

PRINCIPAL: Deanie Lou (James P. Sealy and Sons) - OG 5944

SURETY: American ~~Employers~~ <sup>Manufacturers</sup> Insurance Company

BOND NO.: 7SE290417 (DN 10143)

TYPE: \$50,000 Blanket

APPROVED: 12-16-77 01-1906

CANCELLED:

WELL LOCATION:

BEFORE EXAMINER CATANACH  
OIL CONSERVATION DIVISION  
OCD EXHIBIT NO. 2  
CASE NO. 11499

## \$50,000.00 BLANKET PLUGGING BOND

BOND NO. 7SE 290 417

(For Use of Surety Company)

(Note: File with Oil Conservation Commission, P. O. Box 2088, Santa Fe 87501)

## KNOW ALL MEN BY THESE PRESENTS:

That James E. Sealy DBA Deanie Lou & B & D Oil Company, (An individual) (a partnership) (a corporation organized in the State of New Mexico, with its principal office in the city of Hobbs, State of New Mexico, and authorized to do business in the State of New Mexico), as PRINCIPAL, and American Manufacturers Mutual Insurance Company, a corporation organized and existing under the laws of the State of ~~NEW YORK~~ Illinois, and authorized to do business in the State of New Mexico, as SURETY, are held firmly bound unto the State of New Mexico, for the use and benefit of the Oil Conservation Commission of New Mexico pursuant to Section 65-3-11, New Mexico Statutes Annotated, 1953 Compilation, as amended, in the sum of Fifty Thousand Dollars (\$50,000.00) lawful money of the United States, for the payment of which, well and truly to be made, said PRINCIPAL and SURETY hereby bind themselves, their successors and assigns, jointly and severally, firmly by these presents.

The conditions of this obligation are such that:

WHEREAS, The above principal has heretofore or may hereafter enter into oil and gas leases, or carbon dioxide (CO<sub>2</sub>) gas leases, or helium gas leases with the State of New Mexico; and

WHEREAS, The above principal has heretofore or may hereafter enter into oil and gas leases, or carbon dioxide (CO<sub>2</sub>) gas leases, or helium gas leases on lands patented by the United States of America to private individuals, and on lands otherwise owned by private individuals; and

WHEREAS, The above principal, individually, or in association with one or more other parties, has commenced or may commence the drilling of wells to prospect for and produce oil or gas, or carbon dioxide (CO<sub>2</sub>) gas or helium gas, or does own or may acquire, own or operate such wells, or such wells started by others on land embraced in said State oil and gas leases, or carbon dioxide (CO<sub>2</sub>) gas leases, or helium gas leases, and on lands patented by the United States of America to private individuals, and on lands otherwise owned by private individuals, the identification and location of said wells being expressly waived by both principal and surety hereto.

NOW, THEREFOKE, If the above bounden principal and surety or either of them or their successors or assigns, or any of them, shall plug all of said wells when dry or when abandoned in accordance with the rules, regulations, and orders of the Oil Conservation Commission of New Mexico in such way as to confine the oil, gas, and water in the strata in which they are found, and to prevent them from escaping into other strata;

THEN, THEREFORE, This obligation shall be null and void; otherwise and in default of complete compliance with any and all of said obligations, the same shall remain in full force and effect.

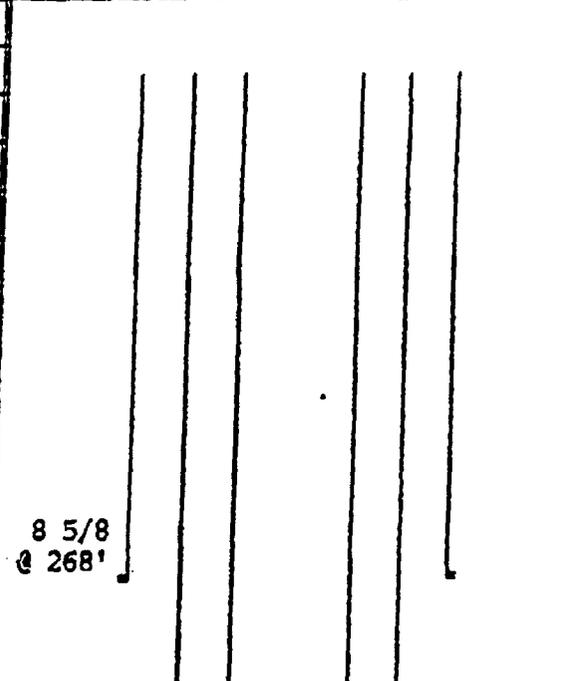
PROVIDED, HOWEVER, That thirty (30) days after receipt by the Oil Conservation Commission of New Mexico of written notice of cancellation from the surety, the obligation of the surety hereunder shall terminate as to property or wells acquired, drilled, or started after said thirty (30) day period but shall continue in effect, notwithstanding said notice, as to property or wells theretofore acquired, drilled, or started.

COMPANY Deanie Lou		PROPERTY NAME Ring	WELL NO. 1
DATE 4/19/95	LOCATION (ULSTR) C-32-6S-26E	FOOTAGE 1659 FWL 330 FNL	

API NO. 30-015-10139	POOL Linda San Andres
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Spot 35 Sx @ 976' WOC & tag  
 Spot 25 Sx @ 1050'  
 Spot 25 Sx @ 318'  
 Spot 10 Sx @ surface  
 Set dry hole marker

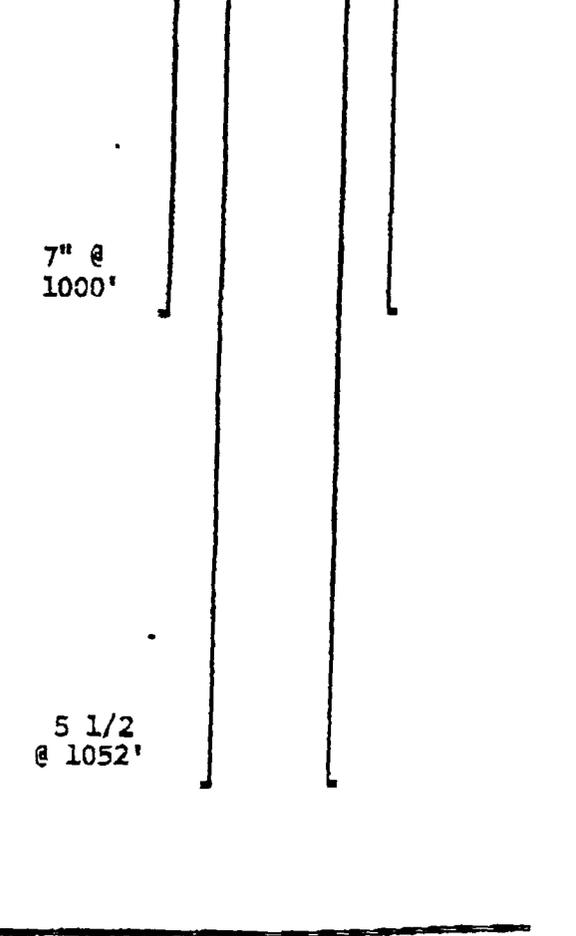
*\* Perforate 5 1/2" csg @ 84' and  
 circulate cement to surface  
 leaving 5 1/2" + 7" csg full.*



**CASING RECORD:**

8 5/8 @ 268.10' est TOC surface 50 Sx  
 7" @ 1000 est TOC surface 125 Sx  
 5 1/2 @ 1052 est TOC ~~293~~ 75 Sx  
 Perforations 976-90'

*TOC on 5 1/2 csg 84' from surface*



<b>COMPANY</b> Deanie Lou	<b>PROPERTY NAME</b> Ring	<b>WELL NO.</b> 1
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<b>DATE</b> 4/19/95	<b>LOCATION (ULSTR)</b> C-32-6S-26E	<b>FOOTAGE</b> 1659 FWL 330 FNL
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<b>API NO.</b> 30-015-10139	<b>POOL</b> Linda San Andres
--------------------------------	---------------------------------

Spot 35 Sx @ 976' WOC & tag	
Spot 25 Sx @ 1050'	
Spot 25 Sx @ 318'	
Spot 10 Sx @ surface	
Set dry hole marker	

<p><b>CASING RECORD:</b></p> <p>8 5/8 @ 268.10' est TOC surface 50 Sx          7" @ 1000 est TOC surface 125 Sx          5 1/2 @ 1052 est TOC 293' 75 Sx          Perforations 976-90'</p>	
--	--



Rand.  
Here is a photo to put in  
your Seismic Sea King #1 file.

Ray



**ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT**

GARY JOHNSON  
GOVERNOR

OIL CONSERVATION DIVISION  
ARTESIA DISTRICT OFFICE

JENNIFER SALISBURY  
CABINET SECRETARY

March 22, 1995

Mr. James E. Sealy  
P.O. Box 804  
Hobbs, NM 88240

Re: Properly Abandoned Wells

Rule 201 A. states that the operator of any well drilled for oil, gas or injection, for seismic, core or other exploration, or for a service well, whether cased or uncased, shall be responsible for the plugging thereof.

Rule 201 B. states a well shall be either properly plugged and abandoned or temporarily abandoned in accordance with these rules within 90 days after (1.) A 60 day period following suspension of drilling (2.) A determination that the well is no longer usable for beneficial purposes (3.) A period of 1 year in which a well has been continuously inactive.

The Deanie Lou Ring #1 well in Ut. C-32-6-26 was temporarily abandoned in August 1983 and to date this well has not been abandoned in accordance with the above rules.

Please file with this office by May 1, 1995 a plan to plug and abandon this well.

Your Truly,

  
Ray Smith  
Field Rep II

**ENERGY and MINERALS DEPARTMENT**

Oil Conservation Division  
Drawer DD  
Artesia, New Mexico 88211-7529

Fold at line over top of envelope to the  
right of the return address

**CERTIFIED**

Z 212 312 922

**MAIL**

Mr. James E. Sealy  
P.O. Box 804  
Hobbs, NM 88240

WELL PLUGGING COMPANIES

LB Oilfield Services Inc.  
P.O. Box 122  
Midland, TX 79701  
Ph: 915-520-4103

United Oil Services Inc.  
2420 West I-20  
Odessa, TX 79763  
PH: 915-580-0244

Pride Petroleum Service  
P.O. Box 909  
Lovington, NM 88260  
Ph: 505-396-2851

Baber-Gibson Well Services  
P.O. Drawer 310  
Hobbs, NM 88240

Royalty Well Service  
P.O. Box 394  
Grandfalls, TX 79742  
Ph: 915-547-2926

Mayo Marrs Casing Pullers  
P.O. Box 863  
Kermit, TX 79745  
Ph: 915-586-3076

D A & S Oilfield Services  
P.O. Box 2545  
Hobbs, NM 88240  
Ph: 505-392-6591

Sierra Well Service Inc.  
P.O. Box 10460  
Midland, TX 79701  
PH: 915-688-0160

Odessa, TX  
PH: 915-530-0430  
Mr. Tex Neatherlin

OIL CONSERVATION DIVISION

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

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

RECEIVED BY  
AUG 22 1983

5a. Indicate Type of Lease  
State  Fee   
5. State Oil & Gas Lease No.  
FGE

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 - I" (FORM C-101) FOR SUCH PROPOSALS.

1. OIL WELL  GAS WELL  OTHER

2. Name of Operator  
DEANIE LEW ✓

3. Address of Operator  
P.O. Box 804, Hobbs, New Mexico 88240

4. Location of Well  
UNIT LETTER C, 1659.3 FEET FROM THE WEST LINE AND 330 FEET FROM THE NORTH LINE, SECTION 32 TOWNSHIP 6 S RANGE 26 E NMPM.

7. Unit Agreement Name

8. Farm or Lease Name  
RING

9. Well No.  
#1

10. Field and Pool, or Wildcat  
Linda San Andre

15. Elevation (Show whether DF, RT, GR, etc.)  
3756' GR.

12. County  
Chaves

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"/>	

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

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

SIGNED James E. Sealy TITLE CO-OWNER DATE 8-16-83

APPROVED BY M. W. [Signature] TITLE OIL AND GAS INSPECTOR DATE AUG 26 1983

CONDITIONS OF APPROVAL, IF ANY:

U.S. CONDITION	
STATE	/
COUNTY	/
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  
**RECEIVED**

Form O-104  
 Supersedes O-103 and O-102  
 Effective 1-1-65

NOV 8 1976

Operator **Deanie Lou**  
**O. C. C.**  
**ARTESIA OFFICE**

Address **P.O. Box 804, Hobbs New Mexico 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 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 **A.D. Raby and James T. Raby, 1309 S.E. Main, Roswell, New Mexico 88201**

**DESCRIPTION OF WELL AND LEASE**

Lease Name <b>Ring</b>	Well No. <b>1</b>	Pool Name, including Formation <b>Linda San Andres</b>	Kind of Lease State, Federal or Free <b>Free</b>	Lease No.
Location Unit Letter <b>C</b> , <b>1659.3</b> Feet From The <b>West</b> Line and <b>330</b> Feet From The <b>North</b>				
Line of Section <b>32</b> Township <b>6S</b> Range <b>26E</b> , NMPM, <b>Chaves</b> County				

**DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <b>Navajo Crude Oil Purchasing Co.</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. Box 159 Artesia, New Mexico 88210</b>
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 <b>C</b>	Sec. <b>32</b>	Twp. <b>6S</b>	Rge. <b>26E</b>	Is gas actually connected? <b>NO</b>	When
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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 as last	Oil, Re-Drill
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			Testing 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 (Test must be after recovery of total volume of load oil and must be equal to or exceed 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

**TEST DATA AND REQUEST FOR ALLOWABLE (continued)**

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Sealing System (plug, back pt.)	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 here is true and complete to the best of my knowledge and belief.

*James E. Raby*  
 Co-Owner  
 (Title)  
 10-28-76

**OIL CONSERVATION COMMISSION**  
**JAN 10 1977**

APPROVED \_\_\_\_\_, 19\_\_\_\_  
 BY *W. A. Gressett*  
 TITLE **SUPERVISOR, DISTRICT II**

This form is to be filed in compliance with RULE 1101.  
 If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a calculation of the 30-day test to be taken on the well in accordance with RULE 111.  
 All operations of this form must be filled out completely for allowable on new and recompleted wells.  
 Fill out only 1, 2, 3, 4, 5, 6, 7, and 8 for change of owner, well name or number, location, unit, or other such change of capability.

DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL <input checked="" type="checkbox"/>
	GAS <input type="checkbox"/>
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 A. D. Raby and James T. Raby

Address 1309 S E Main Street Roswell, New Mexico 88201

Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	
Recompletion <input type="checkbox"/>	
Change in Ownership <input checked="" 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 Floyd M. Osbourn Artesia, New Mexico

**DESCRIPTION OF WELL AND LEASE**

Lease Name <u>Ring</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Linda San Andras</u>	Kind of Lease State, Federal or Fee <u>Fee</u>	Lease No.
Location				
Unit Letter <u>C</u>	<u>1659.3</u>	Feet From The <u>West</u>	Line and <u>330</u>	Feet From The <u>North</u>
Line of Section <u>32</u>	Township <u>6S</u>	Range <u>26E</u>	NMPM, <u>Chaves</u>	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>Navajo Crude Oil Purchasing Company</u>	<u>P. O. Box 159 Artesia, New Mexico 88210</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)					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	<u>C</u>	<u>32</u>	<u>6S</u>	<u>26E</u>	<u>No</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.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations							Depth Casing Shoe	

**TUBING, CASING, AND CEMENTING RECORD**

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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

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

**GAS WELL**

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, 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.

D. H. Manning Jr.  
 (Signature)  
**Bookkeeper**  
 (Title)  
January 1, 1973  
 (Date)

**OIL CONSERVATION COMMISSION**

APPROVED MAR 8 1973, 19\_\_\_\_  
 BY W. A. Grewitt  
 TITLE OIL AND 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.

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

NEW MEXICO OIL CONSERVATION COMM. JN  
**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 **Floyd M. Osbourn**

Address **P. O. Box 196 Artesia, New Mexico 88210**

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  *from the Permian Corp.*

If change of ownership give name and address of previous owner *Luttrell Oil Co. Box 196 Artesia New Mexico 88210*

**DESCRIPTION OF WELL AND LEASE**

Lease Name <b>Ring</b>	Well No. <b>1</b>	Pool Name, Including Formation <b>Linda San Andres</b>	Kind of Lease State, Federal or Fee <b>Fee</b>	Lease No.
Location				
Unit Letter <b>C</b>	<b>1659.3 m</b>	Feet From The <b>West</b>	Line and <b>330</b>	Feet From The <b>North</b>
Line of Section <b>32</b>	Township <b>6S</b>	Range <b>26E</b>	, NMPM, <b>Chaves</b> County	

**DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> <b>Navajo Crude Oil Purchasing Company</b>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. Box 159 Artesia, New Mexico 88210</b>
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 <b>C</b> Sec. <b>32</b> Twp. <b>6S</b> Rge. <b>26E</b> Is gas actually connected? <b>No</b> When

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.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		

**TUBING, CASING, AND CEMENTING RECORD**

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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

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

**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. M. Murray Jr.*  
 (Signature)  
**Bookkeeper**  
 (Title)  
**December 8, 1972**  
 (Date)

**OIL CONSERVATION COMMISSION**  
**MAR 8 1973**  
 APPROVED \_\_\_\_\_, 19\_\_\_\_  
 BY *N. A. Gressett*  
 TITLE **OIL AND 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.

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

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

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

**RECEIVED**

OCT 5 1970

O.C.C.  
ARTESIA OFFICE

Operator **LUTTRELL OIL COMPANY**

Address **P.O. Box 196 Artesia, New Mexico 88210**

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 **Osborn Drilling Company Artesia, New Mexico**

**DESCRIPTION OF WELL AND LEASE**

Lease Name <b>RING</b>	Well No. <b>1</b>	Pool Name, Including Formation <b>Linda San Andres</b>	Kind of Lease State, Federal or Fee <b>FEE</b>	Lease No.
Location Unit Letter <b>C</b> ; <b>1659.3</b> Feet From The <b>West</b> Line and <b>330</b> Feet From The <b>North</b>				
Line of Section <b>32</b> Township <b>6 S</b> Range <b>26E</b> , NMPM, <b>Chaves</b> County				

**DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <b>The Permian Corporation</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O.Box 3119 Midland, Texas 79701</b>
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
	<b>C 32 6S 26E No</b>

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.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		

**TUBING, CASING, AND CEMENTING RECORD**

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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

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

**GAS WELL**

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, 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.

*[Signature]*  
\_\_\_\_\_  
(Title)  
**October 1, 1970**  
\_\_\_\_\_  
(Date)

OIL CONSERVATION COMMISSION  
**OCT 19 1970**  
APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY *W. A. Grassett*  
TITLE **OIL AND 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.

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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

**RECEIVED**  
**MAY 9 1968**  
**O. C. C.**  
**ARTESIA, OFFICE**

Operator **OSBOURN DRILLING COMPANY**

Address **1811 Hermosa Drive, Artesia, New Mexico 88210**

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 **KERSEY & COMPANY**

**DESCRIPTION OF WELL AND LEASE**

Lease Name <b>RING</b>	Well No. <b>1</b>	Pool Name, Including Formation <b>Linda San Andres</b>	Kind of Lease State, Federal or Fee <b>Fee</b>	Lease No.
Location				
Unit Letter <b>C</b>	<b>1659.3</b>	Feet From The <b>West</b> Line and	<b>330</b>	Feet From The <b>North</b>
Line of Section <b>32</b>	Township <b>6S</b>	Range <b>26E</b>	, NMPM, <b>Chaves</b> 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)
<b>The Permian Company Corp.</b>	<b>P. O. Box 3119, Midland, Texas 79701</b>
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
	<b>C    32    6    26    No</b>

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, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay			Tubing Depth			
Perforations						Depth Casing Shoe		

**TUBING, CASING, AND CEMENTING RECORD**

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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

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

**GAS WELL**

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, 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.

*J. M. Osbourn*  
(Signature)  
**Owner**  
(Title)  
**May 6, 1968**  
(Date)

**OIL CONSERVATION COMMISSION**

APPROVED **JUN 26 1968**, 19

BY *W. A. Gressett*

TITLE **OIL AND GAS PRODUCTION**

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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	GAS
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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

**RECEIVED**

JUL 6 1967

Operator **KERSEY & COMPANY** ✓ **O. C. C.  
ARTESIA, OFFICE**

Address **P. O. Box 316, Artesia, New Mexico 88210**

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 **Ray Smith Drilling Company 3300 Republic Bank Bldg. Dallas Texas**

**DESCRIPTION OF WELL AND LEASE**

Lease Name <b>RING</b>	Well No. <b>1</b>	Pool Name, Including Formation <b>Linda San Andres</b>	Kind of Lease State, Federal or Fee <b>Fee</b>	Lease No.
Location				
Unit Letter <b>C</b>	<b>1659.3</b>	Feet From The <b>West</b>	Line and <b>330</b>	Feet From The <b>North</b>
Line of Section <b>32</b>	Township <b>6S</b>	Range <b>26E</b>	<b>NMPM,</b>	<b>Chaves</b> 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)					
<b>The Permian Corporation</b>	<b>P. O. Box 3119, Midland, Texas</b>					
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 <b>C</b>	Sec. <b>32</b>	Twp. <b>6</b>	Rge. <b>26</b>	Is gas actually connected? <b>No</b>	When

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.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		

**TUBING, CASING, AND CEMENTING RECORD**

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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

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

**GAS WELL**

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, 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.

Harold Kersey  
(Signature)  
Owner  
June 30, 1967  
(Date)

**OIL CONSERVATION COMMISSION**

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY W. A. Gressett  
TITLE OIL AND GAS ENGINEER

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

**RECEIVED**

**ILLEGIBLE**

MAY 15 1967

O. C. C.  
 ARTESIA, OFFICE

Operator  
 Ray Smith Drilling Company

Address  
 3300 Republic Bank Building, Dallas, Texas

Reason(s) for filing (Check proper box)	Other (Please explain)
New Well: <input type="checkbox"/>	Change in name of Operator only from Ray Smith, effective May 1, 1967.
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 Change in operating name only (same ownership).

**DESCRIPTION OF WELL AND LEASE**

Lease Name G. A. Ring	Well No. 1	Pool Name, Including Formation Linda San Andres	Kind of Lease State, Federal or Fee Fee	Lease No. --
Location Unit Letter <u>C</u> ; <u>1659.3</u> Feet From The <u>W</u> Line and <u>330</u> Feet From The <u>N</u> Line of Section <u>32</u> Township <u>6S</u> Range <u>26E</u> , NMPM, <u>Chaves</u> 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)
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)
Is well producing oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	<u>C 32 6 26</u> No

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.
Date Spudded	Date Compl. Ready to Prod.	Total Depth			P.B.T.D.			
Elevations (DP, RAS, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay			Tubing Depth			
Perforations						Depth Casing Shoe		

**TUBING, CASING, AND CEMENTING RECORD**

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

**TEST DATA AND REQUEST FOR ALLOWABLE** (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or 60 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 (Flow, shut-in, etc.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

**STATEMENT 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.

Nell M. Heflin  
 (Signature)  
 Nell M. Heflin, Agent  
 (Title)  
 May 12, 1967  
 (Date)

OIL CONSERVATION COMMISSION  
 MAY 15 1967  
 APPROVED \_\_\_\_\_, 19\_\_\_\_  
 BY W. A. Gressett  
 TITLE OIL AND GAS INSPECTOR

This form is to be filed in compliance with RULE 1102.  
 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.

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

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

**RECEIVED**

**AUG 11 1965**

Operator **Ray Smith c/o Oil Department** ✓

Address **300 Simons Building, Dallas, Texas**

**D. C. C.  
ARTEBIA, OFFICE**

Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	Place well in designated pool -- re Commission Order R-2938.	
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
Change in Ownership <input type="checkbox"/>			

If change of ownership give name and address of previous owner \_\_\_\_\_

**DESCRIPTION OF WELL AND LEASE**

Lease Name <b>E. A. Ring</b>	Well No. <b>1</b>	Pool Name, including Formation <b>Linda-San Andres</b>	Kind of Lease State, Federal or Fee <b>Fee</b>
Location Unit Letter <b>C</b> ; <b>330</b> Feet From The <b>N</b> Line and <b>1659.3</b> Feet From The <b>W</b> Line of Section <b>32</b> , Township <b>6-South</b> Range <b>26-East</b> , NMPM, <b>Chaves</b> County			

**DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> <b>Permian Corporation</b>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. Box 3119, Midland, Texas</b>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>None</b>	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
	<b>C   32   6S   26E   No</b>

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.
Date Spud led	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

**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 (pitot, back pr.)	Tubing Pressure	Casing Pressure	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.

*Nell M. Heflin*  
(Signature)

**Nell M. Heflin, Agent**  
(Title)

**August 9, 1965**  
(Date)

**OIL CONSERVATION COMMISSION**

APPROVED **AUG 11 1965**, 19\_\_

BY *M. L. Christy*

TITLE **OIL AND 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 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

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Form C-105  
Revised 1-1-65

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LAND OFFICE	1
OPERATOR	1

NEW MEXICO OIL CONSERVATION COMMISSION  
WELL COMPLETION OR RECOMPLETION REPORT AND LOG  
JUN 14 1965  
R. C. C.  
ARTESIA, OFFICE

5a. Indicate Type of Lease  
State  Fee   
5. State Oil & Gas Lease No.

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  
8. Farm or Lease Name  
**Ring**  
9. Well No.  
**1**  
10. Field and Pool, or Wildcat  
**Linda (SA) Und.**

2. Name of Operator  
**Ray Smith**  
3. Address of Operator  
**% W. H. Cravey, 1901 Runyan Ave., Artesia, New Mexico**  
4. Location of Well

UNIT LETTER **C** LOCATED **1659.3** FEET FROM THE **W** LINE AND **330** FEET FROM  
THE **N** LINE OR SEC. **32** TWP. **6** RGE. **26** NMPM

12. County  
**Chaves**

15. Date Spudded **6/11/64** 16. Date T.D. Reached **6/25/65** 17. Date Compl. (Ready to Prod.)  
18. Elevations (DF, RKB, RT, GR, etc.) **3756' Gr.** 19. Elev. Casinghead **3757'**  
20. Total Depth **1054'** 21. Plug Back T.D. **1050'** 22. If Multiple Compl., How Many  
23. Intervals Drilled By: Rotary Tools **268'-730'** Cable Tools **730'-1054'**

24. Producing interval(s), of this completion - Top, Bottom, Name  
**976' to 990'** 25. Was Directional Survey Made  
**Yes**

26. Type Electric and Other Logs Run  
**Gamma-Neutron** 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	32	268.10'	10 3/4"	50 sx.	
7	26	888'	8 3/4"	125 sx.	
5-1/2	15.50	1052.44'	7"	75 sx.	

29. LINER RECORD 30. TUBING RECORD

SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN	SIZE	DEPTH SET	PACKER SET
None					2-3/8"	1008.98'	

31. Perforation Record (Interval, size and number)  
**976'-78'-80'-82'-84'-86'-88'-90'**  
Size .45

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

DEPTH INTERVAL	AMOUNT AND KIND MATERIAL USED
976 - 990'	3,000 gal. 15% acid
" "	2,000 gal. Kerosene
" "	71,000 gal. lease oil.
	55,000# 20/40 sd., 10,000# 20/40 sd., 30,000 gal. ret.

33. PRODUCTION

Date First Production **5/7/65** Production Method (Flowing, gas lift, pumping - Size and type pump) **Pumping - 1 25/32" tubing 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
5/21/65	24'	-		6	-	17	-
Flow Tubing Press.	Casing Pressure	Calculated 24-Hour Rate	Oil - Bbl.	Gas - MCF	Water - Bbl.	Oil Gravity - API (Corr.)	
			6	-	17	23.5 @ 70°	

34. Disposition of Gas (Sold, used for fuel, vented, etc.)  
**TSTM** 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 W. H. Cravey TITLE Agent DATE 6/14/65

NEW MEXICO OIL CONSERVATION COMMISSION

Artesia, New Mexico

RECEIVED

AUG 6 1965

O. C. C.  
ARTESIA, OFFICE

Ray Smith  
% W.H. Cravey  
1901 Runyan Ave.  
Artesia, New Mexico

Re: Commission Order R 2938

Gentlemen:

As the result of the above referenced Commission order the following well(s) currently appearing in the Undesignated Section of the Proration Schedule will be listed in the following described pool(s) effective September, 1965.

Linda-San Andres

Ring #1-C, 32-6-26

revised Form C-104

Please file ~~Form C-104~~ for each listed well with this office showing the change in pool designation.

Very truly yours,

OIL CONSERVATION COMMISSION

M. L. Armstrong  
Supervisor, District No. 2

TO: -----  
*8-3-65*

Will you please send us about 30 of this Form C-104 so that we can comply with the above -- also, for future needs which we will have for this form. Please send to:

Oil Department  
Ray Smith-Oil Producer  
300 Simons Building  
Dallas, Texas 75205

Thanks,  
*M. M. Bellin*

*Rec'd 8-2-65*

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>500'</u>       | T. Canyon _____        | T. Ojo Alamo _____          | T. Penn. "B" _____     |
| T. Salt _____             | T. Strawn _____        | T. Kirtland-Fruitland _____ | T. Penn. "C" _____     |
| B. 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 <u>976'</u> | 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	500	500	Shale & sand				
500	640	140	Anhydrite				
640	1052	412	Lime & anhydrite				
120	123		Water sand (red)				
440	452		Water sand (red)				

NO. OF COPIES RECEIVED	17
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J.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL 1 GAS 1
OPERATOR	2
PRORATION OFFICE	1

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

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

RECEIVED

MAY 24 1965

Ray Smith

O. C. C.  
ARTEZIA, OFFICE

Address: % W. H. Cravey, 1901 Runyan Ave., Artesia, New Mexico

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

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease
Ring	1	Linda (San Andres) Und.	State, Federal or Fee
Location	Fee		
Unit Letter	1659.3	Feet From The	W Line and 330 Feet From The N
Line of Section	32	Township	6 Range 26, NMES, Chaves 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)
Western Oil Transport	Box 725, Hobbs, New Mexico
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)
TSTM	-
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	C 32 6 26 No -

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 Resrv.	Diff. Resrv.
X	X		X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	F.B.T.D.					
6/11/64	7/4/64	1054'	1050'					
Pool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Linda SA Und.	San Andres	970'	1008.98'					
Perforations	976' - 770'		Depth Casing Shoe					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
10 3/4"	8-5/8"	268.10'	50
8-3/4"	7"	883'	125
7"	5-1/2"	1052.44'	75

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.)
5/7/65	5/21/65	Pumping
Length of Test	Tubing Pressure	Casing Pressure
24'	-	-
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.
23	6	17
		Gas-MCF
		TSTM

GAS WELL

Actual Prod. Test-MCF	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	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.

W H Cravey (Signature)  
Agent (Title)  
5/22/65 (Date)

OIL CONSERVATION COMMISSION

APPROVED MAY 24 1965, 19  
BY M. Armstrong  
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.

**NEW MEXICO OIL CONSERVATION COMMISSION**  
**Santa Fe, New Mexico**

FORM C-101  
 Revised (12/1/55)

HOBBBS OFFICE O. C. C.

**NOTICE OF INTENTION TO DRILL**

JUN 3 10 18 AM '64

DISTRIBUTION	
SANTA FE	1
FILE	2
U.S.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
PRODUCTION OFFICE	
OPERATOR	

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

Midland, Texas

June 1, 1964

(Place)

(Date)

30-085-10139

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  
Ray Smith

(Company, or Operator)

Ring

Well No. 1, in C The well is  
 (Lease) (Unit)

located 330 feet from the North line and 1659.3 feet from the  
West line of Section 32, T. 6S, R. 26E, NMPM.

(GIVE LOCATION FROM SECTION LINE)

Linda San Andres Pool, Chaves County

If State Land the Oil and Gas Lease is No. \_\_\_\_\_

If patented land the owner is \_\_\_\_\_ Fee \_\_\_\_\_

Address \_\_\_\_\_

We propose to drill well with drilling equipment as follows: Rotary & cable tools

The status of plugging bond is \_\_\_\_\_ Blanket Bond

**RECEIVED**

Drilling Contractor JUN 4 1964 Ray Smith Drilling Co.  
Midland, Texas

**O. C. C.**

We intend to complete this well in the San Andres

formation at an approximate depth of 1000 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
12	8 5/8	24	new	100	50
9	7	15.5	"	1000	125

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 JUN 4 1964, 19\_\_\_\_  
 Except as follows:

Sincerely yours,

Ray Smith

(Company or Operator)

By [Signature]

Position Agent

Send Communications regarding well to

Name Ray Smith

Address Box 953, Midland, Texas

OIL CONSERVATION COMMISSION

By [Signature]  
 DISTRICT INSPECTOR

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	GAS
PRODUCTION OFFICE	
OPERATOR	3

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 Ray Smith ✓		Address Box 953, Midland, Texas					
Lease Ring	Well No. 1	Unit Letter C	Section 32	Township 6S	Range 26E		
Date Work Performed 6/25/64	Pool Linda (San Andras)	County Cheyenne					

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.

and set  
Ran 1068.29 feet 5 1/2 inch 15.50# J-55 casing/with 75 sack of cement. Cement allowed to set 24 hours before testing with 1000# pressure for 30 minutes with no drop.

RECEIVED

JUL 13 1964

O. C. C.  
ARTESIA, OFFICE

Witnessed by W. H. Cravey	Position Toolpusher	Company Ray Smith Drilling 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>M. L. Crumpton</i>	Name <i>Jim Henderson</i>
Title OIL AND GAS INSPECTOR	Position Agent
Date JUL 13 1964	Company Ray Smith

NUMBER OF COPIES RECEIVED	5
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	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 Ray Smith		Address Box 953, Midland, Texas			
Lease Ring	Well No. 1	Unit Letter C	Section 32	Township 6S	Range 26E
Date Work Performed 6/14/64	Pool Linda (San Andres)	County Chaves			

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 275.6 feet of 10 3/4 inch 44# J-55 casing and cemented with 65 sack of cement. Cement allowed to set 24 hours before testing 1000# pressure for 30 minutes with no drop. Well spudded 6/11/64

RECEIVED

JUL 13 1964

O. C. C.  
ARTESIA, OFFICE

Witnessed by W. H. Cravey    Position Toolpusher    Company Ray Smith Drilling 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>McClintock</i>	Name <i>Sue Henderson</i>
Title OIL AND GAS INSPECTOR	Position Agent
Date JUL 13 1964	Company Ray Smith

**NEW MEXICO OIL CONSERVATION COMMISSION**  
**WELL LOCATION AND ACREAGE DEDICATION PLAT** **3 10 10 AM '64**  
 SEE INSTRUCTIONS FOR COMPLETING THIS FORM ON THE REVERSE SIDE

**HOBBS OFFICE** FORM C-128  
 6/1/57  
 O.C.C.

**SECTION A**

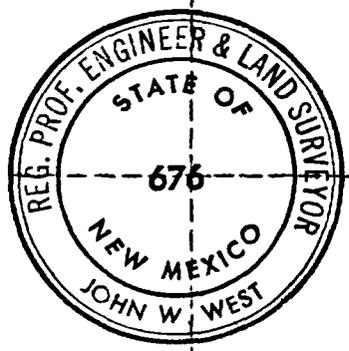
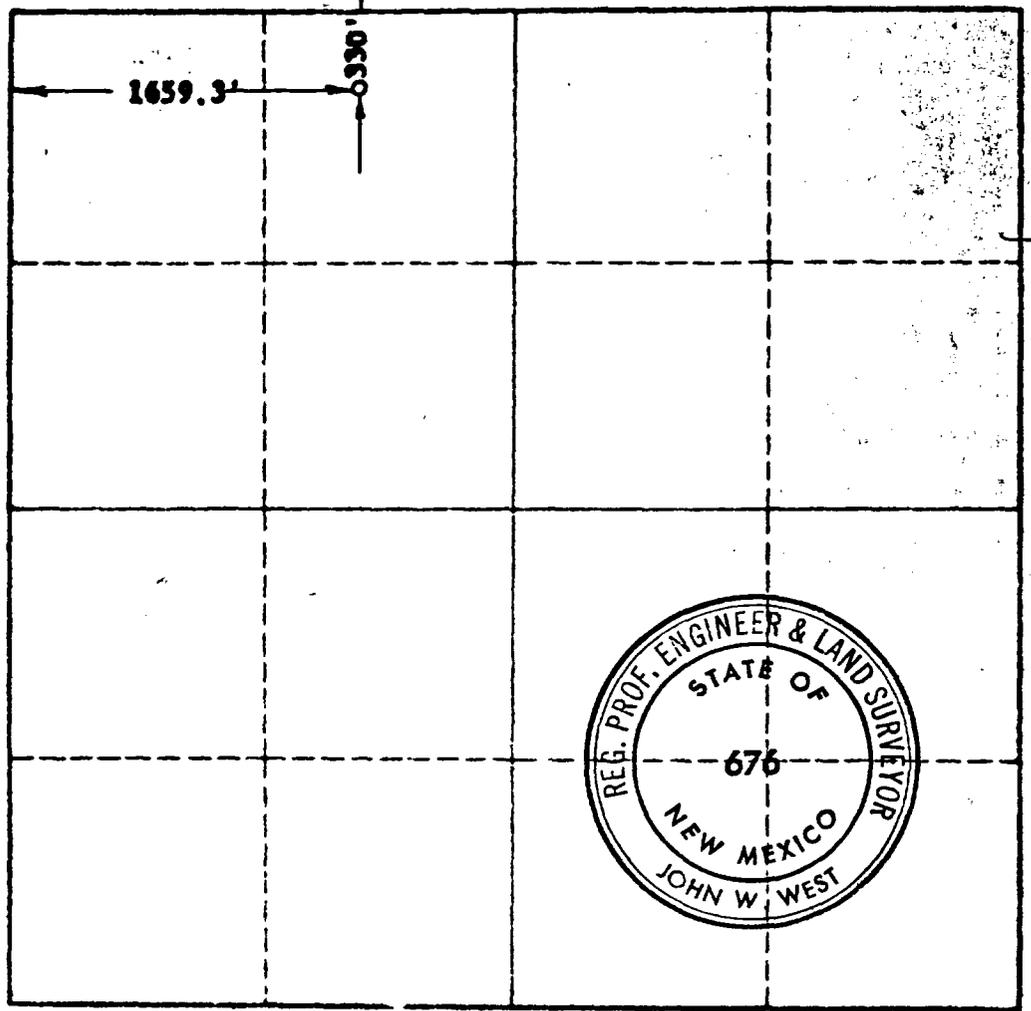
Operator <b>Ray Smith</b>		Lease <b>RIMS</b>		Well No. <b>1</b>
Unit Letter <b>C</b>	Section <b>32</b>	Township <b>6 SOUTH</b>	Range <b>26 EAST</b>	County <b>CHAVEZ</b>
Actual Footage Location of Well: <b>1659.3</b> feet from the <b>WEST</b> line and <b>330</b> feet from the <b>NORTH</b> line				
Ground Level Elev.	Producing Formation <b>San Andres</b>	Pool <b>Linda San Andres</b>	Dedicated Acreage: <b>40</b> 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. (65-3-29 (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: \_\_\_\_\_

**RECEIVED**  
**JUN 4 - 1964**

Owner	Land Description

**SECTION B**



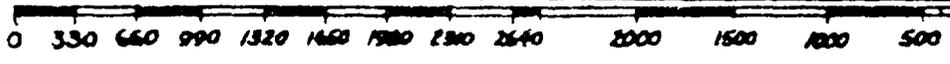
**B. G. G.**  
**ARTESIA OFFICE**  
**CERTIFICATION**

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

Name: *Ray Smith*  
 Position: **Agent**  
 Company: **Ray Smith**  
 Date: **6/1/64**

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: **JUNE 1, 1964**  
 Registered Professional Engineer and/or Land Surveyor, **JOHN W. WEST**  
*John W. West*  
 Certificate No. **N. M. - P. E. & L. S. NO. 676**



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LAND OFFICE	
TRANSPORTER	OIL
	GAS
PRODUCTION OFFICE	
OPERATOR	3

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 Ray Smith ✓				Address Box 953, Midland, Texas			
Lease Ring	Well No. 1	Unit Letter C	Section 32	Township 6S	Range 26E		
Date Work Performed 6/21/64	Pool Linda (San Andres)	County Chaves					

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 879.86 feet of 7 inch 23# J-55 casing and cemented with 125 sax cement. Cement allowed to set 24 hours before testing with 1000# pressure for 30 minutes with no drop.

**RECEIVED**  
JUL 13 1964  
O. C. C.  
ARTESIA, OFFICE

Witnessed by W. H. Cravey	Position Toolpusher	Company Ray Smith Drilling 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>M.L. Armstrong</i>			Name <i>Sue Henderson</i>			
Title OIL AND GAS INSPECTOR			Position Agent			
Date JUL 13 1964			Company Ray Smith			

PRINCIPAL: Deanie Lou - OG 5944

SURETY: American Employers' Insurance Company

BOND NO.: 7SE290417 (DN 10143)

TYPE: \$50,000 Blanket

APPROVED: 12-16-77 01-1906

CANCELLED:

WELL LOCATION:

BEFORE EXAMINER STOGNER	
OIL CONSERVATION DIVISION	
OCD	EXHIBIT NO. 2
CASE NO.	11499



STATE OF NEW MEXICO  
ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT

OIL CONSERVATION DIVISION

2040 S. PACHECO  
SANTA FE, NEW MEXICO 87505  
(505) 827-7131

March 1, 1996

***Certified Mail – Return Receipt Requested***

Deanie Lou C/O James E. Sealy  
P. O. Box 804  
Hobbs, New Mexico 88240

American Employer's Insurance Company  
One Beacon Street  
Boston, MA 02108

**RE: *OCD Case No. 11499***

***Application of the New Mexico Oil Conservation Division for a Show Cause Hearing requiring Deanie Lou and American Employer's Insurance Company to appear and show cause why the Ring Well No. 1 located in Unit C of Section 32, T6S, R26E, Chaves County, New Mexico should not be plugged and abandoned***

Dear Sir/Madam:

This letter is to advise you that the New Mexico Oil Conservation Division has filed the enclosed application seeking a Show Cause Hearing requiring Deanie Lou and American Employer's Insurance Company to appear and show cause why it/they should not be ordered to plug and abandon the above-referenced well.

This application has been set for hearing before an Examiner of the Oil Conservation Division on March 21, 1996. You are not required to attend this hearing, but as an owner of an interest that may be affected by an order issued in this cause, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from challenging the matter at a later date.

Parties appearing in cases have been requested by the Division (Memorandum 2-90--- Enclosed) to file a Prehearing Statement substantially in the form prescribed by the Division. Prehearing statements should be filed by 4:00 o'clock p.m. on the Friday before a scheduled hearing.

Very truly yours,

RAND CARROLL, Attorney  
New Mexico Oil Conservation Division

BEFORE EXAMINER STOGNER
OIL CONSERVATION DIVISION
<u>OCD</u> EXHIBIT NO. <u>3</u>
CASE NO. <u>11499</u>

Z 765 962 278



### Receipt for Certified Mail

No Insurance Coverage Provided  
Do not use for International Mail  
(See Reverse)

Sent to	
Deanie Lou C/O James E. Sealy	
Street and No. P. O. BOX 804	
Hobbs, NM 88240	
P.O., State and ZIP Code	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800, March 1993

Fold at line over top of envelope to the right of the return address

Z 765 963 194



### Receipt for Certified Mail

No Insurance Coverage Provided  
Do not use for International Mail  
(See Reverse)

Sent to	
American Employer's Insurance Company	
Street and No. One Beacon Street	
Boston, MA 02108	
P.O., State and ZIP Code	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800, March 1993

Fold at line over top of envelope to the right of the return address

Is your RETURN ADDRESS completed on the reverse side?

#### SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

#### 3. Article Addressed to:

American Employer's Insurance Company  
One Beacon St.  
Boston, MA 02108

LEGAL

#### 5. Received By: (Print Name)

#### 6. Signature: (Addressee or Agent)

X *W. Needy*

#### 4a. Article Number

Z 765 963 194

#### 4b. Service Type

- Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

#### 7. Date of Delivery

3-7-96

#### 8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

**ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT**

OIL CONSERVATION DIVISION  
2040 S. PACHECO  
SANTA FE, NM 87505



~~Deanie Lou  
C/O James Sealy  
P. O. Box 804  
Hobbs, NM 88240~~

**ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT**

OIL CONSERVATION DIVISION  
2040 S. PACHECO  
SANTA FE, NM 87505

*U.S.F.*

Deanie Lou c/o James E. Sealy  
P. O. Box 804  
Hobbs, New Mexico 88240

**CERTIFIED**

Z 765 962 27A

**MAIL**