

OIL CONSERVATION DIVISION
DISTRICT I
INJECTION OR DISPOSAL WELL PRESSURE TEST SCHEDULE

OPERATOR: ADAMS OIL & GAS No of Wells to be
Pressure tested: 1 SWD
BHT: _____

P. O. Box 433, Wink, Texas 79789

Meet OCD Field Inspector at: 10:30 AM, February 28, 1996

At the well listed below

GUIDELINES FOR WELL INSPECTION:--Operator shall prepare the wells in the manner in steps 1 and 2 and furnish equipment necessary for testing as indicated in steps 3 and 4.

- 1> Close all bradenhead outlets, with the exception of the tubing, 24 hours prior to testing - injection may continue.
- 2> Load tubing/casing annulus with an inert fluid prior to testing.
- 3> Furnish a continuous recording pressure chart with a maximum 2-hour clock and maximum 1000# spring.
- 4> Furnish personnel and equipment necessary to pressure tubing/casing annulus to 300# for 15 minutes.
- 5> Tests are to be witnessed by OCD representative.
- 6> Wells to be pressure tested are as follows:

| <u>PROPERTY NAME</u> | <u>WELL # & UNIT</u> | <u>LOCATION</u> |
|----------------------|--------------------------|-----------------|
| Gulf NW State (SWD) | 2-L | 6-24-33 |

In order to confirm the condition of this well and update our information, we request that you conduct the pressure test at the date and time listed above.

915-586-3397

2-28-96 No show *LAT*

9/9/97 Mrs. Adams does not know about this well. She thinks the lease has expired & has gone back to original owner. She doesn't know who the original

1-800-594-1390
~~847-325-4345~~
940-

1/9/97

Ken Freeman had owned Tahoe - Jerry will contact him if nothing done about change



STATE OF NEW MEXICO
ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT
OIL CONSERVATION DIVISION
HOBBS DISTRICT OFFICE

BRUCE KING
GOVERNOR

August 9, 1993

POST OFFICE BOX 1980
HOBBS, NEW MEXICO 88241-1980
(505) 393-6161

Adams Oil & Gas Producers
P. O. Box 433
Wink, Texas 79789

Re: Gulf NW State (SWD) #2-L, Sec 6, T24S, R33E

Gentlemen:

We have been advised that you have purchased the above referenced salt water disposal well from Tahoe Energy, Inc.

In order for the transfer to be processed, it is necessary to submit a Form C-104.

If you have a blanket bond in place, the C-104 is all that is needed for the change. If your other properties are covered by one well bonds, then it will be necessary to have a plugging bond in place for this well before the change of operator can be approved.

A Monthly Water Disposal Report (C-120-A) is required for each salt water disposal well. The report is to be submitted each month, whether or not the well is active.

We are enclosing Forms C-104 and C-120-A for your use in reporting.

If this information is not correct or if you have any questions regarding this matter, please feel free to call.

Very truly yours

OIL CONSERVATION DIVISION


Jerry Sexton
Supervisor, District I

JS:bp

cc: Tahoe Energy Inc,
File





STATE OF NEW MEXICO
ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT

OIL CONSERVATION DIVISION
HOBBS DISTRICT OFFICE

BRUCE KING
GOVERNOR

POST OFFICE BOX 1980
HOBBS, NEW MEXICO 88241-1980
(505) 393-6161

October 12, 1993

Adams Oil & Gas Producers
P O Box 433
Wink, TX 79789

RE: Change of Operator

Gentlemen:

We have received Form C-104 for a change of operator for three well from Tahoe Energy Inc. listed below:

State O #1-D, 7-24S-33E
Gulf NW State #2-L, 6-24S-33E
Roy Whitten #1-H, 33-23S-36E

We will be unable to approve this change of operator since you do not have an approve plugging bond on file.

We have enclosed bond forms for your use if you have not already made application for a plugging bond. We have enclosed the surety bond forms and the cash bond forms and you may use either.

Your plugging bonds should be filed with our Santa Fe office attention of Diane Richardson.

Very truly yours,

OIL CONSERVATION DIVISION

Jerry Sexton
Supervisor, District I

JS:dp



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

State of New Mexico
 Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION

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

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

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

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

| | | |
|--|---|-------------------------------------|
| Operator ADAMS Oil & Gas Producers | | Well API No. |
| Address P. O. Box 433, Wink, Texas 79789 | | |
| Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain) | | |
| New Well <input type="checkbox"/> | Change in Transporter of: | |
| Recompletion <input type="checkbox"/> | Oil <input type="checkbox"/> | Dry Gas <input type="checkbox"/> |
| Change in Operator <input checked="" type="checkbox"/> | Casinghead Gas <input type="checkbox"/> | Condensate <input type="checkbox"/> |
| If change of operator give name and address of previous operator Tahoe Energy, Inc. 3909 W. Industrial Ave., Midland, Texas 79703 | | |

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|---|---------------|---|--|---------------------|
| Lease Name Gulf NW State | Well No. 2 | Pool Name, Including Formation Triple "X" Delaware | Kind of Lease State, Federal or Fee | Lease No. K-2952 |
| Location Unit letter L : 1980 Feet From The South Line and 660 Feet From The West Line Section 6 Township 24-S Range 33-E, NMPM, Lea County | | | | |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

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

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

IV. COMPLETION DATA

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

TUBING, CASING AND CEMENTING RECORD

| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
|-----------|----------------------|-----------|--------------|
| | | | |
| | | | |
| | | | |

V. TEST DATA AND REQUEST FOR ALLOWABLE

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

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

GAS WELL

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

VI. OPERATOR CERTIFICATE OF COMPLIANCE

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

Stanley Adams
 Signature Stanley Adams Owner
 Printed Name: 10-22-92 Title (915) 586-2565
 Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved _____
 By _____
 Title _____

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

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.



STATE OF NEW MEXICO
ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT
OIL CONSERVATION DIVISION
HOBBS DISTRICT OFFICE

BFUCE KING
GOVERNOR

June 21, 1993

POST OFFICE BOX 1980
HOBBS, NEW MEXICO 88241-1980
(505) 393-6161

Adobe Oil & Gas Producers
P.o. Box 433
Wink, TX 79747

Attn: Stanley Adams

RE: CHANGE OF OPERATOR
Roy Whitten #1-H Sec. 33, T23S, R36E
Gulf NW State #2-L Sec 6, T24S, R33E
State 0 #1-D Sec. 7, T24S, R33E

Gentlemen:

This is our third letter advising that we cannot approve the change of operator fro the above-referenced wells until you have a plugging bond to cover same.

We are by copy of this letter advising Tahoe Energy Inc. that you have not met the bond requirements to transfer these wells.

We are also returning the C-104's you have submitted and should you at a later date get a plugging bond, please resubmit.

According to Oil Conservation Division policy Tahoe Energy is still the operator of record and the responsible party for these wells.

Very truly yours,

OIL CONSERVATION DIVISION

Jerry Sexton
Supervisor, District I

ed

cc: Tahoe Energy Inc.
3909 West Industrial Avenue
Midland, TX 79703





STATE OF NEW MEXICO
ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT

OIL CONSERVATION DIVISION
HOBBS DISTRICT OFFICE

February 17, 1993

BRUCE KING
GOVERNOR

POST OFFICE BOX 1980
HOBBS, NEW MEXICO 88241-1980
(505) 393-6161

Adobe Oil & Gas Producers
P.o. Box 433
Wink, TX 79747

Attn: Stanley Adams

RE: Change of Operator
Roy Whitten #1-H Sec 33, T23S, R36E
Gulf NW State #2-L Sec. 6, T24S, R33E
~~Gulf NW State #1-M Sec 6, T24S, R33E~~
State 0 #1-D sec. 7, T24S, R33E

Gentlemen:

This is our second letter advising that we cannot approve the change of operator for the above-referenced wells until you have plugging bonds to cover them.

We are by copy of this letter advising Tahoe Energy Inc. that you have not met the bond requirements to transfer these wells.

Should you have questions concerning your plugging bond, please direct them to Diane Richardson in our Santa Fe office at (505) 827-5806.

As soon as your plugging bond is approved for these wells the C-104's will be approved and returned to you.

Very truly yours,

OIL CONSERVATION DIVISION

Jerry Sexton
Supervisor, District I

ed

cc: Tahoe Energy Inc.
3909 West Industrial Ave.
Midland, TX 79703





STATE OF NEW MEXICO
ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT

OIL CONSERVATION DIVISION
HOBBS DISTRICT OFFICE

October 30, 1992

ERUCE KING
GOVERNOR

POST OFFICE BOX 1980
HOBBS, NEW MEXICO 88241-1980
(505) 393-6161

Adobe Oil & Gas Producers
P.O. Box 433
Wink, TX 79747

Attn: Stanley Adams

RE: Change of Operator

Gentlemen:

We have received Forms C-104 for a change of operator from Tahoe Energy Inc. to Adobe Oil & Gas Producers on a number of wells on 'state' and private land.

Our Santa Fe office advises you do not have an approved plugging bond to cover these wells, therefore, these changes cannot be processed. We are enclosing blank bond forms to aid you in making application for a plugging bond.

As soon as your plugging bond has been approved the C-104s will be approved and returned to you.

Should you have questions concerning your bond, please contact Diane Richardson in our Santa Fe office at (505) 827-5806.

Very truly yours,

OIL CONSERVATION DIVISION

Jerry Sexton
Supervisor, District I

ed

Encl.



OIL CONSERVATION DIVISION

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

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

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

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

I.

| | |
|--|---|
| Operator Adobe Oil & Gas Producers | Well API No. |
| Address P. O. Box 433, Wink, Texas 79747 | |
| Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain) | |
| New Well <input type="checkbox"/> | Change in Transporter of: |
| Recompletion <input type="checkbox"/> | Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> |
| Change in Operator <input checked="" type="checkbox"/> | Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> |
| If change of operator give name and address of previous operator Tahoe Energy, Inc. 3909 W. Industrial Ave., Midland, Texas 79703 | |

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|---|---------------|---|--|---------------------|
| Lease Name Gulf NW State | Well No. 2 | Pool Name, Including Formation Triple "X" Delaware | Kind of Lease State, Federal or Fee | Lease No. K-2952 |
| Location Unit Letter <u>L</u> : <u>1980</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>West</u> Line Section <u>6</u> Township <u>24-S</u> Range <u>33-E</u> , <u>NMPM</u> , <u>Lea</u> County | | | | |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

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

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

IV. COMPLETION DATA

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

TUBING, CASING AND CEMENTING RECORD

| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
|-----------|----------------------|-----------|--------------|
| | | | |
| | | | |
| | | | |

V. TEST DATA AND REQUEST FOR ALLOWABLE

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

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

GAS WELL

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

VI. OPERATOR CERTIFICATE OF COMPLIANCE

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

Stanley Adams
 Signature Stanley Adams *Owner*
 Title
 Date 10-22-92 Telephone No. (915) 586-2565

OIL CONSERVATION DIVISION

Date Approved _____
 By _____
 Title _____

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

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

| | |
|------------------------|--|
| NO. OF COPIES RECEIVED | |
| DISTRIBUTION | |
| SANTA FE | |
| FILE | |
| U.S.G.S. | |
| LAND OFFICE | |
| OPERATOR | |

Form C-105
Revised 1-1-65

NEW MEXICO OIL CONSERVATION COMMISSION
WELL COMPLETION OR RECOMPLETION REPORT AND LOG

5a. Indicate Type of Lease
State Fee

5. State Oil & Gas Lease No.
K-2952

1a. TYPE OF WELL
OIL WELL GAS WELL DRY OTHER **Salt Water Disposal**

b. TYPE OF COMPLETION
NEW WELL WORK OVER DEEPEN PLUG BACK DIFF. RESVR. OTHER

7. Unit Agreement Name

8. Farm or Lease Name

Gulf NW State

9. Well No.

2

10. Field and Pool, or Wildcat

Triple "X" Delaware

2. Name of Operator

Hondo Drilling Company

3. Address of Operator

P. O. Box 116, Midland, Texas 79701

4. Location of Well

UNIT LETTER **L** LOCATED **1980** FEET FROM THE **South** LINE AND **660** FEET FROM

THE **West** LINE OF SEC. **6** TWP. **24S** RGE. **33E** NMPM

12. County

Lea

15. Date Spudded **2-26-73** 16. Date T.D. Reached **3-8-73** 17. Date Compl. (Ready to Prod.) **3-27-73** 18. Elevations (DF, RKB, RT, GR, etc.) **3598 ft. GR** 19. Elev. Casinghead **3600' ft.**

20. Total Depth **5170 ft.** 21. Plug Back T.D. **5130 ft.** 22. If Multiple Compl., How Many
23. Intervals Drilled By Rotary Tools **5170 ft.** Cable Tools

24. Producing Interval(s), of this completion - Top, Bottom, Name

5123 ft. to 5134 ft. Delaware Formation

25. Was Directional Survey Made
Yes

26. Type Electric and Other Logs Run

Schlumberger - Sonic Log-Gamma Ray

27. Was Well Cored

Yes- 4998' to 5058'

28. CASING RECORD (Report all strings set in well)

| CASING SIZE | WEIGHT LB./FT. | DEPTH SET | HOLE SIZE | CEMENTING RECORD | AMOUNT PULLED |
|---------------|-----------------|-----------------|----------------|-------------------------------------|---------------|
| 8-5/8" | 24# | 404 ft. | 12-1/4" | 275 sacks, cement circulated | |
| 5-1/2" | 15.5 lb. | 5168 ft. | 7-7/8" | 200 sacks | |

29. LINER RECORD

| SIZE | TOP | BOTTOM | SACKS CEMENT | SCREEN |
|------|-----|--------|--------------|--------|
| | | | | |

30. TUBING RECORD

| SIZE | DEPTH SET | PACKER SET |
|---------------|-----------------|-----------------|
| 2-3/8" | 5017 ft. | 4987 ft. |

31. Perforation Record (Interval, size and number)

**5034' - 5038' - Size Shot .41 in.
4 shots per ft. - 16 shots total**

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

| DEPTH INTERVAL | AMOUNT AND KIND MATERIAL USED |
|-----------------------|---|
| 5034' to 5038' | 10,000 gal. MYT-Oil #2 Sand - 1,500 lbs. |

33. PRODUCTION

| | | | | | | | |
|---|-----------------|---|-------------------------|------------|--------------|--|-----------------|
| Date First Production 3-20-73 | | Production Method (Flowing, gas lift, pumping - Size and type pump) Well pumping salt water | | | | Well Status (Prod. or Shut-in) Salt Water Disposal | |
| Date of Test | Hours Tested | Choke Size | Prod'n. For Test Period | Oil - Bbl. | Gas - MCF | Water - Bbl. | Gas - Oil Ratio |
| Flow Tubing Press. | Casing Pressure | Calculated 24-Hour Rate | Oil - Bbl. | Gas - MCF | Water - Bbl. | Oil Gravity - API (Corr.) | |

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

Test Witnessed By

35. List of Attachments

Schlumberger - Sonic Log-Gamma Ray

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

[Signature]

TITLE

President

DATE **August 6, 1973**

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. Any <u>1185 ft.</u> | T. Canyon _____ | T. Ojo Alamo _____ | T. Penn. "B" _____ |
| T. Salt <u>1323 ft.</u> | T. Strawn _____ | T. Kirtland-Fruitland _____ | T. Penn. "C" _____ |
| B. Salt <u>4722 ft.</u> | T. Atoka _____ | T. Pictured Cliffs _____ | T. Penn. "D" _____ |
| T. Yates _____ | T. Miss _____ | T. Cliff House _____ | T. Leadville _____ |
| T. 7 Fivers _____ | T. Devonian _____ | T. Menefee _____ | T. Madison _____ |
| T. Queen _____ | T. Silurian _____ | T. Point Lookout _____ | T. Elbert _____ |
| T. Grayburg _____ | T. Montoya _____ | T. Mancos _____ | T. McCracken _____ |
| T. San Andres _____ | T. Simpson _____ | T. Gallup _____ | T. Ignacio Qtzite _____ |
| T. Glorieta _____ | T. McKee _____ | Base Greenhorn _____ | T. Granite _____ |
| T. Paddock _____ | T. Ellenburger _____ | T. Dakota _____ | T. _____ |
| T. Blinberry _____ | T. Gr. Wash _____ | T. Morrison _____ | T. _____ |
| T. Tub _____ | T. Granite _____ | T. Todilto _____ | T. _____ |
| T. Drinkard _____ | T. Delaware Sand <u>4993 ft.</u> | Entrada _____ | T. _____ |
| T. Ab _____ | T. Bone Springs _____ | T. Wingate _____ | T. _____ |
| T. Wolfcamp _____ | T. <u>Delaware Lime -</u> | T. Chinle _____ | T. _____ |
| T. Permian _____ | <u>4965 ft.</u> | 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 |
|---------|------|----------------------|--------------------|------|----|----------------------|-----------|
| Surface | 1185 | 1185 | Redbeds | | | | |
| 1185 | 1323 | 138 | Anhydrite | | | | |
| 1323 | 3460 | 2137 | Salt | | | | |
| 3460 | 4137 | 677 | Anhydrite | | | | |
| 4137 | 4337 | 200 | Salt | | | | |
| 4337 | 4440 | 103 | Anhydrite | | | | |
| 4440 | 4722 | 282 | Salt | | | | |
| 4722 | 4965 | 243 | Anhydrite | | | | |
| 4965 | 4993 | 28 | Black Shaley Lime | | | | |
| 4993 | 5170 | 177 | Sand & Shaley Sand | | | | |

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.

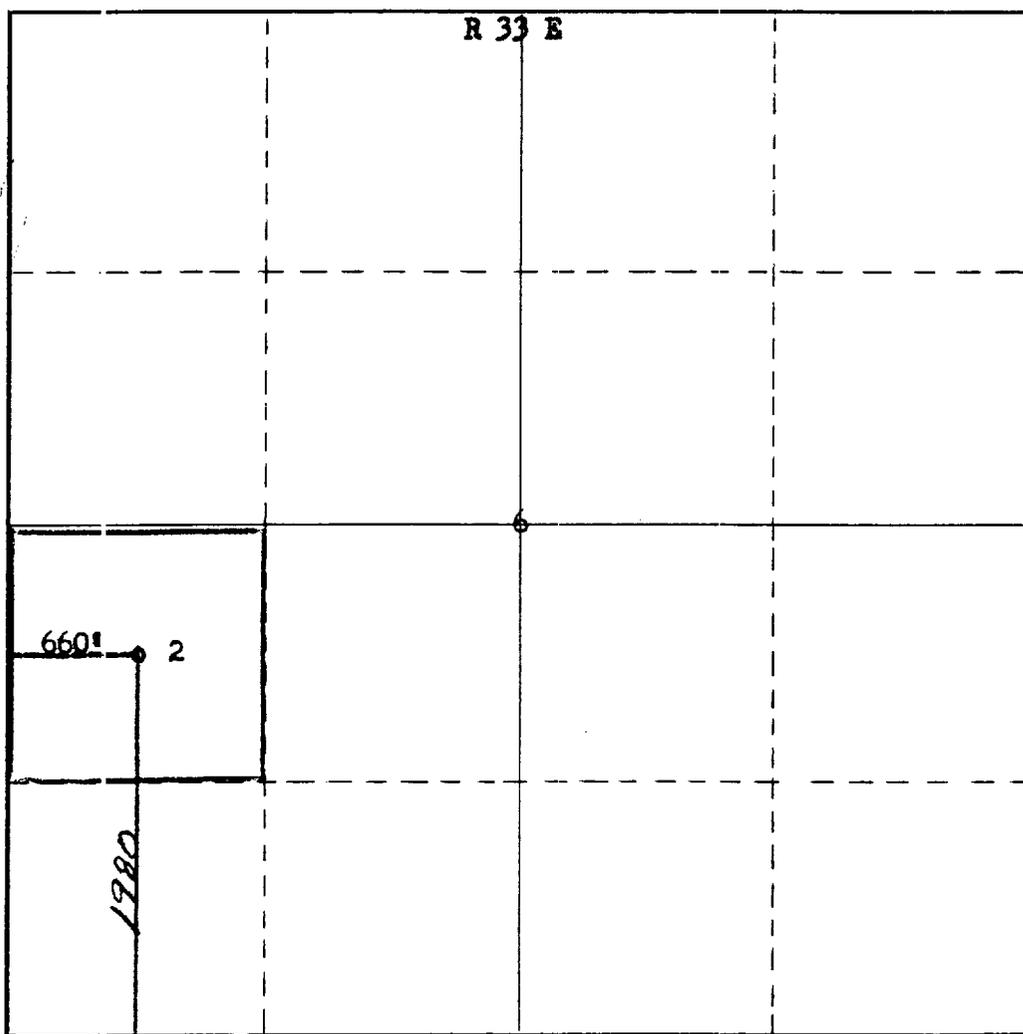
| | | | | | |
|---|---------------------|-----------------------------|---------------------------------------|----------------------|----------------------|
| Operator HONDO DRILLING COMPANY | | | Lease GULF STATE NW | | Well No. 2 |
| Unit Letter L | Section 6 | Township 24 South | Range 33 East | County Lee | |
| Actual Footage Location of Well: 1980 feet from the South line and 660 feet from the West line | | | | | |
| Ground Level Elev: | Producing Formation | Pool | 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, force-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.

N. W. Outlaw
Name **N. W. Outlaw**

President

Position
Hondo Drilling Company

Company
February 27, 1973

Date

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

Date Surveyed

February 21st, 1973

Registered Professional Engineer and/or Land Surveyor

James H. Brown
Certificate No. **542**

0 330 660 990 1320 1650 1980 2310 2640 2000 1500 1000 500

| | |
|------------------------|--|
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| FILE | |
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| LAND OFFICE | |
| OPERATOR | |

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-101
Revised 1-1-65 *30-025-24381*

5A. Indicate Type of Lease
STATE FEE

5. State Oil & Gas Lease No.
K-2952

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

| | | | | | |
|--|--|--|--|--|--|
| 1a. Type of Work | | | | 7. Unit Agreement Name | |
| b. Type of Well DRILL <input checked="" type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> | | | | 8. Farm or Lease Name Gulf State "NW" <i>Act</i> | |
| 2. Name of Operator Hondo Drilling Company | | | | 9. Well No. No. 2 | |
| 3. Address of Operator P. O. Box 116, Midland, Texas 79701 | | | | 10. Field UNDESIGNATED Double X Delaware | |
| 4. Location of Well UNIT LETTER L LOCATED 1980 FEET FROM THE South LINE AND 660 FEET FROM THE West LINE OF SEC. 6 TWP. 24S RGE. 33E NMPM | | | | 12. County Lee | |
| 19. Proposed Depth 5200 ft. | | 19A. Formation Delaware | | 20. Rotary or C.T. Rotary | |
| 21. Elevations (Show whether DF, RT, etc.) 3595 | | 21A. Kind & Status Plug. Bond State-wide | | 21B. Drilling Contractor Hondo Drilling Co. | |
| 22. Approx. Date Work will start February 26, 1973 | | | | | |

PROPOSED CASING AND CEMENT PROGRAM

| SIZE OF HOLE | SIZE OF CASING | WEIGHT PER FOOT | SETTING DEPTH | SACKS OF CEMENT | EST. TOP |
|---------------|----------------|-----------------|-----------------|------------------|----------|
| 11" | 8-5/8" | 24 lb. | 400 ft. | Circulate | |
| 7-7/8" | 5-1/2" | 15.5 lb. | 5200 ft. | 200 | |

We propose to drill this well to an approximate depth of 5200 feet to test the Ramsey Sand Sections of the Upper Delaware Formation. Expect to commence operations about February 26, 1973.

We will notify you 24 hours prior to setting surface casing.

APPROVAL VALID
FOR 90 DAYS UNLESS
DRILLING COMMENCED,
EXPIRES 6-1-73

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

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

Signed *[Signature]* Title **President** Date **February 23, 1973**

(This space for State Use)

APPROVED BY *[Signature]* TITLE **SUPERVISOR DISTRICT I** DATE _____

CONDITIONS OF APPROVAL, IF ANY: