given above is true and complete to the best of my knowledge and belief.

Signature: *Sherry Wade*
SHERRY WADE
 Title: **PRODUCTION CLERK**
 Date: **3-5-94**
 Telephone No.: **(505) 392-5516**

OIL CONSERVATION DIVISION

Date Approved: **MAY 20 1994**

By: _____
 Title: _____
 Orig. Signed by: **Paul Kautz**
 Title: **Geologist**

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.

O-TRNSP. OGRID NO. *615694*
 G-TRNSP. OGRID NO. *DC 9171*
 OIL POD NO. *498810*
 GAS POD NO. *498830*

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

State of New Mexico
Energy, Minerals and Natural Resources Department

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

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator: **BABER WELL SERVICING COMPANY** Well API No. **30-025-25000**

Address: **P.O. BOX 1772 HOBBS, NM 88241**

Reason(s) for Filing (Check proper box):
 New Well Change in Transporter of: Other (Please explain)
 Recompletion Oil Dry Gas
 Change in Operator Casinghead Gas Condensate
 If change of operator give name and address of previous operator: **N/A**

I. DESCRIPTION OF WELL AND LEASE

Lease Name: **MARSHALL FEDERAL LSE** Well No.: **5** Pool Name, including Formation: **CRUZ DELAWARE** Kind of Lease: **State (Federal) or Fee** Lease No.: **NMLC068848**

Location: Unit Letter **F**, **198D** Feet From The **N** Line and **198D** Feet From The **W** Line
 Section **R 24** Township **23S** Range **33E** NMPM LEA County

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate : **NAVAJO REFINING CORP.** Address (Give address to which approved copy of this form is to be sent): **P.O. DRAWER 159 ARTESIA, NM 88210**

Name of Authorized Transporter of Casinghead Gas or Dry Gas 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 Sec. Twp. Rgn. Is gas actually connected? 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	Duff 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 Tank: _____ Date of Test: _____ Producing Method (Flow, pump, gas lift, etc.): _____

Length of Test: _____ Tubing Pressure: _____ Casing Pressure: _____ Choke Size: _____

Actual Prod. During Test: _____ Oil - Bbls. _____ Water - Bbls. _____ Gas - MCF. _____

GAS WELL

Actual Prod. Test - MCF/D: _____ Length of Test: _____ Bbls. Condensate/MCF: _____ Gravity of Condensate: _____

Testing Method (pilot, back pr.): _____ Tubing Pressure (Shut-in): _____ Casing Pressure (Shut-in): _____ Choke Size: _____

VI. OPERATOR CERTIFICATE OF COMPLIANCE

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

Signature: Sherry Wade
 Printed Name: **Sherry Wade** Title: **Production Clerk**
 Date: **April 24, 1992** Telephone No.: **(505) 392-5516**

OIL CONSERVATION DIVISION

APR 29 '92

Date Approved: _____
 By: ORIGINAL SIGNED BY RAY SMITH
 Title: FIELD REP. II

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

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

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

State of New Mexico
Energy, Minerals and Natural Resources Department

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

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator BABER WELL SERVICING COMPANY	Well APN No.
Address P. O. BOX 1772, HOBBS, NM 82840	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of: <input type="checkbox"/> EFFECTIVE 5-1-89
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator ESTACADO, INC., P. O. BOX 5587, HOBBS, NM 88241	

II. DESCRIPTION OF WELL AND LEASE

Lease Name MARSHALL	Well No. 5	Pool Name, including Formation CRUZ DELAWARE	Kind of Lease <u>Fee</u> State, Federal or Bas XXXX	Lease No. LC-068848
Location Unit Letter <u>F</u> : 1980 Feet From The <u>NORTH</u> Line and 1980 Feet From The <u>WEST</u> Line Section <u>19</u> Township <u>23S</u> Range <u>33E</u> , NMPM, LEA County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> CONOCO, INC. SURFACE TRANSPORTATION	Address (Give address to which approved copy of this form is to be sent) P. O. BOX 2587, HOBBS, NM 88240			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> PHILLIPS 66 NATURAL GAS	Address (Give address to which approved copy of this form is to be sent) 4001 PENBROOK, ODESSA, TX. 79760			
If well produces oil or liquids, give location of tanks.	Unit P	Sec. 24	Trp. 23	Rgn. 32
	Is gas actually connected? YES		When? 8-1-64	
If this production is commingled with that from any other lease or pool, give commingling order number: CTB-75				

IV. COMPLETION DATA

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

V. TEST DATA AND REQUEST FOR ALLOWABLE

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

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

GAS WELL

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

VI. OPERATOR CERTIFICATE OF COMPLIANCE

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

Signature Guy A. Baber
GUY A. BABER PRESIDENT
Printed Name Title
MAY 3, 1989 505-393-5516
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved MAY 5 1989
By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR
Title _____

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.

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

Form C-104
Revised 10-01-83
Format 06-01-83
Page 1

NO. OF COPIES RECEIVED	
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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PROMOTION OFFICE	

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator ESTACADO, INC.

Address P.O. BOX 5587, HOBBS, N.M. 88241

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Dry Gas	Other (Please explain) <u>EFFECTIVE 1-1-87</u>
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Condensate	
<input checked="" type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas		

If change of ownership give name and address of previous owner CONOCO, INC., P.O. BOX 460, HOBBS, N.M. 88240

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>MARSHALL</u>	Well No. <u>5</u>	Pool Name, Including Formation <u>CRUZ DELAWARE</u>	Kind of Lease State, (Federal) or Fee <u>Federal</u>	Lease No. <u>LE 5848</u> <u>063848</u>
Location				
Unit Letter <u>F</u>	: <u>1980</u> Feet From The	<u>NORTH</u> Line and	<u>1980</u> Feet From The	<u>WEST</u>
Line of Section <u>19</u>	Township <u>23-S</u>	Range <u>33-E</u>	N.M.P.M.	County <u>LEA</u>

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>CONOCO INC. SURFACE TRANSPORTATION</u>	<u>P.O. BOX 2587 HOBBS N.M. 88240</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>PHILLIPS PETROLEUM COMPANY</u>	<u>PHILLIPS BLDG., ODESSA, TEXAS</u>
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.
	<u>P 24 23 32</u>
Is gas actually connected? <u>YES</u>	When <u>8-1-64</u>

If this production is commingled with that from any other lease or pool, give commingling order number: CTB-75

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

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

OKlaar

(Signature)

Vice President

(Title)

12-31-86

(Date)

OIL CONSERVATION DIVISION

APPROVED JAN 6 1987, 19

BY ORIGINAL SIGNED BY JERRY SEXTON
TITLE DISTRICT I SUPERVISOR

This form is to be filed in compliance with rule 111. If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a certification of 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.

OIL CONSERVATION DIVISION
P. O. BOX 20888
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL <input type="checkbox"/> GAS <input type="checkbox"/>
OPERATOR	
PRODUCTION OFFICE	

Operator
CONOCO INC.

Address
P. O. Box 460, Hobbs, N.M. 88240

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 checked="" type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry 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 Marshall	Well No. 5	Pool Name, including Formation Cruz Delaware	Kind of Lease State (Federal) Fee LC	Lease No. 088848
Location Unit Letter F : 1980 Feet From The N Line and 1980 Feet From The W				
Line of Section 19 Township 23 Range 33 , NMPM, Lea County				

I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Conoco Inc Surface Transp	Address (Give address to which approved copy of this form is to be sent) Box 2587 Hobbs			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips	Address (Give address to which approved copy of this form is to be sent) Odessa			
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.
Is gas actually connected?	When			
Yes	NA			

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 Rest'y.	Diff. Re-
<input checked="" type="checkbox"/>								
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations						Depth Casing Shoe		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

VI. 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 (psig, lock pr.)	Tubing Pressure (Shot-in)	Casing Pressure (Shot-in)	Choke Size

VII. CERTIFICATE OF COMPLIANCE

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

Jane A. Heir
(Signature)
Administrative Supervisor
(Title)
DEC 22 1980
(Date)

OIL CONSERVATION DIVISION

APPROVED **DEC 31 1980**, 19
BY _____
TITLE _____

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the deviated tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for applicable 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 conditions.
Separate Forms C-104 must be filed for each pool in multi-completed wells.

NO. OF COPIES RECEIVED	
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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 1-1-55

I. Operator Conoco Inc.

Address P.O. Box 460, Hobbs, New Mexico 88240

Reasons for filing (Check proper box) Other (Please explain)

New Well <input type="checkbox"/>	Change in Transporter of:	Change of corporate name from Continental Oil Company effective July 1, 1979.
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Dry 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 <u>Marshall</u>	Well No. <u>5</u>	Pool Name, including Formation <u>Cruz Delaware</u>	Kind of Lease State, Federal or Fee	Lease No. <u>10-062248</u>
Location				
Unit Letter <u>F</u>	Feet From The <u>1980</u>	Line and <u>N</u>	Feet From The <u>1980</u>	<u>W</u>
Line of Section <u>19</u>	Township <u>23-5</u>	Range <u>33-E</u>	N.M.P.M.	Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Permian Corporation</u>	<u>Box 3119 Midland Texas</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Phillips Petroleum Co.</u>	<u>Box 2105 Midland Texas</u>
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resrv.	Diff. Resrv.
Date Spudded	Date Comp. 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 (prior, 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.

J. Manzana
(Signature)
Division Manager

6/13/79
(Date)

NMOCB (5)

USGSCS) NMFUC) File

OIL CONSERVATION COMMISSION

APPROVED JUL 11 1979, 19_____
BY *Jerry S. ...*
TITLE District Supervisor

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.

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE

(See other instructions on reverse side)

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

COPY TO O.S.G.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG*

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

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

2. NAME OF OPERATOR: **CONTINENTAL OIL COMPANY** JUN 2 1975

3. ADDRESS OF OPERATOR: **Box 460, HOBBS N.M. 88240**

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements):
At surface: **1980' FNL E 1980' FWL OF SEC. 19**
At top prod. interval reported below: **SAME**
At total depth: **SAME**

5. LEASE DESIGNATION AND SERIAL NO.: **LC 068848**

6. IF INDIAN, ALLOTTEE OR TRIBE NAME: _____

7. UNIT AGREEMENT NAME: _____

8. FARM OR LEASE NAME: **MARSHALL**

9. WELL NO.: **5**

10. FIELD AND POOL, OR WILDCAT: **CRUZ DELAWARE**

11. SEC., T., R., M., OR BLOCK AND SURVEY OF AREA: **Sec. 19, T-235, R-33E**

12. COUNTY OR PARISH: **LEA**

13. STATE: **N.M.**

14. PERMIT NO.: _____ DATE ISSUED: _____

15. DATE SPUNDED: **4-15-75** 16. DATE T.D. REACHED: **4-24-75** 17. DATE COMPL. (Ready to prod.): **5-12-75**

18. ELEVATIONS (DF, RNB, RT, GR, ETC.):* **3698' GR.** 19. ELEV. CASINGHEAD: _____

20. TOTAL DEPTH, MD & TVD: **5180'** 21. PLUG, BACK T.D., MD & TVD: **-**

22. IF MULTIPLE COMPL., HOW MANY*: **-** 23. INTERVALS DRILLED BY: **ROTARY**

24. PRODUCING INTERVAL(S), OF THIS COMPLETION--TOP, BOTTOM, NAME (MD AND TVD)*: **5090' - 5126' DELAWARE**

25. TYPE ELECTRIC AND OTHER LOGS RUN: **PDC, GR, TDT** 26. WAS DIRECTIONAL SURVEY MADE: **YES**

27. WAS WELL CORED: **No**

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

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
8 5/8"	24# K-55	527'	12 1/4"	260 sks. Circ.	-
5 1/2"	15.5# K-55	5180'	7 7/8"	300 sks. to 2500'	-

29. LINER RECORD

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

30. TUBING RECORD

SIZE	DEPTH SET (MD)	PACKER SET (MD)
2 3/8"	5057'	-

31. PERFORATION RECORD (Interval, size and number):
5090, 94', 5100', 04', 08', 12', 16'
5120', 22' E, 5126' W/2 SSPA

32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.
DEPTH INTERVAL (MD): **NONE**
AMOUNT AND KIND OF MATERIAL USED: _____

33. PRODUCTION

DATE FIRST PRODUCTION: **5-12-75** PRODUCTION METHOD (Flowing, gas lift, pumping--size and type of pump): **Pump** WELL STATUS (Producing or shut-in): **Prod.**

DATE OF TEST: **5-19-75** HOURS TESTED: **24** CHOKER SIZE: **-** PROD'N. FOR TEST PERIOD: **-** OIL--BBL.: **38** GAS--MCF.: **-** WATER--BBL.: **65** GAS-OIL RATIO: **-**

FLOW TUBING PRESS.: _____ CASING PRESSURE: _____ CALCULATED 24-HOUR RATE: _____ OIL--BBL.: _____ GAS--MCF.: _____ WATER--BBL.: _____ OIL GRAVITY-API (CORR.): _____

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.): **Sold, iP 200** TEST WITNESSED BY: **D.B. Bullard**

35. LIST OF ATTACHMENTS: _____

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

SIGNED: **[Signature]** TITLE: **SR. ANALYST** DATE: **5-28-75**

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

USGS-6, File

INSTRUCTIONS

General: This form is designed for submitting a complete and correct well completion report and log on all types of lands and leases to either a Federal agency or a State agency, or both, pursuant to applicable Federal and/or State laws and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office. See instructions on items 22 and 24, and 33, below regarding separate reports for separate completions.

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

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

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

Item 29: "Sacks Cement": Attached supplemental records for this well should show the details of any multiple stage cementing and the location of the cementing tool.

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

FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	MEAS. DEPTH	TRUE VERT. DEPTH
Ramsey	5080	5165		Ramsey	5023	
				Ford	5080	
				olds	5165	
				Ramsey	5175	

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	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

I. Operator Continental Oil Company
 Address Box 46, Indian Hwy 88240
 Reason(s) for filing (Check proper box)
 New Well Change in Transporter of: Oil Dry Gas
 Recompletion Casinghead Gas Condensate
 Change in Ownership

If change of ownership give name and address of previous owner _____ THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED _____ IF YOU DO NOT CONCUR NOTIFY THIS _____

II. DESCRIPTION OF WELL AND LEASE Craig Delaware R-5056
 Lease Name Wendell Well No. 5 Pool Name, Including Formation Craig Delaware Kind of Lease CC 065848 Lease No. _____
 Location _____
 Unit Letter F : 1980 Feet From The North Line and 1980 Feet From The West
 Line of Section 19 Township 23S Range 33-E, NMPM, Lin County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
 Name of Authorized Transporter of Oil or Condensate
The Permian Corporation Address (Give address to which approved copy of this form is to be sent) Midland Texas
 Name of Authorized Transporter of Casinghead Gas or Dry Gas
Phillips Petroleum Address (Give address to which approved copy of this form is to be sent) Odessa, Texas
 If well produces oil or liquids, give location of tanks. _____ Unit P Sec. 24 Twp. 23 Rge. 32 Is gas actually connected? Yes When 5-12-75

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 Rest'v. _____ Diff. Rest'v. _____
 Date Spudded 4-15-75 Date Compl. Ready to Prod. 5-5-75 Total Depth 5186 P.B.T.D. 5180
 Elevations (DF, RKB, RT, GR, etc.) 3898 GR Name of Producing Formation Delaware Top Oil/Gas Pay 5080 Tubing Depth 5057
 Performances 5090, 5000, 5100, 04, 08, 12, 16, 20, 22, 5126 Depth Casing Shoe 5180
 TUBING, CASING, AND CEMENTING RECORD

PIPE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>12 1/4</u>	<u>8 5/8</u>	<u>527</u>	<u>260</u>
	<u>5 1/2</u>	<u>5180</u>	<u>300</u>
	<u>2 3/8</u>	<u>5057</u>	

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 5-12-75 Date of Test 5-19-75 Producing Method (Flow, pump, gas lift, etc.) Pump
 Length of Test 24 hrs Tubing Pressure _____ Casing Pressure _____ Choke Size _____
 Actual Prod. During Test _____ Oil-Bbls. 41 Water-Bbls. 69 Gas-MCF 26

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.
B. Pittman (Signature)
As Staff Asst (Title)
5-20-75 (Date)

OIL CONSERVATION COMMISSION
 APPROVED _____, 19____
 BY J. R. [Signature]
 TITLE SUPERVISOR

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.

1 more (5) USG (2) file

CONTINENTAL OIL COMPANY

P. O. Box 460
Hobbs, New Mexico

5-20-75

New Mexico Oil Conservation Commission
P. O. Box 1980
Hobbs, New Mexico 88240

Gentlemen:

In compliance with New Mexico Oil Conservation Commission Rule III, we are submitting below a list of deviation surveys taken on Continental Oil Company's Marshall No. 5, located Unit Unit F Section 19, Lea County, New Mexico.

<u>DEPTH</u>	<u>DEGREE</u>	<u>DEPTH</u>	<u>DEGREE</u>	<u>DEPTH</u>	<u>DEGREE</u>
<u>750</u>	<u>1/4</u>	<u>4051</u>	<u>1</u>	<u> </u>	<u> </u>
<u>1000</u>	<u>1/2</u>	<u>4299</u>	<u>1</u>	<u> </u>	<u> </u>
<u>1253</u>	<u>1/2</u>	<u>4544</u>	<u>1</u>	<u> </u>	<u> </u>
<u>1500</u>	<u>1/2</u>	<u>4727</u>	<u>1</u>	<u> </u>	<u> </u>
<u>1753</u>	<u>3/4</u>	<u>4874</u>	<u>1</u>	<u> </u>	<u> </u>
<u>2003</u>	<u>3/4</u>	<u>5180</u>	<u>1</u>	<u> </u>	<u> </u>
<u>2250</u>	<u>1</u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u>2750</u>	<u>1</u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u>3225</u>	<u>1 1/4</u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u>3630</u>	<u>1 1/4</u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u>3840</u>	<u>1 1/4</u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>

Yours very truly,

Subscribed and sworn to before me, a Notary Public, in and for Lea County, New Mexico, this 20th day of May, 1975.

7-4-76
My Commission Expires

Beitra C. Pullen
Notary Public

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE
(Other instructions on
reverse side)

Form approved
Budget Bureau No. 42-R1424

5. LEASE DESIGNATION AND SERIAL NO.

LC 068848 ✓

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.)

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

MARSHALL

9. WELL NO.

5

10. FIELD AND POOL, OR WILDCAT

CRUZ DELAWARE

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

Sec. 19, T-235, R-33E

12. COUNTY OR PARISH

LEA

13. STATE

N.M.

1. WELL GAS WELL OTHER

2. NAME OF OPERATOR

CONTINENTAL OIL COMPANY

3. ADDRESS OF OPERATOR

Box 460, Hobbs, N.M. 88240

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

At surface:

1980' FNL & 1980' FNL OF SEC. 19

14. PERMIT NO.

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

3698' GR.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

RACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

RACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

SET PRODUCTION CSG.
(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.)*

Set 5 1/2" 15.5# K-55 CSG @ TD 5180'. Cemented w/ 300 sks. Class "C" cmt. TOC @ 2500'. Tested CSG w/ 1200# for 20 min. Held OK.

Casing was run & cemented on 4-25-75.

Drilling rig released on 4-25-75. Completion unit moved in on 5-1-75.

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

SIGNED

[Signature]

TITLE

SR. ANALYST

DATE

5-2-75

(This space for Federal or State office use)

APPROVED BY

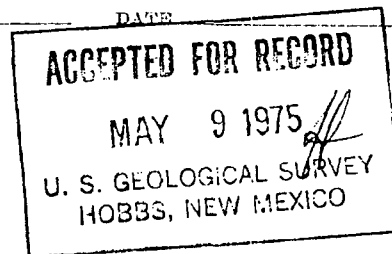
TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

4545-5, File



UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE
(Other instructions reverse side)

Form approved.
Budget Bureau No. 42-R1424

5. LEASE DESIGNATION AND SERIAL NO.

LC 068848

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.)

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

MARSHALL

9. WELL NO.

5

10. FIELD AND-POOL, OR WILDCAT

CRUZ DELANARE

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

SEC. 19, T. 23S, R. 33E

12. COUNTY OR PARISH

LEA N. M.

1. OIL WELL GAS WELL OTHER

2. NAME OF OPERATOR
CONTINENTAL OIL COMPANY

3. ADDRESS OF OPERATOR
Box 460, HOBBS, N.M. 88240

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

1980' FNL & 1980' FWL OF SEC. 19

14. PERMIT NO.

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

3698' GR. (EST.)

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

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

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

Spudded 12 1/4" hole on 4-15-75 drilled to 530'. Set 8 5/8" 24# K-55 csq. @ 527'. Cemented w/ 260 sks. Class "C" cmt. Cmt. circ. WOC 48 hrs. Tested csq. to 1000#, hold ok.

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

SIGNED

[Signature]

TITLE

SR. ANALYST

DATE

4-20-75

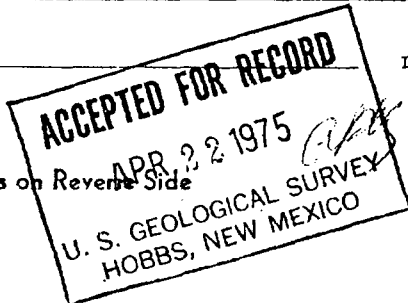
(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE



*See Instructions on Reverse Side

USGS/5, File

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

5. LEASE DESIGNATION AND SERIAL NO.
LC 068848

6. IS INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
MARSHALL

9. WELL NO.
5

10. FIELD AND POOL, OR WILDCAT
CRUZ DELAWARE

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
SEC. 19, T-23S, R-33E

12. COUNTY OR PARISH
LEA

13. STATE
N.M.

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
CONTINENTAL OIL COMPANY

3. ADDRESS OF OPERATOR
Box 460, HOBBS, N.M. 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.)*
 At surface
1980' FNL E 1980' FWL OF SEC. 19
 At proposed prod. zone
SAME

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

15. DISTANCE FROM PROPOSED* LOCATION TO NEAREST PROPERTY OR LEASE LINE, FT. (Also to nearest drlg. unit line, if any)

16. NO. OF ACRES IN LEASE
640

17. NO. OF ACRES ASSIGNED TO THIS WELL
40

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

19. PROPOSED DEPTH
5300'

20. ROTARY OR CABLE TOOLS
ROTARY

21. ELEVATIONS (Show whether DF, RT, GR, etc.)
3698' GR. (Est.)

22. APPROX. DATE WORK WILL START*
4-10-75

PROPOSED CASING AND CEMENTING PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	QUANTITY OF CEMENT
12 1/4"	8 5/8"	20# Spec.	500'	260 Sks. Circ.
7 7/8"	5 1/2"	14# K-55	5300'	300 Sks.

It is proposed to drill a straight hole to a TD of 5300' and complete as a Delaware oil well.

Mud Program: 0'-500' - 8.5# to 9.0# Spud Mud; 500'-5300' - 9.0# to 10.0# Salt Gel. Drill out w/ Brine - add sufficient gel to carry cuttings.

See attached for Blowout Preventer program. JUN 27 1975

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 [Signature] TITLE SR. ANALYST DATE 3-14-75

(This space for Federal or State office use)

PERMIT NO. _____ APPROVAL DATE _____

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

SEE ATTACHED APPROVAL FOR GAS FLARING

APPROVED

DATE **MAR 27 1975**

[Signature]
JIM SIMS

ACTING DISTRICT ENGINEER

*See Instructions On Reverse Side

65/6, File

NEW MEXICO OIL CONSERVATION COMMISSION
WELL LOCATION AND ACREAGE DEDICATION PLAN

Form O-102
Superseded O-128
Effective 10-65

All distances must be from the outer boundaries of the Section

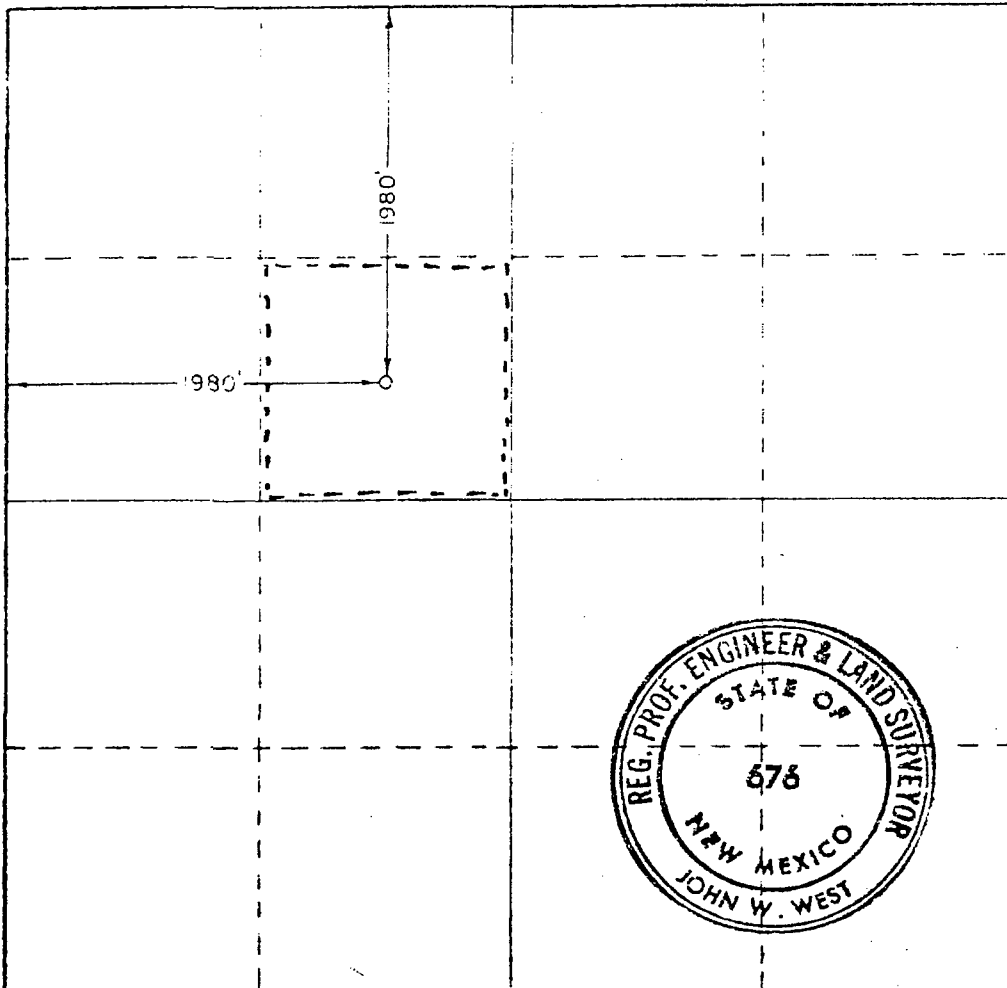
Operator Continental Oil Company		Lease Marshall		Well No. 5
Section F	Section 19	Township 23 South	Range 33 East	County Lea
Acres - Acreage Location of Well: 1980 feet from the North line and 1980 feet from the West line				
Ground Level Elev. 3697.5	Producing Formation DELAWARE	Pool CRUZ DELAWARE	Dedicated Acreage: 40	

- Outline the acreage dedicated to the subject well by colored pencil or hachure marks on the plat below.
- If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
- 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.) _____

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.



CERTIFICATION

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

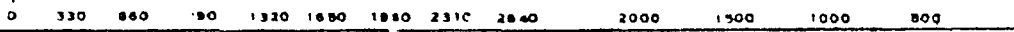
John W. West
SR. ANALYST
CONTINENTAL OIL CO.
3-14-75

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

Date Surveyed
December 20, 1974

Registered Professional Engineer and/or Land Surveyor

John W. West
Certificate No. 676



COUNTY	LEA	FIELD	Cruz	STATE	NM
OPR	CONTINENTAL OIL CO.			API	30-025-25000
NO	5	LEASE	Marshall	SERIAL	6-2-17 NM
	Sec 19, T-23-S, R-33-E			MAP	
	1980' FNL, 1980' FWL of Sec			CO-ORD	
	18 mi S & 6 mi E/Halfway			ELEV	██████████ LBS
SPD	4-15-75	CMP	5-12-75	WELL CLASS:	INT. D FIN DO
CSG				FORMATION	DATUM
	8 5/8" at 527' w/260 sx				
	5 1/2" at 5180' w/300 sx				
				TD 5180' (DLWR)	PBD

IF (Delaware) Perfs 5090-5126' P 41 BOPD + 69 BW. Pot based on 24 hr test. GOR 684; Grav 42,6

CNTN	Cactus	DEPTH	3698' GL	PD	5300' RT
------	--------	-------	----------	----	----------

F.R. 4-7-75
(Delaware)
4-22-75 Drlg 4005' anhy & salt
4-29-75 TD 5180'; WOCU
Lost Circ @ 4874'
5-5-75 TD 5180'; Swbg
Perf (Delaware) @ 5090', 5094', 5100', 5104',
5108', 5112', 5116', 5120', 5122', 5126' w/2 SPI
Swbd 103 BF (10% oil) in 11 hrs (5090-5126')
5-12-75 TD 5180'; WO Pmp
5-19-75 TD 5180'; TO Pmp
Ppd 42 BO + 64 BW in 24 hrs (5090-5126')
5-27-75 TD 5180'; WO Pot
6-9-75 TD 5180'; Complete
LOG TOPS: Lamar 5023', Ramsey 5080', Ford 5165',
Olds 5175'
6-14-75 COMPLETION ISSUED

6-2-17 NM

[HOME](#) | [PETROLEUM DATA](#) | [NEWS](#) | [MARKETPLACE](#) | [SOFTWARE](#) | [SPONSORS](#) | [LINKS](#) | [CONTACT](#)

[PTTC](#)
[PRRC](#)
[NM-TECH](#)
[NMBGMR](#)



[NYMEX LS Crude](#) \$50.30
[Navajo WTXI](#) \$45.00
[Henry Hub](#) \$6.00
 Updated 2/22/2005

[GENERAL](#) | [COUNTY](#) | [OPERATOR](#) | [POOL](#) | [LOCATION](#) | [OCD LOG & WELL FILES](#)

View Production Data

In Internet Explorer, right click and select "Save Target As..."
In Netscape, right click and select "Save Link As..."

Download: [HTTP](#)

Well: MARSHALL **No.:** 005
Operator: PRONGHORN MANAGEMENT CORP [[NM SLO data](#)]
API: 3002525000 **Township:** 23.0S **Range:** 33E
Section: 19 **Unit:** F
Land Type: F **County:** Lea
Pools associated:

- [CRUZ;DELAWARE](#) **Total Acreage:** 40 **Completion:** 1
- [Show All](#)

Year: 1975
 Pool Name: CRUZ;DELAWARE

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	0	0	0	0	0	0
February	0	0	0	0	0	0
March	0	0	0	0	0	0
April	0	0	0	0	0	0
May	568	176	956	31	568	176
June	768	431	822	28	1336	607
July	1031	30	445	31	2367	637
August	1488	105	1579	31	3855	742
September	932	417	1147	30	4787	1159
October	687	586	1290	24	5474	1745
November	2111	1777	4059	30	7585	3522
December	2376	2204	2970	31	9961	5726

Total	9961	5726	13268	236
-------	------	------	-------	-----

Year: 1976

Pool Name: CRUZ;DELAWARE

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	2067	1561	2379	31	12028	7287
February	1765	1341	2076	29	13793	8628
March	1361	1276	1601	31	15154	9904
April	1256	1096	1477	30	16410	11000
May	1325	1026	1558	31	17735	12026
June	1504	972	1868	30	19239	12998
July	1630	1752	2135	31	20869	14750
August	1445	1945	2033	31	22314	16695
September	1130	1493	1462	30	23444	18188
October	1295	1309	1676	31	24739	19497
November	693	1404	897	30	25432	20901
December	1624	1776	3019	31	27056	22677
Total	17095	16951	22181	366		

Year: 1977

Pool Name: CRUZ;DELAWARE

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	1299	1744	2241	31	28355	24421
February	1117	1181	1927	28	29472	25602
March	1100	1077	1777	31	30572	26679
April	1199	1111	1936	30	31771	27790
May	1293	1671	2502	31	33064	29461
June	944	1697	1469	30	34008	31158
July	956	1721	1488	28	34964	32879
August	940	2509	1465	31	35904	35388
September	658	1593	338	30	36562	36981
October	821	1214	586	31	37383	38195
November	892	1839	1958	28	38275	40034
December	1033	2301	2289	31	39308	42335
Total	12252	19658	19976	360		

Year: 1979

Pool Name: CRUZ;DELAWARE

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	874	1593	1780	31	40182	43928
February						

	387	865	1209	28	40569	44793
March	292	798	913	22	40861	45591
April	354	1094	1106	30	41215	46685
May	486	1392	1458	27	41701	48077
June	539	1192	1617	22	42240	49269
July	47	870	222	23	42287	50139
August	535	1174	2522	31	42822	51313
September	437	1083	1262	30	43259	52396
October	448	656	1449	31	43707	53052
November	351	806	1218	23	44058	53858
December	284	813	870	26	44342	54671
Total	5034	12336	15626	324		

Year: 1980

Pool Name: CRUZ;DELAWARE

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	492	437	1507	31	44834	55108
February	202	51	630	29	45036	55159
March	319	437	869	28	45355	55596
April	431	1005	2155	29	45786	56601
May	354	834	1770	25	46140	57435
June	494	1098	1235	29	46634	58533
July	461	1161	1153	31	47095	59694
August	249	1032	623	28	47344	60726
September	300	1128	1040	25	47644	61854
October	180	1366	624	28	47824	63220
November	379	1274	1314	30	48203	64494
December	413	1300	1432	31	48616	65794
Total	4274	11123	14352	344		

Year: 1981

Pool Name: CRUZ;DELAWARE

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	379	1220	1314	29	48995	67014
February	245	776	849	17	49240	67790
March	484	1046	1678	31	49724	68836
April	288	816	994	29	50012	69652
May	356	845	1314	31	50368	70497
June	306	869	1129	30	50674	71366
July	257	605	948	29	50931	71971

August	200	1262	1420	21	51131	73233
September	269	1427	1910	30	51400	74660
October	245	1073	1740	26	51645	75733
November	134	534	760	30	51779	76267
December	210	215	1191	31	51989	76482
Total	3373	10688	15247	334		

Year: 1982

Pool Name: CRUZ;DELAWARE

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	187	339	1060	31	52176	76821
February	188	492	1066	28	52364	77313
March	211	594	1196	31	52575	77907
April	166	424	941	23	52741	78331
May	78	249	442	12	52819	78580
June	120	262	680	14	52939	78842
July	338	720	1092	31	53277	79562
August	285	383	921	31	53562	79945
September	117	177	378	13	53679	80122
October	0	0	0	0	53679	80122
November	0	0	0	0	53679	80122
December	0	0	0	0	53679	80122
Total	1690	3640	7776	214		

Year: 1983

Pool Name: CRUZ;DELAWARE

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	347	584	1190	31	54026	80706
February	238	445	714	28	54264	81151
March	279	601	762	31	54543	81752
April	254	527	536	30	54797	82279
May	208	641	911	31	55005	82920
June	170	658	743	30	55175	83578
July	183	471	800	31	55358	84049
August	175	498	765	31	55533	84547
September	129	281	369	22	55662	84828
October	130	449	737	29	55792	85277
November	144	431	432	30	55936	85708
December	140	418	420	31	56076	86126
Total	2397	6004	8379	355		

Year: 1989

Pool Name: CRUZ;DELAWARE

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	100	808	973	31	56176	86934
February	130	850	1344	28	56306	87784
March	122	753	1182	26	56428	88537
April	110	684	970	27	56538	89221
May	115	379	1990	30	56653	89600
June	39	299	1400	30	56692	89899
July	59	300	1590	31	56751	90199
August	28	300	1500	31	56779	90499
September	5	177	400	24	56784	90676
October	2	177	115	1	56786	90853
November	2	30	110	1	56788	90883
December	15	850	500	31	56803	91733
Total	727	5607	12074	291		

Year: 1990

Pool Name: CRUZ;DELAWARE

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	18	644	468	31	56821	92377
February	15	292	432	28	56836	92669
March	19	240	185	31	56855	92909
April	22	324	420	0	56877	93233
May	16	472	480	31	56893	93705
June	17	355	446	30	56910	94060
July	13	195	432	31	56923	94255
August	14	204	434	6	56937	94459
September	14	265	302	2	56951	94724
October	26	431	239	4	56977	95155
November	18	337	246	5	56995	95492
December	8	274	258	2	57003	95766
Total	200	4033	4342	201		

Year: 1991

Pool Name: CRUZ;DELAWARE

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	4	32	85	1	57007	95798
February	18	8	274	22	57025	95806
March	19	13	251	25	57044	95819
April						

	5	5	46	20	57049	95824
May	13	14	243	30	57062	95838
June	2	6	124	25	57064	95844
July	1	2	65	10	57065	95846
August	13	6	231	25	57078	95852
September	20	22	223	30	57098	95874
October	27	29	221	30	57125	95903
November	18	13	354	30	57143	95916
December	8	9	78	30	57151	95925
Total	148	159	2195	278		

Year: 1992

Pool Name: CRUZ;DELAWARE

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	22	8	145	30	57173	95933
February	13	13	226	29	57186	95946
March	4	4	39	10	57190	95950
April	10	1	6	30	57200	95951
May	11	5	55	30	57211	95956
June	15	12	194	30	57226	95968
July	18	13	365	31	57244	95981
August	13	13	156	31	57257	95994
September	15	11	186	30	57272	96005
October	19	19	217	30	57291	96024
November	17	13	179	30	57308	96037
December	21	13	265	31	57329	96050
Total	178	125	2033	342		

Year: 1993

Pool Name: CRUZ;DELAWARE

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	18	11	219	31	57347	96061
February	15	7	172	28	57362	96068
March	21	13	232	31	57383	96081
April	18	11	158	30	57401	96092
May	17	9	166	31	57418	96101
June	13	6	14	30	57431	96107
July	16	10	151	31	57447	96117
August	14	6	132	31	57461	96123
September	14	3	52	30	57475	96126

October	13	6	217	31	57488	96132
November	20	13	189	30	57508	96145
December	1	3	86	12	57509	96148
Total	180	98	1788	346		

Year: 1994
Pool Name: CRUZ;DELAWARE

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	15	23	122	31	57524	96171
February	17	1	180	28	57541	96172
March	9	5	184	31	57550	96177
April	8	3	190	30	57558	96180
May	5	2	187	0	57563	96182
June	12	14	320	30	57575	96196
July	14	19	217	31	57589	96215
August	2	10	30	10	57591	96225
September	0	2	0	1	57591	96227
October	0	0	0	0	57591	96227
November	0	0	0	0	57591	96227
December	3	0	5	1	57594	96227
Total	85	79	1435	193		

Year: 1995
Pool Name: CRUZ;DELAWARE

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	2	0	4	1	57596	96227
February	0	0	0	0	57596	96227
March	0	0	0	0	57596	96227
April	2	0	25	20	57598	96227
May	6	0	25	15	57604	96227
June	6	0	25	15	57610	96227
July	1	0	2	10	57611	96227
August	1	0	5	10	57612	96227
September	2	0	10	20	57614	96227
October	1	0	0	5	57615	96227
November	2	0	0	5	57617	96227
December	2	0	0	5	57619	96227
Total	25	0	96	106		

Year: 1996
Pool Name: CRUZ;DELAWARE

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	5	0	5	10	57624	96227
February	1	0	10	5	57625	96227
March	3	0	10	15	57628	96227
April	5	0	15	15	57633	96227
May	2	0	5	15	57635	96227
June	3	0	10	15	57638	96227
July	3	0	10	15	57641	96227
August	3	0	10	15	57644	96227
September	2	0	8	15	57646	96227
October	2	0	4	15	57648	96227
November	2	0	6	15	57650	96227
December	2	0	5	15	57652	96227
Total	33	0	98	165		

Year: 1997
Pool Name: CRUZ;DELAWARE

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	2	0	5	15	57654	96227
February	2	0	5	15	57656	96227
March	2	0	5	15	57658	96227
April	2	0	5	15	57660	96227
May	2	0	5	15	57662	96227
June	2	0	4	15	57664	96227
July	2	0	5	15	57666	96227
August	2	0	5	15	57668	96227
September	2	0	5	15	57670	96227
October	2	0	5	15	57672	96227
November	2	0	5	15	57674	96227
December	2	0	5	15	57676	96227
Total	24	0	59	180		

Year: 1998
Pool Name: CRUZ;DELAWARE

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	2	0	5	15	57678	96227
February	2	0	4	15	57680	96227
March	2	0	3	15	57682	96227
April	2	0	3	15	57684	96227
May	0	0	0	0	57684	96227
June	0	0	0	0	57684	96227

July	0	0	0	0	57684	96227
August	0	0	0	0	57684	96227
September	0	0	0	0	57684	96227
October	0	0	0	0	57684	96227
November	0	0	0	0	57684	96227
December	0	0	0	0	57684	96227
Total	8	0	15	60		

Year: 1999

Pool Name: CRUZ;DELAWARE

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	0	0	0	0	57684	96227
February	0	0	0	0	57684	96227
March	0	0	0	0	57684	96227
April	0	0	0	0	57684	96227
May	0	0	0	0	57684	96227
June	0	0	0	0	57684	96227
July	0	0	0	0	57684	96227
August	0	0	0	0	57684	96227
September	0	0	0	0	57684	96227
October	0	0	0	0	57684	96227
November	0	0	0	0	57684	96227
December	0	0	0	0	57684	96227
Total	0	0	0	0		

Year: 2000

Pool Name: CRUZ;DELAWARE

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	0	0	0	0	57684	96227
February	0	0	0	0	57684	96227
March	0	0	0	0	57684	96227
April	0	0	0	0	57684	96227
May	0	0	0	0	57684	96227
June	0	0	0	0	57684	96227
July	0	0	0	0	57684	96227
August	0	0	0	0	57684	96227
September	0	0	0	0	57684	96227
October	0	0	0	0	57684	96227
November	0	0	0	0	57684	96227
December	0	0	0	0	57684	96227

Total 0 0 0 0

Year: 2001
Pool Name: CRUZ;DELAWARE

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	0	0	0	0	57684	96227
February	0	0	0	0	57684	96227
March	0	0	0	0	57684	96227
April	0	0	0	0	57684	96227
May	0	0	0	0	57684	96227
June	0	0	0	0	57684	96227
July	0	0	0	0	57684	96227
August	0	0	0	0	57684	96227
September	0	0	0	0	57684	96227
October	0	0	0	0	57684	96227
November	0	0	0	0	57684	96227
December	0	0	0	0	57684	96227
Total	0	0	0	0		

Year: 2002
Pool Name: CRUZ;DELAWARE

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	0	0	0	0	57684	96227
February	0	0	0	0	57684	96227
March	0	0	0	0	57684	96227
April	0	0	0	0	57684	96227
May	0	0	0	0	57684	96227
June	0	0	0	0	57684	96227
July	0	0	0	0	57684	96227
August	0	0	0	0	57684	96227
September	0	0	0	0	57684	96227
October	0	0	0	0	57684	96227
November	0	0	0	0	57684	96227
December	0	0	0	0	57684	96227
Total	0	0	0	0		

Year: 2003
Pool Name: CRUZ;DELAWARE

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	0	0	0	0	57684	96227
February						

	0	0	0	0	57684	96227
March	0	0	0	0	57684	96227
April	0	0	0	0	57684	96227
May	0	0	0	0	57684	96227
June	0	0	0	0	57684	96227
July	0	0	0	0	57684	96227
August	0	0	0	0	57684	96227
September	0	0	0	0	57684	96227
October	0	0	0	0	57684	96227
November	0	0	0	0	57684	96227
December	0	0	0	0	57684	96227
Total	0	0	0	0		

Year: 2004

Pool Name: CRUZ;DELAWARE

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	0	0	0	0	57684	96227
February	0	0	0	0	57684	96227
March	0	0	0	0	57684	96227
April	0	0	0	0	57684	96227
May	0	0	0	0	57684	96227
June	0	0	0	0	57684	96227
July	0	0	0	0	57684	96227
August	0	0	0	0	57684	96227
September	0	0	0	0	57684	96227
October	0	0	0	0	57684	96227
November	0	0	0	0	57684	96227
December	0	0	0	0	57684	96227
Total	0	0	0	0		

Page last updated 07/22/2004. Webmaster gotech_prrc@yahoo.com

CMD : -
OG6CLOG

ONGARD

02/22/05 09:43:39

C105-WELL COMPLETION OR RECOMP CASING LOG

OGOMES -TP80

8

OGRID Identifier : 122811 PRONGHORN MANAGEMENT CORP
 Prop Identifier : 14987 NEW MEXICO BZ STATE NCT 5
 API Well Identifier : 30 25 3523 Well No : 003
 Surface Locn - UL : E Sec : 29 Twp : 21S Range : 35E Lot Idn :
 Multiple comp (S/M/C) : S TVD Depth (Feet) : 3951 MVD Depth (Feet):
 Spud Date : P/A Date :
 Casing/Linear Record:

S Size (inches)	Grade Weight (lb/ft)	Depth(ft) Top-Liner	Depth(ft) Bot-Liner	Hole Size (inches)	Cement (Sacks)	TOC (feet)	Code
99.000	99.0	99999.0	99999.0	99.000	9999	99999	C

E0009: Enter data to modify record

PF01 HELP PF02 PF03 EXIT PF04 GoTo PF05 PF06 CONFIRM
 PF07 PF08 PF09 COMMENT PF10 TLOG PF11 PF12

Cum. Prod. as of 12-31-1993

*33122 MCF
1567 BO*

Production Reported

*June
July
Sept.
Oct.*

2004

Well appears to be active

CMD : -
OGSIWCM

ONGARD
INQUIRE WELL COMPLETIONS

02/22/05 09:43:47
OGOMES -TP80

API Well No : 30 25 3523 Eff Date : 05-20-1994 WC Status : A
Pool Idn : 53790 SAN SIMON;YATES, NORTH (ASSOC)
OGRID Idn : 122811 PRONGHORN MANAGEMENT CORP
Prop Idn : 14987 NEW MEXICO BZ STATE NCT 5

Well No : 003
GL Elevation: 99999

	U/L	Sec	Township	Range	North/South	East/West	Prop/Act (P/A)
B.H. Locn	: E	29	21S	35E	FTG 1980 F N	FTG 660 F W	P

Lot Identifier:

Dedicated Acre: 40.00

Lease Type : S

Type of consolidation (Comm, Unit, Forced Pooling - C/U/F/O) :

M0025: Enter PF keys to scroll

PF01 HELP	PF02	PF03 EXIT	PF04 GoTo	PF05	PF06
PF07	PF08	PF09	PF10 NEXT-WC	PF11 HISTORY	PF12 NXTREC

CMD : -
OG6IPRD

ONGARD
INQUIRE PRODUCTION BY POOL/WELL

02/22/05 09:44:13
OGOMES -TP80
Page No: 1

OGRID Identifier : 122811 PRONGHORN MANAGEMENT CORP
Pool Identifier : 53790 SAN SIMON;YATES, NORTH (ASSOC)
API Well No : 30 25 3523 Report Period - From : 01 1993 To : 12 2005

API Well No	Property Name	Prodn. Days MM/YY Prod	Production Volumes Gas Oil Water	Well Stat
30 25 3523	NEW MEXICO BZ STATE	05 94		T
30 25 3523	NEW MEXICO BZ STATE	06 94		T
30 25 3523	NEW MEXICO BZ STATE	07 94		T
30 25 3523	NEW MEXICO BZ STATE	08 94		T
30 25 3523	NEW MEXICO BZ STATE	09 94		T
30 25 3523	NEW MEXICO BZ STATE	10 94		T
30 25 3523	NEW MEXICO BZ STATE	11 94		T

Reporting Period Total (Gas, Oil) :

M0002: This is the first page

PF01 HELP PF02 PF03 EXIT PF04 GoTo PF05 PF06 CONFIRM
PF07 BKWD PF08 FWD PF09 PF10 NXTPOOL PF11 NXTOGD PF12

OGRID Identifier : 122811 PRONGHORN MANAGEMENT CORP
Pool Identifier : 53790 SAN SIMON;YATES, NORTH (ASSOC)
API Well No : 30 25 3523 Report Period - From : 01 1993 To : 12 2005

API Well No	Property Name	Prod. Days MM/YY Prod	Production Volumes			Well Stat
			Gas	Oil	Water	
30 25 3523	NEW MEXICO BZ STATE	12 94			T	
30 25 3523	NEW MEXICO BZ STATE	01 95			T	
30 25 3523	NEW MEXICO BZ STATE	02 95			T	
30 25 3523	NEW MEXICO BZ STATE	03 95			T	
30 25 3523	NEW MEXICO BZ STATE	04 95			T	
30 25 3523	NEW MEXICO BZ STATE	05 95			T	
30 25 3523	NEW MEXICO BZ STATE	06 95			T	

Reporting Period Total (Gas, Oil) :

E0049: User may continue scrolling.

PF01 HELP PF02 PF03 EXIT PF04 GoTo PF05 PF06 CONFIRM
PF07 BKWD PF08 FWD PF09 PF10 NXTPOOL PF11 NXTOGD PF12

CMD : ~
OGGIPRD

ONGARD
INQUIRE PRODUCTION BY POOL/WELL

02/22/05 09:44:18
OGOMBS -TP80
Page No: 3

OGRID Identifier : 122811 PRONGHORN MANAGEMENT CORP
Pool Identifier : 53790 SAN SIMON;YATES, NORTH (ASSOC)
API Well No : 30 25 3523 Report Period - From : 01 1993 To : 12 2005

API Well No	Property Name	Prodn. Days MM/YY Prod	Production volumes Gas Oil	Well Water Stat
30 25 3523	NEW MEXICO BZ STATE	07 95		T
30 25 3523	NEW MEXICO BZ STATE	08 95		T
30 25 3523	NEW MEXICO BZ STATE	09 95		T
30 25 3523	NEW MEXICO BZ STATE	10 95		T
30 25 3523	NEW MEXICO BZ STATE	11 95		T
30 25 3523	NEW MEXICO BZ STATE	12 95		T
30 25 3523	NEW MEXICO BZ STATE	01 96		T

Reporting Period Total (Gas, Oil) :

E0049: User may continue scrolling.

PF01 HELP PF02 PF03 EXIT PF04 GoTo PF05 PF06 CONFIRM
PF07 BKWD PF08 FWD PF09 PF10 NXTPOOL PF11 NXTOGD PF12

CMD :
OG6IPRD

ONGARD
INQUIRE PRODUCTION BY POOL/WELL

02/22/05 09:44:19
OGOMES -TP80
Page No: 4

OGRID Identifier : 122811 PRONGHORN MANAGEMENT CORP
Pool Identifier : 53790 SAN SIMON;YATES, NORTH (ASSOC)
API Well No : 30 25 3523 Report Period - From : 01 1993 To : 12 2005

API Well No	Property Name	Prodn. MM/YY	Days Prod	Production Volumes Gas	Oil	Water	Well Stat
30 25 3523	NEW MEXICO BZ STATE	02 96	25				T
30 25 3523	NEW MEXICO BZ STATE	03 96					T
30 25 3523	NEW MEXICO BZ STATE	04 96					T
30 25 3523	NEW MEXICO BZ STATE	05 96					T
30 25 3523	NEW MEXICO BZ STATE	06 96					T
30 25 3523	NEW MEXICO BZ STATE	07 96					T
30 25 3523	NEW MEXICO BZ STATE	08 96					T

Reporting Period Total (Gas, Oil) :

E0049: User may continue scrolling.

PF01 HELP PF02 PF03 EXIT PF04 GoTo PF05 PF06 CONFIRM
PF07 BKWD PF08 FWD PF09 PF10 NXTPOOL PF11 NXTOGD PF12

CMD :
OGGIPRD

ONGARD
INQUIRE PRODUCTION BY POOL/WELL

02/22/05 09:44:21
OGOMES -TP80
Page No: 5

OGRID Identifier : 122811 PRONGHORN MANAGEMENT CORP
Pool Identifier : 53790 SAN SIMON;YATES, NORTH (ASSOC)
API Well No : 30 25 3523 Report Period - From : 01 1993 To : 12 2005

API Well No	Property Name	Prod. Days MM/YY Prod	Production Volumes Gas Oil Water	Well Stat
30 25 3523	NEW MEXICO BZ STATE	09 96		T
30 25 3523	NEW MEXICO BZ STATE	10 96		T
30 25 3523	NEW MEXICO BZ STATE	11 96		T
30 25 3523	NEW MEXICO BZ STATE	12 96		T
30 25 3523	NEW MEXICO BZ STATE	01 97		T
30 25 3523	NEW MEXICO BZ STATE	02 97		T
30 25 3523	NEW MEXICO BZ STATE	03 97		T

Reporting Period Total (Gas, Oil) :

E0049: User may continue scrolling.

PF01 HELP PF02 PF03 EXIT PF04 GoTo PF05 PF06 CONFIRM
PF07 BKWD PF08 FWD PF09 PF10 NXTPOOL PF11 NXTOGD PF12

CMD : -
OGGIPRD

ONGARD
INQUIRE PRODUCTION BY POOL/WELL

02/22/05 09:44:22
OGOMES -TP90
Page No: 6

OGRID Identifier : 122811 PRONGHORN MANAGEMENT CORP
Pool Identifier : 53790 SAN SIMON;YATES, NORTH (ASSOC)
API Well No : 30 25 3523 Report Period - From : 01 1993 To : 12 2005

API Well No	Property Name	Prod. Days MM/YY Prod	Production Volumes Gas Oil Water	Well Stat
30 25 3523	NEW MEXICO BZ STATE	04 97		T
30 25 3523	NEW MEXICO BZ STATE	05 97		T
30 25 3523	NEW MEXICO BZ STATE	06 97		T
30 25 3523	NEW MEXICO BZ STATE	07 97		T
30 25 3523	NEW MEXICO BZ STATE	08 97		T
30 25 3523	NEW MEXICO BZ STATE	09 97		T
30 25 3523	NEW MEXICO BZ STATE	10 97		T

Reporting Period Total (Gas, Oil) :

E0049: User may continue scrolling.

PF01 HELP PF02 PF03 EXIT PF04 GoTo PF05 PF06 CONFIRM
PF07 BKWD PF08 FWD PF09 PF10 NXTPOOL PF11 NXTOGD PF12

CMD :
OC6JPRD

ONCARD
INQUIRE PRODUCTION BY POOL/WELL

02/22/05 09:44:23
OGOMES -TP90
Page No: 7

OGRID Identifier : 123811 PRONGHORN MANAGEMENT CORP
Pool Identifier : 53790 SAN SIMON;YATES, NORTH (ASSOC)
API Well No : 30 25 3523 Report Period - From : 01 1993 To : 12 2005

API Well No	Property Name	Prodn. Days MM/YY Prod	Production Volumes Gas Oil Water	Well Stat
30 25 3523	NEW MEXICO BZ STATE	11 97		T
30 25 3523	NEW MEXICO BZ STATE	12 97		T
30 25 3523	NEW MEXICO BZ STATE	01 98		T
30 25 3523	NEW MEXICO BZ STATE	02 98		T
30 25 3523	NEW MEXICO BZ STATE	03 98		T
30 25 3523	NEW MEXICO BZ STATE	04 98		T
30 25 3523	NEW MEXICO BZ STATE	05 98		T

Reporting Period Total (Gas, Oil) :

E0049: User may continue scrolling.

PF01 HELP PF02 PF03 EXIT PF04 GoTo PF05 PF06 CONFIRM
PF07 BKWD PF08 FWD PF09 PF10 NXTPOOL PF11 NXTOGD PF12

OGRID Identifier : 122811 PRONGHORN MANAGEMENT CORP
Pool Identifier : 53790 SAN SIMON;YATES, NORTH (ASSOC)
API Well No : 30 25 3523 Report Period - From : 01 1993 To : 12 2005

API Well No	Property Name	Prodn. Days MM/YY Prod	Production Volumes Gas Oil Water	Well Stat
30 25 3523	NEW MEXICO BZ STATE	06 98		T
30 25 3523	NEW MEXICO BZ STATE	07 98		T
30 25 3523	NEW MEXICO BZ STATE	08 98		T
30 25 3523	NEW MEXICO BZ STATE	09 98		T
30 25 3523	NEW MEXICO BZ STATE	11 98		T
30 25 3523	NEW MEXICO BZ STATE	12 98		T
30 25 3523	NEW MEXICO BZ STATE	01 99		T

Reporting Period Total (Gas, Oil) :

E0049: User may continue scrolling.

PF01 HELP PF02 PF03 EXIT PF04 GoTo PF05 PF06 CONFIRM
PF07 BKWD PF08 FWD PF09 PF10 NXTPOOL PF11 NXTOGD PF12

CMD :
OG6IPRD

OSGARD
INQUIRE PRODUCTION BY POOL/WELL

02/22/05 09:44:26
OCOMES -TP80
Page No: 9

OGRID Identifier : 122811 PRONGHORN MANAGEMENT CORP
Pool Identifier : 53790 SAN SIMON;YATES, NORTH (ASSOC)
API Well No : 30 25 3523 Report Period - From : 01 1993 To : 12 2005

API Well No	Property Name	Prodn. Days	Production Volumes	Well
		MM/YY Prod	Gas Oil Water	Stat
30 25 3523	NEW MEXICO BZ STATE	02 99		T
30 25 3523	NEW MEXICO BZ STATE	03 99		T
30 25 3523	NEW MEXICO BZ STATE	04 99		T
30 25 3523	NEW MEXICO BZ STATE	05 99		T
30 25 3523	NEW MEXICO BZ STATE	06 99		T
30 25 3523	NEW MEXICO BZ STATE	07 99		T
30 25 3523	NEW MEXICO BZ STATE	08 99		T

Reporting Period Total (Gas, Oil) :

E0049: User may continue scrolling.

PF01 HELP PF02 PF03 EXIT PF04 GoTo PF05 PF06 CONFIRM
PF07 BKWD PF08 FWD PF09 PF10 NXTPOOL PF11 NXTOGD PF12

CMD :
CG6IPSD

ONWARD
INQUIRE PRODUCTION BY POOL/WELL

02/22/05 09:44:27
OGOMBS -TP&O
Page No: 10

OGRID Identifier : 122811 PRONGHORN MANAGEMENT CORP
Pool Identifier : 53790 SAN SIMON;YATES, NORTH (ASSOC)
API Well No : 30 25 3523 Report Period - From : 01 1993 To : 12 2005

API well No	Property Name	Prod. Days MM/YY Prod	Production Volumes Gas Oil Water	Well Stat
30 25 3523	NEW MEXICO BZ STATE	09 99		T
30 25 3523	NEW MEXICO BZ STATE	10 99		T
30 25 3523	NEW MEXICO BZ STATE	11 99		T
30 25 3523	NEW MEXICO BZ STATE	12 99		T
30 25 3523	NEW MEXICO BZ STATE	01 00		T
30 25 3523	NEW MEXICO BZ STATE	02 00		T
30 25 3523	NEW MEXICO BZ STATE	03 00		T

Reporting Period Total (Gas, Oil) :

E0049: User may continue scrolling.

PF01 HELP PF02 PF03 EXIT PF04 GoTo PF05 PF06 CONFIRM
PF07 BKWD PF08 FWD PF09 PF10 NXTPOOL PF11 NXTOGD PF12

OGRID Identifier : 122811 PRONGHORN MANAGEMENT CORP
Pool Identifier : 53790 SAN SIMON;YATES, NORTH (ASSOC)
API Well No : 30 25 3523 Report Period - From : 01 1993 To : 12 2005

API Well No	Property Name	Prodn. Days MM/YY Prod	Production Volumes Gas Oil Water	Well Stat
30 25 3523	NEW MEXICO BZ STATE	04 00		T
30 25 3523	NEW MEXICO BZ STATE	05 00		T
30 25 3523	NEW MEXICO BZ STATE	06 00		T
30 25 3523	NEW MEXICO BZ STATE	07 00		T
30 25 3523	NEW MEXICO BZ STATE	08 00		T
30 25 3523	NEW MEXICO BZ STATE	09 00		T
30 25 3523	NEW MEXICO BZ STATE	10 00		T

Reporting Period Total (Gas, Oil) :

E0049: User may continue scrolling.

PF01 HELP PF02 PF03 EXIT PF04 GoTo PF05 PF06 CONFIRM
PF07 BKWD PF08 FWD PF09 PF10 NXTPOOL PF11 NXTOGD PF12

CMD :
OG6IPRD

INQUIRE PRODUCTION BY POOL/WELL

02/22/05 09:44:29
OGOMES -TP80
Page No: 12

OGRID Identifier : 122811 PRONGHORN MANAGEMENT CORP
Pool Identifier : 53790 SAN SIMON;YATES, NORTH (ASSOC)
API Well No : 30 25 3523 Report Period - From : 01 1993 To : 12 2005

API Well No	Property Name	Prodn. Days	Production Volumes	Well
		MM/YY Prod	Gas Oil Water	Stat
30 25 3523	NEW MEXICO BZ STATE	11 00		T
30 25 3523	NEW MEXICO BZ STATE	12 00		T
30 25 3523	NEW MEXICO BZ STATE	01 01		T
30 25 3523	NEW MEXICO BZ STATE	02 01		T
30 25 3523	NEW MEXICO BZ STATE	03 01		T
30 25 3523	NEW MEXICO BZ STATE	04 01		T
30 25 3523	NEW MEXICO BZ STATE	05 01		T

Reporting Period Total (Gas, Oil) :

E0049: User may continue scrolling.

PF01 HELP PF02 PF03 EXIT PF04 GoTo PF05 PF06 CONFIRM
PF07 BKWD PF08 FWD PF09 PF10 NXTPOOL PF11 NXTOGD PF12

CMD :
OG6IPRD

ONGARD
INQUIRE PRODUCTION BY POOL/WELL

02/22/05 09:44:31
OGOMES -TP80
Page No: 13

OGRID Identifier : 122811 PRONGHORN MANAGEMENT CORP
Pool Identifier : 53790 SAN SIMON;YATES, NORTH (ASSOC)
API Well No : 30 25 3523 Report Period - From : 01 1993 To : 12 2005

API Well No	Property Name	Prodn. Days MM/YY Prod	Production Volumes Gas Oil Water	Well Stat
30 25 3522	NEW MEXICO BZ STATE	06 01		T
30 25 3523	NEW MEXICO BZ STATE	07 01		T
30 25 3523	NEW MEXICO BZ STATE	08 01		T
30 25 3523	NEW MEXICO BZ STATE	09 01		T
30 25 3523	NEW MEXICO BZ STATE	10 01		T
30 25 3523	NEW MEXICO BZ STATE	11 01		T
30 25 3523	NEW MEXICO BZ STATE	12 01		T

Reporting Period Total (Gas, Oil) :

E0049: User may continue scrolling.

PF01 HELP PF02 PF03 EXIT PF04 GoTo PF05 PF06 CONFIRM
PF07 BKWD PF08 FWD PF09 PF10 NXTPOOL PF11 NXTOGD PF12

CMD :
OG6IPRD

ONGARD
INQUIRE PRODUCTION BY POOL/WELL

02/22/05 09:44:32
OGOMES -TP80
Page No: 14

OGRID Identifier : 122611 PRONGHORN MANAGEMENT CORP
Pool Identifier : 53790 SAN SIMON;YATES, NORTH (ASSOC)
API Well No : 30 25 3523 Report Period - From : 01 1993 To : 12 2005

API Well No	Property Name	Prodn. Days	Production Volumes	Well
		MM/YY Prod	Gas Oil	Water Stat
30 25 3523	NEW MEXICO B7 STATE	01 02		T
30 25 3523	NEW MEXICO BZ STATE	02 02		T
30 25 3523	NEW MEXICO BZ STATE	03 02		T
30 25 3523	NEW MEXICO BZ STATE	04 02		T
30 25 3523	NEW MEXICO BZ STATE	05 02		T
30 25 3523	NEW MEXICO BZ STATE	06 02		T
30 25 3523	NEW MEXICO BZ STATE	07 02		T

Reporting Period Total (Gas, Oil) :

E0049: User may continue scrolling.

PF01 HELP PF02 PF03 EXIT PF04 GoTo PF05 PF06 CONFIRM
PF07 BKWD PF08 FWD PF09 PF10 NXTPOOL PF11 NXTOGD PF12

CMD :
OG6IPRD

ONGARD
INQUIRE PRODUCTION BY POOL/WELL

02/22/05 14:11:17
OGOMES -TPML
Page No: 15

OGR10 Identifier : 002511 PRONGHORN MANAGEMENT CORP
Pool Identifier : 53790 SAN SIMON;YATES, NORTH (ASSOC)
API Well No : 30 25 3523 Report Period : From : 01 1998 To : 12 2005

API Well No	Property Name	Prodn. Days	Production Volumes	Well
		MM/YY Prod	Gas Oil Water	Stat
30 25 3523	NEW MEXICO BZ STATE	08 02		T
30 25 3523	NEW MEXICO BZ STATE	09 02		T
30 25 3523	NEW MEXICO BZ STATE	10 02		T
30 25 3523	NEW MEXICO BZ STATE	11 02		T
30 25 3523	NEW MEXICO BZ STATE	12 02		T
30 25 3523	NEW MEXICO BZ STATE	01 03		T
30 25 3523	NEW MEXICO BZ STATE	02 03		T

Reporting Period Total (Gas, Oil) :

E0049: User may continue scrolling.

PF01 HELP PF02 PF03 EXIT PF04 GoTo PF05 PF06 CONFIRM
PF07 BKWD PF08 FWD PF09 PF10 NXTPOOL PF11 NXTOGD PF12

END :
OG61PRD

ORGARD
INQUIRE PRODUCTION BY POOL/WELL

02/22/05 14:11:21
OGOMES -TPML
Page No: 16

OGRID Identifier : 122811 PRONGHORN MANAGEMENT CORP
Pool Identifier : 53790 SAN SIMON;YATES, NORTH (ASSOC)
API Well No : 30 25 3523 Report Period - From : 01 1993 To : 12 2005

API Well No	Property Name	Prodn. Days MM/YY Prod	Production Volumes Gas Oil Water	Well Stat
30 25 3523	NEW MEXICO B7 STATE	03 03		T
30 25 3523	NEW MEXICO B4 STATE	04 03		T
30 25 3523	NEW MEXICO B2 STATE	05 03		T
30 25 3523	NEW MEXICO B3 STATE	06 03		T
30 25 3523	NEW MEXICO B4 STATE	07 03		T
30 25 3523	NEW MEXICO B7 STATE	08 03		T
30 25 3523	NEW MEXICO B2 STATE	09 03		T

Reporting Period Total (Gas, Oil) :

E0049: User may continue scrolling.

PF01 HELP PF02 PF03 EXIT PF04 GoTo PF05 PF06 CONFIRM
PF07 BKWD PF08 FWD PF09 PF10 NXTPOOL PF11 NXTOGD PF12

OGRID Identifier : 122811 PRONGHORN MANAGEMENT CORP
Pool Identifier : 53790 SAN SIMON;YATES, NORTH (ASSOC)
API Well No : 30 25 3523 Report Period - From : 01 1993 To : 12 2005

API Well No	Property Name	Prodn. Days	Production Volumes	Well
		MM/YY Prod	Gas Oil Water	Stat
30 25 3523	NEW MEXICO BZ STATE	10 03		T
30 25 3523	NEW MEXICO BZ STATE	11 03		T
30 25 3523	NEW MEXICO BZ STATE	12 03		T
30 25 3523	NEW MEXICO BZ STATE	01 04		T
30 25 3523	NEW MEXICO BE STATE	02 04		T
30 25 3523	NEW MEXICO BZ STATE	03 04		T
30 25 3523	NEW MEXICO BZ STATE	04 04		T

Reporting Period Total (Gas, Oil) :

E0049: User may continue scrolling.

PF01 HELP PF02 PF03 EXIT PF04 GoTo PF05 PF06 CONFIRM
PF07 BKWD PF08 FWD PF09 PF10 NXTPOOL PF11 NXTOGD PF12

CMD :
OG6IPRD

ONGARD
INQUIRE PRODUCTION BY POOL/WELL

02/22/05 14:11:27
OGOMES -TPML
Page No: 18

OGRID Identifier : 122811 PRONGHORN MANAGEMENT CORP
Pool Identifier : 53790 SAN SIMON;YATES, NORTH (ASSOC)
API Well No : 30 25 3523 Report Period - From : 01 1993 To : 12 2005

API Well No	Property Name	Prodn. MM/YY	Days Prod	Production Gas	Production Oil	Production Water	Well Stat
30 25 3523	NEW MEXICO B7 STATE	05 04					T
30 25 3523	NEW MEXICO BZ STATE	06 04	20	200			T
30 25 3523	NEW MEXICO BZ STATE	07 04	20	11			T
30 25 3523	NEW MEXICO B4 STATE	08 04					T
30 25 3523	NEW MEXICO B4 STATE	09 04	20	11			T
30 25 3523	NEW MEXICO BZ STATE	10 04	20	10			T

Reporting Period Total (Gas, Oil) : 232

E0049: User may continue scrolling.

PF01 HELP PF02 PF03 EXIT PF04 GoTo PF05 PF06 CONFIRM
PF07 BKWD PF08 FWD PF09 PF10 NXTPOOL PF11 NXTOGD PF12

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[NYMEX LS Crude](#) \$50.30
[Navajo WTXI](#) \$45.00
[Henry Hub](#) \$6.00
 Updated 2/22/2005

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View Production Data

In Internet Explorer, right click and select "Save Target As..."
In Netscape, right click and select "Save Link As..."

Download: [HTTP](#)

Well: NEW MEXICO BZ STATE NCT 5 **No.:** 003
Operator: PRONGHORN MANAGEMENT CORP [[NM SLO data](#)]
API: 3002503523 **Township:** 21.0S **Range:** 35E
Section: 29 **Unit:** E
Land Type: S **County:** Lea
Pools associated:

- [SAN SIMON;YATES, NORTH \(ASSOC\)](#) **Total Acreage:** 40 **Completion:** 1
- [Show All](#)

Year: 1973
 Pool Name: SAN SIMON;YATES, NORTH (ASSOC)

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	0	0	0	0	0	0
February	0	0	0	0	0	0
March	0	0	0	0	0	0
April	0	0	0	0	0	0
May	0	0	0	0	0	0
June	0	0	0	0	0	0
July	0	0	0	0	0	0
August	0	0	0	0	0	0
September	0	0	0	0	0	0
October	0	0	0	0	0	0
November	0	0	0	0	0	0
December	0	0	0	0	0	0

Total 0 0 0 0

Year: 1975
 Pool Name: SAN SIMON;YATES, NORTH (ASSOC)

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	0	0	0	0	0	0
February	0	0	0	0	0	0
March	0	0	0	0	0	0
April	0	0	0	0	0	0
May	0	0	0	0	0	0
June	0	0	0	0	0	0
July	0	0	0	0	0	0
August	0	0	0	0	0	0
September	0	0	0	0	0	0
October	0	0	0	0	0	0
November	0	0	0	0	0	0
December	0	0	0	0	0	0
Total	0	0	0	0		

Year: 1976
 Pool Name: SAN SIMON;YATES, NORTH (ASSOC)

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	0	0	0	0	0	0
February	0	0	0	0	0	0
March	0	0	0	0	0	0
April	0	0	0	0	0	0
May	0	0	0	0	0	0
June	0	0	0	0	0	0
July	0	0	0	0	0	0
August	0	0	0	0	0	0
September	0	0	0	0	0	0
October	0	0	0	0	0	0
November	0	0	0	0	0	0
December	0	0	0	0	0	0
Total	0	0	0	0		

Year: 1977
 Pool Name: SAN SIMON;YATES, NORTH (ASSOC)

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	0	0	0	0	0	0
February						

	0	0	0	0	0	0
March	0	0	0	0	0	0
April	0	0	0	0	0	0
May	0	0	0	0	0	0
June	0	0	0	0	0	0
July	0	0	0	0	0	0
August	0	0	0	0	0	0
September	0	0	0	0	0	0
October	0	0	0	0	0	0
November	0	0	0	0	0	0
December	0	0	0	0	0	0
Total	0	0	0	0		

Year: 1979

Pool Name: SAN SIMON;YATES, NORTH (ASSOC)

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	0	0	0	0	0	0
February	0	0	0	0	0	0
March	0	0	0	0	0	0
April	0	0	0	0	0	0
May	0	0	0	0	0	0
June	0	0	0	0	0	0
July	0	0	0	0	0	0
August	0	0	0	0	0	0
September	0	0	0	0	0	0
October	0	0	0	0	0	0
November	0	0	0	0	0	0
December	0	0	0	0	0	0
Total	0	0	0	0		

Year: 1980

Pool Name: SAN SIMON;YATES, NORTH (ASSOC)

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	0	0	0	0	0	0
February	0	0	0	0	0	0
March	0	0	0	0	0	0
April	0	0	0	0	0	0
May	0	0	0	0	0	0
June	0	0	0	0	0	0
July	0	0	0	0	0	0

August	0	0	0	0	0	0
September	0	0	0	0	0	0
October	0	0	0	0	0	0
November	0	0	0	0	0	0
December	0	0	0	0	0	0
Total	0	0	0	0		

Year: 1981
 Pool Name: SAN SIMON;YATES, NORTH (ASSOC)

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	0	0	0	0	0	0
February	0	0	0	0	0	0
March	0	0	0	0	0	0
April	0	0	0	0	0	0
May	0	0	0	0	0	0
June	0	0	0	0	0	0
July	0	0	0	0	0	0
August	0	0	0	0	0	0
September	0	0	0	0	0	0
October	0	0	0	0	0	0
November	0	0	0	0	0	0
December	0	0	0	0	0	0
Total	0	0	0	0		

Year: 1982
 Pool Name: SAN SIMON;YATES, NORTH (ASSOC)

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	0	0	0	0	0	0
February	0	0	0	0	0	0
March	0	0	0	0	0	0
April	0	0	0	0	0	0
May	0	0	0	0	0	0
June	0	0	0	0	0	0
July	0	0	0	0	0	0
August	0	0	0	0	0	0
September	0	0	0	0	0	0
October	0	0	0	0	0	0
November	0	0	0	0	0	0
December	0	0	0	0	0	0
Total	0	0	0	0		

Year: 1983

Pool Name: SAN SIMON;YATES, NORTH (ASSOC)

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	0	0	0	0	0	0
February	0	0	0	0	0	0
March	0	0	0	0	0	0
April	0	0	0	0	0	0
May	0	0	0	0	0	0
June	0	0	0	0	0	0
July	0	0	0	0	0	0
August	0	0	0	0	0	0
September	0	0	0	0	0	0
October	0	0	0	0	0	0
November	0	0	0	0	0	0
December	0	0	0	0	0	0
Total	0	0	0	0		

Year: 1989

Pool Name: SAN SIMON;YATES, NORTH (ASSOC)

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	0	0	0	0	0	0
February	0	0	0	0	0	0
March	0	0	0	0	0	0
April	0	0	0	0	0	0
May	0	0	0	0	0	0
June	0	0	0	0	0	0
July	0	0	0	0	0	0
August	0	0	0	0	0	0
September	0	0	0	0	0	0
October	0	0	0	0	0	0
November	0	0	0	0	0	0
December	0	0	0	0	0	0
Total	0	0	0	0		

Year: 1990

Pool Name: SAN SIMON;YATES, NORTH (ASSOC)

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	0	0	0	0	0	0
February	0	0	0	0	0	0
March	0	0	0	0	0	0
April						

	0	0	0	0	0	0
May	0	0	0	0	0	0
June	0	0	0	0	0	0
July	0	0	0	0	0	0
August	0	0	0	0	0	0
September	0	0	0	0	0	0
October	0	0	0	0	0	0
November	0	0	0	0	0	0
December	0	0	0	0	0	0
Total	0	0	0	0	0	0

Year: 1991

Pool Name: SAN SIMON;YATES, NORTH (ASSOC)

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	0	0	0	0	0	0
February	0	0	0	0	0	0
March	0	0	0	0	0	0
April	0	0	0	0	0	0
May	0	0	0	0	0	0
June	0	0	0	0	0	0
July	0	0	0	0	0	0
August	0	0	0	0	0	0
September	0	0	0	0	0	0
October	0	0	0	0	0	0
November	0	0	0	0	0	0
December	0	0	0	0	0	0
Total	0	0	0	0	0	0

Year: 1992

Pool Name: SAN SIMON;YATES, NORTH (ASSOC)

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	0	0	0	0	0	0
February	0	0	0	0	0	0
March	0	0	0	0	0	0
April	0	0	0	0	0	0
May	0	0	0	0	0	0
June	0	0	0	0	0	0
July	0	0	0	0	0	0
August	0	0	0	0	0	0
September	0	0	0	0	0	0

October	0	0	0	0	0	0
November	0	0	0	0	0	0
December	0	0	0	0	0	0
Total	0	0	0	0		

Year: 1994

Pool Name: SAN SIMON;YATES, NORTH (ASSOC)

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	0	0	0	0	0	0
February	0	0	0	0	0	0
March	0	0	0	0	0	0
April	0	0	0	0	0	0
May	0	0	0	0	0	0
June	0	0	0	0	0	0
July	0	0	0	0	0	0
August	0	0	0	0	0	0
September	0	0	0	0	0	0
October	0	0	0	0	0	0
November	0	0	0	0	0	0
December	0	0	0	0	0	0
Total	0	0	0	0		

Year: 1995

Pool Name: SAN SIMON;YATES, NORTH (ASSOC)

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	0	0	0	0	0	0
February	0	0	0	0	0	0
March	0	0	0	0	0	0
April	0	0	0	0	0	0
May	0	0	0	0	0	0
June	0	0	0	0	0	0
July	0	0	0	0	0	0
August	0	0	0	0	0	0
September	0	0	0	0	0	0
October	0	0	0	0	0	0
November	0	0	0	0	0	0
December	0	0	0	0	0	0
Total	0	0	0	0		

Year: 1996

Pool Name: SAN SIMON;YATES, NORTH (ASSOC)

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	0	0	0	0	0	0
February	0	0	0	25	0	0
March	0	0	0	0	0	0
April	0	0	0	0	0	0
May	0	0	0	0	0	0
June	0	0	0	0	0	0
July	0	0	0	0	0	0
August	0	0	0	0	0	0
September	0	0	0	0	0	0
October	0	0	0	0	0	0
November	0	0	0	0	0	0
December	0	0	0	0	0	0
Total	0	0	0	25		

Year: 1997
 Pool Name: SAN SIMON;YATES, NORTH (ASSOC)

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	0	0	0	0	0	0
February	0	0	0	0	0	0
March	0	0	0	0	0	0
April	0	0	0	0	0	0
May	0	0	0	0	0	0
June	0	0	0	0	0	0
July	0	0	0	0	0	0
August	0	0	0	0	0	0
September	0	0	0	0	0	0
October	0	0	0	0	0	0
November	0	0	0	0	0	0
December	0	0	0	0	0	0
Total	0	0	0	0		

Year: 1998
 Pool Name: SAN SIMON;YATES, NORTH (ASSOC)

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	0	0	0	0	0	0
February	0	0	0	0	0	0
March	0	0	0	0	0	0
April	0	0	0	0	0	0
May	0	0	0	0	0	0
June	0	0	0	0	0	0

July	0	0	0	0	0	0
August	0	0	0	0	0	0
September	0	0	0	0	0	0
October	0	0	0	0	0	0
November	0	0	0	0	0	0
December	0	0	0	0	0	0
Total	0	0	0	0		

Year: 1999
 Pool Name: SAN SIMON;YATES, NORTH (ASSOC)

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	0	0	0	0	0	0
February	0	0	0	0	0	0
March	0	0	0	0	0	0
April	0	0	0	0	0	0
May	0	0	0	0	0	0
June	0	0	0	0	0	0
July	0	0	0	0	0	0
August	0	0	0	0	0	0
September	0	0	0	0	0	0
October	0	0	0	0	0	0
November	0	0	0	0	0	0
December	0	0	0	0	0	0
Total	0	0	0	0		

Year: 2000
 Pool Name: SAN SIMON;YATES, NORTH (ASSOC)

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	0	0	0	0	0	0
February	0	0	0	0	0	0
March	0	0	0	0	0	0
April	0	0	0	0	0	0
May	0	0	0	0	0	0
June	0	0	0	0	0	0
July	0	0	0	0	0	0
August	0	0	0	0	0	0
September	0	0	0	0	0	0
October	0	0	0	0	0	0
November	0	0	0	0	0	0
December	0	0	0	0	0	0

Total 0 0 0 0

Year: 2001
 Pool Name: SAN SIMON;YATES, NORTH (ASSOC)

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	0	0	0	0	0	0
February	0	0	0	0	0	0
March	0	0	0	0	0	0
April	0	0	0	0	0	0
May	0	0	0	0	0	0
June	0	0	0	0	0	0
July	0	0	0	0	0	0
August	0	0	0	0	0	0
September	0	0	0	0	0	0
October	0	0	0	0	0	0
November	0	0	0	0	0	0
December	0	0	0	0	0	0
Total	0	0	0	0		

Year: 2002
 Pool Name: SAN SIMON;YATES, NORTH (ASSOC)

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	0	0	0	0	0	0
February	0	0	0	0	0	0
March	0	0	0	0	0	0
April	0	0	0	0	0	0
May	0	0	0	0	0	0
June	0	0	0	0	0	0
July	0	0	0	0	0	0
August	0	0	0	0	0	0
September	0	0	0	0	0	0
October	0	0	0	0	0	0
November	0	0	0	0	0	0
December	0	0	0	0	0	0
Total	0	0	0	0		

Year: 2003
 Pool Name: SAN SIMON;YATES, NORTH (ASSOC)

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	0	0	0	0	0	0
February						

	0	0	0	0	0	0
March	0	0	0	0	0	0
April	0	0	0	0	0	0
May	0	0	0	0	0	0
June	0	0	0	0	0	0
July	0	0	0	0	0	0
August	0	0	0	0	0	0
September	0	0	0	0	0	0
October	0	0	0	0	0	0
November	0	0	0	0	0	0
December	0	0	0	0	0	0
Total	0	0	0	0		

Year: 2004
 Pool Name: SAN SIMON;YATES, NORTH (ASSOC)

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	0	0	0	0	0	0
February	0	0	0	0	0	0
March	0	0	0	0	0	0
April	0	0	0	0	0	0
May	0	0	0	0	0	0
June	0	200	0	20	0	200
July	0	11	0	20	0	211
August	0	0	0	0	0	211
September	0	11	0	20	0	222
October	0	10	0	20	0	232
November	0	0	0	0	0	232
December	0	0	0	0	0	232
Total	0	232	0	80		

Page last updated 07/22/2004. Webmaster gotech_prrc@yahoo.com

Submit 3 Copies To Appropriate District Office
 District I
 1625 N. French Dr., Hobbs, NM 87240
 District II
 811 South First, Artesia, NM 87210
 District III
 1000 Rio Brazos Rd., Aztec, NM 87410
 District IV
 2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico
 Energy, Minerals and Natural Resources

Form C-103-
 Revised March 25, 1999

OIL CONSERVATION DIVISION
 2040 South Pacheco
 Santa Fe, NM 87505

WELL API NO. <u>30-025-03523</u>
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. <u>B-158</u>
7. Lease Name or Unit Agreement Name: <u>N.M. BZ State</u> <u>NCT 5</u>
8. Well No. <u>3</u>
9. Pool name or Wildcat <u>SAN SIMON YATES, NORTH (ASSOC)</u>

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

1. Type of Well:
 Oil Well Gas Well Other

2. Name of Operator
PAONGHORN MGT. CORP.

3. Address of Operator
P.O. Box 1772 Hobbs, N.M. 88241

4. Well Location
 Unit Letter E : 1980 feet from the NORTH line and 660 feet from the West line
 Section 29 Township 21S Range 35E NMPM Lea County

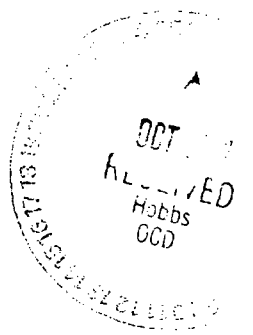
10. Elevation (Show whether DR, RKB, RT, GR, etc.)

11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input checked="" type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: <input type="checkbox"/>	

12. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation.

1. Move in and rig up.
2. Perforate additional Yates Sand.
3. Return well to production.
4. Evaluate for stimulation.



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

SIGNATURE [Signature] TITLE Partner DATE 10/24/01

Type or print name Guy A. Baber Telephone No. 505-393-8386
 (This space for State use)

APPROVED BY _____ TITLE _____ DATE _____
 Conditions of approval, if any:

Q

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

State of New Mexico
 Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION

DISTRICT II
 P.O. Drawer DD, Artesia, NM 88210

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

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

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

I.

Operator PRONGHORN MANAGEMENT CORPORATION <122811>	Well API No. 30-025-03523
Address P.O. BOX 1772 HOBBS, NM 88241	
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> Other (Please explain) MAY 01 1994	
New Well <input type="checkbox"/>	Change in Transporter of: <input type="checkbox"/> Dry Gas <input type="checkbox"/> OPERATOR NAME CHANGE ONLY
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> <input type="checkbox"/> Condensate <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Change in Gas <input type="checkbox"/> <input type="checkbox"/>
If change of operator give name and address of previous operator BABER WELL SERVICING COMPANY P.O. BOX 1772 HOBBS, NM 88241	

II. DESCRIPTION OF WELL AND LEASE

Lease Name N.MEX. BZ ST NCT 5 <14487>	Well No. 3	Pool Name, including Formation SAN SIMON YATES, NORTH (ASSOC) <53740>	Kind of Lease (State) Leasehold or Fee	Lease No. B-158
Location Unit Letter E ; 1980 Feet From The FNL Line and 660 Feet From The FWL Line Section 29 Township 21S Range 35E , NMPM , Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate Navajo Refining Co <015694>	Address (Give address to which approved copy of this form is to be sent) T/A	
Name of Authorized Transporter of Gas CPM Gas Corp <009171>	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	Sec.
	Typ.	Rge.
	Is gas actually connected?	When?

O-TRNSP. OGRID NO. **501310**
 G-TRNSP. OGRID NO. **501310**
 OIL POD NO. **501310**
 GAS POD NO. **501310**

If with that from any other lease or pool, give commingling order number: **ATA**

Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Compl. Ready to Prod.	Total Depth			P.B.T.D.				
Name of Producing Formation	Top Oil/Gas Pay			Tubing Depth				
Depth Casing Shoe								

TUBING, CASING AND CEMENTING RECORD

CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

REQUEST FOR ALLOWABLE

* 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 of Test	Producing Method (Flow, pump, gas lift, etc.)	
Tubing Pressure	Casing Pressure	Choke Size
Oil - Bbls.	Water - Bbls.	Gas - MCF
Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

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

Signature *Sherry Wade*
SHERRY WADE PRODUCTION CLERK
 Printed Name **3-5-94** Title **(505) 392-5516**
 Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved **20 1994**
 By Origin Signed by **Paul Hertz**
 Title **Geologist**

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.

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

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

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

State of New Mexico
Energy, Minerals and Natural Resources Department

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

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

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

I.

Operator BABER WELL SERVICING COMPANY	Well API No. 30-025-03523
Address P.O. BOX 1772 HOBBS, NEW MEXICO 88241	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/> Change in Transporter of: Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Operator <input checked="" type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator CAPROCK OIL & GAS, INC. P.O. Box 828 Andrews, Tx. 79714	

II. DESCRIPTION OF WELL AND LEASE

Lease Name NM "BZ" STATE NCT-5	Well No. 3	Pool Name, including Formation North San Simon Yates Assoc	Kind of Lease <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal or Fee	Lease No. B-158
Location Unit Letter <u>E</u> : <u>1980</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>West</u> Line Section <u>29</u> Township <u>21 S</u> Range <u>35 E</u> , <u>NMPM</u> , <u>LEA</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Texaco Trading & Transp	Address (Give address to which approved copy of this form is to be sent) P.O. Box 6196, Midland, Tx. 79711
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips 66 Nat'l Gas Co.	Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook, Odessa, Tx. 79762
If well produces oil or liquids, give location of tanks. Unit <u>F</u> Sec. <u>29</u> Twp. <u>21S</u> Rge. <u>35E</u>	Is gas actually connected? <u>yes</u> When ?

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	<input type="checkbox"/> Oil Well	<input type="checkbox"/> Gas Well	<input type="checkbox"/> New Well	<input type="checkbox"/> Workover	<input type="checkbox"/> Deepen	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Same Res'v	<input type="checkbox"/> Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE

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

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

GAS WELL

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

VI. OPERATOR CERTIFICATE OF COMPLIANCE

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

Signature G.A. Baber III PRESIDENT
Printed Name 10/31/90 Title (505) 393-5516
Date _____ Telephone No. _____

OIL CONSERVATION DIVISION

Date Approved _____
By _____
Title _____

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.

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

State of New Mexico
 Energy, Minerals and Natural Resources Department

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

DISTRICT II
 P.O. Drawer DD, Artesia, NM 88210

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

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

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

I.

Operator CAPROCK OIL & GAS, INC.	Well API No. 3002503523
Address P.O. BOX 828, ANDREWS, TEXAS 79714	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of: <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator TEXACO INC. P.O. BOX 730 HOBBS, NM 88240	

II. DESCRIPTION OF WELL AND LEASE *North San Simon Yates Lease*

Lease Name NM "BZ" STATE NCT-5	Well No. 3	Pool Name, including Formation WILSON (YATES)	Kind of Lease <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal or Fee	Lease No. B-158
Location Unit Letter E : 1980 Feet From The North Line and 660 Feet From The West Line Section 29 Township 21 S Range 35 E , NMPM, LEA County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate <input checked="" type="checkbox"/> <i>Texaco Trading & Transp.</i>	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas or Dry Gas <input checked="" type="checkbox"/> <i>Phillips 66 Truck Gas</i>	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 Sec. Twp. Rgs. Is gas actually connected? When ?

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

IV. COMPLETION DATA

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

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

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

GAS WELL

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

VI. OPERATOR CERTIFICATE OF COMPLIANCE

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

Alvin Collins
 Signature
ALVIN COLLINS PRESIDENT

Printed Name
FEBRUARY 1, 1990 **915-523-6245**
 Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved **FEB 06 1990**

By **ORIGINAL SIGNED BY JERRY SEXTON**
DISTRICT I SUPERVISOR

Title _____

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

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- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION OFFICE		

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator
Texaco Inc.

Address
P.O. Box 728, Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box) Other (Please explain)

<input type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Dry Gas	Change in Oil transporter and name change in Casinghead Gas transporter.
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Condensate	
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas		

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name N.M. "BZ" State NCT-5	Well No. 3	Pool Name, including Formation North San Simon Yates, Assoc.	Kind of Lease State, Federal or Fee	State	Lease No. B-158
Location					
Unit Letter	E	: 660 Feet From The	West Line and	1980 Feet From The	North
Line of Section	29	Township	21S	Range	35E, NMPM, Lea County

CURRENTLY SHUT-IN

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Texaco Trading & Transportation Inc.	P.O. Box 6196, Midland, TX 79711
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Phillips 66 Natural Gas Co.	4001 Penbrook, Odessa, TX 79762
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	F 29 21S 35E Yes Unknown

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

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

B. D. Hendricks
(Signature)
District Administrative Supervisor
(Title)
August 5, 1987
(Date)

OIL CONSERVATION DIVISION

APPROVED AUG 11 1987, 19 _____
BY ORIGINAL SIGNED BY JERRY SEXTON
TITLE DISTRICT SUPERVISOR

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 deviatoric 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.

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OPERATOR		

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease
State Fee
5. State Oil & Gas Lease No.

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

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator TEXACO Inc.	8. Farm or Lease Name NM "BZ" State (NCT 5)
3. Address of Operator P. O. Box 728, Hobbs, New Mexico 88240	9. Well No. 3
4. Location of Well UNIT LETTER <u>E</u> <u>660</u> FEET FROM THE <u>West</u> LINE AND <u>1980</u> FEET FROM THE <u>North</u> LINE, SECTION <u>29</u> TOWNSHIP <u>21S</u> RANGE <u>35E</u> N.M.P.M.	10. Field and Pool, or Wildcat San Simon Yates, North
15. Elevation (Show whether DF, RT, GR, etc.) 3672' DF	12. County Lea

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

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
OTHER <u>Extension Request</u> <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

REMARKS

- WELL STATUS - TR O (To Be Reconditioned Oil)
- TEMPORARY ABANDONMENT DATE - May, 1969
- REASON FOR ABANDONMENT - Well is not profitable to operate.
- FUTURE PLANS - Plug and abandon
- DATE OF FUTURE WORKOVER OR PLUGGING - 1976

Expires 10-1-76

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

SIGNED [Signature] TITLE Asst. Dist. Supt. DATE 10-7-75
 APPROVED BY [Signature] TITLE OIL & GAS DATE NOV 10 1975
 CONDITIONS OF APPROVAL ARE ANY.

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BY		
U.S.G.S.		
LAND OFFICE		
OPERATOR		

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease
State Fee
5. State Oil & Gas Lease No.

SUNDRY NOTICES AND REPORTS ON WELLS

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

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator TEXACO INC.	8. Farm or Lease Name N. M. "BZ" State (NCT-5)
3. Address of Operator P.O. BOX 728, HOBBS, NEW MEXICO 88240	9. Well No. 3
4. Location of Well UNIT LETTER E 660 FEET FROM THE West LINE AND 1980 FEET FROM THE North LINE, SECTION 29 TOWNSHIP 21S RANGE 35E NMPM.	10. Field and Pool, or Wildcat San Simon Yates, North
15. Elevation (Show whether DF, RT, GR, etc.) 3672' DF	12. County Lea

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

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

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

REMARKS

1. WELL STATUS - TR-0 (To Be Reconditioned-Oil)
2. TEMPORARY ABANDONMENT DATE - May, 1969
3. REASON FOR ABANDONMENT - Well is not profitable to operate.

4. FUTURE PLANS - Plug and abandon

5. DATE OF FUTURE WORKOVER OR PLUGGING - 1975

Expires 10/1/75

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

SIGNED [Signature] TITLE Asst. Dist. Supt. DATE 10-21-74
 APPROVED BY [Signature] TITLE _____ DATE OCT 24 1974
 CONDITIONS OF APPROVAL, IF ANY:

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OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

May 2 2 23

4a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. B-159
7. Unit Agreement Name None
8. Farm or Lease Name New Mexico "BZ" State
9. Well No. NOT-5 3
10. Field and Pool, or "Wildcat" San Simon Yates North
12. County Lca

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

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>
2. Name of Operator TEXACO Inc.
3. Address of Operator P. O. Box 728, Hobbs, New Mexico 88240
4. Location of Well UNIT LETTER B 660 FEET FROM THE West LINE AND 1980 FEET FROM THE North LINE, SECTION 29 TOWNSHIP 21-S RANGE 35-E N.M.P.M.
15. Elevation (Show whether DP, RT, GR, etc.) 3672' (D. F.)

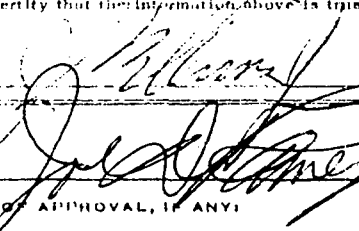
16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

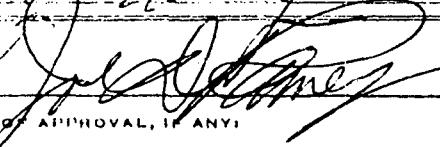
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIATION WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
OTHER <input type="checkbox"/>	OTHER Change of Status <input checked="" type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Subject well was shut in April 8, 1965, Held For remedial work. Monthly proration schedule indicates that No C-116 was filed on subject well. It is requested that status be changed to indicate that the well is shut in.

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

SIGNED:  TITLE: Assistant District Superintendent DATE: May 1, 1969

APPROVED BY:  TITLE: DATE: MAY 5 1969

CONDITIONS OF APPROVAL, IF ANY:

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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

FEB 27 3 55 PM '67

I. Operator

TEXACO Inc.

Address

P. O. Box 728 - Hobbs, New Mexico

Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	*Filed to show change in Transporter from McWood Corp. (Trucks) to The Permian Corp.
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of:	
Oil <input type="checkbox"/>	Dry Gas <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 N. M. "BZ" State NCT-5	Well No. 3	Pool Name, including Formation North San Simon Yates	Kind of Lease State, Federal or Free
Location			
Unit Letter E	660 Feet From The West Line and 1980 Feet From The North		
Line of Section 29	Township 21-S	Range 35-E	NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
*The Permian Corporation	P. O. Box 3119 - Midland, Texas 79701
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Phillips Petroleum	P. O. Box 6666 - Odessa, Texas
If well produces oil or liquids, give location of tanks.	When
Unit F Sec. 29 Twp. 21-S Rge. 35-E	Is gas actually connected? YES When Unknown

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Pool	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	Casing Pressure	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.



E. H. Scott (Signature)
 District Accountant (Title)
 March 1, 1967 (Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____

BY _____

TITLE _____

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 Sections I, II, III, and VI only 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.

(File the original and 4 copies with the appropriate district office)

CERTIFICATE OF COMPLIANCE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Company or Operator TEXACO Inc. Lease ~~80.~~ ^{State} NM "BZ" NCT-5

Well No. 3 Unit Letter E S 29 T 21-S R 35-E Pool North San Simon-Yates

County Lea Kind of Lease (State, Fed. or Patented) State

If well produces oil or condensate, give location of tanks: Unit D S 29 T 21-S R 35-E

Authorized Transporter of Oil or Condensate McWood Corporation

Address 306 B & J Tower Building, Midland, Texas
(Give address to which approved copy of this form is to be sent)

Authorized Transporter of Gas Phillips Petroleum

Address P. O. Box 6666, Odessa, Texas Date Connected _____
(Give address to which approved copy of this form is to be sent)

If Gas is not being sold, give reasons and also explain its present disposition:

Reasons for Filing: (Please check proper box) New Well _____ ()

Change in Transporter of (Check One): Oil () Dry Gas () C'head () Condensate ()

Change in Ownership _____ () Other _____ ()

Remarks: _____ (Give explanation below)

* This C-110 filed to show change in pool name from Wilson to North San Simon-Yates.

The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.

Executed this the 24th day of October 19 61

By [Signature]

Approved _____ 19 _____

Title District Accountant

OIL CONSERVATION COMMISSION

Company TEXACO Inc.

By _____

Address P. O. Box 728

Title _____

Hobbs, New Mexico

NEW MEXICO OIL CONSERVATION COMMISSION

FORM C-103
(Rev 3-55)

MISCELLANEOUS REPORTS ON WELLS

(Submit to appropriate District Office as per Commission Rule 1106)

Name of Company TEXACO Inc.		Address 1501 JUL 13 PM 2 55 P.O. Box 728, Hobbs, New Mexico				
Lease New	Well No. 3	Unit Letter E	Section 29	Township 21-S	Range 35-E	
State of Mexico: "BZ" NCT-5		Date Work Performed July 14, 1961			Pool Wilson	
Date Work Performed July 14, 1961			County Lea			

THIS IS A REPORT OF: (Check appropriate block)

- Beginning Drilling Operations
 Casing Test and Cement Job
 Other (Explain):
 Plugging
 Remedial Work

Detailed account of work done, nature and quantity of materials used, and results obtained.

Ran and set retainer at 3845'. Squeeze perfs 3886 - 3930' down 1 13/16 Drill pipe with 250 sx 3% diacel "A" & 5% diacel "LWL" per sx. Re-squeeze with 150 sx 3% diacel "A" & 5% diacel "LWL" per sx. Re-squeeze perfs with 100 sx Incor containing low water loss additives. Drill out cement to 3940. Frac down 2 7/8" OD casing thru perfs 3886 to 3930 with 20,000 gals lse oil 20,000 lbs sand. Treated form with 2000 gals lse crude containing 6 gals LT 16 & 2 gals I5. Frac with 50 BW containing 6 gals Western BL 16 & 2 gals Western I5 Followed with 70 BW containing 300 lbs Western F4 & 3 gals LT-16. Frac with 40,000 gals fresh water containing 50 #F4 & 1 gal LT 16 per 1000 gals fresh water, 1000 lbs sand. Set pumping unit return to production & test.

Witnessed by	Position	Company
--------------	----------	---------

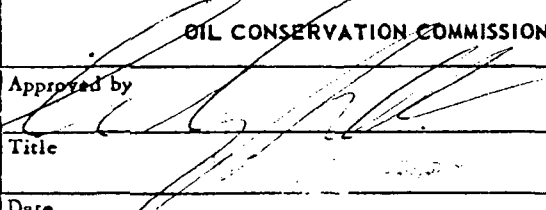
FILL IN BELOW FOR REMEDIAL WORK REPORTS ONLY

ORIGINAL WELL DATA

DF Elev. 3672	TD 3951	PBTD 3940	Producing Interval 3886 to 3930	Completion Date November 12, 1959
Tubing Diameter 2 1/2	Tubing Depth 3949	Oil String Diameter 2 1/2	Oil String Depth 3949	
Perforated Interval(s) 3886' to 3890', 3898' to 3904', and 3922' to 3930'				
Open Hole Interval None		Producing Formation(s) Yates		

RESULTS OF WORKOVER

Test	Date of Test	Oil Production BPD	Gas Production MCFPD	Water Production BPD	GOR Cubic feet/Bbl	Gas Well Potential MCFPD
Before Workover	9-16-60	3	1613	2	537533	-
After Workover	7-7-61	1	178	.5	178,000	-

OIL CONSERVATION COMMISSION		I hereby certify that the information given above is true and complete to the best of my knowledge.	
Approved by 		Name J. J. Wade	
Title		Position Assistant District Superintendent	
Date		Company TEXACO Inc.	

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

MISCELLANEOUS NOTICES

Submit this notice in TRIPLICATE to the District Office, Oil Conservation Commission, before the work specified is to begin. A copy will be returned to the sender on which will be given the approval, with any modifications considered advisable, or the rejection by the Commission or agent, of the plan submitted. The plan as approved should be followed, and work should not begin until approval is obtained. See additional instructions in the Rules and Regulations of the Commission.

Indicate Nature of Notice by Checking Below

NOTICE OF INTENTION TO CHANGE PLANS		NOTICE OF INTENTION TO TEMPORARILY ABANDON WELL		NOTICE OF INTENTION TO DRILL DEEPER	
NOTICE OF INTENTION TO PLUG WELL		NOTICE OF INTENTION TO PLUG BACK		NOTICE OF INTENTION TO SET LINER	
NOTICE OF INTENTION TO SQUEEZE		NOTICE OF INTENTION TO ACIDIZE		NOTICE OF INTENTION TO SHOOT (Nitro)	
NOTICE OF INTENTION TO GUN PERFORATE		NOTICE OF INTENTION (OTHER) Stim. Prac	X	NOTICE OF INTENTION (OTHER)	

OIL CONSERVATION COMMISSION
SANTA FE, NEW MEXICO

TEXACO Inc., P.O. Box 352
Midland, Texas

November 8, 1960

(Place)

(Date)

Gentlemen:

Following is a Notice of Intention to do certain work as described below at the.....

TEXACO Inc. State of N.M. "BZ" NCT-5 Well No. 3 in E
 (Company or Operator) (Unit)
 SW 1/4 NW 1/4 of Sec. 29, T. 21-S, R. 35-E, NMPM., Wilson Pool
 (40-acre Subdivision)
 Lea County.

FULL DETAILS OF PROPOSED PLAN OF WORK

(FOLLOW INSTRUCTIONS IN THE RULES AND REGULATIONS)

To increase production we propose to do the following work:

1. Run Halliburton cement retainer on 1-13/16" drill pipe and set at 3870'.
2. Use low pressure hesitation squeeze method to squeeze perforations with 100 sacks cement containing low water loss additive. Maximum pressure not to exceed 2500 psi. (Approximately 1000 psi over BHP) This method recommended to help prevent dehydration of cement inside the casing and allow a maximum amount of cement to enter the channels where it is needed.
3. WOC 2 1/2 hours and drill out to 3910' with Clusterite bit.
4. Slot 2-7/8" casing with sand-fluid jet at 3899' and 3922" with one slot in casing at each point.
5. Fracture perforations with 20,000 gallons of lease crude and 20,000 pounds of sand.
6. Recover load oil, test, return well to production.

Approved....., 19.....
Except as follows:

TEXACO Inc.

Company or Operator

By *W. B. Hubbard*

Position Assistant District Superintendent

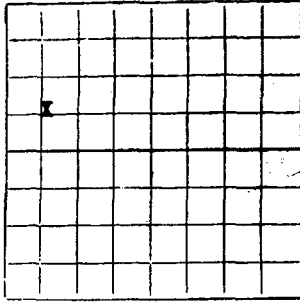
Send Communications regarding well to:

Approved
OIL CONSERVATION COMMISSION
By *[Signature]*

Name W. B. Hubbard

Title.....

Address P. O. Box: 352, Midland, Texas



NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

WELL RECORD 11 10 43

Mail to District Office, Oil Conservation Commission, to which Form C-101 was sent not later than twenty days after completion of well. Follow instructions in Rules and Regulations of the Commission. Submit in QUINTUPLICATE. If State Land submit 6 Copies

AREA 640 ACRES
LOCATE WELL CORRECTLY

TEIACO Inc. State of **New Mexico** "BZ" NCT-5
(Company or Operator) (Lease)

Well No. **3**, in **SW** 1/4 of **NW** 1/4, of Sec. **29**, T. **21-S**, R. **35-E**, NMPM.
Wilson Pool, **Lee** County.

Well is **660** feet from **West** line and **1980** feet from **North** line
of Section **29**. If State Land the Oil and Gas Lease No. is **24158**

Drilling Commenced **November 5**, 19**59**. Drilling was Completed **November 12**, 19**59**.

Name of Drilling Contractor **Sackle Drilling Company**
Address **427 Fort Worth National Bank Bldg., Fort Worth 2, Texas**

Elevation above sea level at Top of Tubing Head **3672**. The information given is to be kept confidential until **April**, 19**60**

OIL SANDS OR ZONES

No. 1, from **3886** to **3890**. No. 4, from to

No. 2, from **3898** to **3904**. No. 5, from to

No. 3, from **3922** to **3930**. No. 6, from to

Drilled with Rotary Tools and no water sands tested
IMPORTANT WATER SANDS

Include data on rate of water inflow and elevation to which water rose in hole.

No. 1, from to feet.

No. 2, from to feet.

No. 3, from to feet.

No. 4, from to feet.

CASING RECORD

SIZE	WEIGHT PER FOOT	NEW OR USED	AMOUNT	KIND OF BEHO	CUT AND PULLED FROM	PERFORATIONS	PURPOSE
8 5/8"	24.00	New	211'	Howco	None	None	Surface
* 2 1/2"	6.50	New	3932'	Howco	None	See above	Production

* 2 1/2" Tubing as Casing

MUDDING AND CEMENTING RECORD

SIZE OF HOLE	SIZE OF CASING	WHERE SET	NO. SACKS OF CEMENT	METHOD USED	MUD GRAVITY	AMOUNT OF MUD USED
12 1/4"	8 5/8"	222'	275	Howco		
6 3/4"	2 1/2"	3949'	400	Howco		

RECORD OF PRODUCTION AND STIMULATION

(Record the Process used, No. of Qts. or Gals. used, interval treated or shot.)

Perforate 2 1/2" Casing with 2 Shots per ft. from 3886' to 3890', 3898' to 3904', and 3922' to 3930'. Frac with 20,000 Gals. str. and 10,000 Lbs. sand, and flush with 50 Bbls. Lee Crude. Sub Well. Frac with 40,000 Gals. str. and 20,000 Lbs. sand, using 15 Gals. Block Buster mixed with 39 Bbls. refined oil, before frac, and 10 Gals. Block Buster mixed with 23 Bbls. refined oil in middle of treatment.

Result of Production Stimulation: On 24 Sep. 59 Well flowed 3 BO & 2 NW thru 3/4" choke ending 4:00 P.M.

12-10-59. Cor. = 537,533, Gravity=32.0, Top of Pay. 3886', Htm. of Pay. = 3930'

NMCCO Data=Nov. 12, 1959, TEIACO Inc. Data, Dec. 9, 1959. Depth Cleaned Out **3951'**
PBD **3940'**

RECORD OF DRILL-STEM AND SPECIAL TESTS

If drill-stem or other special tests or deviation surveys were made, submit report on separate sheet and attach hereto

TOOLS USED

Rotary tools were used from 0 feet to 3951 feet, and from _____ feet to _____ feet.
 Cable tools were used from _____ feet to _____ feet, and from _____ feet to _____ feet.

PRODUCTION

Put to Producing December 9, 1959.
 OIL WELL: The production during the first 24 hours was 5 barrels of liquid of which 60 % was oil; _____ % was emulsion; 20 % water; and _____ % was sediment. A.P.I. Gravity 32.0.
 GAS WELL: The production during the first 24 hours was _____ M.C.F. plus _____ barrels of liquid Hydrocarbon. Shut in Pressure _____ lbs.
 Length of Time Shut in _____

PLEASE INDICATE BELOW FORMATION TOPS (IN CONFORMANCE WITH GEOGRAPHICAL SECTION OF STATE):

Southeastern New Mexico		Northwestern New Mexico	
T. Anhy. <u>1802'</u>	T. Devonian _____	T. Ojo Alamo _____	
T. Salt <u>1980'</u>	T. Silurian _____	T. Kirtland-Fruitland _____	
B. Salt <u>3580'</u>	T. Montoya _____	T. Farmington _____	
T. Yates <u>3812'</u>	T. Simpson _____	T. Pictured Cliffs _____	
T. 7 Rivers _____	T. McKee _____	T. Menefee _____	
T. Queen _____	T. Ellenburger _____	T. Point Lookout _____	
T. Grayburg _____	T. Gr. Wash _____	T. Mancos _____	
T. San Andres _____	T. Granite _____	T. Dakota _____	
T. Glorieta _____	T. _____	T. Morrison _____	
T. Drinkard _____	T. _____	T. Penn _____	
T. Tubbs _____	T. _____	T. _____	
T. Abo _____	T. _____	T. _____	
T. Penn _____	T. _____	T. _____	
T. Miss _____	T. _____	T. _____	

FORMATION RECORD

From	To	Thickness in Feet	Formation	From	To	Thickness in Feet	Formation
0	92	92	Surface	All measurements from Rotary Table are 9' above ground level.			
92	223	131	Caliche				
223	1195	1272	Red Bed	<u>Deviation Record</u>			
1195	1995	500	Anhy & Gyp	Depth			Degrees Off
1995	3670	1675	Salt & Anhy	183'			1/4
3670	3720	50	Anhy, Gyp, & Lime	652'			1/4
3720	3951	231	Lime	928'			1/4
Total Depth	3951'	3951'		1238'			1/2
TEST	3940'			1516'			1/4
	ESTIMATE 5040			1826'			1/4
	5 - ENOCC			2145'			1
	1 - Division			2723'			1
	1 - SLD			3032'			2 1/4
	1 - Field			3126'			2 3/4
	1 - File			3435'			2 3/4
				3680'			2
				3951'			2

ATTACH SEPARATE SHEET IF ADDITIONAL SPACE IS NEEDED

I hereby swear or affirm that the information given herewith is a complete and correct record of the well and all work done on it so far as can be determined from available records.

December 11, 1959
(Date)

Company or Operator TEIACO Inc. Address P.O. Box 352, Midland, Texas
 Name [Signature] Position or Title Assistant District Superintendent

NEW MEXICO OIL CONSERVATION COMMISSION
SANTA FE, NEW MEXICO

Form C-110
Revised 7/1/55

(File the original and 4 copies with the appropriate district office)

CERTIFICATE OF COMPLIANCE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Company or Operator TEXACO Inc. Lease St. of N.M. "BZ" MCT-5

Well No. 3 Unit Letter E S 29 T 21-S R 35-E Pool Wilson

County Lea Kind of Lease (State, Fed. or Patented) State

If well produces oil or condensate, give location of tanks: Unit D S 29 T 21-S R 35-E

Authorized Transporter of Oil or Condensate McLeod Corporation

Address 306 T & J Tower Building, Midland, Texas
(Give address to which approved copy of this form is to be sent)

Authorized Transporter of Gas * None

Address _____ Date Connected _____
(Give address to which approved copy of this form is to be sent)

If Gas is not being sold, give reasons and also explain its present disposition:

Reasons for Filing: (Please check proper box) New Well New Well

Change in Transporter of (Check One): Oil () Dry Gas () C'head () Condensate ()

Change in Ownership () Other ()

Remarks: * Shut in pending market (Give explanation below)

The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.

Executed this the 11th day of December 1959

By [Signature]
Title Assistant District Superintendent

Approved _____ 19____

OIL CONSERVATION COMMISSION

By [Signature]
Title _____

Company TEXACO Inc.
Address P. O. Box 352
Midland, Texas

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

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

REQUEST FOR (OIL) - (GAS) ALLOWABLE

New Well
Recompletion

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

P.O. Box 352, Midland, Texas, December 11, 1959
(Place) (Date)

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

TEKACO Inc., St. of N.M. "E" NCT-5, Well No. 3, in SW 1/4 NW 1/4,
(Company or Operator) (Lease)

E, Sec. 29, T. 21-S, R. 35-E, NMPM, Wilson Pool
Unit Letter

Lea County, Date Spudded Nov. 5, 1959 Date Drilling Completed Nov. 12, 1959

Please indicate location:

Elevation 3672' Total Depth 3951' PRTG 3940'

Top Oil Pressure 3886' Name of Prod. Form Yates

PRODUCING INTERVAL -

Perforations 3886' to 3890', 3898' to 3901', and 3922' to 3930'

Open Hole None Depth Casing Shoe 3949' Depth Tubing 3949'

OIL WELL TEST -

Natural Prod. Test: _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Choke Size _____

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 3 bbls. oil, 2 bbls water in 2 1/2 hrs, 0 min. Choke Size 3/4"

GAS WELL TEST -

Natural Prod. Test: _____ MCF/Day; Hours flowed _____ Choke Size _____

Tubing, Casing and Cementing Record

Size	Feet	Sax
8 5/8"	811	275
2 1/2"	3932	400

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

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

Choke Size _____ Method of Testing: _____

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand):

See Remarks
Casing Tubing Date first new
Press. 100 Press. 100 oil run to tanks December 10, 1959

Oil Transporter McWood Corporation

Gas Transporter None

Remarks Perforate 2 1/2" casing with 2 shots per ft. from 3886' to 3890', 3898' to 3901', and 3922' to 3930'. Frac with 20,000 Gals water and 10,000 Lbs. sand, and flush with 50 Bbls. lse. crude. Sub well. Frac with 40,000 Gals wtr. and 20,000 Lbs. sand, using 15 Gals. Block Buster mixed with 39 Bbls. refined oil, before frac, and 10 Gals. Block Buster mixed with 23 Bbls. refined oil in middle of treatment.

Approved December 11, 1959

TEKACO Inc.
(Company or Operator)

OIL CONSERVATION COMMISSION

By: [Signature]
Title: District 1

By: [Signature]
(Signature)

Title: Assistant District Superintendent
Send Communications regarding well to:

Name: J. G. Elovins, Jr.

Address: P. O. Box 352, Midland, Texas

NEW MEXICO OIL CONSERVATION COMMISSION

FORM C-103
(Rev 3-55)

MISCELLANEOUS REPORTS ON WELLS

(Submit to appropriate District Office as per Commission Rule 1106)

Name of Company TEXACO Inc.		Address 131 P. O. Box 352, Midland, Texas				
Lease State of N.M. "EZ" NCT-5	Well No. 3	Unit Letter E	Section 29	Township 21-S	Range 35-E	
Date Work Performed November 14, 1959	Pool Wilson	County Lea				

THIS IS A REPORT OF: (Check appropriate block)

- Beginning Drilling Operations
 Casing Test and Cement Job
 Other (Explain):
 Plugging
 Remedial Work

Detailed account of work done, nature and quantity of materials used, and results obtained.

-6-30
TD--3949'
8 5/8" OD casing set at 222'
 Ran 3932' of 2 1/2" tubing (casing) and cemented at 3949' with 400 sx 4% gel. Plug at 3928'. Job complete 12:00 midnite, November 12, 1959.
 Wash down casing to top of plug.
 Tested 2 1/2" tubing (casing) with 1500 PSI for 30 minutes from 7:00 to 7:30 AM, November 14, 1959. Tested O.K. Plug not drilled. Job complete 7:30 AM, November 14, 1959.

Witnessed by	Position	Company
--------------	----------	---------

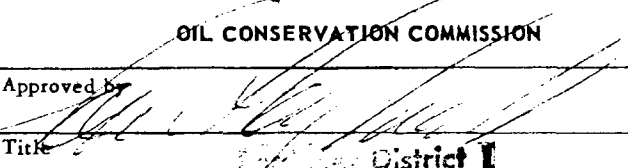
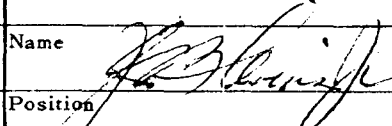
FILL IN BELOW FOR REMEDIAL WORK REPORTS ONLY

ORIGINAL WELL DATA

D F Elev.	T D	P BTD	Producing Interval	Completion Date
Tubing Diameter	Tubing Depth	Oil String Diameter	Oil String Depth	
Perforated Interval(s)		Producing Formation(s)		
Open Hole Interval		Producing Formation(s)		

RESULTS OF WORKOVER

Test	Date of Test	Oil Production BPD	Gas Production MCFPD	Water Production BPD	GOR Cubic feet/Bbl	Gas Well Potential MCFPD
Before Workover						
After Workover						

OIL CONSERVATION COMMISSION		I hereby certify that the information given above is true and complete to the best of my knowledge.	
Approved by 	Name 	Position Assistant District Superintendent	Company TEXACO Inc.
Title District I	Date 11/14/59		

NEW MEXICO OIL CONSERVATION COMMISSION

FORM C-103
(Rev 3-55)

MISCELLANEOUS REPORTS ON WELLS

(Submit to appropriate District Office as per Commission Rule 1106)

Name of Company TRXACO Inc.		Address P. O. Box 352, Midland, Texas				
Lease St. N.M. "BT" NUT-5	Well No. 3	Unit Letter R	Section 29	Township 21 - S	Range 35 - E	
Date Work Performed November 8, 1959	Pool Wilson		County Leon			

THIS IS A REPORT OF: (Check appropriate block)

- Beginning Drilling Operations
 Casing Test and Cement Job
 Other (Explain):
 Plugging
 Remedial Work

Detailed account of work done, nature and quantity of materials used, and results obtained.

TD - 222'

Spudded 12 1/4" hole 10:00 P.M., November 5, 1959.

Ran 211' of 8 5/8" O.D. casing and cemented at 222' with 225 sz. Plug at 191'. Cement did not circulate. Spot 50 sz. down side of casing, complete fill up. Job complete 7:30 A.M., November 6, 1959.

Tested 8 5/8" O.D. casing with 600 FBI for 30 minutes from 4:45 P.M. to 5:15 A.M. November 8, 1959. Tested O.K. Drilled cement plug and re-tested for 30 minutes from 7:45 to 8:15 A.M., November 8, 1959. Tested O.K. Job complete 8:15 A.M., November 8, 1959.

Witnessed by	Position	Company
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FILL IN BELOW FOR REMEDIAL WORK REPORTS ONLY

ORIGINAL WELL DATA

D F Elev.	T D	P B T D	Producing Interval	Completion Date
Tubing Diameter	Tubing Depth	Oil String Diameter	Oil String Depth	
Perforated Interval(s)				
Open Hole Interval			Producing Formation(s)	

RESULTS OF WORKOVER

Test	Date of Test	Oil Production BPD	Gas Production MCFPD	Water Production BPD	GOR Cubic feet/Bbl	Gas Well Potential MCFPD
Before Workover						
After Workover						

<p>OIL CONSERVATION COMMISSION</p> <p>Approved by <i>[Signature]</i></p> <p>Title <i>[Signature]</i></p> <p>Date <i>11 10 59</i></p>		<p>I hereby certify that the information given above is true and complete to the best of my knowledge.</p> <p>Name <i>[Signature]</i></p> <p>Position Assistant District Superintendent</p> <p>Company TRXACO Inc.</p>
--	--	--

Lease No. 41485

NOTICE OF INTENTION TO DRILL

Notice must be given to the District Office of the Oil Conservation Commission and approval obtained before drilling or recompletion begins. If changes in the proposed plan are considered advisable, a copy of this notice showing such changes will be returned to the sender. Submit this notice in QUINTUPLICATE. One copy will be returned following approval. See additional instructions in Rules and Regulations of the Commission. If State Land submit 6 Copies Attach Form G-128 in triplicate to first 5 copies of form G-101

Midland, Texas

October 30, 1959

(Place)

(Date)

OIL CONSERVATION COMMISSION
 SANTA FE, NEW MEXICO

Gentlemen:

You are hereby notified that it is our intention to commence the Drilling of a well to be known as

TEXACO Inc.

(Company or Operator)

State of New Mexico "BZ" NCT-5

Well No. 3

18

The well is

(Lease)

(Unit)

located 1980

feet from the

North

line and

660

feet from the

West

line of Section 29

T-21-S

R-35-E

NMPM.

(GIVE LOCATION FROM SECTION LINE)

Undesignated

Pool,

Lea

County

If State Land the Oil and Gas Lease is No. B-158

If patented land the owner is ----

Address ----

We propose to drill well with drilling equipment as follows: Rotary

The status of plugging bond is \$10,000 blanket surety bond of Maryland Casualty Co. has been filed with State Geologist.

Drilling Contractor Not presently known.

We intend to complete this well in the Yates

formation at an approximate depth of 3900 feet.

CASING PROGRAM

We propose to use the following strings of Casing and to cement them as indicated:

Size of Hole	Size of Casing	Weight per Foot	New or Second Hand	Depth	Sacks Cement
11"	8-5/8"	24#	New	215'	200
6-3/4"	2-7/8"	6.5#	New	3900'	400

If changes in the above plans become advisable we will notify you immediately.

ADDITIONAL INFORMATION (If recompletion give full details of proposed plan of work.)

Approved NOV 2 1959, 19.....
 Except as follows:

Sincerely yours,

TEXACO Inc.

(Company or Operator)

By J.J. Velten

Position Division Civil Engineer

Send Communications regarding well to

Name J. H. Markley

Address P.O. Box 3109, Midland, Texas

OIL CONSERVATION COMMISSION

By [Signature] Engineer District 1

NE: EXICO OIL CONSERVATION COMMISS.

Well Location and Acreage Dedication Plat

Section A.

Date 10-30-59

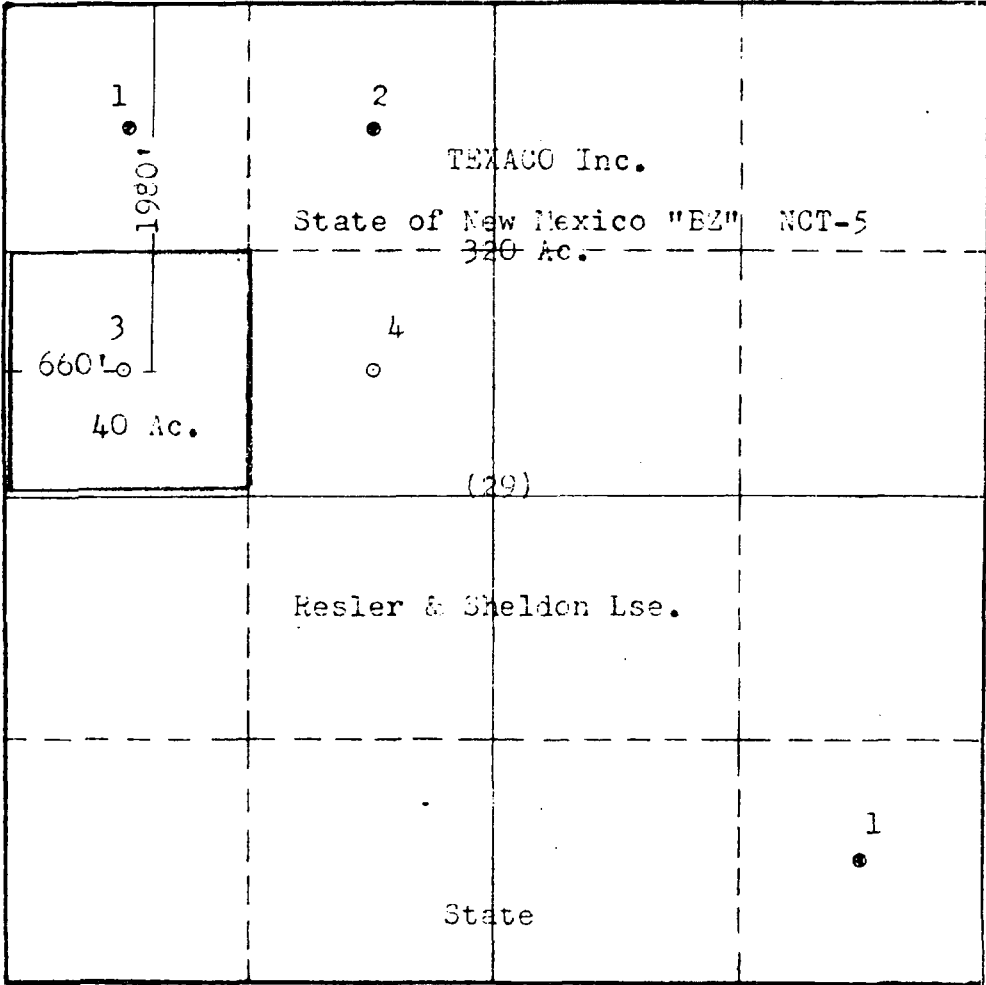
Operator TEXACO Inc. Lease State of New Mexico "BZ" NCT-5
Well No. 3 Unit Letter E Section 29 Township 21-South Range 35-East NMFM
Located 1980 Feet From North Line, 660 Feet From West Line
County Lea G. L. Elevation _____ Dedicated Acreage 40 Acres
Name of Producing Formation Yates Pool Undesignated

1. Is the Operator the only owner* in the dedicated acreage outlined on the plat below?
Yes No _____.
2. If the answer to question one is "no," have the interests of all the owners been consolidated by communitization agreement or otherwise? Yes _____ No _____. If answer is "yes," Type of Consolidation _____
3. If the answer to question two is "no," list all the owners and their respective interests below:

Owner Land Description

<u>Owner</u>	<u>Land Description</u>

Section B



This is to certify that the information in Section A above is true and complete to the best of my knowledge and belief.

TEXACO Inc.
(Operator)
[Signature]
(Representative)
Division Civil Engineer
P.O. Box 3109, Midland, Texas
Address

This is to certify that the well location shown on the plat in Section B was plotted from field notes of actual surveys made by me or under my supervision and that the same is true and correct to the best of my knowledge and belief.

Date Surveyed 10-29-59
[Signature]
Registered Professional
Engineer and/or Land Surveyor.

Certificate No. 8174

(See instructions for completion of this form on the reverse side)

CMD :
OG6CLOG

ONGARD
C105-WELL COMPLETION OR RECOMP CASING LOG

02/22/05 10:01:03
OGOMES -TP80

9

OGRID Identifier : 122811 PRONGHORN MANAGEMENT CORP
Prop Identifier : 14897 NEW MEXICO BZ STATE NCT 5
API Well Identifier : 30 25 3520 Well No : 004
Surface Locn - UL : F Sec : 29 Twp : 21S Range : 35E Lot Idn :
Multiple comp (S/M/C) : S TVD Depth (Feet) : 3941 MVD Depth (Feet):
Spud Date : P/A Date :
Casing/Linear Record:

S Size (inches)	Grade Weight (lb/ft)	Depth(ft) Top-Liner	Depth(ft) Bot-Liner	Hole Size (inches)	Cement (Sacks)	TOC (feet)	Code
99.000	99.0	99999.0	99999.0	99.000	9999	99999	C

00009: Enter data to modify record

PF01 HELP PF02 PF03 EXIT PF04 GoTo PF05 PF06 CONFIRM
PF07 PF08 PF09 COMMENT PF10 TLOG PF11 PF12

Cum. prod. as of 12-31-1993

156182 MCF

4649 BO.

last produced - June 1986

Inactive

CMD :
OG6IWCM

ONGARD
INQUIRE WELL COMPLETIONS

02/22/05 10:01:10
OGOMES -TP80

API Well No : 30 25 3524 Eff Date : 05-20-1994 WC Status : A
Pool Idn : 53790 SAN SIMON;YATES, NORTH (ASSOC)
OGRID Idn : 122811 PRONGHORN MANAGEMENT CORP
Prop Idn : 14987 NEW MEXICO BZ STATE NCT 5

Well No : 004
GL Elevation: 99999

	U/L	Sec	Township	Range	North/South	East/West	Prop/Act (P/A)
B.H. Locn	: F	29	21S	35E	FTG 1980 F N	FTG 1980 F W	P

Lot Identifier:

Dedicated Acre: 40.00

Lease Type : S

Type of consolidation (Comm, Unit, Forced Pooling - C/U/F/O) :

M0025: Enter PF keys to scroll

PF01 HELP PF02 PF03 EXIT PF04 GoTo PF05 PF06
PF07 PF08 PF09 PF10 NEXT-WC PF11 HISTORY PF12 NXTREC

Submit 3 Copies To Appropriate District Office
District I
1625 N. French Dr., Hobbs, NM 87240
District II
811 South First, Artesia, NM 87210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103...
Revised March 25, 1999

OIL CONSERVATION DIVISION
2040 South Pacheco
Santa Fe, NM 87505

WELL API NO.
30-025-03524

5. Indicate Type of Lease
STATE FEE

6. State Oil & Gas Lease No.
B-158

7. Lease Name or Unit Agreement Name:
N.M. State NCT 5

8. Well No.
4

9. Pool name or Wildcat
San Simon Yates, North (Assoc)

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

1. Type of Well:
Oil Well Gas Well Other

2. Name of Operator
PRONGHORN MGT. CORP.

3. Address of Operator
P.O. Box 1772 Hobbs, N.M. 88241

4. Well Location
Unit Letter F : 1980 feet from the North line and 1980 feet from the West line
Section 29 Township 21S Range 35E NMPM Lea County

10. Elevation (Show whether DR, RKB, RT, GR, etc.)

11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

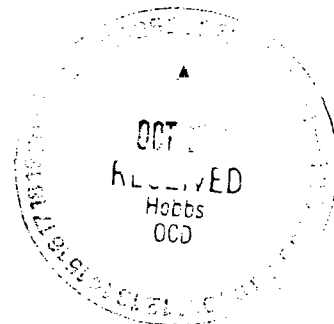
- PERFORM REMEDIAL WORK PLUG AND ABANDON
- TEMPORARILY ABANDON CHANGE PLANS
- PULL OR ALTER CASING MULTIPLE COMPLETION
- OTHER:

SUBSEQUENT REPORT OF:

- REMEDIAL WORK ALTERING CASING
- COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT
- CASING TEST AND CEMENT JOB
- OTHER:

12. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach well bore diagram of proposed completion or recompilation.

1. Move in and rig up.
2. POOH with production equipment.
3. Clean out well to total depth.
4. Acidize existing perforations.
5. Return well to production



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

SIGNATURE Guy A. Baber TITLE Partner DATE 10/25/01

Type or print name Guy A. Baber Telephone No. 505-393-8386
(This space for State use)

APPROVED BY _____ TITLE _____ DATE _____

Conditions of approval, if any:

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

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

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

State of New Mexico
Energy, Minerals and Natural Resources Department

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

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

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

I.

Operator PRONGHORN MANAGEMENT CORPORATION (122811)	Well API No. 30-025-03524
Address P.O. BOX 1772 HOBBS, NM 88241	
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> Other (Please explain) MAY 01 1994	
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> OPERATOR NAME CHANGE ONLY
Recompletion <input type="checkbox"/>	Change in Operator <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Change in Operator <input type="checkbox"/>

If change of operator give name and address of previous operator **BABER WELL SERVICING COMPANY P.O. BOX 1772 HOBBS, NM 88241**

II. DESCRIPTION OF WELL AND LEASE

Lease Name N.MEX. BZ ST-NCT 5	Well No. 4	Pool Name, Including Formation SAN SIMON YATES, NORTH (ASSOC)	Kind of Lease State	Lease No. B-158
Location Unit Letter F : 1980 Feet From The FNL Line and 1980 Feet From The FWL Line Section 29 Township 21S Range 35E , NMPM , Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil NAVAJO REFINING CO. PIPELINE DIVISION	or Condensate 15474	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 159, ARTESIA, N.MEX. 88211
Name of Authorized Transporter of Casinghead Gas GPM	or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) 4044 PENBROOK, ODESSA, TX. 79762
If well produces oil or liquids, Unit F Sec. 29 Twp. 21S Rge. 35E	Is gas actually connected?	When?

O-TRNSP. OGRID NO. **15694**
 G-TRNSP. OGRID NO. **009111**
 OIL POD NO. **401311**
 GAS POD NO. **401310**

If with that from any other lease or pool, give commingling order number: **ATA**

Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Compl. Ready to Prod.	Total Depth			P.B.T.D.				
Name of Producing Formation	Top Oil/Gas Pay			Tubing Depth				
Depth Casing Shoe								

TUBING, CASING AND CEMENTING RECORD

CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

REQUEST FOR ALLOWABLE

It 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 of Test	Producing Method (Flow, pump, gas lift, etc.)	
Tubing Pressure	Casing Pressure	Choke Size
Oil - Bbls.	Water - Bbls.	Gas - MCF
Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

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

Signature Sherry Wade
SHERRY WADE PRODUCTION CLERK
 Printed Name 3-5-94 Title (505) 392-5516
 Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved MAY 20 1994
 By
 Title

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

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- All sections of this form must be filled out for allowable on new and recompleted wells.

Submit 3 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico
Energy, Minerals and Natural Resources Department:

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

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

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

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

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

I.

Operator BABER WELL SERVICING COMPANY	Well APN No. 30-02503524
Address P.O. BOX 1772 HOBBS, NEW MEXICO 88241	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/> Change in Transporter of: Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Operator <input checked="" type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator CAPROCK OIL & GAS, INC. P.O. Box 828 Andrews, Tx. 79714	

II. DESCRIPTION OF WELL AND LEASE

Lease Name NM "BZ" STATE NCT - 5	Well No. 4	Pool Name, including Formation North San Simon Yates Assoc.	Kind of Lease <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal or Fee	Lease No. B-158
Location Unit Letter <u>F</u> : <u>1980</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>West</u> Line Section <u>29</u> Township <u>21 S</u> Range <u>35 E</u> , NMPM, LEA County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Texaco Trading & Trnsp	Address (Give address to which approved copy of this form is to be sent) P.O. Box 6196 Midland, Tx. 79711-0196
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips 66 Nat'l Gas Co.	Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook, Odessa, Tx. 79762
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When ? F 29 21S 35E yes

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

IV. COMPLETION DATA

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

V. TEST DATA AND REQUEST FOR ALLOWABLE

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

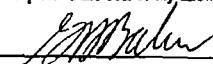
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF.

GAS WELL

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

VI. OPERATOR CERTIFICATE OF COMPLIANCE

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

Signature 
G.A. BABER III PRESIDENT
Printed Name
Date 10/31/90 Telephone No. (505) 393-5516

OIL CONSERVATION DIVISION

Date Approved 1990
By OPERA. ENGINEER - BOB SEXTON
Title _____

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.

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

State of New Mexico
Energy, Minerals and Natural Resources Department

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

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator CAPROCK OIL & GAS, INC.	Well API No. 3002503524
Address P.O. BOX 828, ANDREWS, TEXAS 79714	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/> Change in Transporter of: Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Operator <input checked="" type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator TEXACO INC. P.O. BOX 730 HOBBS, NM 88240	

II. DESCRIPTION OF WELL AND LEASE

Lease Name NM "BZ" STATE NCT-5	Well No. 4	Pool Name, Including Formation WILSON (LYATES)	Kind of Lease (State) Federal or Fee	Lease No. B-158
Location Unit Letter <u>4 F</u> : 1980 Feet From The <u>North</u> Line and 1980 Feet From The <u>West</u> Line Section <u>29</u> Township <u>21 S</u> Range <u>35 E</u> , NMPM, LEA County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Texaco Marketing + Transport</u>	Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Phillips 66 Fuel Gas</u>	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When?

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

IV. COMPLETION DATA

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

V. TEST DATA AND REQUEST FOR ALLOWABLE

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

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

GAS WELL

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

VI. OPERATOR CERTIFICATE OF COMPLIANCE

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

Alvin Collins
Signature
ALVIN COLLINS PRESIDENT
Printed Name
FEBRUARY 1, 1990 915-523-6245
Date Telephone No.

OIL CONSERVATION DIVISION
FEB 06 1990
Date Approved
By ORIGINAL SIGNED BY JERRY SEXTON
Title DISTRICT I SUPERVISOR

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.

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 05-01-83
Page 1

NO. OF COPIES RECEIVED	
DISTRICT	
SANTA FE	
FILE	
U.S.S.A.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PROBATION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator
Texaco Inc.

Address
P.O. Box 728, Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input checked="" type="checkbox"/> Casinthead Gas	<input type="checkbox"/> Condensate	
<input type="checkbox"/> Change in Ownership			

Other (Please explain)
Gas Transporter Name Change

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name N.M. "BZ" State NCT-5	Well No. 4	Pool Name, including Formation Associated, North San Simon Yates	Kind of Lease State, Federal or Fee State	Lease No. B-158
Location				
Unit Letter F	: 1980 Feet From The	West Line and	1980 Feet From The	North
Line of Section 29	Township 21S	Range 35E	, NMPM,	Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> The Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1183, Houston, Texas, 77001
Name of Authorized Transporter of Casinthead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips 66 Natural Gas Co.	Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook, Odessa, Texas, 79762
If well produces oil or liquids, give location of tanks. Unit : F, Sec. : 29, Twp. : 21S, Rge. : 35E	Is gas actually connected? When yes Unknown

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

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

J. W. Browning
(Signature)
District Administrative Supervisor

(This)
March 20, 1986
(Date)

OIL CONSERVATION DIVISION

APPROVED MAY 6 - 1986, 19
BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

TITLE _____

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	
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FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease
State Fee
5. State Oil & Gas Lease No.
B-158

SUNDRY NOTICES AND REPORTS ON WELLS

DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO RE-ENTER OR RE-LOCATE TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator TEXACO Inc.	8. Farm or Lease Name NCT-5
3. Address of Operator P.O. Box 728, Hobbs, New Mexico 88240	9. Well No. 4
4. Location of Well UNIT LETTER F 1980 FEET FROM THE North LINE AND 1980 FEET FROM THE West LINE, SECTION 29 TOWNSHIP 21-S RANGE 35-#E NMPM.	10. Field and Pool, or Wildcat San Simon Yates North
15. Elevation (Show whether DF, RT, CR, etc.) 3649' (DF)	12. County Lea

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

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>
OTHER <input type="checkbox"/>	OTHER <u>Add Yates Perforations</u> <input checked="" type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

1. Rigged up. Install BOP.
2. Perforate 2-7/8" OD csg w/1 JSPF @ 3818, 27, 32, 34, 38, 43, 46, & 3850'.
3. Set RBP @ 3856'.
4. Acidize 2-7/8" OD csg. perforations 3818'-3850' w/2500 gal. 15% NE Acid. Flush w/23 bbls. treated water.
5. Pull RBP.
6. Acidize 2-7/8" OD csg. perforations 3818'-3917' (old & new Perforations) w/1000 gal. 15% NE Acid. Flush w/23 bbls. treated water.
7. Install pumping equipment. Test & place on production.

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

SIGNED *C. J. G. [Signature]* TITLE Asst. Dist. Supt. DATE 4-28-77

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

NO. OF COPIES RECEIVED		
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LAND OFFICE		
OPERATOR		

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease
State Fee

5. State Oil & Gas Lease No.
B-158

SUNDRY NOTICES AND REPORTS ON WELLS

DO NOT USE THIS FORM FOR PROPOSED TO, WELL OR INTERESTS IN A DIFFERENT RESERVOIR.
(SEE APPLICATION FOR PERMITS AND FORM C-1013 FOR SUCH PROPOSALS.)

1. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER	7. Unit Agreement Name
2. Name of Operator Texaco Inc.	8. Form or Lease Name NCT-5 New Mexico 'BZ' State
3. Address of Operator P.O. Box 728 Hobbs, NM 88240	9. Well No. 14
4. Location of Well UNIT LETTER F 1980 FEET FROM THE North LINE AND 1980 FEET FROM THE West LINE, SECTION 29 TOWNSHIP 21-S RANGE 35-E RMPM.	10. Field and Pool, or Wildcat San Simon Yates North
11. Elevation (Show whether DF, RT, GR, etc.) 3649' (GR)	12. County Lea

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK
TEMPORARILY ABANDON
PULL OR ALTER CASING

PLUG AND ABANDON
CHANGE PLANS

OTHER **Addl. Yates Perforations**

SUBSEQUENT REPORT OF:

REMEDIAL WORK
COMMENCE DRILLING OPNS.
CASING TEST AND CEMENT JOB
ALTERING CASING
PLUG AND ABANDONMENT

OTHER _____

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

1. Rig up. Install BOP.
2. Set RBP @ 3860'.
3. Perforate 2-7/8" OD csg w/1-JSPF @ 3818', 3827', 3832', 3834', 3838', 3843', 3846', & 3850'.
4. Acidize perforations 3818'- 3850' w/2500 gal 15% NE Acid.
5. Pull RBP and pump 1000 gal 15% NE Acid down csg.
6. Swab well. Test and place on production.

Engineer 10/8/77

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

SIGNED *[Signature]* TITLE **Asst. Dist. Supt.** DATE **10-7-76**

APPROVED BY _____ TITLE _____ DATE **OCT 8 1976**

CONDITIONS OF APPROVAL, IF ANY:

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AND OFFICE		
OPERATOR		

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease	
State <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. B-158	
7. Unit Agreement Name	
8. Farm or Lease Name NM "BZ" State (NCT-5)	
9. Well No. 4	
10. Field and Pool, or Wildcat San Simon Yates North	
15. Elevation (Show whether DF, RT, GR, etc.) 3649' GR	
12. County Lea	

SUNDRY NOTICES AND REPORTS ON WELLS

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

OIL WELL GAS WELL OTHER-

3. Name of Operator
TEXACO Inc.

4. Address of Operator
P. O. Box 728, Hobbs, New Mexico 88240

4. Location of Well
UNIT LETTER F 1980 FEET FROM THE North LINE AND 1980 FEET FROM
THE West LINE, SECTION 29 TOWNSHIP 21S RANGE 35E NMPM.

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK

TEMPORARILY ABANDON

PULL OR ALTER CASING

OTHER Extension Request

PLUG AND ABANDON

CHANGE PLANS

SUBSEQUENT REPORT OF:

REMEDIAL WORK

COMMENCE DRILLING OPNS.

CASING TEST AND CEMENT JOBS

OTHER

ALTERING CASING

PLUG AND ABANDONMENT

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

REMARKS

1. WELL STATUS - TR-O (To Be Reconditioned Oil)
2. TEMPORARY ABANDONMENT DATE - October, 1966
3. REASON FOR ABANDONMENT - Well is not profitable to operate.
4. FUTURE PLANS - Plug and abandon
5. DATE OF FUTURE WORKOVER OR PLUGGING - 1976

Expires 10-1-76

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

SIGNED [Signature] TITLE Asst. Dist. Supt. DATE 10-7-75

APPROVED BY [Signature] TITLE Oil & Gas DATE [Signature]

CONDITIONS OF APPROVAL, IF ANY:

COPIES RECEIVED		
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TYPE		
U.S.G.S.		
LAND OFFICE		
OPERATOR		

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-55

5a. Indicate Type of Lease
State Fee
5. State Oil & Gas Lease No.
B-158

SUNDRY NOTICES AND REPORTS ON WELLS

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

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name ---
2. Name of Operator TEXACO INC.	8. Farm or Lease Name N. M. "BZ" State (NCT-5)
3. Address of Operator P.O. BOX 728, HOBBS, NEW MEXICO 88240	9. Well No. 4
4. Location of Well UNIT LETTER <u>F</u> , <u>1980</u> FEET FROM THE <u>North</u> LINE AND <u>1980</u> FEET FROM THE <u>West</u> LINE, SECTION <u>29</u> TOWNSHIP <u>21S</u> RANGE <u>35E</u> NMPM.	10. Field and Pool, or Wildcat San Simon Yates North
15. Elevation (Show whether DF, RT, GR, etc.) 3649' GR	12. County Lea

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

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

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

REMARKS

1. WELL STATUS - TR-O (To Be Reconditioned-Oil)
2. TEMPORARY ABANDONMENT DATE - October, 1966
3. REASON FOR ABANDONMENT - Well is not profitable to operate.

4. FUTURE PLANS - Plug and abandon

5. DATE OF FUTURE WORKOVER OR PLUGGING - 1975

Expires 10/1/75

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

SIGNED [Signature] TITLE Asst. Dist. Supt. DATE 10-18-74

APPROVED BY Joe D. Ramey TITLE Dist. I, Supv. DATE OCT 24 1974
CONDITIONS OF APPROVAL, IF ANY:

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

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND HOBBS STATE O.G.C.
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
FEB 27 3 55 PM '67

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

I. OPERATOR

Operator
TEXACO Inc.

Address
P. O. Box 728 - Hobbs, New Mexico

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"/>	*Filed to show change in transporter from McWood Corp. (Trucks) to The Permian Corp.
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Dry 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 N. M. "BZ" State NCT-5	Well No. 4	Pool Name, Including Formation North San Simon Yates	Kind of Lease State, Federal or Fee
Location			
Unit Letter F	1980 Feet From The West Line and 1980 Feet From The North		
Line of Section 29	Township 21-S	Range 35-E	NMPM, Lea County

I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
*The Permian Corporation	P. O. Box 3119 - Midland, Texas 79701
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Phillips Petroleum	P. O. Box 6666 - Odessa, Texas
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
F 29 21-S 35-E	YES Unknown

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

7. 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.		
Pool	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)

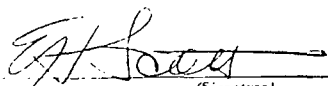
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

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


 E. H. Scott (Signature)
 District Accountant (Title)
 March 1, 1967 (Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
 BY _____
 TITLE _____

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 Sections I, II, III, and VI only 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.

(File the original and 4 copies with the appropriate district office)

CERTIFICATE OF COMPLIANCE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Company or Operator TEXACO Inc. Lease State NM "BZ" NCT-5

Well No. 4 Unit Letter F S 29 T 21-S R 35-E Pool North San Simon - Yates

County Lea Kind of Lease (State, Fed. or Patented) State

If well produces oil or condensate, give location of tanks: Unit D S 29 T 21-S R 35-E

Authorized Transporter of Oil or Condensate McWood Corporation

Address 306 V & J Tower Building, Midland, Texas
(Give address to which approved copy of this form is to be sent)

Authorized Transporter of Gas Phillips Petroleum

Address P. O. Box 6666, Odessa, Texas Date Connected _____
(Give address to which approved copy of this form is to be sent)

If Gas is not being sold, give reasons and also explain its present disposition:

Reasons for Filing: (Please check proper box) New Well _____ ()

Change in Transporter of (Check One): Oil () Dry Gas () C'head () Condensate ()

Change in Ownership _____ () Other _____ ()

Remarks: _____ (Give explanation below)

* This C-110 filed to show change in pool name from Wilson to North San Simon-Yates.

The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.

Executed this the 24th day of October 19 61

By [Signature]

Approved _____ 19 _____

Title District Accountant

OIL CONSERVATION COMMISSION

Company TEXACO Inc.

By [Signature]

Address P. O. Box 728

Title _____

Hobbs, New Mexico

(File the original and 4 copies with the appropriate district office)

CERTIFICATE OF COMPLIANCE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

OFFICE OCC
1950 AUG 10 AM 10:02

Company or Operator TEXACO Inc. Lease St. RM "BZ" NCT-5

Well No. 4 Unit Letter F S 29 T 21-S R 35-E Pool Wilson

County Lea Kind of Lease (State, Fed. or Patented) State

If well produces oil or condensate, give location of tanks: Unit D S 29 T 21-S R 35-E

Authorized Transporter of Oil or Condensate McWood Corporation

Address 306 V & J Tower Building, Midland, Texas
(Give address to which approved copy of this form is to be sent)

Authorized Transporter of Gas * Phillips Petroleum

Address P. O. Box 6666, Odessa, Texas
(Give address to which approved copy of this form is to be sent)

If Gas is not being sold, give reasons and also explain its present disposition:

Reasons for Filing: (Please check proper box) New Well ()

Change in Transporter of (Check One): Oil () Dry Gas () C'head () Condensate ()

Change in Ownership () Other ()

Remarks: (Give explanation below)

* This C-110 filed to show gas transporter.

The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.

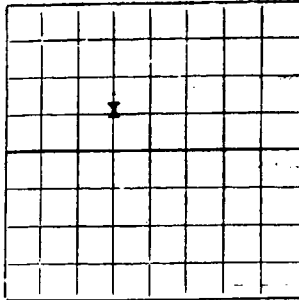
Executed this the 9th day of August 19 60

By [Signature]
Title Assistant District Superintendent

Approved AUG 10 1960 19 60

OIL CONSERVATION COMMISSION
By [Signature]
Title Engineer District 1

Company TEXACO Inc.
Address P. O. Box 352
Midland, Texas



NEW MEXICO OIL CONSERVATION COMMISSION

Santa Fe, New Mexico

WELL RECORD

Mail to District Office, Oil Conservation Commission, to which Form C-101 was sent not later than twenty days after completion of well. Follow instructions in Rules and Regulations of the Commission. Submit in QUINTUPLICATE. If State Land submit 6 Copies

AREA 640 ACRES
LOCATE WELL CORRECTLY

TEXACO Inc.

State of New Mexico "BZ" NCT-5

(Company or Operator) (Lease)

Well No. 4 in SE $\frac{1}{4}$ of NW $\frac{1}{4}$ of Sec. 29, T. 21 - S, R. 35 - E, NMPM.
Wilson Pool, Lea County.

Well is 1980 feet from North line and 1980 feet from West line
of Section 29. If State Land the Oil and Gas Lease No. is B - 158

Drilling Commenced October 17, 1959 Drilling was Completed October 22, 1959

Name of Drilling Contractor Gaskle Drilling Company
Address P. O. Box 2076, Hobbs, New Mexico

Elevation above sea level at Top of Tubing Head 3649'
February, 1959 The information given is to be kept confidential until

OIL SANDS OR ZONES

No. 1, from 3880' to 3895' No. 4, from _____ to _____
No. 2, from 3902' to 3917' No. 5, from _____ to _____
No. 3, from _____ to _____ No. 6, from _____ to _____

Drilled with Rotary Tools and no water sands tested.

IMPORTANT WATER SANDS

Include data on rate of water inflow and elevation to which water rose in hole.

No. 1, from _____ to _____ feet.
No. 2, from _____ to _____ feet.
No. 3, from _____ to _____ feet.
No. 4, from _____ to _____ feet.

CASING RECORD

SIZE	WEIGHT PER FOOT	NEW OR USED	AMOUNT	KIND OF SHOE	CUT AND PULLED FROM	PERFORATIONS	PURPOSE
8 5/8"	24.00	New	206'	Larkin	None	None	Surface
* 2 7/8"	6.50	New & Used	3930'	TIW	None	See Above	Production

* 2 7/8" tubing used as casing.

MUDDING AND CEMENTING RECORD

SIZE OF HOLE	SIZE OF CASING	WHERE SET	NO. BAGS OF CEMENT	METHOD USED	MUD GRAVITY	AMOUNT OF MUD USED
11"	8 5/8"	217'	225	Howco		
6 3/4"	2 7/8"	3940'	400	Howco		

RECORD OF PRODUCTION AND STIMULATION

(Record the Process used, No. of Qts. or Gals. used, interval treated or shot.)

Perforate 2 7/8" casing with 2 jet shots per foot from 3880' to 3895', 3902' to 3917'. Acidise with 500 gal LST NE 15% acid follow with 50 gal. control flo in 24 bbl. lease crude follow by 20,000 gal water with 1/2 pound sand per gallon at 11.4 BPM. Job complete 7:00 P.M. 10-27-59.

Result of Production Stimulation On 24 hr. PT ending 4:00 P.M. 11-12-59 well flowed 10 BO and 8 BW through 1/2" chokes. GOR 119,300, Gravity 34.2, Top of Pay 3880', Btm of Pay 3917'

Depth Cleaned Out 3941'

TEXACO Inc. Date 11-12-59, NMOCC Date - 10-22-59

RECORD OF DRILL-STEM AND SPECIAL TESTS

If drill-stem or other special tests or deviation surveys were made, submit report on separate sheet and attach hereto

TOOLS USED

Rotary tools were used from 0 feet to 3941 feet, and from feet to feet.
 Cable tools were used from feet to feet, and from feet to feet.

PRODUCTION

Put to Producing November 11, 1959

OIL WELL: The production during the first 24 hours was 18 barrels of liquid of which 56% was oil; % was emulsion; 44% water; and % was sediment. A.P.I. Gravity 34.2

GAS WELL: The production during the first 24 hours was M.C.F. plus barrels of liquid Hydrocarbon. Shut in Pressure lbs.

Length of Time Shut in

PLEASE INDICATE BELOW FORMATION TOPS (IN CONFORMANCE WITH GEOGRAPHICAL SECTION OF STATE):

Southeastern New Mexico		Northwestern New Mexico	
T. Anhy 1850'	T. Devonian	T. Ojo Alamo	
T. Salt 2144'	T. Silurian	T. Kirtland-Fruitland	
B. Salt 3579'	T. Montoya	T. Farmington	
T. Yates 3797'	T. Simpson	T. Pictured Cliffs	
T. 7 Rivers	T. McKee	T. Menefee	
T. Queen	T. Ellenburger	T. Point Lookout	
T. Grayburg	T. Gr. Wash	T. Mancos	
T. San Andres	T. Granite	T. Dakota	
T. Glorieta	T.	T. Morrison	
T. Drinkard	T.	T. Penn	
T. Tubbs	T.	T.	
T. Abo	T.	T.	
T. Penn	T.	T.	
T. Miss	T.	T.	

FORMATION RECORD

From	To	Thickness in Feet	Formation	From	To	Thickness in Feet	Formation
0	100	100	Sand & Caliche	Deviation Record			
100	1290	1190	Red Bed	Depth (Feet) Degrees Off			
1290	1850	560	Redrock				
1850	2187	337	Anhy	183			1/4
2187	3560	1373	Anhy & Salt	694			1/4
3560	3787	227	Anhy & Gyp	1127			3/4
3787	3900	113	Anhy & Lime	1436			3/4
3900	3941	41	Lime	1777			1/2
ED	3941			1929			1/4
PBTD	3918			2270			1 1/4
				2486			1
				2960			2
				3072			3
				3380			2 3/4
				3566			3
				3900			2

All Measurements from Rotary Tabor or 10' above Ground Level.

- Estimate 5007
- 4 BROCC
- 1 St LC
- 1 Division
- 1 Field
- 1 File

ATTACH SEPARATE SHEET IF ADDITIONAL SPACE IS NEEDED

I hereby swear or affirm that the information given herewith is a complete and correct record of the well and all work done on it so far as can be determined from available records.

November 16, 1959

Company or Operator FELACO Inc.

Address P. O. Box 352, Midland, Texas

Name *[Signature]*

Position or Title Assistant District Superintendent

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

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

REQUEST FOR (OIL) - (GAS) ALLOWABLE

New Well
Recompletion

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

TEIACO Inc., Midland, Texas, November 16, 1959
(Place) (Date)

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

TEIACO Inc. State of New Mexico "BZ" NCT-5, Well No. **4**, in **SE** $\frac{1}{4}$ **NW** $\frac{1}{4}$,
(Company or Operator) (Lease)
F, Sec. **29**, T. **21-S**, R. **35-E**, NMPM, **Wilson** Pool
Unit Letter **Lee**

County **Lee** Date Spudded **October 17, 1959** Date Drilling Completed **October 22, 1959**

Please indicate location:

Elevation **3649'** Total Depth **3941'** FBTD **None**

Top Oil/ ~~water~~ **3880'** Name of Prod. Form. **Yates**

PRODUCING INTERVAL -

Perforations **3880' to 3895', 3902' to 3917'**

Open Hole **None** Depth **3941'** Casing Shoe **3941'** Depth Tubing **See Remarks (1)**

OIL WELL TEST -

Natural Prod. Test: _____ 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): **10** bbls. oil, **8** bbls water in **24** hrs, **0** min. Size **1 1/2"**

GAS WELL TEST -

Natural Prod. Test: _____ MCF/Day; hours flowed _____ Choke Size _____

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

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

Choke Size _____ Method of Testing: _____

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): **(2) See Remarks**

Casing _____ Tubing _____ Date first new _____
Press. - - - Press. **250** oil run to tanks **November 11, 1959**

Oil Transporter **Mc Wood Corporation**

Gas Transporter **None**

Remarks: **(1) Tubing used as casing set at 3940'. (2) Perforate 3880' to 3895', 3902' to 3917' with 2 jet shots per foot. Acidise with 500 gal LST NH 15% acid follow with 50 gal. control file in 24 bbl. lease crude follow by 20,000 gal. water with 1/2 pound sand per gallon at 11.4 BPM. Job complete 7:00 P.M., 10-27-59.**

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

Approved **November 16 1959**, 19 **59**

TEIACO Inc.
(Company or Operator)

OIL CONSERVATION COMMISSION

By: *J. G. Elevins, Jr.*
(Signature)

Title **Assistant District Superintendent**
Send Communications regarding well to:

By: *[Signature]*
Title **District 1**

Name **J. G. Elevins, Jr.**

Address **P. O. Box 352, Midland, Texas**

NEW MEXICO OIL CONSERVATION COMMISSION
SANTA FE, NEW MEXICO

Form C-110
Revised 7/1/55

(File the original and 4 copies with the appropriate district office)

CERTIFICATE OF COMPLIANCE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Company or Operator TEXACO Inc. Lease St. NM "BZ" NCT-5

Well No. 4 Unit Letter F S 29 T 21-S R 35-E Pool Wilson

County Lea Kind of Lease (State, Fed. or Patented) _____ State _____

If well produces oil or condensate, give location of tanks: Unit D S 29 T 21-S R 35-E

Authorized Transporter of Oil or Condensate Mc Wood Corporation

Address 306 V & J Tower Building, Midland, Texas

(Give address to which approved copy of this form is to be sent)

Authorized Transporter of Gas * None

Address _____ Date Connected _____

(Give address to which approved copy of this form is to be sent)

If Gas is not being sold, give reasons and also explain its present disposition:

Reasons for Filing: (Please check proper box) New Well NEW WELL (X)

Change in Transporter of (Check One): Oil () Dry Gas () C'head () Condensate ()

Change in Ownership () Other ()

Remarks: _____ (Give explanation below)

* Shut in pending Market.

The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.

Executed this the 16th day of November 19 59

By [Signature]

Title Asst. District Superintendent

Approved _____ 19 _____

OIL CONSERVATION COMMISSION

Company TEXACO Inc.

BY [Signature]

Address P. O. Box 352

Title _____

Midland, Texas

NEW MEXICO OIL CONSERVATION COMMISSION

FORM C-103
(Rev 3-55)

MISCELLANEOUS REPORTS ON WELLS

(Submit to appropriate District Office as per Commission Rule 1106)

Name of Company TEXACO Inc.		Address P. O. Box 352, Midland, Texas			
Lease St. N.M. "BZ" NCT-5	Well No. 4	Unit Letter F	Section 29	Township 21-S	Range 35-E
Date Work Performed October 26, 1959	Pool Undesignated	County Lea			

THIS IS A REPORT OF: (Check appropriate block)

- Beginning Drilling Operations
 Casing Test and Cement Job
 Other (Explain):
 Plugging
 Remedial Work

Detailed account of work done, nature and quantity of materials used, and results obtained.

TD - 3941'

8 5/8" O.D. casing set at 217'

Ran 3940' of 2 7/8" O.D. tubing as casing and cemented at 3941' with 400 sx. regular 4% gel. Cement was not circulated. Plug at 3936'. Job complete 8:45 P.M. October 23, 1959.

Tested 2 7/8" O.D. tubing (casing) with 1500 PSI for 30 minutes from 6:00 to 6:30 A.M. October 26, 1959. Tested O.K. Plug not drilled. Job complete 6:30 A.M. October 26, 1959.

Witnessed by	Position	Company
--------------	----------	---------

FILL IN BELOW FOR REMEDIAL WORK REPORTS ONLY

ORIGINAL WELL DATA

D F Elev.	T D	P B T D	Producing Interval	Completion Date
Tubing Diameter	Tubing Depth	Oil String Diameter	Oil String Depth	
Perforated Interval(s)				
Open Hole Interval		Producing Formation(s)		

RESULTS OF WORKOVER

Test	Date of Test	Oil Production BPD	Gas Production MCFPD	Water Production BPD	GOR Cubic feet/Bbl	Gas Well Potential MCFPD
Before Workover						
After Workover						

OIL CONSERVATION COMMISSION		I hereby certify that the information given above is true and complete to the best of my knowledge.	
Approved by <i>[Signature]</i>	Name <i>[Signature]</i>		
Title Engineer District I	Position District Accountant		
Date OCT 30 1959	Company TEXACO Inc.		

NEW MEXICO OIL CONSERVATION COMMISSION

FORM C-103
(Rev 3-55)

MISCELLANEOUS REPORTS ON WELLS

HOBBS OFFICE OCC

(Submit to appropriate District Office as per Commission Rule 1106)

Name of Company TEXACO Inc.		Address P. O. Box 352, Midland, Texas				
Lease State of Texas 104-5	Well No. 4	Unit Letter F	Section 29	Township 21-S	Range 35-7E	
Date Work Performed October 19, 1959	Pool Undesignated	County Lea				

THIS IS A REPORT OF: (Check appropriate block)

- Beginning Drilling Operations
 Casing Test and Cement Job
 Other (Explain):
 Plugging
 Remedial Work

Detailed account of work done, nature and quantity of materials used, and results obtained.

TD - 217'
Spudded 11" hole 2:00 A.M. October 17, 1959.

Ran 206' of 8 5/8" O.D. casing and cemented at 217' with 225 ex. Regular cement. Cement circulated. Plug at 187'. Job complete 8:30 A.M. October 18, 1959.

Tested 8 5/8" O.D. casing with 600 PSI for 30 minutes from 8:00 to 8:30 A.M. October 19, 1959. Tested O.K. Drilled cement plug and re-tested with 600 PSI for 30 minutes from 10:30 to 11:00 A.M. October 19, 1959. Tested O.K. Job complete 11:00 A.M. October 19, 1959.

Witnessed by	Position	Company
--------------	----------	---------

FILL IN BELOW FOR REMEDIAL WORK REPORTS ONLY

ORIGINAL WELL DATA

D F Elev.	T D	P B T D	Producing Interval	Completion Date
Tubing Diameter	Tubing Depth	Oil String Diameter	Oil String Depth	
Perforated Interval(s)				
Open Hole Interval		Producing Formation(s)		

RESULTS OF WORKOVER

Test	Date of Test	Oil Production BPD	Gas Production MCFPD	Water Production BPD	GOR Cubic feet/Bbl	Gas Well Potential MCFPD
Before Workover						
After Workover						

OIL CONSERVATION COMMISSION		I hereby certify that the information given above is true and complete to the best of my knowledge.	
Approved by <i>[Signature]</i>	Name <i>[Signature]</i>		
Title District 1	Position Assistant District Superintendent		
Date October 21 1959	Company TEXACO Inc.		

Lease No. 41485

NOTICE OF INTENTION TO DRILL

HOBBS OFFICE OCC

Notice must be given to the District Office of the Oil Conservation Commission and approval obtained before drilling or recompletion begins. If changes in the proposed plan are considered advisable, a copy of this notice showing such changes will be returned to the sender. Submit this notice in **QUINTUPPLICATE**. One copy will be returned following approval. See additional instructions in Rules and Regulations of the Commission. If State Land submit 6 Copies Attach Form G-128 in triplicate to first 3 copies of form G-101

Midland, Texas
(Place)

October 7, 1959
(Date)

OIL CONSERVATION COMMISSION
SANTA FE, NEW MEXICO

Gentlemen:

You are hereby notified that it is our intention to commence the Drilling of a well to be known as

TEXACO Inc.
(Company or Operator)

State of New Mexico "BZ" NCT-5 Well No. 4, in F The well is
(Lease) (Unit)

located 1980 feet from the North line and 1980 feet from the West line of Section 29 T.-21-S, R.-35-E, NMPM.

(GIVE LOCATION FROM SECTION LINE) Undesignated Pool, Lea County

If State Land the Oil and Gas Lease is No. B-158

If patented land the owner is ---

Address ---

We propose to drill well with drilling equipment as follows Rotary

The status of plugging bond is \$10,000 blanket surety bond of Maryland Casualty Co. has been filed with State Geologist.

Drilling Contractor Not known at present

We intend to complete this well in the Yates formation at an approximate depth of 3900 feet.

CASING PROGRAM

We propose to use the following strings of Casing and to cement them as indicated:

Size of Hole	Size of Casing	Weight per Foot	New or Second Hand	Depth	Sacks Cement
11"	8-5/8" OD	24#	New	215'	200
6-3/4"	2-7/8" OD	6.5#	New	3900'	400

If changes in the above plans become advisable we will notify you immediately.

ADDITIONAL INFORMATION (If recompletion give full details of proposed plan of work.)

FORMATIONS EXPECTED:

Top of Anhydrite 1820'
" " Yates 3688'
Total Depth 3900'

Approved: [Signature] 2 1959, 19.....
Except as follows:

Sincerely yours,

TEXACO Inc.
(Company or Operator)

By J. J. Velten
Position Division Civil Engineer

Send Communications regarding well to

Name J. H. Markley
Address P. O. Box 3109, Midland, Texas

OIL CONSERVATION COMMISSION

By [Signature] Engineer District 1

N MEXICO OIL CONSERVATION COMMISSION
Well Location and Acreage Dedication Plat

Section A.

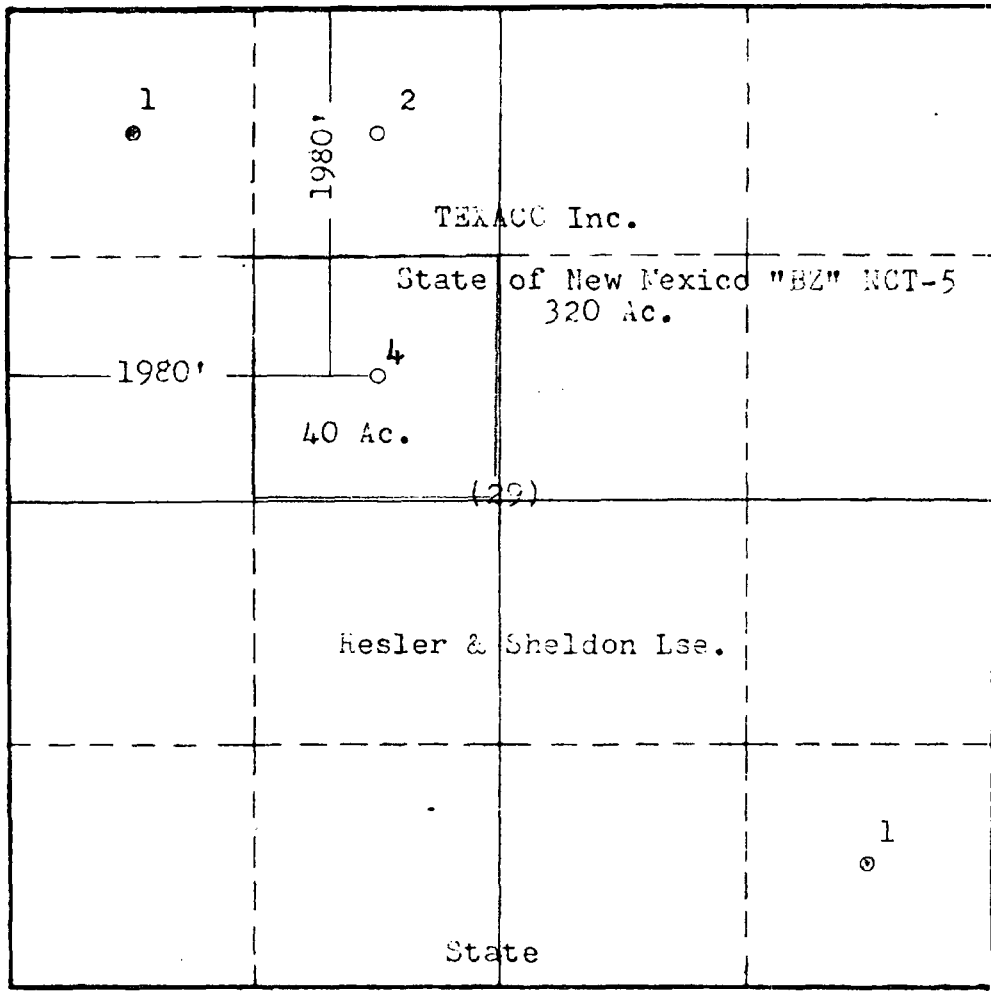
Date 10-7-59

Operator TEXACO Inc. Lease State of New Mexico "BZ" NCT-5
Well No. 4 Unit Letter F Section 29 Township 21-South Range 35-East NMPM
Located 1980 Feet From North Line, 1980 Feet From West Line
County Lea G. L. Elevation 3549 Dedicated Acreage 40 Acres
Name of Producing Formation Yates Pool Undesignated

1. Is the Operator the only owner* in the dedicated acreage outlined on the plat below?
Yes No .
2. If the answer to question one is "no," have the interests of all the owners been consolidated by communitization agreement or otherwise? Yes No . If answer is "yes," Type of Consolidation
3. If the answer to question two is "no," list all the owners and their respective interests below:

<u>Owner</u>	<u>Land Description</u>

Section B



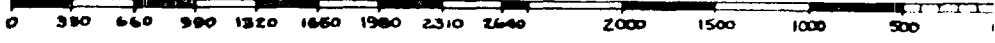
This is to certify that the information in Section A above is true and complete to the best of my knowledge and belief.

TEXACO Inc.
Operator
J. J. Elton
(Representative)
Division Civil Engineer
P.O. Box 3109, Midland, Texas
Address

This is to certify that the well location shown on the plat in Section B was plotted from field notes of actual surveys made by me or under my supervision and that the same is true and correct to the best of my knowledge and belief.

Date Surveyed 10-7-59
J. J. Elton
Registered Professional
Engineer and/or Land Surveyor.

Certificate No. 8174





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[NMBGMR](#)



[NYMEX LS Crude](#) \$50.30
[Navajo WTXI](#) \$45.00
[Henry Hub](#) \$6.00

Updated 2/22/2005

[GENERAL](#) | [COUNTY](#) | [OPERATOR](#) | [POOL](#) | [LOCATION](#) | [OCD LOG & WELL FILES](#)

View Production Data

In Internet Explorer, right click and select "Save Target As..."
In Netscape, right click and select "Save Link As..."

Download: [HTTP](#)

Well: NEW MEXICO BZ STATE NCT 5 **No.:** 004
Operator: PRONGHORN MANAGEMENT CORP [[NM SLO data](#)]
API: 3002503524 **Township:** 21.0S **Range:** 35E
Section: 29 **Unit:** F
Land Type: S **County:** Lea
Pools associated:

- [SAN SIMON;YATES, NORTH \(ASSOC\)](#) **Total Acreage:** 40 **Completion:** 1
- [Show All](#)

Year: 1973
 Pool Name: SAN SIMON;YATES, NORTH (ASSOC)

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	0	0	0	0	0	0
February	0	0	0	0	0	0
March	0	0	0	0	0	0
April	0	0	0	0	0	0
May	0	0	0	0	0	0
June	0	0	0	0	0	0
July	0	0	0	0	0	0
August	0	0	0	0	0	0
September	0	0	0	0	0	0
October	0	0	0	0	0	0
November	0	0	0	0	0	0
December	0	0	0	0	0	0

Total 0 0 0 0

Year: 1975

Pool Name: SAN SIMON;YATES, NORTH (ASSOC)

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	0	0	0	0	0	0
February	0	0	0	0	0	0
March	0	0	0	0	0	0
April	0	0	0	0	0	0
May	0	0	0	0	0	0
June	0	0	0	0	0	0
July	0	0	0	0	0	0
August	0	0	0	0	0	0
September	0	0	0	0	0	0
October	0	0	0	0	0	0
November	0	0	0	0	0	0
December	0	0	0	0	0	0
Total	0	0	0	0		

Year: 1976

Pool Name: SAN SIMON;YATES, NORTH (ASSOC)

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	0	0	0	0	0	0
February	0	0	0	0	0	0
March	0	0	0	0	0	0
April	0	0	0	0	0	0
May	0	0	0	0	0	0
June	0	0	0	0	0	0
July	0	0	0	0	0	0
August	0	0	0	0	0	0
September	0	0	0	0	0	0
October	0	0	0	0	0	0
November	0	0	0	0	0	0
December	0	0	0	0	0	0
Total	0	0	0	0		

Year: 1977

Pool Name: SAN SIMON;YATES, NORTH (ASSOC)

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	0	0	0	0	0	0
February						

	0	0	0	0	0	0
March	0	0	0	0	0	0
April	38	46	0	27	38	46
May	29	85	0	31	67	131
June	20	81	0	30	87	212
July	23	91	0	31	110	303
August	41	156	21	30	151	459
September	21	163	21	30	172	622
October	27	113	27	31	199	735
November	19	90	19	30	218	825
December	29	130	29	31	247	955
Total	247	955	117	271		

Year: 1979

Pool Name: SAN SIMON;YATES, NORTH (ASSOC)

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	45	136	38	31	292	1091
February	19	103	21	28	311	1194
March	62	110	62	31	373	1304
April	39	63	39	30	412	1367
May	25	108	0	31	437	1475
June	18	48	18	30	455	1523
July	17	40	17	31	472	1563
August	35	76	17	31	507	1639
September	39	72	19	30	546	1711
October	20	70	0	31	566	1781
November	31	145	31	30	597	1926
December	30	182	29	31	627	2108
Total	380	1153	291	365		

Year: 1980

Pool Name: SAN SIMON;YATES, NORTH (ASSOC)

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	26	142	26	29	653	2250
February	17	87	18	24	670	2337
March	68	155	111	31	738	2492
April	68	147	102	30	806	2639
May	50	162	75	31	856	2801
June	37	75	49	29	893	2876
July	71	59	72	31	964	2935

August	63	53	65	31	1027	2988
September	65	146	33	27	1092	3134
October	68	175	69	31	1160	3309
November	52	146	52	30	1212	3455
December	55	154	55	31	1267	3609
Total	640	1501	727	355		

Year: 1981

Pool Name: SAN SIMON;YATES, NORTH (ASSOC)

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	57	137	57	31	1324	3746
February	28	68	28	28	1352	3814
March	56	156	28	31	1408	3970
April	72	213	40	30	1480	4183
May	73	243	19	31	1553	4426
June	62	214	31	30	1615	4640
July	50	154	51	31	1665	4794
August	44	190	44	31	1709	4984
September	59	183	30	30	1768	5167
October	43	188	43	31	1811	5355
November	31	127	31	30	1842	5482
December	25	167	25	31	1867	5649
Total	600	2040	427	365		

Year: 1982

Pool Name: SAN SIMON;YATES, NORTH (ASSOC)

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	44	170	44	31	1911	5819
February	21	157	21	28	1932	5976
March	37	201	38	31	1969	6177
April	23	75	23	30	1992	6252
May	51	40	25	31	2043	6292
June	22	92	22	29	2065	6384
July	22	43	15	31	2087	6427
August	15	159	16	31	2102	6586
September	20	87	41	30	2122	6673
October	31	81	96	31	2153	6754
November	49	197	49	30	2202	6951
December	20	185	20	31	2222	7136
Total	355	1487	410	364		

Year: 1983
 Pool Name: SAN SIMON;YATES, NORTH (ASSOC)

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	34	93	34	31	2256	7229
February	59	125	29	25	2315	7354
March	38	173	39	31	2353	7527
April	37	85	37	28	2390	7612
May	29	116	29	31	2419	7728
June	31	65	32	30	2450	7793
July	43	64	43	31	2493	7857
August	32	62	33	31	2525	7919
September	37	43	18	30	2562	7962
October	22	51	0	31	2584	8013
November	19	44	20	28	2603	8057
December	16	54	16	23	2619	8111
Total	397	975	330	350		

Year: 1989
 Pool Name: SAN SIMON;YATES, NORTH (ASSOC)

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	0	0	0	0	2619	8111
February	0	0	0	0	2619	8111
March	0	0	0	0	2619	8111
April	0	0	0	0	2619	8111
May	0	0	0	0	2619	8111
June	0	0	0	0	2619	8111
July	0	0	0	0	2619	8111
August	0	0	0	0	2619	8111
September	0	0	0	0	2619	8111
October	0	0	0	0	2619	8111
November	0	0	0	0	2619	8111
December	0	0	0	0	2619	8111
Total	0	0	0	0		

Year: 1990
 Pool Name: SAN SIMON;YATES, NORTH (ASSOC)

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	0	0	0	0	2619	8111
February	0	0	0	0	2619	8111
March	0	0	0	0	2619	8111
April						

	0	0	0	0	2619	8111
May	0	0	0	0	2619	8111
June	0	0	0	0	2619	8111
July	0	0	0	0	2619	8111
August	0	0	0	0	2619	8111
September	0	0	0	0	2619	8111
October	0	0	0	0	2619	8111
November	0	0	0	0	2619	8111
December	0	0	0	0	2619	8111
Total	0	0	0	0		

Year: 1991
 Pool Name: SAN SIMON;YATES, NORTH (ASSOC)

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	0	0	0	0	2619	8111
February	0	0	0	0	2619	8111
March	0	0	0	0	2619	8111
April	0	0	0	0	2619	8111
May	0	0	0	0	2619	8111
June	0	0	0	0	2619	8111
July	0	0	0	0	2619	8111
August	0	0	0	0	2619	8111
September	0	0	0	0	2619	8111
October	0	0	0	0	2619	8111
November	0	0	0	0	2619	8111
December	0	0	0	0	2619	8111
Total	0	0	0	0		

Year: 1992
 Pool Name: SAN SIMON;YATES, NORTH (ASSOC)

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	0	0	0	0	2619	8111
February	0	0	0	0	2619	8111
March	0	0	0	0	2619	8111
April	0	0	0	0	2619	8111
May	0	0	0	0	2619	8111
June	0	0	0	0	2619	8111
July	0	0	0	0	2619	8111
August	0	0	0	0	2619	8111
September	0	0	0	0	2619	8111

October	0	0	0	0	2619	8111
November	0	0	0	0	2619	8111
December	0	0	0	0	2619	8111
Total	0	0	0	0		

Year: 1994

Pool Name: SAN SIMON;YATES, NORTH (ASSOC)

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	0	0	0	0	2619	8111
February	0	0	0	0	2619	8111
March	0	0	0	0	2619	8111
April	0	0	0	0	2619	8111
May	0	0	0	0	2619	8111
June	0	0	0	0	2619	8111
July	0	0	0	0	2619	8111
August	0	0	0	0	2619	8111
September	0	0	0	0	2619	8111
October	0	0	0	0	2619	8111
November	0	0	0	0	2619	8111
December	0	0	0	0	2619	8111
Total	0	0	0	0		

Year: 1995

Pool Name: SAN SIMON;YATES, NORTH (ASSOC)

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	0	0	0	0	2619	8111
February	0	0	0	0	2619	8111
March	0	0	0	0	2619	8111
April	0	0	0	0	2619	8111
May	0	0	0	0	2619	8111
June	0	0	0	0	2619	8111
July	0	0	0	0	2619	8111
August	0	0	0	0	2619	8111
September	0	0	0	0	2619	8111
October	0	0	0	0	2619	8111
November	0	0	0	0	2619	8111
December	0	0	0	0	2619	8111
Total	0	0	0	0		

Year: 1996

Pool Name: SAN SIMON;YATES, NORTH (ASSOC)

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	0	0	0	0	2619	8111
February	0	0	0	0	2619	8111
March	0	0	0	0	2619	8111
April	0	0	0	0	2619	8111
May	0	0	0	0	2619	8111
June	0	0	0	0	2619	8111
July	0	0	0	0	2619	8111
August	0	0	0	0	2619	8111
September	0	0	0	0	2619	8111
October	0	0	0	0	2619	8111
November	0	0	0	0	2619	8111
December	0	0	0	0	2619	8111
Total	0	0	0	0		

Year: 1997
Pool Name: SAN SIMON;YATES, NORTH (ASSOC)

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	0	0	0	0	2619	8111
February	0	0	0	0	2619	8111
March	0	0	0	0	2619	8111
April	0	0	0	0	2619	8111
May	0	0	0	0	2619	8111
June	0	0	0	0	2619	8111
July	0	0	0	0	2619	8111
August	0	0	0	0	2619	8111
September	0	0	0	0	2619	8111
October	0	0	0	0	2619	8111
November	0	0	0	0	2619	8111
December	0	0	0	0	2619	8111
Total	0	0	0	0		

Year: 1998
Pool Name: SAN SIMON;YATES, NORTH (ASSOC)

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	0	0	0	0	2619	8111
February	0	0	0	0	2619	8111
March	0	0	0	0	2619	8111
April	0	0	0	0	2619	8111
May	0	0	0	0	2619	8111
June	0	0	0	0	2619	8111

July	0	0	0	0	2619	8111
August	0	0	0	0	2619	8111
September	0	0	0	0	2619	8111
October	0	0	0	0	2619	8111
November	0	0	0	0	2619	8111
December	0	0	0	0	2619	8111
Total	0	0	0	0		

Year: 1999

Pool Name: SAN SIMON;YATES, NORTH (ASSOC)

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	0	0	0	0	2619	8111
February	0	0	0	0	2619	8111
March	0	0	0	0	2619	8111
April	0	0	0	0	2619	8111
May	0	0	0	0	2619	8111
June	0	0	0	0	2619	8111
July	0	0	0	0	2619	8111
August	0	0	0	0	2619	8111
September	0	0	0	0	2619	8111
October	0	0	0	0	2619	8111
November	0	0	0	0	2619	8111
December	0	0	0	0	2619	8111
Total	0	0	0	0		

Year: 2000

Pool Name: SAN SIMON;YATES, NORTH (ASSOC)

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	0	0	0	0	2619	8111
February	0	0	0	0	2619	8111
March	0	0	0	0	2619	8111
April	0	0	0	0	2619	8111
May	0	0	0	0	2619	8111
June	0	0	0	0	2619	8111
July	0	0	0	0	2619	8111
August	0	0	0	0	2619	8111
September	0	0	0	0	2619	8111
October	0	0	0	0	2619	8111
November	0	0	0	0	2619	8111
December	0	0	0	0	2619	8111

Total	0	0	0	0
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Year: 2001

Pool Name: SAN SIMON;YATES, NORTH (ASSOC)

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	0	0	0	0	2619	8111
February	0	0	0	0	2619	8111
March	0	0	0	0	2619	8111
April	0	0	0	0	2619	8111
May	0	0	0	0	2619	8111
June	0	0	0	0	2619	8111
July	0	0	0	0	2619	8111
August	0	0	0	0	2619	8111
September	0	0	0	0	2619	8111
October	0	0	0	0	2619	8111
November	0	0	0	0	2619	8111
December	0	0	0	0	2619	8111
Total	0	0	0	0		

Year: 2002

Pool Name: SAN SIMON;YATES, NORTH (ASSOC)

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	0	0	0	0	2619	8111
February	0	0	0	0	2619	8111
March	0	0	0	0	2619	8111
April	0	0	0	0	2619	8111
May	0	0	0	0	2619	8111
June	0	0	0	0	2619	8111
July	0	0	0	0	2619	8111
August	0	0	0	0	2619	8111
September	0	0	0	0	2619	8111
October	0	0	0	0	2619	8111
November	0	0	0	0	2619	8111
December	0	0	0	0	2619	8111
Total	0	0	0	0		

Year: 2003

Pool Name: SAN SIMON;YATES, NORTH (ASSOC)

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	0	0	0	0	2619	8111
February						

	0	0	0	0	2619	8111
March	0	0	0	0	2619	8111
April	0	0	0	0	2619	8111
May	0	0	0	0	2619	8111
June	0	0	0	0	2619	8111
July	0	0	0	0	2619	8111
August	0	0	0	0	2619	8111
September	0	0	0	0	2619	8111
October	0	0	0	0	2619	8111
November	0	0	0	0	2619	8111
December	0	0	0	0	2619	8111
Total	0	0	0	0		

Year: 2004

Pool Name: SAN SIMON;YATES, NORTH (ASSOC)

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	0	0	0	0	2619	8111
February	0	0	0	0	2619	8111
March	0	0	0	0	2619	8111
April	0	0	0	0	2619	8111
May	0	0	0	0	2619	8111
June	0	0	0	0	2619	8111
July	0	0	0	0	2619	8111
August	0	0	0	0	2619	8111
September	0	0	0	0	2619	8111
October	0	0	0	0	2619	8111
November	0	0	0	0	2619	8111
December	0	0	0	0	2619	8111
Total	0	0	0	0		

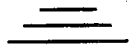
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ANNUAL REPORT

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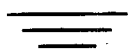
**NEW MEXICO OIL & GAS ENGINEERING
COMMITTEE**

HOBBS, NEW MEXICO



VOLUME I-B

Southeast New Mexico



1986

WELL S I R	JAN	FEB	MAR	APRIL	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC 1986	PROD NP	ACCUH
2K2921S35E OIL	41	41	48	43	47	44	41	15	18	16	18	16	388P	12321
2K2921S35E GAS	658	545	718	599	771	537	521	603	602	572	602	603	7331	
2K2921S35E WAT		144	168	151	165	154	144						926	
3L2921S35E OIL	41	21	24	22	23	20	20	30	36	32	34	31	336P	12475
3L2921S35E GAS	684	556	719	613	757	527	508	630	631	596	596	611	7435	
3L2921S35E WAT	21	63	71	86	69	66	60	30	36	32	34	31	600	
4B3221S35E OIL	21	21	24	22	23	22	20	30	36	33	34	31	317P	9506
4B3221S35E GAS	1314	724	935	796	978	698	660	1432	1434	1404	1355	1385	13115	
4B3221S35E WAT		24	22	23	22	20	20						132	
5G3221S35E OIL	41	41	48	43	47	44	40	46	55	48	52	47	552P	13743
5G3221S35E GAS	766	841	1113	928	1196	832	789	878	877	816	829	842	10707	
5G3221S35E WAT	62	41	48	43	47	44	40	31	37	33	35	31	491	
6J2921S35E OIL	62	41	48	43	47	44	40	30	37	33	34	31	487F	3367
6J2921S35E GAS	177	144	114	157	109	115	121	370	380	388	350	271	2696	
6J2921S35E WAT	207	145	167	150	163	152	142	15	18	17	18	16	104	
7N2921S35E OIL	138	130	102	121	97	102	111	326	337	330	308	240	2029P	11102
7N2921S35E GAS													2382	
COMPANY TOTAL OIL	454	351	407	366	397	372	344	347	418	371	394	359	4580	83316
COMPANY TOTAL GAS	4641	4083	5208	4491	5522	3948	3802	5098	5146	4922	4853	4785	56498	
COMPANY TOTAL WAT	145	351	408	388	398	374	346	106	128	113	120	109	2986	
COQUINA OIL CORPORATION														
STATE OF TEXAS														
IP1921S35E OIL	PLUGGING APPROVED 1981													135

JAMES L. EVANS PHILLIPS A STATE OIL	5	5	1		5	7	4	6	20	7	8	11	59F	26937
JAMES L. EVANS PHILLIPS A STATE GAS	10				40	41	36			32	37	38	263	
PHILLIPS B STATE OIL	5	4	1		6	7	5	6	20	7	8	12	61F	22732
PHILLIPS B STATE GAS	11	1			9	40	41	36		32	37	38	265	
PHILLIPS C STATE OIL	5	5	1		6	7	5	5	7	7	10	11	62F	20057
PHILLIPS C STATE GAS	10	9			10	38	40	36	21	32	37	38	262	
2H3221S35E OIL	9	9	1		11	15	10	11	14	14	14	23	120P	25863
2H3221S35E GAS	21	1			18	80	82	72	40	64	75	76	527	
LEASE TOTAL OIL	14	14	2		17	22	15	16	3	21	24	34	182	45920
LEASE TOTAL GAS	31	1			28	118	122	108	61	96	110	114	789	
COMPANY TOTAL OIL	24	23	4		28	36	24	28	3	35	40	57	302	95589
COMPANY TOTAL GAS	52	2			46	198	204	180	101	160	184	190	1317	

ROBERT G. HANAGAN HURBLE STATE OIL	PLUGGING APPROVED 1964													2042

HILLARD DECK ESTATE LEA 407 STATE OIL	36	25	25	6	11	11	8	8					130P	32843
HILLARD DECK ESTATE LEA 407 STATE GAS	16	48	2										66	

S.E. PRODUCTION COMPANY STATE NINETEEN OIL	6	4	8	34	24	30	14	24	29	20	33	11	237P	22036
S.E. PRODUCTION COMPANY STATE NINETEEN WAT	10	12	16	135	70	136	43	71	85	57	101	40	776	

G. P. SIMS, ESTATE OF GULF STATE OIL	48	28	58	52	17	9	21	20	16	16	17	16	318P	26502
G. P. SIMS, ESTATE OF GULF STATE GAS	47	48	34	24	7	4	20	21	41	25	36	45	392	
G. P. SIMS, ESTATE OF GULF STATE WAT	8	8	8	4	2	4	4	5	5	5	6	6	42P	14881
COMPANY TOTAL OIL	53	31	66	58	20	11	25	23	20	10	20	18	265	41383
COMPANY TOTAL GAS	55	56	40	28	9	31	24	23	46	30	42	51	457	

TEMPO ENERGY, INC. N. DECK STATE OIL			395	931	908	808	672	522	534	512	496	459	6237P	6237
TEMPO ENERGY, INC. N. DECK STATE GAS					785	746	817	795	740	759	714	677	6033	
TEMPO ENERGY, INC. N. DECK STATE WAT			40										40	

TEXACO INCORPORATED NEW MEXICO BS STATE OIL	4	1	1	56	13	18							50P	59852
TEXACO INCORPORATED NEW MEXICO BS STATE GAS	7	15	15		21	18							320	
TEXACO INCORPORATED NEW MEXICO BS STATE WAT				9	4	18							4	33402
2C2921S35E OIL	4	1	7			11							32P	
2C2921S35E GAS	4	8				11							3	
2C2921S35E WAT	4	4											5	
3E2921S35E OIL	4	1											5	1567
3E2921S35E GAS	4	6											20P	4649
3E2921S35E WAT	3												22	
COMPANY TOTAL OIL	11	2	14	9	13	53							102	99470
COMPANY TOTAL GAS	15	29	56	21	4								37	
COMPANY TOTAL WAT	4	1	22	6	4								6	

SAND DUNES BONE SPRINGS BS 6M TO 7M														

SANTA FE ENERGY OPERATING PARTNERS, L.P. PLATNUM 6 FEDERAL IN 623S32E OIL	745	742	365	523	371	320	316	268	264	292	257	188	4651P	4651
SANTA FE ENERGY OPERATING PARTNERS, L.P. PLATNUM 6 FEDERAL IN 623S32E GAS	520	1120	1240	1200	1240	1200	1240	1240	1200	1240	1200	1240	13880	
SANTA FE ENERGY OPERATING PARTNERS, L.P. PLATNUM 6 FEDERAL IN 623S32E WAT	422	140	124	242	149	110	113	101	105	90	90	62	1748	

TEXACO PRODUCING CO. FEDERAL SAND 18 OIL	305	277	290	284	310	294	304	312	282	285	289	300	3532P	68520
TEXACO PRODUCING CO. FEDERAL SAND 18 GAS	2023	1831	1469	2009	1642	1579	1468	1915	1795	1857	1795	1783	21160	
SDE 18 FEDERAL OIL	107	96	99	88	100	86	93	93	85	91	90	91	1119F	13909
SDE 18 FEDERAL GAS	1480	1314	1484	963	650	1110	1681	1648	1610	1611	1564	1603	16718	
COMPANY TOTAL OIL	412	373	389	372	410	380	397	405	367	376	379	391	4651	82429
COMPANY TOTAL GAS	3503	3145	2949	2972	2292	2689	3149	3561	3405	3468	3359	3386	37878	

SAND DUNES BONE SPRING, SOUTH BS 11M TO 12M														

MOBIL PRODUCING TEXAS AND NEW MEXICO TRESNOR FEDERAL OIL	1262	984	921	948	987	816	844	824	820	836	795	787	10824P	31420
MOBIL PRODUCING TEXAS AND NEW MEXICO TRESNOR FEDERAL GAS	275	252	120	225	279	270	150	295	150	155	285	195	2655	
MOBIL PRODUCING TEXAS AND NEW MEXICO TRESNOR FEDERAL WAT	310	112	248	210	124	150	186	186	180	186	240	248	2380	

SAND DUNES CHERRY CANYON CC 6M TO 7M														

KANEB OPERATING CO, LTD FEDERAL 26 OIL	1274	1335	860	748	715	740	716	905	1106	989	883	853	11124P	17638
KANEB OPERATING CO, LTD FEDERAL 26 GAS	87	50	646	480	1	222	249	372	933	903	714	210	4866	
KANEB OPERATING CO, LTD FEDERAL 26 WAT	1430	1437	1804	1743	1667	1557	1210	1120	1275	1223	1018	988	16472P	18159
302423S31E OIL	1122	1001	1355	1119	1	1641	1962	1581	1075	1117	821	1051	13847	
302423S31E GAS	683	657	628	657	628	587	603	238	302	260	241	224	4473P	4423
302423S31E WAT	512	1	421	1	1	54	62	930	1	1	1	1	10	
COMPANY TOTAL OIL	2704	2772	3347	3148	3010	2884	2529	2263	2683	2472	2142	2065	32019	40220
COMPANY TOTAL GAS	2	2	3	3	3	3	3	3	3	3	3	3	34	
COMPANY TOTAL WAT	1209	1051	2513	2020	1917	2273	2883	2262	2258	2258	1732	1801	21919	

POGO PRODUCING CO. CAL-MON 3F3523S31E OIL	1176	991	1182	1021	976	761	888	704	453	1505	1003	640	11300P	13187
POGO PRODUCING CO. CAL-MON 3F3523S31E GAS	509	429	512	442	423	360	385	305	196	652	434	277	4924	
POGO PRODUCING CO. CAL-MON 3F3523S31E WAT	1238	1051	1510	1361	1324	1101	1257	1107	729	1549	1852	1290	15169	

TEXAS AMERICAN OIL CORPORATION TODD 23 FEDERAL OIL	498	402	473	424	423	452	434	408	408	468	437	477	5204P	106867
TEXAS AMERICAN OIL CORPORATION TODD 23 FEDERAL GAS	714	579	680	610	608	678	651	587	428	217	402	427	6588	
TEXAS AMERICAN OIL CORPORATION TODD 23 FEDERAL WAT	174	162	134	159	158	174	167	153	176	170	173	176	15736	35281
2J2323S31E OIL	290	270	257	265	263	290	278	255	195	93	180	179	2815	
2J2323S31E GAS	672	564	627	583	581									

CMD :
OG6CLOG

ONGARD
C105-WELL COMPLETION OR RECOMP CASING LOG

02/22/05 10:05:03
OGOMES -TP80

10

OGRID Identifier : 122811 PRONGHORN MANAGEMENT CORP
Prop Identifier : 14987 NEW MEXICO BZ STATE NCT 5
API Well Identifier : 30 25 32362 Well No : 005
Surface Locn - UL : D Sec : 29 Twp : 21S Range : 35E Lot Idn :
Multiple comp (S/M/C): S TVD Depth (Feet) : 3963 MVD Depth (Feet): 3963
Spud Date : 01-04-1994 P/A Date :
Casing/Linear Record:

S Size (inches)	Grade Weight (lb/ft)	Depth(ft) Top-Liner	Depth(ft) Bot-Liner	Hole Size (inches)	Cement (Sacks)	TOC (feet)	Code
8.625	J55 24.0	0.0	390.0	12.250	250		C
5.500	J55 15.5	0.0	3962.0	7.875	250		C

E0009: Enter data to modify record

PF01 HELP PF02 PF03 EXIT PF04 GoTo PF05 PF06 CONFIRM
PF07 PF08 PF09 COMMENT PF10 TLOG PF11 PF12

Last reported production March 1998

Fracture Well

CMD :
OG6IWCM

INGARD
INQUIRE WELL COMPLETIONS

02/22/85 10:05:09
OGOMES -TP80

API Well No : 30 25 32262 Eff Date : 08-15-1994 WC Status : A
Pool Idn : 53790 SAN SIMON;YATES, NORTH (ASSOC)
OGRID Idn : 122811 PRONGHORN MANAGEMENT CORP
Prop Idn : 14987 NEW MEXICO BZ STATE NCT 5

Well No : 005
GL Elevation: 3649

	U/L	Sec	Township	Range	North/South	East/West	Prop/Act (P/A)
B.H. Locn	: D	29	21S	35E	FIG	40 F N FIG 750 F W	A

Lot Identifier:

Dedicated Acre: 40.00

Lease Type : S

Type of consolidation (Comm, Unit, Forced Pooling - C/U/P/O) :

M0025: Enter PF keys to scroll

PF01 HELP	PF02	PF03 EXIT	PF04 GoTo	PF05	PF06
PF07	PF08	PF09	PF10 NEXT-WC	PF11 HISTORY	PF12 NXTREC

CMD :
OG6IPRD

ONGARD
INQUIRE PRODUCTION BY POOL/WELL

02/22/05 10:05:20
OGOMES -TP80
Page No: 1

OGRID Identifier : 122411 PRONGHORN MANAGEMENT CORP
Pool Identifier : S3790 SAN SIMON;YATES, NORTH (ASSOC)
API Well No : 30 25 32362 Report Period - From : 01 1993 To : 12 2005

API Well No	Property Name	Prodn. MM/Y	Days Prod	Production Gas	Production Oil	Production Water	Well Stat
30 25 32362	NEW MEXICO BZ STATE	07 94	31	650	32	65	P
30 25 32362	NEW MEXICO BZ STATE	08 94	30	615	73	140	P
30 25 32362	NEW MEXICO BZ STATE	09 94	30	550	10	6	P
30 25 32362	NEW MEXICO BZ STATE	10 94	31	444	13	10	P
30 25 32362	NEW MEXICO B4 STATE	11 94	30	350	29		P
30 25 32362	NEW MEXICO BZ STATE	12 94	31	369	40		P
30 25 32362	NEW MEXICO BZ STATE	01 95	31	322	22		P

Reporting Period Total (Gas, Oil) :

M0025: Enter PF keys to scroll

PF01 HELP PF02 PF03 EXIT PF04 GoTo PF05 PF06 CONFIRM
PF07 BKWD PF08 FWD PF09 PF10 NXTPOOL PF11 NXTOGD PF12

OGRID Identifier : 122811 PRONGHORN MANAGEMENT CORP
Pool Identifier : 53790 SAN SIMON;YATES, NORTH (ASSOC)
API Well No : 30 25 32362 Report Period - From : 01 1993 To : 12 2005

API Well No	Property Name	Prodn. MM/YY	Days Prod	Production Gas	Production Oil	Production Water	Well Stat
30 25 32362	NEW MEXICO BZ STATE	02 95	28	95	8		P
30 25 32362	NEW MEXICO BZ STATE	03 95	15		1		P
30 25 32362	NEW MEXICO BZ STATE	04 95	30	567	3	6	P
30 25 32362	NEW MEXICO BZ STATE	05 95	31	220	11	6	P
30 25 32362	NEW MEXICO BZ STATE	06 95					S
30 25 32362	NEW MEXICO BZ STATE	07 95	10	31	2		P
30 25 32362	NEW MEXICO BZ STATE	08 95	31	396	8	4	P

Reporting Period Total (Gas, Oil) :

E0049: User may continue scrolling.

- PF01 HELP PF02
- PF03 EXIT PF04 GoTo PF05
- PF06 CONFIRM
- PF07 BKWD PF08 FWD PF09
- PF10 NXTPOOL PF11 NXTOGD PF12

CMD :
OC61PRD

ONGARD
INQUIRE PRODUCTION BY POOL/WELL

02/22/05 10:05:25
OGOMES -TP80
Page No: 3

OGRID Identifier : 122811 PRONGHORN MANAGEMENT CORP
Pool Identifier : 53790 SAN SIMON;YATES, NORTH (ASSOC)
API Well No : 30 25 32362 Report Period - From : 01 1993 To : 12 2005

API Well No	Property Name	Prodn. MM/YY	Days Prod	Production Gas	Production Oil	Production Water	Well Stat
30 25 32362	NEW MEXICO BZ STATE	01 95	30	412	22	8	P
30 25 32362	NEW MEXICO BZ STATE	10 95	30	299	23	10	P
30 25 32362	NEW MEXICO BZ STATE	11 95	30	224	3		P
30 25 32362	NEW MEXICO BZ STATE	12 95	30		12	4	P
30 25 32362	NEW MEXICO BZ STATE	01 96	31	45	10	5	P
30 25 32362	NEW MEXICO BZ STATE	02 96	25		5	3	P
30 25 32362	NEW MEXICO BZ STATE	03 96	15		6		P

Reporting Period Total (Gas, Oil) :

E0049: User may continue scrolling.

PF01 HELP PF02 PF03 EXIT PF04 GoTo PF05 PF06 CONFIRM
PF07 BKWD PF08 FWD PF09 PF10 NXTPOOL PF11 NXTOGD PF12

CMD :
CG61PRD

ONGARD
INQUIRE PRODUCTION BY POOL/WELL

02/22/05 10:05:27
OGOMES -TP80
Page No: 4

OGRID Identifier : 122811 PRONGHORN MANAGEMENT CORP
Pool Identifier : 53790 SAN SIMON;YATES, NORTH (ASSOC)
API Well No : 30 25 32362 Report Period - From : 01 1993 To : 12 2005

API Well No	Property Name	Prodn. MM/YY	Days Prod	Production Gas	Production Oil	Production Water	Well Stat
30 25 32362	NEW MEXICO BZ STATE	04 96	15	168	5		P
30 25 32362	NEW MEXICO BZ STATE	05 96	15	1	1		P
30 25 32362	NEW MEXICO BZ STATE	06 96	15	2	3		P
30 25 32362	NEW MEXICO BZ STATE	07 96	20	20	4		P
30 25 32362	NEW MEXICO BZ STATE	08 96	20	12	2		P
30 25 32362	NEW MEXICO BZ STATE	09 96	20	1	2		P
30 25 32362	NEW MEXICO BZ STATE	10 96	20		2		P

Reporting Period Total (Gas, Oil) :

E0049: User may continue scrolling.

PF01 HELP PF02 PF03 EXIT PF04 GoTo PF05 PF06 CONFIRM
PF07 BKWD PF08 FWD PF09 PF10 NXTPOOL PF11 NXTOGD PF12

CMD :
CG6IPRD

ORIGARD
INQUIRE PRODUCTION BY POOL/WELL

02/22/05 10:05:28
OGOMES -TP80
Page No: 5

OGRID Identifier : 122811 PRONGHORN MANAGEMENT CORP
Pool Identifier : 53790 SAN SIMON;YATES, NORTH (ASSOC)
API Well No : 30 25 32362 Report Period: - From : 01 1993 To : 12 2005

API Well No	Property Name	Prods. MM/YY	Days Prod	Production Volumes Gas	Oil	Water	Well Stat
30 25 32362	NEW MEXICO BX STATE	11 96	20	2	2		P
30 25 32362	NEW MEXICO BZ STATE	12 96	20		2		P
30 25 32362	NEW MEXICO BZ STATE	01 97	20		2		P
30 25 32362	NEW MEXICO BZ STATE	02 97	20	22	1		P
30 25 32362	NEW MEXICO BX STATE	03 97	20		1		P
30 25 32362	NEW MEXICO BX STATE	04 97		26	1		P
30 25 32362	NEW MEXICO BZ STATE	05 97	15	1	1		P

Reporting Period Total (Gas, Oil) :

E0049: User may continue scrolling.

PF01 HELP PF02 PF03 EXIT PF04 GoTo PF05 PF06 CONFIRM
PF07 BKWD PF08 FWD PF09 PF10 NXTPOOL PF11 NXTOGD PF12

CMD :
OG6IPRD

ONGARD
INQUIRE PRODUCTION BY POOL/WELL

02/22/05 10:05:29
OGOMES -TP80
Page No: 6

OGRID Identifier : 122811 PRONGHORN MANAGEMENT CORP
Pool Identifier : 53790 SAN SIMON;YATES, NORTH (ASSOC)
API Well No : 20 25 32362 Report Period - From : 01 1993 To : 12 2005

API Well No	Property Name	Prodn. MM/YY	Days Prod	Production Gas	Oil	Water	Well Stat
30 25 32362	NEW MEXICO BZ STATE	06 97	10		1		P
30 25 32362	NEW MEXICO BZ STATE	07 97	10		2		P
30 25 32362	NEW MEXICO BZ STATE	08 97	10		1		P
30 25 32362	NEW MEXICO BZ STATE	09 97	10		1		P
30 25 32362	NEW MEXICO BZ STATE	10 97	10		1		P
30 25 32362	NEW MEXICO BZ STATE	11 97	5		1		P
30 25 32362	NEW MEXICO BZ STATE	12 97	5		1		P

Reporting Period Total (Gas, Oil) :

E0049: User may continue scrolling.

PF01 HELP PF02 PF03 EXIT PF04 GoTo PF05 PF06 CONFIRM
PF07 BKWD PF08 FWD PF09 PF10 NXTPOOL PF11 NXTOGD PF12

CMD :
OG6IPRD

ONGAPD
INQUIRE PRODUCTION BY POOL/WELL

02/22/05 10:05:30
OGOMES -TP80
Page No: 7

OGRID Identifier : 122811 PRONGHORN MANAGEMENT CORP
Pool Identifier : 53790 SAN SIMON;YATES, NORTH (ASSOC)
API Well No : 30 25 32362 Report Period - From : 01 1993 To : 12 2005

API Well No	Property Name	Prodn. MM/YY	Days Prod	Production Gas	Production Oil	Production Water	Well Stat
30 25 32362	NEW MEXICO BZ STATE	01 98	5		1		P
30 25 32362	NEW MEXICO BZ STATE	02 98	5		1		P
30 25 32362	NEW MEXICO BZ STATE	03 98	5		1		P
30 25 32362	NEW MEXICO BZ STATE	04 98					S
30 25 32362	NEW MEXICO BZ STATE	05 98					S
30 25 32362	NEW MEXICO BZ STATE	06 98					S
30 25 32362	NEW MEXICO BZ STATE	07 98					S

Reporting Period Total (Gas, Oil) :

E0049: User may continue scrolling.

PF01 HELP PF02 PF03 EXIT PF04 GoTo PF05 PF06 CONFIRM
PF07 BKWD PF08 FWD PF09 PF10 NXTPOOL PF11 NXTOGD PF12

CMD :
OG6IPRD

ONGARD
INQUIRE PRODUCTION BY POOL/WELL

02/22/05 10:05:32
OGOMES -TP80
Page No: 8

OGRID Identifier : 122811 PRONGHORN MANAGEMENT CORP
Pool Identifier : 53790 SAN SIMON;YATES, NORTH (ASSOC)
API Well No : 30 25 32362 Report Period - From : 01 1993 To : 12 2005

API Well No	Property Name	Prodn. MM/YY	Days Prod	Production Volumes			Well Stat
				Gas	Oil	Water	
30 25 32362	NEW MEXICO BZ STATE	08 98				S	
30 25 32362	NEW MEXICO BZ STATE	09 98				S	
30 25 32362	NEW MEXICO BZ STATE	11 98				S	
30 25 32362	NEW MEXICO BZ STATE	12 98				S	
30 25 32362	NEW MEXICO RZ STATE	01 99				S	
30 25 32362	NEW MEXICO BZ STATE	02 99				T	
30 25 32362	NEW MEXICO BZ STATE	03 99				T	

Reporting Period Total (Gas, Oil) :

E0049: User may continue scrolling.

PF01 HELP PF02 PF03 EXIT PF04 GoTo PF05 PF06 CONFIRM
PF07 BKWD PF08 FWD PF09 PF10 NXTPOOL PF11 NXTOGD PF12

CMD :
OG6IPRD

ONGARD
INQUIRE PRODUCTION BY POOL/WELL

02/22/05 10:05:33
OGOMES -TP80
Page No: 9

OGRID Identifier : 122811 PRONGHORN MANAGEMENT CORP
Pool Identifier : 53790 SAN SIMON;YATES; NORTH (ASSOC)
API Well No : 30 25 32362 Report Period - From : 01 1993 To : 12 2005

API Well No	Property Name	Prodn. Days MM/YY	Prod	Production Volumes			Well Stat
				Gas	Oil	Water	
30 25 32362	NEW MEXICO BZ STATE	04 99				T	
30 25 32362	NEW MEXICO BZ STATE	05 99				T	
30 25 32362	NEW MEXICO BZ STATE	06 99				T	
30 25 32362	NEW MEXICO BZ STATE	07 99				T	
30 25 32362	NEW MEXICO BZ STATE	08 99				T	
30 25 32362	NEW MEXICO BZ STATE	09 99				T	
30 25 32362	NEW MEXICO BZ STATE	10 99				T	

Reporting Period Total (Gas, Oil) :

E0049: User may continue scrolling.

PF01 HELP PF02 PF03 EXIT PF04 GoTo PF05 PF06 CONFIRM
PF07 BKWD PF08 FWD PF09 PF10 NXTPOOL PF11 NXTOGD PF12

CMD :
OG6IPRD

ONGARD
INQUIRE PRODUCTION BY POOL/WELL

02/22/05 10:05:34
OGOMES -TP80
Page No: 10

OGRID Identifier : 122811 PRONGHORN MANAGEMENT CORP
Pool Identifier : 53790 SAN SIMON;YATES, NORTH (ASSOC)
API Well No : 30 25 32362 Report Period - From : 01 1993 To : 12 2005

API Well No	Property Name	Prodn. Days MM/YY Prod	Production Volumes Gas Oil Water	Well Stat
30 25 32362	NEW MEXICO BZ STATE	11 99		T
30 25 32362	NEW MEXICO BZ STATE	12 99		T
30 25 32362	NEW MEXICO BZ STATE	01 00		T
30 25 32362	NEW MEXICO BZ STATE	02 00		T
30 25 32362	NEW MEXICO BZ STATE	03 00		T
30 25 32362	NEW MEXICO BZ STATE	04 00		T
30 25 32362	NEW MEXICO BZ STATE	05 00		T

Reporting Period Total (Gas, Oil) :

E0049: User may continue scrolling.

PF01 HELP PF02 PF03 EXIT PF04 GoTo PF05 PF06 CONFIRM
PF07 BKWD PF08 FWD PF09 PF10 NXTPOOL PF11 NXTOGD PF12

CMD :
OG6IPRD

ONGARD
INQUIRE PRODUCTION BY POOL/WELL

02/22/05 10:05:36
OGOMES -TP80
Page No: 11

OGRID Identifier : 122811 PRONGHORN MANAGEMENT CORP
Pool Identifier : 53790 SAN SIMON;YATES, NORTH (ASSOC)
API Well No : 30 25 32362 Report Period - From : 01 1993 To : 12 2005

API Well No	Property Name	Prodn. Days MM/YY Prod	Production Volumes Gas Oil Water	Well Stat
30 25 32362	NEW MEXICO BZ STATE	06 00		T
30 25 32362	NEW MEXICO BZ STATE	07 00		T
30 25 32362	NEW MEXICO BZ STATE	08 00		T
30 25 32362	NEW MEXICO BZ STATE	09 00		T
30 25 32362	NEW MEXICO BZ STATE	10 00		T
30 25 32362	NEW MEXICO BZ STATE	11 00		T
30 25 32362	NEW MEXICO BZ STATE	12 00		P

Reporting Period Total (Gas, Oil) :

E0049: User may continue scrolling.

PF01 HELP PF02 PF03 EXIT PF04 GoTo PF05 PF06 CONFIRM
PF07 BKWD PF08 FWD PF09 PF10 NXTPOOL PF11 NXTOGD PF12

CMD :
OG6IPRD

ONGARD
INQUIRE PRODUCTION BY POOL/WELL

02/22/05 10:05:37
OGOMES -TP80
Page No: 12

OGRID Identifier : 122811 PRONGHORN MANAGEMENT CORP.
Pool Identifier : 53790 SAN SIMON;YATES, NORTH (ASSOC)
API Well No : 30 25 32362 Report Period - From : 01 1993 To : 12 2005

API Well No	Property Name	Prodn. Days MM/YY Prod	Production Volumes Gas Oil Water	Well Stat
30 25 32362	NEW MEXICO BZ STATE	01 01		P
30 25 32362	NEW MEXICO BZ STATE	02 01		P
30 25 32362	NEW MEXICO BZ STATE	03 01		P
30 25 32362	NEW MEXICO BZ STATE	04 01		P
30 25 32362	NEW MEXICO BZ STATE	05 01		T
30 25 32362	NEW MEXICO BZ STATE	06 01		T
30 25 32362	NEW MEXICO BZ STATE	07 01		P

Reporting Period Total (Gas, Oil) :

E0049: User may continue scrolling.

PF01 HELP PF02 PF03 EXIT PF04 GoTo PF05 PF06 CONFIRM
PF07 BKWD PF08 FWD PF09 PF10 NXTPOOL PF11 NXTOGD PF12

OGRID Identifier : 122811 PRONGHORN MANAGEMENT CORP
Pool Identifier : 53790 SAN SIMON;YATES, NORTH (ASSOC)
API Well No : 30 25 32362 Report Period - From : 01 1993 To : 12 2005

API Well No	Property Name	Prodn. Days MM/YY Prod	Production Volumes Gas Oil Water	Well Stat
30 25 32362	NEW MEXICO BZ STATE	08 01		T
30 25 32362	NEW MEXICO BZ STATE	09 01		P
30 25 32362	NEW MEXICO BZ STATE	10 01		P
30 25 32362	NEW MEXICO BZ STATE	11 01		P
30 25 32362	NEW MEXICO BZ STATE	12 01		P
30 25 32362	NEW MEXICO BZ STATE	01 02		P
30 25 32362	NEW MEXICO BZ STATE	02 02		P

Reporting Period Total (Gas, Oil) :

E0049: User may continue scrolling.

PF01 HELP PF02 PF03 EXIT PF04 GoTo PF05 PF06 CONFIRM
PF07 BKWD PF08 FWD PF09 PF10 NXTPOOL PF11 NXTOGD PF12

CMD :
OGSTPRD

OFFERED
INQUIRE PRODUCTION BY POOL/WELL

01/22/05 10:05:39
OGOMES -1P80
Page No: 14

OGRID Identifier : 132911 PRONGHORN MANAGEMENT CORP
Pool Identifier : 53790 SAN SIMON;YATES, NORTH (ASSOC)
API Well No : 30 25 32362 Report Period - From : 01 1995 To : 12 2005

API Well No	Property Name	Prodn. Days MM/YY Prod	Production Volumes Gas Oil Water	Well Stat
30 25 32362	NEW MEXICO BZ STATE	03 02		P
30 25 32362	NEW MEXICO B7 STATE	04 02		P
30 25 32362	NEW MEXICO B2 STATE	05 02		P
30 25 32362	NEW MEXICO BZ STATE	06 02		P
30 25 32362	NEW MEXICO B2 STATE	07 02		P
30 25 32362	NEW MEXICO BZ STATE	08 02		P
30 25 32362	NEW MEXICO BZ STATE	09 02		P

Reporting Period Total (Gas, Oil) :

E0049: User may continue scrolling.

PF01 HELP PF02 PF03 EXIT PF04 GoTo PF05 PF06 CONFIRM
PF07 BKWD PF08 FWD PF09 PF10 NXTPOOL PF11 NXTOGD PF12

CMD :
OG6IPRD

OSWARD
INQUIRE PRODUCTION BY POOL/WELL

02/22/05 10:05:40
OCOMES -TP80
Page No: 15

OGRID Identifier : 122811 PRONGHORN MANAGEMENT CORP
Pool Identifier : 53790 SAN SIMON;YATES, NORTH (ASSOC)
API Well No : 30 25 32362 Report Period - From : 01 1993 To : 12 2005

API Well No	Property Name	Prodn. Days MM/YY Prod	Production Volumes Gas Oil Water	Well Stat
30 25 32362	NEW MEXICO BZ STATE	10 02		P
30 25 32362	NEW MEXICO BZ STATE	11 02		P
30 25 32362	NEW MEXICO BZ STATE	12 02		P
30 25 32362	NEW MEXICO BZ STATE	01 03		P
30 25 32362	NEW MEXICO BZ STATE	01 03		P
30 25 32362	NEW MEXICO BZ STATE	02 03		P
30 25 32362	NEW MEXICO BZ STATE	04 03		P

Reporting Period Total (Gas, Oil) :

E0049: User may continue scrolling.

PF01 HELP PF02 PF03 EXIT PF04 GoTo PF05 PF06 CONFIRM
PF07 BKWD PF08 FWD PF09 PF10 NXTPOOL PF11 NXTOGD PF12

CMD :
OG6IPRD

ONGARD
INQUIRE PRODUCTION BY POOL/WELL

02/22/05 10:05:42
OGOMES -TP80
Page No: 16

OGRID Identifier : 122811 PRONGHORN MANAGEMENT CORP
Pool Identifier : 53790 SAN SIMON;YATES, NORTH (ASSOC)
API Well No : 30 25 32362 Report Period - From : 01 1993 To : 12 2005

API Well No	Property Name	Prodr. Days	Production Volumes	Well
		MM/YY Prod	Gas Oil Water	Stat
30 25 32362	NEW MEXICO BZ STATE	05 03		P
30 25 32362	NEW MEXICO BZ STATE	06 03		P
30 25 32362	NEW MEXICO BZ STATE	07 03		P
30 25 32362	NEW MEXICO BZ STATE	08 03		P
30 25 32362	NEW MEXICO BZ STATE	09 03		P
30 25 32362	NEW MEXICO BZ STATE	10 03		P
30 25 32362	NEW MEXICO BZ STATE	11 03		P

Reporting Period Total (Gas, Oil) :

E0049: User may continue scrolling.

PF01 HELP PF02 PF03 EXIT PF04 GoTo PF05 PF06 CONFIRM
PF07 BKWD PF08 FWD PF09 PF10 NXTPOOL PF11 NXTOGD PF12

CMD :
OG6IPRD

ONGARD
INQUIRE PRODUCTION BY POOL/WELL

02/22/05 10:05:43
OGOMES -TP80
Page No: 17

OGRID Identifier : 122811 PRONGHORN MANAGEMENT CORP
Pool Identifier : 53790 SAN SIMON;YATES, NORTH (ASSOC)
API Well No : 30 25 32362 Report Period - From : 01 1993 To : 12 2005

API Well No	Property Name	Prodn. Days MM/YY Prod	Production Volumes Gas Oil Water	Well Stat
30 25 32362	NEW MEXICO BZ STATE	12 03		P
30 25 32362	NEW MEXICO BZ STATE	01 04		P
30 25 32362	NEW MEXICO BZ STATE	02 04		P
30 25 32362	NEW MEXICO BZ STATE	03 04		P
30 25 32362	NEW MEXICO BZ STATE	04 04		P
30 25 32362	NEW MEXICO BZ STATE	05 04		P
30 25 32362	NEW MEXICO BZ STATE	06 04		P

Reporting Period Total (Gas, Oil) :

E0049: User may continue scrolling.

PF01 HELP PF02 PF03 EXIT PF04 GoTo PF05 PF06 CONFIRM
PF07 BKWD PF08 FWD PF09 PF10 NXTPOOL PF11 NXTOGD PF12

CMD :
CG6IPRD

ONCAPPD
INQUIRE PRODUCTION BY POOL/WELL

02/22/05 10:05:44
OGOMES -TP80
Page No: 18

OGRID Identifier : 122811 PRONGHORN MANAGEMENT CORP
Pool Identifier : 53790 SAN SIMON;YATES, NORTH (ASSOC)
API Well No : 30 25 32362 Report Period - From : 01 1993 To : 12 2005

API Well No	Property Name	Prod. Days MM/YY Prod	Production Volumes Gas Oil Water	Well Stat
30 25 32362	NEW MEXICO BZ STATE	07 04		P
30 25 32362	NEW MEXICO BZ STATE	08 04		P
30 25 32362	NEW MEXICO BZ STATE	09 04		P
30 25 32362	NEW MEXICO BZ STATE	10 04		P

Reporting Period Total (Gas, Oil) : 5844 378 267

E0049: User may continue scrolling.

PF01 HELP PF02 PF03 EXIT PF04 GoTo PF05 PF06 CONFIRM
PF07 BKWD PF08 FWD PF09 PF10 NXTPOOL PF11 NXTOGD PF12

Submit 3 Copies To Appropriate District Office
 District I
 1625 N. French Dr., Hobbs, NM 87240
 District II
 811 South First, Artesia, NM 87210
 District III
 1000 Rio Brazos Rd., Aztec, NM 87410
 District IV
 2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico
 Energy, Minerals and Natural Resources

Form C-103-
 Revised March 25, 1999

OIL CONSERVATION DIVISION
 2040 South Pacheco
 Santa Fe, NM 87505

WELL API NO. <i>30-025-32362</i>
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. <i>B-158</i>
7. Lease Name or Unit Agreement Name: <i>N.M. State BZ NCT-5</i>
8. Well No. <i>5</i>
9. Pool name or Wildcat <i>SAN SIMON YATES NORTH (ASSOC.)</i>

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

1. Type of Well:
 Oil Well Gas Well Other

2. Name of Operator
PAONGHOAN MGT. CORP.

3. Address of Operator
P.O. Box 1772 Hobbs, N.M. 88241

4. Well Location
 Unit Letter *D* : *40* feet from the *North* line and *750* feet from the *West* line
 Section *29* Township *21S* Range *35E* NMPM *Lea* County

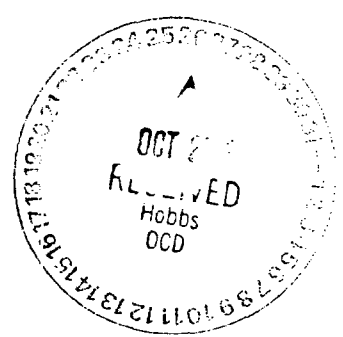
10. Elevation (Show whether DR, RKB, RT, GR, etc.)

11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input checked="" type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: <input type="checkbox"/>	

12. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation.

*1. Move in and rig up.
 2. POOH with production equipment.
 3. Clean out well.
 4. Acidize existing perforations.
 5. Return well to production.*



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

SIGNATURE *Guy A. Baben* TITLE *Partner* DATE *10/25/01*

Type or print name *Guy A. Baben* Telephone No. *505-393-8386*
 (This space for State use)

APPROVED BY _____ TITLE _____ DATE _____
 Conditions of approval, if any:

187

Submit to Appropriate District Office
 State Lease - 6 copies
 Fee Lease - 5 copies
DISTRICT I
 P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
 P.O. Drawer DD, Artesia, NM 88210

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

State of New Mexico
 Energy, Minerals and Natural Resources Department

Form C-105
 Revised 1-1-89

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

WELL API NO.
 30-025-32362

5. Indicate Type of Lease
 STATE FEE

6. State Oil & Gas Lease No.
 8-158

WELL COMPLETION OR RECOMPLETION REPORT AND LOG

1a. Type of Well:
 OIL WELL GAS WELL DRY OTHER _____
 b. Type of Completion:
 NEW WELL WORK OVER DEEPEN PLUG BACK DIFF RESVR OTHER _____

7. Lease Name or Unit Agreement Name
 NM "BZ" State NCT-5

2. Name of Operator
 Pronghorn Management Corp.

8. Well No.
 5

3. Address of Operator
 P.O. Box 1772 Hobbs, N.M. 88241

9. Pool name or Wildcat
 North San Simon Yates Assoc.

4. Well Location
 Unit Letter D : 40 Feet From The NORTH Line and 750 Feet From The WEST Line
 Section 29 Township 21-S Range 35-E N.M.P.M. Lea County

10. Date Spudded 1/4/94 11. Date T.D. Reached 1/11/94 12. Date Compl. (Ready to Prod.) 2/23/94 13. Elevations (DF, RKB, RT, GR, etc.) 14. Elev. Casinghead

15. Total Depth 3963 16. Plug Back T.D. 3923 17. If Multiple Compl. How Many Zones? 18. Intervals Drilled By Rotary Tools 0-TD Cable Tools

19. Producing Interval(s), of this completion - Top, Bottom, Name Yates 20. Was Directional Survey Made No

21. Type Electric and Other Logs Run CNL-LDT & DLL 22. Was Well Cored NO

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

CASING SIZE	WEIGHT LB./FT.	DEPTH SET	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
8 5/8"	24# J-55	390'	12 1/4"	250 Sx "C"	
5 1/2"	15.5# J-55	3962	7 7/8"	250 Sx "C"	

24. LINER RECORD				25. TUBING RECORD			
SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN	SIZE	DEPTH SET	PACKER SET
					2 3/8"	3900	

26. Perforation record (interval, size, and number) 3806-3792', 3884-3880', & 3776-3766'	27. ACID, SHOT, FRACTURE, CEMENT, SQUEEZE, ETC.	
	DEPTH INTERVAL	AMOUNT AND KIND MATERIAL USED
	3766-3884	1500 Gallon 15% + 65 RCNBS
3766-3884	52,000 Gallon 50 Quill +	
	86,000#	

28. PRODUCTION

Date First Production <u>2/2/94</u>		Production Method (Flowing, gas lift, pumping - Size and type pump) <u>Flowing</u>				Well Status (Prod. or Shut-in) <u>Production</u>	
Date of Test <u>2/5/94</u>	Hours Tested <u>24</u>	Choke Size <u>8164</u>	Prod'n For Test Period	Oil - Bbl. <u>30</u>	Gas - MCF <u>90</u>	Water - Bbl. <u>0</u>	Gas - Oil Ratio <u>3000</u>
Flow Tubing Press. <u>50</u>	Casing Pressure <u>140</u>	Calculated 24-Hour Rate	Oil - Bbl. <u>30</u>	Gas - MCF <u>90</u>	Water - Bbl. <u>0</u>	Oil Gravity - API - (Corr.) <u>36.5</u>	

29. Disposition of Gas (Sold, used for fuel, vented, etc.)
Sold - Gpm Test Witnessed By

30. List Attachments

31. I hereby certify that the information shown on both sides of this form is true and complete to the best of my knowledge and belief

Signature Mark D. Clarke Printed Name MARK D. CLARKE Title Engineer Date 2/6/94

District I
 PO Box 1980, Hobbs, NM 88241-1980
 District II
 PO Drawer DD, Artesia, NM 88211-0719
 District III
 1000 Rio Brazos Rd., Aztec, NM 87410
 District IV
 PO Box 2088, Santa Fe, NM 87504-2088

State of New Mexico
 Energy, Minerals & Natural Resources Department
OIL CONSERVATION DIVISION
 PO Box 2088
 Santa Fe, NM 87504-2088

Form C-104
 Revised February 10, 1994
 Instructions on back
 Submit to Appropriate District Office
 5 Copies

AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

Operator name and Address Pronghorn Mgt. Corp. P.O. Box 1772 Hobbs, N.M.		OGRID Number 122811
		Reason for Filing Code NW Eff. 2-94
API Number 30-025-32362	Pool Name San Simon Yates North (Assoc.)	Pool Code 53790
Property Code 14987	Property Name New Mexico "BZ" NCT-5	Well Number 5

II. Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South Line	Feet from the	East/West line	County
D	29	21-S	35-E		40	North	750	West	Lea

Bottom Hole Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County

Lee Code	Producing Method Code	Gas Connection Date	C-129 Permit Number	C-129 Effective Date	C-129 Expiration Date
S	P	2-24-94			

III. Oil and Gas Transporters

Transporter OGRID	Transporter Name and Address	POD	OIG	POD ULSTR Location and Description
015694	Navajo Refining Co. P.O. Box 159 Artesia, NM 88211	0501310	O	D-29-21-35
009171	GPM Gas Corp. 315 Johnstone Bartlesville, OK 74004	0501330	G	D-29-21-35

IV. Produced Water

POD	POD ULSTR Location and Description
0501350	N/A

V. Well Completion Data

Spud Date	Ready Date	TD	MBTD	Perforations
1/4/94	2/23/94	3963	3923	3884-3766
Hole Size	Casing & Tubing Size	Depth Set	Sacks Cement	
12 1/2	8 1/8	390'	250 Sx	
7 7/8	5 1/2	3962	250 Sx	

VI. Well Test Data

Date New Oil	Gas Delivery Date	Test Date	Test Length	Tog. Pressure	Gas Pressure
2/2/94	2/23/94	2/5/94	24	50	100
Choke Size	Oil	Water	Gas	AOF	Test Method
8/64'	30	0	90	No	Flowing

I hereby certify that the rules of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.
 Signature: *Mark D. Clarke*

OIL CONSERVATION DIVISION
 Approved by: *JERRY SEXTON*
 Title: DISTRICT SUPERVISOR
 Approval Date: FEB 23 1995

Printed name: MARK D. CLARKE
 Title: *Engr*
 Date: 2-20-95
 Phone: 392-5516

If this is a change of operator fill in the OGRID number and name of the previous operator

Previous Operator Signature	Printed Name	Title	Date

**RAILROAD COMMISSION OF TEXAS
OIL AND GAS DIVISION**

Form W-12
(1-1-71)

INCLINATION REPORT
(One Copy Must Be Filed With Each Completion Report.)

32-225-3236-2

1. FIELD NAME (as per RRC Records or Wildcat)		2. LEASE NAME New Mexico State BZ ACT-5	6. RRC District
3. OPERATOR Paber Well Services Prughers Management Corp		8. Well Number 5	7. RRC Lease Number (Oil completions only)
4. ADDRESS Box 1772 Hobbs, NM 88240		9. RRC Identification Number (Gas completions only)	
5. LOCATION (Section, Block, and Survey) Unit D, 40/W 7 750/W 29-21-35E		10. County Lea	

RECORD OF INCLINATION

*11. Measured Depth (feet)	12. Course Length (Hundreds of feet)	*13. Angle of Inclination (Degrees)	14. Displacement per Hundred Feet (Sine of Angle X100)	15. Course Displacement (feet)	16. Accumulative Displacement (feet)
220	220	1/2	.88	1.94	1.94
390	170	1/2	.88	1.50	3.44
900	510	1/2	.88	4.49	7.93
1402	502	3/4	1.31	6.58	14.51
1902	500	1	1.75	8.75	23.26
2405	503	2 3/4	4.81	24.19	47.45
2657	252	3	5.25	13.23	60.68
3034	377	3 3/4	6.56	24.73	85.41
3286	252	3 1/2	6.13	15.45	100.86
3505	219	3 1/2	6.13	13.42	114.28
3963	458	2	3.50	16.03	130.31

If additional space is needed, use the reverse side of this form.

17. Is any information shown on the reverse side of this form? yes no
18. Accumulative total displacement of well bore at total depth of 3963 feet = 130.31 feet.
- *19. Inclination measurements were made in - Tubing Casing Open hole Drill Pipe
20. Distance from surface location of well to the nearest lease line _____ feet.
21. Minimum distance to lease line as prescribed by field rules _____ feet.
22. Was the subject well at any time intentionally deviated from the vertical in any manner whatsoever? no
(If the answer to the above question is "yes", attach written explanation of the circumstances.)

<p>INCLINATION DATA CERTIFICATION</p> <p>I declare under penalties prescribed in Sec. 91.143, Texas Natural Resources Code, that I am authorized to make this certification, that I have personal knowledge of the inclination data and facts placed on both sides of this form and that such data and facts are true, correct, and complete to the best of my knowledge. This certification covers all data as indicated by asterisks (*) by the item numbers on this form.</p> <p><u>James L. Brazeal</u> Signature of Authorized Representative <u>James L. Brazeal-President</u> Name of Person and Title (type or print) <u>Brazeal, Inc.-d/b/a CapStar Drilling</u> Name of Company Telephone: <u>214</u> <u>727-8367</u> Area Code</p>	<p>OPERATOR CERTIFICATION</p> <p>I declare under penalties prescribed in Sec. 91.143, Texas Natural Resources Code, that I am authorized to make this certification, that I have personal knowledge of all information presented in this report, and that all data presented on both sides of this form are true, correct, and complete to the best of my knowledge. This certification covers all data and information presented herein except inclination data as indicated by asterisks (*) by the item numbers on this form.</p> <p><u>Mark D. Cluck</u> Signature of Authorized Representative <u>Mark D. Cluck</u> Name of Person and Title (type or print) <u>CapStar Well Services / PM Corp</u> Operator Telephone: <u>(505)</u> <u>392-5516</u> Area Code</p>
--	--

Railroad Commission Use Only:

Approved By: _____ Title: _____ Date: _____

* Designates items certified by company that conducted the inclination surveys.

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

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

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

WELL API NO.
30-025-32362

5. Indicate Type of Lease
STATE FEE

6. State Oil & Gas Lease No.
B - 158

7. Lease Name or Unit Agreement Name
NM "BZ" State NCT-5

8. Well No.
5

9. Pool name or Wildcat
North San Simon Yates Assoc.

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

1. Type of Well:
OIL WELL GAS WELL OTHER

2. Name of Operator
Pronghorn Mgt. Corp.

3. Address of Operator
P.O. box 1772, Hobbs, NM 88241

4. Well Location
Unit Letter D : 40 Feet From The North Line and 750 Feet From The West Line
Section 29 Township 21-S Range 35-E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data			
NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input checked="" type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: <input type="checkbox"/>	

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Production String: 1/11/94

Drilled 7 7/8" hole to 3963'. Ran and set 3954' 5 1/2' 15.5# J-55.
Cemented with 150 Sx "C" + 4#/sk Salt + .2% Defoamer + 1/4#/sk Celloflake + 16% Gel mixed at 12.0 ppg. Tailed in with 100 Sx "C" + 1/4#/sk Celloflake mixed at 14.8 ppg. Bumped Plug. Float Head.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.
SIGNATURE Mark D. Clarke TITLE Engineer DATE 2/6/95
TYPE OR PRINT NAME MARK D. CLARKE ENGINEER TELEPHONE NO. 3-1050

(This space for State Use)
ORIGINAL SIGNED BY JERRY SEXTON
APPROVED BY DISTRICT I SUPERVISOR TITLE _____ DATE FEB 28 1995
CONDITIONS OF APPROVAL, IF ANY:

District I
PO Box 1980, Hobbs, NM 88241-1980
District II
PO Drawer DD, Artesia, NM 88211-0719
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
PO Box 2088, Santa Fe, NM 87504-2088

State of New Mexico
Energy, Minerals & Natural Resources Department
OIL CONSERVATION DIVISION
PO Box 2088
Santa Fe, NM 87504-2088

Form C-104
Revised February 10, 1994
Instructions on back
Submit to Appropriate District Office
5 Copies

AMENDED REPORT

I. **REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT**

Operator name and Address PRONGHORN MANAGEMENT CORP. P.O. BOX 1772 HOBBS, NM 88241		OGRID Number 122811
Reason for Filing Code RT 2,480 bbls July '94		
AFT Number 30-025-32322	Pool Name SAN SIMON YATES, NORTH (ASSOC)	Pool Code 53790
Property Code 14987	Property Name NEW MEXICO STATE "BZ" NCT-5	Well Number 5

II. **Surface Location**

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South Line	Feet from the	East/West Line	County
D	29	21-S	35-E		40'	NORTH	750'	WEST	LEA

Bottom Hole Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South Line	Feet from the	East/West Line	County
Lee Code S	Producing Method Code P	Gas Connection Date N/A	C-129 Permit Number	C-129 Effective Date	C-129 Expiration Date				

III. **Oil and Gas Transporters**

Transporter OGRID	Transporter Name and Address	POD	O/G	POD ULSTR Location and Description
015694	NAVAJO REFINING CO. P.O. BOX 159 ARTESIA, NM 88211	0501310	O	N/A D-28-21-35
009171	GPM GAS CORP. 4044 PENBROOK ODESSA, TX 77210	0501330	G	N/A D-28-21-35

IV. **Produced Water**

POD	POD ULSTR Location and Description
0501350	N/A

V. **Well Completion Data**

Spud Date	Ready Date	TD	PHTD	Perforations
Well Size	Casing & Tubing Size	Depth Set	Sacks Cement	

VI. **Well Test Data**

Date New Oil	Gas Delivery Date	Test Date	Test Length	Tbg. Pressure	Csg. Pressure
Choke Size	Oil	Water	Gas	AOP	Test Method

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

Signature: *Sherry Wade*
Printed name: Sherry Wade

Title: Production Clerk
Date: 07/07/94 Phone: (505) 392-5516

OIL CONSERVATION DIVISION

Approved by: *Paul Kautz*
Title: Geologist

Approval Date: JUL 08 1994

* If this is a change of operator fill in the OGRID number and name of the previous operator

Previous Operator Signature	Printed Name	Title	Date

District I
PO Box 1980, Hobbs, NM 88241-1980
District II
PO Drawer DD, Artesia, NM 88211-0719
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
PO Box 2088, Santa Fe, NM 87504-2088

State of New Mexico
Energy, Minerals & Natural Resources Department
OIL CONSERVATION DIVISION
PO Box 2088
Santa Fe, NM 87504-2088

Form C-104
Revised February 10, 1994
Instructions on back
Submit to Appropriate District Office
5 Copies
 AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

Operator name and Address PRONGHORN MANAGEMENT, CORP. P.O. BOX 1772 HOBBS, NEW MEXICO 88241		OGRID Number 122811
		Reason for Filing Code CH EDD 5-1-94
API Number 30-025-32362	Pool Name SAN SIMON YATES, NORTH (ASSOC)	Pool Code 53790
Property Code 14987	Property Name NEW MEXICO STATE "BZ" NCT-5	Well Number 5

II. Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South Line	Feet from the	East/West line	County
D	29	21-S	35-E		40'	NORTH	750'	WEST	LEA

Bottom Hole Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
Lee Code	Producing Method Code	Gas Connection Date	C-129 Permit Number	C-129 Effective Date	C-129 Expiration Date				
S	P	N/A							

III. Oil and Gas Transporters

Transporter OGRID	Transporter Name and Address	POD	O/G	POD ULSTR Location and Description
015694	NAVAJO REFINING CO. P.O. BOX 159 ARTESIA, NM 88211	0501310	0	D-29-21-35
009171	GPM GAS CORP. 4044 PENBROOK ODESSA, TX. 77210	0501330	6	D-29-21-35

IV. Produced Water

POD	POD ULSTR Location and Description
0501350	N/A

V. Well Completion Data

Spud Date	Ready Date	TD	PTTD	Perforations
Hole Size	Casing & Tubing Size	Depth Set	Sacks Cement	

VI. Well Test Data

Date New Oil	Gas Delivery Date	Test Date	Test Length	Tbg. Pressure	Chg. Pressure
Choke Size	Oil	Water	Gas	AOF	Test Method

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

Signature: *Sherry Wade*
Printed name: **SHERRY WADE**
Title: **PRODUCTION CLERK**
Date: **7-7-94** Phone: (505) 392-5516

OIL CONSERVATION DIVISION
Approved by: _____
Title: _____
Approval Date: **AUG 15 1994**

If this is a change of operator fill in the OGRID number and name of the previous operator.

Previous Operator Signature: *Bobert Well Inc. #001559*
Printed Name: *Sherry Wade* Title: *Prod.* Date: *8-11-94*

Submit to Appropriate District Office
State Lease - 6 copies
Fee Lease - 5 copies

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-101
Revised 1-1-89

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

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

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

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

API NO. (assigned by OCD on New Wells)

3D-025-32362

5. Indicate Type of Lease

STATE FEE

6. State Oil & Gas Lease No.

B-158

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work:

DRILL RE-ENTER DEEPEN PLUG BACK

b. Type of Well:

OIL WELL GAS WELL OTHER SINGLE ZONE MULTIPLE ZONE

7. Lease Name or Unit Agreement Name

NM "EZ" STATE NCT-5

2. Name of Operator

BABER WELL SERVICING COMPANY

3. Well No.

5

3. Address of Operator

P.O. BOX 1772, HOBBS, NM 88241

9. Pool name or Wildcat

NORTH SAN SIMON YATES ASSOC.

4. Well Location

Unit Letter D : 40 Feet From The NORTH Line and 750 Feet From The WEST Line

Section 29 Township 21-S Range 35-E NMPM LEA County

10. Proposed Depth

4000'

11. Formation

YATES

12. Rotary or C.T.

ROTARY

13. Elevations (Show whether DF, RT, GR, etc.)

3648.9' G.L.

14. Kind & Status Plug. Bond

BLANKET PLUG BOND

15. Drilling Contractor

CAPSTAR

16. Approx. Date Work will start

DEC. 28, 1993

17. **PROPOSED CASING AND CEMENT PROGRAM**

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
12-1/4"	8-5/8"	24#	400'	400 sx	circ.
7-7/8"	5-1/2"	15.5#	4000'	600 sx	circ.

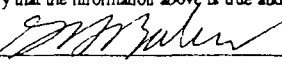
Drill 12-1/4" hole to ± 400'. Run & cement 8-5/8" casing (circ).
Pressure test casing. Drill 7-7/8" hole to ± 4000'. Run & cement
5-1/2", K-55, 15.5#/ft. casing (circ).
Complete well in Yates formation. Details on completion procedure to
follow.

Approval for drilling ONLY--cannot produce until Non-Standard Location is approved.

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. GIVE BLOWOUT PREVENTER PROGRAM, IF ANY.

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

SIGNATURE



G.A. BABER

TITLE

PRESIDENT

DATE

12/20/93

TYPE OR PRINT NAME

TELEPHONE NO.

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY

TITLE

DATE

JAN 03 1994

CONDITIONS OF APPROVAL, IF ANY:

Submit to Appropriate
District Office
State Lease - 4 copies
Fee Lease - 3 copies

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-102
Revised 1-1-89

OIL CONSERVATION DIVISION

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

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

WELL LOCATION AND ACREAGE DEDICATION PLAT

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

All Distances must be from the outer boundaries of the section

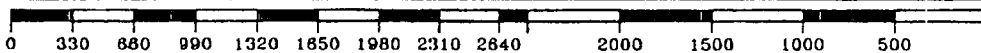
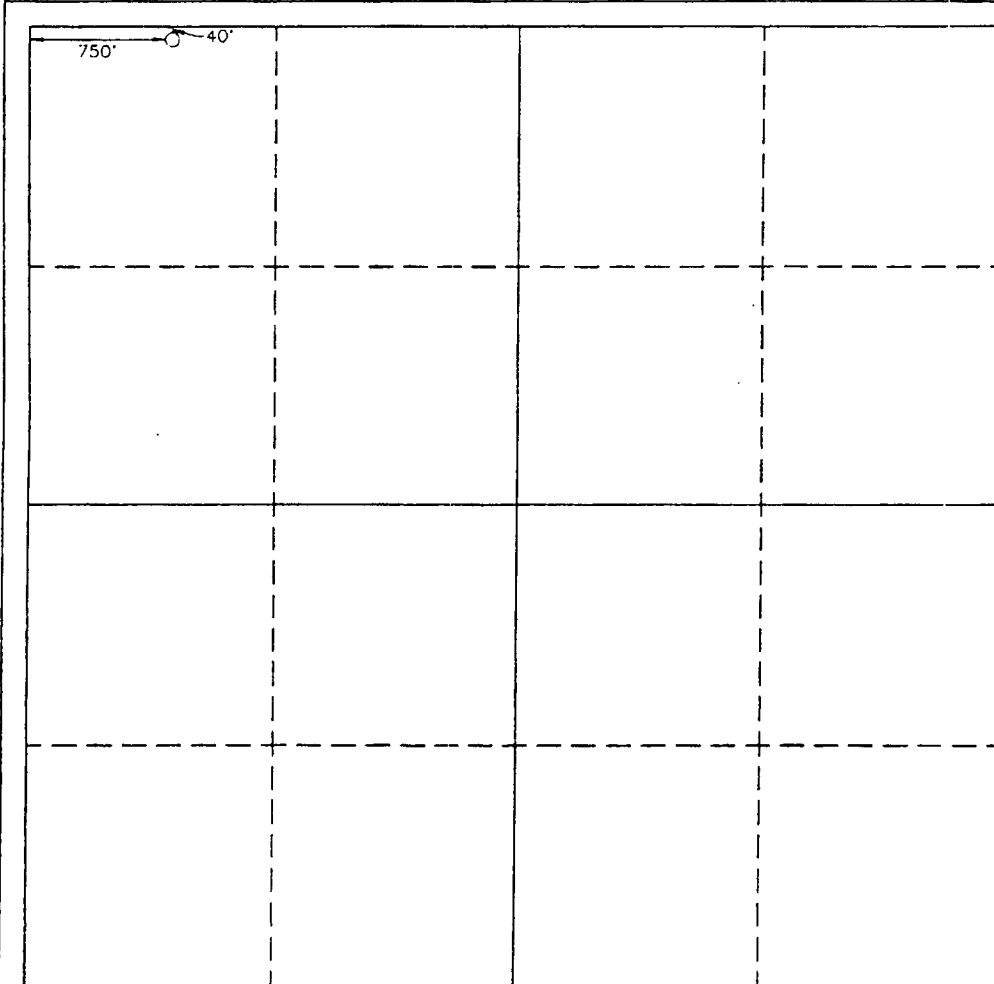
Operator BABER WELL SERVICING CO.		Lease NM "BZ" STATE		Well No. 5
Unit Letter D	Section 29	Township 21 SOUTH	Range 35 EAST NMPM	County LEA
Actual Footage Location of Well: 40 feet from the NORTH line and 750 feet from the WEST line				
Ground Level Elev. 3648.9'	Producing Formation YATES	Pool NORTH SAN SIMON YATES ASSOC.		Dedicated Acreage: 40 Acres

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 interest 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 of owners and tract descriptions which have actually been consolidated. (Use reverse side of this form necessary.)

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



OPERATOR CERTIFICATION

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

Signature
G. A. Baber

Printed Name
G. A. BABER

Position
PRESIDENT

Company
BABER WELL SERVICING CO.

Date
12/30/93

SURVEYOR CERTIFICATION

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

Date Surveyed
DECEMBER 28, 1993

Signature & Seal of Professional Surveyor
Ronald J. Eidson

Certificate No. JOHN W. WEST, 678
 RONALD J. EIDSON, 3239
 GARY L. JONES, 7977

HOME | PETROLEUM DATA | NEWS | MARKETPLACE | SOFTWARE | SPONSORS | LINKS | CONTACT

[PTTC](#)
[PRRC](#)
[NM-TECH](#)
[NMBGMR](#)



[NYMEX LS Crude](#) \$50.30
[Navajo WTXI](#) \$45.00
[Henry Hub](#) \$6.00
 Updated 2/22/2005

[GENERAL](#) | [COUNTY](#) | [OPERATOR](#) | [POOL](#) | [LOCATION](#) | [OCD LOG & WELL FILES](#)

View Production Data

In Internet Explorer, right click and select "Save Target As..."
In Netscape, right click and select "Save Link As..."

Download: [HTTP](#)

Well: NEW MEXICO BZ STATE NCT 5 **No.:** 005
Operator: PRONGHORN MANAGEMENT CORP [[NM SLO data](#)]
API: 3002532362 **Township:** 21.0S **Range:** 35E
Section: 29 **Unit:** D
Land Type: S **County:** Lea
Pools associated:

- [SAN SIMON;YATES, NORTH \(ASSOC\)](#) **Total Acreage:** 40 **Completion:** 1
- [Show All](#)

Year: 1994
 Pool Name: SAN SIMON;YATES, NORTH (ASSOC)

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	0	0	0	0	0	0
February	0	0	0	0	0	0
March	0	0	0	0	0	0
April	0	0	0	0	0	0
May	0	0	0	0	0	0
June	0	0	0	0	0	0
July	32	650	65	31	32	650
August	73	615	140	30	105	1265
September	10	550	6	30	115	1815
October	18	444	10	31	133	2259
November	29	350	0	30	162	2609
December	40	369	0	31	202	2978

Total 202 2978 221 183

Year: 1995

Pool Name: SAN SIMON;YATES, NORTH (ASSOC)

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	22	322	0	31	224	3300
February	8	95	0	28	232	3395
March	1	0	0	15	233	3395
April	3	567	6	30	236	3962
May	11	220	6	31	247	4182
June	0	0	0	0	247	4182
July	2	31	0	10	249	4213
August	8	396	4	31	257	4609
September	22	412	8	30	279	5021
October	23	299	10	30	302	5320
November	3	224	0	30	305	5544
December	12	0	4	30	317	5544
Total	115	2566	38	296		

Year: 1996

Pool Name: SAN SIMON;YATES, NORTH (ASSOC)

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	10	45	5	31	327	5589
February	5	0	3	25	332	5589
March	6	0	0	15	338	5589
April	5	168	0	15	343	5757
May	1	1	0	15	344	5758
June	3	2	0	15	347	5760
July	4	20	0	20	351	5780
August	2	12	0	20	353	5792
September	2	1	0	20	355	5793
October	2	0	0	20	357	5793
November	2	2	0	20	359	5795
December	2	0	0	20	361	5795
Total	44	251	8	236		

Year: 1997

Pool Name: SAN SIMON;YATES, NORTH (ASSOC)

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	2	0	0	20	363	5795
February						

	1	22	0	20	364	5817
March	1	0	0	20	365	5817
April	1	26	0	0	366	5843
May	1	1	0	15	367	5844
June	1	0	0	10	368	5844
July	2	0	0	10	370	5844
August	1	0	0	10	371	5844
September	1	0	0	10	372	5844
October	1	0	0	10	373	5844
November	1	0	0	5	374	5844
December	1	0	0	5	375	5844
Total	14	49	0	135		

Year: 1998

Pool Name: SAN SIMON;YATES, NORTH (ASSOC)

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	1	0	0	5	376	5844
February	1	0	0	5	377	5844
March	1	0	0	5	378	5844
April	0	0	0	0	378	5844
May	0	0	0	0	378	5844
June	0	0	0	0	378	5844
July	0	0	0	0	378	5844
August	0	0	0	0	378	5844
September	0	0	0	0	378	5844
October	0	0	0	0	378	5844
November	0	0	0	0	378	5844
December	0	0	0	0	378	5844
Total	3	0	0	15		

Year: 1999

Pool Name: SAN SIMON;YATES, NORTH (ASSOC)

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	0	0	0	0	378	5844
February	0	0	0	0	378	5844
March	0	0	0	0	378	5844
April	0	0	0	0	378	5844
May	0	0	0	0	378	5844
June	0	0	0	0	378	5844
July	0	0	0	0	378	5844

August	0	0	0	0	378	5844
September	0	0	0	0	378	5844
October	0	0	0	0	378	5844
November	0	0	0	0	378	5844
December	0	0	0	0	378	5844
Total	0	0	0	0		

Year: 2000
 Pool Name: SAN SIMON;YATES, NORTH (ASSOC)

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	0	0	0	0	378	5844
February	0	0	0	0	378	5844
March	0	0	0	0	378	5844
April	0	0	0	0	378	5844
May	0	0	0	0	378	5844
June	0	0	0	0	378	5844
July	0	0	0	0	378	5844
August	0	0	0	0	378	5844
September	0	0	0	0	378	5844
October	0	0	0	0	378	5844
November	0	0	0	0	378	5844
December	0	0	0	0	378	5844
Total	0	0	0	0		

Year: 2001
 Pool Name: SAN SIMON;YATES, NORTH (ASSOC)

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	0	0	0	0	378	5844
February	0	0	0	0	378	5844
March	0	0	0	0	378	5844
April	0	0	0	0	378	5844
May	0	0	0	0	378	5844
June	0	0	0	0	378	5844
July	0	0	0	0	378	5844
August	0	0	0	0	378	5844
September	0	0	0	0	378	5844
October	0	0	0	0	378	5844
November	0	0	0	0	378	5844
December	0	0	0	0	378	5844
Total	0	0	0	0		

Year: 2002
Pool Name: SAN SIMON;YATES, NORTH (ASSOC)

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	0	0	0	0	378	5844
February	0	0	0	0	378	5844
March	0	0	0	0	378	5844
April	0	0	0	0	378	5844
May	0	0	0	0	378	5844
June	0	0	0	0	378	5844
July	0	0	0	0	378	5844
August	0	0	0	0	378	5844
September	0	0	0	0	378	5844
October	0	0	0	0	378	5844
November	0	0	0	0	378	5844
December	0	0	0	0	378	5844
Total	0	0	0	0		

Year: 2003
Pool Name: SAN SIMON;YATES, NORTH (ASSOC)

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	0	0	0	0	378	5844
February	0	0	0	0	378	5844
March	0	0	0	0	378	5844
April	0	0	0	0	378	5844
May	0	0	0	0	378	5844
June	0	0	0	0	378	5844
July	0	0	0	0	378	5844
August	0	0	0	0	378	5844
September	0	0	0	0	378	5844
October	0	0	0	0	378	5844
November	0	0	0	0	378	5844
December	0	0	0	0	378	5844
Total	0	0	0	0		

Year: 2004
Pool Name: SAN SIMON;YATES, NORTH (ASSOC)

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	0	0	0	0	378	5844
February	0	0	0	0	378	5844
March	0	0	0	0	378	5844
April						

	0	0	0	0	378	5844
May	0	0	0	0	378	5844
June	0	0	0	0	378	5844
July	0	0	0	0	378	5844
August	0	0	0	0	378	5844
September	0	0	0	0	378	5844
October	0	0	0	0	378	5844
November	0	0	0	0	378	5844
December	0	0	0	0	378	5844
Total	0	0	0	0		

Page last updated 07/22/2004. Webmaster gotech_prrc@yahoo.com

CMD :
OC6CLOG

ONGARD
C105-WELL COMPLETION OR RECOMP CASING LOG

02/22/05 10:27:19
OCOMES -TP90

11

OGRID Identifier : 122911 PRONGHORN MANAGEMENT CORP
Prop Identifier : 14998 NEW MEXICO DL STATE
API Well Identifier : 30 25 28050 Well No : 006
Surface Locn - UL : P Sec : 18 Twp : 23S Range : 33E Lot Idn :
Multiple comp (S/N/C) : S TVD Depth (Feet) : 5275 MVD Depth (Feet):
Spud Date : P/A Date :
Casing/Linear Record:

S Size (inches)	Grade Weight (lb/ft)	Depth(ft) Top-Linear	Depth(ft) Bot-Linear	Hole Size (inches)	Cement (Sacks)	TOC (feet)	Code
99.000	99.0	99999.0	99999.0	99.000	9999	99999	C

E0009: Enter data to modify record

PF01 HELP	PF02	PF03 EXIT	PF04 GoTo	PF05	PF06 CONFIRM
PF07	PF08	PF09 COMMENT	PF10 TLOG	PF11	PF12

Cum. prod. as of 12-31-1993

15290 MIF

10110 BO

Last Prod. Oct. 1989

*No Production Report in
ONGARD*

Imahue

CMD :
OG6IWCM

ONGARD
INQUIRE WELL COMPLETIONS

02/22/05 10:27:24
OGCMES -TP80

API Well No : 30 25 28659 Rft Date : 05-20-1994 WC Status : A
Pool Idn : 14910 CRUZ;DELAWARE
OGRID Idn : 122811 PRONGHORN MANAGEMENT CORP
Prop Idn : 14998 NEW MEXICO DL STATE

Well No : 006
GL Elevation: 99999

	U/L	Sec	Township	Range	North/South	East/West	Prop/Act (P/A)
B.H. Locn	:	P	18	23S	33E	FTG 660 F S FTQ 660 E E	P

Lot Identifier:

Dedicated Acre: 40.00

Lease Type : S

Type of consolidation (Comm, Unit, Forced Pooling - C/C/F/O) :

M0025: Enter PF keys to scroll

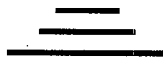
PF01 HELP	PF02	PF03 EXIT	PF04 GoTo	PF05	PF06
PF07	PF08	PF09	PF10 NEXT-WC	PF11 HISTORY	PF12 NXTREC

ANNUAL REPORT

OF THE

NEW MEXICO OIL & GAS ENGINEERING
COMMITTEE

HOBBS, NEW MEXICO



VOLUME I-A

Southeast New Mexico



1989

HELL S T R JAN FEB MAR APRIL MAY JUNE JULY AUG SEPT OCT NOV DEC 1989 PROD MP ACCUM

CROW FLATS SAN ANDRES (ABANDONED) SA ON TO 5M

JACK L. MCCLELLAN BARBARA FEDERAL 1J2216528E OIL PLUGGING APPROVED 1965

107

CRUZ DELAWARE DL 5M TO 6M

BABER HELL SERVICING CO FIELDS

Table with columns for months (JAN-DEC) and rows for oil, gas, and water production for wells 1P2423S32E, 4A2523S32E, and LEASE TOTAL.

MARSHALL 1M1923S33E

Table with columns for months (JAN-DEC) and rows for oil, gas, and water production for wells 5F1923S33E, 6B1923S33E, 7C1923S33E, 8L1923S33E, and LEASE TOTAL.

NEW MEXICO DL STATE 111823S33E

Table with columns for months (JAN-DEC) and rows for oil, gas, and water production for wells 201823S33E, 3H1823S33E, 4N1823S33E, 5J1823S33E, 6P1823S33E, 7A1823S33E, and LEASE TOTAL.

NEW MEXICO EF STATE 1L1723S33E

Table with columns for months (JAN-DEC) and rows for oil, gas, and water production for wells 3M1723S33E and LEASE TOTAL.

COMPANY TOTAL OIL GAS WAT

CONOCO, INC. MARSHALL 2K1923S33E CONVERTED TO SWD

CONTINENTAL OIL COMPANY FIELDS 2N2523S32E CONVERTED TO SWD

HUGH L. JOHNSTON, SR. FIELDS 1I2423S32E PLUGGING APPROVED 1971

NIU-TREND PETROLEUM INC. CONOCO FEDERAL 103023S33E OIL

TAHOE ENERGY INC. CONQUEST FEDERAL 1E1723S33E OIL GAS WAT

2D1723S33E OIL GAS WAT

COMPANY TOTAL OIL GAS WAT

YATES PETROLEUM CORPORATION PRONGHORN AAP FEDERAL 1M 823S33E OIL WAT LAST PROD. DATE 10/86

CUERNO LARGO PENN PN 9M TO 10M

IWM BROWN, INC. STATE SWD 1N2510S32E OIL GAS WAT

MANZANO OIL CORP. SUNBURST COX 1C3610S32E OIL GAS WAT

CULEBRA BLUFF BONE SPRING, SOUTH BS 6M TO 7M

AMOCO PRODUCTION CO BRANTLEY CIL COM 1J2423S28E OIL GAS WAT RECOMPLETED TO EDDY UND GROUP 3

INGALLS 1G2223S28E OIL GAS WAT RECOMPLETED TO LOVING DELAWARE, SOUTH

STATE GO 1E 223S28E OIL GAS WAT RECOMPLETED TO EDDY UND GROUP 3

COMPANY TOTAL OIL GAS WAT

COMPANY TOTAL OIL GAS WAT

Submit 3 Copies To Appropriate District Office
 District I
 1625 N. French Dr., Hobbs, NM 87240
 District II
 811 South First, Artesia, NM 87210
 District III
 1000 Rio Brazos Rd., Aztec, NM 87410
 District IV
 2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico
 Energy, Minerals and Natural Resources

Form C-103...
 Revised March 25, 1999

11

OIL CONSERVATION DIVISION
 2040 South Pacheco
 Santa Fe, NM 87505

WELL API NO.
 30-025-28659

5. Indicate Type of Lease
 STATE FEE

6. State Oil & Gas Lease No.
 V-732-2

7. Lease Name or Unit Agreement Name:
 N.M. State O.L.

8. Well No.
 6

9. Pool name or Wildcat
 CRUZ DELAWARE

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

1. Type of Well:
 Oil Well Gas Well Other

2. Name of Operator
 PRONGHORN Mgt. Corp.

3. Address of Operator
 P.O. Box 1772 Hobbs, N.M. 88241

4. Well Location
 Unit Letter P : 660 feet from the South line and 660 feet from the EAST line
 Section 18 Township 27S Range 33E NMPM LCM County

10. Elevation (Show whether DR, RKB, RT, GR, etc.)

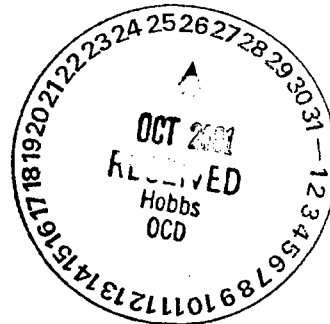
11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:
 PERFORM REMEDIAL WORK PLUG AND ABANDON
 TEMPORARILY ABANDON CHANGE PLANS
 PULL OR ALTER CASING MULTIPLE COMPLETION
 OTHER:

SUBSEQUENT REPORT OF:
 REMEDIAL WORK ALTERING CASING
 COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT
 CASING TEST AND CEMENT JOB
 OTHER:

12. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation.

1. Move in and rig up.
2. POOH with production equipment.
3. Clean out well to total depth.
4. Return well to production.



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

SIGNATURE [Signature] TITLE Partner DATE 10/25/01

Type or print name Guy A. Baber Telephone No. 505-393-8386
 (This space for State use)

APPROVED BY: [Signature] TITLE _____ DATE _____

Conditions of approval, if any:

8

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

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

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

State of New Mexico
Energy, Minerals and Natural Resources Department

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I. Operator **PRONGHORN MANAGEMENT CORPORATION** <122811> Well API No. 30-025-28659
Address **P.O. BOX 1772 HOBBS, NM 88241**
Reason(s) for Filing (Check proper box) Other (Please explain) **MAY 01 1994**
New Well Change in Transporter of: Oil Dry Gas OPERATOR NAME CHANGE ONLY
Recompletion Oil Dry Gas
Change in Operator Casinghead Gas Condensate
If change of operator give name and address of previous operator **BABER WELL SERVICING COMPANY P.O. BOX 1772 HOBBS, NM 88241**

II. DESCRIPTION OF WELL AND LEASE
Lease Name **NM STATE DL** <14998> Well No. **6** Pool Name, including Formation **GRUZ DELAWARE** <14910> Kind of Lease Federal or Fee Lease No. **V-732-2**
Location
Unit Letter **P** : **660** Feet From The **South** Line and **660** Feet From The **East** Line
Section **18** Township **23S** Range **33E** NMPM, LEA County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil or Condensate **NAVAJO REFINING CORP** <151694> Address (Give address to which approved copy of this form is to be sent) **P.O. BOX 159 ARTESIA, NM 88211**
Name of Authorized Transporter of Casinghead Gas or Dry Gas **GPM GAS CORPORATION** <1009171> Address (Give address to which approved copy of this form is to be sent) **4044 PENBROOK ST. ODESSA, TX 79762**
If well produces oil or liquids, give location of tanks. Unit **P** Sec. **18** Twp. **23S** Rge. **33E** Is gas actually connected? **YES** When? **6-1-84**

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

IV. COMPLETION DATA

Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
TUBING, CASING AND CEMENTING RECORD								
CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT		

REQUEST FOR ALLOWABLE
is to 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.)

Unit	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
		Tubing Pressure	Casing Pressure
		Oil - Bbls.	Water - Bbls.
			Gas - MCP
	Length of Test	Bbls. Condensate/M/MCF	
	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

CERTIFICATE OF COMPLIANCE
I, the undersigned, certify that the information given above is true and complete to the best of my knowledge and belief.

Signature **Sherry Wade**
Printed Name **SHERRY WADE** Title **PRODUCTION CLERK**
Date **3.5.94** Telephone No. **(505) 392-5516**

OIL CONSERVATION DIVISION
Date Approved **MAY 20 1994**
By _____
Title _____
Orig. Signed by **Paul Kautz**
Geologist

OIL POD NO. _____
 G-TRNSP. OGRID NO. **15294**
 O-TRNSP. OGRID NO. **15294**
 G-TRNSP. OGRID NO. **15294**
 OIL POD NO. **1100050**
 G-TRNSP. OGRID NO. **1100050**

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.

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

Form C-104
Revised 10-01-78
Format 08-01-83
Page 1

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

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TRANSPORTER	OIL
	NATURAL GAS
OPERATOR	
PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator: Baber Well Servicing Company

Address: P. O. Box 1772, Hobbs, NM 88240

Reason(s) for filing (Check proper box) Other (Please explain)

<input type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input checked="" type="checkbox"/> Oil	<input type="checkbox"/> Condensate
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name New Mexico "DL:" State	Well No. 6	Pool Name, including Formation Cruz-Delaware	Kind of Lease <u>State</u> Federal or Fee	Lease No. V-732
Location Unit Letter <u>P</u> ; <u>660</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>East</u> Line of Section <u>18</u> Township <u>23-S</u> Range <u>33-E</u> , NMPM, Lea Count				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>NOVAJO BEARING CO</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. DRAWER 159 ARRESIA N.M. 88210</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Phillips Petroleum Company 66 Natl gas</u>	Address (Give address to which approved copy of this form is to be sent) <u>4001 Penbrook, Odessa, Texas 79762</u>
If well produces oil or liquids, give location of tanks. Unit <u>P</u> Sec. <u>18</u> Twp. <u>23S</u> Rge. <u>33-E</u>	Is gas actually connected? <u>yes</u> When <u>6-1-84</u>

If this production is commingled with that from any other lease or pool, give commingling order number: CTB 3-1

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

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

Mark D. Clarke
(Signature)

Engineer
(Title)

2-9-89
(Date)

OIL CONSERVATION DIVISION
FEB 09 1989
APPROVED _____, 19____
BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT SUPERVISOR

TITLE _____

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

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 08-01-83
Page 1

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	GAS		
OPERATOR			
PRODUCTION OFFICE			

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator: Baber Well Servicing Company

Address: P. O. Box 1772, Hobbs, NM 88240

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

<input type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> 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			

Other (Please explain):

If change of ownership give name and address of previous owner: Baber Well Servicing Co. Jim Kirkendoll, Box 1772, Hobbs, NM 88240

II. DESCRIPTION OF WELL AND LEASE

Lease Name New Mexico "DL:" State	Well No. 6	Pool Name, including Formation Cruz-Delaware	Kind of Lease State, Federal or Fee	Lease No. V-732
Location Unit Letter <u>P</u> : <u>660</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>East</u> Line of Section <u>18</u> Township <u>23-S</u> Range <u>33-E</u> , NMPM, Lea Count.				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS TA


Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Permian	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1183, Houston, Texas 77001
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips 66 Natural Gas	Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook, Odessa, Texas 79762
If well produces oil or liquids, give location of tanks. Unit: <u>P</u> Sec.: <u>18</u> Twp.: <u>23S</u> Rge.: <u>33-E</u>	Is gas actually connected? When <u>yes</u> <u>6-1-84</u>

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

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


(Signature)

(Title)

May 17, 1988
(Date)

OIL CONSERVATION DIVISION

APPROVED JUN 1 1988, 19
BY JERRY SEXTON
DISTRICT SUPERVISOR
TITLE _____

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 deviated tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all applicable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of ownership, well name or number, or transporter, or other such change of conditions.

Separate Forms C-104 must be filed for each pool in multi-completed wells.

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

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TRANSPORTER	OIL	
	GAS	
OPERATOR		
PROMOTION OFFICE		

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator
Jim Kirkendoll & Baber Well Servicing Co.

Address
P. O. Box 1772, Hobbs, NM 88240

Reason(s) for filing (Check proper box) Other (Please explain)

<input type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Condensate
<input checked="" type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	

If change of ownership give name and address of previous owner Exxon Corporation, Box 1600, Midland, TX. 79701

II. DESCRIPTION OF WELL AND LEASE

Lease Name New Mexico "DL" State	Well No. 6	Pool Name, including Formation Cruz-Delaware	Kind of Lease State, Federal or Fee	Lease No. V-732
Location Unit Letter <u>P</u> : <u>660</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>East</u> Line of Section <u>18</u> Township <u>23-S</u> Range <u>33-E</u> , NMPM, <u>Lea</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS TA

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> The Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1183, Houston, Texas 77001
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Company <u>66 Natl Gas</u>	Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook, Odessa, Texas 79762
If well produces oil or liquids, give location of tanks. Unit: <u>I</u> Sec.: <u>18</u> Twp.: <u>23S</u> Rge.: <u>33E</u>	Is gas actually connected? <u>yes</u> When: <u>6-1-84</u>

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

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

Jim Kirkendoll
(Signature)
Eddie W. Seay
(Title)

May 17, 1988

(Date)

OIL CONSERVATION DIVISION

APPROVED MAY 31 1988, 19 _____
BY Eddie W. Seay
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.

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.

IV. COMPLETION DATA

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

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To 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

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STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

5a. Indicate Type of Lease
State Fee
5. State Oil & Gas Lease No.
V-732

SUNDRY NOTICES AND REPORTS ON WELLS

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

1. OIL WELL GAS WELL OTHER
2. Name of Operator
Exxon Corporation
3. Address of Operator
P. O. Box 1600, Midland, Texas 79702
4. Location of Well
UNIT LETTER P 660 FEET FROM THE South LINE AND 660 FEET FROM
THE East LINE, SECTION 18 TOWNSHIP 23 S RANGE 33 E NMPM.
7. Unit Agreement Name
8. Farm or Lease Name
New Mexico 'DL' State
9. Well No.
6
10. Field and Pool, or Whdcat
Cruz Deleware
11. Elevation (Show whether DF, RT, GR, etc.)
3697'-6R
12. County
Lea

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPER. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <u>Temporarily Abandon</u> <input checked="" type="checkbox"/>

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1703.

7-11-86 MIRU POH w/ RODS & TBG

7-12-86 Set CIBP @ 5050 & DUMP 4 sx CMT ON TOP RIH & SET TBG @ 4990', CIRC HOLE w/ INHIBITED FLUID, TEST PLUG & CSG TO 550#. ok. WELL TEMPORARILY ABANDONED.

Temporarily Abandon exp 7-25-87

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

SIGNED Melba Knippling TITLE Section Head DATE 7-21-86
ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR
APPROVED BY _____ TITLE _____ DATE JUL 25 1986
CONDITIONS OF APPROVAL, IF ANY:

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

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LAND OFFICE		
OPERATOR		

5a. Indicate Type of Lease
State Fee

5. State Oil & Gas Lease No.
V-732

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

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator Exxon Corporation	8. Form or Lease Name New Mexico 'DL' State
3. Address of Operator P.O. Box 1600, Midland, TX 79702	9. Well No. 6
4. Location of Well UNIT LETTER <u>P</u> <u>660</u> FEET FROM THE <u>South</u> LINE AND <u>660</u> FEET FROM <u>East</u> <u>18</u> TOWNSHIP <u>23S</u> RANGE <u>33E</u> NMPM.	10. Field and Pool, or Wildcat Cruz Delaware
15. Elevation (Show whether DF, RT, GR, etc.) 3697'-GR	12. County Lea

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input checked="" type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	
		OTHER _____	

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

- MIRU. POH w/production equipment. Install BOP's.
- POH w/tubing. If tbg anchor sticks while pulling out may need to make run with gauge ring.
- RIHw/5-1/2" CIBP and set at 5050'. Dump bail 4 sx cement on top.
- RIH w/tubing and test casing/BP to 500#. Circulate hole w/100 bbl. inhibited fresh water containing 20 gal. Corexit 7720 and 10 gals. Corexit 7672.
- Leave killstring in hole. RIH w/rods. RDMO.

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

SIGNED Rosmarie Whitbeck TITLE Office Assistant DATE 5-22-86

APPROVED BY ORIGINAL SIGNED BY JERRY SEXTON TITLE _____ DATE JUN 2 1986
DISTRICT SUPERVISOR
CONDITIONS OF APPROVAL, IF ANY:

OIL CONSERVATION DIVISION
P. O. BOX 2028
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF TANKS REQUESTED	
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	NATURAL GAS
OPERATION	
REGISTRATION OFFICE	

I. OPERATOR

Operator EXXON CORPORATION

Address Box 1600 M. DLAND. TEXAS 79702

Reason(s) for filing (Check proper box)

New Well <input type="checkbox"/>	Change in Transporter of <input type="checkbox"/>	Other (Please explain)
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	<u>PHILLIPS STARTED TAKING</u>
Change in Ownership <input type="checkbox"/>	Condensate Gas <input checked="" type="checkbox"/>	<u>GAS 6-1-84</u>
	Dry 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 <u>NEW MEXICO OIL</u>	Well No. <u>STATE 6</u>	Pool Name, including Formation <u>CRUZ-DELAWARE</u>	Kind of Lease State, Federal or Fee	Lease N <u>V-732</u>
Location Unit Letter <u>P</u> : <u>660</u> Feet From The <u>SOUTH</u> Line and <u>660</u> Feet From The <u>EAST</u>				
Line of Section <u>18</u> Township <u>23-S</u> Range <u>39E</u> NMPM. <u>LEA</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>THE PERMIAN PETROLEUM CORPORATION</u>	<u>PO Box 1123 HOUSTON TEXAS 77001</u>
Name of Authorized Transporter of Condensate Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>PHILLIPS PETROLEUM COMPANY</u>	<u>4001 PEMBROOK, DDESSA, TEXAS 79762</u>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? when
Unit Sec. Twp. Rng. <u>I 18 23S 39E</u>	<u>YES 6-1-84</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	Some Resv.	Drill Res
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations						Depth Casing Shoe		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top oil able 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 (prod. back pr.)	Tubing Pressure (8hrs-Lb)	Casing Pressure (8hrs-Lb)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

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

S. P. Lowe
(Signature)
SR ADMIN.
(Title)
6-11-84
(Date)

OIL CONSERVATION DIVISION

APPROVED JUN 13 1984, 19
BY Eddie W. Seay
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 deviate tests taken on the well in accordance with RULE 1111.
All sections of this form must be filled out completely for allowable on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.
Separate Forms C-104 must be filed for each pool in multiple completed wells.

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

WELL COMPLETION OR RECOMPLETION REPORT AND LOG

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LAND OFFICE	
OPERATOR	

3a. Indicate Type of Lease
State Fee

5. State Oil & Gas Lease No.
V.-732

10. TYPE OF WELL
OIL WELL GAS WELL DRY OTHER _____

11. TYPE OF COMPLETION
NEW WELL WORK OVER DEEPEN PLUG BACK DIFF. RESRV. OTHER _____

7. Unit Agreement Name
--

8. Farm or Lease Name
New Mexico DL State

1. Name of Operator
Exxon Corporation

2. Address of Operator
P. O. Box 1600, Midland, TX 79702

9. Well No.
6

10. Field and Pool, or Wildcat
Cruz-Delaware

4. Location of Well
UNIT LETTER P LOCATED 660 FEET FROM THE South LINE AND 660 FEET FROM THE East LINE OF SEC. 18 TWP. 23S RGE. 33E EMPH

12. County
Lea

13. Date Spudded 4-18-84 16. Date T.D. Reached 4-26-84 17. Date Compl. (Ready to Prod.) 5-25-84 18. Elevations (DF, RKB, RT, GR, etc.) 3697' GR 19. Elev. Casinghead

20. Total Depth 5275' 21. Plug Back T.D. 22. If Multiple Compl., How Many 23. Intervals Drilled By: Rotary Tools Cable Tools 0-5275

24. Producing Interval(s), of this completion - Top, Bottom, Name 5120-5132' Delaware 25. Was Directional Survey Made No

26. Type Electric and Other Logs Run LDT;DLL; Sidewall Cores 27. Was Well Cored No

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

CASING SIZE	WEIGHT LB./FT.	DEPTH SET	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
8 5/8"	24#	680'	12 1/4"	250 sx 50/50 Poz; 300 sx C1 C	
5 1/2"	14#	5275'	7 7/8"	550 sx C1 C Neat; 1500 sx Trinity Lite	

29. LINER RECORD 30. TUBING RECORD

SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN	SIZE	DEPTH SET	PACKER SET
					2 7/8"	5104'	

31. Perforation Record (Interval, size and number) 5120-5132' w/52 shots

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

DEPTH INTERVAL	AMOUNT AND KIND MATERIAL USED

33. PRODUCTION

Date First Production 5-8-84 Production Method (Flowing, gas lift, pumping - Size and type pump) Pump Well Status (Prod. or Shut-in) Producing

Date of Test	Hours Tested	Choke Size	Prod'n. For Test Period	Oil - Bbl.	Gas - MCF	Water - Bbl.	Gas-Oil Ratio
5-28-84	24			49	34	133	694

Flow Tubing Press.	Casing Pressure	Calculated 24-Hour Rate	Oil - Bbl.	Gas - MCF	Water - Bbl.	Oil Gravity - API (Corr.)
						40.6

34. Disposition of Gas (Sold, used for fuel, vented, etc.) Flared Test Witnessed By

35. List of Attachments

36. I hereby certify that the information shown on both sides of this form is true and complete to the best of my knowledge and belief.

SIGNED Charlotte Harper TITLE Unit Head DATE May 30, 1984

INSTRUCTIONS

This form is to be filed with the appropriate District Office of the Division not later than 20 days after the completion of any newly-drilled or deepened well. It shall be accompanied by one copy of all electrical and radio-activity logs run on the well and a summary of all special tests conducted, including drill stem tests. All depths reported shall be measured depths. In the case of directionally drilled wells, true vertical depths shall also be reported. For multiple completions, items 70 through 74 shall be reported for each zone. The form is to be filed in quintuplicate except on state land, where six copies are required. See Rule 1103.

INDICATE FORMATION TOPS IN CONFORMANCE WITH GEOGRAPHICAL SECTION OF STATE

Southeastern New Mexico

Northwestern New Mexico

- | | | | |
|--------------------------|-----------------------|-----------------------------|-------------------------|
| T. Anhy _____ | T. Canyon _____ | T. Ojo Alamo _____ | T. Penn. "B" _____ |
| T. Salt _____ | T. Strawn _____ | T. Kirtland-Fruitland _____ | T. Penn. "C" _____ |
| E. Salt _____ | T. Atoka _____ | T. Pictured Cliffs _____ | T. Penn. "D" _____ |
| T. Yates _____ | T. Miss _____ | T. Cliff House _____ | T. Leadville _____ |
| T. 7 Rivers _____ | T. Devonian _____ | T. Menefee _____ | T. Madison _____ |
| T. Queen _____ | T. Silurian _____ | T. Point Lookout _____ | T. Elbert _____ |
| T. Grayburg _____ | T. Montoya _____ | T. Mancos _____ | T. McCracken _____ |
| T. San Andres _____ | T. Simpson _____ | T. Gallup _____ | T. Ignacio Qtzite _____ |
| T. Glorieta _____ | T. McKee _____ | Base Greenhorn _____ | T. Granite _____ |
| T. Paddock _____ | T. Ellenburger _____ | T. Dakota _____ | T. _____ |
| T. Blinberry _____ | T. Gr. Wash _____ | T. Morrison _____ | T. _____ |
| T. Tubb _____ | T. Granite _____ | T. Todilto _____ | T. _____ |
| T. Drinkard _____ | T. Delaware Sand 5060 | T. Entrada _____ | T. _____ |
| T. Abo _____ | T. Bone Springs _____ | T. Wingate _____ | T. _____ |
| T. Wolfcamp _____ | T. Ramsey Sand 5125 | T. Chinle _____ | T. _____ |
| T. Penn. _____ | T. _____ | T. Permian _____ | T. _____ |
| T. Claco (Bough C) _____ | T. _____ | T. Penn. "A" _____ | T. _____ |

OIL OR GAS SANDS OR ZONES

- | | |
|----------------------------|----------------------------|
| No. 1, from _____ to _____ | No. 4, from _____ to _____ |
| No. 2, from _____ to _____ | No. 5, from _____ to _____ |
| No. 3, from _____ to _____ | No. 6, from _____ to _____ |

IMPORTANT WATER SANDS

Include data on rate of water inflow and elevation to which water rose in hole.

- | | |
|----------------------------|------------|
| No. 1, from _____ to _____ | _____ feet |
| No. 2, from _____ to _____ | _____ feet |
| No. 3, from _____ to _____ | _____ feet |
| No. 4, from _____ to _____ | _____ feet |

FORMATION RECORD (Attach additional sheets if necessary)

From	To	Thickness in Feet	Formation	From	To	Thickness in Feet	Formation
0	696	696	Red Beds				
696	4681	3985	Anhydrite, sandstone				
4681	4910	229	Anhydrite				
4910	5076	66	Anhydrite, limestone				
5076	5275	199	Sandstone				

RECEIVED
MAY 31 1984
O.C.D.
HOBBBS OFFICE

EXXON COMPANY, U.S.A.

POST OFFICE BOX 10488 • MIDLAND, TEXAS 79702

MIDCONTINENT PRODUCTION DIVISION
SOUTHERN DRILLING ORGANIZATION

E W THOMAS, Manager

W F BURCHARD, Operations Superintendent
K S ROSE, Operations Superintendent
M C WELBORN, Operations Superintendent
J D HOWELL, Engineering Manager

May 9, 1984

LISTED BELOW ARE THE DEVIATION TESTS TAKEN ON NEW MEXICO STATE "DL" NO. 6 :

<u>DEPTH</u>	<u>DEGREES OF DEVIATION</u>
514	1/4
1000	1/4
1250	1/4
1499	3/4
1718	1/4
2000	3/4
2094	0
2340	1/2
2585	3/4
2867	3/4
3114	1 1/4
3361	3/4
3609	1
3868	3/4
4024	1/2
4210	3/4
4459	1 1/2
4615	2
4800	2 1/2
4863	2 1/4
4957	2 1/4
5019	2 1/2
5081	1 3/4
5275	1

BY P. K. Mendenhall

SWORN TO and subscribed before me this 9th day of May, 1984

Linda S. Jones
Notary Public
Midland, Texas

My commission expires: 9 November 1985

City or Town	
State	
ZIP	
Country	
Land Office	
Transporter	
Operator	
Production Office	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator
Exxon Corporation
Address
P. O. Box 1600, Midland, TX 79702

Reason(s) for filing (Check proper box)
 New Well Change in Transporter oil
 Recombination Oil Dry Gas
 Change in Ownership Controlled Gas Condensate

CASINO LEAD GAS MUST NOT BE PLACED AFTER 7/8/84 UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name New Mexico DL State	Well No. 6	Pool Name, including Formation Cruz-Delaware	Kind of Lease - State, XXXXXXXXXX	Lease N V-732
Location Unit Letter P ; 660 Feet From The South Line and 660 Feet From The East Line of Section 18 Township 23S Range 33E N.M.P.M. Lea				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1183, Houston, TX 77001
Name of Authorized Transporter of 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 fluids, give location of tanks. Unit : P ; Sec. : 18 ; Twp. : 23S ; Rge. : 33E	Is gas actually conserved? when Flared

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

IV. COMPLETION DATA

Designate Type of Completion - (X) Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input checked="" type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Reserv. <input type="checkbox"/> Drill. Res. <input type="checkbox"/>	Date Spudded 4-18-84	Date Compl. Ready to Prod. 5-25-84	Total Depth 5275	P.B.T.D.
Elevations (DF, AKB, AT, GR, etc.) 3697' GR	Name of Producing Formation Delaware	Top Oil/Gas Pay 5120	Tubing Depth 5104	Depth Casing Shoe
Perforations 5120-5132'				
TUBING, CASING, AND CEMENTING RECORD				
MOLE SIZE 12 1/4"	CASING & TUBING SIZE 8 5/8"	DEPTH SET 680'	SACKS CEMENT 550	
7 7/8"	5 1/2"	5275'	2050	
	2 7/8"	5104'		

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of lead oil and must be equal in or exceed top all. data for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 5-8-84	Date of Test 5-28-84	Production Method (Flow, pump, gas lift, etc.) Pump
Length of Test 24 Hrs.	Tubing Pressure	Casing Pressure
Actual Prod. During Test	Oil - Bbls. 49	Water - Bbls. 133
		Gas - MCF 34

GAS WELL

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

VI. CERTIFICATE OF COMPLIANCE

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

Charlotte Harper
(Signature)
Unit Head
(Title)
May 30, 1984
(Date)

OIL CONSERVATION DIVISION
JUN 1 1984

APPROVED _____, 19____
BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

TITLE _____

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE 1111.
All sections of this form must be filled out completely for all able on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporter, or other such change of conc.
Separate Forms C-104 must be filed for each pool in completed wells.



STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT
 OIL CONSERVATION DIVISION
 HOBBS DISTRICT OFFICE

TONEY ANAYA
 GOVERNOR

POST OFFICE BOX 1980
 HOBBS, NEW MEXICO 88240
 (505) 393-6161

Re: Filing of radio-activity and electrical logs

Gentlemen:

Rule 1105 of the Division's Rules and Regulations requires that one copy of all electrical and radio-activity logs run on a well be supplied to the appropriate district office of the Oil Conservation Division.

As of this date, we have not received this information on the following wells:

Yours very truly,

OIL CONSERVATION DIVISION

Jerry Sexton
 Jerry Sexton
 Supervisor, District 1

If no logs were run, please make a statement to that effect in the space below. If the logs have been run and will be supplied later, please so indicate.

Operator

By

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

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

5a. Indicate Type of Lease
State Fee

5. State Oil & Gas Lease No.
V-732

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

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- <input type="checkbox"/>	7. Unit Agreement Name ---
2. Name of Operator Exxon Corporation Attn: Melba Knipling (915/686-4406)	8. Farm or Lease Name New Mexico DL State
3. Address of Operator P. O. Box 1600, Midland, TX 79702	9. Well No. 6
4. Location of Well UNIT LETTER <u>P</u> , <u>660</u> FEET FROM THE <u>South</u> LINE AND <u>660</u> FEET FROM THE <u>East</u> LINE, SECTION <u>18</u> TOWNSHIP <u>23S</u> RANGE <u>33E</u> N.M.P.M.	10. Field and Pool, or WHdeat Cruz-Delaware
15. Elevation (Show whether DF, RT, GR, etc.) 3697' GR	12. County Lea

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

4-28-84 Set 122 jts 5 1/2"/14#/K55 casing @ 5275' in 7 7/8" hole. DV tool @ 4509'. Cement 1st stage w/400 sx Cl C. 2nd stage w/1500 sx Trinity lite and 150 sx Cl C Neat. Circ 100 sx to pit. FRR @ 1800 hrs. WOC approximately 108 hrs. before beginning completion work.

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

SIGNED Melba Knipling TITLE Unit Head DATE May 16, 1984

APPROVED BY JERRY SEXTON DISTRICT I SUPERVISOR TITLE _____ DATE MAY 21 1984

CONDITIONS OF APPROVAL, IF ANY:

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OPERATOR	

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

5a. Indicate Type of Lease
State Fee
5. State Oil & Gas Lease No.
V-732

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

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- <input type="checkbox"/>	7. Unit Agreement Name ---
2. Name of Operator Exxon Corporation	8. Form or Lease Name New Mexico DL State
3. Address of Operator P. O. Box 1600, Midland, TX 79702	9. Well No. 6
4. Location of Well UNIT LETTER <u>P</u> <u>660</u> FEET FROM THE <u>South</u> LINE AND <u>660</u> FEET FROM THE <u>East</u> LINE, SECTION <u>18</u> TOWNSHIP <u>23S</u> RANGE <u>33E</u> NMPM.	10. Field and Pool, or WHdat Cruz-Delaware
15. Elevation (Show whether DF, RT, CR, etc.) 3697' GR	12. County Lea

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

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUS AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUS AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1703.

4-18-84 Spud 12½" hole @ 0500 hrs.
4-19-84 Set 17 jts 8 5/8"/24#/K-55 casing @ 680'. Cement w/250 sx 50/50 Poz and 300 sx Cl C. Circ 100 sx to reserve pits. WOC 16 3/4 hrs before drill out. Test casing to 1000 psi for 30 min. Held OK.

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

SIGNED Melba Knippling TITLE Unit Head DATE 4-25-84

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE APR 27 1984

CONDITIONS OF APPROVAL, IF ANY:

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LAND OFFICE		
OPERATOR		

NEW MEXICO OIL CONSERVATION COMMISSION

30-025-28659

Form C-101
Revised 1-1-65

5A. Indicate Type of Lease
STATE FEE

5. State Oil & Gas Lease No.
V-732

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work DRILL <input checked="" type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/>			7. Unit Agreement Name --
b. Type of Well OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>			8. Form or Lease Name New Mexico "DL" State
2. Name of Operator Exxon Corporation			9. Well No. 6
3. Address of Operator P. O. Box 1600, Midland, Texas 79702			10. Field and Pool, or Wildcat Undersig. Cruz-Delaware
4. Location of Well UNIT LETTER <u>P</u> LOCATED <u>660</u> FEET FROM THE <u>South</u> LINE AND <u>660</u> FEET FROM THE <u>East</u> LINE OF SEC. <u>18</u> TWP. <u>23S</u> RGE. <u>33E</u> NMPM			12. County Lea
19. Proposed Depth 5400'			19A. Formation Delaware
20. Rotary or C.T. Rotary			
21. Elevations (Show whether DP, RT, etc.) 3697' GR	21A. Kind & Status Plug. Bond Blanket	21B. Drilling Contractor Unknown	22. Approx. Date Work will start 3-31-84

23.

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
12 1/4"	8 5/8"	24#	650'	400	Surface
7 7/8"	5 1/2"	14#	5400'	1400	Surface

Mud: 0-650' 8.4 ppg FW Spud mud
650-5400' 9.5-10 ppg Brine water
BOP 8 5/8" Type II C/2000 PSI

Diagrammatic sketch and specifications of BOP are attached

APPROVAL VALID FOR 180 DAYS
PERMIT EXPIRES 9/29/84
UNLESS DRILLING UNDERWAY

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. GIVE BLOWOUT PREVENTER PROGRAM, IF ANY.

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

Signed Melba Kripling Title Unit Head Date 3-28-84
(This space for State Use)

APPROVED BY Eddie W. Seay TITLE Oil & Gas Inspector DATE MAR 29 1984
CONDITIONS OF APPROVAL, IF ANY:

Operator Exxon Corporation		Lease New Mexico "DL" State		Well No. 6
-------------------------------	--	--------------------------------	--	---------------

Unit Letter P	Section 18	Township 23 S	Range 33 E	County Lea
------------------	---------------	------------------	---------------	---------------

Actual Footage Location of Well:
660 feet from the South line and 660 feet from the East line

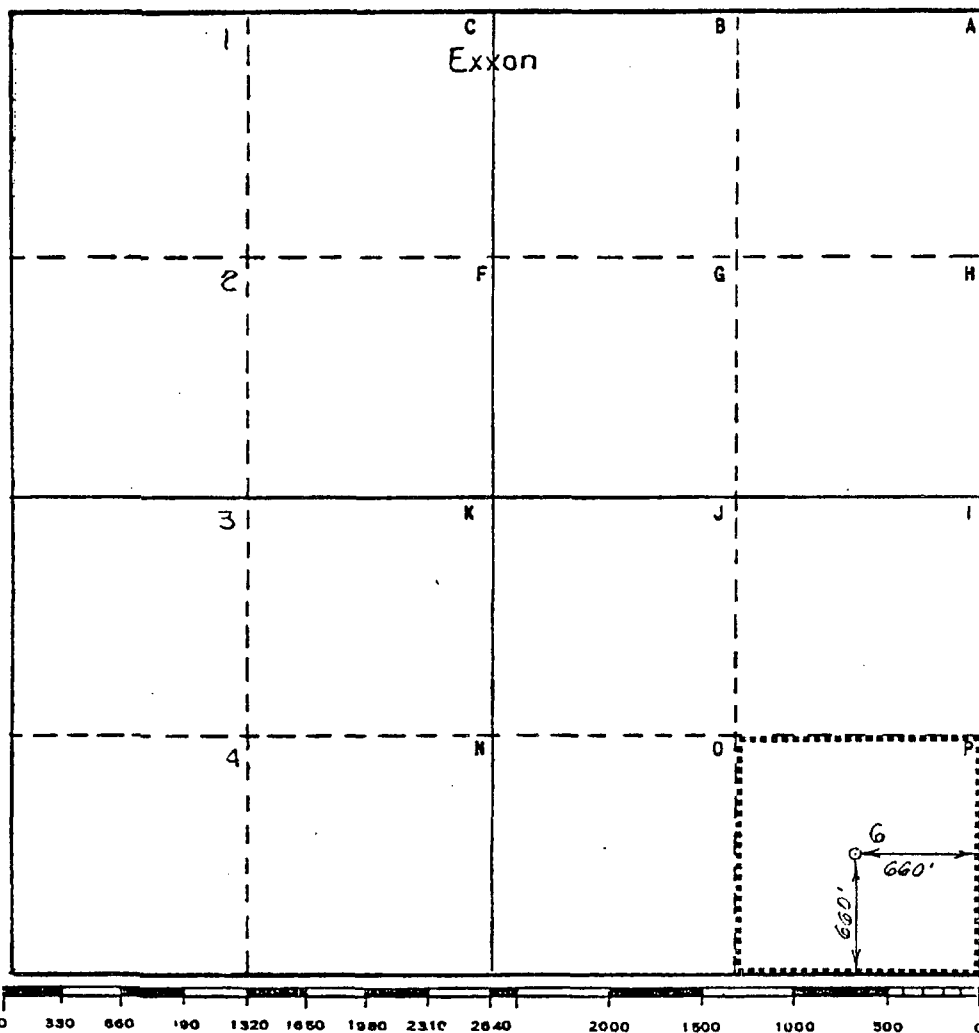
Ground Level Elev: 3697	Producing Formation Delaware	Pool Undes. Cruz-Delaware	Dedicated Acreage: 40 Acres
----------------------------	---------------------------------	------------------------------	--------------------------------

1. Outline the acreage dedicated to the subject well by colored pencil or hachure 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.) _____

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.



CERTIFICATION

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

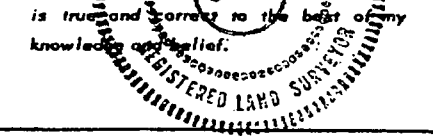
Name
Melba Kripling

Position
UNIT HEAD

Company Exxon Corporation
Box 1600 Midland, Texas

Date
3-28-84

I hereby certify that the well location shown on this plat was plotted from field notes actual surveys made by me or under my supervision and that the same is true and correct to the best of my knowledge and belief.



Date Surveyed

Registered Professional Engineer and/or Land Surveyor

W. J. Korman
Certificate No. 6157



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 Updated 2/22/2005

[GENERAL](#) | [COUNTY](#) | [OPERATOR](#) | [POOL](#) | [LOCATION](#) | [OCD LOG & WELL FILES](#)

View Production Data

In Internet Explorer, right click and select "Save Target As..."
In Netscape, right click and select "Save Link As..."

Download: [HTTP](#)

Well: NEW MEXICO DL STATE No.: 006
Operator: PRONGHORN MANAGEMENT CORP [[NM SLO data](#)]
API: 3002528659 **Township:** 23.0S **Range:** 33E
Section: 18 **Unit:** P
Land Type: S **County:** Lea
Pools associated:

- [CRUZ;DELAWARE](#) Total Acreage: 40 Completion: 1
- [Show All](#)

Year: 1989
 Pool Name: CRUZ;DELAWARE

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	0	0	0	0	0	0
February	0	0	0	0	0	0
March	0	0	0	0	0	0
April	0	0	0	0	0	0
May	0	0	0	0	0	0
June	0	0	0	0	0	0
July	0	0	0	0	0	0
August	0	0	0	0	0	0
September	0	0	0	0	0	0
October	230	180	2004	30	230	180
November	0	0	0	0	230	180
December	0	0	0	0	230	180

Total 230 180 2004 30

Year: 1990
Pool Name: CRUZ;DELAWARE

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	0	0	0	0	230	180
February	0	0	0	0	230	180
March	0	0	0	0	230	180
April	0	0	0	0	230	180
May	0	0	0	0	230	180
June	0	0	0	0	230	180
July	0	0	0	0	230	180
August	0	0	0	0	230	180
September	0	0	0	0	230	180
October	0	0	0	0	230	180
November	0	0	0	0	230	180
December	0	0	0	0	230	180
Total	0	0	0	0		

Year: 1991
Pool Name: CRUZ;DELAWARE

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	0	0	0	0	230	180
February	0	0	0	0	230	180
March	0	0	0	0	230	180
April	0	0	0	0	230	180
May	0	0	0	0	230	180
June	0	0	0	0	230	180
July	0	0	0	0	230	180
August	0	0	0	0	230	180
September	0	0	0	0	230	180
October	0	0	0	0	230	180
November	0	0	0	0	230	180
December	0	0	0	0	230	180
Total	0	0	0	0		

Year: 1992
Pool Name: CRUZ;DELAWARE

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	0	0	0	0	230	180
February						

	0	0	0	0	230	180
March	0	0	0	0	230	180
April	0	0	0	0	230	180
May	0	0	0	0	230	180
June	0	0	0	0	230	180
July	0	0	0	0	230	180
August	0	0	0	0	230	180
September	0	0	0	0	230	180
October	0	0	0	0	230	180
November	0	0	0	0	230	180
December	0	0	0	0	230	180
Total	0	0	0	0		

Year: 1994

Pool Name: CRUZ;DELAWARE

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	0	0	0	0	230	180
February	0	0	0	0	230	180
March	0	0	0	0	230	180
April	0	0	0	0	230	180
May	0	0	0	0	230	180
June	0	0	0	0	230	180
July	0	0	0	0	230	180
August	0	0	0	0	230	180
September	0	0	0	0	230	180
October	0	0	0	0	230	180
November	0	0	0	0	230	180
December	0	0	0	0	230	180
Total	0	0	0	0		

Year: 1995

Pool Name: CRUZ;DELAWARE

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	0	0	0	0	230	180
February	0	0	0	0	230	180
March	0	0	0	0	230	180
April	0	0	0	0	230	180
May	0	0	0	31	230	180
June	0	0	0	0	230	180
July	0	0	0	0	230	180

August	0	0	0	0	230	180
September	0	0	0	0	230	180
October	0	0	0	0	230	180
November	0	0	0	0	230	180
December	0	0	0	0	230	180
Total	0	0	0	31		

Year: 1996
 Pool Name: CRUZ;DELAWARE

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	0	0	0	0	230	180
February	0	0	0	0	230	180
March	0	0	0	0	230	180
April	0	0	0	0	230	180
May	0	0	0	0	230	180
June	0	0	0	0	230	180
July	0	0	0	30	230	180
August	0	0	0	0	230	180
September	0	0	0	0	230	180
October	0	0	0	0	230	180
November	0	0	0	0	230	180
December	0	0	0	0	230	180
Total	0	0	0	30		

Year: 1997
 Pool Name: CRUZ;DELAWARE

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	0	0	0	0	230	180
February	0	0	0	0	230	180
March	0	0	0	0	230	180
April	0	0	0	0	230	180
May	0	0	0	0	230	180
June	0	0	0	0	230	180
July	0	0	0	0	230	180
August	0	0	0	0	230	180
September	0	0	0	0	230	180
October	0	0	0	0	230	180
November	0	0	0	0	230	180
December	0	0	0	0	230	180
Total	0	0	0	0		

Year: 1998
Pool Name: CRUZ;DELAWARE

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	0	0	0	0	230	180
February	0	0	0	0	230	180
March	0	0	0	0	230	180
April	0	0	0	0	230	180
May	0	0	0	0	230	180
June	0	0	0	0	230	180
July	0	0	0	0	230	180
August	0	0	0	0	230	180
September	0	0	0	0	230	180
October	0	0	0	0	230	180
November	0	0	0	0	230	180
December	0	0	0	0	230	180
Total	0	0	0	0		

Year: 1999
Pool Name: CRUZ;DELAWARE

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	0	0	0	0	230	180
February	0	0	0	0	230	180
March	0	0	0	0	230	180
April	0	0	0	0	230	180
May	0	0	0	0	230	180
June	0	0	0	0	230	180
July	0	0	0	0	230	180
August	0	0	0	0	230	180
September	0	0	0	0	230	180
October	0	0	0	0	230	180
November	0	0	0	0	230	180
December	0	0	0	0	230	180
Total	0	0	0	0		

Year: 2000
Pool Name: CRUZ;DELAWARE

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	0	0	0	0	230	180
February	0	0	0	0	230	180
March	0	0	0	0	230	180
April						

	0	0	0	0	230	180
May	0	0	0	0	230	180
June	0	0	0	0	230	180
July	0	0	0	0	230	180
August	0	0	0	0	230	180
September	0	0	0	0	230	180
October	0	0	0	0	230	180
November	0	0	0	0	230	180
December	0	0	0	0	230	180
Total	0	0	0	0		

Year: 2001

Pool Name: CRUZ;DELAWARE

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	0	0	0	0	230	180
February	0	0	0	0	230	180
March	0	0	0	0	230	180
April	0	0	0	0	230	180
May	0	0	0	0	230	180
June	0	0	0	0	230	180
July	0	0	0	0	230	180
August	0	0	0	0	230	180
September	0	0	0	0	230	180
October	0	0	0	0	230	180
November	0	0	0	0	230	180
December	0	0	0	0	230	180
Total	0	0	0	0		

Year: 2002

Pool Name: CRUZ;DELAWARE

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	0	0	0	0	230	180
February	0	0	0	0	230	180
March	0	0	0	0	230	180
April	0	0	0	0	230	180
May	0	0	0	0	230	180
June	0	0	0	0	230	180
July	0	0	0	0	230	180
August	0	0	0	0	230	180
September	0	0	0	0	230	180

October	0	0	0	0	230	180
November	0	0	0	0	230	180
December	0	0	0	0	230	180
Total	0	0	0	0		

Year: 2003
 Pool Name: CRUZ;DELAWARE

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	0	0	0	0	230	180
February	0	0	0	0	230	180
March	0	0	0	0	230	180
April	0	0	0	0	230	180
May	0	0	0	0	230	180
June	0	0	0	0	230	180
July	0	0	0	0	230	180
August	0	0	0	0	230	180
September	0	0	0	0	230	180
October	0	0	0	0	230	180
November	0	0	0	0	230	180
December	0	0	0	0	230	180
Total	0	0	0	0		

Year: 2004
 Pool Name: CRUZ;DELAWARE

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	0	0	0	0	230	180
February	0	0	0	0	230	180
March	0	0	0	0	230	180
April	0	0	0	0	230	180
May	0	0	0	0	230	180
June	0	0	0	0	230	180
July	0	0	0	0	230	180
August	0	0	0	0	230	180
September	0	0	0	0	230	180
October	0	0	0	0	230	180
November	0	0	0	0	230	180
December	0	0	0	0	230	180
Total	0	0	0	0		

CMD
OG6CLOG

ONGARD

C105-WELL COMPLETION OR RECOMP. CASING LOG

02/25/05 10:36:03
OGONES -TP80

12

OGRID Identifier : 122811 PRONGHORN MANAGEMENT CORP
 Prop Identifier : 14991 STATE T
 API Well Identifier : 30 25 3724 Well No : 001
 Surface Locn - UL : 13 Sec : 6 Twp : 16S Range : 36E Lot Idn :
 Multiple comp (S/M/C) : S TVD Depth (Feet) : 10746 MVD Depth (Feet) : 10746
 Spud Date : T/A Date : 03-29-2002
 Casing/Linear Record:

 S Size Grade Weight Depth(ft) Depth(ft) Hole Size Cement --- TOC ---
 (inches) (lb/ft) Top-Liner Bottom-Liner (inches) (Sacks) (feet) Code

E0004: No matching record found. Enter data to create.

PF01 HELP PF02 PF03 EXIT PF04 GoTo PF05 PF06 CONFIRM
 PF07 PF08 PF09 COMMENT PF10 TLOG PF11 PF12

Pt A'ed

March 29, 2002

CMD
OG6IWCM

ENCARD
INQUIRE WELL COMPLETIONS

02/22/05 10:36:11
OGOMES TP80

API Well No : 30 25 3734 Bif Date : 03-29-2002 WC Status : P
Pool Idn : 59847 TOWNSEND;PERMO UPPER PENN
OGRID Idn : 122811 PRONGHORN MANAGEMENT CORP
Prop Idn : 14991 STATE T

Well No : 001
GL Elevation: 3965

	U/L	Sec	Township	Range	North/South	East/West	Prop/Act	(P/A)
B.H. Locn	: 13	6	16S	36E	FTG 2970	F S FTG 330	F W	P

Lot Identifier:

Dedicated Acre:

Lease Type : S

Type of consolidation (Comm, Unit, Forced Pooling - C/U/F/O) :

M0025: Enter PF keys to scroll

PF01 HELP	PF02	PF03 EXIT	PF04 GoTo	PF05	PF06
PF07	PF08	PF09	PF10 NEXT-WC	PF11 HISTORY	PF12 NXTREC

Submit 3 Copies To Appropriate District Office.
District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Ave., Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
Revised March 25, 1999

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

WELL API NO. 30-025-03734
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. E9335-5
7. Lease Name or Unit Agreement Name: STATE "T"
8. Well No. 1
9. Pool name or Wildcat Townsend Permo Upper Penn

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

1. Type of Well:
Oil Well Gas Well Other

2. Name of Operator
Pronghorn Management Corporation

3. Address of Operator
P. O. Box 1772 Hobbs, NM 88241

4. Well Location
Unit Letter M : 2970 feet from the South line and 330 feet from the West line
Section 6 Township 16S Range 36E NMPM Lea County

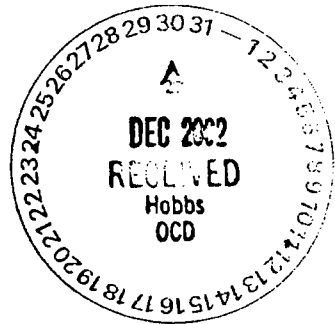
10. Elevation (Show whether DR, RKB, RT, GR, etc.)
3965' RKB

11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	PLUG AND ABANDONMENT <input checked="" type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
MULTIPLE COMPLETION <input type="checkbox"/>	OTHER: <input type="checkbox"/>
OTHER: <input type="checkbox"/>	

12. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation.

- Set CIBP @ 10,100'. Cap w/ 35' cement.
- Circulate hole with mud laden fluid.
- Nipple up to 5 1/2" casing. Stretch, cut and pull 5459' casing.
- Spot cement plug 50' in and out of stub. WOC and tag 5407'.
- Spot 100 cement plug @ Int. csg. shoe. WOC and tag @ 4675'.
- Spot 100' cement plug @ Top of Salt. WOC & tag @ 1925'.
- Spot 100' cement plug @ 13 3/8" shoe. WOC & tag @ 245'.
- Spot 10 sx. surface plug.
- Erect dry hole marker. Clean location. 03/29/02



Loc Rel 1-3-03 BEP

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

SIGNATURE *G. A. Baber* TITLE Partner DATE 12/11/02

Type or print name G. A. Baber Telephone No. 505-393-9176

(This space for State use)

APPROVED BY *Cary V. Work* TITLE REPRESENTATIVE II/STAFF MANAGER DATE JAN 03 2003

Conditions of approval, if any:

Handwritten mark

Submit 3 Copies To Appropriate District Office
 District I
 1625 N. French Dr., Hobbs, NM 87240
 District II
 811 South First, Artesia, NM 87210
 District III
 1000 Rio Brazos Rd., Aztec, NM 87410
 District IV
 2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico
 Energy, Minerals and Natural Resources

Form C-103
 Revised March 25, 1999

OIL CONSERVATION DIVISION
 2040 South Pacheco
 Santa Fe, NM 87505

WELL API NO.
 30-025-03734

5. Indicate Type of Lease
 STATE FEE

6. State Oil & Gas Lease No.
 E9335-S

7. Lease Name or Unit Agreement Name:
 STATE "T"

8. Well No.
 1

9. Pool name or Wildcat
 Townsend Permo Upper Penn

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

1. Type of Well:
 Oil Well Gas Well Other

2. Name of Operator
 Pronghorn Management Corporation

3. Address of Operator
 P. O. Box 1772 Hobbs, NM 88241

4. Well Location
 Unit Letter M : 2970 feet from the South line and 330 feet from the West line
 Section 6 Township 16-S Range 36-E NMPM Lea County

10. Elevation (Show whether DR, RKB, RT, GR, etc.)
 3965' RKB

11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input checked="" type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: <input type="checkbox"/>	

12. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation.

1. Set CIBP @ ± 10,100', Cap with 35' cement
2. Circulate hole with mud laden fluid.
3. Nipple up to 5½" casing. Stretch, cut and pull ± 7000' csg.
4. Spot cement plug 50' in and out of stub. WOC and tag.
5. Spot 100' cement plug 4680' - 4780'. (Int. csg. shoe) WOC and Tag.
6. Spot 100' cement plug 1939' - 2039'. (Top of salt) WOC and Tag.
7. Spot 10 sx. surface plug.
8. Erect dry hole marker. Clean location.

25 SX OR 100' WHICHEVER IS GREATER
 F/350' to 250' - TAG (13 3/8 SHOE)

THE COMMISSION MUST BE NOTIFIED 24 HOURS PRIOR TO THE BEGINNING OF DRILLING OPERATIONS FOR THE CIBP TO BE APPROVED

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

SIGNATURE G. A. Baber TITLE Partner DATE 4/7/00

Type or print name G. A. BABER Telephone No. 505-393-9176
 (This space for State use)

APPROVED BY _____ TITLE _____ DATE _____
 Conditions of approval, if any:

T.P.

df

Submit 3 Copies
 Appropriate District Office
 DISTRICT I
 P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
 P.O. Drawer DD, Artesia, NM 88210

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

State of New Mexico
 Energy, Minerals and Natural Resources Department

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
 TO TRANSPORT OIL AND NATURAL GAS

I.

Operator	PRONGHORN MANAGEMENT CORPORATION <122811>	Well API No.	30-025-03734
Address	P.O. BOX 1772 HOBBS, NM 88241		
Reason(s) for Filing (Check proper box)	<input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Operator <input checked="" type="checkbox"/> Other (Please explain) MAY 01 1994 OPERATOR NAME CHANGE ONLY		
Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate <input type="checkbox"/> Casinghead Gas			
If change of operator give name and address of previous operator: BABER WELL SERVICING COMPANY P.O. BOX 1772 HOBBS, NM 88241			

II. DESCRIPTION OF WELL AND LEASE

Lease Name	STATE T <14991>	Well No.	I	Pool Name, Including Formation	TOWNSEND PERMO UPPER PENN <59847>	Kind of Lease (State)	Federal or Fee	Lease No.	E-9335
Location	Unit Letter M ; Feet From The 2970 FSL Line and 330 Feet From The FWL Line Section 06 Township 16S Range 36E , NMPM, LEA County								

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate	Texas NM Pipeline <222628>	Address (Give address to which approved copy of this form is to be sent)	JLA
Name of Authorized Transporter of Casinghead Gas or Dry Gas	Warren Petroleum <024550>	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, Unit Sec. Twp. Rge. Is gas specially connected? When?			

OIL POD NO. 501510
 GAS POD NO. 501530
 O-TINSP. OGRID NO. 023628
 G-TINSP. OGRID NO. 024550

with that from any other lease or pool, give commingling order number: TA

Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Compl. Ready to Prod.	Total Depth			P.B.T.D.				
Name of Producing Formation	Top Oil/Gas Pay			Tubing Depth				
Depth Casing Shoe								

TUBING, CASING AND CEMENTING RECORD

CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

REQUEST FOR ALLOWABLE

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 of Test	Producing Method (Flow, pump, gas lift, etc.)	
Tubing Pressure	Casing Pressure	Choke Size
Oil - Bbls.	Water - Bbls.	Gas- MCF
Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

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

Signature Sherry Wade
 Printed Name **SHERRY WADE** Title **PRODUCTION CLERK**
 Date 3-5-94 Telephone No. **(505) 392-5516**

OIL CONSERVATION DIVISION

MAY 20 1994

Date Approved _____
 By _____
 Title _____
 Orig. Signed: **Paul Rantz**
Geologist

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

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- All sections of this form must be filled out for allowable on new and recompleted wells.

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

State of New Mexico
 Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION

DISTRICT II
 P.O. Drawer DD, Artesia, NM 88210

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

I.

Operator BABER WELL SERVICING COMPANY	Well APN No.
Address P.O. BOX 1772 HOBBS, NEW MEXICO 88241	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of: <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator OGS OPERATING CO., INC. 550 W. Texas, Ste 1140, Midland, Tx. 79702	

II. DESCRIPTION OF WELL AND LEASE

Lease Name STATE T	Well No. 1	Pool Name, Including Formation Townsend Permo Upper Penn	Kind of Lease <u>State</u> , Federal or Fee	Lease No. E9335-S
Location Unit Letter <u>M</u> : <u>2970</u> Feet From The <u>south</u> Line and <u>330</u> Feet From The <u>west</u> Line Section <u>6</u> Township <u>16-S</u> Range <u>36-E</u> , NMPM, LEA County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Texas New Mexico Pipeline	Box 1510, Midland, Texas 79702
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Warren Petroleum	P.O. Box 1589, 1 Petroleum, Tulsa, Okla. 74102
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When?
Unit Sec. Twp. Rge. M 6 16-S 36-E	

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

IV. COMPLETION DATA

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

V. TEST DATA AND REQUEST FOR ALLOWABLE

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

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

GAS WELL

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

VI. OPERATOR CERTIFICATE OF COMPLIANCE

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

Signature G.A. Baber, III
 Printed Name G.A. BABER, III Title PRESIDENT
 Date 10-30-90 Telephone No. (505) 393-5516

OIL CONSERVATION DIVISION

NOV 02 1990

Date Approved _____
 By ORIGINAL SIGNED BY JERRY SEXTON
 District I Supervisor
 Title _____

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.

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

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

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

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

I.

Operator OGS Operating Co., Inc.	Well API No.
Address 550 W. Texas, Suite 1140, Midland, Texas 79701	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of: <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator ORyx Energy Company, Box 1861, Midland, Texas 79702	

II. DESCRIPTION OF WELL AND LEASE

Lease Name State T	Well No. 1	Pool Name, Including Formation Townsend Well Comp ^{Palme Penn}	Kind of Lease <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal or Fee	Lease No.
Location Unit Letter <u>M</u> : <u>2970</u> Feet From The <u>south</u> Line and <u>330</u> Feet From The <u>west</u> Line Section <u>6</u> Township <u>16-S</u> Range <u>36-E</u> , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Texas New Mexico Pipeline	Address (Give address to which approved copy of this form is to be sent) Box 1510, Midland, Texas
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum	Address (Give address to which approved copy of this form is to be sent) P O Box 1589, 1 Petroleum, Tulsa, Okla. 74102
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When ? M 6 16-S 36-E yes

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

IV. COMPLETION DATA

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

V. TEST DATA AND REQUEST FOR ALLOWABLE

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


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

GAS WELL

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

VI. OPERATOR CERTIFICATE OF COMPLIANCE

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


Signature
Thom O'Brien Land Manager
Printed Name Title
5-10-90 (915) 682-6373
Date Telephone No.

OIL CONSERVATION DIVISION
MAY 14 1990

Date Approved _____

By **ORIGINAL SIGNED BY JERRY SEXTON**
DISTRICT I SUPERVISOR

Title _____

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.

Submit 3 Copies
 appropriate District Office
 DISTRICT I
 P.O. Box 1984, Hobbs, NM 88240

State of New Mexico
 Energy, Minerals and Natural Resources Department

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

DISTRICT II
 P.O. Drawer DD, Artesia, NM 88210

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
 TO TRANSPORT OIL AND NATURAL GAS

I. Operator

Operator Oryx Energy Company	Well API No. 30-025-03734
Address P. O. Box 1861, Midland, Texas 79702	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/> Change in Transporter of: Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Operator <input checked="" type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator: Sun Exploration & Production Co., P. O. Box 1861, Midland, Texas 79702	

II. DESCRIPTION OF WELL AND LEASE

Lease Name State T	Well No. 1	Pool Name, Including Formation Townsend Permo Upper Penn	Kind of Lease State, Federal or Fee	Lease No. NM382
Location Unit Letter M : 2970 Feet From The South Line and 330 Feet From The West Line Section 6 Township 16-S Range 36-E, NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Texas New Mexico Pipeline	Address (Give address to which approved copy of this form is to be sent) Box 1510, Midland, Texas 79702
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum	Address (Give address to which approved copy of this form is to be sent) 725 Gulf Bldg. Midland, Texas 79702
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rgn. Is gas actually connected? When? M 6 16 36

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE

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

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

GAS WELL

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

VI. OPERATOR CERTIFICATE OF COMPLIANCE

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

Maria L. Perez
 Signature
 Maria L. Perez Accountant
 Printed Name
 4-25-89 915-688-0375
 Date Telephone No.

OIL CONSERVATION DIVISION
 JUN 19 1989
 Date Approved _____
 By ORIGINAL SIGNED BY JERRY SEXTON
 DISTRICT I SUPERVISOR
 Title _____

- 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.

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-101
Revised 11-1-78

5a. Indicate Type of Lease
State Fee

5. State Oil & Gas Lease No.

SUNDRY NOTICES AND REPORTS ON WELLS

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

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator Sun Exploration & Production Company	8. Farm or Lease Name State T
3. Address of Operator P. O. Box 1861, Midland, Texas 79702	9. Well No. 1
4. Location of Well UNIT LETTER <u>M</u> <u>2970</u> FEET FROM THE <u>South</u> LINE AND <u>330</u> FEET FROM THE <u>West</u> LINE, SECTION <u>6</u> TOWNSHIP <u>16-S</u> RANGE <u>36-E</u> NMPM.	10. Field and Pool, or Wildcat Townsend Wolfcamp
15. Elevation (Show whether DF, RT, GR, etc.)	12. County Lea

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

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

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Dug cellars out - brought up bradenhead connection.
Witnessed by Eddie Seay with NMOCC 2-22-84.

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

SIGNED Eddie W. Seay TITLE Sr. Accounting Assistant DATE 3-6-84

APPROVED BY Oil & Gas Inspector TITLE _____ DATE MAR 9 1984

CONDITIONS OF APPROVAL, IF ANY:

DISTRIBUTION
SANTA FE
FILE
J.S.G.S.
LAND OFFICE
TRANSPORTER
OIL
GAS
OPERATOR
PRODUCTION 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-1
 Effective 1-1-65

I. OPERATOR

Operator
 Sun Exploration & Production Co.

Address
 P. O. Box 1861, Midland, Texas 79702

Reason(s) for filing (Check proper box) Other (Please explain)

New Well Change in Transporter of:
 Oil Dry Gas
 Recompletion Oil Condensate
 Change in Ownership Casinghead Gas Condensate

Name Change Only
 From: Sun Oil Company

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE *Townsend Permian Upper Permian R-7222*

Lease Name	Well No.	Pool Name, (including Formation)	Kind of Lease	Lease No.
State T	1	Townsend Wolfcamp	State, Federal or Fee State	

Location

Unit Letter M ; 2970 Feet From The south Line and 330 Feet From The west

Line of Section 6 Township 16-S Range 36-E, NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Texas-New Mexico Pipeline	Box 1510, Midland, Texas
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Warren Petroleum	725 Gulf Bldg., Midland, Texas

If well produces oil or liquids, give location of tanks. Unit M Sec. 6 Twp. 16 Rge. 36 Is gas actually connected? When

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations							Depth Casing Shoe	

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To 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.

Doris Williams
 Accounting Assistant II
 January 1, 1982

OIL CONSERVATION COMMISSION

APPROVED JAN 21 1982, 19

BY Harry Sexton
 TITLE Dist. I. Supt.

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. Complete Form C-104 must be filed for each pool in multiple

DISTRIBUTION
STATE FILE
J.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-111
 Effective 1-1-55

I. OPERATOR
 Operator SUN OIL COMPANY
 Address P.O. Box 1861, Midland, TX 79702

Reason(s) for filing (Check proper box) Other (Please explain)

New Well Change in Transporter of:
 Recompletion Oil Dry Gas
 Change in Ownership Casinthead Gas Condensate

If change of ownership give name and address of previous owner SUN TEXAS COMPANY, P.O. Box 4067, Midland, TX 79704

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>State T</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Twonsend Wolfcamp</u>	Kind of Lease State, Federal or Fee State	Lease No.
Location Unit Letter <u>M</u> ; <u>2970</u> Feet From The <u>South</u> Line and <u>330</u> Feet From The <u>West</u>				
Line of Section <u>6</u> Township <u>16-S</u> Range <u>36-E</u> , NMPM, <u>Lea</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Texas-New Mexico Pipeline</u>	<u>Box 1510, Midland, TX</u>
Name of Authorized Transporter of Casinthead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Warren Petroleum</u>	<u>725 Gulf Bldg. Midland, TX</u>
(If well produces oil or liquids, give location of tanks.)	Is gas actually connected? When
Unit <u>M</u> Sec. <u>6</u> Twp. <u>16</u> Rge. <u>36</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 Restv.	Diff. Restv.
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)

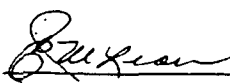
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

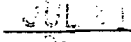
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pistol, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

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/Proration Supervisor
 (Title)
July 1, 1981
 (Date)

OIL CONSERVATION COMMISSION

APPROVED , 19 _____

BY _____

TITLE _____

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 1111.
 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 well in multiple.

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

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

Operator
SUN TEXAS COMPANY

Address
P. O. Box 4067 Midland, Texas 79704

Reason(s) for filing (Check proper box) Other (Please explain)

New Well Change in Transporter of:
 Oil Dry Gas
 Recompletion Oil Dry Gas
 Change in Ownership Casinghead Gas Condensate

If change of ownership give name and address of previous owner
TEXAS PACIFIC OIL COMPANY, INC. P. O. Box 4067 Midland, TX. 79704

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease State, Federal or Fee	Lease No.
			<u>State</u>	
Location				
Unit Letter	Feet From The	Line and	Feet From The	
Line of Section	Township	Range	NMPM	County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>TEXAS PACIFIC OIL COMPANY, INC.</u>	<u>P. O. Box 4067 Midland, TX.</u>
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)
<u>TEXAS PACIFIC OIL COMPANY, INC.</u>	<u>P. O. Box 4067 Midland, TX.</u>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit Sec. Twp. Pge. <u>M 6 14 36</u>	

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	Same Res'v.	Diff. Res'v.
<input checked="" type="checkbox"/>								
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					

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 (pilot, 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.

C. Engler
 (Signature)
 Regional Operations Superintendent/West
 (Title)
 SEP 12 1980
 (Date)

OIL CONSERVATION COMMISSION

APPROVED OCT 27 1980, 19____

BY [Signature]

TITLE _____

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.
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 Separate Forms C-104 must be filed for each pool in multiply completed wells.

NUMBER OF COPIES RECEIVED	
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LAND OFFICE	
TRANSPORTER	OIL GAS
PRODUCTION OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

FORM C-103
(Rev 3-55)

MISCELLANEOUS REPORTS ON WELLS

(Submit to appropriate District Office as per Commission Rule 1106)

Name of Company Texas Pacific Oil Company				Address P.O. Box 1069, Hobbs, New Mexico			
Lease State	Well No.	Unit Letter	Section	Township	Range		
Wm	1	M	6	16-S	36-E		
Date Work Performed 9/14 -11/5 -1964	Pool Townsend Wolfcamp			County Lea			

THIS IS A REPORT OF: (Check appropriate block)

- Beginning Drilling Operations
 Casing Test and Cement Job
 Other (Explain):
 Plugging
 Remedial Work

Detailed account of work done, nature and quantity of materials used, and results obtained.

1. Found leak in casing at 6026'. Set Bridge Plug at 6180' w/2 sks. sand.
2. Squeeze w/150 sks. Incor & .8 of 1% Halad-9. No squeeze. Squeeze 2nd stage w/100 sks. Incor & .8 of 1% Halad-9.
3. Drilled cement to 6058'. Test casing w/2000# for 30 min. Test O.K.
4. Cleaned out to 10,726'.
5. Perforated 10,544'-10,577' (1 shot per ft.). Acidized w/2000 gals. MCA.
6. Acidized perms. 10,650-10,710; 10,600-10,640' w/2000 gals. MCA.
7. Placed well on pump 9/20/64.
8. On 11/3/64 Treated w/20,000 gal. CRA Acid & 905,625 STD Cu. Ft. CO₂ & 500 bbls. lease crude.
9. Placed well on pump 11/5/64.

Witnessed by A. D. Asher	Position Asst. Dist. Supt.	Company Texas Pacific Oil Company
------------------------------------	--------------------------------------	---

FILL IN BELOW FOR REMEDIAL WORK REPORTS ONLY


ORIGINAL WELL DATA

D F Elev. 3965'	TD 10,746'	PBTD 10,730'	Producing Interval 10,600-10,710	Completion Date 8/13/57
Tubing Diameter 2" - 2 1/2"	Tubing Depth 10,504'	Oil String Diameter 5-1/2"	Oil String Depth 10,731'	
Perforated Interval(s) 10,600-10,640'; 10,650-10,710'				
Open Hole Interval		Producing Formation(s) Wolfcamp		

RESULTS OF WORKOVER

Test	Date of Test	Oil Production BPD	Gas Production MCFPD	Water Production BPD	GOR Cubic feet/Bbl	Gas Well Potential MCFPD
Before Workover	7/24/64	82	128	0	1560	
After Workover	12/6/64	91	177	15	1945	

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

OIL CONSERVATION COMMISSION		Name Original signed by: John H. Hendrix	
Approved by 	Title District Engineer	Company Texas Pacific Oil Company	
Date			

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

HOBBS OFFICE O. C. C.
SEP 16 11 25 AM '64

MISCELLANEOUS NOTICES

Submit this notice in TRIPLICATE to the District Office, Oil Conservation Commission, before the work specified is to begin. A copy will be returned to the sender on which will be given the approval, with any modifications considered advisable, or the rejection by the Commission or agent, of the plan submitted. The plan as approved should be followed, and work should not begin until approval is obtained. See additional instructions in the Rules and Regulations of the Commission.

Indicate Nature of Notice by Checking Below

NOTICE OF INTENTION TO CHANGE PLANS		NOTICE OF INTENTION TO TEMPORARILY ABANDON WELL		NOTICE OF INTENTION TO DRILL DEEPER	
NOTICE OF INTENTION TO PLUG WELL		NOTICE OF INTENTION TO PLUG BACK		NOTICE OF INTENTION TO SET LINER	
NOTICE OF INTENTION TO SQUEEZE	X	NOTICE OF INTENTION TO ACIDIZE	X	NOTICE OF INTENTION TO SHOOT (Nitro)	
NOTICE OF INTENTION TO GUN PERFORATE	X	NOTICE OF INTENTION (OTHER)		NOTICE OF INTENTION (OTHER)	

OIL CONSERVATION COMMISSION
SANTA FE, NEW MEXICO

Hobbs, New Mexico
(Place)

September 11, 1964
(Date)

Gentlemen:

Following is a Notice of Intention to do certain work as described below at the State of TX
Texas Pacific Oil Company Well No. 1 in M (Company or Operator) (Unit)
1/4 (40-acre Subdivision) of Sec. 6, T. 16-S, R. 36-E, NMPM., Townsend Wolfcamp Pool
Lea County.

FULL DETAILS OF PROPOSED PLAN OF WORK
(FOLLOW INSTRUCTIONS IN THE RULES AND REGULATIONS)

1. Repair casing leak and squeeze.
2. Clean out to T.D. (10,749').
3. Perforate 10,544-10,577' w/2 shots per ft.
4. Acidize perforations with approximately 4000 gals.
5. Put well on production.

Approved SEP 11 1964, 19____
Except as follows:

Texas Pacific Oil Company
Company of Operator
By Bobby Gamble
Position Gas Production Foreman
Send Communications regarding well to:

Approved
OIL CONSERVATION COMMISSION

By _____
Title _____

Name Texas Pacific Oil Company
Address P.O. Box 1069, Hobbs, New Mexico

NEW MEXICO OIL CONSERVATION COMMISSION

FORM C-103
(Rev 3-55)

MISCELLANEOUS REPORTS ON WELLS

(Submit to appropriate District Office as per Commission Rule 1106)

Name of Company Texas Pacific Coal and Oil Company			Address P. O. Box 1608, Hobbs, New Mexico			
Lease State "T"	Well No. 1	Unit Letter H	Section 6	Township 16-S	Range 36-S	
Date Work Performed 11/21/60	Pool Townsend Wolfcamp		County Lea			

THIS IS A REPORT OF: (Check appropriate block)

- Beginning Drilling Operations
 Casing Test and Cement Job
 Other (Explain):
 Plugging
 Remedial Work

Detailed account of work done, nature and quantity of materials used, and results obtained.

1. Rigged up, Pulled 2" tubing and Packer.
2. Cleaned out well from 10,675'-10,715' w/bailer.
3. Ran tubing and Lyster Packer. Set at 10,682' and stabbed lower zone.
4. Acidized w/500 gal. HA & 3,000 gal. "Solo-free". Stabbed dry.
5. Pulled Packer and run Guiberson KVL-30 Packer. Set at 10,611'. Stabbed dry.
6. Pulled tubing and Perforated 10,600'-10,640' w/4 jets/ft.
7. Ran tubing with Guiberson KV-30 Packer. Set at 10,569'.
8. Set Pumping unit.

Witnessed by Bill D. Baker	Position District Engineer	Company Texas Pacific Coal and Oil Company
--------------------------------------	--------------------------------------	--

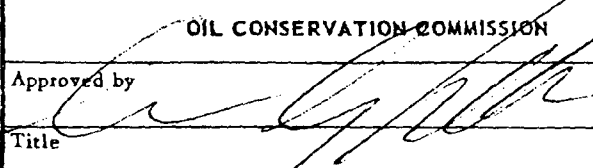
FILL IN BELOW FOR REMEDIAL WORK REPORTS ONLY

ORIGINAL WELL DATA

D F Elev. 3965'	T D 10,746'	P B T D 10,730	Producing Interval 10,600-10,712'	Completion Date 11/21/60
Tubing Diameter 2" - 2 1/2"	Tubing Depth 10,786'	Oil String Diameter 5-1/2"	Oil String Depth 10,731'	
Perforated Interval(s) 10,600-10,640', 10,682-10,712'				
Open Hole Interval		Producing Formation(s) Wolfcamp		

RESULTS OF WORKOVER

Test	Date of Test	Oil Production BPD	Gas Production MCFPD	Water Production BPD	GOR Cubic feet/Bbl	Gas Well Potential MCFPD
Before Workover	11/13/60	27.7	499	0	10,034	
After Workover	6/9/61	52.6	272	0	5,166	

OIL CONSERVATION COMMISSION		I hereby certify that the information given above is true and complete to the best of my knowledge.	
Approved by 	Name William M. Beth		
Title	Position Petroleum Engineer		
Date	Company Texas Pacific Coal and Oil Company		

NEW MEXICO OIL CONSERVATION COMMISSION
SANTA FE, NEW MEXICO

Form C-110

Revised 7/1/55

(File the original and 4 copies with the appropriate district office)

HOBBS OFFICE OCC

CERTIFICATE OF COMPLIANCE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

1957 DEC 9 AM 8:21

Company or Operator Texas Pacific Coal & Oil Company Lease State "TX"

Well No. 1 Unit Letter M S 6 T 16S R 36E Pool Townsend Wolfeamp

County Lea Kind of Lease (State, Fed. or Patented) State

If well produces oil or condensate, give location of tanks: Unit S T R

Authorized Transporter of Oil or Condensate _____

Address _____

(Give address to which approved copy of this form is to be sent)

Authorized Transporter of Gas Warren Petroleum Corporation

Address Attn: Mr. T. E. Raper Box 1045 Hobbs, New Mexico

(Give address to which approved copy of this form is to be sent)

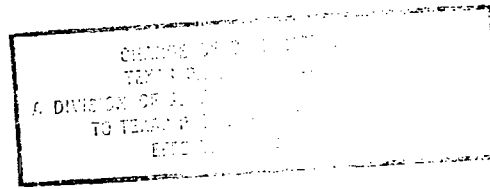
If Gas is not being sold, give reasons and also explain its present disposition:

Reasons for Filing: (Please check proper box) New Well ()

Change in Transporter of (Check One): Oil Dry Gas C'head Condensate

Change in Ownership Other

Remarks: _____ (Give explanation below)



The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.

Executed this the 6th day of December 1957

By [Signature]

Approved _____ 19 _____

Title District Engineer

OIL CONSERVATION COMMISSION

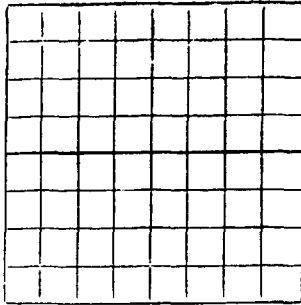
Company Texas Pacific Coal & Oil Co.

By [Signature]

Address P. O. Box 1688

Title _____

Hobbs, New Mexico



NEW MEXICO OIL CONSERVATION COMMISSION

Santa Fe, New Mexico

WELL RECORD

Mail to District Office, Oil Conservation Commission, to which Form C-101 was sent not later than twenty days after completion of well. Follow instructions in Rules and Regulations of the Commission. Submit in QUINTUPLICATE. If State Land submit 6 Copies

AREA 640 ACRES
LOCATE WELL CORRECTLY

Texas Pacific Coal & Oil Company State # **TX**
(Company or Operator) **Lot 13** (Lease)

Well No. **1**, in **Block** $\frac{1}{4}$, of Sec. **6**, T. **16-S**, R. **36-E**, NMPM.
Indesignated Pool, **Lea** County.

Well is **330** feet from **West** line and **2970** feet from **South** line
of Section **6**. If State Land the Oil and Gas Lease No. is **N.M. 362**

Drilling Commenced **June 11**, 19 **57** Drilling was Completed **August 17**, 19 **57**

Name of Drilling Contractor **Castina Drilling Company**
Address **San Angelo, Texas**

Elevation above sea level at Top of Tubing Head **3965**. The information given is to be kept confidential until
19 **57**

OIL SANDS OR ZONES

No. 1, from **10544** to **10746** No. 4, from _____ to _____
No. 2, from _____ to _____ No. 5, from _____ to _____
No. 3, from _____ to _____ No. 6, from _____ to _____

IMPORTANT WATER SANDS

Include data on rate of water inflow and elevation to which water rose in hole.

No. 1, from _____ to _____ feet.
No. 2, from _____ to _____ feet.
No. 3, from _____ to _____ feet.
No. 4, from _____ to _____ feet.

CASING RECORD

SIZE	WEIGHT PER FOOT	NEW OR USED	AMOUNT	KIND OF SHOT	CUT AND PULLED FROM	PERFORATIONS	PURPOSE
13-3/8	48#	New	361	Guide	-		
8-5/8	32#	"	4730	Guide	-		
5-1/2	27-30#	"	10721	Float	-	10650-10710	Production

MUDDING AND CEMENTING RECORD

SIZE OF HOLE	SIZE OF CASING	WHERE SET	NO. BAGS OF CEMENT	METHOD USED	MUD GRAVITY	AMOUNT OF MUD USED
17 1/2	13-3/8			Pump	9.1	
12 1/2	8-5/8	4748	1230	Pump	9.1	
7-7/8	5-1/2	10745	300	Pump	9.1	

RECORD OF PRODUCTION AND STIMULATION

(Record the Process used, No. of Qts. or Gals. used, interval treated or shot.)

Acidized with 1000 gallons of mud acid. Perforations (10650-10710)

Result of Production Stimulation **Potential**

Depth Cleaned Out _____

ORD OF DRILL-STEM AND SPECIAL

If drill-stem or other special tests or deviation surveys were made, submit report on separate sheet and attach hereto

TOOLS USED

Rotary tools were used from 0 feet to 10746 feet, and from _____ feet to _____ feet.
 Cable tools were used from _____ feet to _____ feet, and from _____ feet to _____ feet.

PRODUCTION

Put to Producing..... August 27, 1957.....

OIL WELL: The production during the first 24 hours was 310 barrels of liquid of which 100 % was
 was oil; 0 % was emulsion; 0 % water; and 0 % was sediment. A.P.I.
 Gravity..... 39.....

GAS WELL: The production during the first 24 hours was _____ M.C.F. plus _____ barrels of
 liquid Hydrocarbon. Shut in Pressure..... lbs.

Length of Time Shut in.....

PLEASE INDICATE BELOW FORMATION TOPS (IN CONFORMANCE WITH GEOGRAPHICAL SECTION OF STATE):

Southeastern New Mexico		Northwestern New Mexico	
T. Anhy..... <u>1884</u>	T. Devonian.....	T. Ojo Alamo.....	
T. Salt.....	T. Silurian.....	T. Kirtland-Fruitland.....	
B. Salt.....	T. Montoya.....	T. Farmington.....	
T. Yates..... <u>3098</u>	T. Simpson.....	T. Pictured Cliffs.....	
T. 7 Rivers.....	T. McKee.....	T. Menefee.....	
T. Queen..... <u>3900</u>	T. Ellenburger.....	T. Point Lookout.....	
T. Grayburg.....	T. Gr. Wash.....	T. Mancos.....	
T. San Andres..... <u>4685</u>	T. Granite.....	T. Dakota.....	
T. Glorieta..... <u>6333</u>	T. <u>Wolfeamp</u> <u>9647</u>	T. Morrison.....	
T. Drinkard.....	T. <u>XX</u> <u>9954</u>	T. Penn.....	
T. Tubbs..... <u>7473</u>	T. _____.....	T. _____.....	
T. Abo..... <u>8217</u>	T. _____.....	T. _____.....	
T. Penn.....	T. _____.....	T. _____.....	
T. Miss.....	T. _____.....	T. _____.....	

FORMATION RECORD

From	To	Thickness in Feet	Formation	From	To	Thickness in Feet	Formation
0	320	320	Caliche & Red Bed	10405	10588	183	Lime & Shale
320	1215	895	Red Bed	10588	10746	158	Lime
1215	1870	655	Red Bed & Gyp.				
1870	2080	210	Red Bed, Salt & Gyp.				
2080	2973	893	Anhydrite & Salt				
2973	4471	1498	Anhydrite & Gyp.				
4471	4741	270	Anhyd., Gyp & Lime				
4741	10016	5275	Lime				
10016	10053	37	Shale & Lime				
10053	10114	61	Lime				
10114	10181	67	Lime & Shale				
10181	10257	76	Lime				
10257	10331	74	Shale				
10331	10353	22	Shale & Lime				
10353	10406	52	Shale				

ATTACH SEPARATE SHEET IF ADDITIONAL SPACE IS NEEDED

I hereby swear or affirm that the information given herewith is a complete and correct record of the well and all work done on it so far as can be determined from available records.

August 26, 1957
(Date)

Company or Operator Texas Pacific Coal & Oil Co. Address P. O. Box 1688 - Hobbs, New Mexico
 Name Arthur M. Smith Position or Title District Engineer

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

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

REQUEST FOR (OIL) - (GAS) ALLOWABLE

New Well
Exception

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

Hobbs, New Mexico August 20, 1957
(Place) (Date)

WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS: Lot 13
Texas Pacific Coal & Oil Co. State "NM" Well No. 1 in $\frac{1}{4}$ $\frac{1}{4}$
(Company or Operator) (Lease)
M Sec. 6 T. 16S R. 36E NMPM, Undesignated Pool
Unit Letter

Lea County. Date Spudded 6/11/57 Date Drilling Completed 8/13/57
Please indicate location: Elevation 3965 Total Depth 10746 PBTD 10730
Top Oil/Gas Pay 10540 Name of Prod. Form. Wolfcamp

D	G	B	A
E	F	G	H
L	K	J	I
M	N	O	P

PRODUCING INTERVAL -
Perforations 10650 - 10710
Open Hole - Depth - Casing Shoe 10745 Depth Tubing 10504

OIL WELL TEST -
Natural Prod. Test: 0 bbls. oil, 0 bbls water in 8 hrs, - min. Size 2" Choke
Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 310 bbls. oil, 0 bbls water in 24 hrs, 0 min. Size 19/64 Choke

GAS WELL TEST -
Natural Prod. Test: _____ MCF/Day; Hours flowed _____ Choke Size _____

Tubing, Casing and Cementing Record

Size	Feet	Sex
<u>13-3/8</u>	<u>861</u>	<u>375</u>
<u>8-5/8</u>	<u>4730</u>	<u>1220</u>
<u>5-1/2</u>	<u>10721</u>	<u>300</u>

Method of Testing (pitot, back pressure, etc.): _____
Test After Acid or Fracture Treatment: _____ MCF/Day; Hours flowed _____
Choke Size _____ Method of Testing: _____

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 1000 Gals. Mud Acid
Casing Tubing Date first new _____
Press. 2000 Press. 2000 oil run to tanks 8/17/57

Oil Transporter Texas-New Mexico Pipeline Company
Gas Transporter _____

Remarks: _____

I hereby certify that the information given above is true and complete to the best of my knowledge.
Approved _____, 19_____ Texas Pacific Coal & Oil Company
(Company or Operator)

OIL CONSERVATION COMMISSION
By: [Signature]
Title District Engineer
Send Communications regarding well to:

Title _____
Name Texas Pacific Coal & Oil Company
Address P.O. Box 1688, Hobbs, New Mexico

NEW MEXICO OIL CONSERVATION COM. SSION
SANTA FE, NEW MEXICO

Form C-110
Revised 7/1/55

(File the original and 4 copies with the appropriate district office)

CERTIFICATE OF COMPLIANCE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Company or Operator Texas Pacific Coal & Oil Company Lease State

Well No. 1 Unit Letter Lot 13 M S 6 T 16S R 36E Pool Undesignated

County Lea Kind of Lease (State, Fed. or Patented) State

If well produces oil or condensate, give location of tanks: Unit S 6 T 16S R 36E

Authorized Transporter of Oil ~~or Condensate~~ Texas-New Mexico Pipeline Company

Address Midland, Texas
(Give address to which approved copy of this form is to be sent)

Authorized Transporter of Gas None

Address _____
(Give address to which approved copy of this form is to be sent)

If Gas is not being sold, give reasons and also explain its present disposition:

No pipeline connection. Gas is being vented

Reasons for Filing: (Please check proper box) New Well _____

Change in Transporter of (Check One): Oil Dry Gas C'head Condensate

Change in Ownership Other

Remarks: _____ (Give explanation below)

The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.

Executed this the 22nd day of August 1957

By *Arthur M. Smith*

Approved _____ 19 _____

Title District Engineer

OIL CONSERVATION COMMISSION

Company Texas Pacific Coal & Oil Co.

By *E. P. ...*

Address P. O. Box 1688

Title _____

Hobbs, New Mexico

DUPLICATE

Form C-103
(Revised 3-55)

NEW MEXICO OIL CONSERVATION COMMISSION
MISCELLANEOUS REPORTS ON WELLS

(Submit to appropriate District Office as per Commission Rule 1106)

COMPANY Texas Pacific Coal & Oil Company P. O. Box 1688 Hobbs, New Mexico
(Address)

LEASE State "T" WELL NO. 1 UNIT M S 6 T 168 R 368

DATE WORK PERFORMED August 13, 1957 POOL Undesignated

This is a Report of: (Check appropriate block) Results of Test of Casing Shut-off
 Beginning Drilling Operations Remedial Work
 Plugging Other _____

Detailed account of work done, nature and quantity of materials used and results obtained.

T. D. 10746'

Ran 330' (10720.62') of 5-1/2" N-80 17# & 20# 8Rd
Sals. Cong. and set at 10745' w/300 lbs of silo-set
Inferno Heat cement. Plug down at 2:45 A.M., August
13, 1957. Ran Temperature Survey & found top cement
at 9445'. Tested pipe w/1000# pressure. Tested O.K.

FILL IN BELOW FOR REMEDIAL WORK REPORTS ONLY

Original Well Data:

DF Elev. _____ TD _____ PBD _____ Prod. Int. _____ Compl Date _____

Tbng. Dia _____ Tbng Depth _____ Oil String Dia _____ Oil String Depth _____

Perf Interval (s) _____

Open Hole Interval _____ Producing Formation (s) _____

RESULTS OF WORKOVER:	BEFORE	AFTER
Date of Test	_____	_____
Oil Production, bbls. per day	_____	_____
Gas Production, Mcf per day	_____	_____
Water Production, bbls. per day	_____	_____
Gas-Oil Ratio, cu. ft. per bbl.	_____	_____
Gas Well Potential, Mcf per day	_____	_____
Witnessed by _____		
	(Company)	

OIL CONSERVATION COMMISSION
Name [Signature]
Title _____
Date Aug 27 1957

I hereby certify that the information given above is true and complete to the best of my knowledge.
Name [Signature]
Position District Engineer
Company Texas Pacific Coal & Oil Company

NEW MEXICO OIL CONSERVATION COMMISSION
MISCELLANEOUS REPORTS ON WELLS
(Submit to appropriate District Office as per Commission Rule-1106)

COMPANY Texas Pacific Coal & Oil Company - P. O. Box 1688 - Hobbs, New Mexico
(Address)

LEASE State "T" WELL NO. 1 UNIT M S 6 T 16S R 36E
DATE WORK PERFORMED June 25, 1957 POOL Undesignated

This is a Report of: (Check appropriate block) Results of Test of Casing Shut-off
 Beginning Drilling Operations Remedial Work
 Plugging Other _____

Detailed account of work done, nature and quantity of materials used and results obtained.

Ran 148 jts. (4729.60) of 8-5/8" 32# J-55 & H-40 & 28# H-40 8Bd Thrd. Sals. casing and set at 4748' w/1020 sxs Regular cement, 2301 cu. ft. of 40% Diacel D; 20 sxs calcium chloride & 200 sxs Regular Heat Cement. Plug down at 6:40 A.M., June 25, 1957. Circ. cement. Guide shoe on bottom & Float Collar on top of bottom joint. Gist Cage Type Centralizers. Tested w/1000# before and after drilling plug for 30 min. Tested O.K.

FILL IN BELOW FOR REMEDIAL WORK REPORTS ONLY

Original Well Data:
DF Elev. _____ TD _____ PBD _____ Prod. Int. _____ Compl Date _____
Tbng. Dia _____ Tbng Depth _____ Oil String Dia _____ Oil String Depth _____
Perf Interval (s) _____
Open Hole Interval _____ Producing Formation (s) _____

RESULTS OF WORKOVER:	BEFORE	AFTER
Date of Test	_____	_____
Oil Production, bbls. per day	_____	_____
Gas Production, Mcf per day	_____	_____
Water Production, bbls. per day	_____	_____
Gas-Oil Ratio, cu. ft. per bbl.	_____	_____
Gas Well Potential, Mcf per day	_____	_____
Witnessed by _____		
		(Company) _____

OIL CONSERVATION COMMISSION
Name E. J. Fisher Title District Engineer
Date _____
I hereby certify that the information given above is true and complete to the best of my knowledge.
Name W. H. ... Position District Engineer
Company Texas Pacific Coal & Oil Company

NEW MEXICO OIL CONSERVATION COMMISSION
MISCELLANEOUS REPORTS ON WELLS
(Submit to appropriate District Office as per Commission Rule 1106)

COMPANY Texas Pacific Coal & Oil Company P. O. Box 1688 Hobbs, New Mexico
(Address)

LEASE State "M" WELL NO. 1 UNIT M S 6 T 168 R 368
DATE WORK PERFORMED 6/13/57 POOL Undesignated

This is a Report of: (Check appropriate block) Results of Test of Casing Shut-off
 Beginning Drilling Operations Remedial Work
 Plugging Other _____

Detailed account of work done, nature and quantity of materials used and results obtained.

Spudded in well on 6/11/57 to a T.D. of 380'. Ran 11 jts. (361.2') of 13-3/8" 48# H-40 Std. Thrd. Smls. casing and set at 377' w/375 axs. regular Neat cement. Plug down at 1:10 P.M., 6/13/57. Did not circulate cement. Found top approx. 25' from surface. Used 40 axs. regular Neat cement to fill up to surface. Allowed cement to set 36 hrs. before drilling. Tested casing with 1000# pressure for 30 min. before and after drilling plug. Tested O.K.

FILL IN BELOW FOR REMEDIAL WORK REPORTS ONLY

Original Well Data:

DF Elev. _____ TD _____ PBD _____ Prod. Int. _____ Compl Date _____
Tbng. Dia _____ Tbng Depth _____ Oil String Dia _____ Oil String Depth _____
Perf Interval (s) _____
Open Hole Interval _____ Producing Formation (s) _____

RESULTS OF WORKOVER:

	BEFORE	AFTER
Date of Test	_____	_____
Oil Production, bbls. per day	_____	_____
Gas Production, Mcf per day	_____	_____
Water Production, bbls. per day	_____	_____
Gas-Oil Ratio, cu. ft. per bbl.	_____	_____
Gas Well Potential, Mcf per day	_____	_____
Witnessed by _____		

(Company)

OIL CONSERVATION COMMISSION
Name E. F. [Signature]
Title _____
Date _____

I hereby certify that the information given above is true and complete to the best of my knowledge.
Name [Signature]
Position District Engineer
Company Texas Pacific Coal & Oil Company

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

AMENDED

NOTICE OF INTENTION TO DRILL OR RECOMPLETE

Notice must be given to the District Office of the Oil Conservation Commission and approval obtained before drilling or recompletion begins. If changes in the proposed plan are considered advisable, a copy of this notice showing such changes will be returned to the sender. Submit this notice in **QUINTUPLICATE**. One copy will be returned following approval. See additional instructions in Rules and Regulations of the Commission. **If State Land submit 6 Copies**

Fort Worth, Texas
(Place)

June 5, 1957
(Date)

OIL CONSERVATION COMMISSION
SANTA FE, NEW MEXICO

Gentlemen:

You are hereby notified that it is our intention to commence the (Drilling) (~~Recompletion~~) of a well to be known as

TEXAS PACIFIC COAL AND OIL COMPANY
(Company or Operator)

State of New Mexico ~~WT~~
(Lease)

Well No. **1**, in **Lot 13**
(Unit)

The well is

located **2970** feet from the **South** line and **330** feet from the

West line of Section **6**, T. **16-S**, R. **36-E**, NMPM.

(GIVE LOCATION FROM SECTION LINE) **East Townsend** Pool, **Lea** County

If State Land the Oil and Gas Lease is No.....

If patented land the owner is.....

Address.....

We propose to drill well with drilling equipment as follows: **Rotary**

The status of plugging bond is..... **Required Bond on File**

Drilling Contractor..... **Cactus**

We intend to complete this well in the **Wolfcamp** formation at an approximate depth of **11,000'** feet.

CASING PROGRAM

We propose to use the following strings of Casing and to cement them as indicated:

Size of Hole	Size of Casing	Weight per Foot	New or Second Hand	Depth	Sacks Cement
17-1/4"	13-3/8"	48#	New	300'	300
12-1/4"	8-5/8"	28-32#	"	4,700'	2,000
7-7/8"	5-1/2"	17-20#	"	11,000'	3,000

If changes in the above plans become advisable we will notify you immediately.

ADDITIONAL INFORMATION (If recompletion give full details of proposed plan of work.)

Approved....., 19.....
Except as follows:

JUN 7 1957

OIL CONSERVATION COMMISSION

By.....

Sincerely yours,

TEXAS PACIFIC COAL AND OIL COMPANY
(Company or Operator)

By.....

Position..... **Manager of Production**
Send Communications regarding well to

Name..... **R. W. Hines**

Address..... **P. O. Box 2110, Fort Worth 1, Texas**

NEW MEXICO OIL CONSERVATION COMMISSION

Well Location and Acreage Dedication Plat

1957 JUL 4 Date 5-29-1957

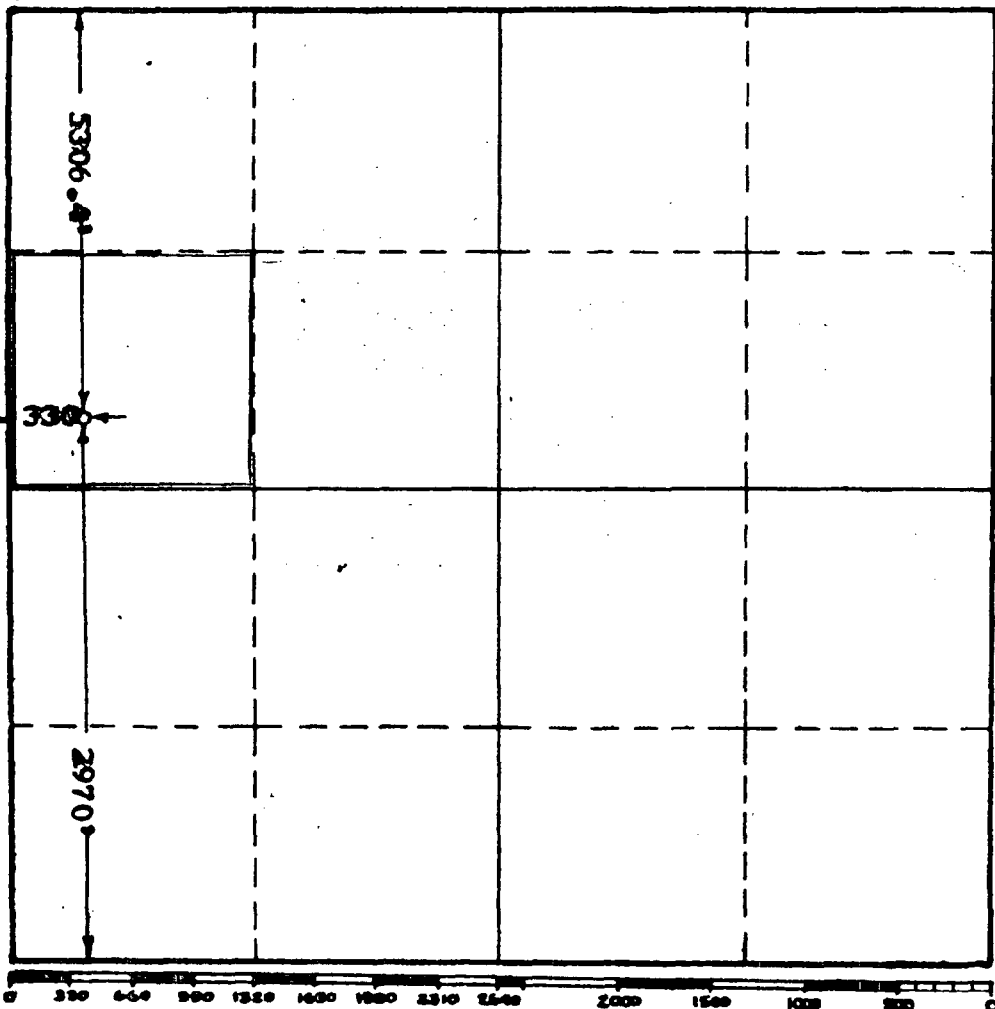
Section A.

Operator Texas Pacific Coal & Oil Company State of New Mexico
 Well No. 3 Unit Letter M Section 6 Township 16 South Range 36 East NMPM
 Located 2970 Feet From South Line, 330 Feet From West Line
 County Lea G. L. Elevation 3964.5 Dedicated Acreage 36.65 Acres
 Name of Producing Formation Wolfcamp Pool Wolfcamp

1. Is the Operator the only owner* in the dedicated acreage outlined on the plat below?
Yes No
2. If the answer to question one is "no," have the interests of all the owners been consolidated by communitization agreement or otherwise? Yes No . If answer is "yes," Type of Consolidation _____
3. If the answer to question two is "no," list all the owners and their respective interests below:

Owner	Land Description

Section B



This is to certify that the information in Section A above is true and complete to the best of my knowledge and belief.

TEXAS PACIFIC COAL AND OIL CO.
 (Operator)
R. W. Hines (Representative)
P.O. Box 2112, Fort Worth, Texas
 Address

This is to certify that the well location shown on the plat in Section B was plotted from field notes of actual surveys made by me or under my supervision and that the same is true and correct to the best of my knowledge and belief.

Date Surveyed 5-29-1957
John W. West
 Registered Professional Engineer and/or Land Surveyor.



FMD
OG6CLOG

ONGARD

C105-WELL COMPLETION OR RECOMP CASING LOG

02/22/05 10:52:20
OGOMES -TP80

13

OGRID Identifier : B426 GANDY CORP
Prop Identifier : 33114 STATE T
API Well Identifier : 90 25 3735 Well No : 002
Surface Locn - UL : 12 Sec : 6 Twp : 16S Range : 36E Lot Idr :
Multiple comp (S/M/C) : S TVD Depth (Feet) : 10692 MVD Depth (Feet):
Spud Date : P/A Date :
Casing/Linear Record:

B Size (inches)	Grade Weight (lb/ft)	Depth(ft) Top-Liner	Depth(ft) Bot-Liner	Hole Size (inches)	Cement (Sacks)	TOC (feet)	Code
99.000	99.0	99999.0	99999.0	99.000	9999	99999	C

E0009: Enter data to modify record

PF01 HELP PF02 PF03 EXIT PF04 GoTo PF05 PF06 CONFIRM
PF07 PF08 PF09 COMMENT PF10 TLOG PF11 PF12

*Converted into a SWP well by
Pranghorn in 2004*

Sold to Gandy 8-24-2003

EMD
OG6IWCM

UNGARD
INQUIRE WELL COMPLETIONS

02/22/05 10:52:26
OGOMES -TP80

API Well No : 30 25 3735 Eff Date : 08-01-2003 WC Status : P
Pool Idn : 59847 TOWNSEND;PERMO UPPER PENN
OGRID Idn : 122811 PRONGHORN MANAGEMENT CORP
Prop Idn : 14991 STATE T

Well No : 002
GL Elevation: 3976

U/L Sec Township Range North/South East/West Prop/Act(P/A)

B.H. Locn : 12 6 16S 36E FTG 4290 F S FTG 500 F W P

Lot Identifier:

Dedicated Acre:

Lease Type : S

Type of consolidation (Comm, Unit, Forced Pooling - C/U/F/O) :

M0025: Enter PF keys to scroll

PF01 HELP PF02 PF03 EXIT PF04 GoTo PF05 PF06
PF07 PF08 PF09 PF10 NEXT-WC PF11 HISTORY PF12 NXTREC

EMD :
OG6IWCM

ONGARD
INQUIRE WELL COMPLETIONS

02/22/05 10:52:32
OGOMES -TF80

API Well No : 30 25 3735 Eff Date : 08-01-2003 WC Status : A
Pool Idn : 96106 SWD;GLORIETA
OGRID idn : 8426 GANDY CORP
Prop Idn : 33114 STATE T

Well No : 002
GL Elevation: 3976

U/L Sec Township Range North/South East/West Prop/Act (P/A)

B.H. Locn : 12 6 16S 36E FTG 4290 F S FTG 500 F W A

Lot Identifier:

Dedicated Acre:

Lease Type : S

Type of consolidation (Comm, Unit, Forced Pooling - C/U/F/O) :

PF01 HELP PF02 PF03 EXIT PF04 GoTo PF05 PF06
PF07 PF08 PF09 PF10 NEXT-WC PF11 HISTORY PF12 NXTREC

CMD :
OG6ISWI

ONGARD
INQUIRE SALT WATER/GAS INJECTION

02/22/05 15:05:07
OGOMES -TPML
PAGE NO: 1

Ogrid Identifier : 8426 GANDY CORP
Pool Identifier : 96106 SWD;GLORIETA
API Well No : 30 25 3735 Report Period - From : 01 1993 To : 12 2005

API Well No	Property Name	Injn. Days MM/YY Injn	Injection Volume Salt Water Gas	Injn Pres	Well Stat
30 25 3735	STATE T	02 04	40236		D
30 25 3735	STATE T	03 04	55811		D
30 25 3735	STATE T	04 04	63329		D
30 25 3735	STATE T	05 04	62806		D
30 25 3735	STATE T	06 04	60189		D
30 25 3735	STATE T	07 04	39471		D
30 25 3735	STATE T	08 04	21155	100	D

Reporting Period Total :

M0025: Enter PF keys to scroll

PF01 HELP PF02 PF03 EXIT PF04 GOTO PF05 PF06
PF07 BKWD PF08 FWD PF09 PF10 NXTPOOL PF11 PF12

CMD :
OC6ISWI

CNCARD
INQUIRE SALT WATER/GAS INJECTION

02/22/05 15:05:11
OCOMES -TPML
PAGE NO: 2

Ogrid Identifier : 8126 GANDY CORP
Pool Identifier : 96106 SWD;GLORIETA
API Well No : 30 25 3735 Report Period - From : 01 1993 To : 12 2005

API Well No	Property Name	Injn. Days MM/YY Injn	Injection Volume Salt Water Gas	Injn Pres	Well Stat
30 25 3735	STATE T	09 04	54262	348	D
30 25 3735	STATE T	10 04	52296	340	D
30 25 3735	STATE T	11 04	57135	350	D
30 25 3735	STATE T	12 04	58393	350	D

Reporting Period Total : 566083

M0001: This is the last page

PF01 HELP PF02 PF03 EXIT PF04 GOTO PF05 PF06
PF07 BKWD PF08 FWD PF09 PF10 NXTPOOL PF11 PF12

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View Injection Data

**In Internet Explorer, right click and select "Save Target As..."
 In Netscape, right click and select "Save Link As..."**

Download: [HTTP](#)

Well: STATE No.: 002
Operator: GANDY CORP
API: 3002503735 Township: 16.0S Range: 36E
Section: 6 Unit: L
Land Type: S County: Lea
Pools associated:

- [SWD;GLORIETA](#) Total Acreage: Unknown Completion: Unknown
- [TOWNSEND;PERMO UPPER PENN](#) Total Acreage: Unknown Completion: Unknown
- [Show All](#)

Year: 2004
 Pool Name: SWD;GLORIETA

Month	Water(BBLS)	Other(BBLS)	Days Injected
January	0	0	0
February	40236	0	0
March	55811	0	0
April	63329	0	0
May	62806	0	0
June	60189	0	0
July	39471	0	0
August	21155	0	0
September	55262	0	0
October	52296	0	0
November	57135	0	0

December	58393	0	0
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Page last updated 07/22/2004. Webmaster gotech_prrc@yahoo.com

**STATE OF NEW MEXICO
ENERGY, MINERALS, AND NATURAL RESOURCES DEPARTMENT
OIL CONSERVATION DIVISION**

**IN THE MATTER OF THE HEARING
CALLED BY THE OIL CONSERVATION
DIVISION FOR THE PURPOSE OF
CONSIDERING:**

**CASE NO. 12905
ORDER NO. R-11855**

**APPLICATION OF PRONGHORN MANAGEMENT CORPORATION FOR
APPROVAL OF A SALT WATER DISPOSAL WELL, LEA COUNTY, NEW
MEXICO.**

ORDER OF THE DIVISION

BY THE DIVISION:

This case came on for hearing at 8:15 a.m. on September 5, 2002, at Santa Fe, New Mexico, before Examiner David R. Catanach.

NOW, on this 28th day of October, 2002, the Division Director, having considered the testimony, the record, and the recommendations of the Examiner,

FINDS THAT:

(1) Due public notice has been given, and the Division has jurisdiction of this case and its subject matter.

(2) The applicant, Pronghorn Management Corporation ("Pronghorn"), seeks approval to utilize the State "T" Well No. 2 (API No. 30-025-03735) located 4290 feet from the South line and 500 feet from the West line (Unit L, Lot 12) of Section 6, Township 16 South, Range 36 East, NMPM, Lea County, New Mexico, to dispose of produced water into the San Andres and Glorieta formations from a depth of 6,000 feet to 6,400 feet.

(3) DKD, L.L.C., an offset operator, appeared at the hearing in opposition to the application.

(4) The record in this case shows that:

(a) a Division Form C-108 (Application to Inject) for injection into the State "T" Well No. 2 was

originally filed by Pronghorn for administrative approval on April 5, 2002;

- (b) on April 30, 2002 the Division issued Administrative Order No. SWD-836, which order authorized Pronghorn to utilize the State "T" Well No. 2 to dispose of produced water into the San Andres and Glorieta formations from a depth of 6,000 feet to 6,200 feet;
- (c) subsequently, DKD, L.L.C. contacted and advised the Division that it operates acreage within one-half mile of the State "T" Well No. 2, and that it was not provided notice of the administrative application filed by Pronghorn on April 5, 2002, as required by Form C-108 and Division Rule No. 701.B.;
- (d) DKD, L.L.C. further advised the Division that it objected to the application; and
- (e) by letter dated July 9, 2002 the Division advised Pronghorn that due to the apparent deficiency in notice to DKD, L.L.C., and the valid objection received by the Division, Order No. SWD-836 would be suspended pending the outcome of a hearing before a Division examiner.

(5) The evidence presented by both parties demonstrates that:

- (a) in 1992 or 1993 Pronghorn acquired State of New Mexico Lease No. V-4886, which comprises Lots 11, 12, 13 and 14 of Section 6, Township 16 South, Range 36 East, NMPM. Subsequently, Pronghorn's lease from the State of New Mexico terminated due to lack of production. On June 1, 1996 this land was re-released by the Commissioner of Public Lands to Chesapeake Operating, Inc. ("Chesapeake");
- (b) on May 1, 2002, Chesapeake assigned a portion of Lease No. V-4886, being Lots 13 and 14 of Section 6, to DKD, L.L.C. This document was recorded in

the Lea County, New Mexico County Clerk's office on May 14, 2002;

- (c) Chesapeake retained Lots 11 and 12 of Section 6;
- (d) prior to termination of its lease, Pronghorn operated several wells within Lots 11, 12, 13 and 14 of Section 6, among them the State "T" Well No. 1 located in Lot 13, the State "T" Well No. 2 located in Lot 12, the State "T" Well No. 3 located in Lot 14, and the State "T" Well No. 4 located in Lot 11. Pronghorn testified that it has plugged, or is currently in the process of plugging, the State "T" Wells No. 1, 3 and 4, although Division records do not reflect that any such plugging has taken place thus far;
- (e) Division records show Pronghorn to be the current operator of the State "T" Well No. 2;
- (f) the surface land on which the State "T" Well No. 2 is located is owned by Felipe A. Moreno and Adelaida P. Moreno;
- (g) Mr. Danny Watson, the owner of DKD, L.L.C., is the surface owner of certain acreage located on Lease No. V-4886. Mr. Watson contends that Pronghorn, in fulfilling its obligation to plug and abandon its wells located on this lease, has not satisfactorily cleaned and restored the surface to its original condition;
- (h) DKD, L.L.C. further contends that the San Andres formation in the area of the State "T" Well No. 2 is potentially productive, and that allowing injection into this formation may violate its, or others, correlative rights;
- (i) neither Chesapeake, Felipe A. Moreno, nor Adelaida P. Moreno has granted any authority to Pronghorn to inject water for commercial disposal purposes on Lot 12; and

(j) Pronghorn has not applied to, nor received any approval from the Commissioner of Public Lands to commercially inject fluid into the State "T" Well No. 2 within Lot 12.

(6) DKD, L.L.C. did not present any geologic or engineering evidence to support its position that the San Andres formation may be productive in the area of the State "T" Well No. 2 and that approval of the application may violate its correlative rights.

(7) DKD, L.L.C.'s assertion that Pronghorn has not adequately cleaned up the surface on certain acreage it owns on Lease No. V-4886 is not relevant, and should therefore not be a factor in this case.

(8) At the time Pronghorn filed its Form C-108 for administrative approval to inject into the State "T" Well No. 2, the owner of record of Lots 13 and 14 was Chesapeake. The evidence shows that Pronghorn provided notice to Chesapeake in accordance with Division rules.

(9) With regards to Division Order No. SWD-836, it appears that there is no deficiency in notice to DKD, L.L.C., however, it also appears that there is a deficiency in notice to the surface owner, Felipe A. Moreno and Adelaida P. Moreno.

(10) Pronghorn did not provide notice of this case to the surface owners, Felipe A. Moreno and Adelaida P. Moreno.

(11) Pronghorn has not secured from either Chesapeake, the lessee of State Lease No. V-4886, the Commissioner of Public Lands, nor the surface owner, any type of additional authorization that may be necessary in order to utilize the State "T" Well No. 2 for commercial disposal operations.

(12) Due to the notice deficiency described above, Division Order No. SWD-836 should be rescinded.

(13) Due to the notice deficiency in this case, and due to certain outstanding issues related to Pronghorn's right to inject water into this well on State Lease No. V-4886, the application should be denied.

(14) Pronghorn may reapply to the Division to utilize the State "T" Well No. 2 for disposal purposes at such time as the issues described in Finding No. (13) are addressed and resolved.

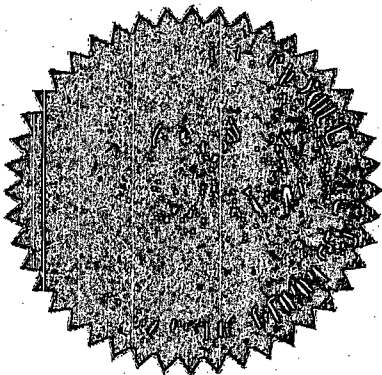
IT IS THEREFORE ORDERED THAT:

(1) The application of Pronghorn Management Corporation to utilize the State "T" Well No. 2 (API No. 30-025-03735) located 4290 feet from the South line and 500 feet from the West line (Unit L, Lot 12) of Section 6, Township 16 South, Range 36 East, NMPM, Lea County, New Mexico, to dispose of produced water into the San Andres and Glorieta formations from a depth of 6,000 feet to 6,400 feet, is hereby denied.

(2) Division Order No. SWD-836 dated April 30, 2002, is hereby rescinded.

(3) Jurisdiction is hereby retained for the entry of such further orders as the Division may deem necessary.

DONE at Santa Fe, New Mexico, on the day and year hereinabove designated.



SEAL

STATE OF NEW MEXICO
OIL CONSERVATION DIVISION

Lori Wrotenbery
LORI WROTENBERY
Director

THERE IS

NO

ORDER NO. R-11855-A

**STATE OF NEW MEXICO
ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT
OIL CONSERVATION COMMISSION**

**IN THE MATTER OF THE HEARING
CALLED BY THE OIL CONSERVATION
COMMISSION FOR THE PURPOSE OF
CONSIDERING:**

CASE NO. 12905

**THE APPLICATION OF PRONGHORN MANAGEMENT
CORPORATION FOR APPROVAL OF A SALT WATER
DISPOSAL WELL, LEA COUNTY, NEW MEXICO.**

ORDER NO. R-11855-B

ORDER OF THE OIL CONSERVATION COMMISSION

BY THE COMMISSION:

THIS MATTER came before the Oil Conservation Commission (hereinafter referred to as "the Commission") for evidentiary hearing on March 20, 2003 at Santa Fe, New Mexico on application of Pronghorn Management Corporation (hereinafter referred to as "Pronghorn"), *de novo*, opposed by DKD, L.L.C. (hereinafter referred to as "DKD"), and the Commission, having carefully considered the evidence, the pleadings and other materials submitted by the parties hereto, now, on this 15th day of May, 2003,

FINDS,

1. Notice has been given of the application and the hearing on this matter, and the Commission has jurisdiction of the parties and the subject matter herein.
2. This matter is before the Commission on application of Pronghorn for review *de novo*.
3. In this matter, Pronghorn seeks a permit pursuant to Rule 701 of the Rules and Regulations of the Oil Conservation Division, 19.15.9.701 NMAC (11-02-2000), to dispose of produced water into the San Andres and Glorieta formations. Pronghorn seeks to use the State "T" Well No. 2 (API No. 30-025-03735) for this purpose. Disposal is to be accomplished through 2 7/8 inch plastic-lined tubing set in a packer located at approximately 5,590 feet. DKD opposes the application on various grounds.
4. Before moving to the merits of the dispute, the subject of notice should be addressed. Notice was raised as an issue in the Oil Conservation Division's orders and the parties hereto presented evidence and testimony on the subject during the Division's proceeding (but not during the hearing *de novo*).

5. An operator desiring to inject produced water must apply for a permit and serve a copy of the application on the "owner of the surface of the land upon which each injection or disposal well is to be located" and "each leasehold operator within one-half mile of the well" proposed for injection. *See* 19.15.9.701(A) and (B) NMAC.

6. Pronghorn filed such an application for administrative approval of its proposed operation on April 5, 2002. On April 30, 2002 the Oil Conservation Division (hereinafter referred to as "the Division") issued Administrative Order No. SWD-836 and granted the application. Such applications may be approved administratively unless an objection to the order is filed within fifteen days of the date of application. *See* 19.15.9.701(C) NMAC. DKD objected to the application and advised the Division that it operates a well within one-half mile of the State "T" Well No. 2. DKD also advised the Division that it had not been provided notice of the administrative application as required by Form C-108 and Rule 701, 19.15.9.701(B)(2) NMAC. The Division advised Pronghorn by letter of July 9, 2002 that Order No. SWD-836 would be suspended pending the outcome of a hearing before a Division examiner. On September 5, 2002, the Division conducted a hearing on the matter. The failure to provide notice to DKD apparently formed the basis for the Division's suspension of Order No. SWD-836.

7. Circumstances have changed substantially since the Division hearing. During the hearing *de novo* it became apparent that DKD was not in fact notified of the initial application, but it also became apparent that DKD was not a record "leasehold operator within one-half mile of the [proposed disposal] well" pursuant to Rule 701, 19.15.9.701(B)(2). Almost six weeks after the application was filed, an assignment from Chesapeake to DKD was recorded (May 14, 2002).¹ Moreover, the fact that the document was unrecorded strongly suggests that notice to DKD's predecessor-in-interest was appropriate. *See* NMSA 1978, § 70-1-2 (Repl. 1995)(effect of failure to record). Nevertheless, after being notified of the potential notice issue, the Division set the matter for hearing. The subsequent hearing before the Division in which DKD actively participated (as well as during the hearing on the application for review *de novo*) cured any defect in the notice.

8. Another notice issue addressed by the Division concerned notice to surface owners Felipe A. Moreno and Adelaida P. Moreno. It seems to be undisputed that these persons, owners of record of surface rights at the proposed injection site, were not notified of the application in this matter. However, subsequent to the hearing before the Division and prior to the hearing of this matter, those individuals conveyed their interest to Gandy Corporation. Through a letter agreement, Gandy Corporation and Pronghorn have become partners in the proposed disposal operation (along with Marks & Garner) and Gandy Corporation has agreed to the use of the property for purposes of saltwater disposal. It seems this transaction has cured any notice issue with respect to the surface owner.

¹ As the assignment does not bear the approval of the State Land Office, its validity is in doubt. *See* NMSA 1978, § 19-1-13 (Repl. 1994).

9. A final notice issue was obliquely raised by DKD concerning the extent of the perforations through which injection would be accomplished. Initially, notice was provided that injection would be accomplished through perforations located between 6,000 and 6,200 feet. Later, Pronghorn, after a conversation with a Division engineer, requested that it be permitted to inject from 6,000 to 6,400. It does not appear that this defect is material or that DKD was prejudiced by the change.

10. Thus, it appears that notice is not an issue in this matter and we can consider the merits of the application.

11. As noted, Pronghorn proposes to dispose of produced water into the San Andres and Glorieta formations. Pronghorn seeks to use the State "T" Well No. 2 (API No. 30-025-03735) for this purpose.

12. Rules 701 through 708 (19.15.9.701 through 19.15.9.708 NMAC) govern the injection of produced water into any formation. Injection wells must be equipped, operated, monitored and maintained in such a way as to assure mechanical integrity and prevent leaks and fluid movement adjacent to the well bore. *See* 19.15.9.703(A) NMAC. Furthermore, injection wells must be operated and maintained in such a way as to confine the injected fluids into the interval approved and prevent surface damage or pollution. *See* 19.15.9.703(B) NMAC. In no event may injection operations be permitted to endanger underground sources of drinking water (19.15.9.703(C) NMAC) and injection wells must undergo rigorous testing to serve these goals (19.15.9.704 NMAC).

13. Order No. SWD-836 appears to have addressed each of these points, and the parties have not raised any issue with respect to the conditions for injection set out in SWD-836. Administrative notice is taken of Order No. SWD-836 and the accompanying file.

14. Although not stated explicitly in the rules, injection operations must not cause waste or threaten correlative rights. Apparently to address this issue the parties focused their presentations on the potential productivity of the San Andres and Glorieta formations.

15. Pronghorn presented the testimony of a petroleum engineer who testified that he had studied production data, scout ticket data, production test data, log data and other data to reach conclusions concerning the proposed well. He testified that no well in the immediate vicinity of the proposed injection well produced oil or gas from either the San Andres or Glorieta formations in either Section 16 or Section 1. All 35 wells in those sections had penetrated both formations but produced oil and gas only from lower formations such as the Wolfcamp or the Pennsylvania-Strawn. Pronghorn's witness testified that data from electric logs indicated that the resistivity of formation water in the San Andres was 0.165 ohm and 0.86 ohm in the Glorieta; this data demonstrates that the water saturation of the basal San Andres and the upper Glorieta in the vicinity of the proposed injection well exceeds 94 percent. In the two primary zones of permeability, water saturations exceed 98% in the upper interval and 62% in the lower interval. Pronghorn's expert testified that even though some hydrocarbons are likely present in the

reservoir (a "show" of hydrocarbons was seen in the State "T" Well No. 2), the relative permeability of the rock and the water saturation make it extremely unlikely that any of the hydrocarbons could move to a well bore and be recovered. The witness further testified that the nearest production from either the San Andres or the Glorieta formations was six miles south of the proposed injection well.

16. DKD's witness testified it was his intent to drill a well to produce hydrocarbons from "shallow zones" but failed to identify any specific objective and failed to produce any evidence supporting its apparent assertion that either the San Andres or the Glorieta will produce oil or gas. The witness also testified concerning the potential harm that the proposed injection could cause to DKD's injection well, some 2,000 feet away, but Pronghorn's witness testified that the DKD well was using a zone for disposal that was several thousand feet below the proposed zone. Furthermore, Pronghorn's expert testified even after nine years of operation at 1,500 barrels per day, water would be swept from the well bore at most 1,320 feet south. Therefore, it is apparent that the proposed well does not pose a danger to DKD's operations or other operations in the vicinity.

17. It thus appears that the Glorieta and San Andres are wet and will not produce commercial quantities of oil or gas in the vicinity of the proposed injection well. It also appears that the proposed operation will not pose a physical threat to DKD's operations, since water will be swept at most 1,320 feet from the well in nine years. Nor does it appear that the proposed operation poses a hazard to other oil and gas operations in the vicinity.

18. DKD seems to claim that Pronghorn's application threatens its existing operations and its substantial investment in those operations and could result ultimately in a loss of approximately 35 to 40 percent of its total revenue. This claim cannot be addressed here; the Commission has no authority to regulate competition among commercial disposal operations.

19. Finally, DKD objects to the application of Pronghorn on legal grounds. DKD argues that a mineral right is necessary to operate the proposed injection well, but that Chesapeake owns the mineral interest and Pronghorn only owns a small surface parcel.² DKD argues that Chesapeake's letter stating it has no objection to the application or the issuance of an injection permit is irrelevant.

² DKD's argument that a mineral lease is necessary is undercut by its own operations. The assignment from Chesapeake to DKD on the property where DKD maintains its own injection operation appears not to be valid since it was not approved by the Commissioner of Public Lands pursuant to NMSA 1978, § 19-10-13. Thus, DKD appears not to possess a mineral lease for its injection operations either. See paragraph 7, above.

20. Pronghorn, citing Snyder Ranches Inc. v. Oil Conservation Commission et al., 110 N.M. 637, 798 P.2d 587 (S.Ct. 1990), seems to argue that subsurface trespass is a matter for the courts, not this body, and that the potential for subsurface trespass is essentially irrelevant in this proceeding.

21. It appears to be undisputed that Pronghorn controls a one-acre parcel at the site of the proposed disposal well. It also appears to be undisputed that Pronghorn does not own the relevant mineral interest underlying the one-acre disposal site; that is owned by Chesapeake, who holds an oil and gas lease granted by the State Land Office. It also seems to be undisputed that Chesapeake has acquiesced in writing to the disposal operation proposed by Pronghorn.

22. DKD's assertion that the right to inject water produced in connection with oil and gas exploration and production can be drawn from a mineral lease appears to be correct; the right to inject fluids is usually considered to be inherent in the mineral lessee as a part of the lessee's right to use so much of the land as is necessary to explore for and remove the oil and gas. DKD's apparent assertion that the typical oil and gas lease does not grant inherent rights to dispose of water that is produced from another lease, transported to the lease, and proposed for disposal also appears to be correct.

23. However, a surface owner like Pronghorn may also possess an independent right to permit injection into non-productive zones underlying the property. This right is theoretical and no conclusions should be drawn in this case concerning it. An interesting discussion appears in the annals of the Rocky Mountain Mineral Law Institute. See Yoder & Owen, "Disposal of Produced Water," 37 Rocky Mountain Mineral Law Institute, § 21.02[2].

24. Snyder Ranches holds that a salt water disposal permit under Rule 701 (19.15.9.701 NMAC) is merely a license to inject and does not confer any specific property right on the holder. Thus, the issue of subsurface trespass is the responsibility of the operator, as correctly observed by Pronghorn. The Commission and the Division may in appropriate circumstances require an operator demonstrate that the operator has a good faith claim to operate the well or operation. See e.g. Application of TMBR/Sharp Drilling, Inc., Cases 12731 and 12744, paragraphs 27, 28 (Order No. R-11700-B):

27. When an application for permit to drill is filed, the Division does not determine whether an applicant can validly claim a real property interest in the property subject to the application, and therefore whether the applicant is "duly authorized" and "is in charge of the development of a lease or the operation of a producing property." The Division has no jurisdiction to determine the validity of any title, or the validity or continuation in force and effect of any oil and gas lease. Exclusive jurisdiction of such matters resides in the courts of the State of New Mexico. . . .

28. It is the responsibility of the operator filing an application for a permit to drill to do so under a good faith claim to title and a good faith belief that it is authorized to drill the well applied for.

25. However, in this matter, Pronghorn can make such a good faith claim. Pronghorn owns the property in the immediate vicinity of the proposed injection operation. Chesapeake, the mineral lessee, has indicated it has no objection to the proposed injection operation. Pronghorn has indicated its willingness to seek from the State Land Office a salt-water disposal easement (if required by the State Land Office). Given these undisputed facts, Pronghorn meets any reasonable criteria for issuance of a permit. If DKD believes that Pronghorn lacks the necessary title in this case, its recourse is in the courts of the State of New Mexico, not this forum. *Application of TMBR/Sharp Drilling, Inc., supra.*

26. The reason the permit to dispose of produced water exists in the first place is to ensure that formations potentially productive of oil or gas are protected from the injection operations and that sources of fresh water are also protected. As noted, SDW-836 appears to meet these objectives.

27. For the foregoing reasons, the application of Pronghorn herein should be approved.

IT IS THEREFORE ORDERED THAT:

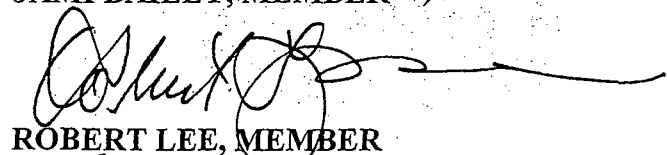
1. The application of Pronghorn is granted and Order No. SWD-836 (granting Pronghorn Management Corporation a permit to utilize the State "T" Well No. 2 (API No. 30-025-03735) for injection of produced water) shall be and hereby is reinstated.

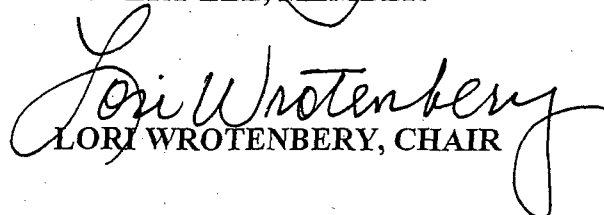
2. Jurisdiction of this matter is retained for the entry of such further orders as the Commission may deem necessary.

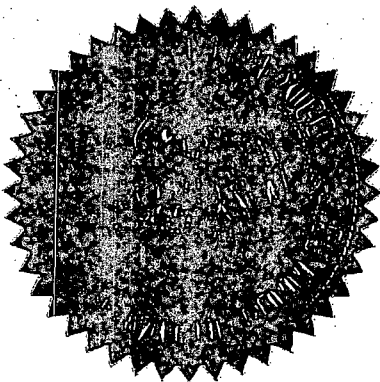
DONE at Santa Fe, New Mexico, on the day and year hereinabove designated.

STATE OF NEW MEXICO
OIL CONSERVATION COMMISSION


JAMI BAILEY, MEMBER


ROBERT LEE, MEMBER


LORI WROTENBERY, CHAIR



SEAL

13

District I
PO Box 1980, Hobbs, NM 88241-1980
District II
PO Drawer DD, Artesia, NM 88211-0719
District III
1000 Rio Bravo Rd., Aztec, NM 87410
District IV
PO Box 2088, Santa Fe, NM 87504-2088

State of New Mexico
Energy, Minerals & Natural Resources Department
OIL CONSERVATION DIVISION
PO Box 2088
Santa Fe, NM 87504-2088

Form C-104
Revised February 10, 1994
Instructions on back
Submit to Appropriate District Office
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AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

Operator name and Address GANDY CORPORATION BOX 827 TATUM NM 88267		OGRID Number 8426
		Reason for Filing Code CH
API Number 30-025-03735	Pool Name SWD: <u>Glorieta</u> Townsend Permo Upper Penn	Pool Code 26106
Property Code 33114	Property Name State "T"	Well Number 2

II. Surface Location

UL or lot no.	Section	Township	Range	Lot Ida	Feet from the	North/South Line	Feet from the	East/West line	County
L	6	16-S	36-E	12	4290	South	500	West	Lea

Bottom Hole Location

UL or lot no.	Section	Township	Range	Lot Ida	Feet from the	North/South line	Feet from the	East/West line	County

Lea Code S	Producing Method Code SWD	Gas Connection Date	C-129 Permit Number	C-129 Effective Date	C-129 Expiration Date
---------------	------------------------------	---------------------	---------------------	----------------------	-----------------------

III. Oil and Gas Transporters

Transporter OGRID	Transporter Name and Address	POD	O/G	POD ULSTR Location and Description

SEP 2003
RECEIVED
Hobbs
DCD

IV. Produced Water

POD	POD ULSTR Location and Description SWD ADMINISTRATIVE ORDER SWD-836
-----	--

V. Well Completion Data

Spud Date	Ready Date	TD	PSTD	Perforations
Hole Size	Casing & Tubing Size	Depth Set	Sacks Cement	

VI. Well Test Data

Date New Oil	Gas Delivery Date	Test Date	Test Length	Tbg. Pressure	Cap. Pressure
Choke Size	Oil	Water	Gas	AOP	Test Method

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

Signature: Link El Marks
Printed name: LINK EL MARKS
Title: AGENT
Date: 9-2-2003 Phone: 505 396 5326

OIL CONSERVATION DIVISION
Approved by: Paul [Signature]
Title: PETROLEUM ENGINEER
Approval Date: NOV 19 2003

If this is a change of operator fill in the OGRID number and name of the previous operator
122811 PRONGHORN MANAGEMENT CORPORATION

Previous Operator Signature: [Signature] Printed Name: GA BABER 111 Title: PRESIDENT Date: 08/24/03

Submit 3 Copies To Appropriate District Office
 District I
 1625 N. French Dr., Hobbs, NM 88240
 District II
 1301 W. Grand Ave., Artesia, NM 88210
 District III
 1000 Rio Brazos Rd., Aztec, NM 87410
 District IV
 1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
 Energy, Minerals and Natural Resources

Form C-103
 Revised June 10, 2003

OIL CONSERVATION DIVISION
 1220 South St. Francis Dr.
 Santa Fe, NM 87505

WELL API NO. 30-025-03735
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name New Mexico State "T"
8. Well Number 2
9. OGRID Number 122811
10. Pool name or Wildcat San Andres / Glorieta

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

1. Type of Well:
 Oil Well Gas Well Other

2. Name of Operator
 Pronghorn Management Corporation

3. Address of Operator
 P.O. Box 1772 Hobbs, NM 88241

4. Well Location

Unit Letter L : 4290 feet from the South line and 500 feet from the West line

Section 6 Township 16S Range 36E NMPM County Lea

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3976' DR

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input checked="" type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: <input type="checkbox"/>	

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

See Attachment
 Administrative Order No. SWD-836

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

SIGNATURE Devin Garner TITLE Agent DATE 8-19-03

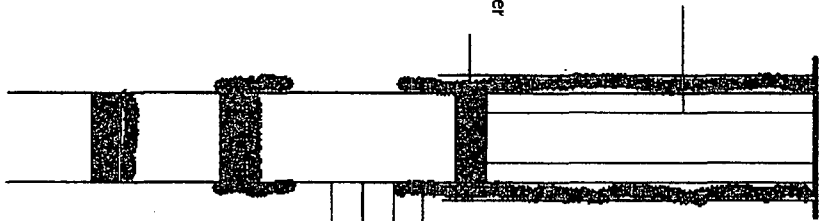
Type or print name Devin Garner E-mail address: Garneroil@yahoo.com Telephone No. (505) 631-4770
 (This space for State use)

APPROVED BY Chris Williams TITLE District Supervisor DATE 8/19/03
 Conditions of approval, if any:

1. Set CIBP @ 10288'. Dump 25' of cement on top.
2. Set CIBP @ 7722'. Dump 25'. Dump 25' cement on top.
3. GIH w/ packer and find hole @ 7700'+-.
4. Pump 150 sxs cement through packer and WOC.
5. GIH and tag up @ 7690'. Calculate TOC @ 6700'+-.
6. GIH w/ packer and find hole in 5 ½ casing @ 4750'-4800'+-.
7. Pump 150 sxs of cement through packer and WOC.
8. GIH w/ tubing and tag up @ 4700'+-. Calculate TOC @ 4750'+-.
9. GIH w/ wire line and shot 4 holes @ 4320'. Establish circulation down 5 ½ and up 8 5/8.
10. GIH w/ cement retainer. Establish circulation down 5 ½ and up 8 5/8.
11. Rig up BJ and pump 140 sxs of Poz cement and 360 Class C cement. Circulate up 8 5/8.
12. WOC.
13. GIH w/ drill collar and bit and drill out cement and cement retainer.
14. Spot acid.
15. GIH w/ wire line and shoot 2 JSPF @ 4810'-4850'.
 - 5290'-5300'
 - 6210'-6260'
 - 6300'-6360'
 - 6440'-6455'
 - 6610'-6630'
 - 6770'-6880'
16. GIH w/ Model D production packer and 3 ½" plastic coated tubing. Set packer @ 4740'.
17. Nipple up wellhead.

3 1/2" Plastic Coated Tubing

Model D Packer

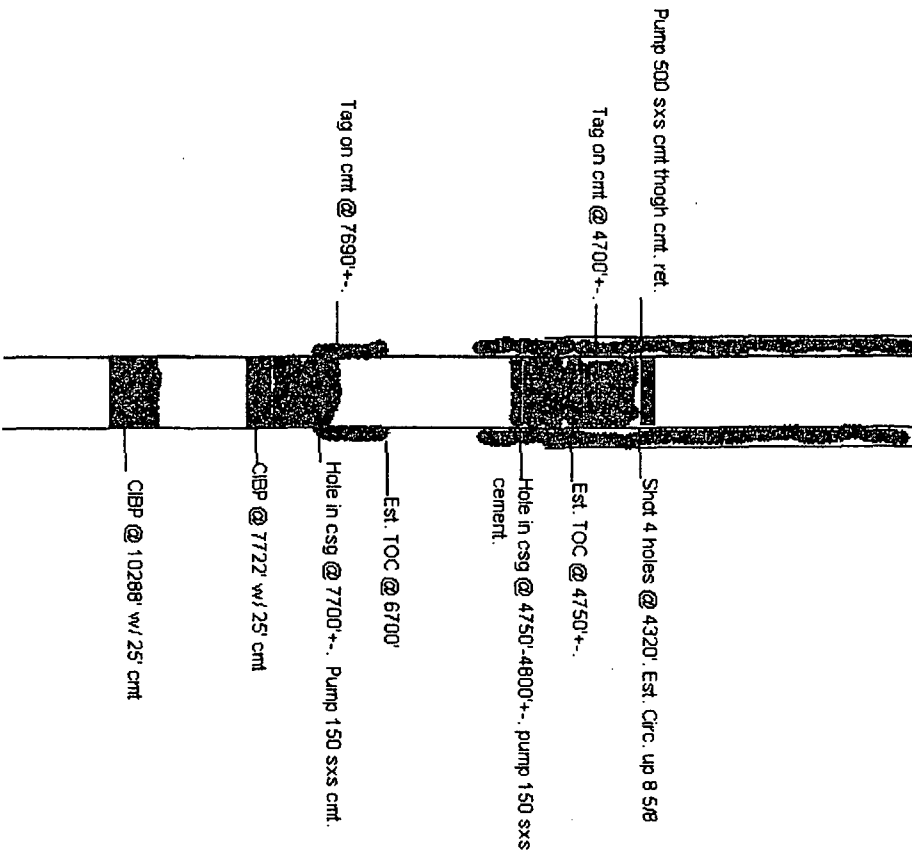


Parts 2 JSPF @

4810-4850/

5290-5300/6210-6260/6300-6360/6440-6455/6610-

6630/6770-6880



District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Avenue, Artesia, NM 88210
District III
1000 Rio Brazos Road, Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy Minerals and Natural Resources

Oil Conservation Division
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-101
Revised March 17, 1999

Submit to appropriate District Office
State Lease - 6 Copies
Fee Lease - 5 Copies

AMENDED REPORT

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

¹ Operator Name and Address PRONGHORN MANAGEMENT CORPORATION P. O. BOX 1772 HOBBS, NM 88241		² OGRID Number 122811
		³ API Number 30 - 025-03735
³ Property Code 14991	⁵ Property Name STATE "T"	⁶ Well No. 2

⁷ Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
L	6	16-S	36-E		4290	SOUTH	500'	WEST	LEA

⁸ Proposed Bottom Hole Location If Different From Surface

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
⁹ Proposed Pool 1 SAN ANDRES GLORIETA					¹⁰ Proposed Pool 2				

¹¹ Work Type Code P	¹² Well Type Code S	¹³ Cable/Rotary R	¹⁴ Lease Type Code S	¹⁵ Ground Level Elevation 3976 DF
¹⁶ Multiple NO	¹⁷ Proposed Depth PBTD 6500'	¹⁸ Formation SAN ANDRES GLORIETA	¹⁹ Contractor N/A	²⁰ Spud Date A.S.A.P.

²¹ Proposed Casing and Cement Program

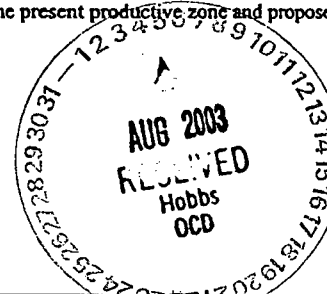
Hole Size	Casing Size	Casing weight/foot	Setting Depth	Sacks of Cement	Estimated TOC
17 1/4"	13 3/8"	48#	378'	400	CIRC.
12 1/4"	8 5/8"	28 - 32 #	4749'	1352	625'
7 7/8"	5 1/2"	17 - 20 #	10,679'	300	9762'

²² Describe the proposed program. If this application is to DEEPEN or PLUG BACK, give the data on the present productive zone and proposed new productive zone.

Describe the blowout prevention program, if any. Use additional sheets if necessary.

See Attached.
Administrative Order
SWD - 836

Permit Expires 1 Year From Approval
Date Unless ~~Drilling~~ Underway
Plug-Back



²³ I hereby certify that the information given above is true and complete to the best of my knowledge and belief.		OIL CONSERVATION DIVISION	
Signature: <i>G. A. Baber</i>		Approved by: <i>[Signature]</i>	
Printed name: G. A. BABER		Title: PETROLEUM ENGINEER	
Title: PARTNER		Approval Date: AUG 05 2003 Expiration Date:	
Date: 8-5-03	Phone: 505-399-9176	Conditions of Approval:	
		Attached <input type="checkbox"/>	

State T #2

Convert to S.W.D.

1. Move in and rig up well service rig. Install B.O.P.'s.
2. Rig up wireline unit. Make gauge ring run to 10,200'. POOH.
Set 5 1/2" CIBP @ 10,200'. Cap with 35' cement. Pressure test casing to 500#.
3. Perforate 5 1/2" casing @ 9000'. TIH with cement retainer and tubing. Set retainer @ 8500' Establish injection rate. Circulate cement to surface. If unable to circulate pump, 200 sx cement. Calculated top of cement behind 5 1/2" casing 6500'.
4. Pull up the hole and set cement plug @ 6500' inside 5 1/2" casing.
5. If unable to circulate cement, perforate 5 1/2" casing @ 5400'. TIH with tubing and packer. Set @ 5000' and circulate cement to surface. WOC.
6. Drill out cement and pressure test casing to 500 #'s.
7. Run CBL/CET from 5400' to the surface with pressure on the annulus and submit to the Hobbs District Office for approval.
8. Perforate San Andres and Glorieta formation from 6192' - 6244', 6290' - 6316'.
9. TIH with packer and tubing. Set packer @ 5900'. Pressure test casing. Establish injection rate. Stimulate as necessary. POOH.
10. TIH with plastic coated tubing and packer. Set packer @ 5900'. Casing and tubing annulus shall be loaded with packer fluid and equipped with a pressure gauge at the surface or left open to detect leakage.
11. Install production facilities.



FOR RECORD ONLY
NEW MEXICO ENERGY, MINERALS and
NATURAL RESOURCES DEPARTMENT

GARY E. JOHNSON
Governor
Betty Rivera
Cabinet Secretary

Lori Wrotenbery
Director
Oil Conservation Division

July 9, 2002

Mr. G. A. Baber
Pronghorn Management Corporation
PO Box 1772
Hobbs, New Mexico 88241

RE: ADMINISTRATIVE ORDER SWD-836

Dear Mr. Baber:

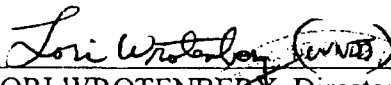
Under the provisions of Rule 701(B), Pronghorn Management Corporation made application to the New Mexico Oil Conservation Division on April 5, 2002, for permission to re-enter for produced water disposal its State "T" Well No. 2 (API No. 30-025-03735) located 4290 feet from the South line and 500 feet from the West line, NW/4 SW/4, Section 6, Township 16 South, Range 36 East, NMPM, Lea County, New Mexico.

After the 15-day waiting period, the Division issued Administrative Order SWD-836 approving this application.

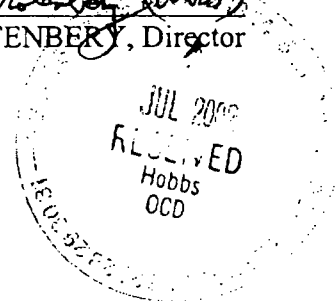
Since then, it has come to our attention that one offset leaseholder was not contacted concurrently with the others and therefore had an extended date to file an objection. That party did in fact file objection with the Division on June 28th.

Since valid objection has been received, Administrative Order SWD-836 issued April 30th 2002, is hereby suspended and this case shall be set to hearing at the first available docket which is August 1st 2002.

Sincerely


LORI WROTENBERY, Director

LW/WVJ
cc: Oil Conservation Division – Hobbs ✓
James Bruce Attorney at Law for DKD, L.L.C.
Files: SWD-836



SWD Permit was supposedly
revoked due to objections of
off set operators
back in PA drawer

8/6/02
B&P

District I
1525 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Avenue, Artesia, NM 88210
District III
1000 Rio Brazos Road, Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy Minerals and Natural Resources

Form C-101
Revised March 17, 1999

Oil Conservation Division
1220 South St. Francis Dr.
Santa Fe, NM 87505

Submit to appropriate District Office
State Lease - 6 Copies
Fee Lease - 5 Copies

AMENDED REPORT

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

¹ Operator Name and Address PRONGHORN MANAGEMENT CORPORATION P. O. BOX 1772 HOBBS, NM 88241		² OGRID Number 122811
		³ API Number 30-025-03735
³ Property Code 14991	STATE ⁵ Property Name "T"	⁶ Well No. 2

⁷ Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
L	6	16-S	36-E		4290	SOUTH	00'	WEST	LEA

⁸ Proposed Bottom Hole Location If Different From Surface

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
⁹ Proposed Pool 1 SAN ANDRES GLORIETA					¹⁰ Proposed Pool 2				

¹¹ Work Type Code P	¹² Well Type Code S	¹³ Cable/Rotary R	¹⁴ Lease Type Code S	¹⁵ Ground Level Elevation 3976 DF
¹⁶ Multiple NO	¹⁷ Proposed Depth PBSD 6500'	¹⁸ Formation SAN ANDRES GLORIETA	¹⁹ Contractor N/A	²⁰ Spud Date A.S.A.P.

²¹ Proposed Casing and Cement Program

Hole Size	Casing Size	Casing weight/foot	Setting Depth	Sacks of Cement	Estimated TOC
17 1/4"	13 3/8"	48#	378'	400	CIRC.
12 1/4"	8 5/8"	28 - 32 #	4749'	1352	625'
7 7/8"	5 1/2"	17 - 20 #	10,679'	300	9762'

²² Describe the proposed program. If this application is to DEEPEN or PLUG BACK, give the data on the present productive zone and proposed new productive zone.

Describe the blowout prevention program, if any. Use additional sheets if necessary.

See Attached.
Administrative Order
SWD - 836

Permit Expires 1 Year From Approval
Date Unless ~~Drilling~~ Underway

Plug-Back

²³ I hereby certify that the information given above is true and complete to the best of my knowledge and belief.		OIL CONSERVATION DIVISION ORIGINAL SIGNED BY	
Signature: <i>G. A. Baber</i>		Approved by:	PAUL F. KAUTZ PETROLEUM ENGINEER
Printed name: G. A. BABER		Title:	
Title: PARTNER		Approval Date:	Expiration Date:
Date: 6-6-02	Phone: 505-370-3033	Conditions of Approval: JUN 11 2002	
		Attached <input type="checkbox"/>	

ACJ

PRONGHORN MANAGEMENT CORPORATION

P. O. Box 1772
Hobbs, NM 88241

Phone 505-393-9176
Fax 505-393-9980

State T #2
Convert to S.W.D.

1. Move in and rig up well servicing rig. Install B. O. P.
2. Rig up wireline unit. Make gauge ring run to 10,500'. POOH. Set 5 1/2" C.I.B.P. @ 10,500'.
3. T I H with tubing to 10,500'. Spot mud from 10,500' - 9762'. P O O H.
4. Perforate 5 1/2" casing @ plus or minus 9762'. T I H with cement retainer and tubing. Squeeze perforation with cement to the surface. Spot mud from the retainer to 6500'. P O O H.
5. Set cement plug inside 5 1/2" casing at 6500'. W O C.
6. Run CBL/CET from 6500' to the surface with pressure on the annulus and submit to the Hobbs District office for approval.
7. Perforate San Andres and Glorieta formations from 6200' - 6400'.
8. T I H with packer and 2 7/8" tubing to 5950'. Pressure test casing. Establish injection rates. Stimulate as necessary. P O O H.
9. T I H plastic coated tubing and packer. Casing - tubing annulus shall be loaded with packer fluid and equipped with a pressure gauge at the surface or left open to detect leakage in the casing, tubing or packer.
10. Install production facilities.

Submit 3 Copies To Appropriate District Office
 District I
 1625 N. French Dr., Hobbs, NM 87240
 District II
 811 South First, Artesia, NM 87210
 District III
 1000 Rio Brazos Rd., Aztec, NM 87410
 District IV
 2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico
 Energy, Minerals and Natural Resources

Form C-103
 Revised March 25, 1999

OIL CONSERVATION DIVISION
 2040 South Pacheco
 Santa Fe, NM 87505

WELL API NO. 30-025-03735
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. E9335-S
7. Lease Name or Unit Agreement Name: STATE "T"
8. Well No. 2
9. Pool name or Wildcat Townsend Perms Upper Penn

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

1. Type of Well:
 Oil Well Gas Well Other

2. Name of Operator
 Pronghorn Management Corporation

3. Address of Operator
 P. O. Box 1772 Hobbs, NM 88241

4. Well Location
 Unit Letter L 4290 feet from the South line and 500 feet from the West line
 Section 6 Township 16-S Range 36-E NMPM Lea County

10. Elevation (Show whether DR, RKB, RT, GR, etc.)

11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input checked="" type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: <input type="checkbox"/>	

12. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation.

- Set C.I.B.P. @ 10,100'. Cap with 35' cement.
- Circulate hole with mud laden fluid.
- Nipple up to 5½" casing. Stretch, cut and pull ± 7000' casing.
- Spot cement plug 50' in and out of stub. WOC - Tag.
- Spot 100' cement plug 4799'-4699'. (Int. csg. shoe) WOC - Tag.
- Spot 100' cement plug 2074'-1974'. (Top of salt) WOC - Tag.
- Spot 10 sx. surface plug.
- Erect dry hole marker. Clean location.

25 SX PLUG OR 100' WHICHEVER IS GREATER
 F 421' to 321' - TAG

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

SIGNATURE *G. A. Baber* TITLE Partner DATE 4/7/00

Type or print name G. A. BABER Telephone No. 505-393-9176
 (This space for State use)

APPROVED BY _____ ORIGINAL SIGNED BY _____ TITLE _____ DATE _____

Conditions of approval, if any:
 THE COMMISSION MUST BE NOTIFIED 24 HOURS PRIOR TO THE BEGINNING OF PLUGGING OPERATIONS FOR THE CENS TO BE APPROVED.

GP



NEW MEXICO ENERGY, MINERALS
& NATURAL RESOURCES DEPARTMENT

OIL CONSERVATION DIVISION
DISTRICT I HOBBS
1625 N. French Drive, Hobbs, NM 88241
(505) 393-6161
FAX (505) 393-0720

Jennifer A. Salisbury
CABINET SECRETARY

September 21, 1999

Pronghorn Mgmt Corp.
P O Box 1772
Hobbs, NM 88241

**RE: State T # 1, #2 and #4
Section 6, Township 16 South, Range 36 East**

Gentlemen:

Through routine inspection it has come to our attention that the above referenced wells have been shut in for an extended period of time. A review of our records show that these wells has not been Temporarily Abandoned. Producing wells can not be shut in for longer than a year.

The following options are available regarding the future disposition of this well:

1. Restore the well to production.
2. Set plug, conduct mechanical integrity test, and request temporary abandoned status.
3. Submit a proposal to plug and abandon the well, proceed with plugging on a timely basis after the proposal has been evaluated, amended and or approved.

To avoid further action, we request that you exercise one of the above options no later than December 21, 1999. We request that you notify this office 24 hours prior to any operation in order to witness the operation, either repair or plugging and pressure test upon completion of repairs or to request TXA status.

Very truly yours
OIL CONSERVATION DIVISION

Billy Prichard
Deputy Inspector, District 1

Xc: Chris Williams
Gary Wink
File

Submit 3 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico
Energy, Minerals and Natural Resources Department

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

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator	PRONGHORN MANAGEMENT CORPORATION (122811)	Well API No.	30-025-03735
Address	P.O. BOX 1772 HOBBS, NM 88241		
Reason(s) for Filing (Check proper box)	XXX Other (Please explain) MAY 01 1994		
New Well	<input type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator			
BABER WELL SERVICING COMPANY P.O. BOX 1772 HOBBS, NM 88241			

II. DESCRIPTION OF WELL AND LEASE

Lease Name	STATE T (1499)	Well No.	2	Pool Name, Including Formation	TOWNSEND PERMO UPPER PENN (59847)	Kind of Lease	Lease No.
						State/Federal/Private	E-9335
Location	Unit Letter L	4290	Feet From The FSL	Line and 500	Feet From The FWL	Line	
Section 06		Township 16S	Range 36E	NMPM,	LRA	County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate	Texas NM Pipeline (222578)	Address (Give address to which approved copy of this form is to be sent)	T/A
Name of Authorized Transporter of Casinghead Gas or Dry Gas	Warren Petroleum (24650)	Address (Give address to which approved copy of this form is to be sent)	
Unit	Sec.	Twp.	Rgd.
Is gas actually connected?			When?

O-TRNSP. OGRID NO. 08-0682
 G-TRNSP. OGRID NO. 08-0682
 OIL POD NO. 501E10
 GAS POD NO. 501E10

with that from any other lease or pool, give commingling order number: T/A

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

REQUEST FOR ALLOWABLE
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 of Test	Producing Method (Flow, pump, gas lift, etc.)	
Tubing Pressure	Casing Pressure	Choke Size
Oil - Bbls.	Water - Bbls.	Gas - MCF
Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

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

Sherry Wade
Signature
SHERRY WADE PRODUCTION CLERK
Printed Name
3-5-94 (505) 392-5516
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved MAY 20 1994

By _____
Orig. Signed by Paul Rountz Geologist
Title _____

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 portions of this form must be filled out for allowable on new and recompleted wells.

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

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

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

State of New Mexico
Energy, Minerals and Natural Resources Department

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator BABER WELL SERVICING COMPANY	Well API No. 30-025-03735
Address P.O. BOX 1772 HOBBS, NEW MEXICO 88241	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of: <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator ORYX ENERGY CO. P.O. Box 1861, Midland, Tx. 79702	

II. DESCRIPTION OF WELL AND LEASE

Lease Name STATE T	Well No. 2	Pool Name, Including Formation Townsend Permo Upper Penn	Kind of Lease <input checked="" type="radio"/> State <input type="radio"/> Federal or Fee	Lease No. E9335-S
Location Unit Letter <u>L</u> : <u>4290</u> Feet From The <u>South</u> Line and <u>500</u> Feet From The <u>West</u> Line Section <u>6</u> Township <u>16-S</u> Range <u>36-E</u> NMPM, LEA County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input 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 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	Sec.	Twp.	Rge.	Is gas actually connected?	When?

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

IV. COMPLETION DATA

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

V. TEST DATA AND REQUEST FOR ALLOWABLE

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

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

GAS WELL

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

VI. OPERATOR CERTIFICATE OF COMPLIANCE

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

Signature G.A. Baber
G.A. BABER, III PRESIDENT
Printed Name
Date 10/30/90 Telephone No. (505) 393-5516

OIL CONSERVATION DIVISION

Date Approved NOV 02 1990
By JERRY SEXTON DISTRICT SUPERVISOR
Title _____

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.

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

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

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

State of New Mexico
Engr., Minerals and Natural Resources Department

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

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

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

I.

Operator Oryx Energy Company	Well API No. 30-025-03735
Address P. O. Box 1861, Midland, Texas 79702	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
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 type="checkbox"/>
Change in Operator <input checked="" type="checkbox"/>	TA'd
If change of operator give name and address of previous operator: Sun Exploration & Production Co., P. O. Box 1861, Midland, Texas 79702	

II. DESCRIPTION OF WELL AND LEASE

Lease Name State "T"	Well No. 2	Pool Name, including Formation Townsend Permo Upper Penn	Kind of Lease State, Federal or Fee	Lease No.
Location Unit Letter L : 4290 Feet From The South Line and 500 Feet From The West Line Section 6 Township 16-S Range 36-E, NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input 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 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	Sec.	Twp.	Rge.	Is gas actually connected?	When ?

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

IV. COMPLETION DATA

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

V. TEST DATA AND REQUEST FOR ALLOWABLE

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

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

GAS WELL

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

VI. OPERATOR CERTIFICATE OF COMPLIANCE

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

Signature
Maria L. Perez Accountant
Printed Name
6-1-89 915-688-0375 Title
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved **JUN 19 1989**
By **ORIGINAL SIGNED BY JERRY SEXTON**
DISTRICT I SUPERVISOR
Title

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.

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-101
Revised 11-1-78

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

5a. Indicate Type of Lease
State For

5. State Oil & Gas Lease No.

SUNDRY NOTICES AND REPORTS ON WELLS

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

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator Sun Exploration & Production Company	8. Farm or Lease Name State T
3. Address of Operator P. O. Box 1861, Midland, Texas 79702	9. Well No. 2
4. Location of well UNIT LETTER <u>L</u> <u>4290</u> FEET FROM THE <u>South</u> LINE AND <u>500</u> FEET FROM THE <u>West</u> LINE, SECTION <u>6</u> TOWNSHIP <u>16-S</u> RANGE <u>36-E</u> NMPM.	10. Field and Pool, or Wildcat Townsend Wolfcamp
11. Elevation (Show whether DF, RT, GR, etc.)	12. County Lea

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Dug cellar out - brought up bradenhead connection.
Witnessed by Eddie Seay with NMOCC 2-22-84

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

SIGNED Dee Ann Kemp TITLE Sr. Accounting Assistant DATE 3-6-84

APPROVED BY Eddie W. Seay TITLE Oil & Gas Inspector DATE MAR 9 1984

CONDITIONS OF APPROVAL, IF ANY:

DISTRIBUTION
SANTA FE
FILE
J.S.G.S.
LAND OFFICE
TRANSPORTER
OIL
GAS
OPERATOR
PRODUCTION 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-105
 Effective 1-1-65

I. Operator
 Sun Exploration & Production Co.
 Address
 P. O. Box 1861, Midland, Texas 79702

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

Other (Please explain)
 Name Change Only
 From: Sun Oil Company

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE *Townsend Permian Lease R-7222*

Lease Name
 State "TX" Lease No. Pool Name, including Formation Kind of Lease Lease No.
 2 Townsend Wolfcamp State, Federal or Fee State

Location
 Unit Letter "L" 4290 feet From The south Line and 500 feet From The west
 Line of Section 6 Township 16-S Range 36-E, NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS *TA'd*

Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)
 Name of Authorized Transporter of Casinghead Gas or Dry Gas 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 Sec. Twp. Rge. Is gas actually connected? When

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas well	New Well	Workover	Deepen	Plug Back	Same Res't.	Diff. Res't.
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.

Doris Williams
 Accounting Assistant II
 January 1, 1982

OIL CONSERVATION COMMISSION

APPROVED _____, 19____

BY *Jerry Sexton*
 TITLE *Dist. & Sup.*

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 filled for each pool in multiple

DISTRIBUTION
STATE
FILE
J.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-105
 Effective 1-1-65

I. OPERATOR

Operator SUN OIL COMPANY

Address P.O. Box 1861, Midland, TX 79702

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 type="checkbox"/>
Change in Ownership <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner SUN TEXAS COMPANY, P.O. Box 4067, Midland, TX 79704

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>State T</u>	Well No. <u>2</u>	Pool Name, including formation <u>Townsend Wolfcamp</u>	Kind of Lease <u>State, Federal or Fee State</u>	Lease No.
Location				
Unit Letter <u>L</u>	<u>4290</u>	Feet From The <u>South</u>	Line and <u>500</u>	Feet From The <u>West</u>
Line of Section <u>6</u>	Township <u>16-S</u>	Range <u>36-E</u>	<u>NMPM</u>	Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS TA'd

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input 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 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 Sec. Twp. Rge. Is gas actually connected? When

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

IV. COMPLETION DATA

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

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

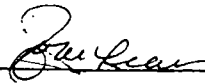
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

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.


 (Signature)
 Production/Proration Supervisor
 (Title)
 July 1, 1981
 (Date)

OIL CONSERVATION COMMISSION

APPROVED JUL 21 1981, 19__

BY Jerry Sexton
 (Signature)
 TITLE Dist. L. Supv.

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 deviator 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 Form C-104 must be filed for each well in multiple.

DISTRIBUTION			
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

Operator
SUN TEXAS COMPANY
 Address
P. O. Box 4067 Midland, Texas 79704
 Reason(s) for filing (Check proper box) Other (Please explain)
 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 **TEXAS PACIFIC OIL COMPANY, INC. P. O. Box 4067 Midland, TX. 79704**

II. DESCRIPTION OF WELL AND LEASE

Lease Name Section 1	Well No. 2	Pool Name, including Formation TEXAS PACIFIC OIL COMPANY	Kind of Lease State, Federal or Fee State	Lease No.
Location Unit Letter 1 ; 4067 Feet From The South Line and 300 Feet From The West Line of Section 1 Township 16 S Range 21 E NMPM, Lee County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input 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 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	Sec. Twp. Rge.
		Is gas actually connected? When

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, 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)

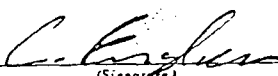
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (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.


 (Signature)
 Regional Operations Superintendent/West
 (Title)
 SEP 12 1980
 (Date)

OIL CONSERVATION COMMISSION

APPROVED **OCT 27 1980** 19
 BY _____
 TITLE _____

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		
FILE		
U.S.G.S.		
LAND OFFICE		
OPERATOR		

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease
State Fee

5. State Oil & Gas Lease No.
NM 382

7. Unit Agreement Name

8. Farm or Lease Name
STATE T

9. Well No.
2

10. Field and Pool, or Wildcat
TOWNSEND WOLFCAMP

12. County
LEA

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG UP TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL GAS WELL OTHER

2. Name of Operator
TEXAS PACIFIC OIL COMPANY INC

3. Address of Operator
P.O. BOX 4067, MIDLAND, TEXAS 79701

4. Location of Well
UNIT LETTER **L** **4290** FEET FROM THE **SOUTH** LINE AND **500** FEET FROM THE **WEST** LINE, SECTION **6** TOWNSHIP **16-S** RANGE **36-E** NMPM.

15. Elevation (Show whether DF, RT, GR, etc.)
3976' DF

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASINGS <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER WELL STATUS <input checked="" type="checkbox"/>

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of completion of any proposed work) SEE RULE 1103.

This well is to be evaluated for the possibility of a recompletion attempt. There is an Upper Wolfcamp zone from 10,348'-10,360' that was tested at 20+ BOPD in 1965 before being squeezed off to allow production from the lower Wolfcamp. It is felt that additional time is needed to evaluate this possibility and we would like to request an extension to the time that this well may be TA'd.

Expires 11-1-76
(2)

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

SIGNED W. G. McClintock TITLE Area Supt DATE 6-10-76

APPROVED BY _____ TITLE _____ DATE 6-15-1976

CONDITIONS OF APPROVAL, IF ANY:

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

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease
State Fee

5. State Oil & Gas Lease No.
NM - 382

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

1. OIL WELL GAS WELL OTHER

2. Name of Operator
Texas Pacific Oil Co., Inc.

3. Address of Operator
Box 4067 Midland, Texas

4. Location of Well
UNIT LETTER L 4290 FEET FROM THE South LINE AND 500 FEET FROM

THE West LINE, SECTION 6 TOWNSHIP 16-S RANGE 36-E NMPM.

7. Unit Agreement Name

8. Farm or Lease Name
State "T"

9. Well No.
2

10. Field and Pool, or Wildcat
Townsend Wolfcamp

15. Elevation (Show whether DF, RT, GR, etc.)
3976' DF

12. County

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK

TEMPORARILY ABANDON

PULL OR ALTER CASING

OTHER

PLUG AND ABANDON

CHANGE PLANS

SUBSEQUENT REPORT OF:

REMEDIAL WORK

COMMENCE DRILLING OPNS.

CASING TEST AND CEMENT JOB

OTHER

ALTERING CASING

PLUG AND ABANDONMENT

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Hold for evaluation - AFE Pending to workover well in same field

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

SIGNED E. J. Steel TITLE Sr. Foreman DATE 11-25-74

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

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

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 12-65

5. Indicate Type of Lease
State Fee

5. State Oil & Gas Lease No.

17-382

SUNDRY NOTICES AND REPORTS ON WELLS

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

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator TEXAS PACIFIC OIL COMPANY	8. Farm or Lease Name State "T"
3. Address of Operator P.O. Box 1069 - Hobbs, New Mexico	9. Well No. 2
4. Location of Well UNIT LETTER <u>L</u> <u>4290</u> FEET FROM THE <u>South</u> LINE AND <u>500</u> FEET FROM THE <u>West</u> LINE, SECTION <u>6</u> TOWNSHIP <u>16-S</u> RANGE <u>36-E</u> NMPM.	10. Field and Pool, or Wildcat Townsend Wolfcamp
15. Elevation (Show whether DF, RT, GR, etc.) 3976' DF	12. County Lea

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

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
OTHER <input type="checkbox"/>	OTHER <u>Temporarily Abandoned</u> <input checked="" type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Held for possible secondary recovery.

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

Original Signed by
SIGNED Sheldon Ward TITLE Area Superintendent DATE 5-10-67

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

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

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease
State Fee

5. State Oil & Gas Lease No.

SUNDRY NOTICES AND REPORTS ON WELLS

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

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-	7. Unit Agreement Name
2. Name of Operator TEXAS PACIFIC OIL COMPANY	8. Farm or Lease Name State #11
3. Address of Operator P.O. Box 1069 - Hobbs, New Mexico	9. Well No. 2
4. Location of Well UNIT LETTER L 4290 FEET FROM THE South LINE AND 500 FEET FROM THE West LINE, SECTION 6 TOWNSHIP 16 RANGE 36 NMPM.	10. Field and Pool, or Wildcat Townsend Wolfcamp
15. Elevation (Show whether DF, RT, GR, etc.) 3976' DF	12. County Lea

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

<p>NOTICE OF INTENTION TO:</p> <p>PERFORM REMEDIAL WORK <input type="checkbox"/></p> <p>TEMPORARILY ABANDON <input type="checkbox"/></p> <p>PULL OR ALTER CASING <input type="checkbox"/></p> <p>OTHER _____ <input type="checkbox"/></p>	<p>SUBSEQUENT REPORT OF:</p> <p>PLUG AND ABANDON <input type="checkbox"/></p> <p>CHANGE PLANS <input type="checkbox"/></p> <p>OTHER _____ <input type="checkbox"/></p>	<p>REMEDIAL WORK <input type="checkbox"/></p> <p>COMMENCE DRILLING OPNS. <input type="checkbox"/></p> <p>CASING TEST AND CEMENT JOB <input type="checkbox"/></p> <p>OTHER Temporarily Abandoned <input checked="" type="checkbox"/></p>	<p>ALTERING CASING <input type="checkbox"/></p> <p>PLUG AND ABANDONMENT <input type="checkbox"/></p>
---	--	--	--

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Held for possible secondary recovery.

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

SIGNATURE Original Signed by Sheldon Ward TITLE Area Superintendent DATE 11-10-66

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

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FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
 Supersedes C-102 and C-103
 Effective 1-1-66
 HOBBBS OFFICE
 MAY 13 7 55 AM '66

5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.
7. Unit Agreement Name
8. Farm or Lease Name State "T"
9. Well No. 2
10. Field and Pool, or Wildcat Townsend Wolfcamp
12. County Lea

SUNDRY NOTICES AND REPORTS ON WELLS

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

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>
2. Name of Operator TEXAS PACIFIC OIL COMPANY
3. Address of Operator P.O. Box 1069 - Hobbs, New Mexico
4. Location of Well UNIT LETTER <u>L</u> <u>4290</u> FEET FROM THE <u>South</u> LINE AND <u>500</u> FEET FROM THE <u>West</u> LINE, SECTION <u>6</u> TOWNSHIP <u>16</u> RANGE <u>36</u> NMPM.
15. Elevation (Show whether DF, RT, GR, etc.) 3976' DF

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER <u>TEMPORARILY ABANDONED</u> <input checked="" type="checkbox"/>

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

HELD FOR POSSIBLE SECONDARY RECOVERY.

THE COMMISSION MUST BE NOTIFIED EVERY 6 MONTHS ON FORM C-103 AS TO THE WELL STATUS AND TO FILE PLANS FOR THIS WELL

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

SIGNED Original signed by: Sheldon Ward TITLE Area Superintendent DATE 5-10-66

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

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

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

SEP 14 11 25 AM '65

5. Indicate Type of Lease
State TX Fee

5. State Oil & Gas Lease No.

SUNDRY NOTICES AND REPORTS ON WELLS

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

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator Texas Pacific Oil Company	8. Farm or Lease Name State "T"
3. Address of Operator P.O. Box 1069 - Hobbs, New Mexico	9. Well No. 2
4. Location of Well UNIT LETTER <u>L</u> <u>4290</u> FEET FROM THE <u>South</u> LINE AND <u>500</u> FEET FROM THE <u>West</u> LINE, SECTION <u>6</u> TOWNSHIP <u>16</u> RANGE <u>36</u> NMPM.	10. Field and Pool, or Wildcat Townsend Wolfcamp
15. Elevation (Show whether DF, RT, GR, etc.) 3976 D.F.	12. County Lea

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER <u>Temporarily Abandoned</u> <input checked="" type="checkbox"/>

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

This well is temporarily abandoned.

ALL RIGHTS RESERVED
PLANS FOR THIS WELL

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

SIGNED H. W. DEATS TITLE Area Engineer DATE 9/13/65

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

NO. OF COPIES RECEIVED		
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OPERATOR		

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease
State Fee

5. State Oil & Gas Lease No.

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

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator TEXAS PACIFIC OIL COMPANY	8. Farm or Lease Name State #1
3. Address of Operator P. O. Box 1069; Hobbs, New Mexico	9. Well No. 2
4. Location of Well UNIT LETTER L 4290' FEET FROM THE South LINE AND 500 FEET FROM THE West LINE, SECTION 6 TOWNSHIP 16 RANGE 36 NMPM.	10. Field and Pool, or Wildcat Townsend Wolfcamp
15. Elevation (Show whether DF, RT, GR, etc.) 3976 D.F.	12. County Lea

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK

TEMPORARILY ABANDON

PULL OR ALTER CASING

OTHER

PLUG AND ABANDON

CHANGE PLANS

SUBSEQUENT REPORT OF:

REMEDIAL WORK

COMMENCE DRILLING OPNS.

CASING TEST AND CEMENT JOB

OTHER

ALTERING CASING

PLUG AND ABANDONMENT

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

1. Move in, pull rods and tubing.
2. Perf. w/2 SPF 10,348-10,360'.
3. Ran tubing w/2 pkrs. Bottom pkr. set at 10,378', top pkr. set at 10,312'.
4. Treated perms 10,583-10,623 & 10,639-10,647' w/15,000 gals CRA 15% acid & 27,546 tons CO2.
5. Treated perms 10,348-10,360' w/5,000 gals CRA 15% acid & 9184 tons CO2.
6. Swab & test 10,348-10,360' (Trace of oil).
7. Pulled tubing & packers. Set CIBP at 10,490'.
8. Run & set CIBP at 10,490'. Run tubing & packer. Packer set at 10,143'.
9. Squeezed 10,348-10,360' w/100 sks Incor Neat Cement. Max 4000#.
10. Pulled tubing. Drilled out CIBP at 10,490'. Cleaned out to 10,645'.
11. Rerun tubing, rods & pump. Placed well on production.

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

Original signed by:

SIGNED John H. Hendrix TITLE Area Engineer DATE 4-30-65

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

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U.S.G.S.	
LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

SUNDRY NOTICES AND REPORTS ON WELLS

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

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator TEXAS PACIFIC OIL COMPANY	8. Farm or Lease Name State #11
3. Address of Operator P. O. Box 1069; Hobbs, New Mexico	9. Well No. 2
4. Location of Well UNIT LETTER L 4290 FEET FROM THE South LINE AND 500 FEET FROM THE West LINE, SECTION 6 TOWNSHIP 16 RANGE 36 N.M.P.M. Townsend Penn.	10. Field and Pool, or Wildcat
15. Elevation (Show whether DF, RT, GR, etc.) 3976 D.F.	12. County Lea

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK PLUG AND ABANDON

TEMPORARILY ABANDON CHANGE PLANS

PULL OR ALTER CASING

OTHER

SUBSEQUENT REPORT OF:

REMEDIAL WORK ALTERING CASING

COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT

CASING TEST AND CEMENT JOB

OTHER

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

1. Move in, pull rods and tubing.
2. Clean out to PSTD - 10,657'.
3. Run tubing and FB Packer
4. Acidize perms. 10,583-10,623 & 10,639-10,647' with 15,000 gals. CRA Acid.
5. Swab and test lower perms.
6. Unseat packer and pull tubing.
7. Perforate casing 10,348-10,360' with 2 SPF.
8. Run tubing, full bore and bridge plug.
9. Set BP below new perms and packer above.
10. Treat perms. 10,348-10,360' with 5,000 gals. CRA Acid.
11. Swab and test.
12. Unseat packer, retrieve BP and pull tubing.
13. Rerun tubing and put well on production.

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

Original signed by:

SIGNED John H. Hendrix TITLE Area Engineer DATE 3-15-65

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

BOARD OF DRILL-STEM AND SPECIAL TAPPING

If drill-stem or other special tests or deviation surveys were made, submit report on separate sheet and attach hereto

TOOLS USED

Rotary tools were used from Surface feet to 10692 feet, and from _____ feet to _____ feet.
 Cable tools were used from _____ feet to _____ feet, and from _____ feet to _____ feet.

PRODUCTION

Put to Producing 11/8/, 1957
 OIL WELL: The production during the first 24 hours was 232 barrels of liquid of which 100 % was oil; 0 % was emulsion; 0 % water; and 0 % was sediment. A.P.I. Gravity 40
 GAS WELL: The production during the first 24 hours was _____ M.C.F. plus _____ barrels of liquid Hydrocarbon. Shut in Pressure _____ lbs.
 Length of Time Shut in _____

PLEASE INDICATE BELOW FORMATION TOPS (IN CONFORMANCE WITH GEOGRAPHICAL SECTION OF STATE):

Southeastern New Mexico		Northwestern New Mexico	
T. Anhy. <u>1874</u>	T. Devonian	T. Ojo Alamo	
T. Salt	T. Silurian	T. Kirtland-Fruitland	
B. Salt	T. Montoya	T. Farmington	
T. Yates <u>3982</u>	T. Simpson	T. Pictured Cliffs	
T. 7 Rivers	T. McKee	T. Menefee	
T. Queen	T. Ellenburger	T. Point Lookout	
T. Grayburg	T. Gr. Wash	T. Mancos	
T. San Andres <u>4893</u>	T. Granite	T. Dakota	
T. Glorieta <u>6318</u>	T. Wolfcamp <u>9646</u>	T. Morrison	
T. Drinkard	T. 3rd Penn. <u>10488 (lime)</u>	T. Penna	
T. Tubbs <u>7463</u>	T. _____	T. _____	
T. Abo <u>8211</u>	T. _____	T. _____	
T. Penn.	T. _____	T. _____	
T. Miss.	T. _____	T. _____	

FORMATION RECORD

From	To	Thickness in Feet	Formation	From	To	Thickness in Feet	Formation
0	198	198	Caliche & Sand				
198	1885	1687	Red Bed				
1885	1980	95	Anhydrite & Gyp.				
1980	3190	1210	Anhydrite & Salt				
3190	3296	106	Anhydrite				
3296	4474	1178	Anhydrite & Gyp.				
4474	4554	80	Anhydrite				
4554	4757	203	Anhydrite & Lime				
4757	8214	3457	Lime				
8214	8313	99	Lime & Shale				
8313	9087	774	Lime				
9087	9098	11	Lime & Shale				
9098	10692	1594	Lime				
CONTRACT ROTARY TO TOTAL DEPTH 10,692' RTM							
CEMENT DRILLED OUT 5 1/2" PIPE 10,657' PBTD							

ATTACH SEPARATE SHEET IF ADDITIONAL SPACE IS NEEDED

I hereby swear or affirm that the information given herewith is a complete and correct record of the well and all work done on it so far as can be determined from available records.

January 17, 1958

Company or Operator: Texas Pacific Coal & Oil Co.

Address: P. O. Box 1688 - Hobbs, New Mexico

Name: [Signature]

Position or Title: District Engineer

NEW MEXICO OIL CONSERVATION COMMISSION
SANTA FE, NEW MEXICO

Form C-110
Revised 7/1/55

(File the original and 4 copies with the appropriate district office)

HOBBS OFFICE 000

DEC 5 AM 8:22

CERTIFICATE OF COMPLIANCE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Company or Operator Texas Pacific Coal & Oil Company Lease State "T" ✓

Well No. 2 Unit Letter L S 6 T 168 R 36E Pool Townsend Wolfcamp

County Lea Kind of Lease (State, Fed. or Patented) State

If well produces oil or condensate, give location of tanks: Unit S T R

Authorized Transporter of Oil or Condensate _____

Address _____

(Give address to which approved copy of this form is to be sent)

Authorized Transporter of Gas Warren Petroleum Corp.

Address Attn: Mr. T. E. Raper Box 1045 Hobbs, New Mexico

(Give address to which approved copy of this form is to be sent)

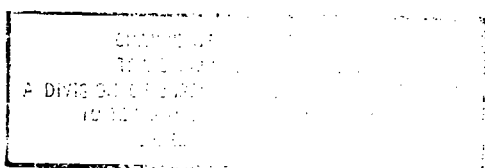
If Gas is not being sold, give reasons and also explain its present disposition:

Reasons for Filing: (Please check proper box) New Well ()

Change in Transporter of (Check One): Oil () Dry Gas () C'head () Condensate ()

Change in Ownership () Other ()

Remarks: _____ (Give explanation below)



The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.

Executed this the 6th day of December 1957

By _____

Approved _____ 19 _____

Title District Engineer

OIL CONSERVATION COMMISSION

Company Texas Pacific Coal & Oil Co.

By [Signature]

Address P. O. Box 1688

Title _____

Hobbs, New Mexico

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

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

REQUEST FOR (OIL) - (GAS) ALLOWABLE New Well
Recompletion

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

Hobbs, New Mexico (Place) November 11, 1957 (Date)

WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS: Lot 12
Texas Pacific Coal & Oil Co. (Company or Operator) State "TN" (Lease), Well No. 2, in TX,
L Sec. 6, T. 16S, R. 36E, NMPM, Designated Wolfcamp Pool

Lea County. Date Spudded 8-27-57 Date Drilling Completed 10-31-57
Elevation 3976 DF Total Depth 10692' PBD 10657'

Top Oil/Gas Pay 10574 Name of Prod. Form. Wolfcamp

PRODUCING INTERVAL -

Perforations 10583-10623 & 10639-10647

Open Hole - Depth - Casing Shoe 10691 Depth 10533
Tubing

OIL WELL TEST -

Natural Prod. Test: 0 bbls. oil, - bbls water in - hrs, - min. Choke Size -

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 232 bbls. oil, 0 bbls water in 24 hrs, - min. Choke Size 19/64

GAS WELL TEST -

Natural Prod. Test: - MCF/Day; Hours flowed - Choke Size -

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

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

Choke Size - Method of Testing: -

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 1000 gal. Mud Acid

Casing 1200 Tubing 5400 Date first new November 6, 1957
Press. 1200 Press. 5400 oil run to tanks

Oil Transporter Texas-New Mexico Pipeline Company

Gas Transporter -

D	C	B	A
E	F	G	H
L	K	J	I
X			
M	N	O	P

Tubing, Casing and Cementing Record

Size	Feet	Size
13-3/8	379	400
8-5/8	4749	1352
5-1/2	10680	300

Remarks: -

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

Approved: N, 19 1957 Texas Pacific Coal & Oil Company
(Company or Operator)

OIL CONSERVATION COMMISSION

By: [Signature]
(Signature)

By: [Signature] Title: District Engineer
Send Communications regarding well to:

Title: -

Name: Texas Pacific Coal & Oil Company

Address: P. O. Box 1688 - Hobbs, N. M.

NEW MEXICO OIL CONSERVATION COMMISSION
SANTA FE, NEW MEXICO

Form C-110

Revised 7/1/55

HOBBS OFFICE OCC

(File the original and 4 copies with the appropriate district office)

CERTIFICATE OF COMPLIANCE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

1957 NOV 12 AM 9:54

Company or Operator Texas Pacific Coal & Oil Company Lease State "T"

Well No. 2 Unit Letter L S 6 T 16S R 36E Pool Townsend Well (2)

County Lea Kind of Lease (State, Fed. or Patented) State

If well produces oil or condensate, give location of tanks: Unit N S 6 T 16S R 36E

Authorized Transporter of Oil or Condensate Texas-New Mexico Pipeline Company

Address Midland, Texas

(Give address to which approved copy of this form is to be sent)

Authorized Transporter of Gas _____

Address _____

(Give address to which approved copy of this form is to be sent)

If Gas is not being sold, give reasons and also explain its present disposition:

No pipeline connections - Gas is being vented.

Reasons for Filing: (Please check proper box) New Well _____

Change in Transporter of (Check One): Oil () Dry Gas () C'head () Condensate ()

Change in Ownership _____ () Other _____ ()

Remarks: _____ (Give explanation below)

The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.

Executed this the 11 day of November 19 57

By [Signature]

Approved _____ 19 _____

Title District Engineer

OIL CONSERVATION COMMISSION

Company Texas Pacific Coal & Oil Co.

By [Signature]

Address P. O. Box 1688

Title _____

Hobbs, New Mexico

1000-011-000
(Revised 3-55)

1957 NOV 7 AM 10 09

NEW MEXICO OIL CONSERVATION COMMISSION
MISCELLANEOUS REPORTS ON WELLS

(Submit to appropriate District Office as per Commission Rule 1106)

COMPANY Texas Pacific Coal & Oil Company P. O. Box 1688 Hobbs, New Mexico
(Address)

LEASE State "T" WELL NO. 2 UNIT L S 6 T 16 R 36

DATE WORK PERFORMED 11-1-57 POOL Townsend-Wolfcamp

This is a Report of: (Check appropriate block) Results of Test of Casing Shut-off
 Beginning Drilling Operations Remedial Work
 Plugging Other _____

Detailed account of work done, nature and quantity of materials used and results obtained.

Ran 335 jts. (10679.60') of 5 1/2" N-80; 20#; 17# and X-Line casing and set at 1069' w/300 axs. of Trinity Inferno Heat Cement. Plug down at 5:00 P.M., November 1, 1957. Left 35' cement in pipe. Cage Type centralisers and formation scratchers on bottom 700'. Pipe reciprocated 1 hour.

Ran Temperature Survey and found top cement at 9762'.

Tested pipe with 1000# for 30 min. Tested O.K.

FILL IN BELOW FOR REMEDIAL WORK REPORTS ONLY

Original Well Data:

DF Elev. _____ TD _____ PBD _____ Prod. Int. _____ Compl Date _____
Tbng. Dia _____ Tbng Depth _____ Oil String Dia _____ Oil String Depth _____
Perf Interval (s) _____
Open Hole Interval _____ Producing Formation (s) _____

RESULTS OF WORKOVER:

	BEFORE	AFTER
Date of Test	_____	_____
Oil Production, bbls. per day	_____	_____
Gas Production, Mcf per day	_____	_____
Water Production, bbls. per day	_____	_____
Gas-Oil Ratio, cu. ft. per bbl.	_____	_____
Gas Well Potential, Mcf per day	_____	_____

Witnessed by _____ (Company)

OIL CONSERVATION COMMISSION
Name [Signature]
Title _____
Date _____

I hereby certify that the information given above is true and complete to the best of my knowledge.
Name [Signature]
Position District Engineer
Company Texas Pacific Coal & Oil Company

NEW MEXICO OIL CONSERVATION COMMISSION
MISCELLANEOUS REPORTS ON WELLS
(Submit to appropriate District Office as per Commission Rule 1106)

COMPANY Texas Pacific Coal & Oil Company P. O. Box 1686 Hobbs, New Mexico
(Address)

LEASE State "T" WELL NO. 2 ^{Lot 12} ~~Block~~ S 6 T 163 R 36E

DATE WORK PERFORMED September 8, 1957 POOL Townsend Wolfcamp

This is a Report of: (Check appropriate block)

<input type="checkbox"/> Beginning Drilling Operations	<input checked="" type="checkbox"/> Results of Test of Casing Shut-off
<input type="checkbox"/> Plugging	<input type="checkbox"/> Remedial Work
	<input type="checkbox"/> Other _____

Detailed account of work done, nature and quantity of materials used and results obtained.

Ran 137 jts. (4749.18') of 8-5/8" 32# H-40 - J-55 and 28# H-40 8Rd Thrd. Sals. Casing and set at 4749' with 1152 sxs of 40% Diacel D cement, 25 Csch and 200 sxs reg. Neat cement. Plug down at 10:00 P.M., September 8, 1957. Did not circulate cement. Guide shoe on bottom with float collar on top of bottom joint. Gist Bar Type Centralizers used. Ran Temperature Survey and found top cement at 625'. Tested casing before and after drilling cement plug with 1000# for 30 minutes. Test O.K.

FILL IN BELOW FOR REMEDIAL WORK REPORTS ONLY

Original Well Data:

DF Elev. _____ TD _____ PBD _____ Prod. Int. _____ Compl Date _____

Tbng. Dia _____ Tbng Depth _____ Oil String Dia _____ Oil String Depth _____

Perf Interval (s) _____

Open Hole Interval _____ Producing Formation (s) _____

RESULTS OF WORKOVER:	BEFORE	AFTER
Date of Test	_____	_____
Oil Production, bbls. per day	_____	_____
Gas Production, Mcf per day	_____	_____
Water Production, bbls. per day	_____	_____
Gas-Oil Ratio, cu. ft. per bbl.	_____	_____
Gas Well Potential, Mcf per day	_____	_____
Witnessed by _____		
	(Company)	

OIL CONSERVATION COMMISSION

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

Name _____ Title _____ Position District Engineer Company Texas Pacific Coal & Oil Company

Name _____ Title _____ Position _____ Company _____

Date _____

NEW MEXICO OIL CONSERVATION COMMISSION
MISCELLANEOUS REPORTS ON WELLS
(Submit to appropriate District Office as per Commission Rule 1106)

COMPANY Texas Pacific Coal & Oil Company P. O. Box 1688 Hobbs, New Mexico
(Address)

LEASE State "T" WELL NO. 2 ~~UNIT~~ ^{LOT 12} S 6 T 16S R 36E
DATE WORK PERFORMED 8-27-57 POOL Townsend - Wolfcamp

This is a Report of: (Check appropriate block) Results of Test of Casing Shut-off
 Beginning Drilling Operations Remedial Work
 Plugging Other _____

Detailed account of work done, nature and quantity of materials used and results obtained.

Spudded in at 4:00 P.M., August 27, 1957 to a T.D. of 373'.
Ran 11 jts. (378.94') of 13-3/8" - 48# H-40 SRd Thrd. Sals. Casing and set at 371' w/400 sxs of Regular Neat Cement. Plug down at 6:00 A.M., August 27, 1957. Circulated 10 sxs cement. Left 20' cement in pipe. Guide shoe on bottom. Tested pipe before and after drilling cement plug with 500# for 30 minutes. Tested O.K.

FILL IN BELOW FOR REMEDIAL WORK REPORTS ONLY

Original Well Data:
DF Elev. _____ TD _____ PBD _____ Prod. Int. _____ Compl Date _____
Tbng. Dia _____ Tbng Depth _____ Oil String Dia _____ Oil String Depth _____
Perf Interval (s) _____
Open Hole Interval _____ Producing Formation (s) _____

RESULTS OF WORKOVER:	BEFORE	AFTER
Date of Test	_____	_____
Oil Production, bbls. per day	_____	_____
Gas Production, Mcf per day	_____	_____
Water Production, bbls. per day	_____	_____
Gas-Oil Ratio, cu. ft. per bbl.	_____	_____
Gas Well Potential, Mcf per day	_____	_____
Witnessed by _____		
	(Company)	

OIL CONSERVATION COMMISSION
Name [Signature]
Title _____
Date _____

I hereby certify that the information given above is true and complete to the best of my knowledge.
Name [Signature]
Position District Engineer
Company Texas Pacific Coal & Oil Company

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

Data 8-101
 Revised 12/2/57
FILED

NOTICE OF INTENTION TO DRILL

Notice must be given to the District Office of the Oil Conservation Commission and approval obtained before drilling or recompletion begins. If changes in the proposed plan are considered advisable, a copy of this notice showing such changes will be returned to the sender. Submit this notice in QUINTUPLICATE. One copy will be returned following approval. See additional instructions in Rules and Regulations of the Commission. If State Land submit 6 Copies Attach Form G-128 in triplicate to first 3 copies of form G-101

Fort Worth, Texas
 (Place)

August 20, 1957
 (Date)

OIL CONSERVATION COMMISSION
 SANTA FE, NEW MEXICO

Gentlemen:

You are hereby notified that it is our intention to commence the Drilling of a well to be known as
TEXAS PACIFIC COAL AND OIL COMPANY

(Company or Operator)
State of New Mexico "WT", Well No. **2**, in **Lot 12** (Unit) The well is located **4290** feet from the **West** line of Section **6**, T. **16-S**, R. **36-E**, NMPM. (GIVE LOCATION FROM SECTION LINE) **UNDERSIGNED** Pool, **Lee** County

D	C	B	A
E	F	G	H
L	K	J	I
M	N	O	P

If State Land the Oil and Gas Lease is No. **382**

If patented land the owner is.....

Address.....

We propose to drill well with drilling equipment as follows: **Rotary**

The status of plugging bond is..... **Required Bond on File**

Drilling Contractor..... **Cactus Drilling Corporation**

We intend to complete this well in the **Wolfcamp** formation at an approximate depth of **11,000'** feet.

CASING PROGRAM

We propose to use the following strings of Casing and to cement them as indicated:

Size of Hole	Size of Casing	Weight per Foot	New or Second Hand	Depth	Sacks Cement
17-1/4"	13-3/8"	48#	New	300'	300
12-1/4"	8-5/8"	28-32#	"	4,700'	2,000
7-7/8"	5-1/2"	17-20#	"	11,000'	3,000

If changes in the above plans become advisable we will notify you immediately.

ADDITIONAL INFORMATION (If recompletion give full details of proposed plan of work.)

Approved....., 19.....
 Except as follows:

OIL CONSERVATION COMMISSION

By.....

Sincerely yours,

TEXAS PACIFIC COAL AND OIL COMPANY
 (Company or Operator)

By.....

Position..... **Vice President, Production**
 Send Communications regarding well to

Name..... **J. R. Teague**

Address..... **P. O. Box 2110, Fort Worth 1, Texas**

NEW MEXICO OIL CONSERVATION COMMISSION
Well Location and Acreage Dedication Plat

Form C-128
 Revised 6/2/57
DUPLICATE

Section A.

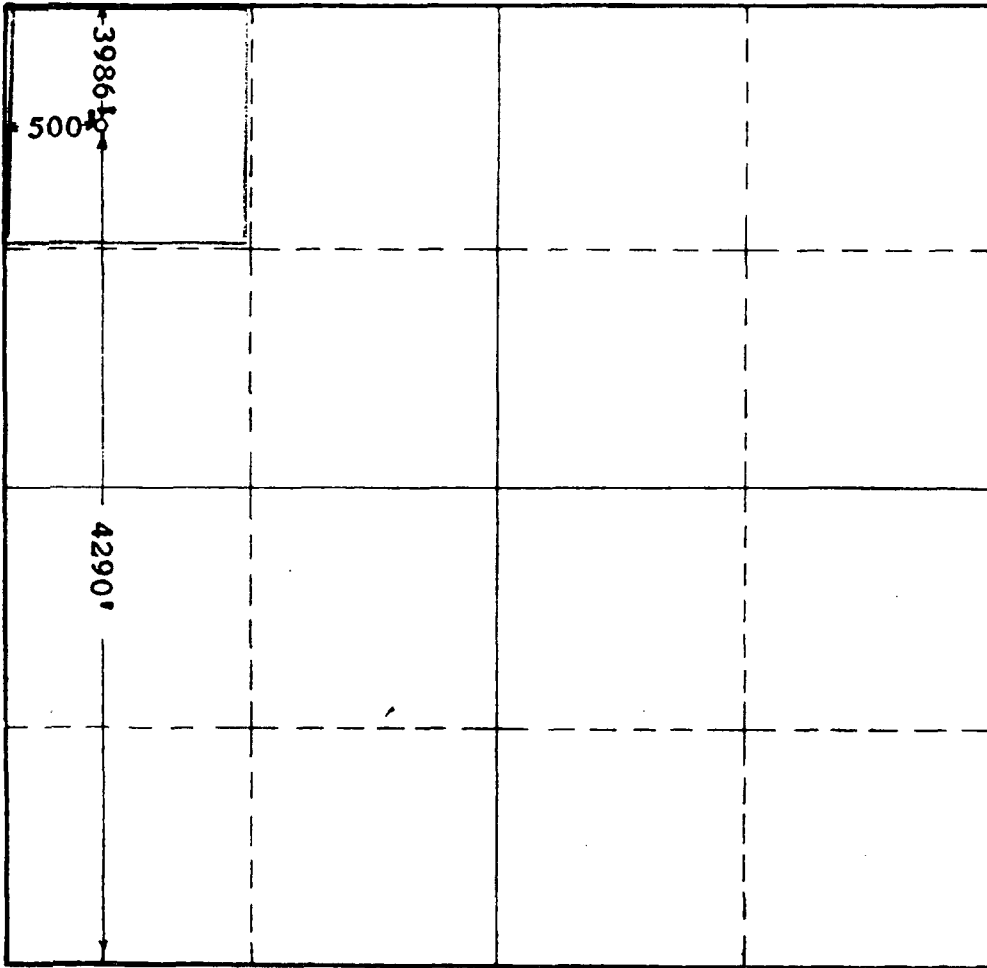
Date 8-20-1957

Operator Texas Pacific Coal & Oil Co. Lease State of New Mexico "T"
 Well No. 2 Unit Letter L Section 6 Township 16 South Range 36 East NMPM
 Located 500 Feet From West Line, 4290 Feet From South Line
 County Lea G. L. Elevation _____ Dedicated Acreage 36.71 Acres
 Name of Producing Formation Wolfcamp Pool Townsend

1. Is the Operator the only owner* in the dedicated acreage outlined on the plat below?
 Yes No _____.
2. If the answer to question one is "no," have the interests of all the owners been consolidated by communitization agreement or otherwise? Yes _____ No _____. If answer is "yes," Type of Consolidation _____
3. If the answer to question two is "no," list all the owners and their respective interests below:

<u>Owner</u>	<u>Land Description</u>

Section B



This is to certify that the information in Section A above is true and complete to the best of my knowledge and belief.

TEXAS PACIFIC COAL AND OIL CO.

(Operator)

J. E. Ingram (J. E. Ingram)
 (Representative)

P. O. Box 2110, Fort Worth 1, Tex
 Address

This is to certify that the well location shown on the plat in Section B was plotted from field notes of actual surveys made by me or under my supervision and that the same is true and correct to the best of my knowledge and belief.

Date Surveyed 8-21-1957

John W. West
 Registered Professional
 Engineer and/or Land Surveyor.

0 390 640 900 1150 1400 1650 1900 2110 2400 2000 1500 1000 500 0

Certificate No. 676

(See instructions for completing this form on the reverse side.)



NEW MEXICO ENERGY, MINERALS and NATURAL RESOURCES DEPARTMENT

GARY E. JOHNSON
Governor
Betty Rivera
Cabinet Secretary

Lori Wrotenbery
Director
Oil Conservation Division

ADMINISTRATIVE ORDER SWD-836

APPLICATION OF PRONGHORN MANAGEMENT CORPORATION FOR SALT WATER DISPOSAL, LEA COUNTY, NEW MEXICO.

ADMINISTRATIVE ORDER OF THE OIL CONSERVATION DIVISION

Under the provisions of Rule 701(B), Pronghorn Management Corporation made application to the New Mexico Oil Conservation Division on April 5, 2002, for permission to re-enter for produced water disposal its State "T" Well No. 2 (API No. 30-025-03735) located 4290 feet from the South line and 500 feet from the West line (Unit L) of Section 6, Township 16 South, Range 36 East, NMPM, Lea County, New Mexico.

THE DIVISION DIRECTOR FINDS THAT:

- (1) The application has been duly filed under the provisions of Rule 701(B) of the Division Rules and Regulations;
- (2) Satisfactory information has been provided that all offset operators and surface owners have been duly notified;
- (3) The applicant has presented satisfactory evidence that all requirements prescribed in Rule 701 will be met; and
- (4) No objections have been received within the waiting period prescribed by said rule.

IT IS THEREFORE ORDERED THAT:

Pronghorn Management Corporation is hereby authorized to re-enter its State "T" Well No. 2 (API No. 30-025-03735) located 4290 feet from the South line and 500 feet from the West line (Unit L) of Section 6, Township 16 South, Range 36 East, NMPM, Lea County, New Mexico, in such a manner as to permit the injection of produced water for disposal purposes into

the San Andres and Glorieta formations from a depth of 6000 feet to 6200 feet through 2 7/8 inch plastic-lined tubing set in a packer located approximately at 5950 feet.

IT IS FURTHER ORDERED THAT:

The operator shall take all steps necessary to ensure that the injected water enters only the proposed injection interval and is not permitted to escape to other formations or onto the surface.

Prior to perforating for injection, the following cementing operations must take place: Set a 5 ½ inch CIBP at 10500 feet, spot mud, then perforate above the current cement top at approximately 9762 feet and squeeze cement through perforations to the surface. Next, spot mud from the retainer to 6500 feet and set a cement plug inside the 5 ½ inch casing at 6500 feet. Wait on cement then run a CBL/CET from 6500 feet to the surface with pressure on the annulus and submit to the Hobbs District office for approval.

The casing shall be pressure tested from the surface to the packer setting depth to assure the integrity of said casing.

The casing-tubing annulus shall be loaded with an inert fluid and equipped with a pressure gauge at the surface or left open to the atmosphere to facilitate detection of leakage in the casing, tubing, or packer.

The injection well or system shall be equipped with a pressure limiting device which will limit the wellhead pressure on the injection well to no more than 1200 psi.

The Director of the Division may authorize an increase in injection pressure upon a proper showing by the operator of said well that such higher pressure will not result in migration of the injected fluid from the injection formation. Such proper showing shall consist of a valid step-rate test run in accordance with and acceptable to this office.

The operator shall notify the supervisor of the Hobbs District Office of the Division of the date and time of the installation of disposal equipment and of any mechanical integrity test so that the same may be inspected and witnessed.

The operator shall immediately notify the supervisor of the Hobbs District Office of the Division of the failure of the tubing, casing, or packer in said well and shall take such steps as

*Administrative Order SWD-836
Pronghorn Management Corporation
April 30, 2002
Page 3*

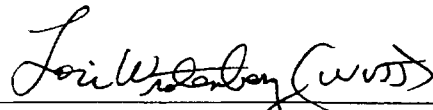
may be timely and necessary to correct such failure or leakage.

PROVIDED FURTHER THAT, jurisdiction is retained by the Division for the entry of such further orders as may be necessary for the prevention of waste and/or protection of correlative rights or upon failure of the operator to conduct operations (1) to protect fresh water or (2) consistent with the requirements in this order, whereupon the Division may, after notice and hearing, terminate the injection authority granted herein.

The operator shall submit monthly reports of the disposal operations on Division Form C-115, in accordance with Rule Nos. 706 and 1120 of the Division Rules and Regulations.

The injection authority granted herein shall terminate one year after the effective date of this order if the operator has not commenced injection operations into the subject well, provided however, the Division, upon written request by the operator, may grant an extension thereof for good cause shown.

Approved at Santa Fe, New Mexico, on this 30th day of April 2002.



LORI WROTENBERY, Director

LW/WVJ

cc: Oil Conservation Division – Hobbs



NEW MEXICO ENERGY, MINERALS and NATURAL RESOURCES DEPARTMENT

GARY E. JOHNSON
Governor
Betty Rivera
Cabinet Secretary

Lori Wrotenbery
Director
Oil Conservation Division

July 9, 2002

Mr. G. A. Baber
Pronghorn Management Corporation
PO Box 1772
Hobbs, New Mexico 88241

RE: ADMINISTRATIVE ORDER SWD-836

Dear Mr. Baber:

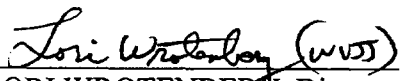
Under the provisions of Rule 701(B), Pronghorn Management Corporation made application to the New Mexico Oil Conservation Division on April 5, 2002, for permission to re-enter for produced water disposal its State "T" Well No. 2 (API No. 30-025-03735) located 4290 feet from the South line and 500 feet from the West line, NW/4 SW/4, Section 6, Township 16 South, Range 36 East, NMPM, Lea County, New Mexico.

After the 15-day waiting period, the Division issued Administrative Order SWD-836 approving this application.

Since then, it has come to our attention that one offset leaseholder was not contacted concurrently with the others and therefore had an extended date to file an objection. That party did in fact file objection with the Division on June 28th.

Since valid objection has been received, Administrative Order SWD-836 issued April 30th 2002, is hereby suspended and this case shall be set to hearing at the first available docket which is August 1st 2002.

Sincerely


LORI WROTENBERY, Director

LW/WVJ

cc: Oil Conservation Division – Hobbs
James Bruce Attorney at Law for DKD, L.L.C.
Files: SWD-836

PKR V0209828660

SWD

4/20/02

STATE OF NEW MEXICO ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT

Oil Conservation Division 1220 South St. Francis Dr.
FORM C-108 Revised 4-1-98

Santa Fe, New Mexico 87505

APPLICATION FOR AUTHORIZATION TO INJECT

I. PURPOSE: Secondary Recovery Pressure Maintenance
X Disposal Storage
Application qualifies for administrative approval? X Yes No

II. OPERATOR: Pronghorn Management Corp.

ADDRESS: P.O. Box 1772 Hobbs N.M. 88241

CONTACT PARTY: G.A. Baber 505-393-9176 PHONE: 370-3233M APR - 5 2002

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

IV. Is this an expansion of an existing project? Yes X No
If yes, give the Division order number authorizing the project:

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

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

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

*VIII. Attach appropriate geologic data on the injection zone including appropriate lithologic detail, geologic 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 sources 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 sources of drinking water.
- XIII. Applicants must complete the "Proof of Notice" section on the reverse side of this form.
- XIV. Certification: I hereby certify that the information submitted with this application is true and correct to the best of my knowledge and belief.

NAME: G.A. Baber Partner TITLE:

SIGNATURE: G.A. Baber 4/5/2002 DATE:

- * If the information required under Sections VI, VII, VIII and XI above has been previously submitted, it need not be resubmitted. Please show the date and circumstances of the earlier submittal: When Drilled

DISTRIBUTION: Original and one copy to Santa Fe with one copy to the appropriate District Office

INJECTION WELL DATA SHEET

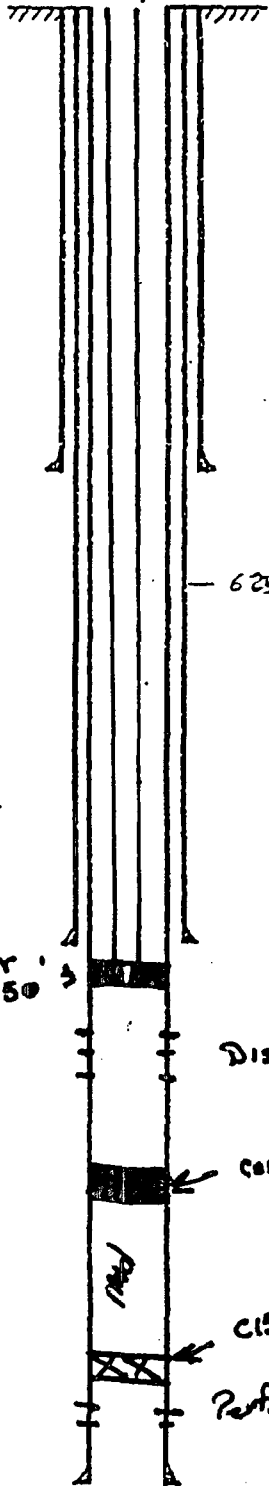
Tubing Size: 2 3/4" Lining Material: IPC
 Type of Packer: Baker Model "R"
 Packer Setting Depth: 5950
 Other Type of Tubing/Casing Seal (if applicable): NONE

Additional Data

1. Is this a new well drilled for injection? Yes No
 If no, for what purpose was the well originally drilled?
oil well
2. Name of the Injection Formation: San Andres / Glorietta
3. Name of Field or Pool (if applicable): Townsend
4. Has the well ever been perforated in any other zone(s)? List all such perforated intervals and give plugging detail, i.e. sacks of cement or plug(s) used.
Wellcamp 10583 to 10647; CIRP and cement will be put above perf.
5. Give the name and depths of any oil or gas zones underlying or overlying the proposed injection zone in this area:
Grayburg at approximately 3800'
Paddock at approximately 6800'

Pronghorn State T # 2

← 2 7/8" IPC Tubing



70 12,533

13 3/8 " casing set at 371 ' with 400 sx of C cement
Hole size 17 1/4 " circ

625' TOC

9 5/8 " casing set at 4749 ' with 1352 sx of C cement
Hole size 12 1/4 " TOC 625

PKR 5950

Disposal Zone 6000 - 6200 - plan to circulate cement on 5 1/2

← cement plug 6500

1200 PSI

CISP at 10500
Perfs 10593 to 10647

5 1/2 " casing set at 10679 ' with 300 sx of C cement

Total depth 10692 ' Hole size 7 3/8 " TOC 9762

INJECTION WELL DATA SHEET

OPERATOR: Pronghorn Management Corp

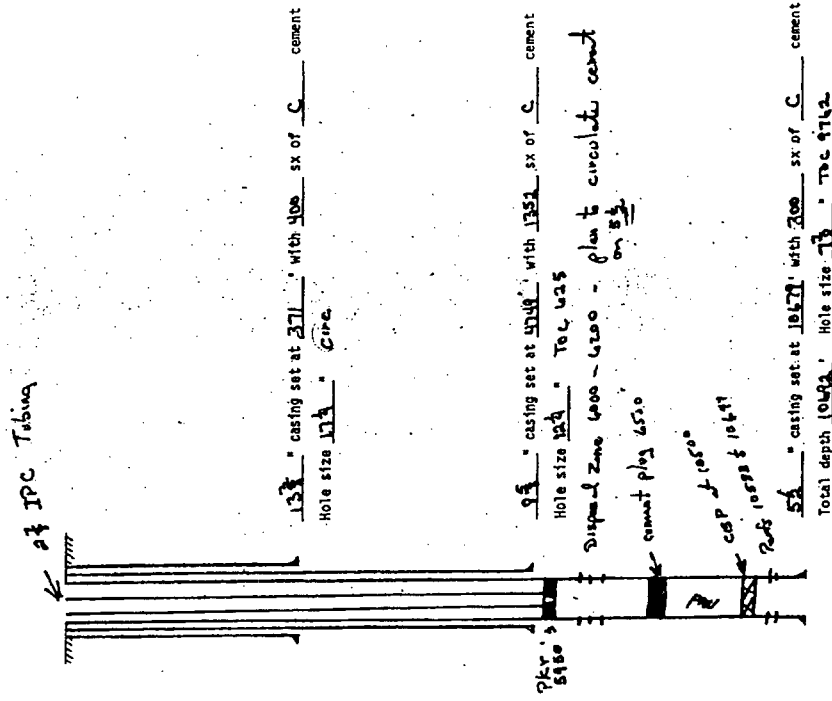
WELL NAME & NUMBER: State T # 2 (30-025-03735)

WELL LOCATION: 4290
500/12

UNIT LETTER: L SECTION: 6 TOWNSHIP: 16 RANGE: 36

FOOTAGE LOCATION

WELLBORE SCHEMATIC



WELL CONSTRUCTION DATA

Surface Casing

Hole Size: 17 1/4" Casing Size: 13 3/8"

Cemented with: 400 sx Method Determined: cement to surface

Top of Cement: Circ Method Determined: cement to surface

Intermediate Casing

Hole Size: 12 1/4" Casing Size: 8 5/8"

Cemented with: 1352 Method Determined: TS

Top of Cement: 425 Method Determined: TS

Production Casing

Hole Size: 7 7/8" Casing Size: 5 1/2"

Cemented with: 300 Method Determined: TS

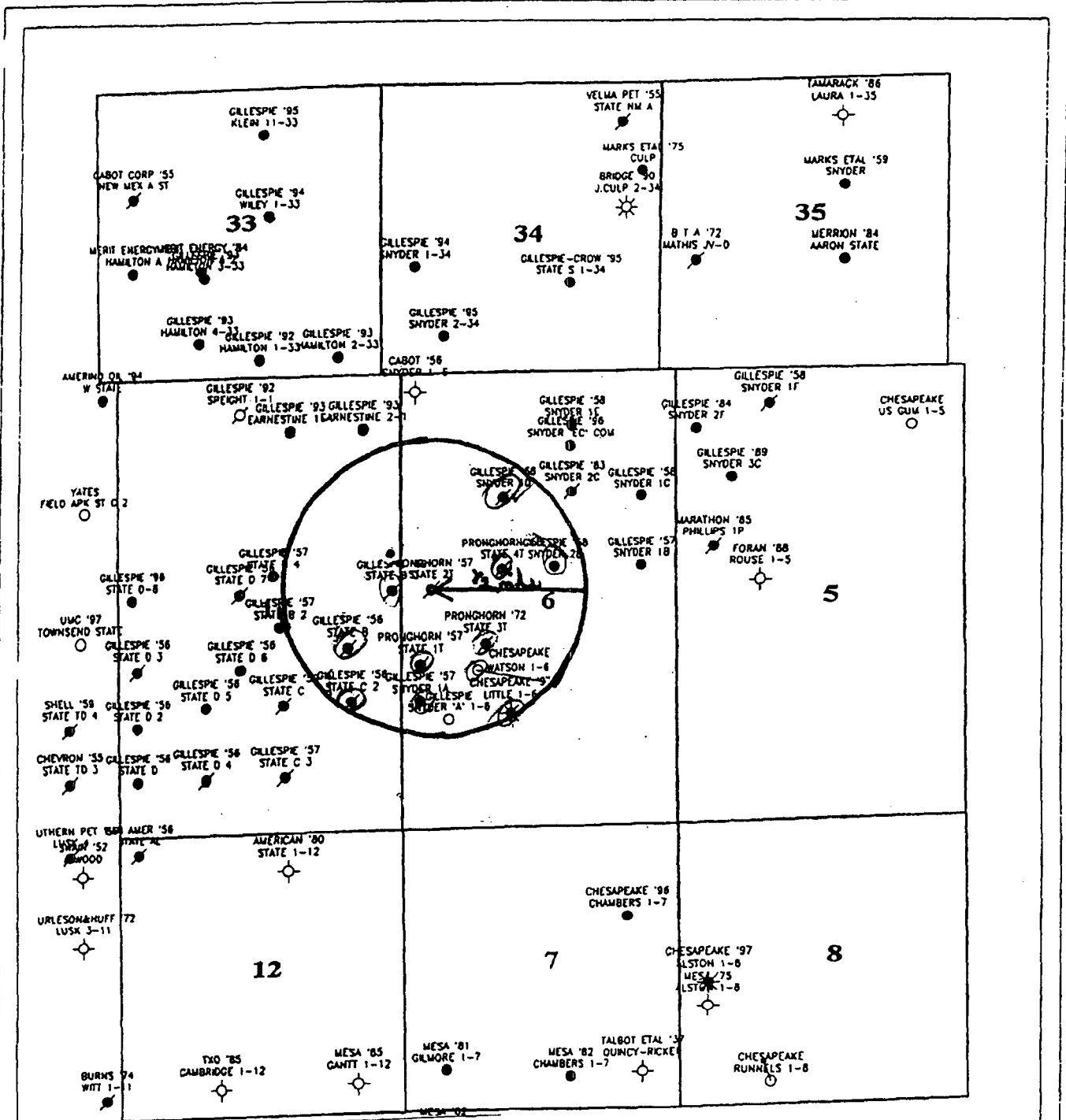
Top of Cement: 9762 Method Determined: TS

Total Depth: _____

Injection Interval: _____

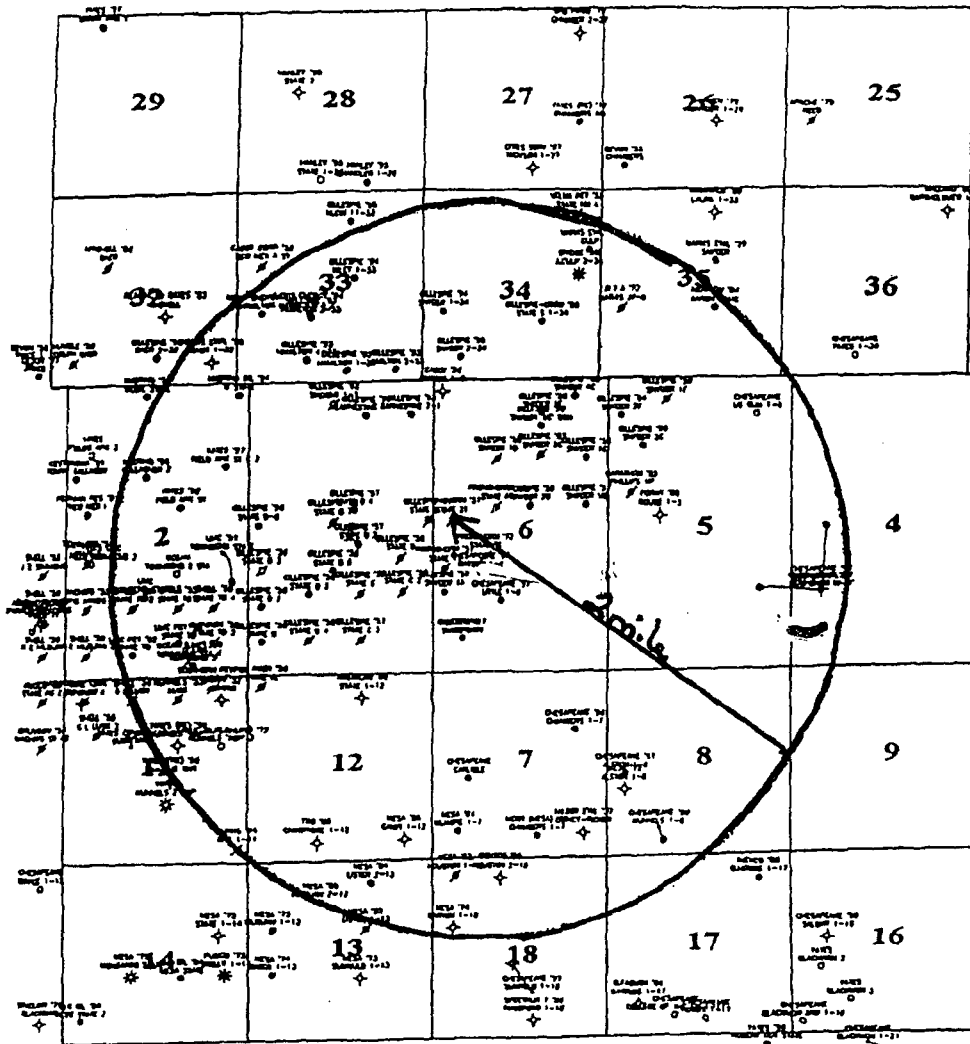
6000 feet to 6200

(Perforated or Open Hole; indicate which)



Pronghorn
 State T #2
 L-6-16-36





Pronghorn
 State T #2
 L-6-16-36





PHONE (915) 873-7001 • 2111 BEECHWOOD • ABILENE, TX 79603

PHONE (505) 393-2326 • 101 E. MARLAND • HOBBS, NM 88240

ANALYTICAL RESULTS FOR
 EDDIE SEAY CONSULTING
 ATTN: EDDIE SEAY
 601 W. ILLINOIS
 HOBBS, NM 88242
 FAX TO:

Receiving Date: 02/27/02
 Reporting Date: 03/01/02
 Project Number: NOT GIVEN
 Project Name: WATSON 6
 Project Location: LOVINGTON, NM

Sampling Date: 02/27/02
 Sample Type: GROUNDWATER ✓
 Sample Condition: COOL & INTACT
 Sample Received By: BC
 Analyzed By: HM

LAB NUMBER SAMPLE ID	P-Alkalinity (mg/L)	T-Alkalinity (mg/L)	Hardness (mg/L)	Chloride (mg/L)	Sulfates (mg/L)	pH (s.u.)
ANALYSIS DATE	02/28/02	02/28/02	02/28/02	02/28/02	02/28/02	02/28/02
H6551-1 SECT 6 MILL	0	173	240	48	80	7.51
Quality Control	NR	NR	48	1040	52.66	7.08
True Value QC	NR	NR	50	1000	50.00	7.00
% Accuracy	NR	NR	96.0	104	105	101
Relative Percent Difference	NR	NR	1.2	2.0	0.6	0.1

METHODS: EPA 600/4-79-02	-	-	130.2	325.3	375.4	150.1
Standard Method	2320 B	2320 B	-	-	-	-

LAB NUMBER SAMPLE ID	Hydroxides (mg/L)	Carbonates (mg/L)	Bicarbonates (mg/L)	Conductivity (umhos/cm)	TDS (mg/L)
ANALYSIS DATE	02/28/02	02/28/02	02/28/02	02/28/02	02/28/02
H6551-1 SECT 6 MILL	0	0	211	621	427
Quality Control	NR	NR	975	1489	NR
True Value QC	NR	NR	1000	1413	NR
% Accuracy	NR	NR	97.5	105	NR
Relative Percent Difference	NR	NR	2.7	0.3	5.1

METHODS: EPA 600/4-79-02	-	-	-	120.1	160.1
Standard Method	2320 B	2320 B	2320 B	-	-

Amy Hill
 Chemist

3-1-02
 Date

PLEASE NOTE: Liability and Damages. Cardinal's liability and client's exclusive remedy for any claim arising, whether based in contract or tort, shall be limited to the amount paid by client for analyses. All claims, including those for negligence and any other cause whatsoever shall be deemed waived unless made in writing and received by Cardinal within thirty (30) days after completion of the applicable service. In no event shall Cardinal be liable for incidental or consequential damages, including, without limitation, business interruptions, loss of use, or loss of profits incurred by client, its subsidiaries, affiliates or successors arising out of or related to the performance of services hereunder by Cardinal, regardless of whether such claim is based upon any of the above-stated reasons or otherwise.

<u>POOL</u>	<u>LOCATION</u>	<u>CHLORIDES</u>
Dean Permo Pennsylvanian	↓ 5-16-37	44,730
Dean Devonian	↓ 35-15-36	19,525
Denton Wolfcamp	↓ 2-15-37	37,275
Denton Devonian	↓ 26-14-37	37,062
South Denton Wolfcamp	↓ 26-15-37	54,315
South Denton Devonian	↓ 36-15-37	34,080
Medicine Rock Devonian	↓ 15-15-38	39,760
Little Lucky Lake Devonian	↓ 29-15-30	23,288
Wantz Abo	↓ 26-21-37	132,770
Crosby Devonian	↓ 18-25-37	58,220
Scarborough Yates Seven Rivers	↓ 7-26-37	3,443 (Reef)
Teague Simpson	↓ 34-23-37	114,665
Teague Ellenburger	↓ 34-23-37	120,345
Rhodes Yates Seven Rivers	↓ 27-26-37	144,485
House San Andres	↓ 11-20-38	93,365
House Drinkard	↓ 12-20-38	49,700
South Leonard Queen	↓ 24-26-37	115,375
Elliott Abo	↓ 8-21-38	55,380
Scharb Bone Springs	↓ 5-19-35	30,601
EK Queen	↓ 13-18-34	41,890
East EK Queen	↓ 22-18-34	179,630
Maljamar Grayburg San Andres	↓ 22-17-32	46,079
Maljamar Paddock	↓ 27-17-32	115,375
Maljamar Devonian	↓ 22-17-32	25,418
Salt Lake Yates	↓ 7-20-33	6,781 (Reef)
Teas Yates Seven Rivers	↓ 11-20-33	22,152 (Reef?)

<u>POOL</u>	<u>LOCATION</u>	<u>CHLORIDES</u>
North Justis Montoya	↘ 2-25-37	45,440
North Justis McKee	↘ 2-25-37	58,220
North Justis Fusselman	↘ 2-25-37	68,533
North Justis Ellenburger	↘ 2-25-37	34,151
Fowler Blinebry	↘ 22-24-37	116,085
Skaggs Grayburg	↘ 18-20-38	84,845
Warren McKee	↘ 18-20-38	85,910
Warren Abo	↘ 19-20-39	91,600
DK Drinkard	↘ 30-20-39	106,855
Littman San Andres	↘ 8-21-38	38,695
East Hobbs Grayburg	↘ 29-18-39	6,461
Halfway Yates	↘ 16-20-32	14,768
Arkansas Junction San Andres	↘ 12-18-36	7,171
Pearl Queen	↘ 28-19-35	114,310
Midway Abo	↘ 17-17-37	36,494
Lovington Abo	↘ 31-16-37	22,933
Lovington San Andres	↘ 3-16-37	4,899
Lovington Paddock	↘ 31-16-37	93,720
West Lovington San Andres	--	65,320
Mesa Queen	↘ 17-16-32	172,530
Kemnitz Wolfcamp	↘ 27-16-34	49,345
Hume Queen	↘ 9-16-34	124,960
Anderson Ranch Wolfcamp	↘ 2-16-32	11,040
Anderson Ranch Devonian	↘ 11-16-32	25,702
Anderson Ranch Unit	- 11-16-32	23,785
Caudill Devonian	↘ 9-15-36	20,874
Townsend Wolfcamp	↘ 6-16-36	38,695

INSTRUCTIONS

This form is to be filed with the appropriate District Office of the Division not later than 20 days after the completion of any newly-drilled or deepened well. It shall be accompanied by one copy of all electrical and radio-activity logs run on the well and a summary of all specific tests conducted, including drill stem tests. All depths reported shall be measured depths. In the case of directionally drilled wells, true vertical depths shall also be reported. For multiple completions, Items 25 through 29 shall be reported for each zone. The form is to be filed in quintuplicate except on state land, where six copies are required. See Rule 1105.

INDICATE FORMATION TOPS IN CONFORMANCE WITH GEOGRAPHICAL SECTION OF STATE

Southeastern New Mexico

Northwestern New Mexico

T. Anhy _____ 1914.0	T. Canyon _____	T. Ojo Alamo _____	T. Penn. "B" _____
T. Salt _____ 2038.0	T. Strawn _____ 11436.0	T. Kirtland-Fruitland _____	T. Penn. "C" _____
B. Salt _____	T. Atoka _____ 11642.0	T. Pictured Cliffs _____	T. Penn. "D" _____
T. Yates _____ 3117.0	T. Miss _____	T. Cliff House _____	T. Leadville _____
T. 7 Rivers _____	T. Devonian _____	T. Menefee _____	T. Madison _____
T. Queen _____	T. Silurian _____	T. Point Lookout _____	T. Elbert _____
T. Grayburg _____	T. Montoya _____	T. Mancos _____	T. McCracken _____
T. San Andres _____ 4668.0	T. Simpson _____	T. Gallup _____	T. Ignacio Otzte _____
T. Glorieta _____ 6224.0	T. McKee _____	Base Greenhorn _____	T. Granite _____
T. Paddock _____	T. Ellenburger _____	T. Dakota _____	T. _____
T. Blinebry _____	T. Gr. Wash _____	T. Morrison _____	T. _____
T. Tubb _____ 7488.0	T. Delaware Sand _____	T. Todilto _____	T. _____
T. Drinkard _____	T. Bone Springs _____	T. Entrada _____	T. _____
T. Abo _____ 8218.0	T. _____	T. Wingate _____	T. _____
T. Wolfcamp _____ 9689.0	T. _____	T. Chinle _____	T. _____
T. Penn _____	T. _____	T. Permian _____	T. _____
T. Cisco (Bough C) _____	T. _____	T. Penn. "A" _____	T. _____

OIL OR GAS SANDS OR ZONES

No. 1, from 11452 to 11477 No. 3, from to
 No. 2, from to No. 4, from to

IMPORTANT WATER SANDS

Include data on rate of water inflow and elevation to which water rose in hole.

No. 1, from to ... feet
 No. 2, from to ... feet
 No. 3, from to ... feet

LITHOLOGY RECORD (Attach additional sheet if necessary)

From	To	Thickness in Feet	Lithology	From	To	Thickness in Feet	Lithology
0.0	398.0	398.0	Sand gravel/caliche				
398.0	1914.0	1516.0	Red beds				
1914.0	3117.0	1203.0	Anhydrite & salt				
3117.0	4668.0	1551.0	Sand, Dolomite & Anhydrite				
4668.0	6224.0	1556.0	Dolomite				
6224.0	8218.0	1994.0	Sand & Dolomite				
8218.0	9689.0	1471.0	Dolomite & Shale				
9689.0	11800.0	2111.0	Limestone, Shale, Chert and san				

PRONGHORN MANAGEMENT CORP.

**Box 1772
Hobbs, NM 88241
(505)393-9176**

April 3, 2002

RE: State T #2
Unit L, Sect. 6, Tws. 16 S., Rng. 36 E.

Dear Sir:

In accordance with the rules and regulations of the Oil Conservation Division of the State of New Mexico, you are being provided a copy of the C-108 Application for Authorization to Inject, in the above mentioned well.

Any questions about the permit can be directed to G.A. Baber, (505)393-9176. Any objections or request for hearing must be filed with the Oil Conservation Division within fifteen (15) days from the date received. The OCD address is P.O. Box 6429, 1220 S. Saint Francis Drive, Santa Fe, NM 87504, (505)476-3440.

Thank you,

G.A. Baber

LIST OF LANDOWNERS & OFFSET OPERATORS

LANDOWNER

State Land Office
310 Old Santa Fe Trail
Box 1148
Santa Fe, NM 87504-1148

OFFSET OPERATORS

Chesapeake Operating, Inc.
P.O. Box 18496
Oklahoma City, OK 73154-0496

Charles B. Gillespie, Jr.
Box 8, 500 W. Texas, Ste. 890
Midland, TX 79701

Pronghorn Management Corporation
Box 1772
Hobbs, NM 88241

Energen Resources Corporation
2198 Bloomfield Hwy.
Farmington, NM 87402

7001 2510 0007 2764 9067

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only. No Insurance Coverage Provided)

OFFICIAL USE
 FARMINGTON, NM 87402

Postage	\$ 1.72	UNIT ID: 0640
Certified Fee	2.10	
Return Receipt Fee (Endorsement Required)	1.50	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ 5.32	

Postmark Here
 HOBS, NM
 APR
 Clerk: KTX3MN
 04/02/02

Sent To **Energen Resources Corp.**
 2198 Bloomfield Hwy.
 Farmington, NM 87402

Street, Apt. No., or PO Box No.
 City, State, ZIP+4

Reverse for Instructions

7001 2510 0007 2764 9050

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only. No Insurance Coverage Provided)

OFFICIAL USE
 HOBBS, NM 88241

Postage	\$ 1.72	UNIT ID: 0640
Certified Fee	2.10	
Return Receipt Fee (Endorsement Required)	1.50	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ 5.32	

Postmark Here
 HOBS, NM 88241
 APR
 Clerk: KTX3MN
 04/02/02

Sent To **Pronghorn Management Corp.**
 Box 1772
 Hobbs, NM 88241

Street, Apt. No., or PO Box No.
 City, State, ZIP+4

Reverse for Instructions

7001 2510 0007 2764 9036

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only. No Insurance Coverage Provided)

OFFICIAL USE
 OKLAHOMA CITY, OK 73154

Postage	\$ 1.72	UNIT ID: 0640
Certified Fee	2.10	
Return Receipt Fee (Endorsement Required)	1.50	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ 5.32	

Postmark Here
 HOBS, NM
 APR
 Clerk: KTX3MN
 04/02/02

Sent To **Chesapeake Operating, Inc.**
 P.O. Box 18496
 Oklahoma City, OK 73154-0496

Street, Apt. No., or PO Box No.
 City, State, ZIP+4

Reverse for Instructions

7001 2510 0007 2764 9043

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only. No Insurance Coverage Provided)

OFFICIAL USE
 MIDLAND, TX 79701

Postage	\$ 1.72	UNIT ID: 0640
Certified Fee	2.10	
Return Receipt Fee (Endorsement Required)	1.50	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ 5.32	

Postmark Here
 HOBS, NM
 APR
 Clerk: KTX3MN
 04/02/02

Sent To **Charles B. Gillespie, Jr.**
 Box 8, 500 W. Texas Ste. 890
 Midland, TX 79701

Street, Apt. No., or PO Box No.
 City, State, ZIP+4

Reverse for Instructions

7001 2510 0007 2764 9029

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only. No Insurance Coverage Provided)

OFFICIAL USE
 SANTA FE, NM 87504

Postage	\$ 1.72	UNIT ID: 0640
Certified Fee	2.10	
Return Receipt Fee (Endorsement Required)	1.50	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ 5.32	

Postmark Here
 HOBS, NM
 APR
 Clerk: KTX3MN
 04/02/02

Sent To **State Land Office**
 Box 1148
 Santa Fe, NM 87504-1148

Street, Apt. No., or PO Box No.
 City, State, ZIP+4

Reverse for Instructions

LEGAL NOTICE

Pursuant to the rules and regulations of the Oil Conservation Division of the State of New Mexico, Pronghorn Management Corp., P.O. Box 1772, Hobbs, NM 88241, is filing application for a commercial salt water disposal. The well being applied for is the State "T", well #2, located in Unit L, 4290/FSL and 500/FWL in Section 6, Township 16 S., Range 36 E., Lea Co., New Mexico. The injection formation is the San Andres and Glorieta from 6000' to 6200' below the surface. Expected maximum rate of injection will be 1500 bls. per day and the expected maximum injection pressure will be 1000 psi. Any questions about the application can be directed to Eddie W. Seay, (505)392-2236, or any objections or request for hearing must be directed to the Oil Conservation Division, (505)476-3440, Box 6429, 1220 South Saint Francis Drive, Santa Fe, New Mexico 87504, within fifteen (15) days.

Affidavit of Publication

STATE OF NEW MEXICO)
) ss.
COUNTY OF LEA)

Joyce Clemens being first duly sworn on oath deposes and says that she is Advertising Director of **THE LOVINGTON DAILY LEADER**, a daily newspaper of general paid circulation published in the English language at Lovington, Lea County, New Mexico; that said newspaper has been so published in such county continuously and uninterruptedly for a period in excess of Twenty-six (26) consecutive weeks next prior to the first publication of the notice hereto attached as hereinafter shown; and that said newspaper is in all things duly qualified to publish legal notices within the meaning of Chapter 167 of the 1937 Session Laws of the State of New Mexico.

That the notice which is hereto attached, entitled

Legal Notice

was published in a regular and entire issue of **THE LOVINGTON DAILY LEADER** and not in any supplement thereof, for one (1) day, beginning with the issue of March 26, 2002 and ending with the issue of March 26, 2002.

And that the cost of publishing said notice is the sum of \$18.68 which sum has been (Paid) as Court Costs.

Joyce Clemens

Subscribed and sworn to before me this 26th day of March 2002

Debbie Schilling

Debbie Schilling
Notary Public, Lea County, New Mexico
My Commission Expires June 22, 2002

LEGAL NOTICE

Pursuant to the rules and regulations of the Oil Conservation Division of the State of New Mexico, Pronghorn Management Corp., P.O. Box 1772, Hobbs, NM 88241, is filing application for a commercial salt water disposal. The well being applied for is the State "T", well #2, located in Unit L, 4290/FSL and 500/FWL in Section 6, Township 16 S., Range 36 E., Lea Co., New Mexico. The injection formation is the San Andrés and Glorieta from

6000' to 6200' below the surface. Expected maximum rate of injection will be 1500 bls. per day and the expected maximum injection pressure will be 1000 psi. Any questions about the application can be directed to Eddie W. Seay, (505) 392-2236, or any objections or request for hearing must be directed to the Oil Conservation Division, (505) 476-3440, Box 6429, 1220 South Saint Francis Drive, Santa Fe, New Mexico 87504, within fifteen (15) days.

Published in the Lovington Daily Leader March 26, 2002.

New Mexico Office of the State Engineer
Well Reports and Downloads

Township: **16S** Range: **36E** Sections: **6**

NAD27 X: Y: Zone: Search Radius:

County: Basin: Number: Suffix:

Owner Name: (First) (Last) Non-Domestic Domestic All

Well / Surface Data Report

Avg Depth to Water Report

Water Column Report

[Clear Form](#)

[WATERS Menu](#)

[Help](#)

WELL / SURFACE DATA REPORT 02/27/2002

DB File Nbr	Use	Diversions	Owner	Well Number	Source	Tw	Ring	Sec	q	q	q	q	X	Y	are in Feet	UTM Zone	are in M
L 03104	PRO	3	WARREN & BRADSHAW EXPLORATION	L 03104	Shallow	16S	36E	06	1							T3	6
L 03697	PRO	3	CACTUS DRILLING CORP.	L 03697	Shallow	16S	36E	06	1							T3	6
L 03773	PRO	3	CACTUS DRILLING CORP.	L 03773	Shallow	16S	36E	06	3							T3	6
L 03797	DOM	3	W.M. SNYDER	L 03797	Shallow	16S	36E	06								T3	6
L 03862	PRO	3	FIRST BLACK STOCK	L 03862	Shallow	16S	36E	06								T3	6
L 06206	DOM	3	CLARENCE EUGENE LUCE	L 06206	Shallow	16S	36E	06	3							T3	6
L 07110	DOM	3	MELVIN J. DICKERSON	L 07110	Shallow	16S	36E	06	3							T3	6
L 07187	DOM	3	LARRY WHITE	L 07187	Shallow	16S	36E	06	3							T3	6
L 07313	DOM	3	LARRY L. WHITE	L 07313	Shallow	16S	36E	06	3							T3	6
L 07430	DOM	3	GILBERT ARREOLA	L 07430	Shallow	16S	36E	06	3							T3	6
L 08466	DOM	3	EMPIRE DRILLING COMPANY	L 08466	Shallow	16S	36E	06	3							T3	6
L 09962	DOM	3	JOSE M. MORENO	L 09962	Shallow	16S	36E	06	3							T3	6
L 10024	DOM	3	LUPE F. MORENO	L 10024	Shallow	16S	36E	06								T3	6
L 10577	DOM	3	ORBIT ENTERPRISES INC	L 10577	Shallow	16S	36E	06	3							T3	6
L 10628	DOM	3	LITTLE BILLY E AND MARSHA R	L 10628	Shallow	16S	36E	06	3							T3	6
L 10657	PRO	0	CHESAPEAKE OPERATING	L 10657	Shallow	16S	36E	06	3							T3	6
L 10705	PRO	0	CHARLES B JR GILLESPIE	L 10705	Shallow	16S	36E	06	3							T3	6
L 10733	PRO	0	PATERSON DRILLING COMPANY	L 10733	Shallow	16S	36E	06	3							T3	6
L 10752	PRO	0	GILLESPIE OIL COMPANY	L 10752	Shallow	16S	36E	06	3							T3	6
L 11149	DOM	3	CARROLL W. BELLAR	L 11149	Shallow	16S	36E	06	1							T3	6

Record Count: 25

Handwritten note: 1 to 14 of 25 wells

New Mexico Office of the State Engineer
Well Reports and Downloads

Township: Range: Sections:

NAD27 X: Y: Zone: Search Radius:

County: Basin: Number: Suffix:

Owner Name: (First) (Last) Non-Domestic Domestic All

[Well / Surface Data Report](#)

[Avg Depth to Water Report](#)

[Water Column Report](#)

[Clear Form](#)

[WATERS Menu](#)

[Help](#)

AVERAGE DEPTH OF WATER REPORT 02/27/2002

Bsn	Tws	Rng	Sec	Zone	X	Y	Wells	(Depth Water in Feet)		
								Min	Max	Avg
L	16S	36E	06				20	40	65	56

Record Count: 20

ATTACHMENT TO APPLICATION C-108

State T #2
Unit L, Sect. 6, T. 16 S., R. 36 E.
Lea Co., NM

- III. Well data information sheets attached.
- IV. No
- V. Map attached.
- VI. List of wells and data attached.
- VII. Proposed Operation
 - 1) Average daily injection volume is 1500 bls. per day.
 - 2) Closed system.
 - 3) The average injection pressure is 500 psig with a maximum injection pressure of 1000 psig.
 - 4) Produced water from the area, see attached water analysis.
 - 5) Attached analysis.
- VIII. The proposed disposal formation is interbedded shale and limestone. The primary geologic name is the San Andres and Glorieta formation which we plan to inject from approximately 6000' to 6200'. The fresh water formation in this area is the Ogallala which ranges in thickness from top of H2O at 60' to the base of the fresh water at 240'.
- IX. Acid as needed.
- X. Previously submitted.
- XI. Attached.
- XII. I, G.A. Baber, 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 pertaining to this well.



Signature


Date

XIII. Proof of Notices attached.

XIV. Signed application.

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

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

OIL CONSERVATION DIVISION

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

WELL API NO.	30-025-02705
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	E-9117

SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)	
1. Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Lease Name or Unit Agreement Name State C
2. Name of Operator Charles B Gillespie, Jr.	8. Well No. 2
3. Address of Operator P.O. Box 8 Midland, Tx. 79702	9. Pool name or Wildcat Townsend Permian Upper Penn
4. Well Location Unit Letter <u>Q</u> : <u>2340</u> Feet From The <u>South</u> Line and <u>910</u> Feet From The <u>East</u> Line Section <u>1</u> Township <u>16-S</u> Range <u>35-E</u> NMPM <u>Lea N.M.</u> County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3968 GR	

1. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input checked="" type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: _____ <input type="checkbox"/>		OTHER: _____ <input type="checkbox"/>	

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

- (1) Set 5 1/2 CIBP @ 10,500 cap w/4 sacks cement
- (2) Load hole w/mud
- (3) Spot 25 sack cement plug @ 7500'
- (4) Spot 50 sack cement plug @ 4747 8 5/8 shoe to cover 8 5/8 shoe & 5 1/2 liner top W.O.C. tag plug @ 4468'
- (5) Cut & pull 8 5/8 casing @ 610
- (6) Spot 55 sack cement plug @ 8 5/8 stub W.O.C. tag plug @ 558'
- (7) Spot 80 sack cement plug @ 13 3/8 shoe 386' W.O.C. tag plug @ 285'
- (8) Spot 15 sacks cement plug @ surf, set P&A marker 9/7/1993

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

SIGNATURE Raymond Maldonado TITLE Supervisor DATE _____

TYPE OR PRINT NAME _____ TELEPHONE NO. _____

(This space for State Use)

[Handwritten signature]

OIL & GAS INSPECTOR

JAN 06 1995

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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

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

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

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

WELL API NO.	30-025-02708
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	E-9116

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

1. Type of Well:
 OIL WELL GAS WELL OTHER

2. Name of Operator
Charles B Gillespie, Jr.

3. Address of Operator
P.O. Box 8 Midland, Texas 79702

4. Well Location
 Unit Letter I : 4290 Feet From The South Line and 160 Feet From The East Line
 Section 1 Township 16-S Range 35-E NMPM Lea County

7. Lease Name or Unit Agreement Name
State B

8. Well No. 3

9. Pool name or Wildcat
Townsend Permian & Upper Penn

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3964 GR

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input checked="" type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: <input type="checkbox"/>	

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

(1) Set 5½ CIBP @ 10,200' cap w/4 sacks cement
 (2) Load hole w/mud
 (3) Spot 25 sacks cement plug @ 7500'
 (4) Spot 50 sacks cement @ 4764 to cover the 8 5/8 shoe & 5½ liner top W.O.C. tag plug @ 4490
 (5) Spot 35 sacks cement plug @ 426'
 (6) Spot 15 sacks cement @ surf. Set P&A marker 8-27-1993

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

NATURE Raymond Maldonado TITLE Supervisor DATE _____

TYPE OR PRINT NAME _____ TELEPHONE NO. _____

(This space for State Use)

APPROVED BY Thomas W. Hill OIL & GAS INSPECTOR JAN 06 1995

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

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

OIL CONSERVATION DIVISION

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

NOV 2 1993

WELL API NO.	30-025-02707
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	E-9116

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

1. Type of Well:
 OIL WELL GAS WELL OTHER

2. Name of Operator
Charles B Gillespie, Jr.

3. Address of Operator
P.O. Box 8 Midland, Tx. 79702

4. Well Location
 Unit Letter P : 3300 Feet From The south Line and 985 Feet From The east Line
 Section 1 Township 16-S Range 35-E NMPM Lea N.M. County



7. Lease Name or Unit Agreement Name
State B

8. Well No. 1

9. Pool name or Wildcat
Townsend Perm Upper Penn

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3967 GR

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input checked="" type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: <input type="checkbox"/>	

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

(1) Set 5½ CIBP @ 10,350' cap w/4 sacks cement
 (2) Load hole w/mud
 (3) Spot 25 sacks cement plug @ 7500'
 (4) spot 50 sack cement plug @ 8 3/8 shoe 4751' to cover 8 5/8 & 5½ liner top
 W.O.C. tag plug @ 4476'
 (5) Spot 35 sack cement plut @ 414'
 (6) Spot 15 sack cement at surf., set P&A marker 8/31/1993

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

BY: Raymond Maldonado TITLE: Supervisor DATE: _____

TYPE OR PRINT NAME: _____ TELEPHONE NO. _____

This space for State Use)

APPROVED BY: [Signature] TITLE: _____

OIL & GAS INSPECTOR JAN 06 1995

Submit 3 Copies
to Appropriate
Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

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

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

WELL API NO. 30-025-03736
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. E 9335-S

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

1. Type of Well:
 OIL WELL GAS WELL OTHER TA

2. Name of Operator
BABER WELL SERVICING CO.

3. Address of Operator
P.O. BOX 1772 Hobbs NM 88240

4. Well Location
 Unit Letter N : 3300 Feet From The SOUTH Line and 1551 Feet From The WEST Line
 Section 6 Township 16-S Range 36-E NMPM LEA County

7. Lease Name or Unit Agreement Name
STATE " T "

8. Well No.
3

9. Pool name or Wildcat
TOWNSEND PERMO UPPER PENN

10. Elevation (Show whether DP, RKB, RT, GR, etc.)

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
FORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input checked="" type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: <input type="checkbox"/>

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

1. RUN TUBING TO 9518' AND SPOT W/25 SKS AND WOC.
2. TAGGED PLUG AT 9400'
3. LOAD HOLE W/MUD
4. CUT AND LAID DOWN 4992' OF 5 1/2 CASING
5. SPOT 25 SKS CEMENT PLUG AT 6500'
6. SPOT 140 SKS CEMENT PLUG AT 5 1/2 STUB 5050' AND WOC
7. TAGGED PLUG AT 4927' SPOT W/60SKS CEMENT AND WOC
8. TAGGED PLUG AT 4670' SPOT W/45 SKS CEMENT AND WOC
9. TAGGED PLUG AT 4618'
10. SPOT 30 SKS CEMENT PLUG AT 2039'
11. SPOT 15 SKS CEMENT AT SURF AND SET UP P&A MARKER.

Handwritten notes:
2nd WHP
T/B on loc
(Biber)

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

SIGNATURE Raymond Maldonado TITLE P&A SUPERVISOR DATE 8-14-91

OR PRINT NAME RAYMOND MALDONADO TELEPHONE NO. (505)397-3502

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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

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

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

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

JUN 27 1991

WELL API NO.	30-025-03731
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name	Snyder "D"
8. Well No.	1
9. Pool name or Wildcat	Townsend Perm & Upper Penn
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	3959 GR

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

1. Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>
2. Name of Operator CHARLES B GILLESPIE JR.
3. Address of Operator P.O. BOX 8 Midland, Tx. 79702
4. Well Location Unit Letter <u>F</u> : <u>2336</u> Feet From The <u>North</u> Line and <u>1916</u> Feet From The <u>West</u> Line Section <u>6</u> Township <u>16-S</u> Range <u>36-E</u> NMPM <u>Lea</u> County

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input checked="" type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: <input type="checkbox"/>	

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

(1) 5 1/2 CIBP was set @ 10,500 in 1991
 (2) Load hole w/mud
 (3) Spot 25 sks cement plug @ 7500'
 (4) Spot 60 sks cement plug @ 4,764' to cover 8 5/8 shoe & 5 1/2 liner top W.O.C. Tag plug @ 4545', added 20 sks cement to bring cement plug up higher
 (5) Spot 40 sks cement plug @ 412', W.O.C., tag plug @ 287'
 (6) Spot 15 sks cement plug @ surf, set P&A marker

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

SIGNATURE: [Signature] TITLE: Spot P&A DATE: _____

TYPE OR PRINT NAME: _____ TELEPHONE NO. _____

(Leave space for State Use)

APPROVED BY: [Signature] TITLE: _____ DATE: _____

CONDITIONS OF APPROVAL, IF ANY:

JP

do

Application for Disposal

Well	Type	Date	Location	Depth	Record of Completion	Zone	Status
State 1T	Oil	Aug-57	2970 FSL/330 FWL 6-16S-36E	10,746	perf 10,650'-10,710'	Wolf	In-active
State 2T	Oil	Nov-57	4290 FSL/550 FWL 6-16S-36E	10,692	perf 10,583'-10,647'	Wolf	In-active
State 3T	Oil	Apr-58	3300 FSL/1551 FWL 6-16S-36E	10,737	perf 10,650'-10,700'	Wolf	In-active
State 4T	Oil	Aug-58	4620 FSL/1885 FWL 6-16S-36E	10,728	perf 10,607'-10,664'	Wolf	In-active
State B3	Oil	Apr-57	4290 FSL/160 FEL 1-16S-35E	10,706	perf 10,554'-10,629'	Wolf	In-active
Snyder 2B	Oil	May-58	3656 FNL/2310 FEL 6-16S-36E	10,703	perf 10,653'-10,671'	Wolf	Active
State B1	Oil	Sep-56	3300 FSL/975 FEL 1-16S-35E	10,700	perf 10,568'-10,614'	Wolf	In-active
State C2	Oil	Nov-56	2340 FSL/910 FEL 1-16S-35E	10,695	perf 10,600'-10,643'	Wolf	In-active
Snyder 1A	Oil	May-57	2319 FSL 330 FWL 6-16S-36E	10,714	perf 10,652'-10,692'	Wolf	In-active
Snyder A Comm	Oil	Mar-98	990 FSL/874 FWL 6-16S-36E	11,745	perf 11,452'-11,477'	Strawn	Active
Little 1-6	Oil	Jul-97	2065 FSL/2038 FWL 6-16S-36E	11,860	perf 11,456'-11,523'	Strawn	Active
Snyder D #1	Oil	1959	2330 FWL / 1916 FWL 4-R-36	10700	perf 10,580/10,620	Wolf	Active

Charles B. Gillespie, Jr., State B #1-P, Sect. 1

Drilled 1956 as an oil well in the Wolfcamp, well P & A 1995.

<u>HOLE</u>	<u>CSG</u>	<u>DEPTH</u>	<u>CEMENT</u>
17 1/4"	13 3/8"	365'	350 sx
11"	8 5/8"	4701'	1850 sx
7 7/8"	5 1/2" liner	4527'/10,677'	200 sx

Well bore schematic of P & A attached.

Charles B. Gillespie, Jr., State C #2 Q, Sect. 1

Drilled 1956 as an oil well in the Wolfcamp, well P & A 1995.

<u>HOLE</u>	<u>CSG</u>	<u>DEPTH</u>	<u>CEMENT</u>
17 1/2"	13 3/8"	366'	250 sx
11"	8 5/8"	4697'	2050 sx
7 3/4"	5 1/2" liner	4520'/10,694'	200 sx

Well bore schematic of P & A attached.

Charles B. Gillespie, Jr., State B #3 I, Sect. 1

Drilled 1957 as an oil well in the Wolfcamp, well P & A 1995.

<u>HOLE</u>	<u>CSG</u>	<u>DEPTH</u>	<u>CEMENT</u>
17 1/2"	13 3/8"	375'	275 sx
11"	8 5/8"	4714'	2050 sx
7 7/8"	5 1/2" liner	4548'/10,704'	200 sx

circ.

circ.

calc. TOC 7000'

Well bore schematic of P & A attached.

Pronghorn Management Corp., State T #1-M, Sect. 6

Drilled 1957 as an oil producer in the Wolfcamp, well inactive.

<u>HOLE</u>	<u>CSG</u>	<u>DEPTH</u>	<u>CEMENT</u>
17 1/4"	13 3/8"	361'	375 sx
12 1/4"	8 5/8"	4748'	1240 sx
7 7/8"	5 1/2"	10,745'	300 sx

TOC 25' filled w/cement

circ.

TOC 9445'

P & A filed on this well, approval attached.

Pronghorn Management Corp., State T #2-L, Sect. 6
Drilled 1957 as a producer in the Wolfcamp, well inactive.

<u>HOLE</u>	<u>CSG</u>	<u>DEPTH</u>	<u>CEMENT</u>	
17 1/4"	13 3/8"	371'	400 sx	circ.
12 1/4"	8 5/8"	4749'	1352 sx	TOC 625'
7 7/8"	5 1/2"	10,679'	300 sx	TOC 9762'

P & A filed on this well, approval attached.

Pronghorn Management Corp., State T #3-N, Sect. 6
Drilled 1958 as an oil producer in the Wolfcamp, well inactive.

<u>HOLE</u>	<u>CSG</u>	<u>DEPTH</u>	<u>CEMENT</u>	
17 1/4"	13 3/8"	376'	400 sx	circ.
12 1/4"	8 5/8"	4704'	1682 sx	circ.
7 7/8"	5 1/2"	10,736'	300 sx	TOC 9535'

P & A filed on this well.

Pronghorn Management Corp., State T #4-K, Sect. 6
Drilled 1958 as an oil well in the Wolfcamp, well is inactive.

<u>HOLE</u>	<u>CSG</u>	<u>DEPTH</u>	<u>CEMENT</u>	
17 1/4"	13 3/8"	376'	425 sx	circ.
12 1/4"	8 5/8"	4749'	1051 sx	TOC 605'
7 7/8"	5 1/2"	10,727'	300 sx	TOC 9620'

WELL DATA

Energen Resources Corp., Snyder A Comm #1 U, Sect. 6
Drilled 1998 as an oil well in the Strawn, active producer

HOLE	CSG	DEPTH	CEMENT	
17 1/2"	13 3/8"	398'	440 sx	circ.
11"	8 5/8"	4762'	1110 sx	circ.
7 7/8"	5 1/2"	11,745'	650 sx	calc. TOC 2100'

Energen Resources Corp., Snyder B #2 J, Sect. 6
Drilled 1958 as an oil well in the Wolfcamp, active producer

HOLE	CSG	DEPTH	CEMENT	
17 1/2"	13 3/8"	363'	275 sx	circ.
11"	8 5/8"	4724'	2050 sx	circ.
7 7/8"	5 1/2" liner	4551'/10,703'	300 sx	calc. TOC 6200'

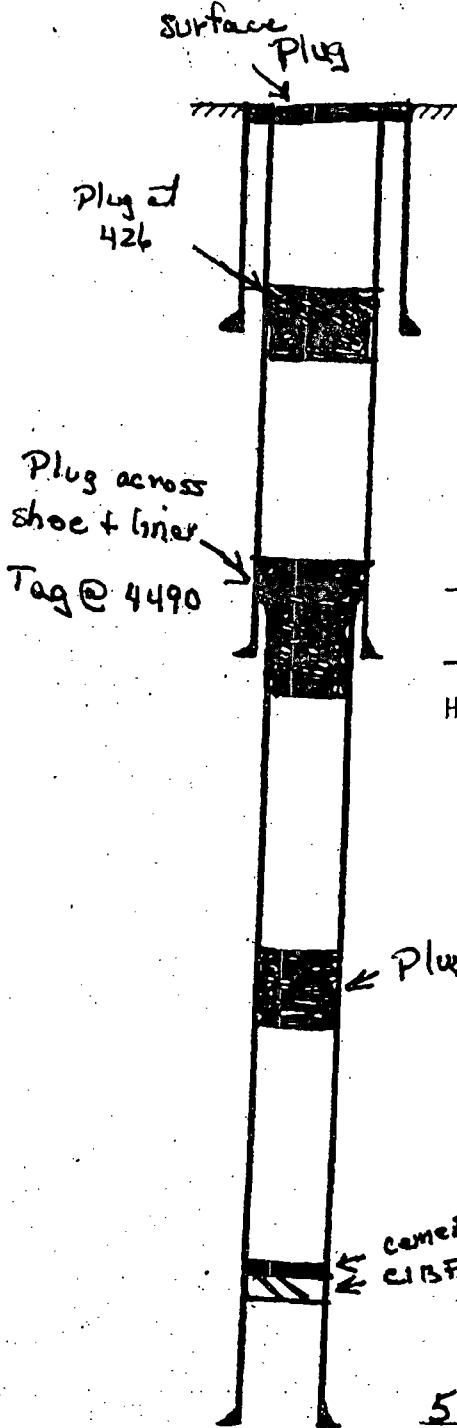
Energen Resources Corp., Snyder A #1-T, Sect. 6
Drilled 1957 as an oil well in the Wolfcamp, well inactive.

HOLE	CSG	DEPTH	CEMENT	
17 1/2"	13 3/8"	369'	275 sx	circ.
12 1/4"	8 5/8"	4715'	2050 sx	circ.
7 7/8"	5 1/2" liner	4536'/10,719'	300 sx	calc. TOC 6200'

Chesapeake Operating, Inc., Little 6 #1 K, Sect. 6
Drilled 1997 as an oil well in the Strawn, active producer.

HOLE	CSG	DEPTH	CEMENT	
17 1/2"	13 3/8"	489'	495 sx	circ.
11"	8 5/8"	4100'	2227 sx	circ.
7 7/8"	5 1/2"	11,853'	2055 sx	circ.

OPERATOR Charles B. Gillespie Jr.		DATE P+A 1995
LEASE State B	WELL No. 3	LOCATION I-1-16-35



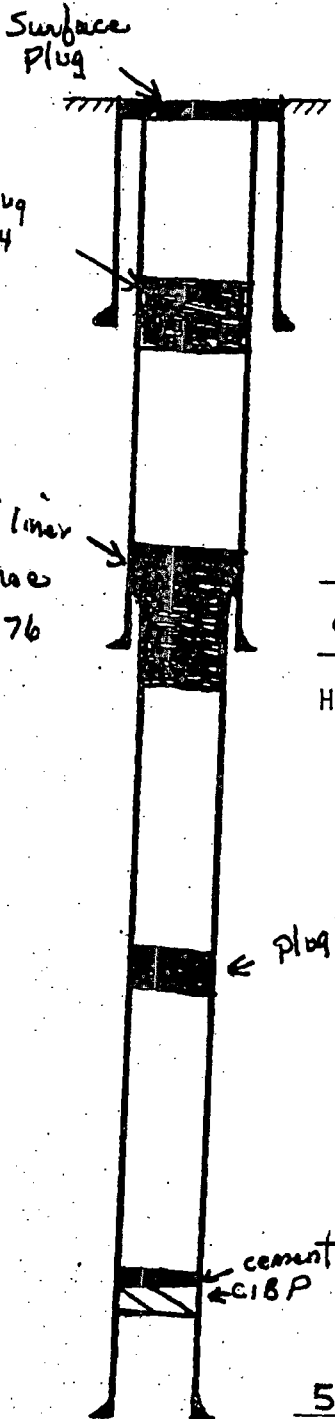
13 $\frac{3}{8}$ casing set at 375 ' with 275 sx of C cement
Hole size 17 $\frac{1}{2}$ "

4549 ' Liner top
8 $\frac{5}{8}$ " casing set at 4714 ' with 2050 sx of C cement
Hole size 11 " Circ

Hole loaded w/mud

5 $\frac{1}{2}$ " liner set at 10704' with 200 sx of C cement. Total depth 10704 ' Hole size 7 $\frac{7}{8}$

OPERATOR	Charles B. Gillespie Jr.		DATE	P4A 1995
LEASE	State B	WELL No.	1	LOCATION
			P	1-16-35



13 $\frac{7}{8}$ casing set at 365 with 350 sx of C cement
 Hole size 17 $\frac{1}{4}$ " CIRC

4527 ' Liner top
8 $\frac{5}{8}$ " casing set at 4701 ' with 1850 sx of C cement
 Hole size 11 " CIRC

← Plug 7500'
Hole loaded w/ mod

5 $\frac{1}{2}$ " liner set at 10677 ' with 200 sx of
C cement. Total depth 10677 ' Hole size 7 $\frac{7}{8}$

OPERATOR <u>Baker Well Services</u>	DATE <u>D+A 1991</u>	
LEASE <u>State T</u>	WELL No. <u>3</u>	LOCATION <u>N-6-16-36</u>

Surface Plug



13 3/8 " casing set at 376 ' with 400 sx of C cement
Hole size 17 1/4 " circ.

← Plug at 2039

← shoe plug tag at 4618

Tag at 4927

cut cog 4922

8 5/8 " casing set at 4704 ' with 1482 sx of C cement
Hole size 12 1/4 " circ

← Plug at 9518
Tag 9400

CIBP

Hole loaded with Mud

5 1/2 " casing set at 10736 ' with 300 sx of C cement
Total depth 10736 ' Hole size 7 7/8 " TDC 9535

OPERATOR Charles B. Gillespie Jr	DATE P4A 1993	
LEASE Snyder D	WELL No. 1	LOCATION F Sect 6 T14 R36 E

surface plug

Plug at shoe + Tag

13 3/4 casing set at 367 ' with 225 sx of C cement
Hole size 17 3/4 " circulated

Plug to cover shoe + liner top

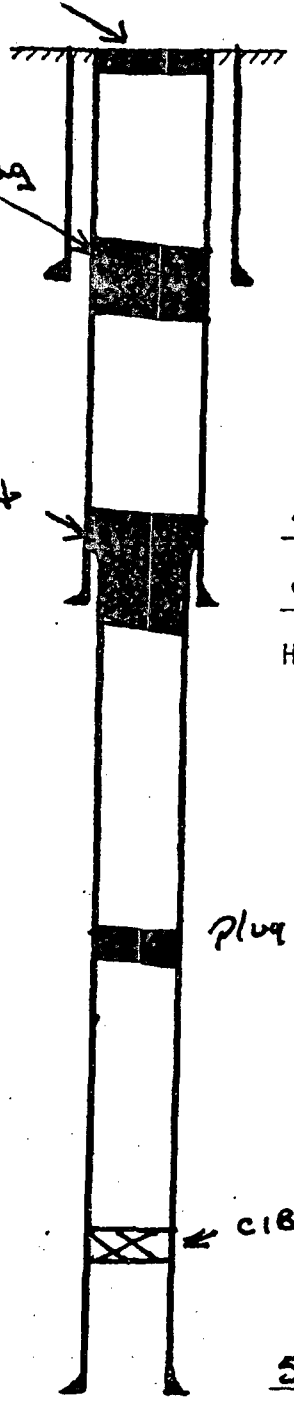
4553 ' Liner top
8 3/4 " casing set at 4714 ' with 2050 sx of C cement
Hole size 12 1/4 " circulated

Plug at 7500

Hole loaded w/ mud

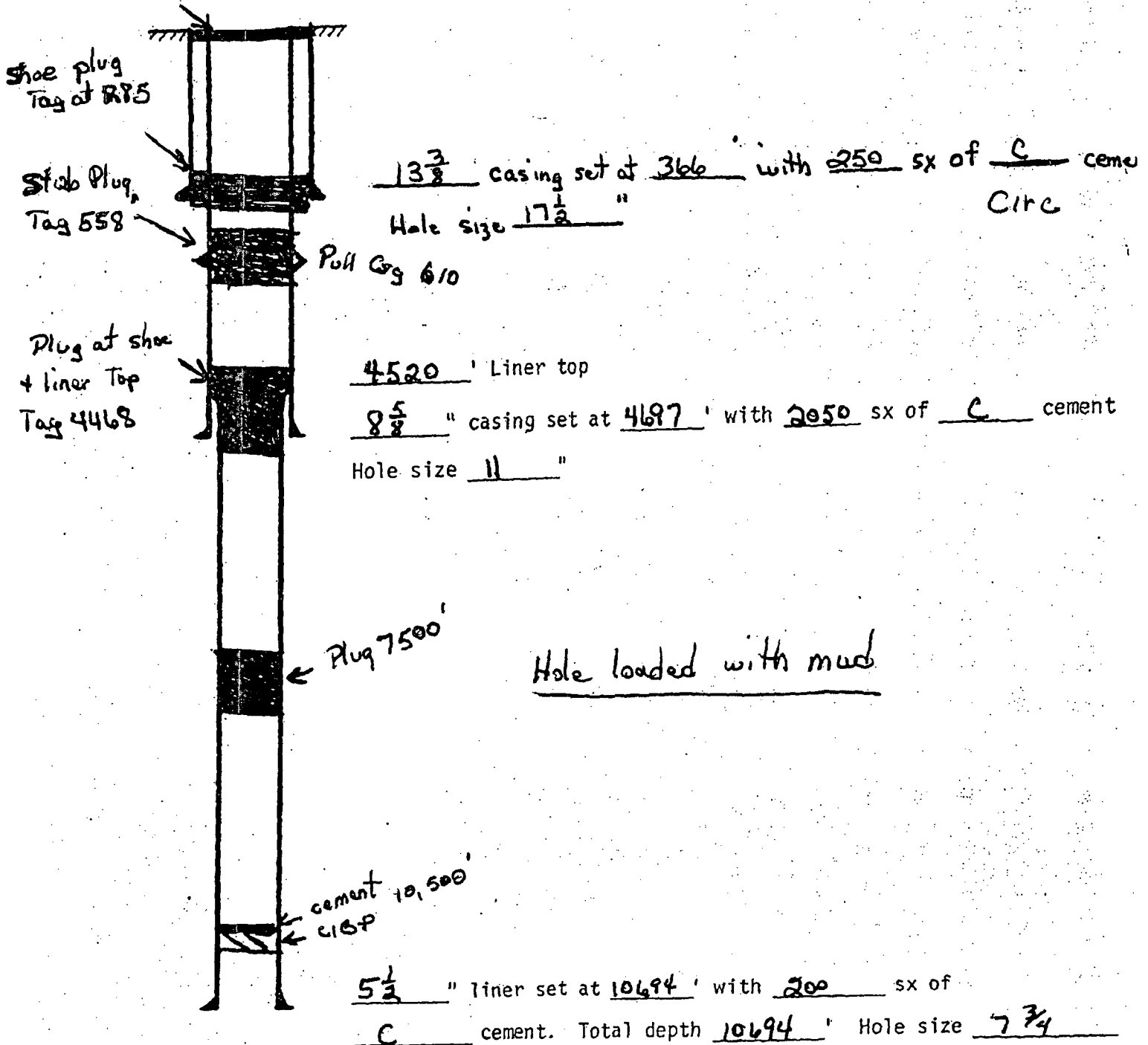
CIBP 10500

5 1/2 " liner set at 10724 ' with 300 sx of C cement. Total depth 10724 ' Hole size 7 7/8 "



OPERATOR Charles B. Gillespie Jr.	DATE PIA 1995	
LEASE State C	WELL No. 1	LOCATION Q-1-16-35

surface plug



Submit 3 Copies To Appropriate District Office
 District I
 1625 N. French Dr., Hobbs, NM 87240
 District II
 811 South First, Artesia, NM 87210
 District III
 1000 Rio Brazos Rd., Aztec, NM 87410
 District IV
 2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico
 Energy, Minerals and Natural Resources

Form C-103
 Revised March 25, 1999

OIL CONSERVATION DIVISION
 2040 South Pacheco
 Santa Fe, NM 87505

WELL API NO. 30-025-03734
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. E9335-S
7. Lease Name or Unit Agreement Name: STATE "T"
8. Well No. 1
9. Pool name or Wildcat Townsend Permo Upper Penn
10. Elevation (Show whether DR, RKB, RT, GR, etc.) 3965' RKB

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

1. Type of Well:
 Oil Well Gas Well Other

2. Name of Operator
 Pronghorn Management Corporation

3. Address of Operator
 P. O. Box 1772 Hobbs, NM 88241

4. Well Location
 Unit Letter M : 2970 feet from the South line and 330 feet from the West line
 Section 6 Township 16-S Range 36-E NMPM Lea County

11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input checked="" type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: <input type="checkbox"/>	

12. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation.

1. Set CIBP @ ± 10,100', Cap with 35' cement
2. Circulate hold with mud laden fluid.
3. Nipple up to 5½" casing. Stretch, cut and pull ± 7000' csg.
4. Spot cement plug 50' in and out of stub. WOC and tag.
5. Spot 100' cement plug 4680' - 4780'. (Int. csg. shoe) WOC and Tag.
6. Spot 100' cement plug 1939' - 2039'. (Top of salt) WOC and Tag.
7. Spot 10 sx. surface plug.
8. Erect dry hole marker. Clean location.

25 SX OR 100' WHICHEVER IS GREATER
 F/350' to 250' - TAG (13 3/8 SHOE)

THE COMMISSION MUST BE NOTIFIED 24 HOURS PRIOR TO THE BEGINNING OF PLUGGING OPERATIONS FOR THE CASE TO BE APPROVED

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

SIGNATURE [Signature] TITLE Partner DATE 4/7/00

Type or print name G. A. BABER Telephone No 505-393-9176
 (This space for State use)

APPROVED BY [Signature] ORIGINAL SIGNATURE TITLE [Signature] DATE 4/7/00
 Conditions of approval, if any:

Submit 3 Copies To Appropriate District Office
 District I
 1625 N. French Dr., Hobbs, NM 87240
 District II
 811 South First, Artesia, NM 87210
 District III
 1000 Rio Brazos Rd., Aztec, NM 87410
 District IV
 2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico
 Energy, Minerals and Natural Resources

Form C-103
 Revised March 25, 1999

OIL CONSERVATION DIVISION
 2040 South Pacheco
 Santa Fe, NM 87505

SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)		WELL API NO. 30-025-03735
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator Pronghorn Management Corporation		6. State Oil & Gas Lease No. E9335-S
3. Address of Operator P. O. Box 1772 Hobbs, NM 88241		7. Lease Name or Unit Agreement Name: STATE "T"
4. Well Location Unit Letter <u>L</u> <u>4290</u> feet from the <u>South</u> line and <u>500</u> feet from the <u>West</u> line Section <u>6</u> Township <u>16-S</u> Range <u>36-E</u> NMPM Lea County		8. Well No. 2
10. Elevation (Show whether DR, RKB, RT, GR, etc.)		9. Pool name or Wildcat Townsend Perms Upper Penn

11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input checked="" type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: <input type="checkbox"/>	

12. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation.

- Set C.I.B.P. @ 10,100'. Cap with 35' cement.
- Circulate hole with mud laden fluid.
- Nipple up to 5 1/2" casing. Stretch, cut and pull ± 7000' casing.
- Spot cement plug 50' in and out of stub. WOC - Tag.
- Spot 100' cement plug 4799'-4699'. (Int. csg. shoe) WOC - Tag.
- Spot 100' cement plug 2074'-1974'. (Top of salt) WOC - Tag.
- Spot 10 sx. surface plug.
- Erect dry hole marker. Clean location.

25 SX PLUG OR 100' WHICHEVER IS GREATER
 F 421' to 321' - TAG

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

SIGNATURE G. A. Baber TITLE Partner DATE 4/7/00

Type or print name G. A. BABER Telephone No. 505-393-9176

APPROVED BY GARY WINK ORIGINAL SIGNED BY GARY WINK DATE 4/7/00
 FIELD REP. II

Conditions of approval, if any:
 THE COMMISSION MUST BE NOTIFIED 24 HOURS PRIOR TO THE BEGINNING OF PLUGGING OPERATIONS FOR THE C-103

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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

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

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

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

WELL API NO. 30-025-03737
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. E 9335-5
7. Lease Name or Unit Agreement Name STATE "T"
8. Well No. 4
9. Pool name or Wildcat <i>Permo Upper</i> <i>TOWNSEND-WOLFCAMP Penn</i>
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3958'

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

1. Type of Well:
OIL WELL GAS WELL OTHER

2. Name of Operator
BABER WELL SERVICING COMPANY

3. Address of Operator
P.O. BOX 1772 HOBBS, NM 88241

4. Well Location
Unit Letter K : 4620 Feet From The South Line and 1885 Feet From The West Line
Section 6 Township 16-S Range 36-E NMPM LEA County

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input checked="" type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: <input type="checkbox"/>	

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

- 1) M.I.R.U.
- 2) Install 6" - 900 B.O.P.
- 3) Unable to unseat anchor at 10,400'.
- 4) Received permission from NMOCC to cut tbg.
- 5) Cut tbg @ 10,400'.
- 6) Tag plug @ 10,000'.
- 7) Set 35 sks plug @ 7,500'.
- 8) Tag plug @ 7,500'.
- 9) File application to make disposal well
- 10) Shut in well
- 11) Temporarily abandon well

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

SIGNATURE *G.A. Baber, Jr.* TITLE CHRMN OF BOARD DATE 10/18/93
 TYPE OR PRINT NAME G.A. BABER, JR. TELEPHONE NO. 392-5516

(This space for State Use)

Orig. Signed by
Paul Kautz
Geologist

APPROVED BY _____ TITLE _____ DATE OCT 21 1993

CONDITIONS OF APPROVAL, IF ANY:

Submit 5 Copies
 Appropriate District Office
DISTRICT I
 P.O. Box 1940, Hobbs, NM 88240

State of New Mexico
 Energy, Minerals and Natural Resources Department

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

DISTRICT II
 P.O. Drawer DD, Artesia, NM 88210

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

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

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

I.

Operator PRONGHORN MANAGEMENT CORPORATION (122811)	Well API No. 30-025-03737
Address P.O. BOX 1772 HOBBS, NM 88241	
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> Other (Please explain) MAY 01 1994	
New Well <input type="checkbox"/> Change in Transporter of <input type="checkbox"/> Dry Gas <input type="checkbox"/> OPERATOR NAME CHANGE ONLY Recompleted <input type="checkbox"/> Oil <input type="checkbox"/> Condensate <input type="checkbox"/> <input type="checkbox"/> Coalbed Gas <input type="checkbox"/> Coalbed Gas <input type="checkbox"/> Coalbed Gas <input type="checkbox"/>	
If change of operator give name and address of previous operator BABER WELL SERVICING COMPANY P.O. BOX 1772 HOBBS, NM 88241	

II. DESCRIPTION OF WELL AND LEASE

Lease Name STATE T (14991)	Well No. 4	Pool Name, including Formation TOWNSEND PERMO UPPER PRNM (58817)	Kind of Lease (State, Federal or BLM)	Lease No. R-9335
Location Unit Letter K , 4620 Feet From The FSL Line and 1885 Feet From The FWL Line Section 06 Township 16S Range 36E , NMPM , LRA County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate Texas NM Pipeline (222628)	Address (Give address to which approved copy of this form is to be sent) T/A
Name of Authorized Transporter of Gas Warren Petroleum (224650)	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 Sec. Twp. Rge. Is gas actually connected? When?

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

IV.

O-TRNSP. OGRID NO. 029628 G-TRNSP. OGRID NO. 029650 OIL POD NO. 501518 GAS POD NO. 501520	<input checked="" type="checkbox"/> Oil Well	<input type="checkbox"/> Gas Well	<input type="checkbox"/> New Well	<input type="checkbox"/> Workover	<input type="checkbox"/> Deepen	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Same Res'v	<input type="checkbox"/> DIT Res'v	
	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.					
	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth			
						Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD									
CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT			
V. TEST FOR ALLOWABLE									
or 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 of Test		Producing Method (Flow, pump, gas lift, etc.)							
Tubing Pressure		Casing Pressure			Choke Size				
Oil - Bbls.		Water - Bbls.			Gas - MCP				
Length of Test		Bbls. Condensate/M/MCP			Gravity of Condensate				
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 Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature Sherry Wade
SHERRY WADE PRODUCTION CLERK
 Printed Name 3-5-94 Title (505) 392-5516
 Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved MAY 20 1994
 By _____
 Title _____
 Orig. Signed by Paul Kautz
 Geologist

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

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- All sections of this form must be filled out for allowable on new and recompleted wells.

API	Well Name	NS	EW	UL	Sec	Tsp	Rga	Operator	OG	Prop Nbr	Pool IDN	Form/Notes	Active Zone 2001	Plug Date	Gas2000	Oil2000	Water2000	Gas2001	Oil2001	Water2001
30-025-02708	STATE B #003	4290S	160E	A	1	16S	36E	Gillespie	4136	4686	0	WOLFCAMP		1993-08-27	0	0	0	0	0	0
30-025-02707	STATE B #001	3300S	985E	H	1	16S	36E	Gillespie	4136	4686	0	WOLFCAMP		1993-08-31	0	0	0	0	0	0
30-025-02705	STATE C #002	2340S	910E	I	1	16S	36E	Gillespie	4136	4687	0	WOLFCAMP		1993-09-07	0	0	0	0	0	0
30-025-03729	SNYDER B #002	3656N	2310E	B	6	16S	36E	Energien	182928	27807	59847	WOLFCAMP	Townsend P-UP	1999-12-31	14988	2898	4728	16536	3226	7952
30-025-03731	SNYDER D #001	2336N	1916W	C	6	16S	36E	Gillespie	4136	4682	0	WOLFCAMP		1993-09-22	0	0	0	0	0	0
30-025-03737	STATE T #004	4620S	1885W	C	6	16S	36E	Pronghom	122811	14991	0	WOLFCAMP		1999-12-31	0	0	0	0	0	0
30-025-03735	STATE T #002	4290S	500W	D	6	16S	36E	Pronghom	122811	14991	0	WOLFCAMP		1999-12-31	0	0	0	0	0	0
30-025-03736	STATE T #003	3300S	1551W	F	6	16S	36E	Pronghom	122811	14991	0	WOLFCAMP		1999-12-31	0	0	0	0	0	0
30-025-33934	LITTLE B #001	2065S	2038W	K	6	16S	36E	Chesapeake	147179	20764	96649	STRAWN	shoe bar.stim.ne	1999-12-31	29939	19059	35301	31707	20956	30828
30-025-03727	SNYDER A #001	2319S	330W	L	6	16S	36E	Energien	162928	27805	0	WOLFCAMP		1999-12-31	0	0	0	0	0	0
30-025-03734	STATE T #001	2970S	330W	M	6	16S	36E	Pronghom	122811	14991	0	WOLFCAMP		1999-12-31	0	0	0	0	0	0
30-025-34197	WATSON 6 #001	2857S	1417W	N	6	16S	36E	Chesapeake	147179	21706	0	STRAWN		1999-12-31	0	0	0	0	0	0

1/2 mile Rad. well

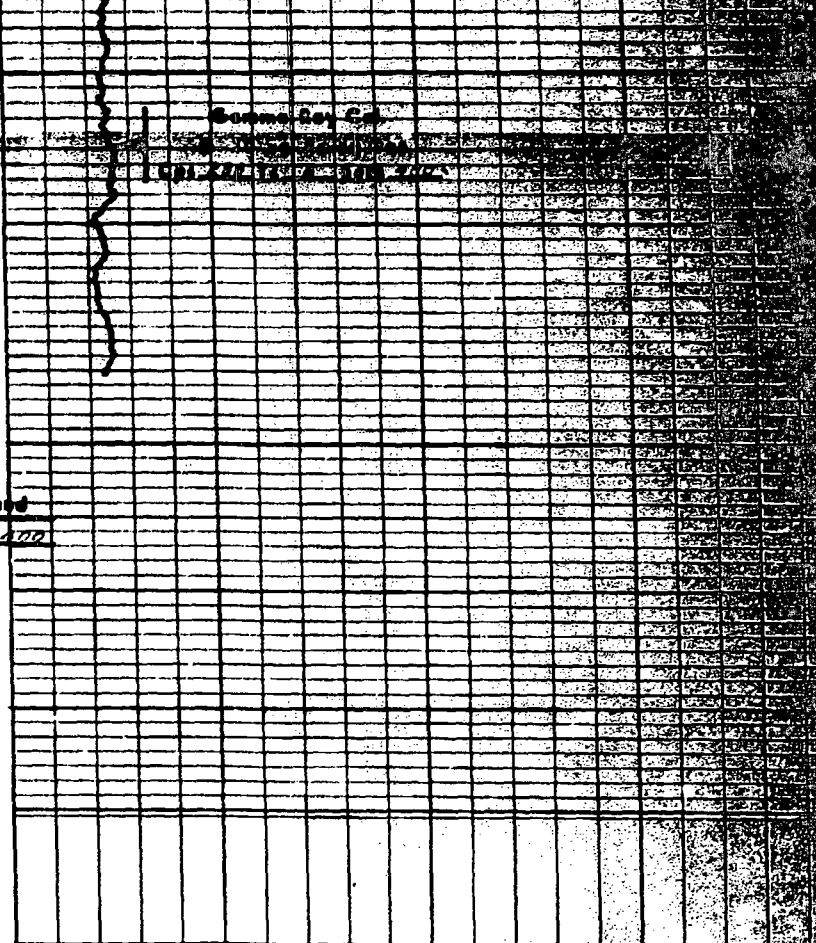
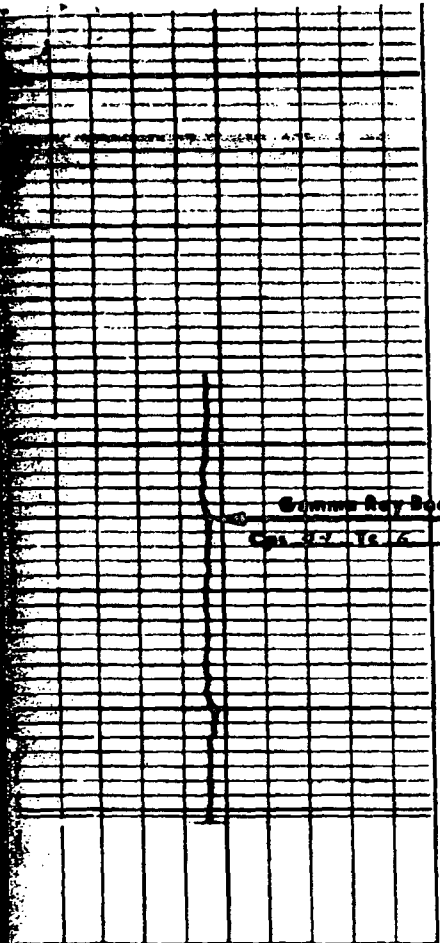
API	Well Name	NS	EW	UL	Sec	Tsp	Rge	Operator	OG	Prop Nbr	Pool IDN	Form/ Notes	Active Zone 2001	Plug Date	Gas2000	Oil2000	Water2000	Gas2001	Oil2001	Water2001
30-025-02708	STATE B #003	4290S	160E	A	1	16S	35E	Gillespie	4136	4686		0	0	1993-08-27	0	0	0	0	0	0
30-025-02707	STATE B #001	3300S	985E	H	1	16S	35E	Gillespie	4136	4686		0	0	1993-08-31	0	0	0	0	0	0
30-025-02705	STATE C #002	2340S	910E	I	1	16S	35E	Gillespie	4136	4687		0	0	1993-09-07	0	0	0	0	0	0
30-025-03729	SNYDER B #002	3656N	2310E	B	6	16S	36E	Energien	162928	27807	59847	WOLFCAMP	Townsend-P-UP	9999-12-31	14989	2898	4728	16536	3226	7952
30-025-03731	SNYDER D #001	2336N	1916W	C	6	16S	36E	Gillespie	4136	4682		0	0	1993-09-22	0	0	0	0	0	0
30-025-03737	STATE T #004	4620S	1885W	C	6	16S	36E	Pronghorn	122811	14991		0	0	1999-12-31	0	0	0	0	0	0
30-025-03735	STATE T #002	4290S	500W	D	6	16S	36E	Pronghorn	122811	14991		0	0	1999-12-31	0	0	0	0	0	0
30-025-03736	STATE T #003	3300S	1551W	F	6	16S	36E	Pronghorn	122811	14991		0	0	1999-12-31	0	0	0	0	0	0
30-025-33934	LITTLE 6 #001	2065S	2038W	K	6	16S	36E	Chesapeake	147179	20764	96649	STRAWN	shoe bar.stm.ne	9999-12-31	29939	19059	35301	31707	20956	30828
30-025-03727	SNYDER A #001	2319S	330W	L	6	16S	36E	Energien	162928	27805		0	0	1999-12-31	0	0	0	0	0	0

with 5000

4893 = Top SA.

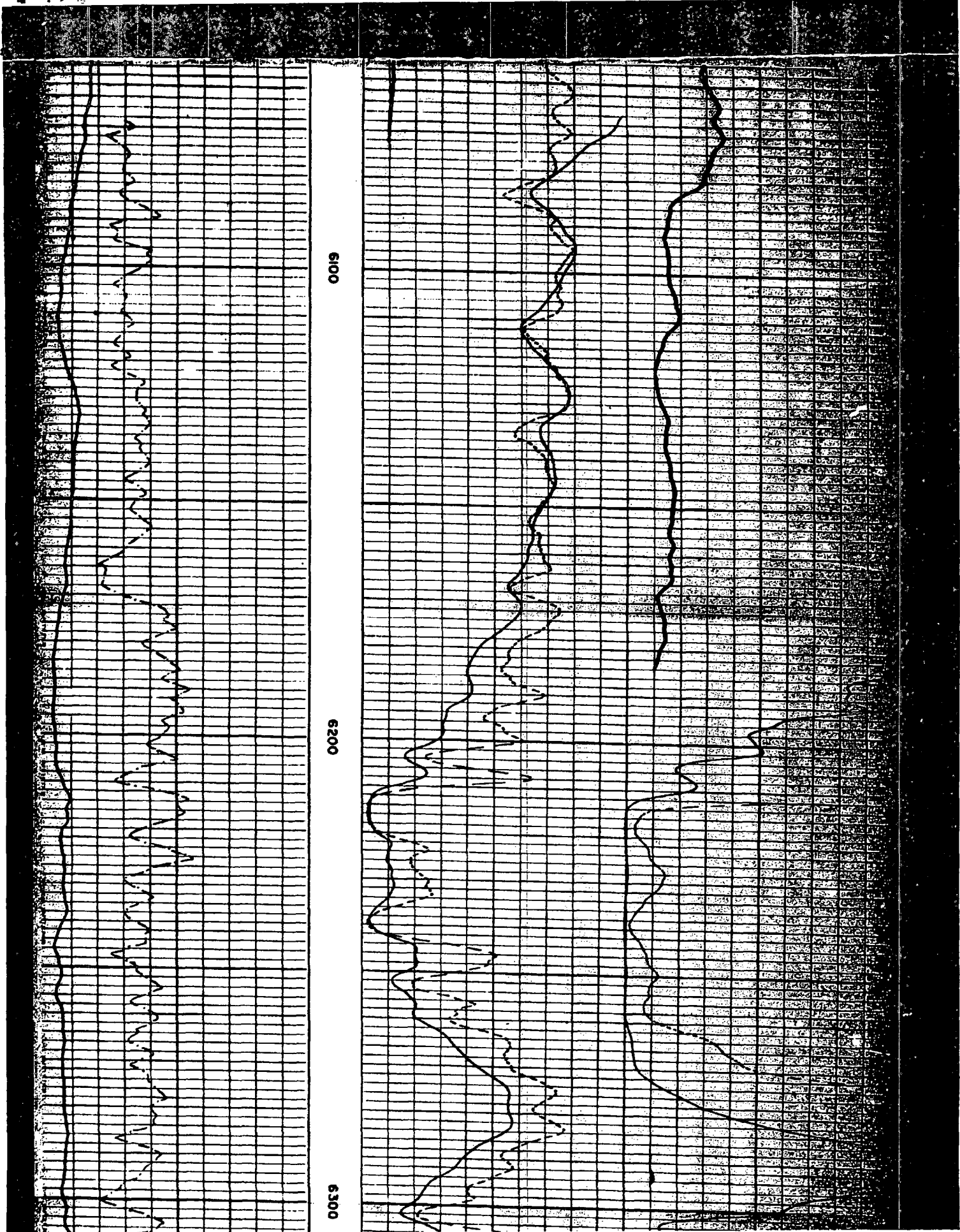
6318 = Top G.LOR.

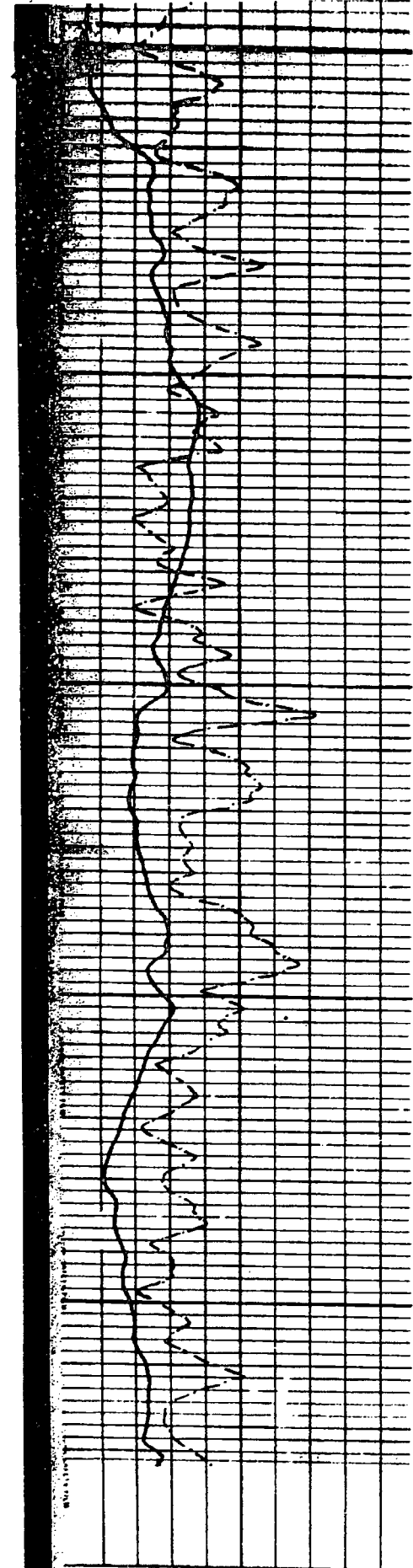
→ WHY not done?
 → Procedure To SPE.
 → Answer TOC Submission.



$- \left \frac{20}{\leftrightarrow} \right +$	0	10" Normal	150	0	0	19' Lateral
	0		1500	0		
	0	32" LS Lateral	120			
	0		1200			
SPONTANEOUS-POTENTIAL millivolts		RESISTIVITY ohms. m ² /m				RESISTIVITY ohms. m ² /m
COMPANY TEXAS PACIFIC COAL & OIL CO.	Rm	76	@	137 °F	SWSC	10
WELL STATE T # 2	Rmf	1.2	@	77 °F	SWSC	10
FIELD TOWNSEND STATE NEW MEXICO	Rmc	1.6	@	77 °F	DRLD	10
	BHT	1.37	°F	Elev.		

ILLEGIBLE

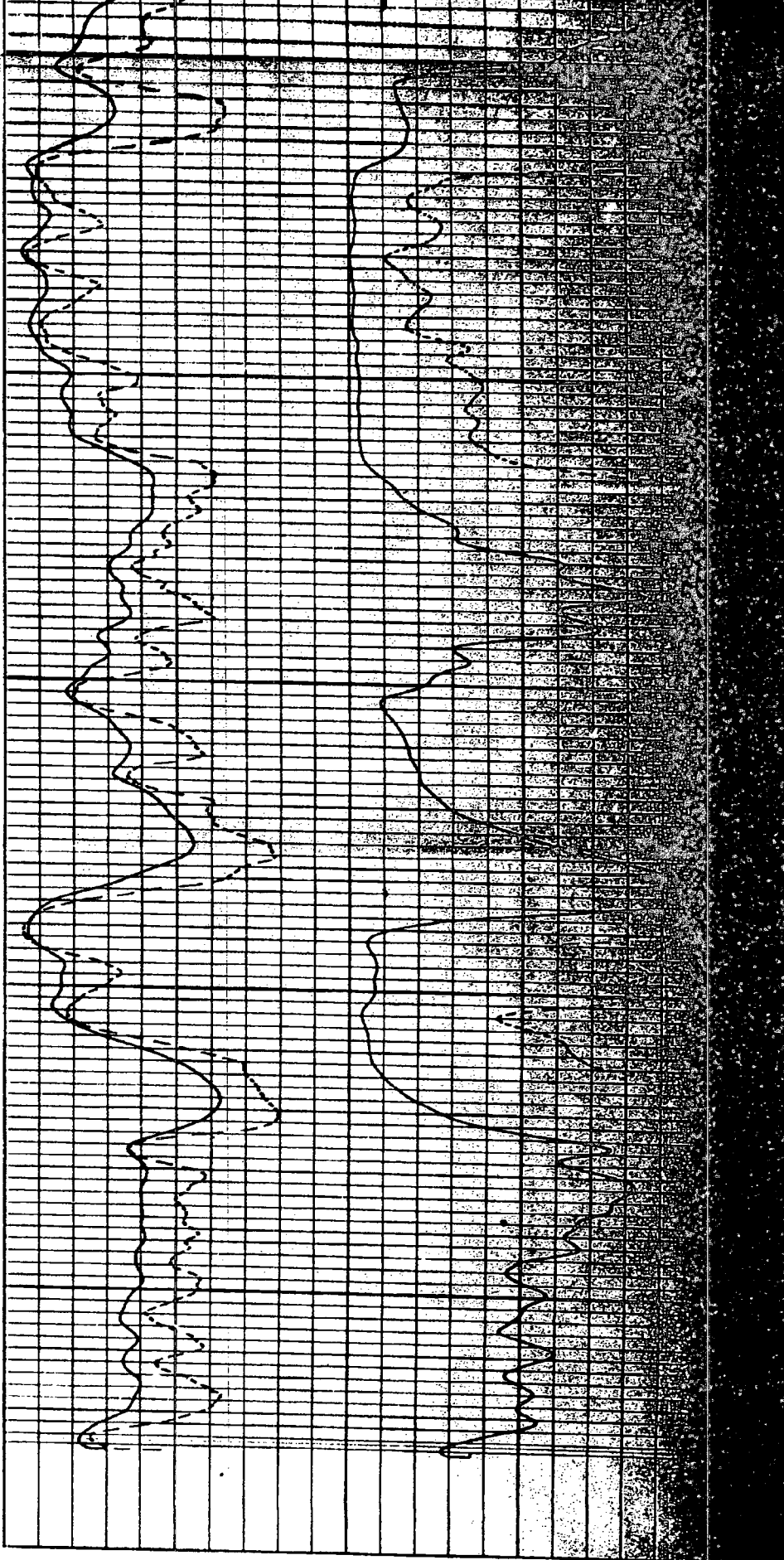




6300

6400

6500





NEW MEXICO ENERGY, MINERALS and NATURAL RESOURCES DEPARTMENT

BILL RICHARDSON
Governor

Joanna Prukop
Cabinet Secretary
Acting Director
Oil Conservation Division

May 3, 2004

Gandy Corporation
1008 W Broadway
Hobbs, New Mexico 88240

EMERGENCY SHUT-IN ORDER

Re: Salt Water Disposal Well
State "T" Well No. 2
API No. 30-025-03735
4290 FSL, 500 FWL, Unit L, Section 6
Township 16 South, Range 36 East, NMPM
Lea County, New Mexico

Dear Sir or Madam:

On April 30, 2002, the New Mexico Oil Conservation Division ("Division") granted Pronghorn Management Corporation a permit to utilize the State "T" Well No. 2 as a saltwater disposal well to inject for disposal purposes into the San Andres and Glorieta formations from a depth of 6,000 to 6,200 feet through plastic lined tubing. This permit was contingent upon first plugging back the well to 6,500 feet and then squeezing cement from the existing cement top to the surface. Division hearing order R-11855 issued in Case No. 12905 on October 28th, 2002, rescinded this permit and denied Pronghorn's application to inject into this well for disposal purposes from 6,000 to 6,400 feet. Subsequently Pronghorn applied "de novo" to the Oil Conservation Commission to re-instate SWD-836 and permit injection **from 6,000 to 6,400 feet**. This application was approved on May 15th, 2003 by Commission hearing Order No. R-11855-B.

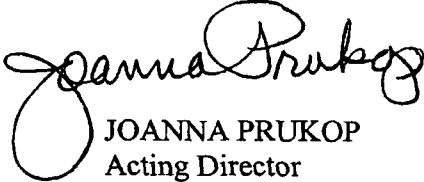
Division records indicate that operation of the well has transferred from Pronghorn to Gandy Corp (OGRID 8426) and on or before 8/19/2003, the well was plugged back, cement squeezed, and perforated **from 4,810 to 6,880**. Since this injection interval was not permitted under Commission Order No. R-11855-B, and injection permits are depth specific, **this well is in violation of Division rules and regulations. You are hereby ordered to immediately cease injection into this well until such time as either:**

- (i) all perforation depths not permitted under Commission Order No. R-11855-B are squeezed off to the satisfaction of the Hobbs district office of the Division, or;
- (ii) you have an approved permit from the Division for injection into depths already perforated.

Gandy Corporation
State "T" Well No. 2
May 3, 2004
Page 2 of 2

To obtain the necessary injection permit for this well, please review the Division's rules on injection wells, 19.15.9.701 through 708 NMAC, and follow form C-108, available on <http://www.emnrd.state.nm.us/ocd/> under "rulebook" and "forms" respectively.

If you contest this directive, you may file an application for consideration by a Division appointed hearing examiner. However, you must nevertheless, shut-in the well as directed pending such hearing.



JOANNA PRUKOP
Acting Director

JP/wvjj

cc: Oil Conservation Division – Hobbs
Division Compliance Officer – Lori Wrotenbery
Case 12905, SWD-836, UIC Compliance File

GANDY CORPORATION
OILFIELD SERVICES
P.O. BOX 827
TATUM, NEW MEXICO 88267
(505) 398-4960
FAX 505-398-6887

June 30, 2004

Mr. Chris Williams
New Mexico Oil Conservation Division
1625 N. French Drive
Hobbs, NM 88240

RE: Gandy Corporation, State "T" Well No. 2, T16S, R34E, NMPM, Lea County, New Mexico NMOCD 836

Dear Mr. Williams:

This letter is to inform you that Gandy Corporation has received the letter dated June 29th from the NMOCD to cease injection. At this time, the injection well is shut in and operations have ceased pending permit approval.

Sincerely,


Larry Gandy

GANDY CORPORATION
OILFIELD SERVICES
P.O. BOX 827
TATUM, NEW MEXICO 88267
(505) 398-4960
FAX 505-398-6887

June 30, 2004

Gail MacQuesten
New Mexico Oil Conservation Division
1220 South St. Francis Drive
Santa Fe, New Mexico 87505

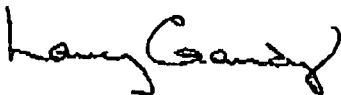
RE: Emergency Permit Approval for State T #2

Dear Ms. MacQuesten:

Gandy Corporation respectfully requests an emergency injection permit to restart injection operations on the State T #2 SWD due to the following hardships.

Gandy Corporation has considerable obligations to its clients to accept their produced water to keep their leases in operation. The availability of capacity at the other area public injections wells makes it extremely difficult to satisfy our clients needs and adds a burden of financial distress because of the additional trucking costs.

Sincerely,



Larry Gandy

GANDY CORPORATION
OILFIELD SERVICES
P.O. BOX 827
TATUM, NEW MEXICO 88267
(505) 398-4960
FAX 505-398-6887

FUT.
DM
JD

July 9, 2004

Mr. Chris Williams
New Mexico Oil Conservation Division
1625 N. French Drive
Hobbs, NM 88240

RE: Gandy Corporation, State "T" Well No. 2, T16S, R34E, NMPM, Lea County, New Mexico NMOCD 836

Dear Mr. Williams:

This letter is to inform you that Gandy Corporation has received the letter dated July 9th from the NMOCD authorizing utilization of the above referenced well in such a manner as to permit injection of produced water for disposal purposes. The injection operations will commence at 5:30P. M. on this date and we will comply with all conditions set forth by the Division.

Sincerely,

Larry Gandy
Larry Gandy

14

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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

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

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

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

WELL API NO. 30-025-03736
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. E 9335-S
7. Lease Name or Unit Agreement Name STATE " T "
8. Well No. 3
9. Pool name or Wildcat TOWNSEND PERMO UPPER PENN
10. Elevation (Show whether DF, RKB, RT, GR, etc.)

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

1. Type of Well: OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER TA
2. Name of Operator BABER WELL SERVICING CO.
3. Address of Operator P.O. BOX 1772 Hobbs NM 88240
4. Well Location Unit Letter N : 3300 Feet From The SOUTH Line and 1551 Feet From The WEST Line Section 6 Township 16-R Range 36-E NMPM LEA County
10. Elevation (Show whether DF, RKB, RT, GR, etc.)

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input checked="" type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: <input type="checkbox"/>	

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

- RUN TUBING TO 9518' AND SPOT W/25 SKS AND WOC.
- TAGGED PLUG AT 9400'
- LOAD HOLE W/MUD
- CUT AND LAID DOWN 4992' OF 5 1/2 CASING
- SPOT 25 SKS CEMENT PLUG AT 6500'
- SPOT 140 SKS CEMENT PLUG AT 5 1/2 STUB 5050' AND WOC
- TAGGED PLUG AT 4927' SPOT W/60SKS CEMENT AND WOC
- TAGGED PLUG AT 4670' SPOT W/45 SKS CEMENT AND WOC
- TAGGED PLUG AT 4618'
- SPOT 30 SKS CEMENT PLUG AT 2039'
- SPOT 15 SKS CEMENT AT SURF AND SET UP P&A MARKER. 08/14/91

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

SIGNATURE Raymond Maldonado TITLE P&A SUPERVISOR DATE 8-14-91

TYPE OR PRINT NAME RAYMOND MALDONADO TELEPHONE NO. (505)397-3502

(This space for State Use)

APPROVED BY Billy E. Preecher TITLE COMPLIANCE OFFICER DATE JAN 09 2003

CONDITIONS OF APPROVAL, IF ANY:

R N

Dr

E

Submit 3 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico
Energy, Minerals and Natural Resources Department

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

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION

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

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

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

I.

Operator PRONGHORN MANAGEMENT CORPORATION (122811)	Well API No. 30-025-03736
Address P.O. BOX 1772 HOBBS, NM 88241	
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> Other (Please explain) MAY 01 1994	
New Well <input type="checkbox"/>	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> OPERATOR NAME CHANGE ONLY
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	
If change of operator give name and address of previous operator BABER WELL SERVICING COMPANY P.O. BOX 1772 HOBBS, NM 88241	

II. DESCRIPTION OF WELL AND LEASE

Lease Name STATE T (14991)	Well No. 3	Pool Name, including Formation TOWNSEND PERMO UPPER PENN	Kind of Lease State, Federal or Fee	Lease No. E-9335
Location Unit Letter N : 3300 Feet From The FSL Line and 1551 Feet From The FWL Line Section 06 Township 16S Range 36E NMPM, 1EA County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate TEXAS NM PIPELINES (222628)	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 60028, SAN ANGELO, TX. 76906					
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) WA Warren Petroleum (224650)					
If well produces oil or liquids, give location of tanks.	Unit N	Sec. 06	Twp. 16S	Rge. 36E	Is gas actually connected?	When?

O-TRNSP. OGRID NO. 020428
 G-TRNSP. OGRID NO. 020650
 OIL POD NO. 50410
 GAS POD NO. 50410

and with that from any other lease or pool, give commingling order number: _____

Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	DIT Res'v
Date Compl. Ready to Prod.	Total Depth			P.B.T.D.				
Name of Producing Formation	Top Oil/Gas Pay			Tubing Depth				
Depth Casing Shoe								
TUBING, CASING AND CEMENTING RECORD								
CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT		

REQUEST FOR ALLOWABLE
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.)

Rank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Tubing Pressure	Casing Pressure	Choke Size	
Oil - Bbls.	Water - Bbls.	Gas- MCP	
Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
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 Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Sherry Wade
Signature **SHERRY WADE** Title **PRODUCTION CLERK**
Printed Name **3.5.94** Telephone No. **(505) 392-5516**
Date

OIL CONSERVATION DIVISION

Date Approved **MAY 20 1994**

By _____ Orig. Signed by **Paul Kantz**
Title _____ Geologist

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.



STATE OF NEW MEXICO
ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT

OIL CONSERVATION DIVISION
HOBBS DISTRICT OFFICE

BRUCE KING
GOVERNOR

POST OFFICE BOX 1980
HOBBS, NEW MEXICO 88241-1980
(505) 393-6161

March 28, 1993

Baber Well Service
P. O. Box 1772
Hobbs, NM 88240

RE: STATE T #3
UNIT N. S6-T16S-R36E

Gentlemen:

The above referenced plugged well site has been inspected by an Oil Conservation Division (OCD) Field Representative, in an attempt to release the location.

As a result of this inspection, the location has still been found to not comply with the requirements of OCD Rules and Regulations.

1. Remove flowline from the location.
1. Fill and/or level pits and cellar.
2. Remove all junk from the location.

When the items above have been completed, please contact Jerry Sexton at (505) 393-6161 or sign this letter below and return it to our address stated above.

Very truly yours

JERRY SEXTON
District I Supervisor

/sad

Operator/Agent

Date





STATE OF NEW MEXICO
ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT
OIL CONSERVATION DIVISION
HOBBS DISTRICT OFFICE

BRUCE KING
GOVERNOR

December 13, 1991

POST OFFICE BOX 1980
HOBBS, NEW MEXICO 88241-1980
(505) 393-6161

Baber Well Servicing Co.
P.O. Box 1772
Hobbs, NM 88240

RE: STATE T #3
UNIT N, S6-T16S-R36E

Gentlemen:

An Oil Conservation Division representative made an inspection on the above referenced plugged well site in an attempt to release the location.

Prior to this release, the following items need to be completed.

1. Pits need to be filled and/or levelled.
2. Cellar needs to be filled and/or levelled.
3. Remove all junk and equipment (flowline).

Please inform our office when this work is completed by signing the bottom portion of this letter and return it to our address listed above.

Yours very truly,

JERRY SEXTON
District I Supervisor

cc: Ray Smith
file

Operator/Agent

Title

Date



Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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

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

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

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

WELL API NO. 30-025-03736
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. E 9335-S
7. Lease Name or Unit Agreement Name STATE "T"
8. Well No. 3
9. Pool name or Wildcat TOWNSEND PERMO UPPER PENN
10. Elevation (Show whether DF, RKB, RT, GR, etc.)

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

1. Type of Well: OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER TA
2. Name of Operator BABER WELL SERVICING, COMPANY
3. Address of Operator P.O. BOX 1772
4. Well Location Unit Letter N : 3300 Feet From The South Line and 1551 Feet From The West Line Section 6 Township 16-S Range 36-E NMMPM Lea County
10. Elevation (Show whether DF, RKB, RT, GR, etc.)

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: <input type="checkbox"/>

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

1. Set CIBP @ ± 10,500', cap w/ 35' cement
2. Circulate hole with mud-laden fluid
3. Nipple up to 5 1/2" csg. Stretch out & pull csg. ± 7500'
4. Spot plug 50' in & out of stub.
5. Spot 100' plug 4743' - 4643'. (Int. csg. shoe)
6. Spot 100' plug 2039' - 1939'. (Top of salt)
7. Spot 10 sx surface plug.
8. Erect dry hole marker. Clean location.

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

SIGNATURE G.A. Baber TITLE President DATE 2/21/91

TYPE OR PRINT NAME G.A. Baber TELEPHONE NO. (505) 397-3502

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE FEB 21 1991

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED
FEB 21 1991

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

State of New Mexico
 Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION

DISTRICT II
 P.O. Drawer DD, Artesia, NM 88210

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

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

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

Operator BABER WELL SERVICING COMPANY		Well API No. 30-025-03736
Address P.O. BOX 1772 HOBBS, NEW MEXICO 88241		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Operator <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator ORYX ENERGY COMPANY, P.O. Box 1861, Midland, Tx. 79702		

II. DESCRIPTION OF WELL AND LEASE

Lease Name STATE T	Well No. 3	Pool Name, Including Formation Townsend Permo Upper Penn	Kind of Lease <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal or Fee	Lease No. E9335-S
Location Unit Letter N : 3300 Feet From The South Line and 1551 Feet From The West Line Section 6 Township 16-S Range 36-E, NMPM, LEA County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input 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 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	Sec.	Twp.	Rge.	Is gas actually connected?	When?

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

IV. COMPLETION DATA

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

V. TEST DATA AND REQUEST FOR ALLOWABLE

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

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

GAS WELL

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

VI. OPERATOR CERTIFICATE OF COMPLIANCE

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

Signature G.A. Baber, III
 G.A. BABER, III PRESIDENT
 Printed Name
 Date 10/30/90 Telephone No. (505) 393-5516

OIL CONSERVATION DIVISION

Date Approved NOV 02 1990
 By ORIGINAL SIGNED BY JERRY SEXTON
 Title DISTRICT ENGINEER

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.

Submit 5 Copies
 appropriate District Office
DISTRICT I
 P.O. Box 1980, Hobbs, NM 88240
DISTRICT II
 P.O. Drawer DD, Artesia, NM 88210
DISTRICT III
 1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
 Energy, Minerals and Natural Resources Department
OIL CONSERVATION DIVISION
 P.O. Box 2088
 Santa Fe, New Mexico 87504-2088

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

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

I.

Operator Oryx Energy Company	Well APN No. 30-025-03736
Address P. O. Box 1861, Midland, Texas 79702	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/> Change in Transporter of: Recompletions <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Operator <input checked="" type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator Sun Exploration & Production Co., P. O. Box 1861, Midland, Texas 79702	

II. DESCRIPTION OF WELL AND LEASE State

Lease Name State T	Well No. 3	Pool Name, including Formation Townsend Permo Upper Penn.	Kind of Lease State, Federal or Fee	Lease No. NM382
Location Unit Letter N : 3300 Feet From The South Line and 1551 Feet From The West Line Section 6 Township 16-S Range 36-E , NMPM , Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Texas New Mexico Pipeline	Address (Give address to which approved copy of this form is to be sent) Box 1510, Midland, Texas 79702			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum	Address (Give address to which approved copy of this form is to be sent) 725 Gulf Bldg., Midland, Texas			
If well produces oil or liquids, give location of tanks.	Unit N	Sec. 6	Trwp. 16	Rge. 36
	Is gas actually connected?		When?	

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

IV. COMPLETION DATA

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

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

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

GAS WELL

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

VI. OPERATOR CERTIFICATE OF COMPLIANCE

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

Maria L. Perez
 Signature
Maria L. Perez Accountant
 Printed Name Title
4-25-89 915-688-0375
 Date Telephone No.

OIL CONSERVATION DIVISION
JUN 19 1989
 Date Approved _____
 By _____
 Title _____
 Orig. Signed by
Paul Kautz
 Geologist

- INSTRUCTIONS:** This form is to be filed in compliance with Rule 1104
- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
 - All sections of this form must be filled out for allowable on new and recompleted wells.
 - Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
 - Separate Form C-104 must be filed for each pool in multiply completed wells.

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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

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

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

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

WELL API NO. ? 30-025-3736
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.

SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)		7. Lease Name or Unit Agreement Name State T	
1. Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	8. Well No. 3		
2. Name of Operator Sun Exploration & Production Company	9. Pool name or Wildcat <i>Permian</i> Townsend <i>Wolfcamp</i>		
3. Address of Operator P.O. Box 1861, Midland, Texas 79702	4. Well Location Unit Letter <u>N</u> : <u>3300</u> Feet From The <u>South</u> Line and <u>1551</u> Feet From The <u>West</u> Line Section <u>6</u> Township <u>16 S</u> Range <u>36 E</u> NMPM <u>Lea</u> County		
10. Elevation (Show whether DF, RKB, RT, GR, etc.)			

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: _____ <input type="checkbox"/>		OTHER: <u>Ta'd well</u> <input checked="" type="checkbox"/>	

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

1-4-89
Pulled pumping unit, tubing and rods out of hole to TA well,
Uneconomical to produce.

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

SIGNATURE *Jerry Sexton* TITLE Accountant DATE 1-6-88

TYPE OR PRINT NAME _____ TELEPHONE NO. _____

(This space for State Use)
**ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR**

APPROVED BY _____ TITLE _____ DATE JAN 09 1989

CONDITIONS OF APPROVAL, IF ANY:

TA expires 1-1-90

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 11-1-78

SUNDRY NOTICES AND REPORTS ON WELLS

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

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
2. Name of Operator Sun Exploration & Production Company		5. State Oil & Gas Lease No.
3. Address of Operator P. O. Box 1861, Midland, Texas 79702		7. Unit Agreement Name
4. Location of well UNIT LETTER <u>N</u> <u>3300</u> FEET FROM THE <u>South</u> LINE AND <u>1551</u> FEET FROM THE <u>West</u> LINE, SECTION <u>6</u> TOWNSHIP <u>16-S</u> RANGE <u>36-E</u> NMPM.		8. Farm or Lease Name State T
15. Elevation (Show whether DF, RT, GR, etc.)		9. Well No. 3
		10. Field and Pool, or Wellcat Townsend Wolfcamp
		12. County Lea

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER <input type="checkbox"/>		OTHER <input type="checkbox"/>	

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Dug cellar out - brought up bradenhead connection.
Witnessed by Eddie Seay with NMOCC 2-22-84.

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

SIGNED Eddie W. Seay TITLE Sr. Accounting Assistant DATE 3-6-84

APPROVED BY Eddie W. Seay TITLE Oil & Gas Inspector DATE MAR 9 1984

CONDITIONS OF APPROVAL, IF ANY:

DISTRIBUTION
STATE FILE
J.S.G.S.
LAND OFFICE
TRANSPORTER
OPERATOR
PRODUCTION 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-105
Effective 1-1-55

I. Operator
Sun Exploration & Production Co.

Address
P. O. Box 1861, Midland, Texas 79702

Reason(s) for filing (Check proper box)

New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/>	Other (Please explain) Name Change Only From: Sun Oil Company
Recompletion <input type="checkbox"/>	Dry Gas <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	Gashead 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

Township Permian zipper Kern R-7222

Lease Name State "T"	Well No. 3	Pool Name, including Formation Townsend Wolfcamp	Kind of Lease State, Federal or Fee	State	Lease No.
Location					
Unit Letter N	3300	Feet From The south	Line and 1551	Feet From The west	
Line of Section 6	Township 16-S	Range 36-E	NMFM, Lea	County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Texas-New Mexico Pipeline	Box 1510, Midland, Texas
Name of Authorized Transporter of Gashead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Warren Petroleum	725 Gulf Bldg., Midland, Texas
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit: N, Sec: 6, Twp: 16, Rge: 36	

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 Rest.	Diff. Rest.
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.

Doris Williams
(Signature)
Accounting Assistant II
(Title)
January 1, 1982
(Date)

OIL CONSERVATION COMMISSION

APPROVED **JAN 21 1982**, 19____
Orig. Signed By
BY Jerry Sexton
Dial L. Suggs
TITLE _____

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

DISTRIBUTION
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
 Substitutes Old C-104 and C-105
 Effective 1-1-85

I. OPERATOR
 SUN OIL COMPANY
 Address
 P.O. Box 1861, Midland, TX 79702

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 type="checkbox"/>
Change in Ownership <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner SUN TEXAS COMPANY, P.O. Box 4067, Midland, TX 79704

II. DESCRIPTION OF WELL AND LEASE

Lease Name State "T"	Well No. 3	Pool Name, including Formation Townsend Wolfcamp	Kind of Lease State, Federal or Fee State	Lease No.
Location				
Unit Letter N	3300	Feet From The South	Line and 1551	Feet From The West
Line of Section 6	Township 16-S	Range 36-E	NMPM,	Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Texas-New Mexico Pipeline	Box 1510, Midland, TX
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Warren Petroleum	725 Gulf Bldg. Midland, TX
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	N 6 16 36

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, 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)

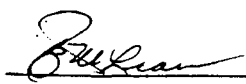
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pivot, 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.



 Production/Proration Supervisor

 (Title)
 July 1, 1981

 (Date)

OIL CONSERVATION COMMISSION

APPROVED 10 21 1981, 19____
 BY [Signature]
 TITLE _____

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 1111.
 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 Form C-104 must be filed for each well to which

DISTRIBUTION	
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

I. Operator
 Operator SUN TEXAS COMPANY
 Address P. O. Box 4067 Midland, Texas 79704
 Reason(s) for filing (Check proper box) New Well Recompletion Change in Ownership
 Change in Transporter of: Oil Casinghead Gas Dry Gas Condensate
 Other (Please explain)

If change of ownership give name and address of previous owner TEXAS PACIFIC OIL COMPANY, INC. P. O. Box 4067 Midland, TX. 79704

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>State "T"</u>	Well No. <u>3</u>	Pool Name, Including Formation <u>Texasian Limestone</u>	Kind of Lease State, Federal or Fee <u>State</u>	Lease No.
Location Unit Letter <u>D</u> ; <u>3200</u> Feet From The <u>S</u> Line and <u>1551</u> Feet From The <u>WEST</u>				
Line of Section <u>6</u> Township <u>12-S</u> Range <u>21-E</u> NMPM, <u>1-2A</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)			
<u>Texaco - Midland Pipeline</u>	<u>Box 1510 Midland, TX</u>			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)			
<u>Midland Pipeline</u>	<u>725 East Burg Midland, TX</u>			
If well produces oil or liquids, give location of tanks.	Unit <u>N</u>	Sec. <u>6</u>	Twp. <u>12-S</u>	Rge. <u>21-E</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:

IV. COMPLETION DATA

Designate Type of Completion - (X)	<input type="checkbox"/> Oil Well	<input type="checkbox"/> Gas Well	<input type="checkbox"/> New Well	<input type="checkbox"/> Workover	<input type="checkbox"/> Deepen	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Same Res'v.	<input type="checkbox"/> Diff. Res'v.
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/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.

C. Engler
 (Signature)
 Regional Operations Superintendent/West
 SEP 12 1980
 (Date)

OIL CONSERVATION COMMISSION
 APPROVED [Signature], 19____
 BY Larry Sexton
 TITLE Dist. L. Supt.

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

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

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease
State Fee

5. State Oil & Gas Lease No.

SUNDRY NOTICES AND REPORTS ON WELLS

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

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator TEXAS PACIFIC OIL CO., Inc.	8. Farm or Lease Name
3. Address of Operator P. O. Box 1069 - Hobbs, New Mexico 88240	9. Well No.
4. Location of Well UNIT LETTER X 3300 FEET FROM THE South LINE AND 1551 FEET FROM THE West LINE, SECTION 6 TOWNSHIP 16-S RANGE 36-L NMPM.	10. Field and Pool, or Wildcat Townsend Wolfcamp
15. Elevation (Show whether DF, RT, GR, etc.) 3953'	12. County Log

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

<p>NOTICE OF INTENTION TO:</p> <p>PERFORM REMEDIAL WORK <input type="checkbox"/></p> <p>TEMPORARILY ABANDON <input type="checkbox"/></p> <p>PULL OR ALTER CASING <input type="checkbox"/></p> <p>OTHER <input type="checkbox"/></p>	<p>SUBSEQUENT REPORT OF:</p> <p>PLUG AND ABANDON <input type="checkbox"/></p> <p>CHANGE PLANS <input type="checkbox"/></p> <p>REMEDIAL WORK <input checked="" type="checkbox"/></p> <p>COMMENCE DRILLING OPNS. <input type="checkbox"/></p> <p>CASING TEST AND CEMENT JOBS <input type="checkbox"/></p> <p>OTHER <input type="checkbox"/></p> <p>ALTERING CASING <input type="checkbox"/></p> <p>PLUG AND ABANDONMENT <input type="checkbox"/></p>
---	--

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

- Moved in, rigged up. Pulled tubing, rods and pump.
- Perforated 1 SPB @ 10,612, 614 $\frac{1}{2}$, 616, 619, 622, 624, 634, 636, 638'.
- Ran RTTS pkr @ 10,645. Treated lower perms 10,650-670' w/7500 gal 1% KCL water + 5000 gal MOD 202 acid. Flushed and overflushed w/5000 gal treated water. (top Pkr @ 10,608)
- Treated new perms w/2000 gal gelled water. Pulled tubing & packer. Ran tubing, RBP @ 10,645'; RTTS pkr @ 10,576'.
- Acidized new perms w/4000 gal gelled water + 2500 gal MOD 202 acid. Overflushed w/2500 gal. treated water.
- Pulled tubing, RTTS packer & RBP. Ran tubing & tubing anchor to 10,558'; SN @ 10,644'.
- Ran rods & pump. Recovered load. Tested.

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

Original Signed by

SIGNED C. R. Tilley TITLE Area Production Foreman DATE 7-17-72

Orig. Signed by
Joe D. Ramey
Dist. I, Supv.

APPROVED BY _____ TITLE _____ DATE JUL 19 1972

CONDITIONS OF APPROVAL, IF ANY:

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

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease
State Fee
5. State Oil & Gas Lease No.

SUNDRY NOTICES AND REPORTS ON WELLS

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

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator TEXAS PACIFIC OIL CO., INC.	8. Farm or Lease Name STATE "T"
3. Address of Operator P. O. Box 1069 - Hobbs, New Mexico 88240	9. Well No. 3
4. Location of Well UNIT LETTER N 3300 FEET FROM THE South LINE AND 1551 FEET FROM THE West LINE, SECTION 6 TOWNSHIP 16-S RANGE 36-E NMPM. Townsend Wolfcamp	10. Field and Pool, or Wildcat
15. Elevation (Show whether DF, RT, GR, etc.) 3958	12. County Lea

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK
TEMPORARILY ABANDON
PULL OR ALTER CASING
OTHER

PLUG AND ABANDON
CHANGE PLANS

SUBSEQUENT REPORT OF:

REMEDIAL WORK
COMMENCE DRILLING OPNS.
CASING TEST AND CEMENT JOB
OTHER

ALTERING CASING
PLUG AND ABANDONMENT

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

1. Move, in, rig up. Pull tubing, rods and pump.
2. Perf 1 SPF @ 10,612, 614 $\frac{1}{2}$, 616, 619, 622, 624, 634, 636, 638'.
3. Run treating packer @ 10,645'. Treat lower perms (10,650-10,700') w/3750 gal. 1% KCL wtr / 2500 gal MOD 202. Flush and overflush.
4. Treat new perms w/2000 gal gelled water, 1250 gal MOD 202, Flush & overflush w/1250 gal treated water.
5. Pull tubing and packer. Run tubing and put on pump. Test.
6. Place well on production.

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

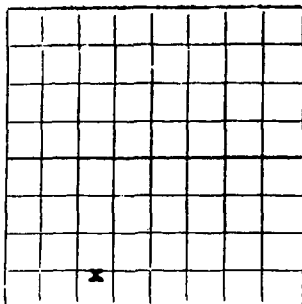
Original Signed by

SIGNED C. R. Tilley TITLE Area Production Foreman DATE 7-12-72

Orig. Signed by
John Runyan
Geologist

APPROVED BY _____ TITLE _____ DATE JUL 13 1972

CONDITIONS OF APPROVAL, IF ANY:



NEW MEXICO OIL CONSERVATION COMMISSION
 Santa Fe, New Mexico

WELL RECORD

Mail to District Office, Oil Conservation Commission, to which Form C-101 was sent not later than twenty days after completion of well. Follow instructions in Rules and Regulations of the Commission. Submit in QUINTUPLICATE. If State Land submit 6 Copies

AREA 640 ACRES
 LOCATE WELL CORRECTLY

Texas Pacific Coal & Oil Company

Summit State "T"

(Company or Operator) **Lot 14**

(Lease)

Well No. **3**, in $\frac{1}{4}$ of $\frac{1}{4}$ of Sec. **6**, T. **16S**, R. **36E**, NMPM.

Townsend Wolfcamp

Pool, **Lea**

County.

Well is **3300** feet from **South** line and **1551** feet from **West** line of Section **6**. If State Land the Oil and Gas Lease No. is **382**

Drilling Commenced **January 8**, 19**58** Drilling was Completed **March 30**, 19**58**

Name of Drilling Contractor **Cactus Drilling Company**

Address **San Angelo, Texas**

Elevation above sea level at Top of Tubing Head **3958**. The information given is to be kept confidential until _____, 19_____.

OIL SANDS OR ZONES

No. 1, from **10,600'** to **10,700'** No. 4, from _____ to _____
 No. 2, from _____ to _____ No. 5, from _____ to _____
 No. 3, from _____ to _____ No. 6, from _____ to _____

IMPORTANT WATER SANDS

Include data on rate of water inflow and elevation to which water rose in hole.

No. 1, from _____ to _____ feet.
 No. 2, from _____ to _____ feet.
 No. 3, from _____ to _____ feet.
 No. 4, from _____ to _____ feet.

CASING RECORD

SIZE	WEIGHT PER FOOT	NEW OR USED	AMOUNT	KIND OF SHOE	CUT AND PULLED FROM	PERFORATIONS	PURPOSE
13-3/8"	48#	New	362'	Guide	-	-	Surface
8-5/8"	32#	New	4693'	F.S.&F.C.	-	-	Intermediate
5-1/2"	17 & 20#	New	10723	G.S.&F.S.	-	-	Oil String

MUDDING AND CEMENTING RECORD

SIZE OF HOLE	SIZE OF CASING	WHERE SET	NO. BAGS OF CEMENT	METHOD USED	MUD GRAVITY	AMOUNT OF MUD USED
17 1/2"	13-3/8"	376	400	Pump	-	-
12 1/2"	8-5/8"	4704	1682	Pump	-	-
7-7/8"	5-1/2"	10736	300	Pump	-	-

RECORD OF PRODUCTION AND STIMULATION

(Record the Process used, No. of Qts. or Gal. used, interval treated or shot.)

Treated perforations at 10,650'-10,700' w/1000 gal. 15% mud acid.

Result of Production Stimulation **Potential**

Depth Cleaned Out _____

RECORD OF DRILL-STEM AND SPECIAL TEST

If drill-stem or other special tests or deviation surveys were made, submit report on separate sheet and attach hereto

TOOLS USED

Rotary tools were used from Surface feet to 10,737 feet, and fromfeet tofeet.
 Cable tools were used fromfeet tofeet, and fromfeet tofeet.

PRODUCTION

Put to Producing April 5, 19 58
OIL WELL: The production during the first 24 hours was 258 barrels of liquid of which 100 % was
 was oil; 0 % was emulsion; 0 % water; and 0 % was sediment. A.P.I.
 Gravity.....
GAS WELL: The production during the first 24 hours wasM.C.F. plusbarrels of
 liquid Hydrocarbon. Shut in Pressure.....lbs.
 Length of Time Shut in.....

PLEASE INDICATE BELOW FORMATION TOPS (IN CONFORMANCE WITH GEOGRAPHICAL SECTION OF STATE):

Southeastern New Mexico		Northwestern New Mexico	
T. Anhy.....		T. Devonian.....	T. Ojo Alamo.....
T. Salt.....		T. Silurian.....	T. Kirtland-Fruitland.....
B. Salt.....		T. Montoya.....	T. Farmington.....
T. Yates.....		T. Simpson.....	T. Pictured Cliffs.....
T. 7 Rivers.....		T. McKee.....	T. Menefee.....
T. Queen.....		T. Ellenburger.....	T. Point Lookout.....
T. Grayburg.....		T. Gr. Wash.....	T. Mancos.....
T. San Andres <u>4680'</u>		T. Granite.....	T. Dakota.....
T. Glorieta <u>6343'</u>		T. <u>Wolfcamp 9642'</u>	T. Morrison.....
T. Drinkard.....		T. <u>"XX" Marker 9970'</u>	T. Penn.....
T. Tubbs <u>7480'</u>		T. <u>III Penn. Lime 10495'</u>	T.
T. Abo <u>8225'</u>		T.	T.
T. Penn.....		T.	T.
T. Miss.....		T.	T.

FORMATION RECORD

From	To	Thickness in Feet	Formation	From	To	Thickness in Feet	Formation
0	380	380	Caliche & Sand				
380	1630	1250	Red Bed				
1630	1785	155	Red Bed & Shells				
1785	1989	204	Anhydrite & Sand				
1989	3090	1101	Anhydrite & Salt				
3090	4621	1531	Anhydrite & Gyp.				
4621	8315	3694	Lime				
8315	8350	35	Lime & Shale				
8350	8434	84	Lime				
8434	8539	105	Lime & Shale				
8539	8630	91	Lime				
8630	8680	50	Lime & Shale				
8680	9922	1242	Lime				
9922	9964	42	Lime & chert				
9964	10013	49	Lime				
10013	10108	95	Lime & Shale				
10108	10737	629	Lime				

ATTACH SEPARATE SHEET IF ADDITIONAL SPACE IS NEEDED

I hereby swear or affirm that the information given herewith is a complete and correct record of the well and all work done on it so far as can be determined from available records.

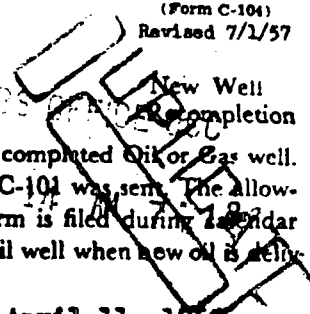
..... May 1, 1958 (Date)

Company or Operator Texas Pacific Coal & Oil Co. Address P. O. Box 1688 - Hobbs, New Mexico
 Name C. D. Baker Position or Title District Engineer

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

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

REQUEST FOR (OIL) - (GAS) ALLOWABLE



This form shall be submitted by the operator before an initial allowable will be assigned to any completed Oil or Gas well. Form C-104 is to be submitted in QUADRUPPLICATE to the same District Office to which Form C-101 was sent. The allowable will be assigned effective 7:00 A.M. on date of completion or recompletion, provided this form is filed during 1st calendar month of completion or recompletion. The completion date shall be that date in the case of an oil well when new oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

Hobbs, New Mexico (Place) April 11, 1958 (Date)

WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS:
Texas Pacific Coal & Oil Co., State "TX", Well No. 3, in Lot 14, 1/4, 1/4, (Company or Operator) (Lease)
N, Sec. 6, T. 16-S, R. 36-E, NMPM., Townsend Wolfcamp Pool

County Lea Date Spudded 1/28/58 Date Drilling Completed 3/30/58
Elevation 3970 DF Total Depth 10,737 PBD 10,722

D	C	B	A
E	F	G	H
L	K	J	I
M	N	O	P
	X		

Top Oil/Gas Pay 10,600 Name of Prod. Form. Wolfcamp
PRODUCING INTERVAL -
Perforations 10,650' - 10,700'
Open Hole Depth Casing Shoe 10,736 Depth Tubing 10,618

OIL WELL TEST -
Natural Prod. Test: 0 bbls. oil, 0 bbls water in hrs, min. Size Choke
Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 258 bbls. oil, 0 bbls water in 24 hrs, min. Size 18/64 Choke

GAS WELL TEST -
Natural Prod. Test: MCF/Day; Hours flowed Choke Size

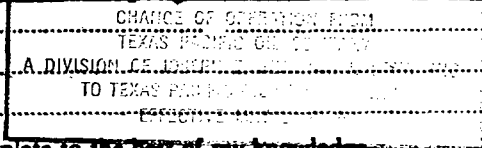
Tubing, Casing and Cementing Record

Size	Feet	Size
13-3/8	362	400
8-5/8	4693	1682
5-1/2	10723	300

Method of Testing (pitot, back pressure, etc.):
Test After Acid or Fracture Treatment: MCF/Day; Hours flowed
Choke Size Method of Testing:

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 500 gallons mud acid
Casing Tubing Date first new
Press. 1700 Press. 5000 oil run to tanks April 5, 1958
Oil Transporter Texas-New Mexico Pipeline Company
Gas Transporter Warren Petroleum Company

Remarks:



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

Approved: [Signature] 1958, Texas Pacific Coal & Oil Company (Company or Operator)

OIL CONSERVATION COMMISSION

By: [Signature] Title: District Engineer
Send Communications regarding well to:
Name: Texas Pacific Coal & Oil Company
Address: P. O. Box 1688 - Hobbs, New Mexico

NEW MEXICO OIL CONSERVATION COMMISSION
SANTA FE, NEW MEXICO

Form C-110
Revised 7/1/55
OFFICE OCC

(File the original and 4 copies with the appropriate district office)

CERTIFICATE OF COMPLIANCE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

APR 12 AM 7:18

Company or Operator Texas Pacific Coal & Oil Company Lease State TX ✓

Well No. 3 Unit Letter N S 6 T 16S R 36E Pool Townsend Wolfcamp

County Lea Kind of Lease (State, Fed. or Patented) State

If well produces oil or condensate, give location of tanks: Unit N S 6 T 16S R 36E

Authorized Transporter of Oil or Condensate Texas-New Mexico Pipeline Company

Address Midland, Texas
(Give address to which approved copy of this form is to be sent)

Authorized Transporter of Gas Warren Petroleum Company

Address Attn: Mr. T. E. Baper, Box 1045, Hobbs, New Mexico
(Give address to which approved copy of this form is to be sent)

If Gas is not being sold, give reasons and also explain its present disposition:

Reasons for Filing: (Please check proper box) New Well ()

Change in Transporter of (Check One): Oil () Dry Gas () C'head () Condensate ()

Change in Ownership () Other ()

Remarks: (Give explanation below)

The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.

Executed this the 11th day of April 1958

By [Signature]

Approved APR 12 1958 1958

Title District Engineer

OIL CONSERVATION COMMISSION

Company Texas Pacific Coal & Oil Co.

By [Signature]

Address P. O. Box 1688

Title District Engineer

Hobbs, New Mexico

DUPLICATE
Form C-103

(Revised 3-55)

11 7 18

NEW MEXICO OIL CONSERVATION COMMISSION
MISCELLANEOUS REPORTS ON WELLS

(Submit to appropriate District Office as per Commission Rule 1106)

COMPANY Texas Pacific Coal & Oil Co., P. O. Box 1688, Hobbs, New Mexico
(Address)

LEASE State "T" WELL NO. 3 UNIT N S 6 T 16S R 36E

DATE WORK PERFORMED 3/30/58 - 4/3/58 POOL Townsend Wellcamp

This is a Report of: (Check appropriate block) Results of Test of Casing Shut-off

Beginning Drilling Operations.

Remedial Work

Plugging

Other _____

Detailed account of work done, nature and quantity of materials used and results obtained.

Ran 343 (10,723') joints of 5 1/2" N-80, 17#, 20# and X-line casing. Set at 10,736' and cemented with 300 sacks of Neat cement. Pumped plug to 10,701' at 5:30 a.m., 3/30/58. Ran temperature survey and found top of cement at 9535'. Drilled out plug on 4/1/58 - failed to find cement below plug. Perforated with 4 shots at 10,734'-35'. Set cement retainer at 10,728' and squeezed perforations with 80 sacks of Neat cement at 6000 psi maximum pressure. Left cement on top of retainer to 10,722'.

Tested casing with 1000# for 30 minutes on 4/3/58. Pipe tested O.K.

FILL IN BELOW FOR REMEDIAL WORK REPORTS ONLY

Original Well Data:

DF Elev. _____ TD _____ PBD _____ Prod. Int. _____ Compl Date _____

Tbng. Dia _____ Tbng Depth _____ Oil String Dia _____ Oil String Depth _____

Perf Interval (s) _____

Open Hole Interval _____ Producing Formation (s) _____

RESULTS OF WORKOVER: BEFORE AFTER

Date of Test _____

Oil Production, bbls. per day _____

Gas Production, Mcf per day _____

Water Production, bbls. per day _____

Gas-Oil Ratio, cu. ft. per bbl. _____

Gas Well Potential, Mcf per day _____

Witnessed by _____ (Company)

OIL CONSERVATION COMMISSION

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

Name E. Fischer

Name B. A. Baker

Title Inspector

Position District Engineer

Date Apr 14 1958

Company Texas Pacific Coal & Oil Company

NEW MEXICO OIL CONSERVATION COMMISSION
MISCELLANEOUS REPORTS ON WELLS

(Submit to appropriate District Office as per Commission Rule 1106)

COMPANY Texas Pacific Coal & Oil Company P. O. Box 1688 - Hobbs, New Mexico
(Address)

LEASE State "T" WELL NO. 3 UNIT N S 6 T 16S R 36E

DATE WORK PERFORMED 2-11-58 POOL Townsend Wolfcamp

This is a Report of: (Check appropriate block) Results of Test of Casing Shut-off

Beginning Drilling Operations

Remedial Work

Plugging

Other _____

Detailed account of work done, nature and quantity of materials used and results obtained.

Ran 150 jts. (4693') 8-5/8" 32# J-55 and H-40 Sals. Casing.
Set @ 4704' w/1482 axs 40% Diacel D w/2% Cacl₂, plus 200
axs Reg. Neat cement. Plug down @ 7:15 P.M. @ 4670'. Circ.
75 axs. Fleet shoe and fleet collar on bottom joint. Bar
and cage type centralizer's used.

Tested casing @ 1000 psi for 30 mins. before and after
drilling out. Test ok.

FILL IN BELOW FOR REMEDIAL WORK REPORTS ONLY

Original Well Data:

DF Elev. _____ TD _____ PBD _____ Prod. Int. _____ Compl Date _____

Tbng. Dia _____ Tbng Depth _____ Oil String Dia _____ Oil String Depth _____

Perf Interval (s) _____

Open Hole Interval _____ Producing Formation (s) _____

RESULTS OF WORKOVER:

BEFORE

AFTER

Date of Test _____

Oil Production, bbls. per day _____

Gas Production, Mcf per day _____

Water Production, bbls. per day _____

Gas-Oil Ratio, cu. ft. per bbl. _____

Gas Well Potential, Mcf per day _____

Witnessed by _____

(Company)

OIL CONSERVATION COMMISSION

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

Name E. Fischer

Name _____

Title _____

Position Petroleum Engineer

Date _____

Company Texas Pacific Coal & Oil Company

NEW MEXICO OIL CONSERVATION COMMISSION
MISCELLANEOUS REPORTS ON WELLS

(Submit to appropriate District Office as per Commission Rule 1106)

COMPANY Texas Pacific Coal & Oil Company P. O. Box 1688 Hobbs, New Mexico
(Address)

LEASE State "T" WELL NO. 3 UNIT F/S 6 T 16S R 36E

DATE WORK PERFORMED 1-29-58 POOL Townsend Wolfcamp

This is a Report of: (Check appropriate block) Results of Test of Casing Shut-off

Beginning Drilling Operations

Remedial Work

Plugging

Other _____

Detailed account of work done, nature and quantity of materials used and results obtained.

Spudded in at 4:00 P.M., January 28, 1958. Drilled to T.D. 380'.

Ran 11 jts. (362') 13-3/8" 48# H-40 8Rd thd. ST&C Sals. casing.
Set @ 376' w/400 sx. Reg. Neat cement. Plug down @ 6:30 A.M.,
January 29, 1958. Plug @ 361'. Circulated 5 sx. Guide shoe
on bottom.

Tested pipe @ 800 psi. Test O.K.

FILL IN BELOW FOR REMEDIAL WORK REPORTS ONLY

Original Well Data:

DF Elev. _____ TD _____ PBD _____ Prod. Int. _____ Compl Date _____

Tbng. Dia _____ Tbng Depth _____ Oil String Dia _____ Oil String Depth _____

Perf Interval (s) _____

Open Hole Interval _____ Producing Formation (s) _____

RESULTS OF WORKOVER:

BEFORE

AFTER

Date of Test _____

Oil Production, bbls. per day _____

Gas Production, Mcf per day _____

Water Production, bbls. per day _____

Gas-Oil Ratio, cu. ft. per bbl. _____

Gas Well Potential, Mcf per day _____

Witnessed by _____

(Company)

OIL CONSERVATION COMMISSION

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

Name [Signature]

Name [Signature]

Title _____

Position Petroleum Engineer

Date _____

Company Texas Pacific Coal & Oil Company

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

Form G-101
 Revised (12/1/55)

NOTICE OF INTENTION TO DRILL

Notice must be given to the District Office of the Oil Conservation Commission and approval obtained before drilling or recompletion begins. If changes in the proposed plan are considered advisable, a copy of this notice showing such changes will be returned to the sender. Submit this notice in QUINTUPLICATE. One copy will be returned following approval. See additional instructions in Rules and Regulations of the Commission. If State Land submit 6 Copies Attach Form G-128 in triplicate to first 3 copies of form G-101

Fort Worth 1, Texas
 (Place)

January 22, 1958
 (Date)

OIL CONSERVATION COMMISSION
 SANTA FE, NEW MEXICO

Gentlemen:

You are hereby notified that it is our intention to commence the Drilling of a well to be known as

TEXAS PACIFIC COAL AND OIL COMPANY

(Company or Operator)

State of New Mexico "T"
 (Lease)

, Well No. **3**, in **SW 1/4** (Unit) The well is

located **3300** feet from the **South** line and **1551** feet from the

West line of Section **6**, T. **16-S**, R. **36-E**, NMPM.

(GIVE LOCATION FROM SECTION LINE)

Tombs Pool, **Lee** County

If State Land the Oil and Gas Lease is No. **382**

If patented land the owner is.....

Address.....

We propose to drill well with drilling equipment as follows: **Rotary**

The status of plugging bond is **Required Bond on File**

Drilling Contractor **Cactus Drilling Corporation**

We intend to complete this well in the **Wolfcamp** formation at an approximate depth of **11,000'** feet.

CASING PROGRAM

We propose to use the following strings of Casing and to cement them as indicated:

Size of Hole	Size of Casing	Weight per Foot	New or Second Hand	Depth	Sacks Cement
17-1/4"	13-3/8"	48#	New	300'	300
12-1/4"	8-5/8"	28-32#	"	4,700'	2,000
7-7/8"	5-1/2"	17-20#	"	11,000'	3,000

If changes in the above plans become advisable we will notify you immediately.

ADDITIONAL INFORMATION (If recompletion give full details of proposed plan of work.)

Approved....., 19.....
 Except as follows:

OIL CONSERVATION COMMISSION

By.....

Sincerely yours,

TEXAS PACIFIC COAL AND OIL COMPANY
 (Company or Operator)

By.....

Position **Manager of Production**

Send Communications regarding well to

Name **R. W. Hines**

Address **P.O. Box 2110, Fort Worth 1, Texas**

Form O-128
Revised 5/1/57

NEW MEXICO OIL CONSERVATION COMMISSION

Well Location and Acreage Dedication Plat

Section A.

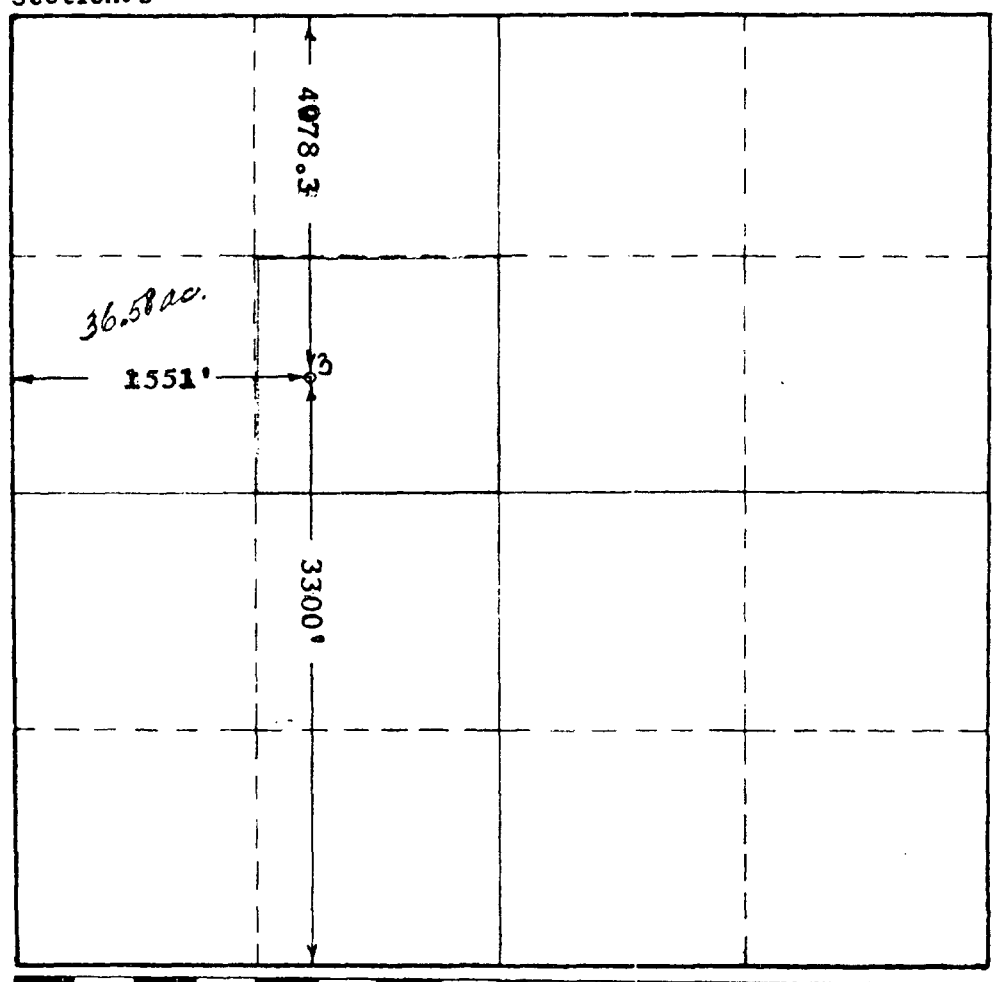
Date 1-20-1958

Operator Texas Pacific Coal & Oil Co. lease State of New Mexico "T"
 Well No. 3 Unit Letter N Section 6 Township 16 South Range 36 East NMPM
 Located 3300 Feet From South Line, 1551 Feet From West Line
 County Lea C. E. Elevation 3958.2 Dedicated Acreage UNDESIGNATED Acres
 Name of Producing Formation Holston Pool UNDESIGNATED

1. Is the Operator the only owner* in the dedicated acreage outlined on the plat below?
 Yes x No _____.
2. If the answer to question one is "no," have the interests of all the owners been consolidated by communitization agreement or otherwise? Yes _____ No _____. If answer is "yes," Type of Consolidation _____.
3. If the answer to question two is "no," list all the owners and their respective interests below:

<u>Owner</u>	<u>Land Description</u>

Section B



This is to certify that the information in Section A above is true and complete to the best of my knowledge and belief.

TEXAS PACIFIC COAL & OIL COMPANY

(Operator)
R. W. Linn
 (Representative)

P.O. Box 2110, Fort Worth 1, Texas
 Address

This is to certify that the well location shown on the plat in Section B was plotted from field notes of actual surveys made by me or under my supervision and that the same is true and correct to the best of my knowledge and belief.

Date Surveyed 1-21-1958
John W. West
 Registered Professional Engineer and/or Land Surveyor.

Certificate No. 676

(See instructions for completing this form...)

CMD :
OG6CLOG

ONGARD

02/22/05 10:56:55
OCOMES -TP80

15

C105-WELL COMPLETION OR RECOMP CASING LOG

OGRID Identifier : 122811 PRONGHORN MANAGEMENT CORP
Prop Identifier : 14991 STATE T
API Well Identifier : 50 25 3737 Well No : 004
Surface Locn - UL : 11 Sec : 6 Twp : 16S Range : 36E Lot Idn :
Multiple comp (S/W/C) : S TVD Depth (Feet) : 10727 MVD Depth (Feet) : 10727
Spud Date : P/A Date : 04-26-2002
Casing/Linear Record:

S Size Grade Weight Depth(fr) Depth(ft) Hole Size Cement - - - TOC ----
(inches) (lb/ft) Top-Liner Bot-Liner (inches) (Sacks) (feet) Code

S0004: No matching record found. Enter data to create.

PF01 HELP PF02 PF03 EXIT PF04 GoTo PF05 PF06 CONFIRM
PF07 PF08 PF09 COMMENT PF10 TLOG PF11 PF12

Well P+A'ed 4-26-2002

CMD :
OG6IWCM

ONGARD
INQUIRE WELL COMPLETIONS

02/22/05 10:57:01
OGOMBS -TP90

API Well No : 30 25 3737 Eff Date : 04-26-2002 WC Status : P
Pool Idn : 59847 TOWNSEND;PERMO UPPER PENN
OGRID Idn : 122811 PRONGHORN MANAGEMENT CORP
Prop Idn : 14991 STATE T

Well No : 004
GL Elevation: 3958

	U/L	Sec	Township	Range	North/South	East/West	Prop/Act(P/A)
B.H. Locn	: 11	6	16S	36E	FTG 4620 F S	FTG 1885 F W	P
Lot Identifier:							
Dedicated Acre:							
Lease Type							: S
Type of consolidation (Comm, Unit, Forced Pooling - C/U/F/O) :							

M0025: Enter PF keys to scroll

PF01 HELP PF02 PF03 EXIT PF04 GoTo PF05 PF06
PF07 PF08 PF09 PF10 NEXT-WC PF11 HISTORY PF12 NXTREC

15

Submit 3 Copies To Appropriate District Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Ave., Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
Revised March 25, 1999

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

WELL API NO. 30-025-03737
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. E 9335-5
7. Lease Name or Unit Agreement Name: STATE T
8. Well No. 4
9. Pool name or Wildcat Townsend Permo Upper Penn

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

1. Type of Well:
Oil Well Gas Well Other

2. Name of Operator
Pronghorn Mgt. Corp.

3. Address of Operator
P. O. Box 1772 Hobbs, NM 88241

4. Well Location
Unit Letter K : 4620 feet from the South line and 1885 feet from the West line
Section 6 Township 16S Range 36E NMPM Lea County

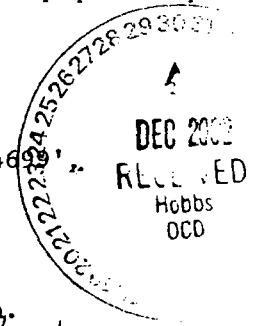
10. Elevation (Show whether DR, RKB, RT, GR, etc.)
3958'

11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input checked="" type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: <input type="checkbox"/>	

12. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

1. Circulate hole with mud laden fluid. POOH with tubing.
2. Nipple up to 5½" casing. Stretch, cut and pull 5501' casing.
3. Spot cement plug 50' in and out of stub. WOC - tag @ 5450'.
4. Spot 100' cement plug @ intermediate casing shoe. WOC - tag @ 4690'.
5. Spot 100' cement plug @ top of salt. WOC and tag @ 1920'.
6. Nipple up to 8 5/8" casing. Stretch, cut, and pull 503' casing.
7. Spot cement plug 50' in and out of stub. WOC - Tag @ 450'.
8. Spot 100' cement plug @ 13 3/8" shoe. WOC tag @ 325'.
9. Spot 10 sx surface plug. Erect dry hole marker. Clean location.



04/26/02

Loc 01-3-03 B&P

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Guy A. Baber TITLE PARTNER DATE 12/11/02

Type or print name Guy A. Baber Telephone No. 505-393-9176

(This space for State use)

APPROVED BY GARY W. WINK ORIGINAL SIGNED BY GARY W. WINK DATE JAN 03 2003

Conditions of approval, if any: OC FIELD REPRESENTATIVE II/STAFF MANAGER

Submit 3 Copies To Appropriate District Office
 District I
 1625 N. French Dr., Hobbs, NM 88240
 District II
 1301 W. Grand Ave., Artesia, NM 88210
 District III
 1000 Rio Brazos Rd., Aztec, NM 87410
 District IV
 1220 S. St. Francis Dr., Santa Fe, NM 87503

State of New Mexico
 Energy, Minerals and Natural Resources
OIL CONSERVATION DIVISION
 1220 South St. Francis Dr.
 Santa Fe, NM 87505

Form C-103
 Revised March 25, 1999

WELL APIN NO. 30-025-03737
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. E 9335-5
7. Lease Name or Unit Agreement Name: State "T"
8. Well No. 4
9. Pool name or Wildcat Townsend Permo Upper Perm

SUNDRY NOTICES AND REPORTS ON WELLS
 (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMITS" (FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well:
 Oil Well Gas Well Other

2. Name of Operator
Proghorn Mgt. Corp.

3. Address of Operator
P.O. Box 1772 Hobbs, N.M. 88241

4. Well Location
 Unit Letter **K** **4620** feet from the **South** line and **1885** feet from the **West** line
 Section **6** Township **16-S** Range **36-E** NMPM **Lea** County

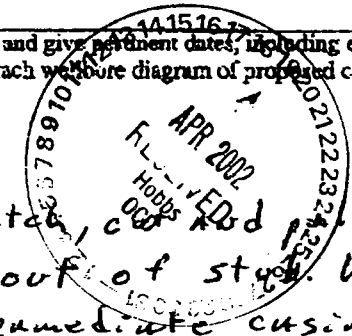
10. Elevation (show whether DR, RKB, RT, GR, etc.)
3958'

11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input checked="" type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER: <input type="checkbox"/>

12. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

1. Move in and rig up.
 2. PDDH with tubing.
 3. Nipple up to 5 1/2" casing. Stretch, cement and plug casing.
 4. Spot cement plug 50' in and out of string. WOC and tag.
 5. Spot 100' cement plug at intermediate casing shoe. tag
 6. Spot 100' cement plug at top of salt. Tag
 7. Spot 25 sx on 100' cement plug at 13 3/8" casing shoe. tag
 8. Spot 10 sx surface plug.
 9. Exact dry hole marker. Clean location.



I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE *G. A. Baben* TITLE Partner DATE 04/19/02

Type or print name G. A. Baben Telephone No. 505-343-9176
 (This space for State use)

APPROVED BY _____ TITLE ORIGINAL SIGNED BY DATE APR 19 2002
PAUL F. KAUTZ
PETROLEUM ENGINEER

THE COMMISSION MUST BE NOTIFIED 24 HOURS PRIOR TO THE BEGINNING OF PLUGGING OPERATIONS FOR THE C-103 TO BE APPROVED.

S
C

[Handwritten mark]

ID: SAP0204509592 Entity ID: 30025037370000

General Compliance Information
Pop-Up Well Summary Information
 Date of Violation: 05/14/2000

Approved Plan? No
 Date Comp. Required
 SNC No.

Violation Category: SNC Method:

Violation Type(s)
 Monitoring/Reporting

PW Not Received Logs Sundry PA C-115 Other

Legal Action: Filed Canceled Affirmed

Dates: Dt Action Withdrawn: Date Final:

Order No: Docket No:

Penalty Information:

Date Assessed: Date Collected:
 Amt. Assessed: Amt. Collected:

Finalize Compliance Cycle

Corrective Actions by Operator:

Type of CA	Date CA:
Plugging Plan Submitted	4/19/2002

Date Physical Compliance Achieved:

(Legal/Penalty actions may be pending.)

Notification and Enforcement Actions

Type Notification	Date NOV	Type Enforcement	Date ENF
Other Notification	05/14/2000	Notice of Violation	
Other Notification	11/01/2001	Show Cause Hearing	

Notes
 SET FOR 03/07/02 HEARING.
 INT TO PA 04/19/02

Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator PRONGHORN MANAGEMENT CORPORATION (122811)	Well API No. 30-025-03737
Address P.O. BOX 1772 HOBBS, NM 88241	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Operator <input checked="" type="checkbox"/> Other (Please explain) OPERATOR NAME CHANGE ONLY	
Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate	
If change of operator give name and address of previous operator BABER WELL SERVICING COMPANY P.O. BOX 1772 HOBBS, NM 88241	

MAY 01 1994

II. DESCRIPTION OF WELL AND LEASE

Lease Name STATE T (14991)	Well No. 4	Pool Name, including Formation TOWNSEND PERMO UPPER PERM (59847)	Kind of Lease (State/Federal or Base)	Lease No. E-9335
Location Unit Letter K : 4620 Feet From The FSL Line and 1885 Feet From The FMT Line Section 06 Township 16S Range 36E , NMPM , LEA County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate Texas NM Pipeline (022628)	Address (Give address to which approved copy of this form is to be sent) T/A
Name of Authorized Transporter of Casinghead Gas or Dry Gas Warren Petroleum (024650)	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 Sec. Twp. Rgn. Is gas actually connected? When?

If this well is connected with that from any other lease or pool, give commingling order number:

IV. 1	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Re'v	BIT Res'v
D	(X)							
Date	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elev	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perf					Depth Casing Shoe			

TUBING, CASING AND CEMENTING RECORD		
CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

V. TEST FOR ALLOWABLE (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 of Test	Producing Method (Flow, pump, gas lift, etc.)	
Tubing Pressure	Casing Pressure	Choke Size
Oil - Bbls.	Water - Bbls.	Gas - MCF
Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
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 Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature Sherry Wade
 Printed Name **SHERRY WADE** Title **PRODUCTION CLERK**
 Date 3-5-94 Telephone No. **(505) 392-5516**

OIL CONSERVATION DIVISION

Date Approved MAY 20 1994

By Paul Kauts Title Geologist

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.

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO. 30-025-03737
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. E 9335-5
7. Lease Name or Unit Agreement Name STATE "T"
8. Well No. 4
9. Pool name or Wildcat <i>Permo Upper</i> TOWNSHIP-END-WOLFCAMP <i>Perm</i>

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>
2. Name of Operator BABER WELL SERVICING COMPANY
3. Address of Operator P.O. BOX 1772 HOBBS, NM 88241
4. Well Location Unit Letter <u>K</u> : <u>4620</u> Feet From The <u>South</u> Line and <u>1885</u> Feet From The <u>West</u> Line Section <u>6</u> Township <u>16-S</u> Range <u>36-E</u> NMPM LEA County
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3958'

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input checked="" type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: <input type="checkbox"/>	

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

- 1) M.I.R.U.
- 2) Install 6" - 900 B.O.P.
- 3) Unable to unseat anchor at 10,400'.
- 4) Received permission from NMOCC to cut tbg.
- 5) Cut tbg @ 10,400'.
- 6) Tag plug @ 10,000'.
- 7) Set 35 sks plug @ 7,500'.
- 8) Tag plug @ 7,500'.
- 9) File application to make disposal well
- 10) Shut in well
- 11) Temporarily abandon well

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE G.A. Baber, Jr. TITLE CHRMN OF BOARD DATE 10/18/93

TYPE OR PRINT NAME G.A. BABER, JR. TELEPHONE NO. 392-5516

(This space for State Use)

APPROVED BY Paul Kauts Geologist TITLE _____ DATE OCT 21 1993

CONDITIONS OF APPROVAL, IF ANY:

Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS**

I.

Operator BABER WELL SERVICING COMPANY	Well API No. 30-025-03737
Address P.O. BOX 1772 HOBBS, NEW MEXICO 88241	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/> Change in Transporter of: Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Operator <input checked="" type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator ORXX ENERGY COMPANY, P.O. Box 1861, Midland, Tx. 79702	

II. DESCRIPTION OF WELL AND LEASE

Lease Name STATE T	Well No. 4	Pool Name, Including Formation Townsend Permo Upper Penn	Kind of Lease State, Federal or Fee	Lease No. E9335-S
Location Unit Letter K , 4620 Feet From The South Line and 1885 Feet From The West Line Section 6 Township 16-S Range 36-E , NMPM , LEA County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Texas New Mexico Pipeline	Address (Give address to which approved copy of this form is to be sent) Box 1510, Midland, Texas 79702
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum	Address (Give address to which approved copy of this form is to be sent) PO Box 1589, 1 Petroleum, Tulsa, Ok. 74102
If well produces oil or liquids, give location of tanks. Unit M Sec. 6 Twp. 16-S Rge. 36-E	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:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Performations						Depth Casing Shoe		
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF.

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature *J.A. Baber*
G. A. BABER, III PRESIDENT
Printed Name **10/30/90** Title **(505) 393-5516**
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved **NOV 14 1990**
By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT SUPERVISOR
Title _____

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.

Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Oryx Energy Company	Well API No. 30-025-03737
Address P. O. Box 1861, Midland, Texas 79702	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of operator give name and address of previous operator **Sun Exploration & Production Co., P. O. Box 1861, Midland, Texas 79702**

II. DESCRIPTION OF WELL AND LEASE State

Lease Name State T	Well No. 4	Pool Name, Including Formation Townsend Permo Upper Penn.	Kind of Lease State, Federal or Fee	Lease No. NM382
Location				
Unit Letter K : 4620 Feet From The South Line and 1885 Feet From The West Line				
Section 6 Township 16-S Range 36-E , NMPM , Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Texas New Mexico Pipeline	Box 1510, Midland, Texas 79702
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)
Warren Petroleum	725 Gulf Bldg., Midland, Texas
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When?
Unit M Sec. 6 Twp. 16 Rge. 36	

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Maria L. Perez
Signature
Maria L. Perez Accountant
Printed Name Title
Date **4-25-89** Telephone No. **915-688-0375**

OIL CONSERVATION DIVISION
JUN 19 1989

Date Approved _____

By **Paul Kautz**
Geologist

Title _____

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.

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OPERATOR	

CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 12-1-78

3a. Indicate Type of Lease
State Fee
3. State Oil & Gas Lease No.

SUNDRY NOTICES AND REPORTS ON WELLS

DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR.
USE APPLICATION FOR PERMIT TO DRILL (FORM C-101) FOR SUCH PROPOSALS.

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator Sun Exploration & Production Company	8. Farm or Lease Name State T
3. Address of Operator P. O. Box 1861, Midland, Texas 79702	9. Well No. 4
4. Location of well UNIT LETTER <u>K</u> <u>4620</u> FEET FROM THE <u>South</u> LINE AND <u>1885</u> FEET FROM THE <u>West</u> LINE, SECTION <u>6</u> TOWNSHIP <u>16-S</u> RANGE <u>36-E</u> NMPM.	10. Field and Pool, or Acrecat Townsend Wolfcamp
11. Elevation (Show whether DF, RT, GR, etc.)	12. County Lea

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK PLUG AND ABANDON
 TEMPORARILY ABANDON CHANGE PLANS
 PULL OR ALTER CASING OTHER

SUBSEQUENT REPORT OF:

REMEDIAL WORK ALTERING CASING
 COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT
 CASING TEST AND CEMENT JOB
 OTHER

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Dug cellar out - brought up bradenhead connection.
Witnessed by Eddie Seay with NMOCC 2-22-84.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED Eddie W. Seay TITLE Sr. Accounting Assistant DATE 3-6-84
 APPROVED BY Oil & Gas Inspector DATE MAR 9 1984
 CONDITIONS OF APPROVAL, IF ANY:

DISTRIBUTION
SANTA FE
FILE
J.S.G.S.
LAND OFFICE
TRANSPORTER
OIL
GAS
OPERATOR
PRODUCTION 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-11
 Effective 1-1-55

I. Operator
 Sun Exploration & Production Co.
 Address
 P. O. Box 1861, Midland, Texas 79702

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)
 Name Change Only
 From: Sun Oil Company

If change of ownership give name
 and address of previous owner

II. DESCRIPTION OF WELL AND LEASE *Townsend Permian Lease R-7232*

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
State T	4	Townsend Wolfcamp	State, Federal or Fee	State

Location
 Unit Letter K ; 4620 Feet From The south Line and 1885 Feet From The west
 Line of Section 6 Township 16-S Range 36-E, NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS *TA'd*

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input 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 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	Sec.	Twp.	Rge.	Is gas actually connected?	When

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil well	Gas well	New Well	Workover	Deepen	Plug Back	Same Rest'n.	Diff. Rest'n.
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

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.

Doris Williams
 Accounting Assistant II
 January 1, 1982

OIL CONSERVATION COMMISSION

APPROVED *[Signature]*, 19
 BY *Jerry Sexton*
 TITLE *Dist. 1. Supv.*

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 Form C-104 must be filed for each pool in multiple

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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-105
 Effective 1-1-65

I. Operator
SUN OIL COMPANY
 Address
P.O. Box 1861, Midland, TX 79702

Reason(s) for filing (Check proper box) Other (Please explain)

New Well Change in Transporter of:
 Oil Dry Gas
 Recompletion Oil Condensate
 Change in Ownership Casinghead Gas

If change of ownership give name and address of previous owner **SUN TEXAS COMPANY, P.O. Box 4067, Midland, TX 79704**

II. DESCRIPTION OF WELL AND LEASE

Lease Name State T	Well No. 4	Pool Name, including Formation Townsend Wolfcamp	Kind of Lease State, Federal or Fee State	Lease No.
Location Unit Letter K , 4620 Feet From The South Line and 1885 Feet From The West				
Line of Section 6 Township 16-S Range 36-E , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS **TA'd**

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input 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 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 Sec. Twp. Rge. Is gas actually connected? When

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

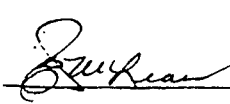
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MWCF	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.


 (Signature)
Production/Proration Supervisor
 (Title)
July 1, 1981
 (Date)

OIL CONSERVATION COMMISSION
JUL 21 1981
 APPROVED _____, 19____
 BY _____
 TITLE _____

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 1111.
 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 well in multiple-

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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease
State Fee
5. State Oil & Gas Lease No.
382

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL GAS WELL OTHER
2. Name of Operator
Texas Pacific Oil Company, Inc.
3. Address of Operator
P.O. Box No. 4067, Midland, Texas 79701
4. Location of Well
UNIT LETTER K 4620 FEET FROM THE South LINE AND 1885 FEET FROM
THE West LINE, SECTION 6 TOWNSHIP 16-S RANGE 36-E NMPM.
10. Field and Pool, or Wildcat
Tarrant Wolfcamp P

7. Unit Agreement Name
8. Form or Lease Name
State "T"
9. Well No.
4
12. County
Lea

15. Elevation (Show whether DF, RT, GR, etc.)
3970 KB

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER <u>Well Status</u> <input checked="" type="checkbox"/>

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1703.

7/11 Oct 13, 1969.
Well shut in, TA'd in October 1969 due to uneconomical producing rates. Work over or plugging operations will commence in 1975.

Expires 1/1/75

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED Lloyd Wright TITLE Area Supt DATE 11-6-74

APPROVED BY Joe D. P... TITLE Dist. I. Supt. DATE _____

CONDITIONS OF APPROVAL, IF ANY:

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NEW MEXICO OIL CONSERVATION COMMISSION

Form O-100
 Proposed by the
 N.M.O.C.C. and O-100
 Effective 1-1-69

14. Well Type Oil Well Gas Well
 15. Well Number **382**

SUNDRY NOTICES AND REPORTS ON WELLS

DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG A WELL TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT -" (FORM O-101) FOR SUCH PROPOSALS.

1. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER	7. Well Completion Status
2. Name of Operator TEXAS PACIFIC OIL COMPANY, INC	8. State STATE T
3. Address of Operator P.O. BOX 4067, MIDLAND, TEXAS 79701	9. Well No. 4
4. Location of Well UNIT LETTER K , 4620 FEET FROM THE SOUTH LINE AND 1885 FEET FROM THE WEST LINE, SECTION 6 TOWNSHIP 16-S RANGE 36-E N.M.P.M.	10. Name of Field, or Well Unit TOWNSAND WOLFCAMP
11. Elevation (Show whether DF, RT, GP, etc.) 3970	12. County LEA

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPERATIONS <input type="checkbox"/>	RE-CLASSIFICATION <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <input checked="" type="checkbox"/> WELL STATUS

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, times, etc., for any proposed work) SEE RULE 1103.

well shut in. TA'd on October 13, 1969 due to uneconomical producing rates. Work over or plugging operations will commence in 1976.

Expires 11-1-76

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNER L. Wright TITLE Area Supt

11-7-75

APPROVED BY _____ TITLE _____

11-1-1975

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LAND OFFICE		
OPERATOR		

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease
State Fee

5. State Oil & Gas Lease No.
382

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL GAS WELL OTHER-
2. Name of Operator
TEXAS PACIFIC OIL COMPANY, INC.

3. Address of Operator
Post Office Box 1069 - Hobbs, New Mexico 88240

4. Location of Well
UNIT LETTER **K** **4620** FEET FROM THE **SOUTH** LINE AND **1885** FEET FROM
THE **WEST** LINE, SECTION **6** TOWNSHIP **16 - S** RANGE **36 - E** NMPM.

7. Unit Agreement Name
8. Farm or Lease Name
State "T"

9. Well No.
4

10. Field and Pool, or Wildcat
Townsend Wolfcamp

15. Elevation (Show whether DF, RT, GR, etc.)
3970 KB

12. County
Lea

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input checked="" type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <input type="checkbox"/>

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

The above was temporarily abandoned as of October 13, 1969.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

Original Signed by
SIGNED [Signature] TITLE Area Superintendent DATE 11-7-69

APPROVED BY [Signature] TITLE SUPERVISOR DISTRICT DATE NOV 10 1969
CONDITIONS OF APPROVAL, IF ANY:

DUPLICATE

Form C-103
(Revised 3-55)

NEW MEXICO OIL CONSERVATION COMMISSION
MISCELLANEOUS REPORTS ON WELLS

(Submit to appropriate District Office as per Commission Rule 1106)

COMPANY Texas Pacific Coal & Oil Company P. O. Box 1688 Hobbs, New Mexico
(Address)

LEASE State "T" WELL NO. 4 UNIT K S 6 T 16-S R 36-E

DATE WORK PERFORMED 10/2 - 6/58 POOL Townsend-Wolfcamp

This is a Report of: (Check appropriate block) Results of Test of Casing Shut-off
 Beginning Drilling Operations Remedial Work
 Plugging Other _____

Detailed account of work done, nature and quantity of materials used and results obtained.

Killed well with oil and lowered packer from
10,595' to 10,640. Acidized with 500 gals.
of H.E.C. at a maximum pressure of 1000#.
Swabbed and tested well.

FILL IN BELOW FOR REMEDIAL WORK REPORTS ONLY

Original Well Data:

DF Elev. 3970 KB TD 10,727 PBD 10,710 Prod. Int. _____ Compl Date 8/7/58
Tbng. Dia 2" Tbng Depth 10,595 Oil String Dia 5 1/2" Oil String Depth 10,727
Perf Interval (s) 10,607'-10,633' and 10,645'-10,664'
Open Hole Interval - Producing Formation (s) Townsend-Wolfcamp

RESULTS OF WORKOVER:	BEFORE	AFTER
Date of Test	<u>8/10/57</u>	<u>10/6/58</u>
Oil Production, bbls. per day	<u>170</u>	<u>187</u>
Gas Production, Mcf per day	<u>810</u>	<u>200</u>
Water Production, bbls. per day	<u>0</u>	<u>0</u>
Gas-Oil Ratio, cu. ft. per bbl.	<u>4793</u>	<u>1070</u>
Gas Well Potential, Mcf per day	_____	_____
Witnessed by _____	_____	_____

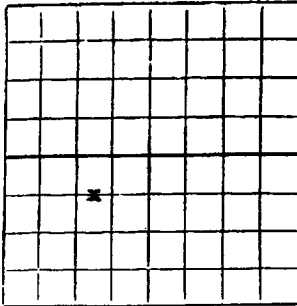
(Company)

OIL CONSERVATION COMMISSION

I hereby certify that the information given above is true and complete to the best of my knowledge.

Name _____
Title Oil & Gas Inspector
Date _____

Name B. A. Baker
Position District Engineer
Company Texas Pacific Coal & Oil Company



NEW MEXICO OIL CONSERVATION COMMISSION

Santa Fe, New Mexico

1958 SEP 5 11:10 AM '58
WELL RECORD

Mail to District Office, Oil Conservation Commission, to which Form C-101 was sent not later than twenty days after completion of well. Follow instructions in Rules and Regulations of the Commission. Submit in QUINTUPLICATE. If State Land submit 6 Copies

AREA 640 ACRES
LOCATE WELL CORRECTLY

Texas Pacific Coal & Oil Company State #T#
(Company or Operator) (Lease)

Well No. 4, in NE 1/4 of SW 1/4, of Sec. 6, T. 16S, R. 36E, NMPM.

Townsend-Wolfcamp Pool, Lea County.

Well is 4620 feet from South line and 1885 feet from West line of Section 6. If State Land the Oil and Gas Lease No. is 382.

Drilling Commenced June 9, 1958. Drilling was Completed August 1, 1958.

Name of Drilling Contractor Cactus Drilling Corporation

Address San Angelo, Texas

Elevation above sea level at Top of Tubing Head 3958'. The information given is to be kept confidential until _____, 19_____.

OIL SANDS OR ZONES

No. 1, from 10,607 to 10,664' No. 4, from _____ to _____
No. 2, from _____ to _____ No. 5, from _____ to _____
No. 3, from _____ to _____ No. 6, from _____ to _____

IMPORTANT WATER SANDS

Include data on rate of water inflow and elevation to which water rose in hole.

No. 1, from _____ to _____ feet.
No. 2, from _____ to _____ feet.
No. 3, from _____ to _____ feet.
No. 4, from _____ to _____ feet.

CASING RECORD

SIZE	WEIGHT PER FOOT	NEW OR USED	AMOUNT	KIND OF SHOE	CUT AND PULLED FROM	PERFORATIONS	PURPOSE
13-3/8"	48#	New	360	Grid			Surface
8-5/8"	28 & 32	New	4739	Float			Intermediate
5-1/2"	15 & 17	New	10,716	Float		10,607'-10,633'	Production
						10,645'-10,664'	

MUDDING AND CEMENTING RECORD

SIZE OF HOLE	SIZE OF CASING	WHERE SET	NO. BAGS OF CEMENT	METHOD USED	MUD GRAVITY	AMOUNT OF MUD USED
17	13-3/8	376	425	Pump & plug		
11	8-5/8	4750	1051	" "		
7-7/8	5-1/2	10,725	300	" "		

RECORD OF PRODUCTION AND STIMULATION

(Record the Process used, No. of Qts. or Gals. used, interval treated or shot.)

1000 gal. 15% HEC acid through perforations at 10,607'-10,633' and 10,645'-10,664'.

Result of Production Stimulation See "Production" on reverse side.

Depth Cleaned Out _____

ORD OF DRILL-STEM AND SPECIAL TESTS

If drill-stem or other special tests or deviation surveys were made, submit report on separate sheet and attach hereto

TOOLS USED

Rotary tools were used from Surface feet to 10,725 feet, and from.....feet to.....feet.
 Cable tools were used from.....feet to.....feet, and from.....feet to.....feet.

PRODUCTION

Put to Producing..... August 7, 1958.....

OIL WELL: The production during the first 24 hours was 168 barrels of liquid of which 100 % was
 was oil; 0 % was emulsion; 0 % water; and 0 % was sediment. A.P.I.
 Gravity..... 42°.....

GAS WELL: The production during the first 24 hours was..... M.C.F. plus..... barrels of
 liquid Hydrocarbon. Shut in Pressure..... lbs.
 Length of Time Shut in.....

PLEASE INDICATE BELOW FORMATION TOPS (IN CONFORMANCE WITH GEOGRAPHICAL SECTION OF STATE):

Southeastern New Mexico		Northwestern New Mexico	
T. Anhy.....	T. Devonian.....	T. Ojo Alamo.....	
T. Salt.....	T. Silurian.....	T. Kirtland-Fruitland.....	
B. Salt.....	T. Montoya.....	T. Farmington.....	
T. Yates.....	T. Simpson.....	T. Pictured Cliffs.....	
T. 7 Rivers.....	T. McKee.....	T. Menefee.....	
T. Queen.....	T. Ellenburger.....	T. Point Lookout.....	
T. Grayburg.....	T. Gr. Wash.....	T. Mancos.....	
T. San Andres.....	T. Granite.....	T. Dakota.....	
T. Glorieta.....	T.	T. Morrison.....	
T. Drinkard.....	T.	T. Penn.....	
T. Tubbs.....	T.	T.	
T. Abo.....	T.	T.	
T. Penn.....	T.	T.	
T. Miss.....	T.	T.	

FORMATION RECORD

From	To	Thickness in Feet	Formation	From	To	Thickness in Feet	Formation
0	1465	1465	Redbed				
1465	1905	440	Anhydrite & redbed				
1905	2201	296	Anhydrite				
2201	3257	1056	Anhydrite & salt				
3257	4685	1428	Anhydrite & gyp.				
4685	9613	4928	Lime				
9613	9632	19	Sand, Lime & shale				
9632	9956	324	Lime				
9956	9984	28	Sandy Lime				
9984	10026	42	Lime & chert				
10,026	10063	37	Lime				
10,063	10099	36	Sandy Lime				
10,099	10259	160	Lime				
10,259	10306	47	Lime & shale				
10,306	10725	419	Lime				

ATTACH SEPARATE SHEET IF ADDITIONAL SPACE IS NEEDED

I hereby swear or affirm that the information given herewith is a complete and correct record of the well and all work done on it so far as can be determined from available records.

..... September 4, 1958 (Date)

Company or Operator Texas Pacific Coal & Oil Co. Address P. O. Box 1688 - Hobbs, New Mexico

Name B. S. Baker Position or Title District Engineer

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

(Form C-104)
Revised 7/2/57

REQUEST FOR (OIL) - (GAS) ALLOWABLE

New Well
Recompletion

This form shall be submitted by the operator before an initial allowable will be assigned to any completed Oil or Gas well. Form C-104 is to be submitted in QUADRUPPLICATE to the same District Office to which Form C-101 was sent. The allowable will be assigned effective 7:00 A.M. on date of completion or recompletion, provided this form is filed during calendar month of completion or recompletion. The completion date shall be that date in the case of an oil well when new oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

Hobbs, New Mexico August 11, 1958
(Place) (Date)

WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS:

Texas Pacific Coal & Oil Co. State "T", Well No. 4, in NE 1/4 SW 1/4,
(Company or Operator) (Lease)

K, Sec. 6, T16-S, R36-E, NMPM, Texas Pool
Unit Letter

Lea County. Date Spudded 6-4-58 Date Drilling Completed 8-1-58

Please indicate location:

D	C	B	A
E	F	G	H
L	K K	J	I
M	N	O	P

Elevation 3970 KB Total Depth 10,727 PBD 10,710

Top Oil/Gas Pay 10,607 Name of Prod. Form Wolfcamp

PRODUCING INTERVAL -

Perforations 10,607' - 10,633' & 10,645' - 10,664'

Open Hole - Depth Casing Shoe 10,727' Depth Tubing 10,595'

OIL WELL TEST -

Natural Prod. Test: _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Size _____ Choke

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 168 bbls. oil, 0 bbls water in 24 hrs, _____ min. Size 18/64 Choke

GAS WELL TEST -

Natural Prod. Test: _____ MCF/Day; Hours flowed _____ Choke Size _____

Tubing, Casing and Cementing Record

Size	Feet	Sax
13 3/8	363	425
8 5/8	6769	1787
5 1/2	10,716	300
2	10,685	

Method of Testing (pitot, back pressure, etc.): _____

Test After Acid or Fracture Treatment: _____ MCF/Day; Hours flowed _____

Choke Size _____ Method of Testing: _____

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 1000 gal. 15% MEC

Casing Tubing Date first new Press. - Press. 625 oil run to tanks August 7, 1958

Oil Transporter Texas-New Mexico Pipeline Company

Gas Transporter Warren Petroleum Corporation

Remarks:

CHANGE OF OPERATION FROM
TEXAS PACIFIC OIL COMPANY
A DIVISION OF JOHNSON-BROOKS OIL COMPANY
TO TEXAS PACIFIC OIL COMPANY
EFFECTIVE 8/1/58

I hereby certify that the information given above is true and complete to the best of my knowledge.

Approved _____, 19 _____

Texas Pacific Coal & Oil Co.
(Company or Operator)

OIL CONSERVATION COMMISSION

By: *B. S. Baker*
(Signature)

By: *John W. Rungger*

Title: District Engineer
Send Communications regarding well to:

Title _____

Name: Texas Pacific Coal & Oil Co.

Address: Box 1688, Hobbs, New Mexico

NEW MEXICO OIL CONSERVATION COMMISSION
SANTA FE, NEW MEXICO

Form C-110
Revised 7/1/55

(File the original and 4 copies with the appropriate district office)

CERTIFICATE OF COMPLIANCE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

1956
AUG 13 10 31

Company or Operator Texas Pacific Coal & Oil Co. Lease State TX

Well No. 4 Unit Letter K S 6 T16-S R36-E Pool Townsend

County Lea Kind of Lease (State, Fed. or Patented) State

If well produces oil or condensate, give location of tanks: Unit N S 6 T16-S R36-E

Authorized Transporter of Oil or Condensate Texas-New Mexico Pipeline Co.

Address Midland, Texas

(Give address to which approved copy of this form is to be sent)

Authorized Transporter of Gas Warren Petroleum Corporation

Address Att: Mr. T. E. Raper, Box 1045, Hobbs, New Mexico

(Give address to which approved copy of this form is to be sent)

If Gas is not being sold, give reasons and also explain its present disposition:

Reasons for Filing: (Please check proper box) New Well (X)

Change in Transporter of (Check One): Oil () Dry Gas () C'head () Condensate ()

Change in Ownership () Other ()

Remarks: (Give explanation below)

The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.

Executed this the 11 th day of August 19 56

By B. D. Baker

Approved _____ 19 _____

Title District Engineer

OIL CONSERVATION COMMISSION

Company Texas Pacific Coal & Oil Co.

By John W. Ramsey

Address Box 1624

Title _____

Hobbs New Mexico

HOBBBS OFFICE
 Form CE 103
 (Revised 3-55)
 1958 AUG 13 AM 10:31

NEW MEXICO OIL CONSERVATION COMMISSION
 MISCELLANEOUS REPORTS ON WELLS

(Submit to appropriate District Office as per Commission Rule 1106)

COMPANY Texas Pacific Coal & Oil Co., Box 1688, Hobbs New Mexico
 (Address)

LEASE State "TX" WELL NO. 4 UNIT K S 6 T 16-S R 36-E
 DATE WORK PERFORMED August 2, 1958 POOL Townsend Wolfcamp

This is a Report of: (Check appropriate block) Results of Test of Casing Shut-off
 Beginning Drilling Operations Remedial Work
 Plugging Other _____

Detailed account of work done, nature and quantity of materials used and results obtained.

Drilled to T.D. of 10,727'. Ran 10,716' (327 jts.) of 5 1/2", N-80, 17 & 20 # casing. Set on bottom at 10,727'. Cemented with 300 sacks of neat cement. Pumped plug to 10,666'. Ran temperature survey and found top of cement at 9620'.

Drilled out plug and cemented to 10,710'. Tested casing with 1000# for 30 minutes before and after drilling out- Test OK.

FILL IN BELOW FOR REMEDIAL WORK REPORTS ONLY

Original Well Data:
 DF Elev. _____ TD _____ PBD _____ Prod. Int. _____ Compl Date _____
 Tbng. Dia _____ Tbng Depth _____ Oil String Dia _____ Oil String Depth _____
 Perf Interval (s) _____
 Open Hole Interval _____ Producing Formation (s) _____

RESULTS OF WORKOVER:	BEFORE	AFTER
Date of Test	_____	_____
Oil Production, bbls. per day	_____	_____
Gas Production, Mcf per day	_____	_____
Water Production, bbls. per day	_____	_____
Gas-Oil Ratio, cu. ft. per bbl.	_____	_____
Gas Well Potential, Mcf per day	_____	_____
Witnessed by _____		
		(Company)

OIL CONSERVATION COMMISSION
 Name John W. Runyan Title _____ Date _____
 I hereby certify that the information given above is true and complete to the best of my knowledge.
 Name E. S. Baker Position District Engineer
 Company Texas Pacific Coal & Oil Co.

NEW MEXICO OIL CONSERVATION COMMISSION
MISCELLANEOUS REPORTS ON WELLS

(Submit to appropriate District Office as per Commission Rule 1106)

COMPANY Texas Pacific Coal & Oil Company P. O. Box 1688 Hobbs, New Mexico
(Address)

LEASE State "T" WELL NO. 4 UNIT K S 6 T 16S R 36E
DATE WORK PERFORMED 6/20/58 POOL Townsend-Welfcamp

This is a Report of: (Check appropriate block) Results of Test of Casing Shut-off
 Beginning Drilling Operations Remedial Work
 Plugging Other _____

Detailed account of work done, nature and quantity of materials used and results obtained.

Drilled to 4750' in line. Ran 4749' (149 joints) of 8-5/8" 28 & 32# casing. Set at 4750' and cemented with 851 units of 40% Diesel "D" w/2% calcium chloride and 200 sacks of regular neat. Pumped plug to 4667' at 4:10 A.M., 6/21/58.

Ran temperature survey and found top of cement at 605'.

Drilled out cement at 4:10 A.M., 6/23/58. Tested pipe to 1000 psi before and after drilling out cement. Pipe tested o.k.

FILL IN BELOW FOR REMEDIAL WORK REPORTS ONLY

Original Well Data:

DF Elev. _____ TD _____ PBD _____ Prod. Int. _____ Compl Date _____
Tbng. Dia _____ Tbng Depth _____ Oil String Dia _____ Oil String Depth _____
Perf Interval (s) _____
Open Hole Interval _____ Producing Formation (s) _____

RESULTS OF WORKOVER:

	BEFORE	AFTER
Date of Test	_____	_____
Oil Production, bbls. per day	_____	_____
Gas Production, Mcf per day	_____	_____
Water Production, bbls. per day	_____	_____
Gas-Oil Ratio, cu. ft. per bbl.	_____	_____
Gas Well Potential, Mcf per day	_____	_____
Witnessed by _____		
	(Company)	

OIL CONSERVATION COMMISSION
Name E. P. Walker
Title _____
Date _____

I hereby certify that the information given above is true and complete to the best of my knowledge.
Name E. D. Baker
Position District Engineer
Company Texas Pacific Coal & Oil Co.

Form C-103
 (Revised 3-55)
 10 42

NEW MEXICO OIL CONSERVATION COMMISSION
 MISCELLANEOUS REPORTS ON WELLS
 (Submit to appropriate District Office as per Commission Rule 1106)

COMPANY Texas Pacific Coal & Oil Company P. O. Box 1688 Hobbs, New Mexico
 (Address)

LEASE State "T" WELL NO. 4 UNIT K S 6 T 16S R 36E
 DATE WORK PERFORMED 6-9-58 POOL Townsend Welfcamp

This is a Report of: (Check appropriate block) Results of Test of Casing Shut-off
 Beginning Drilling Operations Remedial Work
 Plugging Other _____

Detailed account of work done, nature and quantity of materials used and results obtained.

Spudded in at 11:50 P.M., 6-8-58.
 Ran 11 jts. 13-3/8" 48# H-40 casing. Set at 376' with
 425 axs. reg. 2% CaCl₂. Plug down @ 7:10 P.M., 6-9-58.
 Circulated cement. Left 35' cement in pipe.
 Drilled plug at 8:10 P.M., 6-10-58. Tested casing at 600
 psi. Tested o.k.

FILL IN BELOW FOR REMEDIAL WORK REPORTS ONLY

Original Well Data:
 DF Elev. _____ TD _____ PBD _____ Prod. Int. _____ Compl Date _____
 Tbng. Dia _____ Tbng Depth _____ Oil String Dia _____ Oil String Depth _____
 Perf Interval (s) _____
 Open Hole Interval _____ Producing Formation (s) _____

RESULTS OF WORKOVER:	BEFORE	AFTER
Date of Test	_____	_____
Oil Production, bbls. per day	_____	_____
Gas Production, Mcf per day	_____	_____
Water Production, bbls. per day	_____	_____
Gas-Oil Ratio, cu. ft. per bbl.	_____	_____
Gas Well Potential, Mcf per day	_____	_____
Witnessed by _____		

OIL CONSERVATION COMMISSION
 Name E. Fischer Title Engineer District Date 11/1/58
 I hereby certify that the information given above is true and complete to the best of my knowledge.
 Name John Pulte Position Petroleum Engineer Company Texas Pacific Coal & Oil Company

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

Form C-101
 Revised (12/2/55)

NOTICE OF INTENTION TO DRILL

Notice must be given to the District Office of the Oil Conservation Commission and approval obtained before drilling or recompletion begins. If changes in the proposed plan are considered advisable, a copy of this notice showing such changes will be returned to the sender. Submit this notice in QUINTUPLICATE. One copy will be returned following approval. See additional instructions in Rules and Regulations of the Commission. If State Land submit 6 Copies Attach Form C- 128 in triplicate to first 3 copies of form C-101

Fort Worth 1, Texas
 (Place)

June 2, 1958
 (Date)

OIL CONSERVATION COMMISSION
 SANTA FE, NEW MEXICO

Gentlemen:

You are hereby notified that it is our intention to commence the Drilling of a well to be known as

TEXAS PACIFIC COAL AND OIL COMPANY

(Company or Operator)

State of New Mexico "T"
 (Lease)

Well No. 4, in NM (Unit) The well is

located 4,620 feet from the South line and 1,885 feet from the West line of Section 6, T. 16-S, R. 36-E, NMPM.

(GIVE LOCATION FROM SECTION LINE)

Thousand Pool, Lee County

If State Land the Oil and Gas Lease is No. 382

If patented land the owner is.....

Address.....

We propose to drill well with drilling equipment as follows: Rotary

The status of plugging bond is Required Bond on File

Drilling Contractor Cactus Drilling Corporation

We intend to complete this well in the Wolfcamp formation at an approximate depth of 11,000 feet.

CASING PROGRAM

We propose to use the following strings of Casing and to cement them as indicated:

Size of Hole	Size of Casing	Weight per Foot	New or Second Hand	Depth	Sacks Cement
<u>17-1/4"</u>	<u>13-3/8"</u>	<u>48#</u>	<u>New</u>	<u>300'</u>	<u>300</u>
<u>12-1/4"</u>	<u>8-5/8"</u>	<u>28-32#</u>	<u>"</u>	<u>4,700'</u>	<u>2,000</u>
<u>7-7/8"</u>	<u>5-1/2"</u>	<u>17-20#</u>	<u>"</u>	<u>11,000</u>	<u>3,000</u>

If changes in the above plans become advisable we will notify you immediately.

ADDITIONAL INFORMATION (If recompletion give full details of proposed plan of work.)

Approved....., 19.....
 Except as follows:

OIL CONSERVATION COMMISSION

By E. Fischer

Sincerely yours,

TEXAS PACIFIC COAL AND OIL COMPANY
 (Company or Operator)

By R. W. Hines

Position Manager of Production
 Send Communications regarding well to

Name R. W. Hines

Address P. O. Box 2110, Fort Worth 1, Texas

Form C-124
Revised 5/1/57
DUPLICATE

NEW MEXICO OIL CONSERVATION COMMISSION

Well Location and Acreage Dedication Plat

HOODS OFFICE
Date June 2, 1958

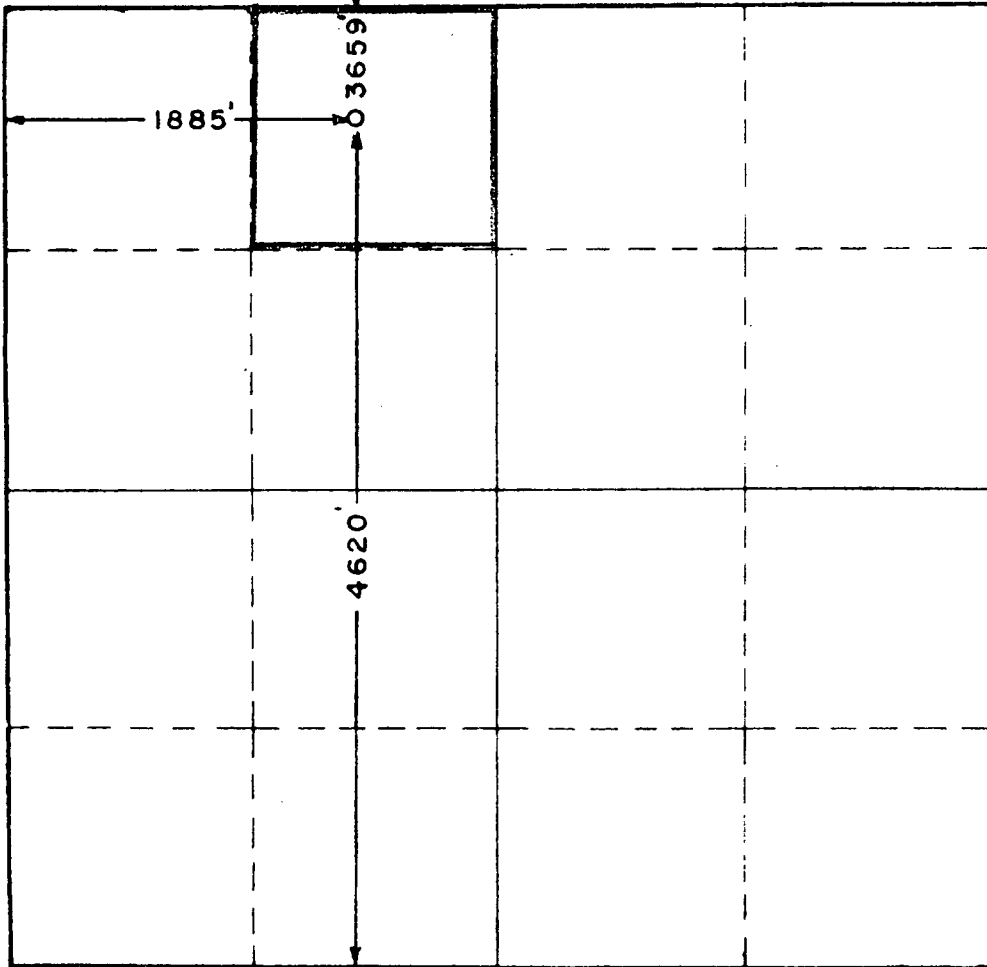
Section A.

Operator Texas Pacific Coal & Oil Co. Lease State Texas
Well No. 4 Unit Letter K Section 6 Township 16 S Range 3 E
Located 4620 Feet From South Line, 1885 Feet From West Line
County Lea G. L. Elevation 3958.60 Dedicated Acreage 40 Acres
Name of Producing Formation _____ Pool _____

1. Is the Operator the only owner* in the dedicated acreage outlined on the plat below?
Yes No
2. If the answer to question one is "no," have the interests of all the owners been consolidated by communitization agreement or otherwise? Yes No . If answer is "yes," Type of Consolidation _____
3. If the answer to question two is "no," list all the owners and their respective interests below:

<u>Owner</u>	<u>Land Description</u>

Section B



This is to certify that the information in Section A above is true and complete to the best of my knowledge and belief.

TEXAS PACIFIC COAL AND OIL COMPANY

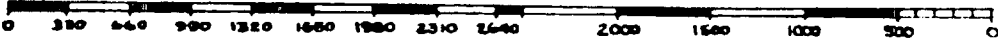
(Operator)
R. W. Hewitt
(Representative)

P. O. Box 2110, Fort Worth, Texas
Address

This is to certify that the well location shown on the plat in Section B was plotted from field notes of actual surveys made by me or under my supervision and that the same is true and correct to the best of my knowledge and belief.

Date Surveyed June 2, 1958

John W. West
Registered Professional
Engineer and/or Land Surveyor.



SUBMIT IN DUPLICATE*

(See other instructions
on reverse side)

FORM APPROVED
OMB NO. 1004-0137
Expires: February 28, 1995

16

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

WELL COMPLETION OR RECOMPLETION REPORT AND LOG

1a. TYPE OF WELL: OIL WELL GAS WELL DRY Other

1b. TYPE OF COMPLETION: NEW WELL DEEPEN PLUG BACK DIFF-GENVR Other

2. NAME OF OPERATOR: Pronghorn Management Corporation

3. ADDRESS AND TELEPHONE NO.: P. O. Box 1772 Hobbs, NM 88240

4. LOCATION OF WELL: At surface. At top prod. interval reported below: "G" 1975' FNL & 1980' FEL. At total depth:

5. LEASE DESIGNATION AND SERIAL NO.: NM 19859

6. IF INDIAN ALLIANCE OR TRIBE NAME:

7. WELL CEMENT NAME: M. Oil Cons. Division, 1625 N. French Dr. Hobbs, NM 88240

8. FARM OR LEASE NAME, WELL NO.: Gila 4 Deep # 1

9. API WELL NO.: 30-025-30872

10. FIELD AND POOL, OR WILDCAT: Johnson Ranch Wolfcamp

11. SEC. T., R., M., OR BLOCK AND SURVEY OR AREA: 4-T25S-R33E

12. COUNTY OR PARISH: Lea

13. STATE: NM

14. PERMIT NO. DATE ISSUED

15. DATE SPUNDED: 5-6-90

16. DATE T.D. REACHED: 7-12-90

17. DATE COMP (Ready to prod.): 7-18-90

18. ELEVATIONS (OF, RKB, RT, GR, ETC.): 3442.6' GR

19. ELEV. CASING HEAD

20. TOTAL DEPTH, MD & TVD: 15,700'

21. PLUG, BACK T.D., MD & TVD: 14,135

22. IF MULTIPLE COMPL., HOW MANY*

23. INTERVALS DRILLED BY: ROTARY TOOLS X CABLE TOOLS

24. PRODUCING INTERVAL (S), OF THIS COMPLETION - TOP, BOTTOM NAME (MD AND TVD): 13,165' - 13,956' Wolfcamp

25. WAS DIRECTIONAL SURVEY MADE? NO

26. TYPE ELECTRIC AND OTHER LOGS RUN: N/A

27. WAS WELL CORED? NO

28. CASING RECORD (Report all strings set in well)

CASING SIZE/GRADE	WEIGHT, LB./FT.	DEPTH SET	HOLE SIZE	TOP OF CEMENT, CEMENTING RECORD	AMOUNT PULLED
13 3/8	54.50	650'	17 1/2	630 sx. C	123 sx.
9 5/8	36	5100'	12 1/4	2215 sx. C	692 sx.
7	26	13,085'	8 3/4	1350 sx. H	TOC 10,320' T.S.

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
4 1/2	12,868	15,698	665 sx.		2 7/8	13,007	13,007

30. PERFORATION RECORD (Interval, size and number)

13-165-13,956 1JSPF

31. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
13,165 - 13,956	32,000 gallons 20% foamed acid - 120 ton CO2

PRODUCTION

DATE FIRST PRODUCTION: 6/14/99

PRODUCTION METHOD: Flowing (Flowing, gas lift, pumping-size and type of pump)

WELL STATUS (Producing or shut-in): P

DATE OF TEST: 7-2-99

HOURS TESTED: 24 HRS.

CHOKER SIZE: FULL

PROD'N. FOR TEST PERIOD: 65

OIL-BBL: 1279

GAS-MCF: 7

WATER-BBL: 7

GAS-OIL RATIO

FLOW, TUBING PRESS: 793 #

CASING PRESSURE: PKR.

24-HOUR RATE CALCULATED

OIL-BBL: GAS-MCF: WATER-BBL: OIL GRAVITY-API (CORE)

34. DISPOSITION OF (Sold, used for fuel, vented, etc.): Sold

35. LIST OF ATTACHMENTS

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records.

SIGNED: [Signature] TITLE: Partner DATE: 10-8-99

ACCEPTED FOR RECORD
(ORIG. SGD) DAVID B. GLASS
OCT 13 1999

(See Instructions and Spaces for Additional Data on Reverse Side)

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

JC [Signature]

✓

District I
PO Box 1980, Hobbs, NM 88241-1980
District II
811 South First, Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico
Energy, Minerals & Natural Resources Department

OIL CONSERVATION DIVISION
2040 South Pacheco
Santa Fe, NM 87505

Form C-104
Revised October 18, 1994
Instructions on back
Submit to Appropriate District Office
5 Copies

AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

Operator name and Address Pronghorn Management Corporation P. O. BOX 1772 Hobbs, NM 88241		THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW. IF YOU DO NOT CONCUR NOTIFY THIS OFFICE.		OGRID Number 122811
Reason for Filing Code RC		API Number 30 - 0 25-30872	Pool Name Johnson Ranch Wolfcamp	Pool Code 79335
Property Code 14986	Property Name Gila 4 Deep			Well Number 1

II. Surface Location

Ul or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South Line	Feet from the	East/West line	County
G	4	25S	33E		1975'	North	1980'	East	Lea

Bottom Hole Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County

Lee Code F	Producing Method Code F	Gas Connection Date N/A	C-129 Permit Number	C-129 Effective Date	C-129 Expiration Date
---------------	----------------------------	----------------------------	---------------------	----------------------	-----------------------

III. Oil and Gas Transporters

Transporter OGRID	Transporter Name and Address	FOD	O/G	FOD ULSTR Location and Description
34019	Phillips 66 P. O. Box 791 Midland, TX 79701	2804889	0	G-4-25-33
7366	Enron Oil & Gas Markets P. O. Box 2267 Midland, TX 79702	501730	G	G-4-25-33

IV. Produced Water

FOD 501750	FOD ULSTR Location and Description G-4-25-33
---------------	---

V. Well Completion Data

Spud Date	Ready Date	TD 15,698	PBTD 14,145	Perforations 13,165-13,956	DHC, DC, MC
Hole Size 12 1/4"	Casing & Tubing Size 9 5/8"	Depth Set 5100'	Sacks Cement 2215sx		
8 3/4"	7"	13,085'	1350sx		
6 1/8"	4 1/2" Liner top	12,868'	665sx		
	2 7/8"	pk. @ 13,007'			

VI. Well Test Data

Date New Oil 7/2/99	Gas Delivery Date 6/14/99	Test Date 7/2/99	Test Length 24 HRS.	Tbg. Pressure 793#	Crp. Pressure PKR.
Choke Size 64/64	Oil 65	Water 7	Gas 1279	AOF	Test Method F

I hereby certify that the rules of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature: *G. A. Baber*

Printed name: G. A. BABER

Title: Partner

Date: 8-5-99

Phone: 505-393-9176

OIL CONSERVATION DIVISION

Approved by: ORIGINAL SIGNED BY CHRIS WILLIAMS
DISTRICT I SUPERVISOR

Title: SEP 15 1999

Approval Date:

* If this is a change of operator fill in the OGRID number and name of the previous operator

Previous Operator Signature	Printed Name	Title	Date
-----------------------------	--------------	-------	------

CPK

REFERENCE SHEET FOR UNDESIGNATED WELLS

DATE 9/14/99

OIL/GAS Gas

COUNTY Lea

OPERATOR Pronghorn Management Corp

ADDRESS PO Box 1772 Hobbs NM 88241

LEASE NAME, WELL NO. Gila 4 Deep #1-G

FOOTAGE LOCATION 1975 FROM THE N LINE AND 1980 FROM THE E LINE

SECTION 4 TOWNSHIP 25s RANGE 33e

COMPLETION DATE 6/14/99

NAME OF PRODUCING FORMATION Wolfcamp

TOP OF PERFORATIONS ^{Bottom} 13165-13956

DEPTH TO CASING SHOE _____

C-123 FILED _____

NAME OF POOL FOR WHICH EXTENSION WAS ASKED _____

ADVERTISED FOR _____ HEARING _____ CASE NO. _____

NAME OF POOL FOR WHICH EXTENSION WAS ADVERTISED _____

PLACED IN _____ BY ORDER NO. R- _____

REMARKS Johnson Ranch Wolfcamp
320 ac E/2
ABGHITOP

W.M. Oil
P.O. Box
Hobbs, NM 88241
UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well <input type="checkbox"/> Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other	5. Lease Designation and Serial No. NM 19859
2. Name of Operator Pronghorn Management Corporation	6. If Indian, Allottee or Tribe Name
3. Address and Telephone No. P. O. Box 1772 Hobbs, NM 88241 505-393-8386	7. If Unit or CA, Agreement Designation
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) "G" 1975' FNL' & 1980' FEL' S4 - T25S - R33E	8. Well Name and No. Gila 4 Deep #1
	9. API Well No. 30-025-30872
	10. Field and Pool, or Exploratory Area Johnson Ranch Wolfcamp
	11. County or Parish, State Lea

12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input checked="" type="checkbox"/> Subsequent Report	<input checked="" type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input type="checkbox"/> Other _____
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

- MIRU well service unit. Install B.O.P. & test.
- POOH with tubing & sub-surface equipment.
- Set C.I.B.P. @ 14,170'. Cap with 35' cement.
- Trip in hole with packer. Set at 13,007'.
- Circulate hole with packer fluid. Pressure test tubing, packer, & C.I.B.P. -1,000#-OK Pressure and test backside 1000# - OK.
- Perforate Wolfcamp as follows: 13,165-170, 13,195-207', 13,215'-220', 13,246'-258' 13,285'-292', 13,500'-506', 13,548'-563', 13,573'-598', 13,698'-700', 13,680'-684', 13,718'-720', 13,940'-956' with 1JSPF.
- Acid frac with 32,000 gallons 20% foamed acid - 120 ton CO².
- Return well to production.

Work done 6/5 - 7/9/99

ACCEPTED FOR RECORD
PETER W. CHESTER
SEP 8 1999
BUREAU OF LAND MANAGEMENT
KOSWELL RESOURCE AREA

14. I hereby certify that the foregoing is true and correct

Signed [Signature] Title Partner Date 8/5/99
 (This space for Federal or State office use)
 Approved by [Signature] Title DISTRICT 1 SUPERVISOR Date SEP 15 1999
 Conditions of approval, if any:

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

*See Instruction on Reverse Side

FC 2A Vaca Draw AL via CT

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well

Oil Well Gas Well Other

2. Name of Operator

Pronghorn Management Corporation

3. Address and Telephone No.

P.O. Box 1772 Hobbs N.M. 88240 505-397-8386

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

"G" 1975' FNL + 1980' FEL
54-T255-R33E

5. Lease Designation and Serial No.

NM 19859

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

Gila 4 Deep #1

9. API Well No.

30-025-30872

10. Field and Pool, or Exploratory Area

Vaca Draw Atoka

11. County or Parish, State

Lea

12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input type="checkbox"/> Subsequent Report	<input checked="" type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input type="checkbox"/> Other
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

1. MIAU well service unit. Install O.D.P. + test.
2. Release from permanent packer. POOH
3. Set C.I.B.P. @ ± 14,000', Cap w/ 35' cement.
4. Trip in hole w/ packer. Set @ ± 12,900'
5. Perforate Wolfcamp formation 13,165-13,940'
6. Acidize if necessary.
7. Bring well in + clean up.
8. Return well to production.
9. Rig down. move out rig

Estimated date to start:
6/3/99

14. I hereby certify that the foregoing is true and correct

Signed G.A. Baben Title Partner

Date 6/3/99

(This space for Federal or State office use)

(ORIG. SGD.) DAVID R. GLASS

Title PETROLEUM ENGINEER

Date JUN 03 1999

Approved by _____
Conditions of approval, if any:

Submit 5 Copies:
 Appropriate District Office
 DISTRICT I
 P.O. Box 1980, Hobbs, NM 88240

State of New Mexico
 Energy, Minerals and Natural Resources Department

Form C-104
 Revised 1-1-89
 See Instructions
 at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088
 Santa Fe, New Mexico 87504-2088

DISTRICT II
 P.O. Drawer DD, Aztec, NM 88210

DISTRICT III
 1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
 TO TRANSPORT OIL AND NATURAL GAS

I.

Operator PRONGHORN MANAGEMENT CORPORATION <i>(122811)</i>	Well API No. 30-025-30872
Address P.O. BOX 1772 HOBBS, NM 88241	
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> Other (Please explain) MAY 01 1994 New Well <input type="checkbox"/> Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> OPERATOR NAME CHANGE ONLY Recompletion <input type="checkbox"/> <input type="checkbox"/> Castorhead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator BABER WELL SERVICING COMPANY P.O. BOX 1772 HOBBS, NM 88241	

II. DESCRIPTION OF WELL AND LEASE

Lease Name GILA 4 DEEP <i>(14986)</i>	Well No. 1	Pool Name, including Formation VACA DRAW ATOKA <i>(86770)</i>	Kind of Lease State <input checked="" type="checkbox"/> Federal <input type="checkbox"/>	Lease No. NM 19859
Location Unit Letter <u>G</u> : <u>1975</u> Feet From The <u>FNL</u> <u>1980</u> Feet From The <u>FBL</u> Line Section <u>04</u> Township <u>25S</u> Range <u>33E</u> , <u>NMPM</u> , <u>Lea</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate PHILLIPS 66 <i>(2017665)</i>	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 791, MIDLAND, TX. 79701
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> ENRON TRANSPORTATION <i>(2017665)</i>	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 2267, MIDLAND, TX. 79702
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rgn. Is gas actually connected? When?

O-TNRP. OGRID NO. 017666
 G-TNRP. OGRID NO. 30741
 OIL POD NO. 2824889
 GAS POD NO. 301730
 ALL 301730

in that from any other lease or pool, give commingling order number: _____

Production - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.				
	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth				
	Depth Casing Shoe							
TUBING, CASING AND CEMENTING RECORD								
	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		

REQUEST FOR ALLOWABLE
 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 of Test	Producing Method (Flow, pump, gas lift, etc.)	
Tubing Pressure	Casing Pressure	Choke Size
Oil - Bbls.	Water - Bbls.	Gas - MCF
Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
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 Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Sherry Wade
 Signature SHERRY WADE PRODUCTION CLERK
 Printed Name 3-5-94 Title (505) 392-5516
 Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved MAY 20 1994

By Paul Kautz
 Geologist

Title _____

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.

CGM

Form 3160-5
June 1990)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

5. Lease Designation and Serial No.
NM 19859

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.
GILA 4 DEEP #1

9. API Well No.
30-025-30872

10. Field and Pool, or Exploratory Area
VACA DRAW-ATOKA

11. County or Parish, State
LEA

SUBMIT IN TRIPLICATE

1. Type of Well
 Oil Well Gas Well Other

2. Name of Operator
BABER WELL SERVICING COMPANY

3. Address and Telephone No.
P.O. BOX 1772 HOBBS, NM 88241

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
G Sec 4, Twp 25-S, Rge 33-E
1975 FNL, 1980' FEL SWNE 04

12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input type="checkbox"/> Other _____
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<input checked="" type="checkbox"/> Dispose Water

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

- 1) Formation producing water - Atoka
- 2) Amount of water produced - Approximately 5 bbls per day
- 3) Current water analysis attached
- 4) Water is stored on lease in a 500 bbl welded tank
- 5) Water is moved to disposal facility by truck
- 6) DISPOSAL FACILITY IDENTIFICATION:
 - A. Operator - Baber Well Servicing Co.
 - B. Well Name - Jennings Fed #1
 - C. Well type & number - Sec 14, NENW, Twp 24-S, Rge 32-E, #1 SWDW
 - D. Permit number - R-7715

DEC 21 1993

14. I hereby certify that the foregoing is true and correct

Signed *Joe G. Lara* Title Engineer Date 11/24/93

(This space for Federal or State official use)
Approved by (ORIG. SGD.) JOE G. LARA Title PETROLEUM ENGINEER Date 1/24/94
Conditions of approval, if any:

Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS**

I.

Operator BABER WELL SERVICING Co.	Well API No. 30-025-30872
Address 500 W. TAYLOR, HOBBS, NEW MEXICO, 88241	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of: <input type="checkbox"/> Other (Please explain)
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator FLOYD OPERATING COMPANY, 711 Louisiana, #1740, Houston TX 77002	

II. DESCRIPTION OF WELL AND LEASE

Lease Name GILA 4 DEEP	Well No. 1	Pool Name, including Formation VACA DRAW-ATOKA	Kind of Lease State, Federal or Fee FEDERAL	Lease No. NM 19859
Location Unit Letter G : 1975 Feet From The NORTH Line and 1980 Feet From The EAST Line Section 4 Township 25S Range 33E , NMPM , LEA 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 Co.	Phillips Bldg., Bartlesville, OK 74003
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)
Transwestern Pipeline Co.	P.O. Box 1188, Houston, TX 77001
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When ?
	G 4 25S 33E

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 type="checkbox"/> Gas Well	<input type="checkbox"/> New Well	<input type="checkbox"/> Workover	<input type="checkbox"/> Deepen	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Same Res'v	<input type="checkbox"/> Diff Res'v
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth				
Perforations		Depth Casing Shoe						
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT				

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

[Signature]
Signature **Guy A. Baber** President
Printed Name **Guy A. Baber** Title **President**
Date **3/18/93** Telephone No. **505-392-5516**

OIL CONSERVATION DIVISION

Date Approved **MAR 26 1993**

By *[Signature]*
Printed Name **Paul Kautz**
Title **Geologist**

- 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.

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brizoe Rd., Aztec, NM 87410

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS**

Operator FLOYD OPERATING COMPANY		Well API No. 30-025-30872
Address 711 LOUISIANA, STE 1740, HOUSTON, TX 77002		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Operator <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator ORYX ENERGY COMPANY, P.O. BOX 2880, DALLAS, TX 75221-2880		

II. DESCRIPTION OF WELL AND LEASE

Lease Name GILA 4 DEEP COM #1	Well No. 1	Pool Name, Including Formation VACA DRAW-ATOKA	Kind of Lease State, Federal or Fee FEDERAL	Lease No. NM 19859
Location Unit Letter G, 1975 Feet From The NORTH Line and 1980 Feet From The EAST Line Section 4 Township 25S Range 33E, NMPM, LEA 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 CO.	Address (Give address to which approved copy of this form is to be sent) PHILLIPS BLDG., BARTLESVILLE, OK 74003			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> TRANSWESTERN PIPELINE CO.	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 1188, HOUSTON, TX 77001			
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 4	Twp. 25S	Rge. 33E
Is gas actually connected?	When ?			

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations							Depth Casing Shoe	
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature John M. Black
JOHN M. BLACK EXEC. V.P.
Printed Name Title
(713) 222-6275
Date 12-11-92 Telephone No.

OIL CONSERVATION DIVISION

Date Approved DEC 22 '92
By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR
Title _____

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.

CONFIDENTIAL

5. LEASE DESIGNATION AND SERIAL NO.

NM 19859

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Gila 4 Deep Gem.

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Wildcat *R-9447*
Vaca Draw atoka gas

11. SEC. T., R., M., OR BLOCK AND SURVEY OR AREA

4, T-25-S, R-33-E

12. COUNTY OR PARISH

Lea

13. STATE

New Mexico

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

1A. TYPE OF WELL: OIL WELL GAS WELL DRY Other _____

1B. TYPE OF COMPLETION: NEW WELL WORK OVER DEEP-EN PLUG BACK DIFF. RESVR. Other _____

2. NAME OF OPERATOR

Oryx Energy Company

3. ADDRESS OF OPERATOR

P.O. Box 1861, Midland, Texas 79702

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*

At surface

At top prod. interval reported below G, 1975' FNL & 1980' FEL

At total depth

14. PERMIT NO. DATE ISSUED

15. DATE SPUDDED 5-6-90 16. DATE T.D. REACHED 7-12-90 17. DATE COMPL. (Ready to prod.) 7-18-90 18. ELEVATIONS (DF, RES, RT, GR, ETC.)* 3442.6' GR 19. ELEV. CASINGHEAD

20. TOTAL DEPTH, MD & TVD 15,700' 21. PLUG, BACK T.D., MD & TVD 15050' 22. IF MULTIPLE COMPL., HOW MANY* 23. INTERVALS DRILLED BY 24. ROTARY TOOLS X 25. CABLE TOOLS

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 14, 276' - 14,334' Atoka 25. WAS DIRECTIONAL SURVEY MADE No

26. TYPE ELECTRIC AND OTHER LOGS RUN DLL/MSFL & CNL/LDT, DIL-Dual Spaced Neutron-Spectral Density 27. WAS WELL CORED No

28. CASING RECORD (Report all strings set in well)

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
13 3/8"	54.50#	650'	17 1/2"	630 SXS 'C'	123 SXS
9 5/8"	36#	5100'	12 1/4"	2215 SXS 'C'	692 SXS
7"	26#	13,085'	8 3/4"	1350 SXS 'H'	100 10,320' T.S.

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	BACKS CEMENT*	SCREEN (MD)
4 1/2"	12,868'	15,698'	665 SXS	

30. TUBING RECORD

SIZE	DEPTH SET (MD)	PACKER SET (MD)
2 7/8"	14,176'	14,176'

31. PERFORATION RECORD (Interval, size and number)
15,490'-15,594', 6JSPF, 456 Holes, Morrow Blanking Plug @ 15,426' w/25 SXS CMT @ 15,360'. Tagged Plug @ 15,050 PBDT

4,276'-14,334' 6JSPF, Atoka

32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
15,490-15,594	330,000 SCF Nitrogen
14,276-14,334	210,000 SCF Nitrogen
	Acid Frac'd w/29,000 GLS WF-20 ± 30,000 GLS 20% HCL

33. PRODUCTION

DATE FIRST PRODUCTION	PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)	WELL STATUS (Producing or shut-in)					
8-20-90	Flowing	Producing					
DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
9-26-90		14/64"					
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)	
5245	0		46	11200	0	48.5	

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)

Sold-Transwestern Pipeline Co. Connected 9-18-90

TEST WITNESSED BY

35. LIST OF ATTACHMENTS

C-122 Pressure Curve, Inclination, C-104, 3160-5,

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records

SIGNED

Maria L. Perez

TITLE

Proration Analyst

DATE

10-10-90

*(See Instructions and Spaces for Additional Data on Reverse Side)

CONFIDENTIAL

A

INSTRUCTIONS

General: This form is designed for submitting a complete and correct well completion report and log on all types of lands and leases to either a Federal agency or a State agency, or both, pursuant to applicable Federal and/or State laws and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office. See instructions on items 22 and 24, and 33, below regarding separate reports for separate completions.

Item 4: 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.

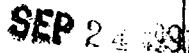
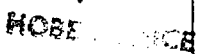
Item 4: If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

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		38. GEOLOGIC MARKERS	
FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.
Bell Canyon	5144	5150	Sandstone
Brushy Canyon	8930	8970	Sandstone
Bone Spring	9220	9350	Limestone
Bone Spring	11650	11660	Limestone
Atoka	14250	14340	Limestone
Morrow	15220	15270	Limestone
Morrow	15340	15360	Sandstone

NAME	MEAS. DEPTH	TRUE VERT. DEPTH
Rustler	1142	
Castille	3711	
Bell Canyon	5140	
Cherry Canyon	6140	
Brushy Canyon	7584	
Bone Spring	9175	
Wolfcamp	12210	
Strawn	14094	
Atoka	14258	
Atoka "C"	14588	
Upper Morrow	14960	
Middle Morrow	15230	

Submit 5 Copies
 Appropriate District Office
 DISTRICT I
 P.O. Box 1980, Hobbs, NM 88240

State of New Mexico
 Energy, Minerals and Natural Resources Department

Form C-104
 Revised 1-1-89
 See Instructions
 at Bottom of Page

OIL CONSERVATION DIVISION
 P.O. Box 2088
 Santa Fe, New Mexico 87504-2088

DISTRICT II
 P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
 1000 Rio Brazos Rd., Aztec, NM 87410

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
 TO TRANSPORT OIL AND NATURAL GAS**

I.

Operator Oryx Energy Company	Well API No. 30-025-30872
Address P. O. Box 1861, Midland, Texas 79702	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input checked="" 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 Operator <input type="checkbox"/>	Effective 1-1-91 - Change Cond. Gatherer

If change of operator give name and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name Gila 4 Deep Gem.	Well No. 1	Pool Name, Including Formation Wildcat - atoka Gas	Kind of Lease State (Federal) or Fee	Lease No. NM 19859
Location Unit Letter G : 1975 Feet From The North Line and 1980 Feet From The East Line Section 4 Township 25-S Range 33-E , NMPM, Lea 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 Co.	904 Adams Bldg., Bartlesville, OK 74004
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)
Transwestern Pipeline Co.	Box 1188, Houston, Texas 77251
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When?
	G 4 25-S 33-E Yes 9-18-90

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations				Depth Casing Shoe				
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature Maria L. Perez
 Maria L. Perez Proration Analyst
 Printed Name
 1-10-91 Title
 Date 915/ 688-0375 Telephone No.

OIL CONSERVATION DIVISION

Date Approved JAN 11 1991
 By ORIGINAL SIGNED BY JERRY SEXTON
 DISTRICT I SUPERVISOR
 Title _____

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.

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE*
(Other instructions on re-
verse side)

Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO

NM 19859

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 API No. 30-025-30872

7. UNIT AGREEMENT NAME

2. NAME OF OPERATOR
Oryx Energy Company

8. FARM OR LEASE NAME
Gila 4 Deep

3. ADDRESS OF OPERATOR
P.O. Box 1861, Midland, Texas

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
G, 1975' FNL & 1980' FEL

10. FIELD AND POOL, OR WILDCAT
Wildcat

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

4, T-25-S, R-33-E

14. PERMIT NO.

15. ELEVATIONS (Show whether OF, ST, GR, etc.)

3442.6' GR

12. COUNTY OR PARISH

Lea

13. STATE

New Mexico

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREAT

MULTIPLE COMPLETE

FRACTURE TREATMENT

ALTERING CASING

SHOOT OR ACIDIZE

ABANDON*

SHOOTING OR ACIDIZING

ABANDONMENT*

REPAIR WELL

CHANGE PLANS

(Other) Correct Well Name

(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.)*

On 4-19-90 C-102 plat was amended. 320 dedicated acreage was changed from the N/2 to the E/2 of Sec. 4 and was no longer communitized. Change Lease name to Gila 4 Deep Well No. 1 from Gila 4 Deep Com. Well No. 1.

OAR AREA
OCT 18 10 09 AM '90
RECEIVED

18. I hereby certify that the foregoing is true and correct

SIGNED [Signature]

TITLE Proration Analyst

DATE 10-16-90

(This space for Federal or State office use)

APPROVED BY _____

TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS**

I.

Operator Oryx Energy Company		Well API No. 30-025-30872
Address P. O. Box 1861, Midland, Texas 79702		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	Request to move 700 bbls of condensate
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of operator give name and address of previous operator _____

II. DESCRIPTION OF WELL AND LEASE

Federal

Lease Name Gila 4 Deep Com.	Well No. 1	Pool Name, Including Formation Wildcat	Kind of Lease State <input type="checkbox"/> Federal <input checked="" type="checkbox"/> or Fee	Lease No. NM 19859
Location				
Unit Letter G	1975	Feet From The North	Line and 1980	Feet From The East
Section 4	Township 25-S	Range 33-E	NMPM, Lea	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"/>	Pride Pipeline Limited Partnership		Address (Give address to which approved copy of this form is to be sent) Box 2436, Abilene, Texas 79604	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Transwestern Pipeline Co.		Address (Give address to which approved copy of this form is to be sent) Box 1188, Houston, Texas 77251	
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 4	Twp. 25-S	Rge. 33-E
Is gas actually connected?	Yes		When? 9-18-90	

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 5-6-90	Date Compl. Ready to Prod. 7-18-90		Total Depth 15,700'		P.B.T.D. 15,050'			
Elevations (DF, RKB, RT, GR, etc.) 3442.6' GR	Name of Producing Formation Atoka		Top Oil/Gas Pay 14,276'		Tubing Depth 14,176' (2-7/8")			
Perforations 14,276' - 14,334'					Depth Casing Shoe 15,698'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2"	13-3/8"		650'		630 sxs			
12-1/4"	9-5/8"		5100'		2215 sxs			
8-3/4"	7"		13085'		1350 sxs			
6-1/8"	4-1/2" Liner Top 12,868', Btm 15,698'				665 sxs			

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF

GAS WELL

Actual Prod. Test - MCF/D 11200	Length of Test 24 hr. Calc.	Bbls. Condensate/MMCF 46	Gravity of Condensate 48.5
Testing Method (pilot, back pr.) Back Fr.	Tubing Pressure (Shut-in) 5245	Casing Pressure (Shut-in) 0	Choke Size 14/64"

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Maria L. Perez
Signature
Maria L. Perez
Printed Name
10-9-90
Date
Proration Analyst
Title
915-688-0375
Telephone No.

OIL CONSERVATION DIVISION

DATE 10/15/90
Date Approved SEP 11 1990
By _____
Title _____

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.

WELL NAME & NUMBER Gila "4" Deep Federal #1

LOCATION Lea County, New Mexico 1975/N + 1980/E 4-25-33
(Give Unit, Section, Township and Range)

OPERATOR Oryx Energy P.O. Box 1861 Midland, TX 79701

DRILLING CONTRACTOR Grace Drilling Company P.O. Box 13480 Odessa, TX 79768

The undersigned hereby certifies that he is an authorized representative of the drilling contractor who drilled the above-described well and that he has conducted deviation tests and obtained the following results:

<u>DEGREES @ DEPTH</u>	<u>DEGREES @ DEPTH</u>	<u>DEGREES @ DEPTH</u>	<u>DEGREES @ DEPTH</u>
<u>0.50 - 320</u>	<u>1.50 - 5100</u>	<u>0.75 - 11653</u>	<u> </u>
<u>0.50 - 650</u>	<u>0.50 - 5511</u>	<u>3.00 - 11775</u>	<u> </u>
<u>1.25 - 1160</u>	<u>0.75 - 6011</u>	<u>2.00 - 11965</u>	<u> </u>
<u>2.00 - 1410</u>	<u>0.75 - 6510</u>	<u>0.75 - 12250</u>	<u> </u>
<u>1.50 - 1615</u>	<u>0.50 - 7010</u>	<u>0.75 - 12669</u>	<u> </u>
<u>1.75 - 1865</u>	<u>0.75 - 7505</u>	<u>1.25 - 13085</u>	<u> </u>
<u>1.00 - 2180</u>	<u>1.25 - 8008</u>	<u>0.75 - 13275</u>	<u> </u>
<u>1.00 - 2303</u>	<u>0.75 - 8508</u>	<u>0.50 - 13765</u>	<u> </u>
<u>1.25 - 2616</u>	<u>1.25 - 9048</u>	<u>0.50 - 14100</u>	<u> </u>
<u>1.00 - 2866</u>	<u>0.75 - 9522</u>	<u>1.25 - 14537</u>	<u> </u>
<u>0.75 - 3179</u>	<u>1.00 - 10180</u>	<u>1/25 - 14850</u>	<u> </u>
<u>0.50 - 3564</u>	<u>0.50 - 10640</u>	<u>1.25 - 15181</u>	<u> </u>
<u>0.75 - 4025</u>	<u>2.00 - 11055</u>	<u> </u>	<u> </u>
<u>1.25 - 4462</u>	<u>3.75 - 11434</u>	<u> </u>	<u> </u>
<u>2.25 - 4900</u>	<u>3.75 - 11528</u>	<u> </u>	<u> </u>

Drilling Contractor Grace Drilling Company

By Charles Hannel

Subscribed and sworn to before me this _____ day of _____, 19_____

Notary Public _____

My Commission Expires _____

County _____

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions on reverse side)

Expires August 31, 1985

SUNDRY NOTICES AND REPORTS ON WELLS RECEIVED

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL GAS WELL OTHER

2. NAME OF OPERATOR
Oryx Energy Company

3. ADDRESS OF OPERATOR
P.O. Box 1861, Midland, Texas 79702

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)
At surface
G, 1975' FNL & 1980' FEL

5. LEASE DESIGNATION AND SERIAL NO.
NM 19859

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Gila 4 Deep Com.

9. WELL NO.
1

10. FIELD AND POOL, OR WILDCAT
Wildcat

11. SEC., T., R., N., OR BLK. AND SURVEY OR AREA
4, T-25-S, R-33-E

12. COUNTY OR PARISH
Lea

13. STATE
New Mexico

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3442.6' GR

OCT 12 10 34 AM '90
CAR. AREA
ROCKERS

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREAT

MULTIPLE COMPLETE

FRACTURE TREATMENT

ALTERING CASING

SHOOT OR ACIDIZE

ABANDON

SHOOTING OR ACIDIZING

ABANDONMENT

REPAIR WELL

CHANGE PLANS

(Other) Set 4 1/2" Liner

(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.)

7-18-90 Drilled 6 1/8" hole to 15,700' TD.
Ran 4 1/2", 15.10# Liner. CS @ 15,698', FC @ 15,655', Landing Collar 15,615', Top of Liner @ 12,868'. Howco Cmt'd w/340 SXS 'H' CMT w/5#/SX Gilsonite, .5#/SX gas stop, .3% HR-5, .6% CFR-2 and .6% Halad 22A. Displaced w/122 bbls 14.1 PPG Oil base mud.

7-22-90 Howco squeezed Liner top w/250 SXS 'H' w/5#/SX Gilsonite ± 1/2#/SK Gas-Stop ± .3% HR-5%, .6% CFR-2, .6% HAIID 22-A. Displaced CMT to 12,668, leaving 200' on top of liner & 186' below PKR. WOC. tested liner top @ 12,686' to 4000 PSI for 30 minutes, No leak off. WOC 2 days.

7-25-90 Ran CMT Bond Log 15,611'-12,868'.

8-9-90 Perf'd 4 sqz holes @ 15,449'-15,450'. Set 4 1/2" CMT RET @ 15,400'

8-10-90 Sqzd holes 15,449'-15,450' w/6 BBLS 12.5 PPG dual spacer, followed by 75 SXS 'H' CMT w/0.6% Halad 22A & 0.4% CFR-2 F/B 6 BBLS 12.5 PPG dual spacer. Disp 70 SXS CMT thru retainer.

8-13-90 Drilled out retainer & CMT, circ hole clean to 15,650' PBTD.

18. I hereby certify that the foregoing is true and correct

SIGNED Alvin L. Perry TITLE Proration Analyst DATE 10-9-90

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

Adm

*See Instructions on Reverse Side

1 (November 1983)
(Formerly 9-331)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE*
(Other instructions on re-
verse side)

Blanket Bulletin No. 1104-1-1
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.
NM 19859

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Oryx Energy Company	8. FARM OR LEASE NAME Gila 4 Deep Com.
3. ADDRESS OF OPERATOR P.O. Box 1861, Midland, Texas 79702	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 G, 1975' FNL & 1980' FEL	10. FIELD AND POOL, OR WILDCAT Wildcat
14. PERMIT NO.	11. SEC., T., R., M., OR BLM. AND SURVEY OR AREA 4, T-25-S, R-33-E
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3442.6' GR	12. COUNTY OR PARISH Lea
	13. STATE New Mexico

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANE <input type="checkbox"/>	(Other) Set 7" CSG	<input checked="" type="checkbox"/>
(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.)*

6-3-90 Drilled 8 3/4" hole to 13,085'. Ran 307 JTS 7", 26#, P-110 LTC CSG @ 13,085', FC @ 12,995.84'. HOWCO Cmt'd w/1200 SXS 65:34:6 "H" Lite + 0.6% Halad 22 + 5#/SX Gilsonite + .25#/SX flocele followed by 150 SXS "H" + 0.3% HR-5. Displaced CMT w/Cut Brine.

6-4-90 Ran Temperature Survey from surface to 12,960'. TOC @ 10,320'.

RECEIVED
OCT 12 10 39 AM '90
CARLENE J. GIBSON
AREA INDEPENDENT OFFICERS

18. I hereby certify that the foregoing is true and correct

SIGNED Maria L. Perez TITLE Proration Analyst DATE 10-9-90

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

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.

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPlicate
(Other instructions on re-
verse side)

Budget Bureau No. 1004-0135
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.
NM 19859

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Gila 4 Deep Com.

9. WELL NO.
1

10. FIELD AND POOL, OR WILDCAT
Wildcat

11. SEC., T., R., N., OR BLE. AND
SURVEY OR AREA

4, T-25-S, R-33-E

12. COUNTY OR PARISH 13. STATE

Lea New Mexico

1. OIL WELL GAS WELL OTHER

2. NAME OF OPERATOR
Oryx Energy Company

3. ADDRESS OF OPERATOR
P.O. Box 1861, Midland, Texas 79702

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface
G, 1975' FNL & 1980' FEL

14. PERMIT NO. 15. ELEVATIONS (Show whether DP, RT, GR, etc.)

3442.6' GR

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF
FRACTURE TREAT
SHOOT OR ACIDIZE
REPAIR WELL
(Other)

PULL OR ALTER CASING
MULTIPLE COMPLETE
ABANDON*
CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF
FRACTURE TREATMENT
SHOOTING OR ACIDIZING
(Other) Set 9 5/8" CSG

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.)*

5-13-90 Drilled 12 1/2" hole to 5100'. Ran & Cemented 119 JTS, 9 5/8" 36# K-55 ST&C CSG. CS @ 5100', FC @ 5053'. Halliburton cmt'd w/ 1900 SXS "C" Lite w/10% salt & 1/4# flocele. Tail in w/315 SXS C w/10% salt, Circ'd 692 SXS to pit. WOC 13 1/2 hrs.

RECEIVED
OCT 12 10 34 AM '90
CARTER COUNTY OFFICE
AREA REGULATORY AFFAIRS

18. I hereby certify that the foregoing is true and correct

SIGNED Maria F. Perez

TITLE Proration Analyst

DATE 10-9-90

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

*See Instructions on Reverse Side

(November 1985)
(Formerly 9-331)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE*
(Other instructions on re-
verse side)

Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO
NM 19859

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Gila 4 Deep Com.

9. WELL NO.
1

10. FIELD AND POOL, OR WILDCAT
Wildcat

11. SEC., T., R., N., OR BLE. AND
SURVEY OR AREA
4,T-25-S, R-33-E

12. COUNTY OR PARISH
Lea

13. STATE
New Mexico

1. OIL WELL GAS WELL OTHER

2. NAME OF OPERATOR
Oryx Energy Company

3. ADDRESS OF OPERATOR
P.O. Box 1861, Midland, Texas 79702

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface
G, 1975' FNL & 1980' FEL

14. PERMIT NO.
15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3442.6' GR

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) Spud & Set Surf. CSG. <input checked="" type="checkbox"/>	

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

5-6-90 Spud @ 8:00 am, 17 1/2" hole.

5-7-90 Ran & Cmt'd 13 3/8" 54.50#/ft. K-55 ST&C CSG.
CS @ 650', FC @ 608'. Howco Cmt'd w/630 SXS
"C: CMT w/2% CaCl2 & 1/4# flocele. Circulated
123 SXS CMT to pit. WOC 12 hrs.

RECEIVED
OCT 12 10 33 AM '90
CARROLL COUNTY OFFICE
AREA RECORDS

AREA RECORDS
Ab

18. I hereby certify that the foregoing is true and correct

SIGNED Maria J. Perez TITLE Proration Analyst DATE 10-9-90

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

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.

UNITED STATES OIL CONS.
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

(Other instructions on
reverse side)

30-02530872

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

2. NAME OF OPERATOR
 Oryx Energy Company

3. ADDRESS OF OPERATOR
 P. O. Box 1861, Midland, TX 79702

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.)
 At surface
 G, 1975' FNL & 1980' FEL
 At proposed prod. zone

14. DISTANCE IN MILES AND DIRECTION FROM NEAREST TOWN OR POST OFFICE*
 25 miles West of Jal, New Mexico

10. DISTANCE FROM PROPOSED* LOCATION TO NEAREST PROPERTY OR LEASE LINE, FT. (Also to nearest drig. unit line, if any)
 1975'

16. NO. OF ACRES IN LEASE
 920.00

17. NO. OF ACRES ASSIGNED TO THIS WELL
 320.00

18. DISTANCE FROM PROPOSED LOCATION* TO NEAREST WELL, DRILLING, COMPLETED, OR APPLIED FOR, ON THIS LEASE, FT.
 1st well

19. PROPOSED DEPTH
 15,700'

20. ROTARY OR CABLE TOOLS
 Rotary

21. ELEVATIONS (Show whether DF, RT, GR, etc.)
 3442.6' GR

22. APPROX. DATE WORK WILL START*
 Upon Approval

5. LEASE DESIGNATION AND SERIAL NO.
 19859

6. IF INDIAN, ALLOTTED OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
 Gila 4 Deep Com.

9. WELL NO.
 1

10. FIELD AND POOL, OR WILDCAT
 Wildcat

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
 4, T-25-S, R-33-E

12. COUNTY OR PARISH
 Lea

13. STATE
 New Mexico

23. PROPOSED CASING AND CEMENTING PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	QUANTITY OF CEMENT
17-1/2	13-3/8"	54.5#	600'	630 sxs Surface CIRCULATE
12-1/4	9-5/8"	36#	5100'	1995 sxs Surface CIRCULATE
8-3/4	7"	26#	13000'	800 sxs Est. TOC 6500'
6-1/8	4-1/2" Lnr	15.1#	15,500 BOL 12,800 TOL	305 sxs @ 12,600'

Description of lease boundaries:
 All Section 4 (except NW/4 NW/4) and
 W/2 Section 3, Total 920 acres

APPROVAL SUBJECT TO
 GENERAL REQUIREMENTS AND
 SPECIAL STIPULATIONS
 ATTACHED

RECEIVED
 APR 5 10 35 AM '90
 OIL AND GAS
 AREA

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 Maria L. Perez TITLE Proration Analyst DATE 4-3-90

(This space for Federal or State office use)

PERMIT NO. _____ APPROVAL DATE _____
 Orig. Signed by Richard L. Manos
 APPROVED BY _____ TITLE _____ DATE 4-17-90
 CONDITIONS OF APPROVAL, IF ANY:

Submit to Appropriate
District Office
State Leases - 4 copies
Fee Leases - 3 copies

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-102
Revised 1-1-89

OIL CONSERVATION DIVISION

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

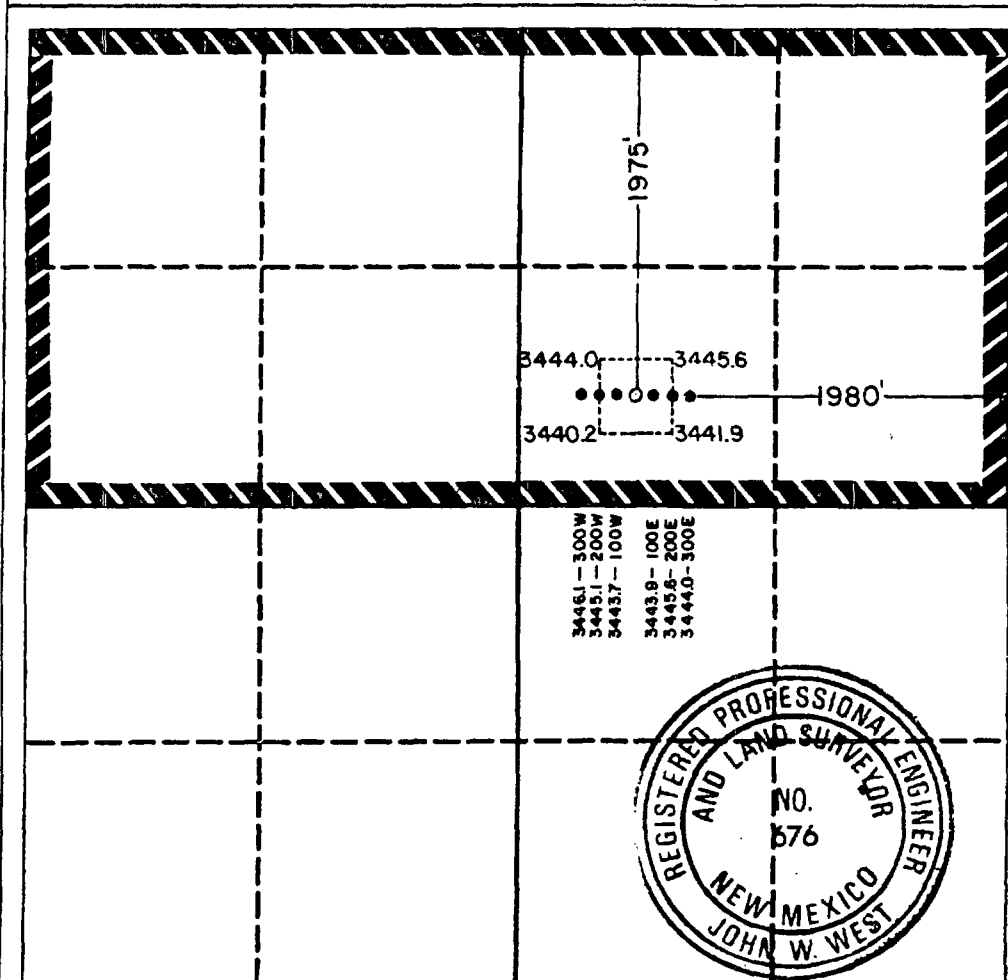
DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

WELL LOCATION AND ACREAGE DEDICATION PLAT

All Distances must be from the outer boundaries of the section

Operator ORYX ENERGY CO.			Lease Gila 4 Deep Com.			Well No. 1		
Unit Letter G	Section 4	Township 25 South	Range 33 East	County Lea		NMPM		
Actual Footage Location of Well: 1975 feet from the North line and 1980 feet from the East line								
Ground level Elev. 3442.6		Producing Formation Morrow			Pool Wildcat		Dedicated Acreage: 320 Acres	

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 interest of all owners been consolidated by communitization, unitization, force-pooling, etc.?
 - Yes No If answer is "yes" type of consolidation Communitization (NW/4 NW/4 Sec. 4)
- If answer is "no" list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.)
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 interest, has been approved by the Division.



OPERATOR CERTIFICATION
I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.

Signature: Maria L. Perez
Printed Name: Maria L. Perez
Position: Proration Analyst
Company: Oryx Energy Company
Date: April 3, 1990

SURVEYOR CERTIFICATION
I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

Date Surveyed: March 12, 1990
Signature & Seal of Professional Surveyor: John W. West
Certificate No. JOHN W. WEST, 676
RONALD J. EIDSON, 3239



see amended Plat for dedicated acreage

Submit to Appropriate District Office
 State Leases - 4 copies
 Fee Leases - 3 copies

State of New Mexico
 Energy, Minerals and Natural Resources Department

Form C-102
 Revised 1-1-89

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT I
 P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
 P.O. Drawer DD, Artesia, NM 88210

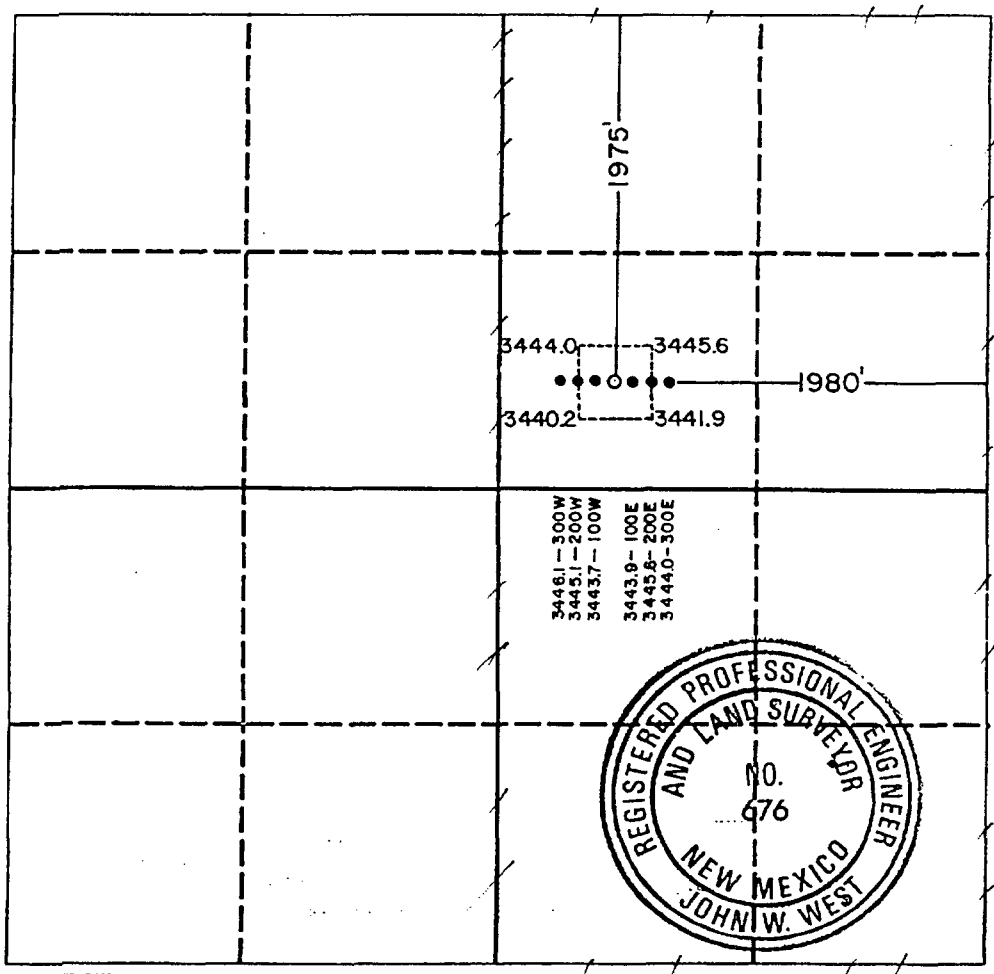
DISTRICT III
 1000 Rio Brazos Rd., Aztec, NM 87410

WELL LOCATION AND ACREAGE DEDICATION PLAT

All Distances must be from the outer boundaries of the section

Operator Pronghorn Management Corp.		Lease Gila 4 Deep		Well No. 1
Unit Letter G	Section 4	Township 25 South	Range 33 East	County Lea
Actual Footage Location of Well: 1975 feet from the North line and 1980 feet from the East line				
Ground level Elev. 3442.6	Producing Formation Wolfcamp	Pool Johnson Ranch Wolfcamp	Dedicated Acreage: 320 Acres	

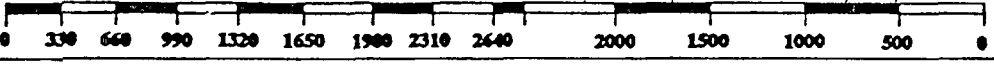
- Outline the acreage dedicated to the subject well by colored pencil or hatchure marks on the plat below.
- If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
- If more than one lease of different ownership is dedicated to the well, have the interest 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).
 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 interest, has been approved by the Division.



OPERATOR CERTIFICATION
 I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.
 Signature: *G. A. Baber*
 Printed Name: G. A. Baber
 Position: Partner
 Company: Pronghorn Management
 Date: 8-5-99

SURVEYOR CERTIFICATION
 I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.
 Date Surveyed: March 12, 1990
 Signature & Seal of Professional Surveyor: *John W. West*
 Certificate No. JOHN W. WEST, 676
 RONALD J. EIDSON, 3239

128830



WRS COMPLETION REPORT
 COMPLETIONS SEC 4 TWP 25S RGE 33E
 P1# 30-T-0021 10/26/90 30-025-30872-0000 PAGE 1

NMEX LEA * 1975FNL 1980FEL SEC SW NE
 STATE COUNTY FOOTAGE SPOT
 ORYX ENERGY WF WFD
 OPERATOR WELL CLASS INIT FIN

1 GILA "4" DEEP COM
 WELL NO. LEASE NAME
 3465KB 3443GR UNNAMED
 OPER ELEV FIELD/POOL/AREA

API 30-025-30872-0000
 LEASE NO. PERMIT OR WELL I.D. NO.
 05/06/1990 09/26/1990 ROTARY VERT GAS
 SPUD DATE COMP. DATE TYPE TOOL HOLE TYPE STATUS
 15700 MORROW GRACE DRLG 316 RIG SUB 20
 PROJ. DEPTH PROJ. FORM CONTRACTOR
 DTD 15700 PB 15050 FM/TD MORROW
 DRILLERS T.D. LOG T.D. PLUG BACK TD OLD T.D. FORM T.D.

LOCATION DESCRIPTION

28 MI SE HALFWAY, NM
 3 1/4 MI SW/14700(MRRW) GAS PROD IN PITCHFORK RNCH FLD

WELL IDENTIFICATION/CHANGES

FIELD CHGD FROM WILDCAT

CASING/LINER DATA

CSG 13 3/8 @ 650 W/ 630 SACKS
 CSG 9 5/8 @ 5100 W/ 2215 SACKS
 CSG 7 @13085 W/ 1350 SACKS
 LNR 4 1/2 12868-15698 W/ 750S

TUBING DATA

TBG 2 7/8 AT 14176

INITIAL POTENTIAL

IPF 5940 MCFD 1HRS
 ATOKA PERF W/ 6/FT 14276-14334
 SITP 7280
 1237MCFD TP 6920 BHFP 6922
 1931MCFD TP 6795 BHFP 6799
 3655MCFD TP 6180 BHFP 6203
 5940MCFD TP 5245 BHFP 5312
 FPCAOF 11200MCFD
 GTY 48.5 GOR241666

CONTINUED IC# 300257014290

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Petroleum Information

PI-WRS-G
 Form No 1E

DB a company of
 The Dun & Bradstreet Corporation

COMPLETIONS SEC 4 TWP 25S RGE 33E
PI# 30-T-0021 10/26/90 30-025-30872-0000 PAGE 2

ORYX ENERGY WF WFD
1 GILA "4" DEEP COM

INITIAL POTENTIAL

GAS GTY .651
FIELD /RESERVOIR
/ATOKA

BHSIP (NR)
1ST THRU 4TH PT TEST IN 60 MINS, THRU ADJ CK

PRODUCTION TEST DATA

MORROW PERF W/ 456/IT 15490-15594 GROSS
PERF 15490-15514 15542-15594
BRPG @15050 15490-15594

PTF 48BC 5940 MCFD 14/64CK IHRS
ATOKA PERF W/ 6/FT 14276-14334
PERF 14276-14334
ACFR 14276-14334 290000GALS
WF-20 30000 GALS 20% HCL
TP 5245

LOGS AND SURVEYS /INTERVAL, TYPE/

LOGS 5100-13089 GR 5100-13089 LSS 5100-13089 CALP
LOGS 9100-12100 DLL 9100-12100 MSFL 9100-12100 CNL
LOGS 9100-12100 LDT 12868-15611 TDT 12868-15611 CBL

DRLG SHOWS OR POROSITY ZONES /INTERVAL, FORMATION, DESC

11651-11659 PNNSYLVN OIL 13498-13605 ATOKA GAS
13630-13632 ATOKA GAS 14028-14035 ATOKA GAS
14336-14340 ATOKA GAS 15217-15218 MORROW GAS
15260-15264 MORROW GAS 15274-15280 MORROW GAS

DRILLING BREAKS

11651-11659 POOR FLU, SML SHW OIL (PENNSYLVANIAN) S
13174-13175 (ATOKA) S
13498-13605 4-6 FT GAS FLARE (ATOKA) S
13630-13632 1-6 FT GAS FLARE (ATOKA) S
14028-14035 2-8 FT GAS FLARE (ATOKA) S
14336-14340 20-25 FT GAS FLARE (ATOKA) S
15217-15218 600 UTS BG GAS (MORROW) S
15260-15264 700 UTS BG GAS (MORROW) S

CONTINUED

COMPLETIONS SEC 4 TWP 25S RGE 33E
PI# 30-T-0021 10/26/90 30-025-30872-0000 PAGE 3

ORYX ENERGY WF WFD
1 GILA "4" DEEP COM

DRILLING BREAKS

15274-15280 900 UTS BG GAS (MORROW) S
15344-15348 (MORROW)
15412-15416 (MORROW)
15422-15454 (MORROW)

DRILLING PROGRESS DETAILS

ORYX ENERGY
BOX 1861
MIDLAND, TX 79702
915-688-0300
04/09 LOC/1990/
05/08 DRLG 650
05/17 DRLG 7610
05/23 DRLG 10245
05/30 DRLG 12200
06/01 DRLG 13085
06/06 DRLG 13118
06/14 DRLG 13215
06/27 DRLG 14841
07/02 DRLG 15181
07/11 DRLG 15571
07/17 15700 TD, RNG LOGS
07/24 15700 TD, LDDP
08/06 15700 TD, RUCT
08/16 15700 TD, PREP PERF
09/10 15700 TD, SI BHP
09/27 15700 TD, PB 15050, TSTG
10/03 15700 TD, PB 15050, WOPT
10/25 TD REACHED 07/16/90 RIG REL 07/26/90
15700 TD, PB 15050
COMP 9/26/90, IPCAOF 11200 MCFGPD, GOR
241666, GTY (COND) 48.5,
GTY (GAS) .651, SIWHP 7280,
SIBHP (NR)
PROD ZONE - ATOKA 14276-14334
NO CORES OR DSTS RPTD
10/25 ATOKA DISCOVERY - NEW FIELD

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[NMBGMR](#)



[NYMEX LS Crude](#) \$48.35
[Navajo WTXI](#) \$45.00
[Henry Hub](#) \$5.91
 Updated 2/21/2005

[GENERAL](#) | [COUNTY](#) | [OPERATOR](#) | [POOL](#) | [LOCATION](#) | [OCD LOG & WELL FILES](#)

View Production Data

In Internet Explorer, right click and select "Save Target As..."
In Netscape, right click and select "Save Link As..."

Download: [HTTP](#)

Well: GILA 4 DEEP No.: 001
Operator: PRONGHORN MANAGEMENT CORP [[NM SLO data](#)]
API: 3002530872 Township: 25.0S Range: 33E
Section: 4 Unit: G
Land Type: F County: Lea
Pools associated:

- [JOHNSON RANCH;WOLFCAMP \(GAS\)](#) Total Acreage: 320 Completion: 1
- [LEA UNDESIGNATED;ATOKA \(GAS\)](#) Total Acreage: Unknown Completion: Unknown
- [VACA DRAW;ATOKA \(GAS\)](#) Total Acreage: Unknown Completion: Unknown
- [Show All](#)

Year: 1990
 Pool Name: LEA UNDESIGNATED;ATOKA (GAS)

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	0	0	0	0	0	0
February	0	0	0	0	0	0
March	0	0	0	0	0	0
April	0	0	0	0	0	0
May	0	0	0	0	0	0
June	0	0	0	0	0	0
July	0	0	0	0	0	0
August	0	0	0	0	0	0
September	0	0	0	0	0	0
October	1469	65707	345	0	1469	65707

November	1022	59751	390	30	2491	125458
December	659	61283	189	27	3150	186741
Total	3150	186741	924	57		

Year: 1991

Pool Name: VACA DRAW;ATOKA (GAS)

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	593	41305	180	30	3743	228046
February	388	30027	125	25	4131	258073
March	433	34631	124	31	4564	292704
April	300	26682	168	24	4864	319386
May	259	26959	124	31	5123	346345
June	236	22799	90	30	5359	369144
July	202	22365	93	31	5561	391509
August	189	21098	93	31	5750	412607
September	156	18639	90	30	5906	431246
October	181	17991	60	30	6087	449237
November	162	16775	90	30	6249	466012
December	72	1714	33	11	6321	467726
Total	3171	280985	1270	334		

Year: 1992

Pool Name: VACA DRAW;ATOKA (GAS)

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	161	11311	50	18	6482	479037
February	187	17148	112	28	6669	496185
March	159	15065	129	30	6828	511250
April	108	13706	111	30	6936	524956
May	128	13104	93	31	7064	538060
June	79	12064	90	30	7143	550124
July	85	10632	89	31	7228	560756
August	81	10975	47	31	7309	571731
September	98	9873	101	29	7407	581604
October	33	7658	179	31	7440	589262
November	116	8944	180	30	7556	598206
December	21	1803	53	11	7577	600009
Total	1256	132283	1234	330		

Year: 1993

Pool Name: VACA DRAW;ATOKA (GAS)

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	44	155	110	3	7621	600164
February	0	2152	0	5	7621	602316
March	0	1875	0	20	7621	604191
April	47	10288	278	20	7668	614479
May	90	8877	99	31	7758	623356
June	108	9212	104	30	7866	632568
July	5	6754	291	25	7871	639322
August	59	2286	120	25	7930	641608
September	83	6049	100	24	8013	647657
October	107	8542	192	25	8120	656199
November	15	4988	55	30	8135	661187
December	76	6627	25	31	8211	667814
Total	634	67805	1374	269		

Year: 1994

Pool Name: VACA DRAW;ATOKA (GAS)

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	20	5290	50	20	8231	673104
February	71	6021	50	28	8302	679125
March	86	6582	250	31	8388	685707
April	85	9236	50	30	8473	694943
May	20	6795	20	31	8493	701738
June	27	2142	125	30	8520	703880
July	26	1798	33	0	8546	705678
August	15	2369	13	30	8561	708047
September	36	2802	2	30	8597	710849
October	51	2171	5	31	8648	713020
November	94	1531	40	30	8742	714551
December	70	4083	40	31	8812	718634
Total	601	50820	678	322		

Year: 1995

Pool Name: VACA DRAW;ATOKA (GAS)

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	50	4665	35	31	8862	723299
February	95	2818	55	28	8957	726117
March	20	1240	15	31	8977	727357
April	23	1117	50	30	9000	728474
May	15	3496	25	31	9015	731970
June	5	4240	15	31	9020	736210

July	2	4999	25	31	9022	741209
August	13	4289	5	31	9035	745498
September	4	1292	0	30	9039	746790
October	4	387	0	30	9043	747177
November	2	121	0	5	9045	747298
December	3	265	15	5	9048	747563
Total	236	28929	240	314		

Year: 1996

Pool Name: VACA DRAW;ATOKA (GAS)

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	10	0	5	15	9058	747563
February	10	225	2	8	9068	747788
March	6	19	2	1	9074	747807
April	10	122	3	6	9084	747929
May	5	3948	2	15	9089	751877
June	4	0	2	4	9093	751877
July	5	1009	2	10	9098	752886
August	3	4444	2	10	9101	757330
September	2	3198	2	10	9103	760528
October	2	4345	2	15	9105	764873
November	2	5423	2	15	9107	770296
December	368	4678	2	15	9475	774974
Total	427	27411	28	124		

Year: 1997

Pool Name: VACA DRAW;ATOKA (GAS)

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	5	1551	2	15	9480	776525
February	4	3102	2	15	9484	779627
March	5	3652	2	15	9489	783279
April	5	4356	2	15	9494	787635
May	5	3948	2	15	9499	791583
June	3	3087	2	15	9502	794670
July	3	3476	2	15	9505	798146
August	2	2740	2	15	9507	800886
September	2	2892	2	22	9509	803778
October	2	3316	2	20	9511	807094
November	2	1901	2	20	9513	808995
December	2	3154	2	20	9515	812149

Total 40 37175 24 202

Year: 1998

Pool Name: VACA DRAW;ATOKA (GAS)

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	1	2608	2	20	9516	814757
February	1	665	2	20	9517	815422
March	2	1018	2	20	9519	816440
April	2	2100	2	20	9521	818540
May	2	3948	2	20	9523	822488
June	2	2424	2	20	9525	824912
July	2	2208	2	20	9527	827120
August	271	2291	2	20	9798	829411
September	100	2800	2	20	9898	832211
October	10	2665	2	20	9908	834876
November	5	2584	2	20	9913	837460
December	3	1405	2	20	9916	838865
Total	401	26716	24	240		

Year: 1999

Pool Name: JOHNSON RANCH;WOLFCAMP (GAS)

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	0	0	0	0	9916	838865
February	0	0	0	0	9916	838865
March	0	0	0	0	9916	838865
April	0	0	0	0	9916	838865
May	0	0	0	0	9916	838865
June	0	0	0	0	9916	838865
July	250	21322	5	25	10166	860187
August	689	27935	198	25	10855	888122
September	14	16543	158	25	10869	904665
October	327	11685	165	25	11196	916350
November	20	9238	100	25	11216	925588
December	10	9043	80	25	11226	934631
Total	1310	95766	706	150		

Pool Name: VACA DRAW;ATOKA (GAS)

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	2	1489	2	20	11228	936120
February	2	2116	2	20	11230	938236

March	2	1517	2	20	11232	939753
April	2	2438	2	20	11234	942191
May	2	1128	2	20	11236	943319
June	2	7675	2	25	11238	950994
July	0	0	0	0	11238	950994
August	0	0	0	0	11238	950994
September	0	0	0	0	11238	950994
October	0	0	0	0	11238	950994
November	0	0	0	0	11238	950994
December	0	0	0	0	11238	950994
Total	12	16363	12	125		

Year: 2000

Pool Name: JOHNSON RANCH;WOLFCAMP (GAS)

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	199	7440	80	0	11437	958434
February	0	0	0	0	11437	958434
March	0	0	0	0	11437	958434
April	0	0	0	0	11437	958434
May	0	0	0	0	11437	958434
June	0	0	0	0	11437	958434
July	0	0	0	0	11437	958434
August	0	0	0	0	11437	958434
September	0	0	0	0	11437	958434
October	0	0	0	0	11437	958434
November	0	0	0	0	11437	958434
December	0	0	0	0	11437	958434
Total	199	7440	80	0		

Year: 2001

Pool Name: JOHNSON RANCH;WOLFCAMP (GAS)

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	332	5832	0	25	11769	964266
February	50	5927	0	0	11819	970193
March	10	6574	0	25	11829	976767
April	125	7104	0	14	11954	983871
May	85	5772	0	25	12039	989643
June	105	6712	0	18	12144	996355
July	50	6246	0	15	12194	1002601
August	125	6433	0	15	12319	1009034

September	20	6105	0	15	12339	1015139
October	10	6136	0	25	12349	1021275
November	10	5869	0	25	12359	1027144
December	5	2458	0	25	12364	1029602
Total	927	71168	0	227		

Year: 2002

Pool Name: JOHNSON RANCH;WOLFCAMP (GAS)

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	24	5949	24	25	12388	1035551
February	15	6310	10	0	12403	1041861
March	10	9199	8	25	12413	1051060
April	40	6645	40	14	12453	1057705
May	36	6821	36	18	12489	1064526
June	36	6309	36	18	12525	1070835
July	27	5941	27	15	12552	1076776
August	125	5482	20	15	12677	1082258
September	27	4445	21	15	12704	1086703
October	45	4625	36	0	12749	1091328
November	42	4380	15	25	12791	1095708
December	56	3792	24	25	12847	1099500
Total	483	69898	297	195		

Year: 2003

Pool Name: JOHNSON RANCH;WOLFCAMP (GAS)

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	66	4197	27	25	12913	1103697
February	45	4574	24	25	12958	1108271
March	36	4189	24	25	12994	1112460
April	45	4186	24	25	13039	1116646
May	51	4747	21	30	13090	1121393
June	57	4376	24	25	13147	1125769
July	75	3904	24	0	13222	1129673
August	51	4588	18	0	13273	1134261
September	36	4192	18	25	13309	1138453
October	32	4134	33	25	13341	1142587
November	36	3826	33	25	13377	1146413
December	33	4998	27	25	13410	1151411
Total	563	51911	297	255		

Year: 2004

Pool Name: JOHNSON RANCH;WOLFCAMP (GAS)

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	34	4601	31	25	13444	1156012
February	34	2713	32	0	13478	1158725
March	36	2719	30	0	13514	1161444
April	48	3969	21	15	13562	1165413
May	33	3975	30	15	13595	1169388
June	66	3725	6	25	13661	1173113
July	57	3861	12	25	13718	1176974
August	33	3492	6	25	13751	1180466
September	36	3143	15	25	13787	1183609
October	33	2795	27	25	13820	1186404
November	0	0	0	0	13820	1186404
December	0	0	0	0	13820	1186404
Total	410	34993	210	180		

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CMD :
OG6CLOG

ONGARD
C105-WELL COMPLETION OR RECOMP CASING LOG

02/22/05 11:03:42
OGOMBS -TP80

17

OGRID Identifier : 122811 PRONGHORN MANAGEMENT CORP
Prop Identifier : 14988 J F BLACK
API Well Identifier : 30 25 21478 Well No : 006
Surface Locn - UL : F Sec : 21 Twp : 24S Range : 37E Lot Idn :
Multiple comp (S/M/C) : S TVD Depth (Feet) : 3696 MVD Depth (Feet) : 3696
Spud Date : P/A Date :
Casing/Linear Record:

S Size (inches)	Grade weight (lb/ft)	Depth(ft) Top-Liner	Depth(ft) Bot-Liner	Hole Size (inches)	Cement (Sacks)	TOC (feet)	Code
99.000	99.0	99999.0	99999.0	99.000	9999	99999	C

E0009: Enter data to modify record

PF01 HELP PF02 PF03 EXIT PF04 GoTo PF05 PF06 CONFIRM
PF07 PF08 PF09 COMMENT PF10 TLOG PF11 PF12

-0- Production

Drilled as an Injection Well.

See R-2957

No Inj. on Prod.

Reinstated

in
ONGARD

- Last Proj. Unknown

- Injection Well

CMD :
OG6IWCM

OGCARD
INQUIRE WELL COMPLETIONS

02/22/05 11:03:47
OGOMES -TP80

API Well No : 30 25 21473 Eff Date : 05-20-1994 WC Status : A
Pool Idn : 37240 LANGLIE MATTIX;7 RVRB-Q-GRAYBURG
OGRID Idn : 122811 PRONGHORN MANAGEMENT CORP
Prop Idn : 14988 J F BLACK

Well No : 006
GL Elevation: 99999

	U/L	Sec	Township	Range	North/South	East/West	Prop/Act(P/A)
E.H. Locn	: F	21	24S	37E	FTG 2630 F N	FTG 1340 E W	P

Lot Identifier:

Dedicated Acre:

Lease Type : P

Type of consolidation (Comm, Unit, Forced Pooling - C/U/F/O) :

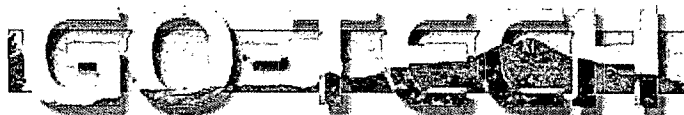
M0025: Enter PF keys to scroll

PF01 HELP	PF02	PF03 EXIT	PF04 GoTo	PF05	PF06
PF07	PF08	PF09	PF10 NEXT-WC	PF11 HISTORY	PF12 NXTREC

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View Injection Data

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Well: J F BLACK **No.:** 006
Operator: PRONGHORN MANAGEMENT CORP
API: 3002521478 **Township:** 24.0S **Range:** 37E
Section: 21 **Unit:** F
Land Type: P **County:** Lea
Pools associated:

- [LANGLIE MATTIX;7 RVRS-Q-GRAYBURG](#) **Total Acreage:** Unknown **Completion:** Unknown
- [Show All](#)

Year: 1994
 Pool Name: LANGLIE MATTIX;7 RVRS-Q-GRAYBURG

Month	Water(BBLS)	Other(BBLS)	Days Injected
January	0	0	0
February	0	0	0
March	0	0	0
April	0	0	0
May	0	0	0
June	0	0	0
July	0	0	0
August	0	0	0
September	0	0	0
October	0	0	0
November	0	0	0

December 0 0 0

Year: 1995
 Pool Name: LANGLIE MATTIX;7 RVRS-Q-GRAYBURG

Month	Water(BBLS)	Other(BBLS)	Days Injected
January	0	0	0
February	0	0	0
March	0	0	0
April	0	0	0
May	0	0	0
June	0	0	0
July	0	0	0
August	0	0	0
September	0	0	0
October	0	0	0
November	0	0	0
December	0	0	0

Year: 1996
 Pool Name: LANGLIE MATTIX;7 RVRS-Q-GRAYBURG

Month	Water(BBLS)	Other(BBLS)	Days Injected
January	0	0	0
February	0	0	0
March	0	0	0
April	0	0	0
May	0	0	0
June	0	0	0
July	0	0	0
August	0	0	0
September	0	0	0
October	0	0	0
November	0	0	0
December	0	0	0

Year: 1997
 Pool Name: LANGLIE MATTIX;7 RVRS-Q-GRAYBURG

Month	Water(BBLS)	Other(BBLS)	Days Injected
January	0	0	0
February	0	0	0
March	0	0	0
April			

	0	0	0
May	0	0	0
June	0	0	0
July	0	0	0
August	0	0	0
September	0	0	0
October	0	0	0
November	0	0	0
December	0	0	0

Year: 1998

Pool Name: LANGLIE MATTIX;7 RVRS-Q-GRAYBURG

Month	Water(BBLS)	Other(BBLS)	Days Injected
January	0	0	0
February	0	0	0
March	0	0	0
April	0	0	0
May	0	0	0
June	0	0	0
July	0	0	0
August	0	0	0
September	0	0	0
October	0	0	0
November	0	0	0
December	0	0	0

Year: 1999

Pool Name: LANGLIE MATTIX;7 RVRS-Q-GRAYBURG

Month	Water(BBLS)	Other(BBLS)	Days Injected
January	0	0	0
February	0	0	0
March	0	0	0
April	0	0	0
May	0	0	0
June	0	0	0
July	0	0	0
August	0	0	0
September	0	0	0
October	0	0	0
November	0	0	0

December 0 0 0

Year: 2000
Pool Name: LANGLIE MATTIX;7 RVRS-Q-GRAYBURG

Month	Water(BBLS)	Other(BBLS)	Days Injected
January	0	0	0
February	0	0	0
March	0	0	0
April	0	0	0
May	0	0	0
June	0	0	0
July	0	0	0
August	0	0	0
September	0	0	0
October	0	0	0
November	0	0	0
December	0	0	0

Year: 2001
Pool Name: LANGLIE MATTIX;7 RVRS-Q-GRAYBURG

Month	Water(BBLS)	Other(BBLS)	Days Injected
January	0	0	0
February	0	0	0
March	0	0	0
April	0	0	0
May	0	0	0
June	0	0	0
July	0	0	0
August	0	0	0
September	0	0	0
October	0	0	0
November	0	0	0
December	0	0	0

Year: 2002
Pool Name: LANGLIE MATTIX;7 RVRS-Q-GRAYBURG

Month	Water(BBLS)	Other(BBLS)	Days Injected
January	0	0	0
February	0	0	0
March	0	0	0
April			

	0	0	0
May	0	0	0
June	0	0	0
July	0	0	0
August	0	0	0
September	0	0	0
October	0	0	0
November	0	0	0
December	0	0	0

Year: 2003
 Pool Name: LANGLIE MATTIX;7 RVRS-Q-GRAYBURG

Month	Water(BBLS)	Other(BBLS)	Days Injected
January	0	0	0
February	0	0	0
March	0	0	0
April	0	0	0
May	0	0	0
June	0	0	0
July	0	0	0
August	0	0	0
September	0	0	0
October	0	0	0
November	0	0	0
December	0	0	0

Year: 2004
 Pool Name: LANGLIE MATTIX;7 RVRS-Q-GRAYBURG

Month	Water(BBLS)	Other(BBLS)	Days Injected
January	0	0	0
February	0	0	0
March	0	0	0
April	0	0	0
May	0	0	0
June	0	0	0
July	0	0	0
August	0	0	0
September	0	0	0
October	0	0	0
November	0	0	0

December	0	0	0
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BEFORE THE OIL CONSERVATION COMMISSION
OF THE STATE OF NEW MEXICO

IN THE MATTER OF THE HEARING
CALLED BY THE OIL CONSERVATION
COMMISSION OF NEW MEXICO FOR
THE PURPOSE OF CONSIDERING:

CASE No. 3287
Order No. R-2957

APPLICATION OF TEXACO INC.
FOR A WATERFLOOD PROJECT,
LEA COUNTY, NEW MEXICO.

ORDER OF THE COMMISSION

BY THE COMMISSION:

This cause came on for hearing at 9 o'clock a.m. on August 11, 1965, at Santa Fe, New Mexico, before Examiner Elvis A. Utz.

NOW, on this 16th day of August, 1965, the Commission, a quorum being present, having considered the testimony, the record, and the recommendations of the Examiner, and being fully advised in the premises,

FINDS:

(1) That due public notice having been given as required by law, the Commission has jurisdiction of this cause and the subject matter thereof.

(2) That the applicant, Texaco Inc., seeks permission to institute a waterflood project in the Langlie-Mattix Pool by the injection of water into the Queen formation through two injection wells in Section 21, Township 24 South, Range 37 East, NMPM, Lea County, New Mexico.

(3) That the wells in the project area are in an advanced state of depletion and should properly be classified as "stripper" wells.

(4) That the proposed waterflood project should result in the recovery of otherwise unrecoverable oil, thereby preventing waste.

CASE No. 3287
Order No. R-2957

(5) That the subject application should be approved and the project should be governed by the provisions of Rules 701, 702, and 703 of the Commission Rules and Regulations.

IT IS THEREFORE ORDERED:

(1) That the applicant, Texaco Inc., is hereby authorized to institute a waterflood project in the Langlie-Mattix Pool by the injection of water into the Queen formation through the following-described wells in Section 21, Township 24 South, Range 37 East, NMPM, Lea County, New Mexico:

J. F. Black Well No. 7 to be located 1310 feet from the North line and 2626 feet from the West line.

J. F. Black Well No. 6 to be located 2630 feet from the North line and 1340 feet from the West line.

(2) That the subject waterflood project shall be governed by the provisions of Rules 701, 702, and 703 of the Commission Rules and Regulations.

(3) That monthly progress reports of the waterflood project herein authorized shall be submitted to the Commission in accordance with Rules 704 and 1120 of the Commission Rules and Regulations.

(4) That jurisdiction of this cause is retained for the entry of such further orders as the Commission may deem necessary.

DONE at Santa Fe, New Mexico, on the day and year hereinabove designated.

STATE OF NEW MEXICO
OIL CONSERVATION COMMISSION

JACK M. CAMPBELL, Chairman

GUYTON B. HAYS, Member

S E A L

esr/

A. L. PORTER, JR., Member & Secretary

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View Production Data

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Download: [HTTP](#)

Well: J F BLACK **No.:** 006
Operator: PRONGHORN MANAGEMENT CORP [[NM SLO data](#)]
API: 3002521478 **Township:** 24.0S **Range:** 37E
Section: 21 **Unit:** F
Land Type: P **County:** Lea
Pools associated:

- [LANGLIE MATTIX;7 RVRS-Q-GRAYBURG](#) **Total Acreage:** Unknown **Completion:** Unknown
- [Show All](#)

Year: 1995

Pool Name: LANGLIE MATTIX;7 RVRS-Q-GRAYBURG

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	0	0	0	0	0	0
February	0	0	0	0	0	0
March	0	0	0	0	0	0
April	0	0	0	0	0	0
May	0	0	0	0	0	0
June	0	0	0	0	0	0
July	0	0	0	0	0	0
August	0	0	0	0	0	0
September	0	0	0	0	0	0
October	0	0	0	0	0	0
November	0	0	0	0	0	0

December	0	0	0	0	0	0
Total	0	0	0	0	0	0

Year: 1997
 Pool Name: LANGLIE MATTIX;7 RVRS-Q-GRAYBURG

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	0	0	0	0	0	0
February	0	0	0	0	0	0
March	0	0	0	0	0	0
April	0	0	0	0	0	0
May	0	0	0	0	0	0
June	0	0	0	0	0	0
July	0	0	0	0	0	0
August	0	0	0	0	0	0
September	0	0	0	0	0	0
October	0	0	0	0	0	0
November	0	0	0	0	0	0
December	0	0	0	0	0	0
Total	0	0	0	0	0	0

Year: 1998
 Pool Name: LANGLIE MATTIX;7 RVRS-Q-GRAYBURG

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	0	0	0	0	0	0
February	0	0	0	0	0	0
March	0	0	0	0	0	0
April	0	0	0	0	0	0
May	0	0	0	0	0	0
June	0	0	0	0	0	0
July	0	0	0	0	0	0
August	0	0	0	0	0	0
September	0	0	0	0	0	0
October	0	0	0	0	0	0
November	0	0	0	0	0	0
December	0	0	0	0	0	0
Total	0	0	0	0	0	0

Year: 2000
 Pool Name: LANGLIE MATTIX;7 RVRS-Q-GRAYBURG

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January						

	0	0	0	0	0	0
February	0	0	0	0	0	0
March	0	0	0	0	0	0
April	0	0	0	0	0	0
May	0	0	0	0	0	0
June	0	0	0	0	0	0
July	0	0	0	0	0	0
August	0	0	0	0	0	0
September	0	0	0	0	0	0
October	0	0	0	0	0	0
November	0	0	0	0	0	0
December	0	0	0	0	0	0
Total	0	0	0	0		

Year: 2001

Pool Name: LANGLIE MATTIX;7 RVRS-Q-GRAYBURG

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	0	0	0	0	0	0
February	0	0	0	0	0	0
March	0	0	0	0	0	0
April	0	0	0	0	0	0
May	0	0	0	0	0	0
June	0	0	0	0	0	0
July	0	0	0	0	0	0
August	0	0	0	0	0	0
September	0	0	0	0	0	0
October	0	0	0	0	0	0
November	0	0	0	0	0	0
December	0	0	0	0	0	0
Total	0	0	0	0		

Year: 2004

Pool Name: LANGLIE MATTIX;7 RVRS-Q-GRAYBURG

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	0	0	0	0	0	0
February	0	0	0	0	0	0
March	0	0	0	0	0	0
April	0	0	0	0	0	0
May	0	0	0	0	0	0
June	0	0	0	0	0	0

July	0	0	0	0	0	0
August	0	0	0	0	0	0
September	0	0	0	0	0	0
October	0	0	0	0	0	0
November	0	0	0	0	0	0
December	0	0	0	0	0	0
Total	0	0	0	0		

Page last updated 07/22/2004. Webmaster gotech_prrc@yahoo.com

Submit 3 Copies To Appropriate District Office
 District I
 1625 N. French Dr., Hobbs, NM 87240
 District II
 311 South First, Artesia, NM 87210
 District III
 1000 Rio Brazos Rd., Aztec, NM 87410
 District IV
 2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico
 Energy, Minerals and Natural Resources

Form C-103..
 Revised March 25, 1999

17

OIL CONSERVATION DIVISION
 2040 South Pacheco
 Santa Fe, NM 87505

WELL API NO.
 30-025-21478

5. Indicate Type of Lease
 STATE FEE

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name:
 J. F. Black

8. Well No.
 6

9. Pool name or Wildcat
 Langlie Matrix TRAVIS Q-GRUBBING

SUNDRY NOTICES AND REPORTS ON WELLS
 (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well:
 Oil Well Gas Well Other *inj*

2. Name of Operator
 PAONGHOAN Mgt. COOP.

3. Address of Operator
 P.O. Box 1772 Hobbs, N.M. 88241

4. Well Location
 Unit Letter F : 2630 feet from the North line and 1340 feet from the West line
 Section 21 Township 24S Range 37E NMPM Lea County

10. Elevation (Show whether DR, RKB, RT, GR, etc.)

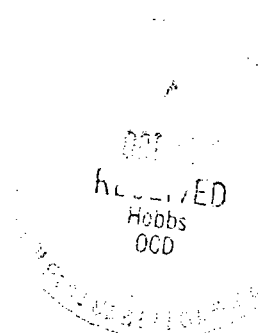
11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:
 PERFORM REMEDIAL WORK PLUG AND ABANDON
 TEMPORARILY ABANDON CHANGE PLANS
 PULL OR ALTER CASING MULTIPLE COMPLETION
 OTHER:

SUBSEQUENT REPORT OF:
 REMEDIAL WORK ALTERING CASING
 COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT
 CASING TEST AND CEMENT JOB
 OTHER:

12. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation.

1. Move in AND rig up.
2. Clean out well to total depth.
3. Install tubing and injection equipment.
4. Return well to injection.



I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Guy A. Baber TITLE Partner DATE 10/24/01

Type or print name Guy A. Baber Telephone No. 505-393-8386
 (This space for State use)

APPROVED BY _____ TITLE _____ DATE OCT 20 2001

Conditions of approval, if any:

80



API Well No: 30-025-21478-00-00 Owner: PRONGHORN MANAGEMENT CORP County: Lea
 Well Name: J.F. BLACK Number: 006 Inspect No: unK0006822
 Well Type: Injection - (All Types) Well Status: Active
 UL-S-T-R: F-21-24S-37E Facility/Project: NA

Purpose: [] Violation? SNC? Well Idle >1 Year? Current Type: [] Status: [A] Type: [] Status: []
 Change ONGARD to... [] []
 Respondant: []
 Notes: []
 Compliance []
 Date Performed: 08/14/1991
 Date NOV: 08/19/1991
 Date RmdyReq: []
 Date Extension: []
 Date Passed: []

Failed Items

Comply# [] IncdntNo [] Inspector: Buddy Hill Duration []

API Well No: 30-025-21478-00-00 Owner: PRONGHORN MANAGEMENT CORP County: Lea
 Well Name: J.F. BLACK Number: 006 Inspect No: TELGM0161S
 Well Type: Injection - (All Types) Well Status: Active
 UL-S-T-R: F-21-24S-37E Facility/Project: NA

Purpose: Normal Routine Activity Violation? SNC? Well Idle >1 Year? Current Type: [] Status: [A] Type: [] Status: []
 Change ONGARD to... [A] [S]
 Respondant: PRONGHORN MANAGEMENT CORP 122811
 Notes: S/I/E/N/FL
 Compliance []
 Date Performed: 03/07/2000
 Date NOV: []
 Date RmdyReq: []
 Date Extension: []
 Date Passed: []

Failed Items

Comply# [] IncdntNo [] Inspector: D.L. Gonzales Duration []

API Well No: 30-025-21478-00-00 Owner: PRONGHORN MANAGEMENT CORP County: Lea
 Well Name: J F BLACK Number: 006 Inspect No: iLWH0025650651
 Well Type: Injection - (All Types) Well Status: Active
 UL-S-T-R: F-21-24S-37E Facility/Project: NA

Purpose: Normal Routine Activity Violation? SNC? Well Idle >1 Year? Current Type: 1 Status: A Type: Status
 Type: PHOTON Respondant: PRONGHORN MANAGEMENT CORP 122811
 Compliance: NO SHUT-IN-DISCONNECTED

Date Performed: 09/12/2000
 Date NOV:
 Date RmdyReq:
 Date Extension:
 Date Passed:

Failed Items
 Comply# IncdntNo Inspector: Buddy Hill Duration: 1.0

API Well No: 30-025-21478-00-00 Owner: PRONGHORN MANAGEMENT CORP County: Lea
 Well Name: J F BLACK Number: 006 Inspect No: iLWH011558869
 Well Type: Injection - (All Types) Well Status: Active
 UL-S-T-R: F-21-24S-37E Facility/Project: NA

Purpose: Normal Routine Activity Violation? SNC? Well Idle >1 Year? Current Type: 1 Status: A Type: Status
 Type: PHOTON Respondant: PRONGHORN MANAGEMENT CORP 122811
 Compliance: NO ACTIVITY!

Date Performed: 04/25/2001
 Date NOV:
 Date RmdyReq:
 Date Extension:
 Date Passed:

Failed Items
 Comply# IncdntNo Inspector: Buddy Hill Duration: 0.2

Submit 3 Copies
 Appropriate District Office
DISTRICT I
 P.O. Box 1910, Hobbs, NM 88240

DISTRICT II
 P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
 1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
 Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION
 P.O. Box 2088
 Santa Fe, New Mexico 87504-2088

Form C-104
 Revised 1-1-89
 See Instructions
 at Bottom of Page

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
 TO TRANSPORT OIL AND NATURAL GAS**

Operator PRONGHORN MANAGEMENT CORPORATION (122811)	Well API No. 30-025-21478
Address P.O. BOX 1772 HOBBS, NM 88241	
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> Other (Please explain) MAY 01 1994	
New Well <input type="checkbox"/> Change in Transporter of <input type="checkbox"/> Dry Gas <input type="checkbox"/> OPERATOR NAME CHANGE ONLY	
Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Condensate <input type="checkbox"/>	
Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/>	
If change of operator give name and address of previous operator BABER WELL SERVICING COMPANY P.O. BOX 1772 HOBBS, NM 88241	

I. DESCRIPTION OF WELL AND LEASE

Lease Name J F BLACK (14988)	Well No. 6	Pool Name, including Formallon LANGLIE MATTIX 7 RVRS Q G	Kind of Lease <input checked="" type="radio"/> State <input type="radio"/> Federal <input type="radio"/> Free	Lease No.
Location Unit Letter F : 2630 Feet From The FNL Line and 1340 Feet From The FWL Line Section 21 Township 24S Range 37E ,NMPM, LEA County				

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> LANTEK	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 2281, MIDLAND, TX. 79702					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> N/A	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 21	Twp. 24S	Rgn. 37E	Is gas actually connected?	When?

If this production is commingled with that from any other lease or pool, give commingling order number:

V. COMPLETION DATA

Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Compl. Ready to Prod.	Total Depth			P.B.T.D.				
Name of Producing Formation	Top Oil/Gas Pay			Tubing Depth				
Depth Casing Shoe								
TUBING, CASING AND CEMENTING RECORD								
CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT		

REQUEST FOR ALLOWABLE

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 of Test	Producing Method (Flow, pump, gas lift, etc.)		
Tubing Pressure	Casing Pressure	Choke Size	
Oil - Bbls.	Water - Bbls.	Gas - MCF	
Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	

CERTIFICATE OF COMPLIANCE

is true and complete to the best of my knowledge and belief.

Signature Sherry Wade
SHERRY WADE PRODUCTION CLERK
 Printed Name 3-5-94 Title (505) 392-5516
 Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved MAY 20 1994
 By Paul Roberts
 Title Geologist

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- All sections of this form must be filled out for allowable on new and recompleted wells.

Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

DISTRICT II
P.O. Drawer DD, Azusa, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator BABER WELL SERVICING COMPANY	Well APIN# 30-025-21478
Address P.O. BOX 1772 HOBBS, NM 88241	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/> Change in Transporter of: <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Condensate <input type="checkbox"/>	
Change in Operator <input checked="" type="checkbox"/> Casinghead Gas <input type="checkbox"/>	
If change of operator give name and address of previous operator CAPROCK OIL & GAS P.O. BOX 828, ANDREWS, TX, 79714	

II. DESCRIPTION OF WELL AND LEASE

Lease Name J.F. BLACK	Well No. 6	Pool Name, Including Formation Langlie Mattix Seven Rivers	Kind of Lease State, Federal or <input checked="" type="radio"/> Fee	Lease No.
Location Queen				
Unit Letter F	2630	Feet From The FNL	Line and 1340	Feet From The FWL
Section 21	Township 24S	Range 37E	NMPM LEA	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS NOTE: INJECTION WELL

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input 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 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	Sec.
	Twp.	Rgs.
Is gas actually connected?	When?	

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	DIT Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Performances						Depth: Casing Shoe		

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas-MCF.

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/M/MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature G.A. Baber PRESIDENT
Printed Name G.A. BABER
Date 02/01/91 Telephone No. (505) 393-5516

OIL CONSERVATION DIVISION

Date Approved MAR 22 1991

By CLAUDE AL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

Title _____

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.

Submit 5 Copies
 Appropriate District Office
DISTRICT I
 P.O. Box 1980, Hobbs, NM 88240

State of New Mexico
 Energy, Minerals and Natural Resources Department

Form C-104
 Revised 1-1-89
 See Instructions
 at Bottom of Page

OIL CONSERVATION DIVISION

DISTRICT II
 P.O. Drawer DD, Artesia, NM 88210

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III
 1000 Rio Brazos Rd., Aztec, NM 87410

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
 TO TRANSPORT OIL AND NATURAL GAS**

I.

Operator CAPROCK OIL & GAS, INC.	Well API No. 30-025-21478
Address P. O. Box 828, Andrews, Texas 79714	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
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 type="checkbox"/>
Change in Operator <input checked="" type="checkbox"/>	
If change of operator give name and address of previous operator David H. Arrington Oil & Gas, Inc., P. O. Box 3109, Midland TX 79702	

II. DESCRIPTION OF WELL AND LEASE

Lease Name J. P. Black	Well No. 6	Pool Name, Including Formation Langlie Mattix Seven Rivers Queen	Kind of Lease State, Federal or (Fep) <input checked="" type="checkbox"/>	Lease No.
Location Unit Letter F : 2630 Feet From The ENL Line and 1340 Feet From The FWL Line Section 21 Township 24S Range 37E NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Note: Injection Well

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input 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 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 Sec. Twp. Rge. Is gas actually connected? When?
If this production is commingled with that from any other lease or pool, give commingling order number:	

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res v	Diff Res v
Date Spudded	Date Compl. Ready to Prod.		Total Depth			F.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations				Depth Casing Shoe				
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Cas- MCF
GAS WELL			
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Alvin Collins
 Signature
Alvin Collins, President
 Printed Name
 November 1, 1990
 Date
 (915) 523-6500
 Telephone No.

OIL CONSERVATION DIVISION

Date Approved _____
 By _____
 Title _____

- 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.

Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator David H. Arrington Oil & Gas, Inc.	Well API No. 30-025-21478
Address P.O. Box 2071, Midland, TX 79702	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of operator give name and address of previous operator _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name J.F. Black	Well No. 6	Pool Name, Including Formation Langlie Mattix Seven Rivers Queen	Kind of Lease State, Federal or Fee <input checked="" type="radio"/>	Lease No.
Location				
Unit Letter F	2630	Feet From The FNL	Line and 1340	Feet From The FWL
Section 21	Township 24S	Range 37E	, NMPM,	Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS NOTE: Injection Well

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input 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 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 Sec. Twp. Rge. Is gas actually connected? When ?

If this production is commingled with that from any other lease or pool, give commingling order number: _____

IV. COMPLETION DATA

Designate Type of Completion - (X)	<input type="checkbox"/> Oil Well	<input type="checkbox"/> Gas Well	<input type="checkbox"/> New Well	<input type="checkbox"/> Workover	<input type="checkbox"/> Deepen	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Same Res'v	<input type="checkbox"/> Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

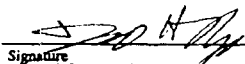
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature 
David H. Arrington President
Printed Name
Date 1/29/90 Telephone No. (915) 682-6685

OIL CONSERVATION DIVISION

MAR 19 1990

Date Approved _____

By _____

Orig. Signed by
Paul Kauts
Geologist

Title _____

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease
State Fee

5. State Oil & Gas Lease No.

SUNDRY NOTICES AND REPORTS ON WELLS
DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR DEWIT 2" (FORM C-101) FOR SUCH PROPOSALS.

OIL WELL GAS WELL OTHER: **Water Injection Well**

7. Unit Agreement Name

Name of Operator

TEXACO Inc.

8. Firm or Lease Name

J. F. Black

Address of Operator

P. O. Box 728, Hobbs, New Mexico 88240

9. Well No.

6

Location of Well

UNIT LETTER **F** **2630** FEET FROM THE **North** LINE AND **1340** FEET FROM

10. Field and Pool, or Wellcut

Langlie Mattix

THE **West** LINE, SECTION **21** TOWNSHIP **24-S** RANGE **37-E** NMPM.

15. Elevation (Show whether DF, RT, GR, etc.)

3245 (DF)

12. County

Lea

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

PERFORM REMEDIAL WORK

TEMPORARILY ABANDON

PULL OR ALTER CASING

OTHER

PLUG AND ABANDON

CHANGE PLANS

REMEDIAL WORK

COMMENCE DRILLING OPNS.

CASING TEST AND CEMENT JOB

OTHER **Casing Leak Survey**

ALTERING CASING

PLUG AND ABANDONMENT

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

NMOC Representative, A. A. Plattsmier, visually inspected valves on each string of pipe, 8-15-80.

8. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

CREATED

[Signature]

TITLE

Asst. District Supt.

DATE

8-18-80

PROVED BY

[Signature]

TITLE

[Signature]

DATE

AUG 21 1980

CONDITIONS OF APPROVAL, IF ANY:

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
 Supersedes Old
 C-102 and C-103
 Effective 1-1-65

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR RE-ENTER OR RE-LEASE TO A DIFFERENT RESERVOIR. USE APPLICATION FOR PERMIT TO DRILL C-1013 FOR SUCH PROPOSALS.)

1. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER Water Injection	5. State Oil & Gas Lease No. -
2. Name of Operator TEXACO Inc.	7. Unit Agreement Name -
3. Address of Operator P. O. Box 728, Hobbs, New Mexico 88240	8. Farm or Lease Name J. F. Black
4. Location of Well UNIT LETTER F 2630 FEET FROM THE North LINE AND 1340 FEET FROM THE West LINE, SECTION 21 TOWNSHIP 24-S RANGE 37-E N.M.P.M.	9. Well No. 1 6
15. Elevation (Show whether DF, RT, CR, etc.) 3245' (DF)	10. Field and Pool or Wellcat Langlie Mattix Seven Rivers Queen
	12. County Lea

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING CPNS. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
OTHER <input type="checkbox"/>	OTHER Addl. perforations-same pay <input checked="" type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1703.

1. Pulled Injection Tubing. Install BOP.
2. Clean out to 3676'. Perforate 2 7/8" OD tubing w/2-JSPF @ 3554'-3565' & 3582'.
3. Set RBP @ 3570' & packer @ 3600'. Acidize old csg perforations 3626'-3658' w/1000 gal. 15% NE Acid. Follow w/1500 gal. retarded acid. Flush w/6 Bbls. fresh water.
4. Reset RBP @ 3600' & packer @ 3529'. Acidize new csg perforations 3554'-3582' w/1500 gal. 15% NE Acid. Follow w/2000 gal. retarded acid. Flush w/6 Bbls. Fresh water.
5. Run Injection equipment. Return to injection.

8. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED [Signature] TITLE Asst. Dist. Supt. DATE 6-3-76

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease
State Fee

5. State Oil & Gas Lease No.
-

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- Water Injection	7. Unit Agreement Name -
2. Name of Operator TEXACO Inc.	8. Farm or Lease Name J. F. Black
3. Address of Operator P. O. Box 728, Hobbs, New Mexico 88240	9. Well No. 6
4. Location of Well UNIT LETTER F 2630 FEET FROM THE North LINE AND 1340 FEET FROM THE West LINE, SECTION 21 TOWNSHIP 24-S RANGE 37-E NMPM.	10. Field and Pool or Wildcat Langlie Mattix Seven Rivers Queen
15. Elevation (Show whether DF, RT, GR, etc.) 3245' (DF)	12. County Lea

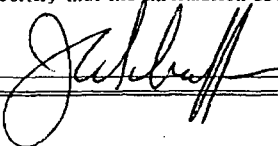
16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input checked="" type="checkbox"/> Perforate addl. pay in Same Zone	CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <input type="checkbox"/>

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

1. Pull Injection tubing & packer.
2. Perforate 2 7/8" OD casing w/2-JSPF @ 3554', 3565', & 3582'.
3. Set RBP @ 3670'.
4. Acidize all csg. perforations 3457'-3658' w/1000 gals. 15% NE Acid followed by 1500 gal. Retarded Acid. Shut-In for 1-hour.
5. Re-Set RBP @ 3600'.
6. Acidize 2 7/8" OD csg. perfs. 3457'-3600' w/1500 gal. 15% NE Acid followed by 2500 gal. retarded Acid.
7. Pull RBP, RTTS & Run injection tubing & packer. Return to Injection.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED  TITLE Asst. Dist. Supt. DATE 1-15-76

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease
State Fee

5. State Oil & Gas Lease No.

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- Water Injection	7. Unit Agreement Name
2. Name of Operator TEXACO Inc.	8. Farm or Lease Name J. F. Black
3. Address of Operator P. O. Box 728, Hobbs, New Mexico 88240	9. Well No. 6
4. Location of Well UNIT LETTER F 2630 FEET FROM THE North LINE AND 1340 FEET FROM West LINE, SECTION 21 TOWNSHIP 24-S RANGE 37-E NMPM.	10. Field and Pool, or Wildcat Langlie-Mattix
15. Elevation (Show whether DF, RT, GR, etc.) 3245' (DF)	12. County Lea

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input checked="" type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
OTHER <input type="checkbox"/>	OTHER <input type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

The following work has been completed on subject well:

1. Pull tubing and packer.
2. Acidize casing perforations 3457' to 3658' w/1200 gals 15% NEA in 6 equal stages w/3 ball sealers between stages.
3. Frac w/8000 gals galled brine water in 4 - 2000 gal stages w/300# rock salt per stage.
4. Ran tubing and packer and return to injection.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED [Signature] TITLE **Assistant District Superintendent** DATE **March 3, 1970**

APPROVED BY [Signature] TITLE _____ DATE _____

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Form C-105
Revised 1-1-65

NEW MEXICO OIL CONSERVATION COMMISSION
WELL COMPLETION OR RECOMPLETION REPORT AND LOG

12-15-65

5a. Indicate Type of Lease
State Fee

5. State Oil & Gas Lease No.
Fee

1a. TYPE OF WELL
OIL WELL GAS WELL DRY OTHER Water Injection

b. TYPE OF COMPLETION
NEW WELL WORK OVER DEEPEN PLUG BACK DIFF. RESVR. OTHER

7. Unit Agreement Name
NONE

8. Farm or Lease Name
J. F. Black

2. Name of Operator
TEXACO Inc.

9. Well No.
6

3. Address of Operator
P. O. Box 728 - Hobbs, New Mexico

10. Field and Pool, or Wildcat
Langlie-Mattix

4. Location of Well
UNIT LETTER F LOCATED 2630 FEET FROM THE North LINE AND 1340 FEET FROM
THE West LINE OF SEC. 21 TWP. 24-S RGE. 37-E NMPM

12. County
Lea

15. Date Spudded Sept. 5, 1965 16. Date T.D. Reached Sept. 15, 1965 17. Date Compl. (Ready to Prod.) Water Injection 18. Elevations (DF, RKB, RT, GR, etc.) 3245' (D. F.) 19. Elev. Casinghead 3235'

20. Total Depth 3696' 21. Plug Back T.D. 3686' 22. If Multiple Compl., How Many NO 23. Intervals Drilled By Rotary Tools 3696' Cable Tools NONE

24. Producing Interval(s), of this completion - Top, Bottom, Name
Perforate 2 7/8" O. D. Casing with one jet shot at 3457', 3459', 3461', 3502', 3506', 3513', 3526', 3544', 3547', 3549', 3569', 3571', 3573', 3626', 3628', 3648', 3654', and 3658'. 25. Was Directional Survey Made YES

26. Type Electric and Other Logs Run Gamma Ray Neutron Log. 27. Was Well Cored YES

28. CASING RECORD (Report all strings set in well)

CASING SIZE	WEIGHT LB./FT.	DEPTH SET	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
7"	20.00	251'	9 7/8"	250 Sx.	NONE
2 7/8"	6.50	3696'	6 1/4"	325 Sx.	NONE

29. LINER RECORD

SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN
NONE				

30. TUBING RECORD

SIZE	DEPTH SET	PACKER SET

31. Perforation Record (Interval, size and number)
Perforate 2 7/8" O. D. Casing with one jet shot at 3457', 3459', 3461', 3502', 3506', 3513', 3526', 3544', 3547', 3549', 3569', 3571', 3573', 3626', 3628', 3648', 3654', and 3658'.

32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

DEPTH INTERVAL	AMOUNT AND KIND MATERIAL USED
<u>3457' to 3658'</u>	<u>500 gals acetic acid. 500 gals 15% NE acid.</u>

33. PRODUCTION

Date First Production Water Injection Production Method (*Flowing, gas lift, pumping - Size and type pump*) Water Injection Well Status (*Prod. or Shut-in*) Water Injection

Date of Test	Hours Tested	Choke Size	Prod'n. For Test Period	Oil - Bbl.	Gas - MCF	Water - Bbl.	Gas-Oil Ratio

Flow Tubing Press.	Casing Pressure	Calculated 24-Hour Rate	Oil - Bbl.	Gas - MCF	Water - Bbl.	Oil Gravity - API (Corr.)

34. Disposition of Gas (*Sold, used for fuel, vented, etc.*)
Test Witnessed By

35. List of Attachments
NONE

36. I hereby certify that the information shown on both sides of this form is true and complete to the best of my knowledge and belief.

SIGNED W.E. Morgan TITLE Assistant to the District DATE September 17, 1965
W. E. Morgan Superintendent

INSTRUCTIONS

This form is to be filed with the appropriate District Office of the Commission not later than 20 days after the completion of any newly-drilled or deepened well. It shall be accompanied by one copy of all electrical and radio-activity logs run on the well and a summary of all special tests conducted, including drill stem tests. All depths reported shall be measured depths. In the case of directionally drilled wells, true vertical depths shall also be reported. For multiple completions, Items 30 through 34 shall be reported for each zone. The form is to be filed in quintuplicate except on state land, where six copies are required. See Rule 1105.

INDICATE FORMATION TOPS IN CONFORMANCE WITH GEOGRAPHICAL SECTION OF STATE

Southeastern New Mexico

Northwestern New Mexico

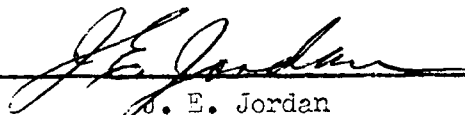
T. Anhy _____ 1125'	T. Canyon _____	T. Ojo Alamo _____	T. Penn. "B" _____
T. Salt _____ 1340'	T. Strawn _____	T. Kirtland-Fruitland _____	T. Penn. "C" _____
B. Salt _____ 2627'	T. Atoka _____	T. Pictured Cliffs _____	T. Penn. "D" _____
T. Yates _____ 2750'	T. Miss _____	T. Cliff House _____	T. Leadville _____
T. 7 Rivers _____	T. Devonian _____	T. Menefee _____	T. Madison _____
T. Queen _____ 3490'	T. Silurian _____	T. Point Lookout _____	T. Elbert _____
T. Grayburg _____	T. Montoya _____	T. Mancos _____	T. McCracken _____
T. San Andres _____	T. Simpson _____	T. Gallup _____	T. Ignacio Qtzte _____
T. Glorieta _____	T. McKee _____	Base Greenhorn _____	T. Granite _____
T. Paddock _____	T. Ellenburger _____	T. Dakota _____	T. _____
T. Blinebry _____	T. Gr. Wash _____	T. Morrison _____	T. _____
T. Tubb _____	T. Granite _____	T. Todilto _____	T. _____
T. Drinkard _____	T. Delaware Sand _____	T. Entrada _____	T. _____
T. Abo _____	T. Bone Springs _____	T. Wingate _____	T. _____
T. Wolfcamp _____	T. _____	T. Chinle _____	T. _____
T. Penn. _____	T. _____	T. Permian _____	T. _____
T. Cisco (Bough C) _____	T. _____	T. Penn. "A" _____	T. _____

FORMATION RECORD (Attach additional sheets if necessary)

From	To	Thickness in Feet	Formation	From	To	Thickness in Feet	Formation
0	256	256	Caliche				Core No. 1, from 3435' to 3488', recovered 53' of Anhy, Lime & Sand, with slight show of oil.
256	780	524	Redbed				
780	1125	345	Redbed & Shale				
1125	1340	215	Anhy				
1340	2630	1290	Salt				
2630	3210	580	Anhy & Salt				Core No. 2, from 3488' to 3540' recovered 52' of Sand, Lime & Shale, slight show of oil.
3210	3696	486	Anhy & Lime				
Total Depth	3696						Core No. 3, from 3540' to 3590' recovered 50' of Limestone and Sand with show of oil.
PETD	3686						
All measurements from rotary table or 11' above ground level.							Core No. 4, from 3590' to 3644' recovered 54' of Limestone and Sand, with slight show of oil.
Estimate Number	5219						
5 - MHOCC	- Hobbs, New Mexico						Core No. 5, from 3644' to 3696' recovered 52' of Limestone, ss and shale, with show of oil.
1 - Field							
1 - File							

SEP 21 12 55 PM '65

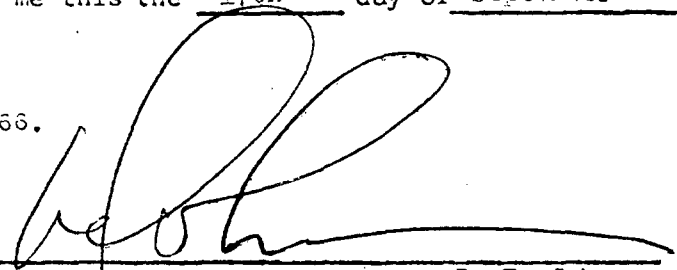
I, J. E. Jordan, being of lawful age and being the
Field Foreman for TEXACO Inc., do state that
the deviation record which appears on this form is true and correct to
the best of my knowledge.



J. E. Jordan

Subscribed and sworn to before me this the 17th day of September,
1965.

My commission expires October 20, 1966.



R. E. Johnson
Notary Public in and for Lea County,
State of New Mexico.

Lease J. F. Black Well No. 6

DEVIATION RECORD

<u>DEPTH</u>	<u>DEGREES OFF</u>
220'	1/4
715'	1/2
1200'	1/2
1685'	1 1/2
1968'	1 1/2
2143'	1 3/4
2434'	2 3/4
2815'	2 3/4
3080'	2 3/4
3215'	2 1/2
3320'	2 1/4
3696'	2

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NEW MEXICO OIL CONSERVATION COMMISSION

SEP 17 9 11 AM '65

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease
State Fed.

5. State Oil & Gas Lease No.
1243

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL GAS WELL OTHER: Water Information

7. Unit Agreement Name
NONE

2. Name of Operator
THAWO Inc.

8. Farm or Lease Name
J. P. Black

3. Address of Operator
P. O. Box 727 - Hobbs, New Mexico

9. Well No.
6

4. Location of Well
UNIT LETTER F, 2630 FEET FROM THE North LINE AND 1350 FEET FROM

10. Field and Pool, or Wildcat
Lanslie-Matrix

THE West LINE, SECTION 23 TOWNSHIP 21-S RANGE 27-40 NMPM.

11. Elevation (Show whether DT, RT, CR, etc.)
3245' (A. P.)

12. County
Lea

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK
TEMPORARILY ABANDON
PULL OR ALTER CASING
OTHER

PLUG AND ABANDON
CHANGE PLANS

REMEDIATION WORK
COMMENCE DRILLING OPNS.
CASING TEST AND CEMENT JOB
OTHER

ALTERING CASING
PLUG AND ABANDONMENT

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Total Depth - 3696'
7" O. P. Casing Cemented at 251'

Ran 3685' of 2 7/8" O. P. casing, 6.50 LB, J-55, NFW, and cemented at 3696' with 325 Gz. Mucor 10 gal. Plug at 3686'. Job complete 12:15 P. M. September 15, 1965.

Tested 2 7/8" O. P. casing for 30 minutes with 1500 P. S. T. from 9:00 A. M. to 9:30 A. M. September 16, 1965. Tested O. K. Job Complete 9:30 A. M. September 16, 1965.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED J. B. Gordon TITLE Field Engineer DATE September 17, 1965

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

SEP 8 2 45 PM '65

5a. Indicate Type of Lease
State Fee

5. State Oil & Gas Lease No.
Fee

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- Water Injection	7. Unit Agreement Name NONE
2. Name of Operator TEXACO Inc.	8. Farm or Lease Name J. F. Black
3. Address of Operator P. O. Box 728 - Hobbs, New Mexico	9. Well No. 6
4. Location of Well UNIT LETTER <u>F</u> <u>2630</u> FEET FROM THE <u>North</u> LINE AND <u>1340</u> FEET FROM THE <u>West</u> LINE, SECTION <u>21</u> TOWNSHIP <u>24-S</u> RANGE <u>37-E</u> NMPM.	10. Field and Pool, or Wildcat Langlie-Mattix
15. Elevation (Show whether DF, RT, GR, etc.) 3229' (GR.)	12. County Lea

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Total Depth - 251'
Spudded 9 7/8" Hole at 2:30 P. M. September 5, 1965

Ran 240' of 7" O. D. Casing, 20.00 IP, J-55, NEW, and cemented at 251' with 250 Sx. Incon 2% CACL. Plug at 221'. Cement Circulated.

Temperature of mixing slurry - 90°, Strength - 12 Hours - 1000 P. S. I.
Bottom Hole Temperature - 88°, Job complete 7:45 P. M. September 5, 1965.

Tested 7" O. D. Casing for 30 minutes with 600 P. S. I. from 7:45 A. M. to 8:15 A. M. September 6, 1965. Tested O. K. Drilled cement plug and re-tested for 30 minutes with 600 P. S. I. from 9:00 A. M. to 9:30 A. M. September 6, 1965. Tested O. K. Job complete 9:30 A. M. September 6, 1965.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED J. E. Jordan TITLE Field Foreman DATE September 8, 1965.

APPROVED BY J. E. Jordan TITLE _____ DATE _____

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OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-101
Revised 1-1-65

AUG 13 11 56 AM '65

5A. Indicate Type of Lease
STATE FEE

5. State Oil & Gas Lease No.
41534

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work
b. Type of Well DRILL DEEPEN PLUG BACK
OIL WELL GAS WELL OTHER SINGLE ZONE MULTIPLE ZONE
Water Injection Well (secondary recovery)

2. Name of Operator
Texaco Inc.

3. Address of Operator
P. O. Box 3109, Midland, Texas

4. Location of Well
UNIT LETTER **F** LOCATED **2630** FEET FROM THE **North** LINE
AND **1340** FEET FROM THE **West** LINE OF SEC. **21** TWP. **24-S** RGE. **37-E** NMPM

7. Unit Agreement Name
Langlin-Mattix-Queen

8. Farm or Lease Name
J. P. Black

9. Well No.
6

10. Field and Pool, or Wildcat
Langlin-Mattix-Queen

12. County
Lee

19. Proposed Depth
3705'

19A. Formation
Queen Sand

20. Rotary or C.T.
Rotary

21. Elevations (Show whether DF, RT, etc.)
GR - 3229

21A. Kind & Status Plug. Bond
\$10,000 blanket

21B. Drilling Contractor
Unknown

22. Approx. Date Work Will Start
At once

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
9 7/8"	7"	20#	250'	250 *	circulate
6 1/4"	2 7/8"	6.5#	3705'	325 **	2500'

- * Cement with 250 ex Incor neat containing accelerator.
- ** Install centralizers over pay and on first three joints above pay. Cement with 325 ex Incor 1/2 gel containing friction reducer. Proceed cement with 30 barrels fresh water.

FORMATION TOPS EXPECTED

Anhydrite	1025'	Yates	2760'
Top Salt	1331'	Queen	3435'
Bottom Salt	2600'	Total Depth	3705'

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, GIVE BLOWOUT PREVENTER PROGRAM, IF ANY.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

Signed W. H. Burpitt Title Senior Civil Engineer Date 8/12/65
(This space for State Use)

PROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: _____

NEW MEXICO OIL CONSERVATION COMMISSION
WELL LOCATION AND ACREAGE DEDICATION PL.

Form C-102
Supersedes C-128
Effective 1-1-65

All distances must be from the outer boundaries of the Section.

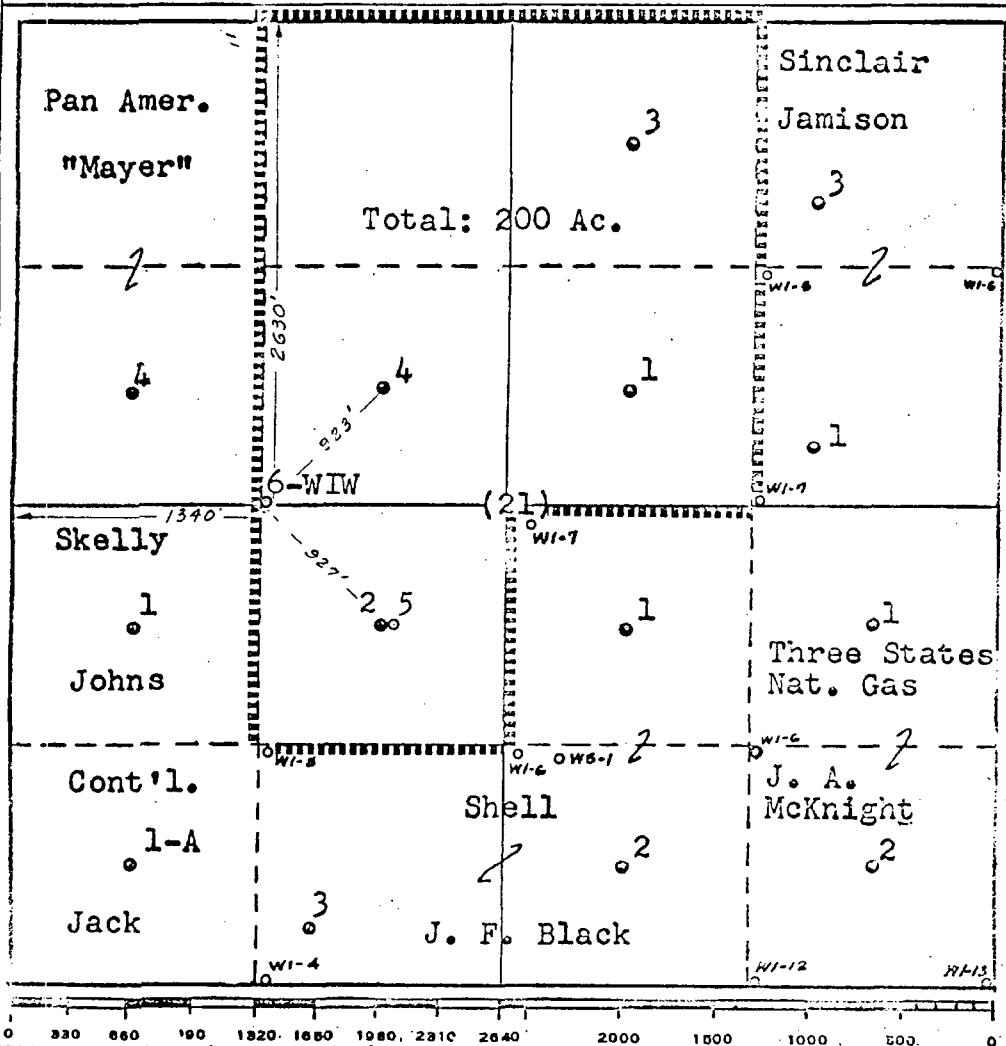
Operator TEXACO Inc.		Lease Aug. 13, Black		Well No. 6
Unit Letter F	Section 21	Township 24 South	Range 37 East	County Lea
Actual Footage Location of Well: 2630 feet from the North line and 1340' feet from the West line Sec. 21				
Ground Level Elev. 3229	Producing Formation Queen	Pool Langlie-Mattix	Dedicated Acreage Acres	

1. Outline the acreage dedicated to the subject well by colored pencil or hachure 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.) _____

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.



CERTIFICATION	
I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.	
Name	W. M. Bumpass
Position	Senior Civil Engineer
Company	TEXACO Inc.
Date	8/12/65
I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.	
Date Surveyed	8/11/65
Registered Professional Engineer and/or Land Surveyor	
W. M. Bumpass	
Certificate No.	4882

OGRID Identifier : 122811 PRONGHORN MANAGEMENT CORP
 Prop Identifier : 14988 J F BLACK
 API Well Identifier : 30 25 21479 well No : 007
 Surface Locn - UL : C Sec : 21 Twp : 24S Range : 37E Lot Idn :
 Multiple comp (S/M/C): S TVD Depth (Feet) : 3635 MVD Depth (Feet): 3635
 Spud Date : P/A Date :
 Casing/Linear Record:

S Size (inches)	Grade Weight (lb/ft)	Depth(ft) Top-Liner	Depth(ft) Bot-Liner	Hole Size (inches)	Cement (Sacks)	TOC (feet)	Code
99.000	99.0	99999.0	99999.0	99.000	9999	99999	C

E0009: Enter data to modify record

PF01 HELP PF02 PF03 EXIT PF04 GoTo PF05 PF06 CONFIRM
 PF07 PF08 PF09 COMMENT PF10 TLOG PF11 PF12

-0- Log -0- Prod. in Com. Report

drilled as an big Well under

R-2957

*No Inj. Reported in
ONGARD*

Just Log - Unknown

Operator

CMD 1
OG6IWCM

ONGARD
INQUIRE WELL COMPLETIONS

02/22/05 11:07:00
OGOMES -TP80

API Well No : 30 25 21479 Eff Date : 05-20-1994 WC Status : A
Pool Idn : 37240 LANGLIE MATTIX;7 RVRS-Q-GRAYBURG
OGRID Idn : 122811 PRONGHORN MANAGEMENT CORP
Prop Idn : 14988 J F BLACK

Well No : 007
GL Elevation: 99999

U/L Sec Township Range North/South East/West Prop/Act(P/A)

B.H. Locn : C 21 24S 37E FTG 1310 F N FTG 2626 F W P

Lot Identifier:

Dedicated Acre:

Lease Type : P

Type of consolidation (Comm, Unit, Forced Pooling - C/U/F/O) :

M0025: Enter PF keys to scroll

PF01 HELP PF02 PF03 EXIT PF04 GoTo PF05 PF06
PF07 PF08 PF09 PF10 NEXT-WC PF11 HISTORY PF12 NXTREC

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BEFORE THE OIL CONSERVATION COMMISSION
OF THE STATE OF NEW MEXICO

IN THE MATTER OF THE HEARING
CALLED BY THE OIL CONSERVATION
COMMISSION OF NEW MEXICO FOR
THE PURPOSE OF CONSIDERING:

CASE No. 3287
Order No. R-2957

APPLICATION OF TEXACO INC.
FOR A WATERFLOOD PROJECT,
LEA COUNTY, NEW MEXICO.

ORDER OF THE COMMISSION

BY THE COMMISSION:

This cause came on for hearing at 9 o'clock a.m. on August 11, 1965, at Santa Fe, New Mexico, before Examiner Elvis A. Utz.

NOW, on this 16th day of August, 1965, the Commission, a quorum being present, having considered the testimony, the record, and the recommendations of the Examiner, and being fully advised in the premises,

FINDS:

(1) That due public notice having been given as required by law, the Commission has jurisdiction of this cause and the subject matter thereof.

(2) That the applicant, Texaco Inc., seeks permission to institute a waterflood project in the Langlie-Mattix Pool by the injection of water into the Queen formation through two injection wells in Section 21, Township 24 South, Range 37 East, NMPM, Lea County, New Mexico.

(3) That the wells in the project area are in an advanced state of depletion and should properly be classified as "stripper" wells.

(4) That the proposed waterflood project should result in the recovery of otherwise unrecoverable oil, thereby preventing waste.

-2-

CASE No. 3287
Order No. R-2957

(5) That the subject application should be approved and the project should be governed by the provisions of Rules 701, 702, and 703 of the Commission Rules and Regulations.

IT IS THEREFORE ORDERED:

(1) That the applicant, Texaco Inc., is hereby authorized to institute a waterflood project in the Langlie-Mattix Pool by the injection of water into the Queen formation through the following-described wells in Section 21, Township 24 South, Range 37 East, NMPM, Lea County, New Mexico:

J. F. Black Well No. 7 to be located 1310 feet from the North line and 2626 feet from the West line.

J. F. Black Well No. 6 to be located 2630 feet from the North line and 1340 feet from the West line.

(2) That the subject waterflood project shall be governed by the provisions of Rules 701, 702, and 703 of the Commission Rules and Regulations.

(3) That monthly progress reports of the waterflood project herein authorized shall be submitted to the Commission in accordance with Rules 704 and 1120 of the Commission Rules and Regulations.

(4) That jurisdiction of this cause is retained for the entry of such further orders as the Commission may deem necessary.

DONE at Santa Fe, New Mexico, on the day and year hereinabove designated.

STATE OF NEW MEXICO
OIL CONSERVATION COMMISSION

JACK M. CAMPBELL, Chairman

GUYTON B. HAYS, Member

S E A L

esr/

A. L. PORTER, JR., Member & Secretary

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Well: J F BLACK **No.:** 007
Operator: PRONGHORN MANAGEMENT CORP
API: 3002521479 **Township:** 24.0S **Range:** 37E
Section: 21 **Unit:** C
Land Type: P **County:** Lea
Pools associated:

- [LANGLIE MATTIX;7 RVRS-Q-GRAYBURG](#) **Total Acreage:** Unknown **Completion:** Unknown
- [Show All](#)

Year: 1994
 Pool Name: LANGLIE MATTIX;7 RVRS-Q-GRAYBURG

Month	Water(BBLS)	Other(BBLS)	Days Injected
January	0	0	0
February	0	0	0
March	0	0	0
April	0	0	0
May	0	0	0
June	0	0	0
July	0	0	0
August	0	0	0
September	0	0	0
October	0	0	0
November	0	0	0

December 0 0 0

Year: 1995
 Pool Name: LANGLIE MATTIX;7 RVRS-Q-GRAYBURG

Month	Water(BBLS)	Other(BBLS)	Days Injected
January	0	0	0
February	0	0	0
March	0	0	0
April	0	0	0
May	0	0	0
June	0	0	0
July	0	0	0
August	0	0	0
September	0	0	0
October	0	0	0
November	0	0	0
December	0	0	0

Year: 1996
 Pool Name: LANGLIE MATTIX;7 RVRS-Q-GRAYBURG

Month	Water(BBLS)	Other(BBLS)	Days Injected
January	0	0	0
February	0	0	0
March	0	0	0
April	0	0	0
May	0	0	0
June	0	0	0
July	0	0	0
August	0	0	0
September	0	0	0
October	0	0	0
November	0	0	0
December	0	0	0

Year: 1997
 Pool Name: LANGLIE MATTIX;7 RVRS-Q-GRAYBURG

Month	Water(BBLS)	Other(BBLS)	Days Injected
January	0	0	0
February	0	0	0
March	0	0	0
April			

	0	0	0
May	0	0	0
June	0	0	0
July	0	0	0
August	0	0	0
September	0	0	0
October	0	0	0
November	0	0	0
December	0	0	0

Year: 1998

Pool Name: LANGLIE MATTIX;7 RVRS-Q-GRAYBURG

Month	Water(BBLS)	Other(BBLS)	Days Injected
January	0	0	0
February	0	0	0
March	0	0	0
April	0	0	0
May	0	0	0
June	0	0	0
July	0	0	0
August	0	0	0
September	0	0	0
October	0	0	0
November	0	0	0
December	0	0	0

Year: 1999

Pool Name: LANGLIE MATTIX;7 RVRS-Q-GRAYBURG

Month	Water(BBLS)	Other(BBLS)	Days Injected
January	0	0	0
February	0	0	0
March	0	0	0
April	0	0	0
May	0	0	0
June	0	0	0
July	0	0	0
August	0	0	0
September	0	0	0
October	0	0	0
November	0	0	0

December 0 0 0

Year: 2000
 Pool Name: LANGLIE MATTIX;7 RVRS-Q-GRAYBURG

Month	Water(BBLS)	Other(BBLS)	Days Injected
January	0	0	0
February	0	0	0
March	0	0	0
April	0	0	0
May	0	0	0
June	0	0	0
July	0	0	0
August	0	0	0
September	0	0	0
October	0	0	0
November	0	0	0
December	0	0	0

Year: 2001
 Pool Name: LANGLIE MATTIX;7 RVRS-Q-GRAYBURG

Month	Water(BBLS)	Other(BBLS)	Days Injected
January	0	0	0
February	0	0	0
March	0	0	0
April	0	0	0
May	0	0	0
June	0	0	0
July	0	0	0
August	0	0	0
September	0	0	0
October	0	0	0
November	0	0	0
December	0	0	0

Year: 2002
 Pool Name: LANGLIE MATTIX;7 RVRS-Q-GRAYBURG

Month	Water(BBLS)	Other(BBLS)	Days Injected
January	0	0	0
February	0	0	0
March	0	0	0
April			

	0	0	0
May	0	0	0
June	0	0	0
July	0	0	0
August	0	0	0
September	0	0	0
October	0	0	0
November	0	0	0
December	0	0	0

Year: 2003

Pool Name: LANGLEIE MATTIX;7 RVRS-Q-GRAYBURG

Month	Water(BBLS)	Other(BBLS)	Days Injected
January	0	0	0
February	0	0	0
March	0	0	0
April	0	0	0
May	0	0	0
June	0	0	0
July	0	0	0
August	0	0	0
September	0	0	0
October	0	0	0
November	0	0	0
December	0	0	0

Year: 2004

Pool Name: LANGLEIE MATTIX;7 RVRS-Q-GRAYBURG

Month	Water(BBLS)	Other(BBLS)	Days Injected
January	0	0	0
February	0	0	0
March	0	0	0
April	0	0	0
May	0	0	0
June	0	0	0
July	0	0	0
August	0	0	0
September	0	0	0
October	0	0	0
November	0	0	0

December	0	0	0
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View Production Data

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Download: [HTTP](#)

Well: J F BLACK **No.:** 007
Operator: PRONGHORN MANAGEMENT CORP [[NM SLO data](#)]
API: 3002521479 **Township:** 24.0S **Range:** 37E
Section: 21 **Unit:** C
Land Type: P **County:** Lea
Pools associated:

- [LANGLIE MATTIX;7 RVRs-Q-GRAYBURG](#) **Total Acreage:** Unknown **Completion:** Unknown
- [Show All](#)

Year: 1973

Pool Name: LANGLIE MATTIX;7 RVRs-Q-GRAYBURG

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	0	0	0	0	0	0
February	0	0	0	0	0	0
March	0	0	0	0	0	0
April	0	0	0	0	0	0
May	0	0	0	0	0	0
June	0	0	0	0	0	0
July	0	0	0	0	0	0
August	0	0	0	0	0	0
September	0	0	0	0	0	0
October	0	0	0	0	0	0
November	0	0	0	0	0	0

December	0	0	0	0	0	0
Total	0	0	0	0		

Year: 1975
 Pool Name: LANGLIE MATTIX;7 RVRS-Q-GRAYBURG

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	0	0	0	0	0	0
February	0	0	0	0	0	0
March	0	0	0	0	0	0
April	0	0	0	0	0	0
May	0	0	0	0	0	0
June	0	0	0	0	0	0
July	0	0	0	0	0	0
August	0	0	0	0	0	0
September	0	0	0	0	0	0
October	0	0	0	0	0	0
November	0	0	0	0	0	0
December	0	0	0	0	0	0
Total	0	0	0	0		

Year: 1976
 Pool Name: LANGLIE MATTIX;7 RVRS-Q-GRAYBURG

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	0	0	0	0	0	0
February	0	0	0	0	0	0
March	0	0	0	0	0	0
April	0	0	0	0	0	0
May	0	0	0	0	0	0
June	0	0	0	0	0	0
July	0	0	0	0	0	0
August	0	0	0	0	0	0
September	0	0	0	0	0	0
October	0	0	0	0	0	0
November	0	0	0	0	0	0
December	0	0	0	0	0	0
Total	0	0	0	0		

Year: 1977
 Pool Name: LANGLIE MATTIX;7 RVRS-Q-GRAYBURG

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January						

	0	0	0	0	0	0
February	0	0	0	0	0	0
March	0	0	0	0	0	0
April	0	0	0	0	0	0
May	0	0	0	0	0	0
June	0	0	0	0	0	0
July	0	0	0	0	0	0
August	0	0	0	0	0	0
September	0	0	0	0	0	0
October	0	0	0	0	0	0
November	0	0	0	0	0	0
December	0	0	0	0	0	0
Total	0	0	0	0		

Year: 1979

Pool Name: LANGLIE MATTIX;7 RVRS-Q-GRAYBURG

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	0	0	0	0	0	0
February	0	0	0	0	0	0
March	0	0	0	0	0	0
April	0	0	0	0	0	0
May	0	0	0	0	0	0
June	0	0	0	0	0	0
July	0	0	0	0	0	0
August	0	0	0	0	0	0
September	0	0	0	0	0	0
October	0	0	0	0	0	0
November	0	0	0	0	0	0
December	0	0	0	0	0	0
Total	0	0	0	0		

Year: 1980

Pool Name: LANGLIE MATTIX;7 RVRS-Q-GRAYBURG

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	0	0	0	0	0	0
February	0	0	0	0	0	0
March	0	0	0	0	0	0
April	0	0	0	0	0	0
May	0	0	0	0	0	0
June	0	0	0	0	0	0

July	0	0	0	0	0	0
August	0	0	0	0	0	0
September	0	0	0	0	0	0
October	0	0	0	0	0	0
November	0	0	0	0	0	0
December	0	0	0	0	0	0
Total	0	0	0	0		

Year: 1981

Pool Name: LANGLIE MATTIX;7 RVRS-Q-GRAYBURG

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	0	0	0	0	0	0
February	0	0	0	0	0	0
March	0	0	0	0	0	0
April	0	0	0	0	0	0
May	0	0	0	0	0	0
June	0	0	0	0	0	0
July	0	0	0	0	0	0
August	0	0	0	0	0	0
September	0	0	0	0	0	0
October	0	0	0	0	0	0
November	0	0	0	0	0	0
December	0	0	0	0	0	0
Total	0	0	0	0		

Year: 1982

Pool Name: LANGLIE MATTIX;7 RVRS-Q-GRAYBURG

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	0	0	0	0	0	0
February	0	0	0	0	0	0
March	0	0	0	0	0	0
April	0	0	0	0	0	0
May	0	0	0	0	0	0
June	0	0	0	0	0	0
July	0	0	0	0	0	0
August	0	0	0	0	0	0
September	0	0	0	0	0	0
October	0	0	0	0	0	0
November	0	0	0	0	0	0
December	0	0	0	0	0	0

Total	0	0	0	0
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Year: 1983

Pool Name: LANGLIE MATTIX;7 RVRS-Q-GRAYBURG

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	0	0	0	0	0	0
February	0	0	0	0	0	0
March	0	0	0	0	0	0
April	0	0	0	0	0	0
May	0	0	0	0	0	0
June	0	0	0	0	0	0
July	0	0	0	0	0	0
August	0	0	0	0	0	0
September	0	0	0	0	0	0
October	0	0	0	0	0	0
November	0	0	0	0	0	0
December	0	0	0	0	0	0
Total	0	0	0	0		

Year: 1989

Pool Name: LANGLIE MATTIX;7 RVRS-Q-GRAYBURG

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	0	0	0	0	0	0
February	0	0	0	0	0	0
March	0	0	0	0	0	0
April	0	0	0	0	0	0
May	0	0	0	0	0	0
June	0	0	0	0	0	0
July	0	0	0	0	0	0
August	0	0	0	0	0	0
September	0	0	0	0	0	0
October	0	0	0	0	0	0
November	0	0	0	0	0	0
December	0	0	0	0	0	0
Total	0	0	0	0		

Year: 1990

Pool Name: LANGLIE MATTIX;7 RVRS-Q-GRAYBURG

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	0	0	0	0	0	0
February						

	0	0	0	0	0	0
March	0	0	0	0	0	0
April	0	0	0	0	0	0
May	0	0	0	0	0	0
June	0	0	0	0	0	0
July	0	0	0	0	0	0
August	0	0	0	0	0	0
September	0	0	0	0	0	0
October	0	0	0	0	0	0
November	0	0	0	0	0	0
December	0	0	0	0	0	0
Total	0	0	0	0		

Year: 1991
 Pool Name: LANGLIE MATTIX;7 RVR-S-Q-GRAYBURG

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	0	0	0	0	0	0
February	0	0	0	0	0	0
March	0	0	0	0	0	0
April	0	0	0	0	0	0
May	0	0	0	0	0	0
June	0	0	0	0	0	0
July	0	0	0	0	0	0
August	0	0	0	0	0	0
September	0	0	0	0	0	0
October	0	0	0	0	0	0
November	0	0	0	0	0	0
December	0	0	0	0	0	0
Total	0	0	0	0		

Year: 1992
 Pool Name: LANGLIE MATTIX;7 RVR-S-Q-GRAYBURG

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	0	0	0	0	0	0
February	0	0	0	0	0	0
March	0	0	0	0	0	0
April	0	0	0	0	0	0
May	0	0	0	0	0	0
June	0	0	0	0	0	0
July	0	0	0	0	0	0

August	0	0	0	0	0	0
September	0	0	0	0	0	0
October	0	0	0	0	0	0
November	0	0	0	0	0	0
December	0	0	0	0	0	0
Total	0	0	0	0		

Year: 1995

Pool Name: LANGLIE MATTIX;7 RVRS-Q-GRAYBURG

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	0	0	0	0	0	0
February	0	0	0	0	0	0
March	0	0	0	0	0	0
April	0	0	0	0	0	0
May	0	0	0	0	0	0
June	0	0	0	0	0	0
July	0	0	0	0	0	0
August	0	0	0	0	0	0
September	0	0	0	0	0	0
October	0	0	0	0	0	0
November	0	0	0	0	0	0
December	0	0	0	0	0	0
Total	0	0	0	0		

Year: 1997

Pool Name: LANGLIE MATTIX;7 RVRS-Q-GRAYBURG

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	0	0	0	0	0	0
February	0	0	0	0	0	0
March	0	0	0	0	0	0
April	0	0	0	0	0	0
May	0	0	0	0	0	0
June	0	0	0	0	0	0
July	0	0	0	0	0	0
August	0	0	0	0	0	0
September	0	0	0	0	0	0
October	0	0	0	0	0	0
November	0	0	0	0	0	0
December	0	0	0	0	0	0
Total	0	0	0	0		

Year: 2000

Pool Name: LANGLIE MATTIX;7 RVRS-Q-GRAYBURG

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	0	0	0	0	0	0
February	0	0	0	0	0	0
March	0	0	0	0	0	0
April	0	0	0	0	0	0
May	0	0	0	0	0	0
June	0	0	0	0	0	0
July	0	0	0	0	0	0
August	0	0	0	0	0	0
September	0	0	0	0	0	0
October	0	0	0	0	0	0
November	0	0	0	0	0	0
December	0	0	0	0	0	0
Total	0	0	0	0		

Year: 2001

Pool Name: LANGLIE MATTIX;7 RVRS-Q-GRAYBURG

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	0	0	0	0	0	0
February	0	0	0	0	0	0
March	0	0	0	0	0	0
April	0	0	0	0	0	0
May	0	0	0	0	0	0
June	0	0	0	0	0	0
July	0	0	0	0	0	0
August	0	0	0	0	0	0
September	0	0	0	0	0	0
October	0	0	0	0	0	0
November	0	0	0	0	0	0
December	0	0	0	0	0	0
Total	0	0	0	0		

Year: 2004

Pool Name: LANGLIE MATTIX;7 RVRS-Q-GRAYBURG

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	0	0	0	0	0	0
February	0	0	0	0	0	0
March	0	0	0	0	0	0
April						

	0	0	0	0	0	0
May	0	0	0	0	0	0
June	0	0	0	0	0	0
July	0	0	0	0	0	0
August	0	0	0	0	0	0
September	0	0	0	0	0	0
October	0	0	0	0	0	0
November	0	0	0	0	0	0
December	0	0	0	0	0	0
Total	0	0	0	0	0	0

Page last updated 07/22/2004. Webmaster gotech_prrc@yahoo.com

Submit 3 Copies To Appropriate District Office
District I
1625 N. French Dr., Hobbs, NM 87240
District II
811 South First, Artesia, NM 87210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
Revised March 25, 1999

OIL CONSERVATION DIVISION
2040 South Pacheco
Santa Fe, NM 87505

WELL API NO. 30-025-21479
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

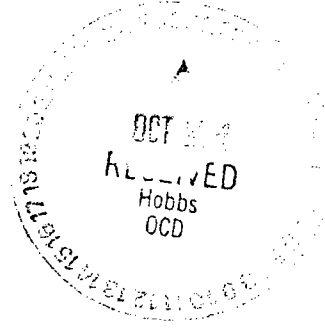
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>	7. Lease Name or Unit Agreement Name: J. F. Black
2. Name of Operator PRONGHON MGT. CORP.	8. Well No. 7
3. Address of Operator P.O. Box 1772 Hobbs, N.M. 88241	9. Pool name or Wildcat Langlic Mattix TRURS Q-6
4. Well Location Unit Letter <u>C</u> : <u>1310</u> feet from the <u>North</u> line and <u>2626</u> feet from the <u>East</u> line Section <u>21</u> Township <u>24S</u> Range <u>37E</u> NMPM <u>Lea</u> County	
10. Elevation (Show whether DR, RKB, RT, GR, etc.)	

11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input checked="" type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: <input type="checkbox"/>	

12. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation.

1. Move in and rig up.
2. Clean out well to total depth.
3. Install tubing and injection equipment.
4. Return well to injection.



I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Guy A. Baber TITLE Partner DATE 10/24/01

Type or print name Guy A. Baber Telephone No. 505-393-8386

(This space for State use)

APPROVED BY NATURAL RESOURCES TITLE _____ DATE _____

Conditions of approval, if any:

47

API Well No: **30-025-21479-00-00** Owner: **PRONGHORN MANAGEMENT CORP** County: **Lea**
 Well Name: **JF BLACK** Number: **007** Inspect No: **1E1 G0001593**
 Well Type: **Injection - (All Types)** Well Status: **Active**
 UL-S-T-R: **C-21-24S-37E** Facility/Project: **NA**

Purpose: **Normal Routine Activity** Violation? SNC? Well Idle >1 Year? Current Type: **I** Status: **A** Type: **I** Status: **S**
 Type: **Routine/Periodic** Change ONGARD to... **I** **S**
 Notification Type: **Field Visit/Inspection** Respondant: **PRONGHORN MANAGEMENT CORP** **12281**
 Date Performed: **03/07/2000** Compliance **SI/NEL**
 Date NOV:
 Date RmdyReq:
 Date Extension:
 Date Passed:

Failed Items

Comply# IncdntNo Inspector: **E. L. Gonzales** Duration

API Well No: **30-025-21479-00-00** Owner: **PRONGHORN MANAGEMENT CORP** County: **Lea**
 Well Name: **JF BLACK** Number: **007** Inspect No: **1LW H0025651038**
 Well Type: **Injection - (All Types)** Well Status: **Active**
 UL-S-T-R: **C-21-24S-37E** Facility/Project: **NA**

Purpose: **Normal Routine Activity** Violation? SNC? Well Idle >1 Year? Current Type: **I** Status: **A** Type: **I** Status: **S**
 Type: **Routine/Periodic** Change ONGARD to... **I** **S**
 Notification Type: Respondant: **PRONGHORN MANAGEMENT CORP** **12281**
 Date Performed: **03/12/2000** Compliance **SHUT-IN-DISCONNECTED**
 Date NOV:
 Date RmdyReq:
 Date Extension:
 Date Passed:

Failed Items

Comply# IncdntNo Inspector: **Reddy Hill** Duration **0:5**

API Well No: 30-025-21479-00-00 Owner: PRONGHORN MANAGEMENT CORP County: Lea
Well Name: J.F. BLACK Number: 007 Inspect No: HAWH011558933
Well Type: Injection - (All Types) Well Status: Active
UL-S-T-R: C-21-24S-37E Facility/Project: NA

Purpose: Normal Routine Activity Violation? SNC? Well Idle >1 Year? Current Type: L Status: A Type: S
Change ONGARD to... S

Type: Routine/Periodic Notification Type: Compliance
Respondant: PRONGHORN MANAGEMENT CORP
Notes: NO ACTIVITY

Date Performed: 1/25/2011
Date NOV:
Date RmdyReq:
Date Extension:
Date Passed:

Failed Items
Comply#:
Incident No:
Inspector: Buddy Hill Duration: 03

Submit 3 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator PRONGHORN MANAGEMENT CORPORATION <i>(122811)</i>	Well API No. 30-025-21479
Address P.O. BOX 1772 HOBBS, NM 88241	
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> Other (Please explain) MAY 01 1994	
New Well <input type="checkbox"/> Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> OPERATOR NAME CHANGE ONLY	
Recompletion <input type="checkbox"/> Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator BABER WELL SERVICING COMPANY P.O. BOX 1772 HOBBS, NM 88241	

II. DESCRIPTION OF WELL AND LEASE

Lease Name J F BLACK <i>(14988)</i>	Well No. 7	Pool Name, including Formation LANGLIE MATLK 7 RVRS Q-G <i>(3724)</i>	Kind of Lease (State, Endorsement or Fee)	Lease No.
Location Unit Letter C : 1310 Feet From The FNL Line and 2626 Feet From The FNL Line Section 21 Township 24S Range 37E NMPM, LRA County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> LAMPERN Injection	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 2281, MIDLAND, TX. 79702					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> N/A	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 C	Sec. 21	Twp. 24S	Rgn. 37E	Is gas actually connected?	When?

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

OIL POD NO. GAS POD NO. O-TRNSP. OGRID NO. G-TRNSP. OGRID NO.	Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
	Date Compl. Ready to Prod.	Total Depth			P.B.T.D.				
	Name of Producing Formation	Top Oil/Gas Pay			Tubing Depth				
	Depth Casing Shoe								
TUBING, CASING AND CEMENTING RECORD									
CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT				
REQUEST FOR ALLOWABLE									
* to 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 of Test	Producing Method (Flow, pump, gas lift, etc.)								
Tubing Pressure	Casing Pressure			Choke Size					
Oil - Bbls.	Water - Bbls.			Gas-MCP					
Length of Test	Bbls. Condensate/MMCF			Gravity of Condensate					
Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)			Choke Size					

CERTIFICATE OF COMPLIANCE

and regulations of the Oil Conservation
and with and that the information given above
is true and complete to the best of my knowledge and belief.

Signature *Sherry Wade*
SHERRY WADE PRODUCTION CLERK
Printed Name **3-5-94** Title
(505) 392-5516
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved _____
By _____
Title _____
Orig. Signed by
Paul Kautz
Geologist

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.



STATE OF NEW MEXICO
ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT

OIL CONSERVATION DIVISION
HOBBS DISTRICT OFFICE

November 6, 1992

BRUCE KING
GOVERNOR

POST OFFICE BOX 1980
HOBBS, NEW MEXICO 88241-1980
(505) 393-6161

Baber Well Servicing Company
P.O. Box 1772
Hobbs, NM 88241

Attn: Guy Baber

RE: J.F. Black Lease

Gentlemen:

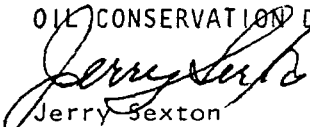
We have on file an intent to plug the J. F. Black #7-C Sec. 21, T24S, R37E, filed by Texaco when they operated this lease. Please advise your plans for this well.

A review of the production history for this lease indicates the only well that has produced or injected in over one year is the #1 well. According to Rule 201 wells that have been inactive for a period of one year must either be plugged or properly temporarily abandoned.

Your attention to the matter of bringing these wells into compliance with our rule for inactive wells will be expected.

Very truly yours,

OIL CONSERVATION DIVISION


Jerry Sexton
Supervisor, District 1

ed



Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

DISTRICT II
P.O. Drawer DD, Azusa, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator BABER WELL SERVICING COMPANY	Well API No. 30-025-21479
Address P.O. BOX 1772 HOBBS, NM 88241	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of: <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator CAPROCK OIL & GAS, INC. P.O. BOX 828, ANDREWS, TX. 79714	

II. DESCRIPTION OF WELL AND LEASE

Lease Name J.F. BLACK	Well No. 7	Pool Name, including Formation Langlie Mattix Seven Rivers	Kind of Lease State, Federal or <input checked="" type="radio"/> Free	Lease No.
Location Queen				
Unit Letter C	: 1310	Feet From The FNL	Line and 2626	Feet From The FNL
Section 21	Township 24S	Range 37E	NMPM	LEA
				County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

NOTE: Temporarily Abandoned *dry well*

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input 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 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 Sec. Twp. Rgn. Is gas actually connected? When?

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	<input type="checkbox"/> Oil Well	<input type="checkbox"/> Gas Well	<input type="checkbox"/> New Well	<input type="checkbox"/> Workover	<input type="checkbox"/> Deepen	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Same Res'v	<input type="checkbox"/> Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DP, 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 Rns To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF.

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature *G.A. Baber*
G.A. BABER PRESIDENT
Printed Name Title
Date 02/01/91 (505) 393-5516
Telephone No.

OIL CONSERVATION DIVISION

Date Approved 1991
By JEROME SIGNED BY JERRY SUTTON
DISTRICT I SUPERVISOR
Title

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.

Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator CAPROCK OIL & GAS, INC.	Well API No. 30--025-21479
Address P. O. Box 828, Andrews, Texas 79714	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator <u>David H. Arrington Oil & Gas, Inc., P. O. Box 3109, Midland TX 79702</u>	

II. DESCRIPTION OF WELL AND LEASE

Lease Name J. F. Black	Well No. 7	Pool Name, Including Formation Langlie Mattix Seven Rivers Queen	Kind of Lease State, Federal or (reg)	Lease No.
Location Unit Letter <u>C</u> : <u>1310</u> Feet From The <u>FNL</u> Line and <u>2626</u> Feet From The <u>FNL</u> Line Section <u>21</u> Township <u>24S</u> Range <u>37E</u> NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS *Note: Injection Well*

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input 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 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 Sec. Twp. Rge. Is gas actually connected? When ?
If this production is commingled with that from any other lease or pool, give commingling order number:	

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations				Depth Casing Shoe				
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (flow, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Alvin Collins
Signature
Alvin Collins, President
Printed Name Title
November 1, 1990 (915) 523-6500
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved _____
By _____
Title _____

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- All sections of this form must be filled out for allowable on new and recompleted wells.
- Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- Separate Form C-104 must be filed for each pool in multiply completed wells.

Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator David H. Arrington Oil & Gas, Inc.	Well API No. 30-025-21479
Address P.O. Box 2071, Midland, TX 79702	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
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 type="checkbox"/>
Change in Operator <input checked="" type="checkbox"/>	
If change of operator give name and address of previous operator Texaco Inc., P.O. Box 3109, Midland, TX 79702	

II. DESCRIPTION OF WELL AND LEASE

Lease Name J.F. Black	Well No. 7	Pool Name, including Formation Langlie Mattix Seven Rivers Queen	Kind of Lease State, Federal or Fee	Lease No.
Location Unit Letter C : 1310 Feet From The FNL Line and 2626 Feet From The FNL Line Section 21 Township 24S Range 37E, NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS NOTE: *Injection well* Temporarily Abandoned

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input 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 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	Sec.	Twp.	Rge.	Is gas actually connected?	When?

If this production is commingled with that from any other lease or pool, give commingling order number.

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature *David H. Arrington*
David H. Arrington President
Printed Name Title
Date 1/29/90 Telephone No. (915) 682-6685

OIL CONSERVATION DIVISION

MAR 19 1990

Date Approved _____
By _____
Title _____
Orig. Signed by Paul Kautz Geologist

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.

L CONSERVATION DIVISION
 P. O. BOX 2088
 SANTA FE, NEW MEXICO 87501

Form C-103
 Revised 10-1-

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease
 State Fee
 5. State Oil & Gas Lease No.

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE APPLICATION FOR PERMIT (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER: Injection Well	7. Unit Agreement Name
2. Name of Operator Texaco Inc.	8. Farm or Lease Name J. F. Black
3. Address of Operator P. O. Box 728, Hobbs, NM 88240	9. Well No. 7
4. Location of well: UNIT LETTER C 2626 FEET FROM THE West LINE AND 1310 FEET FROM THE North LINE, SECTION 21 TOWNSHIP 24S RANGE 37E NMPM.	10. Field and Pool, or Wildcat Langlie Mattix
15. Elevation (Show whether DF, RT, GR, etc.) 3235 DF	12. County Lea

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input checked="" type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <input type="checkbox"/>

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

- 1) Set up wireline truck.
- 2) Set CIBP at 2685' (top of Yates) with 1 sx cement class "H" with 2% CaCl₂ on top.
- 3) WOC 24 hrs.
- 4) Establish circulation in 7" 2 7/8" annulus using water.
- 5) Pump 100 sx cement class "H" with 2% CaCl₂; cement 7" 2 7/8" annulus and 2 7/8" casing string to surface.
- 6) Install dry hole marker and clean location.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED Jerry Sexton TITLE District Admin. Supervisor DATE 03/12/86
 ORIGINAL SIGNED BY JERRY SEXTON
 DISTRICT I SUPERVISOR
 APPROVED BY _____ TITLE _____ DATE APR 2 - 1986
 CONDITIONS OF APPROVAL, IF ANY:

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION
P. O. BOX 2065
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

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LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease
State Fee
5. State Oil & Gas Lease No.

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEFEIN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL GAS WELL OTHER: Water Injection Well

2. Name of Operator
TEXACO Inc.

3. Address of Operator
P. O. Box 728, Hobbs, New Mexico 88240

4. Location of Well
UNIT LETTER C 2626 FEET FROM THE West LINE AND 1310 FEET FROM
THE North LINE, SECTION 21 TOWNSHIP 24-S RANGE 37-E NMPM.

7. Unit Agreement Name
Langlie Mattix

8. Farm or Lease Name
J. F. Black

9. Well No.
7

10. Field and Pool, or Wildcat
Langlie Mattix

11. Elevation (Show whether DF, RT, GR, etc.)
3235 (DF)

12. County
Lea

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASINGS <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <u>Casing Leak Survey</u> <input checked="" type="checkbox"/>

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

NMOCD Representative, A. A. Plattsmier, visually inspected each string of pipe, 8-15-80.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED [Signature] TITLE Asst. District Supt. DATE 8-18-80

APPROVED BY [Signature] TITLE [Signature] DATE AUG 1980

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Form C-105
Revised 1-1-65

NEW MEXICO OIL CONSERVATION COMMISSION
WELL COMPLETION OR RECOMPLETION REPORT AND LOG

5 03 11 65

5a. Indicate Type of Lease
State Fee

5. State Oil & Gas Lease No.
Fee

1a. TYPE OF WELL
OIL WELL GAS WELL DRY OTHER Water Injection

b. TYPE OF COMPLETION
NEW WELL WORK OVER DEEPEN PLUG BACK DIFF. RESVR. OTHER

7. Unit Agreement Name
NONE

8. Farm or Lease Name
J. F. Black

2. Name of Operator
FBKCO Inc.

9. Well No.
7

3. Address of Operator
P. O. Box 728 - Hobbs, New Mexico

10. Field and Pool, or Wildcat
Lanellie-Mattix

4. Location of Well
UNIT LETTER C LOCATED 2626 FEET FROM THE North SIDE AND 1310 FEET FROM

12. County
Lea

THE North LINE OF SEC. 21 TWP. 24-S RGE. 37-E NMPM

15. Date Spudded
Sept. 15, 1965

16. Date T.D. Reached
Sept. 25, 1965

17. Date Compl. (Ready to Prod.)
Water Injection

18. Elevations (DF, RKB, RT, GR, etc.)
3235' (D. T.)

19. Elev. Casinghead
3225'

20. Total Depth
3635'

21. Plug Back T.D.
3627'

22. If Multiple Compl., How Many
SINGLES

23. Intervals Drilled By
Rotary Tools
3635'

Cable Tools
NONE

24. Producing interval(s), of this completion - Top, Bottom, Name
Perforate 2 7/8" casing 1 jet shot 3397', 3405', 3416', 3418', 3431', 3441', 3443', 3454', 3456', 3458', 3460', 3462', 3464', 3466', 3468', 3470', 3492',

25. Was Directional Survey Made
YES

26. Type Electric and Other Logs Run
Gamma Ray Neutron Log.

3505', 3514', 3519', 3526', 3543', 3545', 3553', and 3555'.

27. Was Well Cored
YES

28. CASING RECORD (Report all strings set in well)

CASING SIZE	WEIGHT LB./FT.	DEPTH SET	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
7"	20.00	250'	9 7/8"	250 Sx.	NONE
2 7/8"	6.50	3631'	6 1/4"	325 Sx.	NONE

29. LINER RECORD

SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN
NONE				

30. TUBING RECORD

SIZE	DEPTH SET	PACKER SET

31. Perforation Record (Interval, size and number)
Perforate 2 7/8" casing 1 jet 3397', 3405', 3416', 3418', 3431', 3441', 3443', 3454', 3456', 3458', 3460', 3462', 3464', 3466', 3468', 3470', 3492', 3505', 3514', 3519', 3526', 3543', 3545', 3553', and 3555'.

32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

DEPTH INTERVAL	AMOUNT AND KIND MATERIAL USED
3397' to 3555'	500 gals acetic acid.
	500 gals 15% NE acid.

33. PRODUCTION

Date First Production
Water Injection

Production Method (Flowing, gas lift, pumping - Size and type pump)
Water Injection

Well Status (Prod. or Shut-in)
Water Injection

Date of Test	Hours Tested	Choke Size	Prod'n. For Test Period	Oil - Bbl.	Gas - MCF	Water - Bbl.	Gas - Oil Ratio

Flow Tubing Press.	Casing Pressure	Calculated 24-Hour Rate	Oil - Bbl.	Gas - MCF	Water - Bbl.	Oil Gravity - API (Corr.)

34. Disposition of Gas (Sold, used for fuel, vented, etc.)

Test Witnessed By

35. List of Attachments
NONE

36. I hereby certify that the information shown on both sides of this form is true and complete to the best of my knowledge and belief.

SIGNED WE Morgan TITLE Assistant to the District Superintendent DATE September 30, 1965

W. E. Morgan

INSTRUCTIONS

This form is to be filed with the appropriate District Office of the Commission, not later than 20 days after the completion of any newly-drilled or deepened well. It shall be accompanied by one copy of all electrical and radio-activity logs run on the well and a summary of all special tests conducted, including drill stem tests. All depths reported shall be measured depths. In the case of directionally drilled wells, true vertical depths shall also be reported. For multiple completions, Items 30 through 34 shall be reported for each zone. The form is to be filed in quintuplicate except on state land, where six copies are required. See Rule 1105.

INDICATE FORMATION TOPS IN CONFORMANCE WITH GEOGRAPHICAL SECTION OF STATE

Southeastern New Mexico

Northwestern New Mexico

T. Anhy _____ 1090'	T. Canyon _____	T. Ojo Alamo _____	T. Penn. "B" _____
T. Salt _____ 1915'	T. Strawn _____	T. Kirtland-Fruitland _____	T. Penn. "C" _____
B. Salt _____ 2578'	T. Atoka _____	T. Pictured Cliffs _____	T. Penn. "D" _____
T. Yates _____ 2710'	T. Miss _____	T. Cliff House _____	T. Leadville _____
T. 7 Rivers _____	T. Devonian _____	T. Menefee _____	T. Madison _____
T. Queen _____ 3380'	T. Silurian _____	T. Point Lookout _____	T. Elbert _____
T. Grayburg _____	T. Montoya _____	T. Mancos _____	T. McCracken _____
T. San Andres _____	T. Simpson _____	T. Gallup _____	T. Ignacio Qtzte _____
T. Glorieta _____	T. McKee _____	Base Greenhorn _____	T. Granite _____
T. Paddock _____	T. Ellenburger _____	T. Dakota _____	T. _____
T. Blinebry _____	T. Gr. Wash _____	T. Morrison _____	T. _____
T. Tubb _____	T. Granite _____	T. Todilto _____	T. _____
T. Drinkard _____	T. Delaware Sand _____	T. Entrada _____	T. _____
T. Abo _____	T. Bone Springs _____	T. Wingate _____	T. _____
T. Wolfcamp _____	T. _____	T. Chinle _____	T. _____
T. Penn. _____	T. _____	T. Permian _____	T. _____
T. Cisco (Bough C) _____	T. _____	T. Penn. "A" _____	T. _____

FORMATION RECORD (Attach additional sheets if necessary)

From	To	Thickness in Feet	Formation	From	To	Thickness in Feet	Formation
0	233	233	Caliche				Core No. 1, from 3390' to 3440'. Recovered 50' of Anhy, Lime & Sand, slight show of oil.
233	710	477	Redbed				
710	1090	380	Redbed, Shale & Sand				
1090	1318	228	Anhy				
1318	2600	1282	Salt				
2600	3183	583	Anhy & Salt				
3183	3635	452					
	3635						Core No. 2, from 3440' to 3489'. Recovered 49' of Sandy Lime and shale, with slight show of oil.
	3627						
							Core No. 3, from 3489' to 3540'. Recovered 51' of Lime and Sand, slight show of oil.
							Core No. 4, from 3540' to 3590'. Recovered 46' of Lime-Stone, Sand, and Shale, with trace of oil.
							Core No. 5, from 3590' to 3635'. Recovered 45' of Lime, Sand & Shale, show of oil.

All measurements from rotary table or 10' above ground level.

Well Number 5220

- 5 - MOCC - Hobbs, New Mexico
- 1 - Field
- 1 - File

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NEW MEXICO OIL CONSERVATION COMMISSION

SEP 27 1 22 PM '65

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease	
State <input type="checkbox"/>	Fee <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No. Fee	
7. Unit Agreement Name NONE	
8. Farm or Lease Name J. F. Black	
9. Well No. 7	
10. Field and Pool, or Wildcat Langlie-Mattix	
12. County Lea	

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- Water Injection
2. Name of Operator TEXACO Inc.
3. Address of Operator P. O. Box 728 - Hobbs, New Mexico
4. Location of Well UNIT LETTER <u>C</u> <u>2626</u> FEET FROM THE <u>West</u> LINE AND <u>1310</u> FEET FROM THE <u>North</u> LINE, SECTION <u>21</u> TOWNSHIP <u>24-S</u> RANGE <u>37-E</u> NMPM.
15. Elevation (Show whether DF, RT, GR, etc.) 3235' (D. P.)

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Total Depth - 3635'
7" O. D. Casing Cemented at 250'

Ran 3614' of 2 7/8" O. D. Casing, 6.50 LB, J-55, NEW, and cemented at 3631' with 325 Sx. Incor 4% gel with FRA. Plug at 3627'. Job complete 2:25 P. M. September 26, 1965.

Tested 2 7/8" O. D. Casing for 30 minutes with 1500 P. S. I. from 3:00 P. M. to 3:30 P. M. September 27, 1965. Tested O. K. Job complete 3:30 P. M. September 27, 1965.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED W. E. Morgan TITLE Assistant to the District DATE September 28, 1965
W. E. Morgan Superintendent

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

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OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

1:30 PM '65

5a. Indicate Type of Lease
State Fee

5. State Oil & Gas Lease No.
Fee

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- Water Injection	7. Unit Agreement Name NONE
2. Name of Operator TEXACO Inc.	8. Farm or Lease Name J. F. Black
3. Address of Operator P. O. Box 728 - Hobbs, New Mexico	9. Well No. 7
4. Location of Well UNIT LETTER C 2626 FEET FROM THE West LINE AND 1310 FEET FROM THE North LINE, SECTION 21 TOWNSHIP 24-S RANGE 37-E NMPM.	10. Field and Pool, or Wildcat Langlie-Mattix
15. Elevation (Show whether DF, RT, GR, etc.) 3225' (GR)	12. County Lea

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1703.

Total Depth - 250'
Spudded 9 7/8" Hole at 9:30 P. M. September 15, 1965

Ran 239' of 7" O. D. Casing, 20.00 LB, J-55, NEW, and cemented at 250' with 250 Sx. Incor 1% CACL. Plug at 223'. Cement Circulated.

Temperature of Mixing slurry - 87°, Strength - 12 Hours - 1200 P. S. I.
Bottom Hole Temperature - 86°, Job complete 2:00 A. M. September 16, 1965.

Tested 7" O. D. Casing for 30 minutes with 600 P. S. I. from 2:30 P. M. to 3:00 P. M. September 16, 1965. Tested O. K. Drilled cement plug and re-tested for 30 minutes with 600 P. S. I. from 3:00 P. M. to 3:30 P. M. September 16, 1965. Tested O. K. Job complete 3:30 P. M. September 16, 1965.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED J. E. Jordan TITLE Field Foreman DATE September 17, 1965
J. E. Jordan

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

REVISED

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-13
Revised 1-65

Sep 7 7 49 AM '65

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OPERATOR	

5A. Indicate Type of Lease
STATE FEE

5. State Oil & Gas Lease No.

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

a. Type of Work
b. Type of Well DRILL DEEPEN PLUG BACK
OIL WELL GAS WELL OTHER Well (secondary recovery) SINGLE ZONE MULTIPLE ZONE

7. Unit Agreement Name

8. Farm or Lease Name
J. F. Black

c. Name of Operator
Texaco Inc.

9. Well No.
7

d. Address of Operator
P. O. Box 3109, Midland, Texas

10. Field and Pool, or Wildcat
Langlie-Mattix-Queen

e. Location of Well
UNIT LETTER C LOCATED 1310 FEET FROM THE North LINE
NO 2626 FEET FROM THE West LINE OF SEC. 21 T. 24-S. 37-E NMPM

12. County
Lea

18. Proposed Depth 3660'	19A. Formation Queen Sand	20. Rotary or C.T. Rotary
-----------------------------	------------------------------	------------------------------

1. Elevations (Show whether D.P., R.L., etc.) GR - 3225	21A. Kind & Status Plug. Bond \$10,000 blanket	21B. Drilling Contractor Unknown	22. Approx. Date Work will start At once
--	---	-------------------------------------	---

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
9 7/8"	7"	20#	250'	250 *	circulate
2 1/4"	2 7/8"	6.5#	3660'	325 **	2400'

- * Cement with 250 sx Incor neat containing accelerator.
- * Install centralizers over pay and on first three joints above pay. Cement with 325 sx Incor 4% gel containing friction reducer. Precede cement with 30 bbls fresh water.

FORMATION TOPS EXPECTED

Anhydrite	1105'	Yates	2685'
Top Salt	1309'	Queen	3390'
Bottom Salt	2540'	Total Depth	3660'

APPROVAL VALID
FOR 90 DAYS UNLESS
DRILLING COMMITTED.

ABOVE SPACE DESCRIBE PROPOSED PROGRAM; IF PROPOSAL IS TO DEEPEN OR PLUG BACK, GIVE DATA ON PRESENT PRODUCTION RATE AND PROPOSED NEW PRODUCTION RATE. GIVE BLOWOUT PREVENTER PROGRAM, IF ANY.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

signed G. Landwehrmeyer Title Civil Engineer Date 9/3/65
(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

NEW OIL CONSERVATION COMMISSION
WELL LOCATION AND ACREAGE DEDICATION PLAT

Form C-102
Supersedes C-128
Effective 1-4-65

All distances must be from the outer boundaries of the Section.

Operator TEXACO Inc.		Lease J. F. Black		Well No. 7
Unit Letter C	Section 21	Township 24 South	Range 37 East	County Lea
Actual Footage Location of Well: 1310 feet from the North line and 2626 feet from the West line Sec. 21				
Ground Level Elev. 3225	Producing Formation Queen Sand	Depth 17631	Dedicated Acreage Langlie-Mattix	Acrea

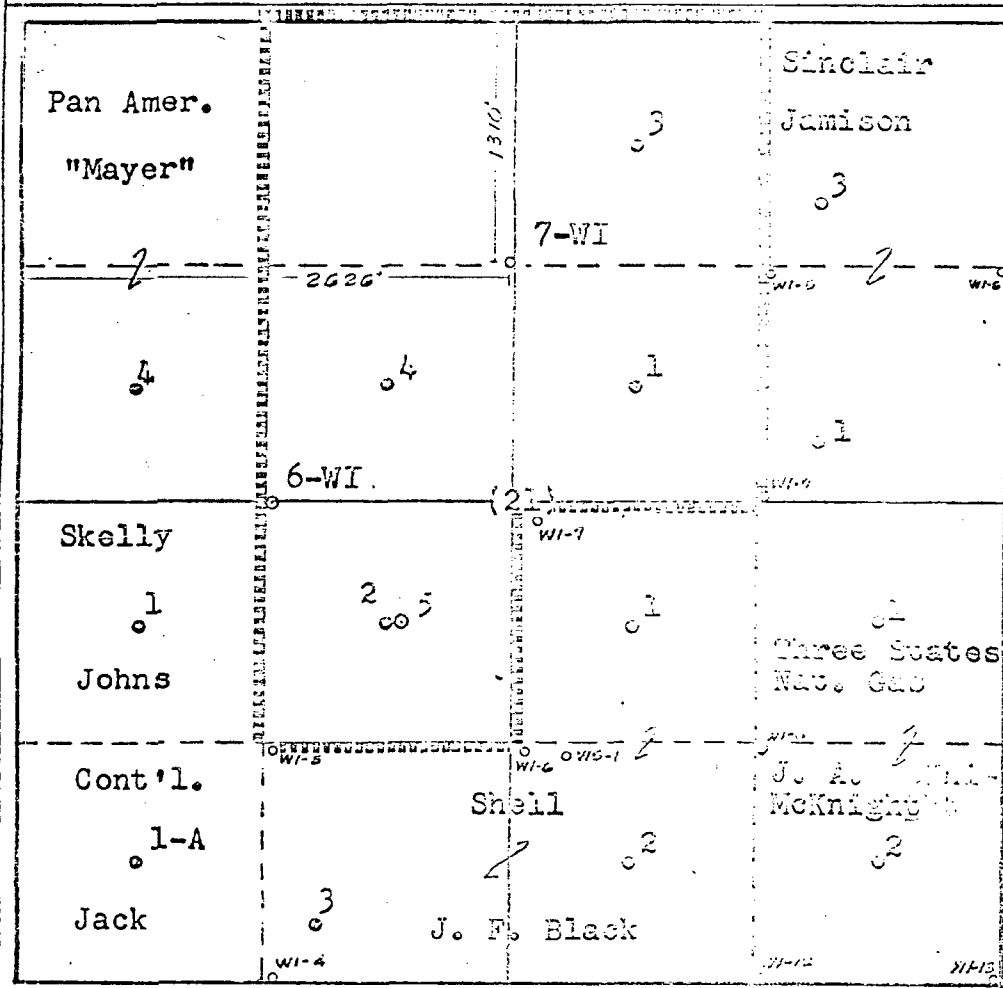
SEP 7 7 49 AM '65

- Outline the acreage dedicated to the subject well by colored pencil or hachure marks on the plat below.
- If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
- 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?

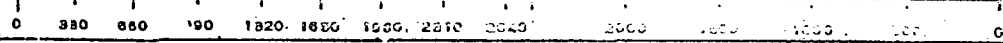
Yes No If answer is "yes," type of consolidation _____

If answer is "no," list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.) _____

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.



CERTIFICATION	
I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.	
Name	<i>T. G. Landwer Meyer</i>
Position	Civil Engineer
Company	TEXACO Inc.
Date	9/3/65
I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.	
Date Surveyed	8/12/65
Registered Professional Engineer and/or Land Surveyor	<i>T. G. Landwer Meyer</i>
Certificate No.	17617



30-025-21479

COUNTY	LEA	FIELD	Langlie-Martin	STATE	NM
OPR	TEXACO INC.			MAP	
	WI-7 Black, J. E.				
	Sec. 21, T-24-S, R-37-E			CO-ORD	
	1310' fr N Line & 2626' fr W line of Sec.				
	Spd 9-15-65		CLASS		EL
	Comp 9-29-65		FORMATION	DATUM	FORMATION
CSG & SX - TUBING					
	7"	250'	250		
	2 7/8"	3631'	325		
LOGS			EL	GR	RA
			IND	HC	A
			PD 3635'		

WATER INJECTION WELL

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CONT.	PROP DEPTH	3660'	TYPE
DATE			

F.R. 8-19-65; Water Injection Well.
 PD 3660' - Queen

9-20-65 Drlg. 2885'.

9-27-65 TD 3635', PSD 3627', prep to perf.
 Cored 3390-3440', rec 50' dolo & sd., w/scatt
 shows.
 Cored 3440-3489', rec 49' same.
 Cored 3489-3540', rec 51' same.
 Cored 3540-3590', rec 46' same.
 Cored 3590-3635', rec 49' same (4' from
 last core).

10-4-65 TD 3635', PSD 3627', COMPLETED.
 Perf @ 3397', 3405', 3416', 3418', 3431',
 3441', 3443', 3450', 3456', 3458', 3460',
 3462', 3464', 3466', 3468', 3470', 3492',
 3505', 3514', 3519', 3526', 3543', 3545',
 3553', 3555' W/1 SPT
 Ac. 1000 gals.