

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
H. C. 330
SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)
HOSP, NEW MEXICO 88240

BUDGET BUREAU NO. 1004-0100
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

NM 60052

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

Culp Ranch

8. FARM OR LEASE NAME

Mescalero Federal #1

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

UNDESIGNATED SAN ANDRES

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

Sec. 11, T-12-S, R-30

12. COUNTY OR PARISH 13. STATE

Chaves New Mexico

1. OIL WELL ☐ GAS WELL ☒ OTHER Salt Water Disposal Well

2. NAME OF OPERATOR

Foy and Middlebrook

3. ADDRESS OF OPERATOR

310 W. Texas, Suite 210, Midland, Texas 79701

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 Unit F

14. PERMIT NO.

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

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) SWD Well

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.)*

As requested the following are attached to be made a part of the SWD application for the proposed conversion of the Mescalero Federal No. 1 to Salt Water Disposal Service.

1) Well site layout

2) Topographic map with location of proposed SWD line.

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

SIGNED

TITLE ENGINEER

DATE 6.24.88

(This space for Federal or State office use)

APPROVED BY

TITLE

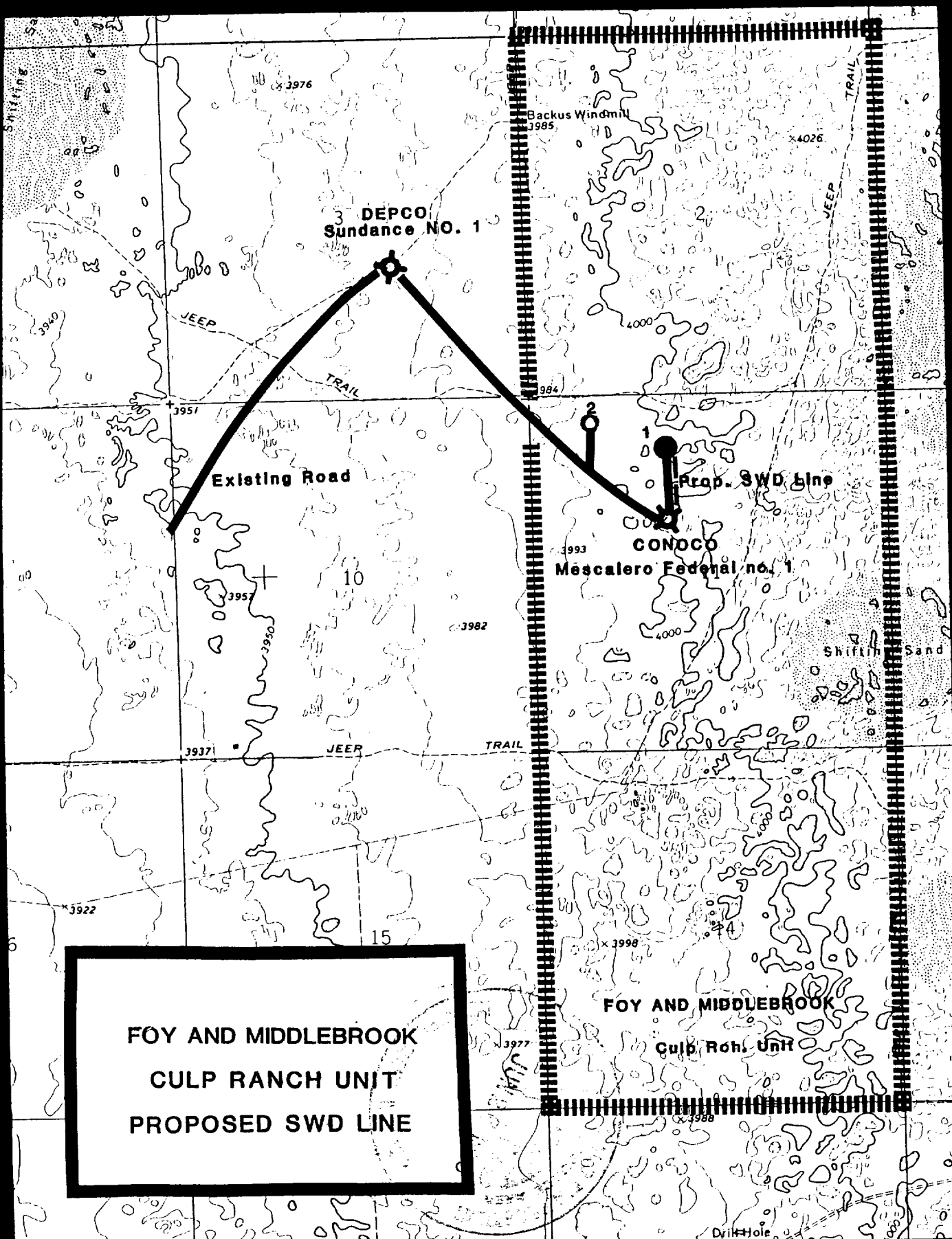
CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD
PETER W. CHESTER
DATE

JUL 11 1988

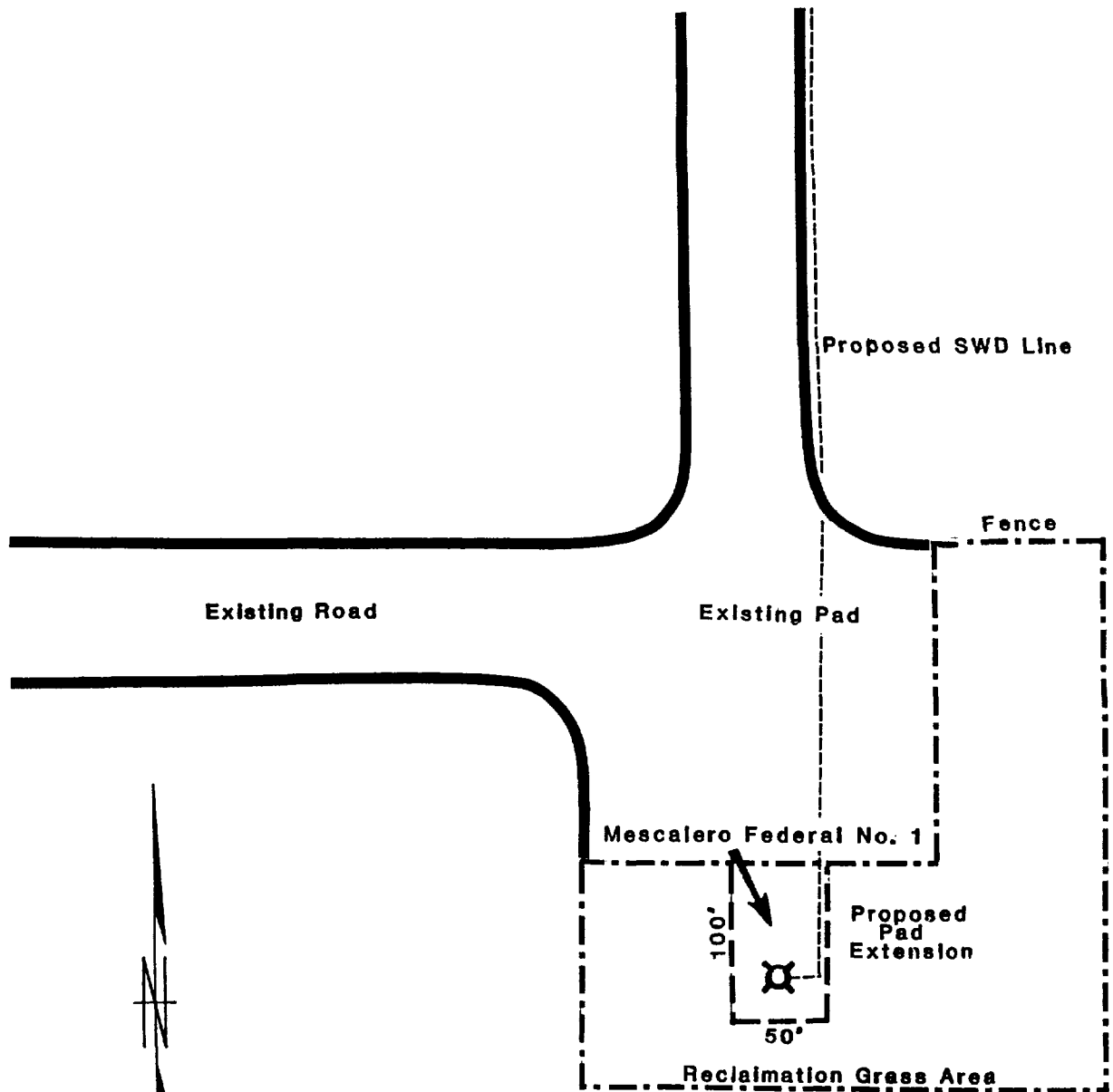
BUREAU OF LAND MANAGEMENT
ROSWELL RESOURCE AREA

*See Instructions on Reverse Side



**FOY AND MIDDLEBROOK
CULP RANCH UNIT
PROPOSED SWD LINE**

**FOY AND MIDDLEBROOK
Culp Ranch Unit**



**FOY AND MIDDLEBROOK
MESCALERO FED. NO. 1
PROPOSED SWD WELL
WELL SITE LAYOUT**

NOT TO SCALE

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
N. M. SUBMIT IN TRIPPLICATE
(Other instructions on reverse side)
HOBBS, NEW MEXICO 88240

Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

NM 60052

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

Culp Ranch

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Mescalero Federal #1

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1

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UNDESIGNATED SAN ANDRIES

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

Sec. 11, T-12-S, R-30

12. COUNTY OR PARISH 13. STATE

Chaves New Mexico

1. OIL WELL ☐ GAS WELL ☒ OTHER Salt Water Disposal Well

2. NAME OF OPERATOR
Foy and Middlebrook

3. ADDRESS OF OPERATOR
310 W. Texas, Suite 210, Midland, Texas 79701

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 Unit F

14. PERMIT NO.

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

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) SWD Well

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

X

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

(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.)*

As requested the following are attached to be made a part of the SWD application for the proposed conversion of the Mescalero Federal No. 1 to Salt Water Disposal Service.

1) Well site layout

2) Topographic map with location of proposed SWD line.

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SIGNED

TITLE

ENGINEER

DATE

6-24-88

(This space for Federal or State office use)

APPROVED BY

TITLE

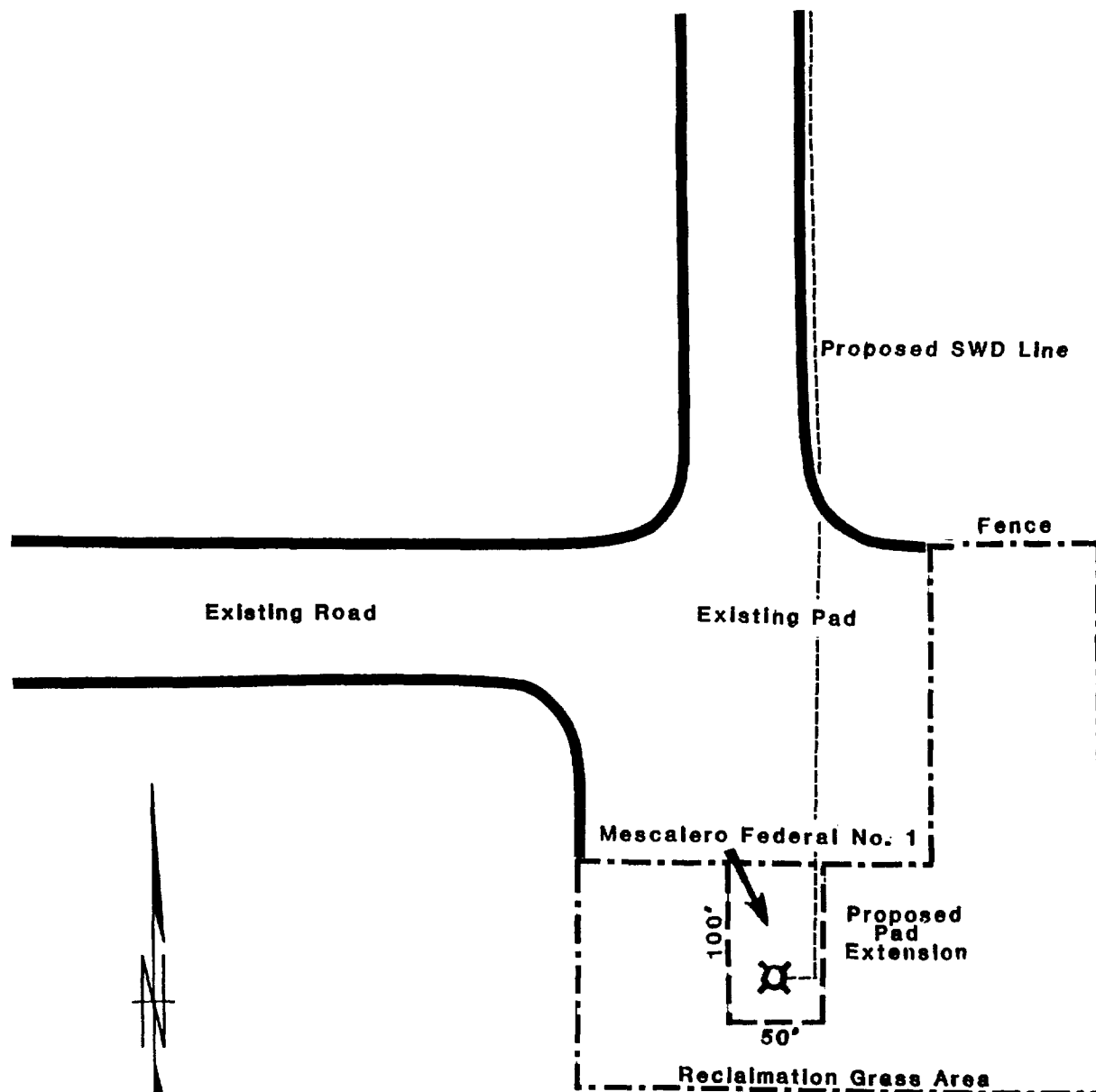
CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD
PETER W. CHESTER
DATE

JUL 11 1988

BUREAU OF LAND MANAGEMENT
ROSWELL RESOURCE AREA

*See Instructions on Reverse Side



FOY AND MIDDLEBROOK
MESCALERO FED. NO. 1
PROPOSED SWD WELL
WELL SITE LAYOUT

NOT TO SCALE

UNITED STATES N. M. OIL & GAS
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
NEW MEXICO 88240

Expires August 31, 1985

SUNDRY NOTICES AND REPORTS ON WELLS

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

1. OIL WELL ☐ GAS WELL ☒ OTHER ☐ Salt Water Disposal Well	7. UNIT AGREEMENT NAME Culp Ranch
2. NAME OF OPERATOR Foy and Middlebrook	8. FARM OR LEASE NAME Mescalero Federal
3. ADDRESS OF OPERATOR 310 W. Texas, Suite 210, Midland, Texas 79701	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 1980' FNL & 1980 " FWL (Unit F)	10. FIELD AND POOL, OR WILDCAT (undesigned) San Andres
14. PERMIT NO.	11. SEC., T., S., R., OR BLK. AND SURVEY OR AREA Sec. 11, T-12-S, R-30-E
15. ELEVATIONS (Show whether DF, RT, OR, etc.) KB 4022' GL 4003'	12. COUNTY OR PARISH Chaves
	13. STATE New Mexico

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 ☐
FRACURE TREAT ☐	MULTIPLE COMPLETE ☐	FRACURE TREATMENT ☐	ALTERING CASING ☐
SHOOT OR ACIDIZE ☐	ABANDON* ☐	SHOOTING OR ACIDIZING ☐	ABANDONMENT* ☐
REPAIR WELL ☐	CHANGE PLANE ☐	(Other) ☒ Salt Water Disposal	

(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.) *

It is requested that the APP to dispose of water into the San Andres formation in the Mescalero Federal Well no. 1 be cancelled. This well is currently under study for possible re-entry and production from the Devonian if a satisfactory SWD well can be developed by using the proposed Devonian Zone in the Culp Ranch unit #2.

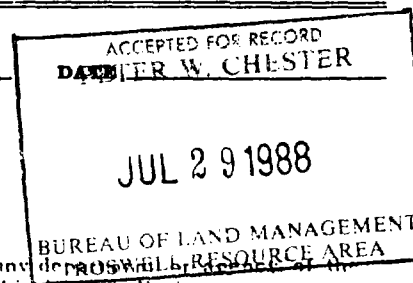
18. I hereby certify that the foregoing is true and correct

SIGNED Shirley TITLE Partner DATE 7-28-88

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side



N. M. OIL CONS. COMMISSION
P. O. BOX 1980
HOBBS, NEW MEXICO 88240SUBMIT IN TRIPLICATE*
(Other instructions on
reverse side)Form approved.
Budget Bureau No. 42-R1425.UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. TYPE OF WORK

DRILL ☐ *Re-entry* DEEPEN ☒ PLUG BACK ☐

b. TYPE OF WELL

OIL WELL ☐ GAS WELL ☐ OTHER Salt Water Disp. ☐ SINGLE ZONE ☐ MULTIPLE ZONE ☐

2. NAME OF OPERATOR

Foy and Middlebrook

3. ADDRESS OF OPERATOR

310 West Texas, Suite 210, Midland, Texas 79701

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

At surface

1980' FNL & 1980' FWL Unit R

At proposed prod. zone

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 drilg unit line, if any)18. DISTANCE FROM PROPOSED LOCATION*
TO NEAREST WELL, DRILLING, COMPLETED,
OR APPLIED FOR, ON THIS LEASE, FT.

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

4003' GL 4022' KB

23.

PROPOSED CASING AND CEMENTING PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	QUANTITY OF CEMENT
None				

5. LEASE DESIGNATION AND SERIAL NO.

NM 60052

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

Culp Ranch

8. FARM OR LEASE NAME

Mescalero Federal

9. WELL NO.

10. FIELD AND POOL, OR WILDCAT

Undesignated San Andres

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

Sec. 11-12S-30E

12. COUNTY OR PARISH

Chaves

13. STATE

New Mexico

16. NO. OF ACRES IN LEASE

17. NO. OF ACRES ASSIGNED
TO THIS WELL

40

19. PROPOSED DEPTH

4225'

20. ROTARY OR CABLE TOOLS

Rotary

22. APPROX. DATE WORK WILL START*

June 15, 1988

1

It is proposed to Re-enter the subject well by drilling out cement plugs located 0-50', 733'-833' and 1575'-1675' and perforate the San Andres formation from 3996'-4106' and 4100'-4122' to be used for Salt Water Disposal. Salt water will be injected through plastic coated tbg. and packer. Packer will be set at 3950' in 9 5/8" csg. The annulus will be filled with inhibited 2% KCL water. Gages will be installed to monitor both tubing and casing pressure. Attached is a location and acreage dedication plat, supplemental drilling data, and a surface use and opetarion plan.

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

Steven A. Foy

TITLE

General Partner

DATE

6-6-88

(This space for Federal or State office use)

PERMIT NO.

APPROVAL DATE

S/Phil Kirk

Area Manager

JUL 11 1988

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

SUBJECT TO LIKE
APPROVAL OF THIS APPLICATION DOES NOT WARRANT OR
CERTIFY THAT THE APPLICANT HOLDS LEGAL OR EQUITABLE
TITLE TO THOSE RIGHTS IN THE SUBJECT LEASE WHICH WOULD
ENTITLE THE APPLICANT TO CONDUCT OPERATIONS THEREON.

PLEASE BE ADVISED THAT THERE WILL BE NO EXCAVATION
OF FEDERALLY OWNED MINERAL MATERIAL FOR CONSTRUCTION
OF THE ACCESS ROAD OR PAD WITHOUT PAYMENT
IN ADVANCE.

**NEW MEXICO OIL CONSERVATION COMMISSION
WELL LOCATION AND ACREAGE DEDICATION PLAT**

Form C-122
Supersedes C-12H
Effective 1-1-65

All distances must be from the outer boundaries of the Section

Lessee CONOCO INC.			Lease CLIP RANCH		Well No. 1
Section F	Section 11	Township 12S	Range 30E	County CHAVES	

1. Outline the location of well:

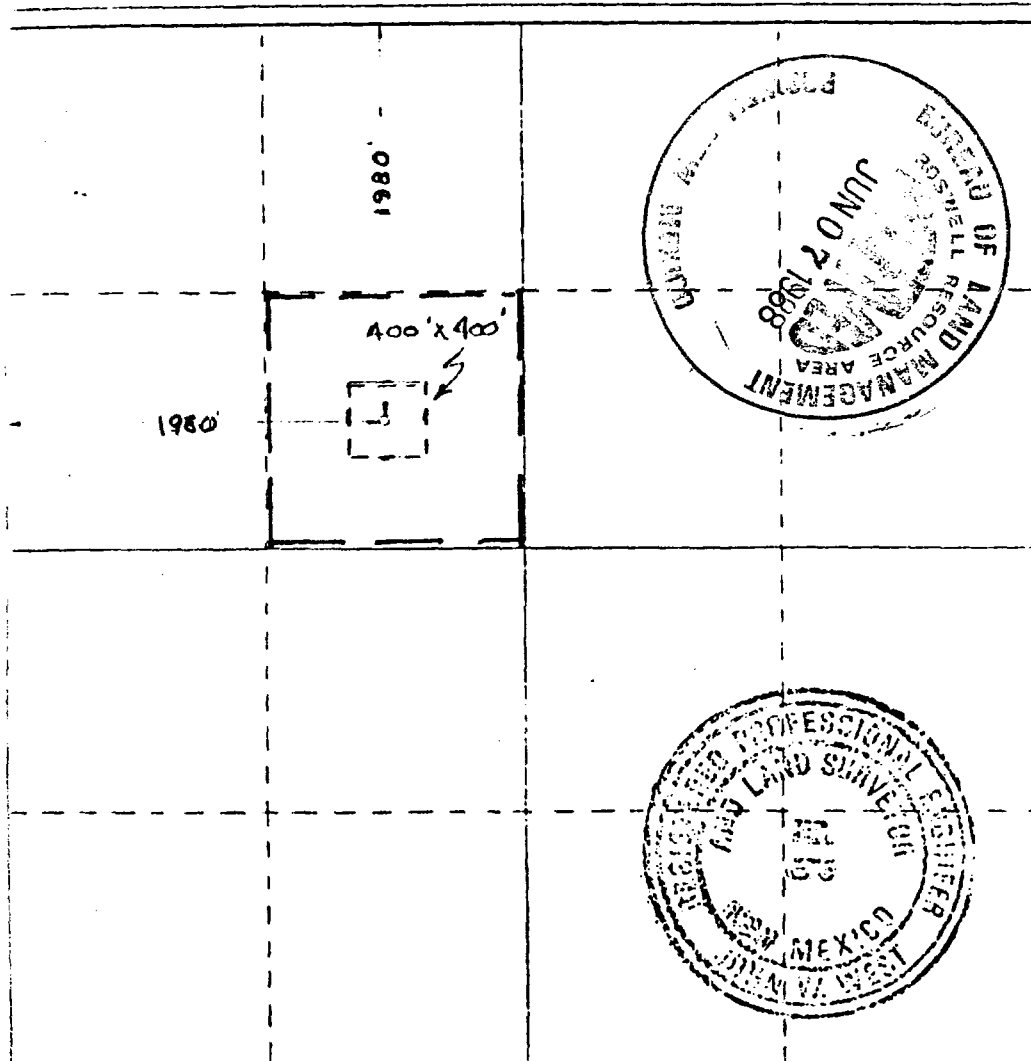
1980 feet from the NORTH line and	1980 feet from the WEST line
Producing Formation SWID	Pool UNDESIGNATED SAN ANDRES
Estimated Area 3998.0	Estimated Area 3.67 Acres

- 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.



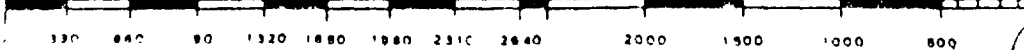
CERTIFICATION

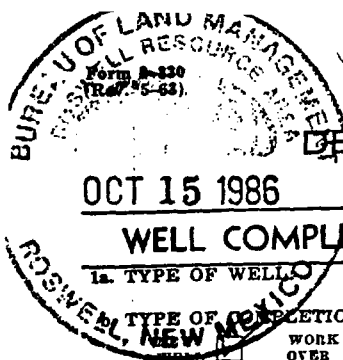
I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.

Date _____
Signature *[Signature]*
Position **Administrative Supervisor**
Company **CONOCO INC.**
Date **11-14-85**

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 **11/01/85**
Registered Professional Engineer and Land Surveyor *[Signature]*
Certificate No. **JOHN W. WEST, 676**
RONALD J. EIDSON, 5239





U.S. DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
P. O. BOX 1980
HOBBS, NEW MEXICO 88240

UNITED STATES DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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

OCT 15 1986

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

1. TYPE OF WELL: ☐ OIL WELL ☐ GAS WELL ☒ DRY ☐ Other _____
2. TYPE OF COMPLETION: ☐ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESSR. ☐ Other _____

2. NAME OF OPERATOR: CONOCO INC.

3. ADDRESS OF OPERATOR: P. O. Box 460, Hobbs, N.M. 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements):
At surface: 1980' FNL & 1986' FNL
At top prod. interval reported below
At total depth

14. PERMIT NO. 30-005-21052 DATE ISSUED NA

5. LEASE DESIGNATION AND SERIAL NO. NM-60052

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME Mescalero Federal

9. WELL NO. 1

10. FIELD AND POOL, OR WILDCAT Undesignated Devonian

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

Sec. 11 - 125-30E

12. COUNTY OR PARISH Chaves 13. STATE NM

15. DATE SPUDDED 1/14/86 16. DATE T.D. REACHED 3/10/86 17. DATE COMPL. (Ready to prod.) Never completed 18. ELEVATIONS (DF, REB, RT, GR, ETC.) 3998' GL 19. ELEV. CASINGHEAD

20. TOTAL DEPTH, MD & TVD 10.554' 21. PLUG, BACK T.D., MD & TVD Well was plugged 22. IF MULTIPLE COMPL., HOW MANY? 23. INTERVALS DRILLED BY All 24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* No interval ever produced 25. WAS DIRECTIONAL SURVEY MADE Yes

26. TYPE ELECTRIC AND OTHER LOGS RUN GR-DLL-MSFL-CAL, NGT-LDG-CWL, GR-Sonic, GR-Long Space Sonic 27. WAS WELL CORED NO

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"	48#	506'	17 1/2"	410 SXS Class 'C' w/4% gel	100 SXS
9 5/8"	36#	4299'	12 1/4"	2113 SXS Class 'C' w/2% Cal/L	425 SXS
			8 3/4"	hole drilled to TD but never cased.	

LINER RECORD					TUBING RECORD		
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
		NONE	RAN			NONE SET	

31. PERFORATION RECORD (Interval, size and number) DST'D Atoka and Devonian formation NO zone ever perforated

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

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED

33.* PRODUCTION

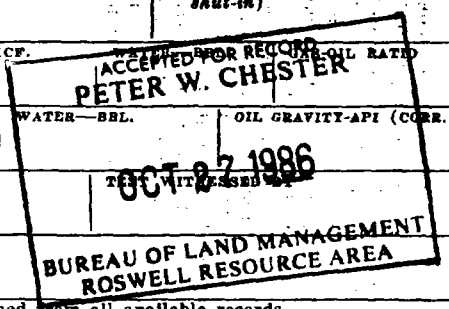
DATE FIRST PRODUCTION	PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Well P & A'd on 3/22/86	WELL STATUS (Producing or shut-in)
DATE OF TEST	HOURS TESTED	CHOKER SIZE
PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE
OIL—BBL.	GAS—MCF.	WATER—BBL.
		OIL GRAVITY-API (CORR.)

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

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 Administrative Supervisor DATE 10/14/86



*(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 83, below regarding separate reports for separate completions.

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

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

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

Item 29: "Sacks Cement": Attached supplemental records for this well should show the details of any multiple stage cementing and the location of the cementing tool.

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

37. SUMMARY OF POROUS ZONES:

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

FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.
Devonian	10,220'	10,554'	DST #1 Rec. 8571' Mud
"	10,227'	10,305'	DST #2 Rec. 649' oil, 5694 H ₂ O, 1500' water
Atoka	9322'	9543'	DST #4 Rec. 406' gas, some H ₂ S; Cmt, drill fluid

38. GEOLOGIC MARKERS

NAME	MEAS. DEPTH	TRUE VERT. DEPTH
Yates	1556'	
Queen	2280'	
San Andres	2840'	
Glorieta	4098'	
Yeso	4212'	
Wolfcamp	7595'	
Cisco	8188'	
Canyon	8520'	
Strawn	8922'	
Atoka	9250'	
Mississippi	9580'	
Woodford	10235'	
Devonian	10257'	

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
WELL COMPLETION OR RECOMPLETION REPORT
NOV 13 1986
HOBBS, NM
RECEIVED

Form 3160-5
N. M. LAND COMMISSION
P. O. BOX 1960
HOBBS, NEW MEXICO 88240

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

(Other instructions on reverse side)

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
CONOCO INC.

3. ADDRESS OF OPERATOR
P. O. 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 Unit F

5. LEASE DESIGNATION AND SERIAL NO.
NM-60052

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Mescalero Federal

9. WELL NO.
1

10. FIELD AND POOL, OR WILDCAT
Undesignated Devonian

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 11-125-30E

12. COUNTY OR PARISH
Chaves

13. STATE
NM

14. PERMIT NO.
30-005-21052

15. ELEVATIONS (Show whether DP, RT, GR, etc.)
1980' ENL & 1980' FWL

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	☐
FRACTURE TREAT	☐	MULTIPLE COMPLETION	☐
SHOOT OR ACIDIZE	☐	ABANDON*	☐
REPAIR WELL	☐	CHANGE PLANS	☐
(Other)	☐	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.) *

- ① After examining DST results and logs, with and spotted 150' class "H" cmt plug from 9700' to 9550'.
- ② Spotted 150' class "H" cmt plug from 7600' to 7450'.
- ③ Set 150' class "H" plug across intermed. shoe, 75' above and 75' below. This plug was tagged w/ slick line unit.
- ④ Spotted 100' class "H" cmt plug at base of salt (650'-1550')
- ⑤ Spotted 100' class "H" cmt plug at top of salt (840'-740')
- ⑥ Placed 50' surface plug, Cut off. csq to final restored gro level and cmt abandonment marker w/ 2' x 4' cmt cap.
- ⑦ Rig down on 3-22-86.

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

SIGNED Kevin L. Vogel

TITLE Administrative Supervisor

DATE 4-10-86

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____
CONDITIONS OF APPROVAL, IF ANY: Approved as to plugging of the well bore.

Liability under bond is retained until
surface restoration is completed.

*See Instructions on Reverse Side

APPROVED
PETER W. CHESTER

OCT 27 1986

BUREAU OF LAND MANAGEMENT
ROSSELL RESOURCE AREA

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

BLM-Roswell(6) File

Expires August 31, 1985

SUNDRY NOTICES AND REPORTS ON WELLS

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

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐	5. LEASE DESIGNATION AND SERIAL NO. NM-60052
2. NAME OF OPERATOR CONOCO INC.	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P. O. Box 460, Hobbs, N.M. 88240	7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface Unit F	8. FARM OR LEASE NAME Mescalero Federal
14. PERMIT NO. 1980' FNL & 1980' FWL 30-005-21052	9. WELL NO. 1
15. ELEVATIONS (Show whether OF, RT, GR, etc.)	10. FIELD AND POOL, OR WILDCAT
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 11-12S-30E
	12. COUNTY OR PARISH 13. STATE Chaves NM

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

NOTICE OF INTENTION TO:

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

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐
FRACTURE TREATMENT ☐
SHOOTING OR ACIDIZING ☐
(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.) *

- ① Spot 150' class "H" cmt plug from 9700' to 9550'
- ② Spot 150' class "H" cmt plug from 7600' to 7450'.
- ③ Set 150' cmt plug across intermediate csq shoe, 75' above shoe and 75' below the sh
This plug must be tagged w/ the slick line unit on the rig.
- ④ Spot 100' class "H" cmt plug at the base of the salt from 1650' to 1550'.
- ⑤ Spot 100' class "H" cmt plug at the top of the salt from 840' to 740'.
- ⑥ Place 50' surface plug. Cut off csq to final restored ground level and cement abandonment marker w/ a cmt cap 2' x 4"
- ⑦ Verbal appl of this procedure obtained by Steve Strauss from Pe Chester w/ BLM on 3/10/86.
- ⑧ Attached is proposed P & A'd wellbore sketch.

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

SIGNED Peter W. Chester
(This space for Federal or State office use)

TITLE Administrative Supervisor

DATE 3-20-86

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

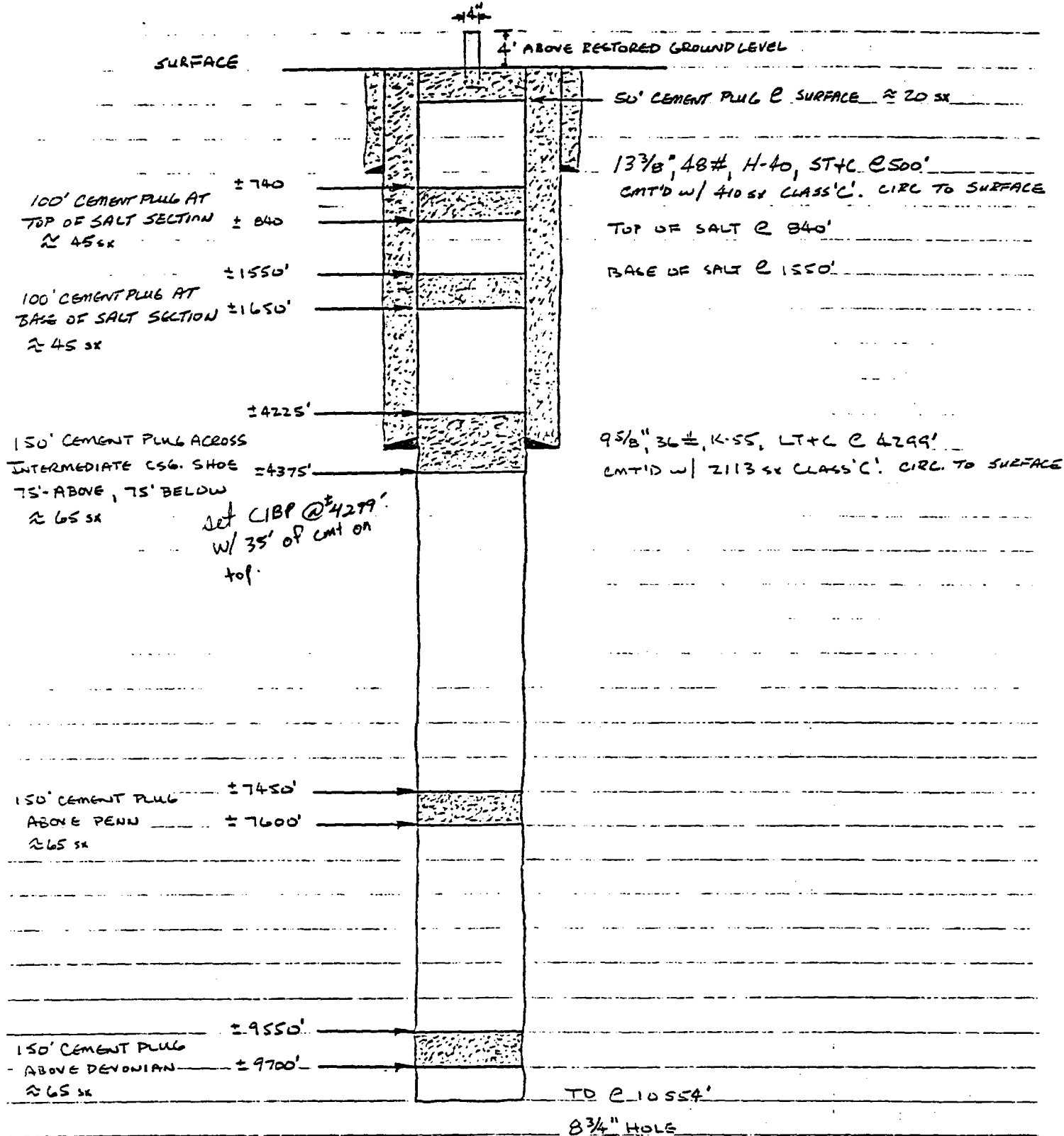
APPROVED
DATE
PETER W. CHESTER

MAR 28 1986

*See Instructions on Reverse Side

BUREAU OF LAND MANAGEMENT
ROSSELL RESOURCE AREA

MESCALERO FEDERIL II NO. 1
SE 1/4 NW 1/4 SEC 11, T-12S, R-30E (1980' FWL + 1980' FWL, UNIT F)
CHAVES CO., NEW MEXICO



Conoco Inc.
Calculation Sheet

Wells By: SRS

Job No. _____

Checked By: _____

Date: 3-10-86

Title: _____

Field: _____

Page: _____ of _____

State: _____

DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
HOBBS, NEW MEXICO 88240

5. LEASE DESIGNATION AND SERIAL NO.
NM-60052

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Mescalero Federal

9. WELL NO.
1

10. FIELD AND POOL, OR WILDFAT
Undesignated Wolfcamp
Undesignated Devonian

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 11-25-30E

12. COUNTY OR PARISH
Chaves

13. STATE
NM

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
CONOCO INC.

3. ADDRESS OF OPERATOR
P. O. 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 **Unit F**
1980' ENL & 1980' FWL

14. PERMIT NO.
30-005-21052

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

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

(Other)

set intermed. casing

(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.)*

- ① Set 11 jts of 9 7/8", 36#, K55, LT & C intermed. csq @ 4299' on 1-27-86
- ② Cmt'd w/ 2113 sxs class "C" w/ 2% CaCl₂, Circ. 425 sxs to surface
- ③ WOC

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

SIGNED

TITLE **Administrative Supervisor**

DATE **1-28-86**

(This space for Federal or State office use)

ACCEPTED FOR RECORD
PETER W. CHESTER

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

FEB 5 1986

**BUREAU OF LAND MANAGEMENT
ROSWELL RESOURCE AREA**
*See Instructions on Reverse Side

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

P. O. BOX 1980
HOBBS, NEW MEXICO 88240
SUBMIT IN TRIPLICATE
(Reverse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

SUNDRY NOTICES AND REPORTS ON WELLS

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

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐	5. LEASE DESIGNATION AND SERIAL NO. NM-60052
2. NAME OF OPERATOR CONOCO INC.	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P. O. Box 460, Hobbs, N.M. 88240	7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface Unit F	8. FARM OR LEASE NAME Mescalero Federal
14. PERMIT NO. 30-005-21052	9. WELL NO. 1
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 1980' FNL & 1980' FWL	10. FIELD AND POOL, OR WILDCAT Undesignated Wolfcamp Undesignated Devonian
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 11-125-30E
	12. COUNTY OR PARISH Chaves
	13. STATE NM

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF ☐	PCCL 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) <u>set surface csq</u> ☒	

(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.) *

- ① MIRU and spud well on 1/14/86
- ② Set 13 jts of 13 3/8", 48#, H-40, ST&C surface casing @ 506'
- ③ Lead-in w/ 250 sxs class "c" w/ 4% gel
- ④ Tail-in w/ 160 sxs class "c" w/ 4% gel
- ⑤ circ. 100 sxs to surface. WOC

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

SIGNED <u>[Signature]</u>	TITLE <u>Administrative Supervisor</u>	DATE <u>1-16-86</u>
(This space for Federal or State office use)		
APPROVED BY _____	TITLE _____	DATE _____
CONDITIONS OF APPROVAL, IF ANY:		

RECEIVED FOR RECORD
PETER W. CHESTER
DATE

JAN 23 1986

*See Instructions on Reverse Side

BUREAU OF LAND MANAGEMENT
ROSWELL RESOURCE AREA

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
P. O. BOX 88240
ALBUQUERQUE, NEW MEXICO 88240

Budget Bureau No. 1004-0135
Expires August 31, 1985

SUNDRY NOTICES AND REPORTS ON WELLS

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

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐	5. LEASE DESIGNATION AND SERIAL NO. NM-60052
2. NAME OF OPERATOR CONOCO INC.	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P. O. Box 460, Hobbs, N.M. 88240	7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface Unit F	8. FARM OR LEASE NAME Mescalero Federal
14. PERMIT NO. 1980' FNL & 1980' FWL Not Available	9. WELL NO. 1
15. ELEVATIONS (Show whether DF, RT, CR, etc.)	10. FIELD AND POOL, OR WILDCAT Undesignated Wolfcamp Undesignated Devonian
	11. SEC., T., S., M., OR BLK. AND SURVEY OR AREA Sec. 11-12S-30E
	12. COUNTY OR PARISH Chaves
	13. STATE NM

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREAT

MULTIPLE COMPLETE

FRACTURE TREATMENT

ALTERING CASING

SHOOT OR ACIDIZE

ABANDON*

SHOOTING OR ACIDIZING

ABANDONMENT*

REPAIR WELL

CHANGE PLANS

(Other)

(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.)

- ① We propose to increase the size of the drilling pad approved in the APD dated 12/20/85.
- ② The pad will be increased to 200' x 300' from the 175' x 275' pad previously approved. The reason for increasing the pad size is to accomodate a larger rig.
- ③ There will also be 3 turnouts installed in the off-Lease access road as per the conversation between Steve McGoffin and John Crane on 12/27/85

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

SIGNED

TITLE

Administrative Supervisor

DATE

12-30-85

(This space for Federal or State use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

PETER W. CHESTER

TITLE

DATE

JAN 6 1986

BUREAU OF LAND MANAGEMENT
ROSWELL RESOURCE AREA

See Instructions on Reverse Side

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. TYPE OF WORK

DRILL ☒ JAN 03 1986 DEEPEN ☐ PLUG BACK ☐

b. TYPE OF WELL

OIL
WELL ☒

GAS
WELL ☐

INFORMATION DIVISION

SINGLE
ZONE ☐

MULTIPLE
ZONE ☒

2. NAME OF OPERATOR

CONOCO INC.

3. ADDRESS OF OPERATOR

P. O. Box 460, Hobbs, N.M. 88240

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

At surface 1980' FNL & 1980' FNL Unit F

At proposed prod. zone ☒

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 drilg. unit line, if any)

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

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

3998' 6L

16. NO. OF ACRES IN LEASE

19. PROPOSED DEPTH

10,700'

17. NO. OF ACRES ASSIGNED
TO THIS WELL

40

20. ROTARY OR CABLE TOOLS

Rotary

22. APPROX. DATE WORK WILL START*

Dec. 15, 1985

23. PROPOSED CASING AND CEMENTING PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	QUANTITY OF CEMENT
17 1/2"	13 3/4"	48#	500'	410 SXS Class "C" w/2% CaCl ₂
12 1/4"	9 5/8"	36#	4300'	1495 SXS Class "C" w/2% CaCl ₂
8 3/4"	5 1/2"	15.5#, 17.0#	10700'	1942 SXS Class "H" neat

It is proposed to drill a straight hole to 10,700'. This is an exploratory well. If the Wolfcamp and Devonian formations prove commercial, this well will be dually completed in those formations. Attached is a location & acreage dedication plat, a proposed Well Plan Outline and a Surface Use Plan. Also, is attached is a land use map prepared by John West Engineering.



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

John L. West

TITLE

Administrative Supervisor

DATE

11-14-85

(This space for Federal or State office use)

PERMIT NO.

APPROVAL DATE

APPROVED BY

S/Homer Meyer, Acting

TITLE

Area Manager

DATE

20 Nov 1985

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions On Reverse Side

BLM-Roswell (6) File

**NEW MEXICO OIL CONSERVATION COMMISSION
WELL LOCATION AND ACREAGE DEDICATION PLAT**

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

All distances must be from the outer boundaries of the Section

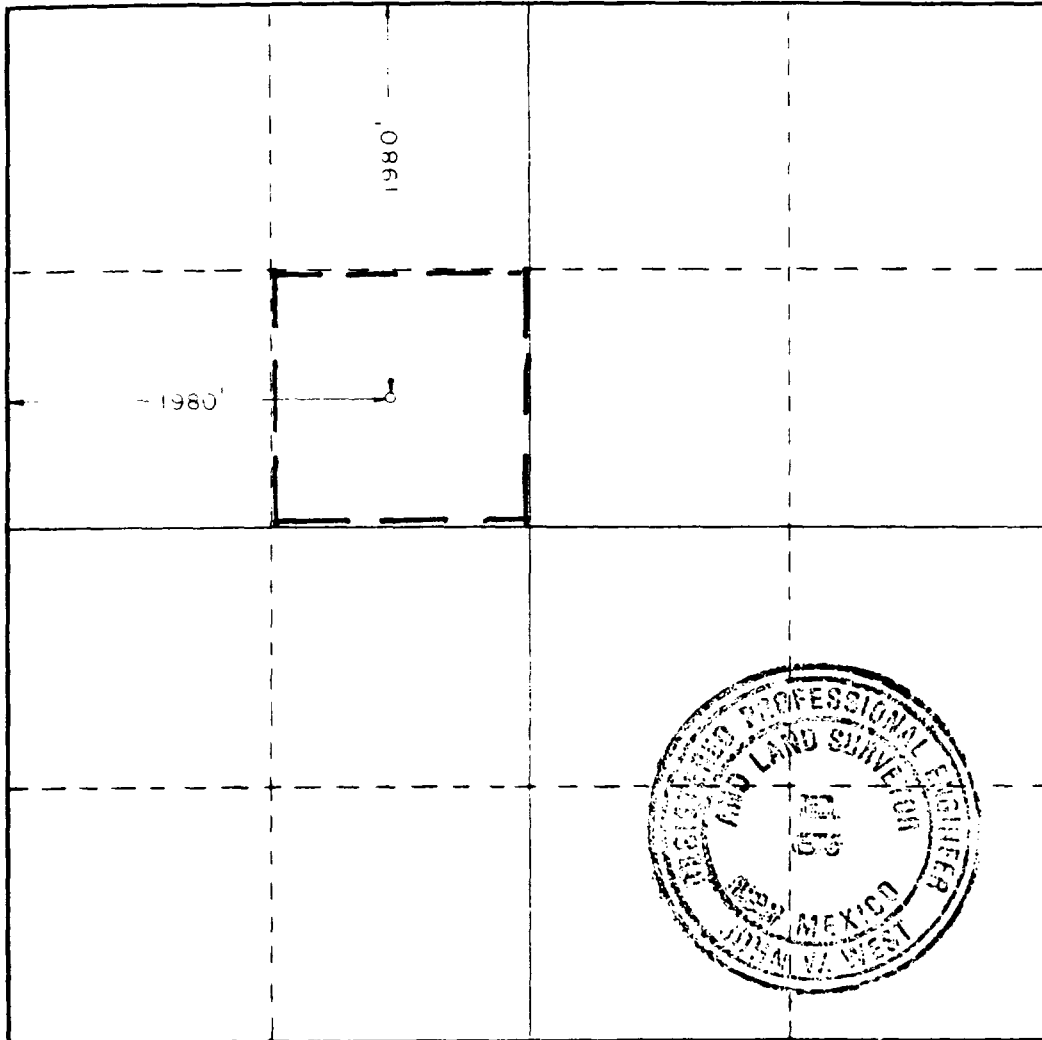
Operator CONOCO INC.		Lease CTEP RANCH		Well No. 1
Section Letter F	Section 11	Township 12S	Range 30E	County CHAVES
Approximate Location of Well:				
1980 feet from the NORTH line and		1980 feet from the WEST line		
Ground Level Elev. 3008.9	Producing Formation Wolfcamp	Pool Undesignated Wolfcamp	Dedicated 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 *John L. West*
Position Administrative Supervisor
Company CONOCO Inc.

Date 11-14-85

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 11/01/85

Registered Professional Engineer and/or Land Surveyor

John W. West
Certificate No. JOHN W. WEST, 676
RONALD L. FINSON, 3239

NEW MEXICO OIL CONSERVATION COMMISSION
WELL LOCATION AND ACREAGE DEDICATION PLAT

RECEIVED NY
DEC 01 1985

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

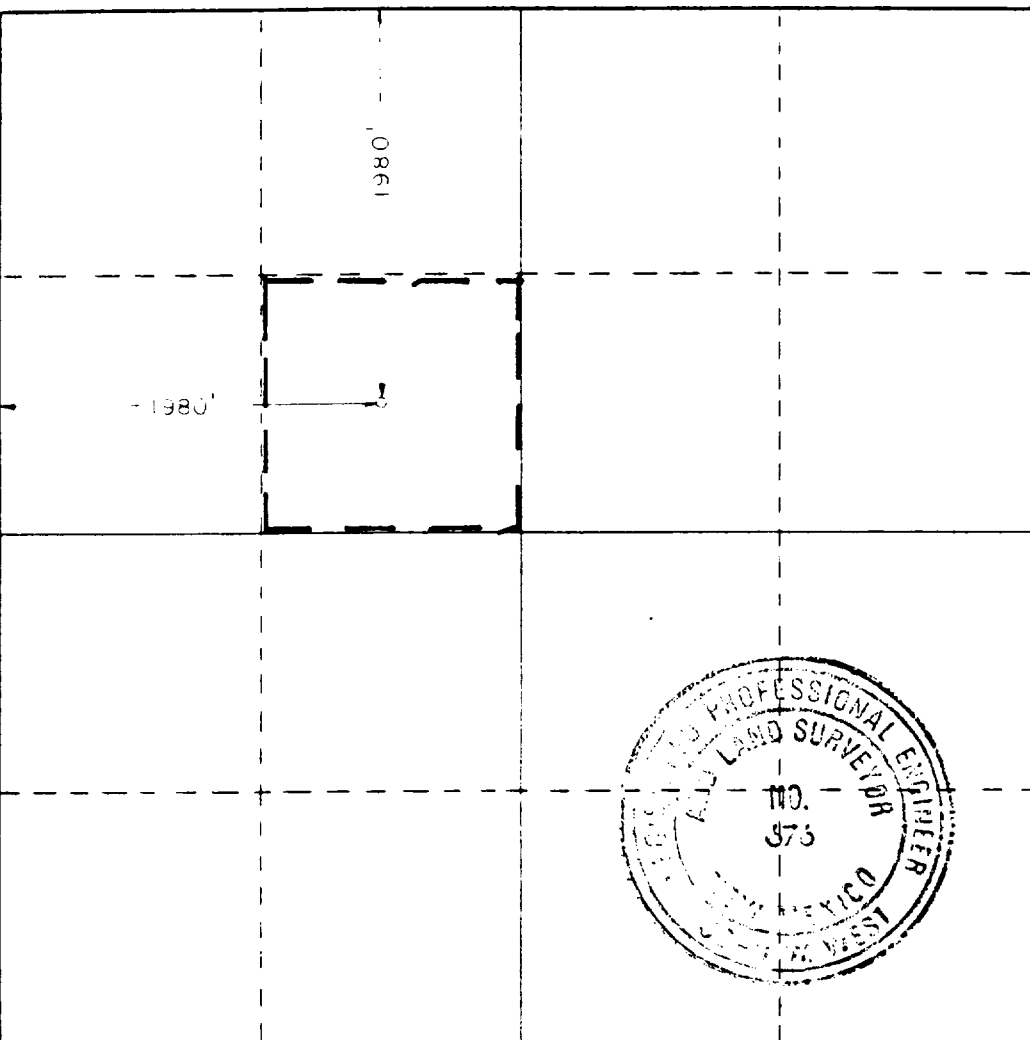
All distances must be from the outer boundaries of the Section

Operator CONOCO INC.		Lessee CULP RANCH		ARTESIA	Well No. OFFICE	1
Section Letter F	Section 11	Township 12S	Range 39E	County CHAVES		
Well Location of Well:						
1980 feet from the NORTH line and		1980 feet from the WEST line				
Ground Level Elev. 5008.1	Producing Formation Devonian	Pool Undesignated Devonian	Dedicated Acreage 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 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.) _____

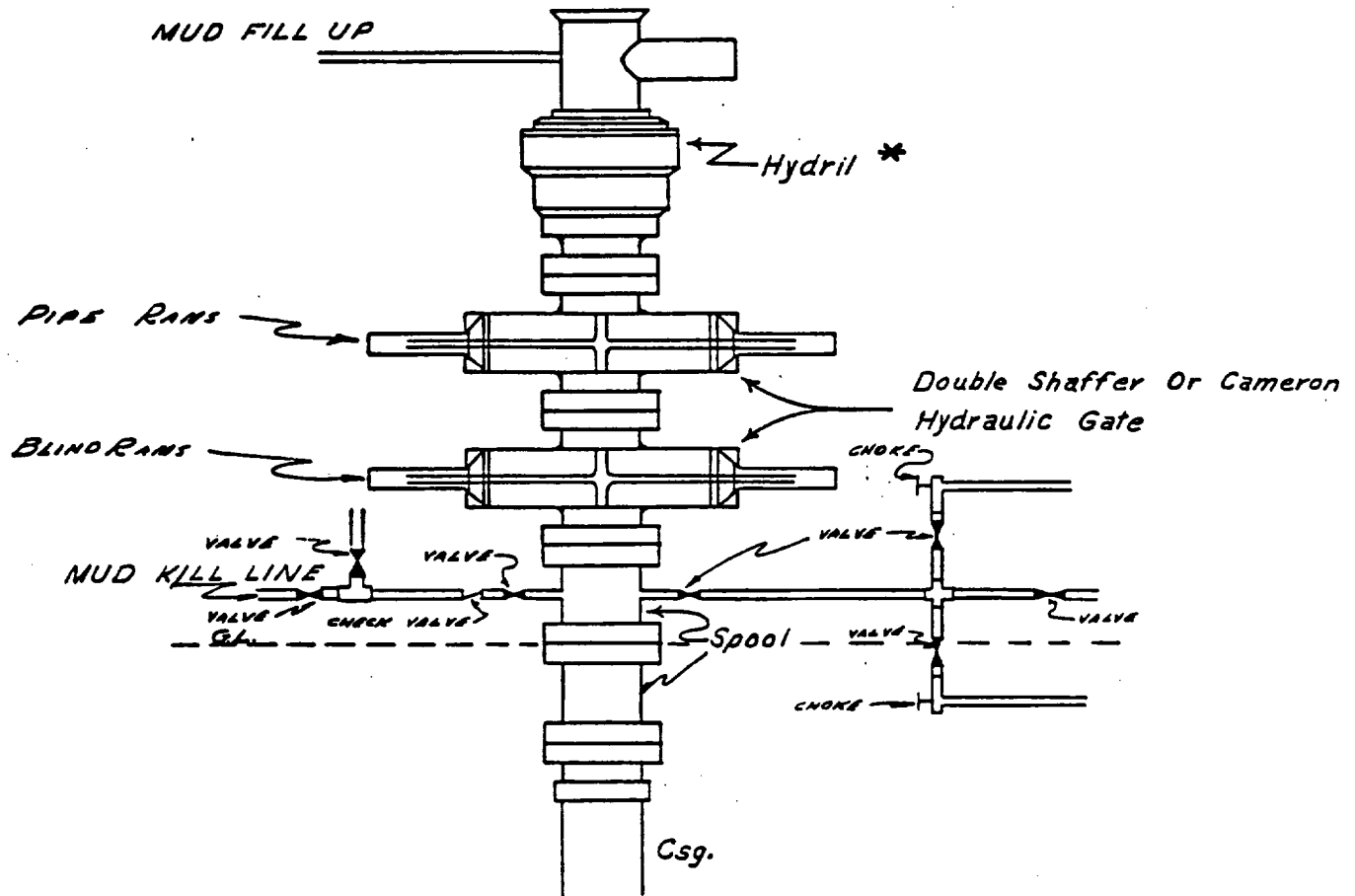
No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interests, has been approved by the Commission.



CERTIFICATION	
I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.	
Name	
Position	Administrative Supervisor
Company	CONOCO Inc.
Date	11-14-85
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.	
<i>[Signature]</i>	
Date Surveyed	11/01/85
Registered Professional Engineer and/or Land Surveyor	
<i>[Signature]</i>	
Certificate No.	JOHN W. WEST, 676

CONOCO INC.

Blow-out Preventer Specifications



NOTE:

Manual and Hydraulic controls with closing unit no less than 75' from well head.
Remote controls on rig floor.

*

DUE TO SUBSTRUCTURE CLEARANCE, HYDRIL
MAY OR MAY NOT BE USED.

WRS COMPLETION REPORT

COMPLETIONS SEC 11 TWP 12S RGE 30E
PI# 30-T-0008 08/22/88 30-005-21052-0001 PAGE 1

NMEX CHAVES * 1980FNL 1980FWL SEC SE NW
STATE COUNTY FOOTAGE SPOT
FOY & MIDDLEBROOK U X
OPERATOR WELL CLASS INIT FIN
WD-1 MESCALERO FEDERAL
WELL NO. LEASE NAME
3998GR CHAVES CO UNDESIG
OPER ELEV FIELD POOL AREA

API 30-005-21052-0001

LEASE TYPE NO. PERMIT OR WELL I.D. NO.
08/16/1988 WO-UNIT AB-LOC
SPUD DATE COMP. DATE TYPE TOOL STATUS

4225
PROJ. DEPTH PROJ. FORM CONTRACTOR
OTD 10554

DRILLERS T.D. LOG T.D. PLUG BACK T.D. OLD T.D. FORM T.D.
LOCATION DESCRIPTION

28 MI NE DEXTER, NM

DRILLING PROGRESS DETAILS

FOY & MIDDLEBROOK
310 W WALL STE 210
MIDLAND, TX 79701
915-687-0144
OWWO: OLD INFO FORMERLY CONOCO INC #1 MESCALERO
FEDERAL. ELEV 3998 GR. SPUD 1/13/86. 13 3/8 @
506 W/410 SX, 9 5/8 @ 4299 W/2113 SX. LOG TOPS:
MISSISSIPPIAN 9580, WOODFORD 10235, DEVONIAN
10259. OTD 10554. COMP 3/22/86. D&A.
WATER DISPOSAL WELL
07/18 LOC/1988/
08/17 ABND OWWO

IC# 300057007488

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Petroleum
Information Corporation

Petroleum Information

BB a company of
The Dun & Bradstreet Corporation

PI-WRS-GET
Form No 187

13 1/2 miles

SW by W of

Cape Rock Hill