

DEC 28 1988

RECEIVED

STATE OF NEW MEXICO
DEPARTMENT OF ENERGY AND MINERALS
OIL CONSERVATION DIVISION

IN THE MATTER OF THE APPLICATION
OF CHEVRON USA, INC. FOR APPROVAL
OF AN UNORTHODOX OIL WELL LOCATION,
AND SIMULTANEOUS DEDICATION,
LEA COUNTY, NEW MEXICO.

CASE: 9576

A P P L I C A T I O N

Comes now CHEVRON USA, INC., by and through its attorneys, KELLAHIN, KELLAHIN & AUBREY, and applies to the New Mexico Oil Conservation Division for approval of an unorthodox oil well location in the Teague Blinebry Pool for its C.E. LaMunyon #50 Well to be located 1310' FNL feet and 210' FEL of Section 28, T23S, R37E, NMPM, and the simultaneous dedication of said acreage to the C.E. LaMunyon Well #21 and the Well #50, and in support thereof would show:

1. Applicant has the right to drill and develop the NE/4 NE/4 of Section 28, T23S, R37E, NMPM, Lea County, New Mexico.

2. Applicant proposes to drill its C.E. LaMunyon Well #50 in the Teague Blinebry Pool at a location 1310 feet FNL and 210 feet FEL of said section.

3. The original well on this spacing unit is the C.E. LaMunyon #21 Well located 510' FNL and 660' FEL being some 973 feet from the subject well.

4. Rule 104 of the General Statewide Rules for the subject pool provides that standard well locations shall be no closer than 330 feet of outer boundary of its spacing unit.

5. The subject well requires an exception to said rule in order to be at the optimum location to complete development of the Teague Blinebry in the NE/NE of said section and provide information for the feasibility of future waterflood operations.

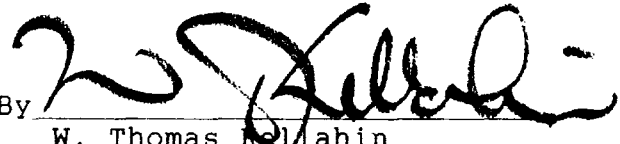
6. Applicant further seeks to simultaneously dedicate the said NE/NE to both the C.E. LaMunyon Well #21 and the #50 well.

7. With the exception of the S/2SE/4 of Section 21, Applicant is also the operator of all offsetting spacing units to the subject well.

8. Notice to affected offset operators is being sent as required by the rules of the Division notifying them that this matter will be heard by the Division on January 18, 1989.

WHEREFORE, applicant seeks approval of the application
as requested.

KELLAHIN, KELLAHIN & AUBREY

By 
W. Thomas Kellahin
P.O. Box 2265
Santa Fe, NM 87504-2265
(505) 982-4285

CERTIFICATE OF MAILING

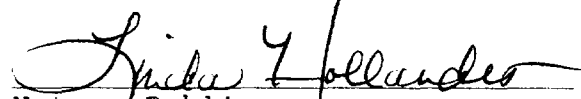
I hereby certify under oath that on the 28 day of
December, 1988, I caused to be mailed by certified mail a
true and correct copy of the foregoing letter and applica-
tion to the following:

Damson Oil Corporation
P.O. Box 4391
396 W. Greens Road
Houston, Texas 77210
Attn: Mr. Donald R. Craig


W. Thomas Kellahin

STATE OF NEW MEXICO)
) ss.
COUNTY OF SANTA FE)

The foregoing instrument was acknowledged before me
this 28 day December, 1988, by W. Thomas Kellahin.


Notary Public

My Commission Expires:
9-22-90

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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	GAS
OPERATOR	
PRODUCTION OFFICE	

OIL CONSERVATION DIVISION

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

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator
CHEVRON U.S.A. INC.

Address
P. O. Box 670, Hobbs, NM 88240

Reason(s) for filing (Check proper box)

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

Other (Please explain)
Name Change Effective 7-1-85

If change of ownership give name and address of previous owner
Gulf Oil Corp., P. O. Box 670, Hobbs, NM 88240

II. DESCRIPTION OF WELL AND LEASE

Lease Name C.E. LaMunyon	Well No. 21	Pool Name, including Formation Teague Blinberry	Kind of Lease State, Federal or Fee Federal	Lease No. LC 030187
Location				
Unit Letter <u>A</u> : <u>510</u> Feet From The <u>North</u> Line and <u>6660</u> Feet From The <u>East</u>				
Line of Section <u>28</u> Township <u>23S</u> Range <u>37E</u> , NMPM, <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"/> Shell Pipeline Corp.	Address (Give address to which approved copy of this form is to be sent) Box 1910, Midland TX 79701
Name of Authorized Transporter of Casinthead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Co.	Address (Give address to which approved copy of this form is to be sent) Box 1492 El Paso, TX 79999
If well produces oil or liquids, give location of tanks.	Unit <u>B</u> Sec. <u>28</u> Twp. <u>23S</u> Rge. <u>37E</u>
Is gas actually connected?	When <u>1-30-68</u>

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

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

VI. CERTIFICATE OF COMPLIANCE

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

R.D. Pite
(Signature)

Area Engineer
(Title)

5-31-85
(Date)

OIL CONSERVATION DIVISION

APPROVED 1-1-85 19
BY [Signature]
TITLE DISTRICT 1 SUPERVISOR

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

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPPLICATE*
(Other instructions on reverse side)

COPY TO O. C. C.

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

6. IF INDIAN, ALLOTTEE OR TRUST NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

9. WELL NO.

10. FIELD AND POOL, OR WILDCAT

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

12. COUNTY OR PARISH 13. STATE

SUNDRY NOTICES AND REPORTS ON WELLS

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

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.)	12. COUNTY OR PARISH	13. STATE
2. NAME OF OPERATOR Gulf Oil Corporation				
3. ADDRESS OF OPERATOR P. O. Box 980, Kermit, Texas 79745				
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 510' FWL and 560' FWL				
		3300' KB	Lee	New Mexico

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

CHANGING PLANS

(Note: Report results of multiple completion or recompletion Report and any other data.)

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

It is proposed to perforate 5339-41' & 5413-15' with 4-1/2" JNT. Set retrievable BP at 5450'. Acidize with 2,000 gallons of 7-1/2% HCl with 1 ball sealer every 120 gallons. Frac casing with 14,000 gallons gelled brine, 13,000# 20-40 sand in 2 stages with 8 - 1" ball sealers and 500 gallons 1% HCl and 1,000 gallons pad between stages. Recover bridge plug. Place well on production.

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

SIGNED

W. F. SWANBACK

TITLE

Area Production Manager

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

*See Instructions on Reverse Side

ILLEGIBLE

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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

Farm approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

Federal LC 030187

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

SUNDRY NOTICES AND REPORTS ON WELLS

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

1.

OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

Gulf Oil Corporation

3. ADDRESS OF OPERATOR

P. O. Box 980, Kermit, Texas 79743

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

See also space 17 below.)

At surface

510' FWL & 660' FWL

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

C. E. Lathrop

9. WELL NO.

21

10. FIELD AND POOL, OR WILDCAT

Tongue Mining

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

28-23-37E

14. PERMIT NO.

11-3-67

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

3300' KB

12. COUNTY OR PARISH

Lee

13. STATE

New Mexico

16.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

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

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

Well was refraced on 2-6-68. Pumped 4,000 gallons of 7-1/2% HCl acid with 1 - 1" RCN ball sealer every 120 gallons. IN 5.3 BPM @ 3200 psi. Fraced with 20,000 gallons gelled brine, 20,000 lbs. of 20 - 40 mesh sand, 1500 gallons of 15% HCl acid and 20 - 1" RCN ball sealers in 4 stages of 500 gallons 15% HCl acid w/ 1" RCN balls, 1,000 gallons gelled brine, 4,000 gallons gelled brine with 1-1/2 lbs. 20 - 40 mesh sand. Flushed with 130 bbls brine. On pumping test ending 8:30 AM 2-12-68 well pumped 129 BB, 11 BB, and 103 MCV for calculated GOR of 796:1. 15 x 7 1/2" SPH. Allowable 78 BOPD.

68 FEB 20 AM 8 44

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

SIGNED

H. F. Burchack

(This space for Federal or State office use)

TITLE

Area Production Manager

DATE

February 13, 1968

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

APPROVED

FEB 15 1968

*See Instructions on Reverse Side

J. L. GORDON
ACTING DISTRICT ENGINEER

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OPERATOR	
PRORATION OFFICE	

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

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

I. Operator

Operator Gulf Oil Corporation

Address P. O. Box 980, Kermit, Texas 79745

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 ☐

Notify that gas connection was completed 1-30-68

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>C. E. LaMunyon</u>	Well No. <u>21</u>	Pool Name, including Formation <u>Teague Blinebry</u>	Kind of Lease State, Federal or Fee <u>Federal</u>	Lease No. <u>LC 030187</u>
Location				
Unit Letter <u>A</u> : <u>510</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>East</u>				
Line of Section <u>28</u> Township <u>23S</u> Range <u>37E</u> NMFM, <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 checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>El Paso Natural Gas Company</u>	<u>Box 1384, Jal, New Mexico</u>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit <u>B</u> Sec. <u>28</u> Twp. <u>23S</u> Rge. <u>37E</u>	<u>Yes</u> <u>1-30-68</u>

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

IV. COMPLETION DATA

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

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

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

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

GAS WELL

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

VI. CERTIFICATE OF COMPLIANCE

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

H. F. Swannack
 (Signature) H. F. Swannack
 Area Manager
 (Title)
 February 5, 1968
 (Date)

OIL CONSERVATION COMMISSION

APPROVED 1968
 BY [Signature]
 TITLE [Signature]

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

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 1111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPPLICATE*
(Other instructions on re-
verse side)Form approved.
Budget Bureau No. 42-R1424.

SUNDRY NOTICES AND REPORTS ON WELLS

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

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	5. LEASE DESIGNATION AND SERIAL NO. LC 030137
2. NAME OF OPERATOR Gulf Oil Corporation	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P. O. Box 980, Kermit, Texas 79745	7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 510' FWL & 660' FWL	8. FARM OR LEASE NAME C. E. Lattinon
14. PERMIT NO. 11-3-67	9. WELL NO. 21
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3300' KB	10. FIELD AND POOL, OR WILDCAT Teague Blinberry
	11. SEC., T., R., M., OR BLE. AND SURVEY OR AREA Sec. 28, T-23S, R-37E
	12. COUNTY OR PARISH Leon
	13. STATE New Mexico

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

NOTICE OF INTENTION TO:

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

SUBSEQUENT REPORT OF:

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

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

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

Perforated 5-1/2" OD casing 5486-88', 5548-50', 5648-44', 5726-28' w/4 - 0.72" JHPF. Selectively acidized each perforated interval with 500 gallons 15% NE acid. Fraced with 1,000 gals. 15% NE acid, 2,000 gallons gelled water pad and 4,000 gallons gelled water w/1#/gal. 10-20 mesh sand, screened out. Surfaced with 2,500 gallons pad, 7,300 gallons gelled water w/1#/gal. 10-20 sand. Set 2-3/8" OD thg. at 5730', ran rods and pump, set pumping equipment. On 24 hour test ending 12:30 P 1-21-68 ppd 115 BO, 21 BW, 135 MCV. OOR 1174. 15 x 64" SPN. Oil gravity 40.9° at 60° F.

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

SIGNED

PERSONAL

H. P. Swannick

TITLE

Area Manager

DATE

1-23-68

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

APPROVED

DATE

JAN 23 1968

*See Instructions on Reverse Side

J L GORDON
ACTING DISTRICT ENGINEER

ILLEGIBLE

Instructions

General: This form is designed for submitting proposals to perform certain well operations, and reports of such operations when completed, as indicated, on Federal and Indian lands pursuant to applicable Federal law and regulations, and, if approved or accepted by any State, on all lands in such State, pursuant to applicable State law and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office.

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

Item 12: Proposals to abandon a well and subsequent reports of abandonment should include such special information as is required by local Federal and/or State offices. In addition, such proposals and reports should include reasons for the abandonment; data on any former or present productive zones, or other zones with present significant fluid contents not sealed off by cement or otherwise; depths (top and bottom) and method of placement of cement plugs; mud or other material placed below, between and above plugs; amount, size, method of parting of any casing, liner or tubing pulled and the depth to top of any left in the hole; method of closing top of well; and date well site conditioned for final inspection looking to approval of the abandonment.

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

(See other in-
structions on
reverse side)Form approved.
Budget Bureau No. 42-R355.5.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

1a. TYPE OF WELL: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> DRY <input type="checkbox"/> Other _____		5. LEASE DESIGNATION AND SERIAL NO. Federal LC 030187	
b. TYPE OF COMPLETION: NEW WELL <input checked="" type="checkbox"/> WORK OVER <input type="checkbox"/> DEEP-EN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> DIFF. RESVR. <input type="checkbox"/> Other _____		6. IF INDIAN, ALLOTTEE OR TRIBE NAME _____ 7. UNIT AGREEMENT NAME _____ 8. FARM OR LEASE NAME C. E. Lammyon	
2. NAME OF OPERATOR Gulf Oil Corporation		9. WELL NO. 21	
3. ADDRESS OF OPERATOR P. O. Box 980, Kermit, Texas 79745		10. FIELD AND POOL, OR WILDCAT Teague Blinebry	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements). At surface 510' FML & 660' FEL At top prod. interval reported below At total depth		11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA Sec. 28, T-23S, R-37E	
14. PERMIT NO. --		DATE ISSUED 11-3-67	
15. DATE SPUDDED 12-4-67		16. DATE T.D. REACHED 12-29-67	
17. DATE COMPL. (Ready to prod.) 1-12-68		18. ELEVATIONS (DF, RSB, RT, GE, ETC.)* 3300' KB	
19. ELEV. CASINGHEAD --		20. TOTAL DEPTH, MD & TVD 6300'	
21. PLUG, BACK T.D., MD & TVD 6265'		22. IF MULTIPLE COMPL., HOW MANY* --	
23. INTERVALS DRILLED BY --		ROTARY TOOLS X	
24. PRODUCING INTERVAL(S). OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* Blinebry 5486-5728'		25. WAS DIRECTIONAL SURVEY MADE No	
26. TYPE ELECTRIC AND OTHER LOGS RUN Compensated Acoustilog		27. WAS WELL CORRD No	
28. CASING RECORD (Report all strings set in well)			
CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE
8-5/8"	24.00	879'	11"
5-1/2"	15.50	6300'	7-7/8"
CEMENTING RECORD		AMOUNT PULLED	
440 sz Circulated		--	
705 sz TRITC 2065'		--	
29. LINER RECORD			
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*
None	--	--	--
30. TUBING RECORD			
SIZE	DEPTH SET (MD)	PACKER SET (MD)	
2-3/8"	5730'	None	
31. PERFORATION RECORD (Interval, size and number)			
5726-28', 5642-44', 5548-50', 5486-88' w/4 - 0.72" jet holes per foot, 32 holes			
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.			
DEPTH INTERVAL (MD)		AMOUNT AND KIND OF MATERIAL USED	
5486 to 5728'		3000 gallons 15% HCl acid 11,300# 10-60 sand, 15,800 gals. gelled brine water	
33. PRODUCTION			
DATE FIRST PRODUCTION 1-12-68		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Pumping 15 x 64" SPN 20 - 150 - RMC - 16	
WELL STATUS (Producing or shut-in) Producing		DATE OF TEST 1-21-68	
HOURS TESTED 24	CHOKE SIZE --	PROD'N. FOR TEST PERIOD --	OIL—BBL. 115
GAS—MCF. 135	WATER—BBL. 21	GAS-OIL RATIO 1174	
FLOW. TUBING PRESS. --	CASING PRESSURE 35	CALCULATED 24-HOUR RATE --	OIL GRAVITY-API (CORR.) 49.9°
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) Gas connection pending with El Paso Natural Gas Company			
TEST WITNESSED BY Joe Cox			
35. LIST OF ATTACHMENTS Compensated Acoustilog			
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records			
SIGNED H. F. Swannack		TITLE Area Production Manager	
DATE 1-22-68		DATE 1-22-68	

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

ILLEGIBLE

INSTRUCTIONS

General: This form is designed for submitting a complete and correct well completion report and log on all types of lands and leases to either a Federal agency or a State agency, or both, pursuant to applicable Federal and/or State laws and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office. See instructions on items 22 and 24, and 33, below regarding separate reports for separate completions.

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

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

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

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

37. SUMMARY OF POROUS ZONES:			38. GEOLOGIC MARKERS		
FORMATION	TOP	BOTTOM	NAME	MEAS. DEPTH	TRUE VERT. DEPTH
K.B.	0	13	Rustler	1022	
Sand & Red Beds	13	1022	Salado	1145	
Anhyd.	1022	1145	Yates	2492	
Salt	1145	2335	7 Rivers	2740	
Anhyd., Dolo.,			Pearose	3340	
Sand	2335	3498	Grayburg	3493	
Dolo.	3498	6300	San Andres	3763	
			Glorieta	4930	
			Blinberry	5324	
			Tubb	6012	

DESCRIPTION, CONTENTS, ETC.

No cores or DST's taken

AN 8 25
JAN 1968

WELL NAME AND NUMBER C. E. LaMayon No. 2126

LOCATION 510' FNL & 660' FEL, Sec. 28, T-23S, R-37E
 (New Mexico give U, S, T, & R; Texas give S, Blk, Surv. & Twp. When Required)

OPERATOR Gulf Oil Corporation

DRILLING CONTRACTOR Cactus Drilling Company

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

Degrees @ Depth	Degrees @ Depth	Degrees @ Depth	Degrees @ Depth
0.25 250	1.00 4160		
0.25 500	1.00 4400		
0.75 1110	2.00 4600		
1.00 1360	2.00 4810		
1.00 1600	2.00 5038		
1.75 1827	2.00 5220		
1.50 2074	2.00 5450		
0.75 2322	1.50 5690		
1.75 2479	1.50 5720		
1.50 2500	1.50 5980		
1.50 2930	1.50 6070		
1.00 3200	2.50 6230		
0.75 3310	2.50 6300		
1.00 3480			

Drilling Contractor CACTUS DRILLING COMPANY

By Philip Davis

Subscribed and sworn to before me this 4th day of January 19 68

Agnes R. Brown
Notary Public

Lea County New Mexico

My commission Expires:

5-6-1969

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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

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

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

1968 JAN 24 10 26
 MAIN

I. OPERATOR

Operator Gulf Oil Corporation

Address P. O. Box 980, Kermit, Texas 79745

Reason(s) for filing (Check proper box)

New Well <input checked="" type="checkbox"/>	Change in Transporter of:	Other (Please explain)
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>C. E. LaMunyon</u>	Well No. <u>21</u>	Pool Name, including Formation <u>Teague Blinbry</u>	Kind of Lease State, Federal or Fee <u>Federal</u>	Lease No. <u>LC 030187</u>
Location				
Unit Letter <u>A</u> : <u>510</u> Feet From The <u>North</u> Line and <u>660'</u> Feet From The <u>East</u>				
Line of Section <u>28</u> Township <u>23-S</u> Range <u>37-E</u> , NMPM, <u>Lea</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Shell Pipe Line Corporation</u>	<u>P. O. Box 1910, Midland, Texas 79701</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>El Paso Natural Gas Company</u>	<u>P. O. Box 1384, Jal, New Mexico 88252</u>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
<u>B 28 23S 37E</u>	<u>No - pending</u> <u>--</u>

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded <u>12-4-67</u>	Date Compl. Ready to Prod. <u>1-12-68</u>	Total Depth <u>6300'</u>	P.B.T.D. <u>6265'</u>					
Elevations (DF, RKB, RT, GR, etc.) <u>3300' KB</u>	Name of Producing Formation <u>Blinbry</u>	Top Oil/Gas Pay <u>5486'</u>	Tubing Depth <u>5730'</u>					
Perforations <u>5486-88', 5548-50', 5642-44', 5726-28'</u>			Depth Casing Shoe <u>6300'</u>					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
<u>11"</u>	<u>8-5/8" OD 24.00#</u>	<u>879'</u>	<u>400 ex Circulated</u>					
<u>7-7/8"</u>	<u>5-1/2" OD 15.50#</u>	<u>6300'</u>	<u>705 ex TSTTC 2065'</u>					
	<u>2-3/8" OD 4.70#</u>	<u>5730'</u>	<u>--</u>					

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

Date First New Oil Run To Tanks <u>1-12-68</u>	Date of Test <u>1-21-68</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Pump 1 1/2" x 6 1/2" SPM - 1-1/2" Pump</u>	
Length of Test <u>24</u>	Tubing Pressure <u>30</u>	Casing Pressure <u>30</u>	Choke Size <u>2"</u>
Actual Prod. During Test <u>136</u>	Oil-Bbls. <u>115</u>	Water-Bbls. <u>21</u>	Gas-MCF <u>135</u>

GAS WELL Well produced 339 barrels of oil prior to this test.

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

VI. CERTIFICATE OF COMPLIANCE

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

H. F. Swannack
 (Signature) H. F. Swannack
 Area Manager (Title)
 January 22, 1968 (Date)

OIL CONSERVATION COMMISSION

APPROVED JAN 24 1968, 19____
 BY [Signature]
 TITLE SUPERVISOR DISTRICT 7

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

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

Federal LC 030187

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

C. E. LaMayron

9. WELL NO.

21

10. FIELD AND POOL, OR WILDCAT

Tugue Blinberry

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

Sec. 28, T-23S, R-37E

12. COUNTY OR PARISH 13. STATE

Lee

New Mexico

1.

OIL
WELL ☐GAS
WELL ☒OTHER ☐

Drilling

2. NAME OF OPERATOR

Gulf Oil Corporation

3. ADDRESS OF OPERATOR

P. O. Box 980, Kermit, Texas 79745

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)

At surface

510' FNL and 660' FEL, Sec. 28, T-23S, R-37E

14. PERMIT NO.

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

3309' KB

16.

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

NOTICE OF INTENTION TO:

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

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐FRACTURE TREATMENT ☐SHOOTING OR ACIDIZING ☐(Other) ☐REPAIRING WELL ☐ALTERING CASING ☐ABANDONMENT* ☐Production String ☒
(NOTE: Report results of multiple completion on Well
Completion or Recompletion Report and Log form.)

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

Run 6286' of 5-1/2" OD 15.5# J-55 casing. Set w/shoe at 630'. Cemented 1st stage w/225 sacks Incoor, 16% gal, 2% salt, .2% CMC, followed by 180 sacks Incoor neat, max. pressure 1600# held. Cemented 2nd stage thru DV tool @ 3680' w/200 sacks Incoor, 16% gal, 2% salt, .2% CMC, followed with 100 sacks Incoor neat. Displaced w/water. Closed DV tool at 6:50 PM 12-30-67. Drilled out DV tool and pressure tested casing w/1400# for 30 minutes - held O.K. TSTC @ 2065'.

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

SIGNED

E. Y. Sarnack

TITLE

Area Manager

DATE

1-2-68

(This space for Federal or State office use)

APPROVED BY

TITLE

APPROVED

DATE

CONDITIONS OF APPROVAL, IF ANY:

JAN 4 1968

*See Instructions on Reverse Side
L. GORDON
ACTING DISTRICT ENGINEER

ILLEGIBLE

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

Federal LG 030187

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

C. E. Lannington

9. WELL NO.

21

10. FIELD AND POOL, OR WILDCAT

Tongue Blinberry

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

Sec. 28, T-23E, R-37E

12. COUNTY OR PARISH

Lee County

13. STATE

New Mexico

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

1. OIL WELL ☐ GAS WELL ☐ OTHER ☒ **Drilling**

2. NAME OF OPERATOR
Gulf Oil Corporation

3. ADDRESS OF OPERATOR
P. O. Box 900, Kermit, Texas 79745

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

510' FHL and 660' FHL, Sec. 28, T-23E, R-37E

14. PERMIT NO.

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

3288 GR

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

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

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

Spudded 11" hole 12-4-67. On 12-7-67 set 8-5/8" OD 28 1/2 J-55 casing at 879' w/340 sacks Inocer w/1/4 gal, 25 CaCl₂ and 1/4 floccula per sack. Tailed w/100 sacks Inocer w/25 CaCl₂ and 1/4 floccula per sack. Pressured up 600+ psi, circulated out 125 sacks WOC.

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

SIGNED

H. F. Swannick

TITLE

Area Manager

DATE

12-7-67

(This space for Federal or State Office Use)

APPROVED

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

DEC 13 1967

*See Instructions on Reverse Side

J. L. GORDON
ACTING DISTRICT ENGINEER

ILLEGIBLE

WELL LOCATION AND ACREAGE DEDICATION PLAT

All distances must be from the outer boundaries of the Section.

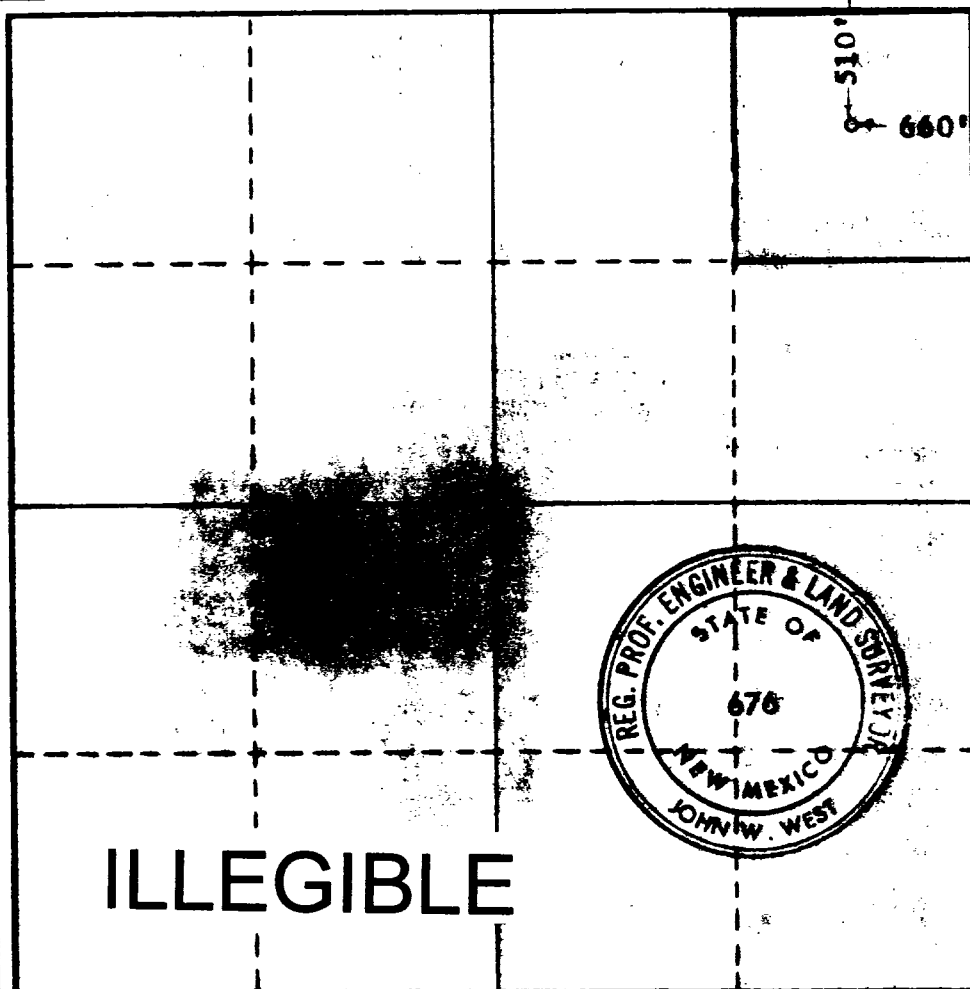
Operator Gulf Oil Corp.			Lease C. E. LaMunyon		Well No. 21
Unit Letter A	Section 28	Township 23 South	Range 37 East	County Lea	
Actual Footage Location of Wells 510 feet from the north line and 660 feet from the east line					
Ground Level Elev. 5200	Producing Formation Shinarump	Pool Shinarump		Dedicated Acreage: 60 Acres	

1. Outline the acreage dedicated to the subject well by colored pencil or hatchure marks on the plat below.
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
3. If more than one lease of different ownership is dedicated to the well, have the interests of all owners been consolidated by communization, 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 communization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interests, has been approved by the Commission.



CERTIFICATION

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

ORIGINAL SIGNED BY: **H. F. SWANNACK**

Name
H. F. Swannack

Position
State Surveyor, New Mexico

Company
Gulf Oil Corporation

Date
October 31, 1947

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

October 31, 1947

Date Surveyed

Registered Professional Engineer and/or Land Surveyor

John W. West
Certificate No. **676**

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. TYPE OF WORK

DRILL ☒DEEPEN ☐PLUG BACK ☐

b. TYPE OF WELL

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

2. NAME OF OPERATOR

Gulf Oil Corporation

3. ADDRESS OF OPERATOR

P. O. Box 980, Kermit, Texas 79745

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

At surface

510' FNL and 660' FNL, Sec. 28, T 23-S, R 37-E

At proposed prod. zone Less than 300' from surface location

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

11.5 miles North of Jol, New Mexico

15. DISTANCE FROM PROPOSED*

LOCATION TO NEAREST
PROPERTY OR LEASE LINE, FT.

(Also to nearest drig. unit line, if any)

510'

18. DISTANCE FROM PROPOSED LOCATION*

TO NEAREST WELL, DRILLING COMPLETED,
OR APPLIED FOR, ON THIS LEASE, FT.256' to No. 6
(Teague Simpson)

16. NO. OF ACRES IN LEASE

1600

19. PROPOSED DEPTH

6000'

17. NO. OF ACRES ASSIGNED
TO THIS WELL

40

20. ROTARY OR CABLE TOOLS

Rotary

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

22. APPROX. DATE WORK WILL START*

Upon approval of permit

23.

PROPOSED CASING AND CEMENTING PROGRAM

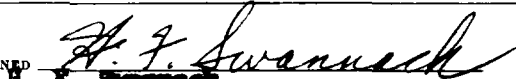
SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	QUANTITY OF CEMENT
11"	8-5/8"	24 1/2	890'	Circulate
7-7/8"	5-1/2"	15.50 1/2	6000'	Top at base of salt (2300')

Will Drill to 6000' to test the Teague Blinobry formation within the
interval 5350' to 5900'.

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

24.

SIGNED


H. F. Swannack

TITLE

Area Production Manager

DATE

November 2, 1967

(This space for Federal or State office use)

PERMIT NO.

APPROVAL DATE

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

APPROVED

NOV 3 1967

*See Instructions On Reverse Side

J L GORDON
ACTING DISTRICT ENGINEER

COUNTY LEA FIELD Teague STATE NM 30-025-22323
 OPR GULF OIL CORP. MAP
21 LaMunyon, C. E.
Sec 28, T-23-S, R-37-E CO-ORD
510' FNL, 660' FEL of Sec.

CLASS OWOF EL 32972
 Re-Cmp 4-17-69
 FORMATION DATUM FORMATION DATUM
 CSG & SX - TUBING
 8 5/8" at 879' w/440 sx
 5 1/2" at 6300' w/705 sx
 LOGS EL GR RA IND HC A
 IL 6300'; PED 6265'
 (Blinbry) Perfs 5339-5728 NO NEW POTENTIAL.

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CONT. PROP DEPTH 5415' TYPE WU
 DATE

F.R.C. 5-22-69
 PD 5415' WU (Blinbry)
 (Orig. comp 1-12-68 thru (Blinbry) Perfs
 5486-5728', OTE 6300', OPE 6265')
 5-19-69 TD 6300'; PED 6265'; COMPLETE
 Perf 5339-41', 5413-15' w/4 SPF
 Acid (5339-5415') 2000 gals
 Frac (5339-5415') 14,000 gals wtr + 18,000# sd
 Pnd 104 BO + 67 ELW in 24 hrs, COR 1510
 (5339-5728')
 5-22-69 COMPLETION REPORTED

COUNTY LEA FIELD Teague STATE NM
 OPR GULF OIL CORP. MAP
21 Laminon, L. E.
Sec. 18, T-23-S, R-37-E CO-ORD
510' ENL, 660' FEL of Sec. 30-025-22323
Spd 12-4-67 CLASS EL 3297F
Emp 1-12-68

CSG & SX - TUBING

8 5/8" 879' 440
 5 1/2" 6300' 705

LOGS EL GR RA IND HC A

TD 6300', PED 6265'

IP Blinbry Perfs 5486-5728' Pmpd 115 BOPD + 21 BW. Pot. Based
 on 24 hr test, GOR 1174, Gravity 40.9.

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CONT Cactus #9 PROP DEPTH 6000' TYPE RT
 DATE

F.R. 11-11-67
 PD 6000' - Blinbry
 Contr. - Cactus #9
 11-16-67 AMEND TO ADD REFERENCE NUMBER
 12-15-67 Drlg. 4492'.
 1-2-68 TD 6300', WOC.
 1-8-68 TD 6300', WO Completion of #20.
 1-15-68 TD 6300', PED 6265', swbg.
 Perf 5486-88', 5548-50', 5642-44', 5726-28'
 W/4 SPF
 Acid (5486-5728') 3000 gals.
 Frac (5486-5728') 6000 gals wtr + 6000# sd.
 Swbd 73 EO + 36 BLW in 7 hrs (-311 BLW)
 1-22-68 TD 6200', PED 6265', COMPLETE
 LOG: Tubb 6012'.