Hondo Oil & Gas Company

[redacted]

July 27, 1989

New Mexico Oil Conservation Division
State Land Office Building
310 Old Santa Fe Trail, Room 206
Santa Fe, NM 87503

ATTN: Mike Stogner

RE: State AZ No. 2
1980' FNL & 660' FEL
Section 6, T19S, R35E
Lea County, New Mexico
Scharb Field

Case 9740

Gentlemen:

Hondo Oil & Gas Company respectfully requests that the following application for the above referenced well be placed on the docket for your August 23, 1989 meeting:

> That a 160 acre proration unit be established in the NE/4 of Section 6, T19S, R35E for the purpose of re-entering the State AZ No. 2 and drilling approximately 1500' horizontally in the Upper Bone Springs formation. The well will be drilled in a northwest direction.

If additional information is needed, please advise.

Very truly yours,

E.L. Buttross Jr.

E.L. Buttross, Jr.
Petroleum Engineer (6732)

xc: J. McMinn B. Mahony
C. Parham B. Stubbs

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	Lease	Well No.
Div. of Atlantic Richfield Co. ARCO OIL & GAS Co.	STATE AZ	2

Unit Letter	Section	Township	Range	County
H	6	19S	35E	LEA

Actual Footage Location of Well:
1980 feet from the NORTH line and 660 feet from the EAST line

Ground Level Elev.	Producing Formation	Pool	Dedicated Acreage:
3930.59	Bone Springs	Scharb	80 Acres

1. Outline the acreage dedicated to the subject well by colored pencil or hachure marks on the plat below.

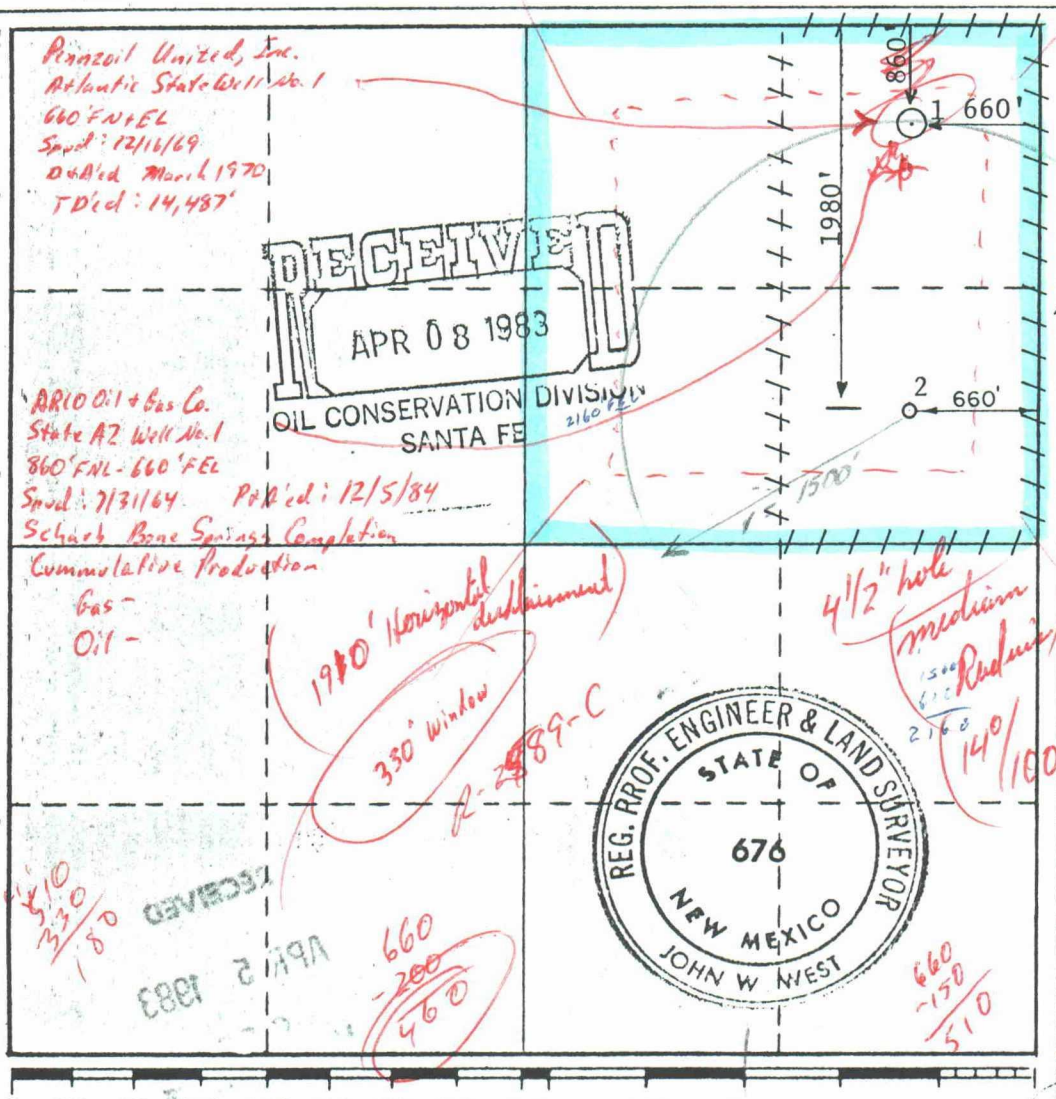
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).

3. If more than one lease of different ownership is dedicated to the well, have the interests of all owners been consolidated by communitization, unitization, force-pooling. etc?

☐ Yes ☐ No If answer is "yes," type of consolidation _____

If answer is "no," list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.) _____

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



CERTIFICATION

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

Name: Robert E. Baldridge

Position: Drlg. Engr.

Company: ARCO Oil and Gas Co.
Div of Atlantic Richfield Co.

Date: 3/31/83

ARCO Oil + Gas Co.
State "AZ" Well No. 2
1980' FNL - 660' FEL
Spud: 6/16/83
Scharb Bone Spring
Completion

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.

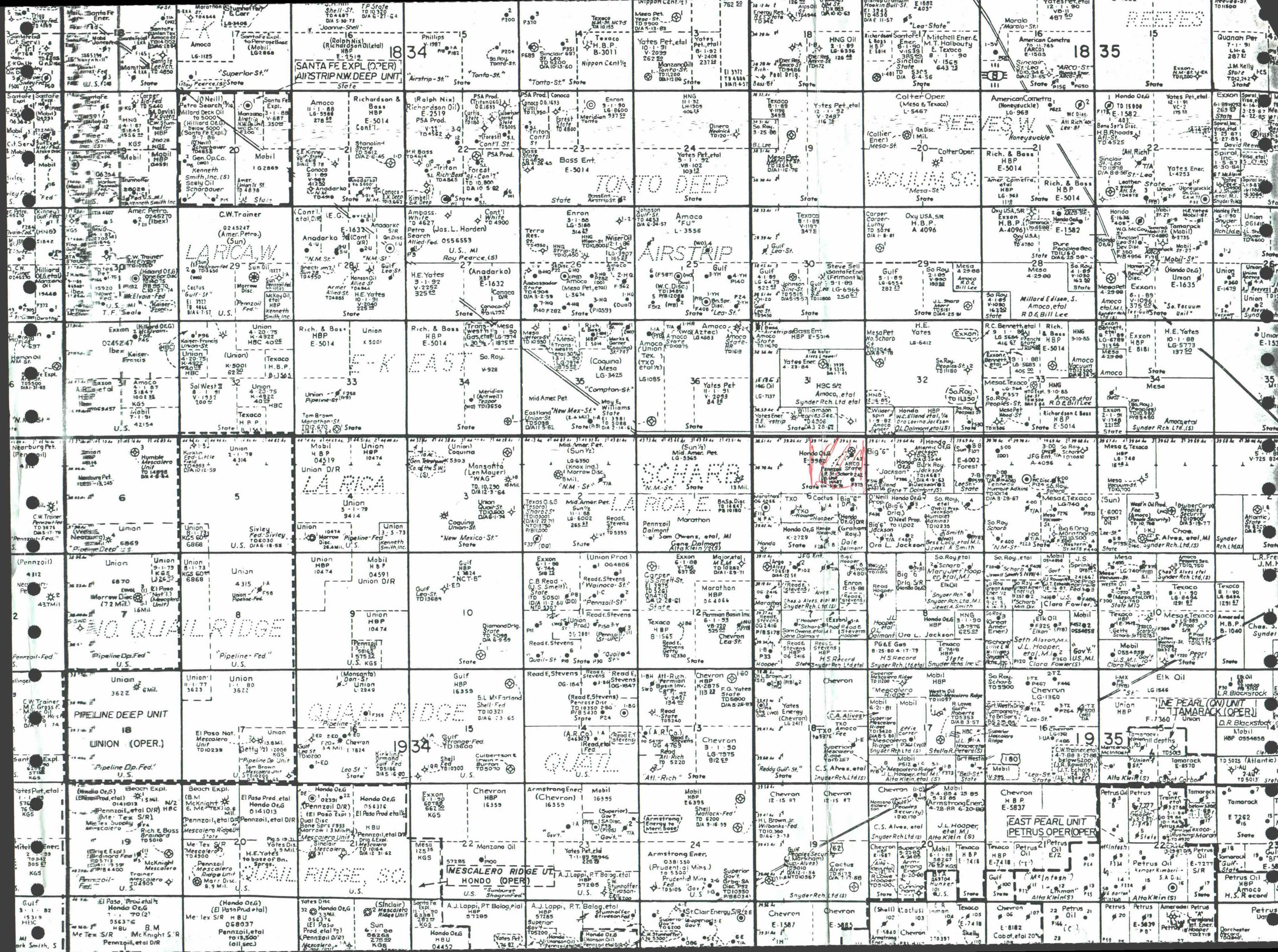
Cummulative Production, as of 12/31/88
Gas
Oil

Date Surveyed: MARCH 29, 1983

Registered Professional Engineer and/or Land Surveyor

John W. West

Certificate No: JOHN W. WEST 676


SANTA FE EXPL.(OPER) AIRSTRIP N.W. DEEP UNIT
REEVES
REEVES, W.
VACUUM, SO.
TONTO DEEP
AIRSTRIP
LA RICA W.
E-K EAST
LA RICA
SCHARB
LA RICA, E.
NO. QUAIL RIDGE
QUAIL RIDGE
QUAIL
QUAIL RIDGE, SO.
PIPELINE DEEP UNIT
UNION (OPER.)
MESCALERO RIDGE UT.
HONDO (OPER)
EAST PEARL UNIT
PETRUS OPER(OPER)
NE PEARL (QN) UNIT
TAMARACK (OPER)

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OPERATOR		
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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

Operator
Hondo Oil & Gas Company

Address
Post Office Box 2208, Roswell, New MExico 88202-2208

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

Other (Please explain)

If change of ownership give name and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
State AZ	2	Scharb Bone Springs	State, Federal or Fee State	NM899

Location
Unit Letter H : 1980 Feet From The North Line and 660 Feet From The East

Line of Section 6 Township 19S Range 35E , NMPM, Lea County

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [X] or Condensate [ ]	Address (Give address to which approved copy of this form is to be sent)
Texas-New Mexico Pepeline Company	P.O. Box 2528, Hobbs, New Mexico 88240
Name of Authorized Transporter of Casinghead Gas [X] or Dry Gas [ ]	Address (Give address to which approved copy of this form is to be sent)
Warren Petroleum Company	P.O. Box 1589, Tulsa, Oklahoma 74102

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	A	6	19S	35E	Yes	08-25-83

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.*

III. 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.

Patricia Moore
(Signature)
Production Secretary
(Title)
12/28/88
(Date)

OIL CONSERVATION DIVISION

APPROVED DEC 30 1988, 19
BY
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.

V. COMPLETION DATA

Designate Type of Completion – (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resv.	Diff. Resv.

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

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

VI. TEST DATA AND REQUEST FOR ALLOWABLE *(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)*

OIL WELL

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

DEC 30 1986

DISTRICT I SUPERVISOR

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ENERGY AND MINERALS DEPARTMENT

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

OIL CONSERVATION DIVISION

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator: Hondo Oil & Gas Company

Address: P. O. Box 2208; Roswell, New Mexico 88201

Reason(s) for filing (Check proper box)

- [ ] New Well
- [ ] Recompletion
- [X] Change in Ownership
- Change in Transporter of:
  - [ ] Oil
  - [ ] Dry Gas
  - [ ] Casinghead Gas
  - [ ] Condensate

Other (Please explain): Change in Operator name Effective March 1, 1987

If change of ownership give name and address of previous owner: ARCO Oil and Gas Company - Division of Atlantic Richfield Company
P. O. Box 1610, Midland, Texas 79702

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
State AZ	2	Scharb Bone Springs	State, Federal or Fee State	NM899

Location
Unit Letter H : 1980 Feet From The North Line and 660 Feet From The East

Line of Section 6 Township 19S Range 35E , NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [X] or Condensate [ ]	Address (Give address to which approved copy of this form is to be sent)
Texas-New Mexico Pipeline Company	P.O. Box 2528, Hobbs New Mexico 88240
Name of Authorized Transporter of Casinghead Gas [X] or Dry Gas [ ]	Address (Give address to which approved copy of this form is to be sent)
Phillips ~~Petroleum Company~~ 66 Natl Gas	4001 Penbrook, Odessa, Texas 79762

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	A	6	19 S	35E	Yes	8-25-83

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.

Brenda Henry
(Signature)

PROD SEC
(Title)

2/27/87
(Date)

OIL CONSERVATION DIVISION

APPROVED MAR 11 1987, 19

BY

TITLE DISTRICT I SUPERVISOR

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

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

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

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

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

IV. COMPLETION DATA

Designate Type of Completion – (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.

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

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE

(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)

OIL WELL

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

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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

(A)

I.

Operator: ARCO Oil and Gas Company
Division of Atlantic Richfield Company

Address: Box 1710, Hobbs, New Mexico 88240

Reason(s) for filing *(Check proper box)*

New Well [X]
Recompletion [ ]
Change in Ownership [ ]
Change in Transporter of: Oil [ ] Dry Gas [ ] Casinghead Gas [ ] Condensate [ ]

Other *(Please explain)*

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
State AZ	2	Scharb Bone Springs	State, Federal or Fee State	NM899

Location: Unit Letter H ; 1980 Feet From The North Line and 660 Feet From The East

Line of Section 6 Township 19S Range 35E , NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [X] or Condensate [ ]	Address *(Give address to which approved copy of this form is to be sent)*
The Permian Corporation	Box 1183, Houston, TX 77001
Name of Authorized Transporter of Casinghead Gas [X] or Dry Gas [ ]	Address *(Give address to which approved copy of this form is to be sent)*
Warren Petroleum Company	Box 1589, Tulsa, Oklahoma 74102

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	A	6	19	35	Yes	8/25/83

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

IV. COMPLETION DATA

Designate Type of Completion – (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
	X		X					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
6/16/83	8/24/83	10,300'	9615'
Elevations *(DF, RKB, RT, GR, etc.)*	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
3930.59' GL	Bone Springs	9457'	9396'
Perforations			**Depth Casing Shoe**
9457-76' w/1 JSPF			10,300'

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
26"	20"	40'	4 yds Redi-mix
17½"	13-3/8" OD	403'	500 sx
11"	8-5/8" OD	4000'	1600 sx
7-7/8"	5½" OD	10300'	1700 sx
	2-7/8" OD	9396'	

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

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method *(Flow, pump, gas lift, etc.)*	
8/9/83	8/29/83	Flow	
Length of Test	**Tubing Pressure**	**Casing Pressure**	**Choke Size**
24 hrs	65#	Pkr	33/64"
Actual Prod. During Test	**Oil-Bbls.**	**Water-Bbls.**	**Gas-MCF**
375 bbls	375	0	294

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*

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.

REVISED

Elizabeth A. Bush
(Signature)

Drlg Engr.
(Title)

8/31/83
(Date)

OIL CONSERVATION COMMISSION

APPROVED SEP 8 1983, 19____

BY _____

TITLE DISTRICT I SUPERVISOR

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

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

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

Fill out only Sections I, II, III, and VI for changes of owner, well 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.

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

Form C-105
Revised 10-1-78

OIL CONSERVATION DIVISION

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

WELL COMPLETION OR RECOMPLETION REPORT AND LOG

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OPERATOR		

5a. Indicate Type of Lease: State [X] Fee [ ]

5. State Oil & Gas Lease No.: NM-899

7. Unit Agreement Name:

8. Farm or Lease Name: State AZ

9. Well No.: 2

10. Field and Pool, or Wildcat: Scharb Bone Springs

1a. TYPE OF WELL
b. TYPE OF COMPLETION
OIL WELL [X] GAS WELL [ ] DRY [ ] OTHER
NEW WELL [X] WORK OVER [ ] DEEPEN [ ] PLUG BACK [ ] DIFF. RESVR. [ ] OTHER

2. Name of Operator: ARCO Oil and Gas Company
Division of Atlantic Richfield Company

3. Address of Operator: Box 1710, Hobbs, New Mexico 88240

4. Location of Well
UNIT LETTER H LOCATED 1980 FEET FROM THE North LINE AND 660 FEET FROM THE East LINE OF SEC. 6 TWP. 19S RGE. 35E NMPM

12. County: Lea

15. Date Spudded	16. Date T.D. Reached	17. Date Compl. (Ready to Prod.)	18. Elevations (DF, RKB, RT, GR, etc.)	19. Elev. Cashinghead
6/16/83	7/26/83	8/24/83	3930.59' GR	

20. Total Depth	21. Plug Back T.D.	22. If Multiple Compl., How Many	23. Intervals Drilled By	Rotary Tools	Cable Tools
10,300'	9615'		→	0-10,300'	

24. Producing Interval(s), of this completion — Top, Bottom, Name: 9457-9476' Bone Springs (1st Bone Springs)

25. Was Directional Survey Made: No

26. Type Electric and Other Logs Run: GR-DLL w/RXO, LDT, CNL, BHL, EPT & GR Corr logs

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
20"	Cond Pipe	40'	26"	4 yds Redi-mix	
13-3/8" OD	54.5#	403'	17½"	500 sx	
8-5/8" OD	28#	4000'	11"	1600 sx	
5½" OD	15.5# & 17#	10300'	7-7/8"	1700 sx	

29. LINER RECORD

SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN

30. TUBING RECORD

SIZE	DEPTH SET	PACKER SET
2-7/8" OD	9396'	9396'

31. Perforation Record (Interval, size and number)

9457, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 9476' = 20 .44" holes.
10-129-10,161' & 10,170'10,178' w/1 JSPF - 49 .44" holes

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

DEPTH INTERVAL	AMOUNT AND KIND MATERIAL USED
10,129-10,178'	3000 gal 15% NEFE acid
9457-9476'	1500 gal NEFE acid & 8000 gals
	20% Titan XL-acid, 1000 gal 15%
	HCL NEFE w/25% CO_2

33. PRODUCTION

Date First Production	Production Method (Flowing, gas lift, pumping — Size and type pump)	Well Status (Prod. or Shut-in)
8/9/83	Flowing	Prod

Date of Test	Hours Tested	Choke Size	Prod'n. For Test Period →	Oil — Bbl.	Gas — MCF	Water — Bbl.	Gas—Oil Ratio
8/29/83	24	33/64"		375	294	0	784:1

Flow Tubing Press.	Casing Pressure	Calculated 24-Hour Rate →	Oil — Bbl.	Gas — MCF	Water — Bbl.	Oil Gravity — API (Corr.)
65#	Pkr		375	294	0	38.6°

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

Test Witnessed By: J. J. Ballard

35. List of Attachments: Logs as listed in item 26 above and Inclination Survey

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 Elizabeth L. Bush TITLE Drlg Engr. DATE 8/31/83

INSTRUCTIONS

This form is to be filed with the appropriate District Office of the Division not later than 20 days after the completion of any newly-drilled or deepened well. It shall be accompanied by one copy of all electrical and radioactivity 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 filled 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		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	4635'	T. Silurian		T. Point Lookout		T. Elbert	
T. Grayburg		T. Montoya		T. Mancos		T. McCracken	
T. San Andres	5130'	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	6038'	T. Entrada		T.	
T. Abo		T. Bone Springs	7733'	T. Wingate		T.	
T. Wolfcamp		T. 1st Bone Sprg	9270'	T. Chinle		T.	
T. Penn.		T. 2nd " "	9820'	T. Permian		T.	
T Cisco (Bough C)		T. Lower " "	10100'	T. Penn. "A"		T.	

OIL OR GAS SANDS OR ZONES

No. 1, from 10,129' to 10,178' No. 4, from ..... to .....

No. 2, from 9,457' to 9,476' No. 5, from ..... to .....

No. 3, from ..... to ..... No. 6, from ..... to .....

IMPORTANT WATER SANDS

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

No. 1, from ..... to ..... feet. None Encountered

No. 2, from ..... to ..... feet. .....

No. 3, from ..... to ..... feet. .....

No. 4, from ..... to ..... feet. .....

FORMATION RECORD (Attach additional sheets if necessary)

From	To	Thickness in Feet	Formation	From	To	Thickness in Feet	Formation
0	1260	1260	Surface & Red Bed	5050	5191	141	Dolo
1260	1878	618	Red & Anhy.	5191	6393	1202	Lime & Dolo
1878	1910	32	Anhy	6393	6603	210	Lime
1910	2336	426	Anhy & Salt	6603	7516	913	Lime & Sd
2336	3219	883	Salt & Anhy	7516	7576	60	Lime & Shale
3219	3324	105	Anhy	7576	7702	126	Lime & Sd
3324	3431	107	Anhy & Dolo	7702	9068	1366	Lime & Shale
3431	3492	61	Anhy	9068	9140	72	Lime & Sd
3492	3638	146	Anhy & Dolo	9140	9399	259	Lime & Shale
3638	3713	75	Anhy	9399	9915	516	Shale & Lime
3713	3869	156	Anhy & Dolo	9915	9999	84	Shale & Sand
3869	3944	75	Anhy	9999	10038	39	Shale
3944	4000	56	Anhy & Dolo	10038	10300	262	Shale & Sand
4000	4140	140	Anhy				
4140	4747	607	Dolo				
4747	5050	303	Lime & Dolo				

OIL CONSERVATION DIVISION SANTA FE

RECEIVED SEP 1983 O.C.D. HOBBS OFFICE

WELL NAME & NUMBER State "AZ" No. 2

LOCATION 1980' FNL & 660' FEL of Section 6-T19S-R35E, Lea County, New Mexico
(Give Unit, Section, Township and Range)

OPERATOR ARCO Oil and Gas Company

DRILLING CONTRACTOR Kenai Drilling of New Mexico, Inc.

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

DEGREES @ DEPTH	DEGREES @ DEPTH	DEGREES @ DEPTH	DEGREES @ DEPTH
1 200	1 5470		
1/2 403	1 1/4 5920		
1/2 615	1 6115		
1/4 900	3/4 6887		
3/4 1484	1 7387		
3/4 1762	1 1/4 7880		
1 2162	1 8400		
3/4 2455	1 1/4 8880		
1 2750	2 9160		
1 1/4 3033	1 3/4 9640		
1 3/4 3324	2 9750		
1 1/2 3620	2 1/2 10,250		
1 3/4 3915			
1 4500			
1 1/4 4972			

Drilling Contractor Kenai Drilling of New Mexico

By Don W. Maida Jr.

Subscribed and sworn to before me this 10th day of August, 1983

Barbara J. LaGrone
Notary Public

My Commission Expires 9-18-85

Ector County Texas

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION

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

Form C-103
Revised 10-1-78

5a. Indicate Type of Lease: State [X] Fee [ ]

5. State Oil & Gas Lease No.: NM-899

SUNDRY NOTICES AND REPORTS ON WELLS

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

1. OIL WELL [X] GAS WELL [ ] OTHER-

7. Unit Agreement Name:

2. Name of Operator: ARCO Oil and Gas Company
Division of Atlantic Richfield Company

8. Farm or Lease Name: State AZ

3. Address of Operator: Box 1710, Hobbs, New Mexico 88240

9. Well No.: 2

4. Location of Well: UNIT LETTER H, 1980 FEET FROM THE North LINE AND 660 FEET FROM THE East LINE, SECTION 6 TOWNSHIP 19S RANGE 35E NMPM.

10. Field and Pool, or Wildcat: Scharb Bone Springs

15. Elevation (Show whether DF, RT, GR, etc.): 3930.59' GL

12. County: Lea

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK [ ]	PLUG AND ABANDON [ ]	REMEDIAL WORK [ ]	ALTERING CASING [ ]
TEMPORARILY ABANDON [ ]		COMMENCE DRILLING OPNS. [ ]	PLUG AND ABANDONMENT [ ]
PULL OR ALTER CASING [ ]	CHANGE PLANS [ ]	CASING TEST AND CEMENT JOB [X]	
OTHER [ ]		OTHER Perforate & Acidize, Complete [X]	

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

Finished 7-7/8" hole to 10,300' @ 6:30 AM 7/26/83. Ran GR-DLL w/RXO, LDT, CNL, BHL & EPT logs. RIH w/9344' of 5½" OD 15.5# K-55 and 952' of 5½" OD 17# K-55 csg, set @ 10,300'. DV tool set @ 7896'. Cmtd 5½" OD csg w/550 sx 50/50 "H" Poz cont'g 2% gel, .5% Halad-9, ¼#/sk flo-seal. PD @ 10:30 PM 7/28/83. Circ 110 sx thru DV tool. Cmtd 2nd stage thru DV tool @ 7896' w/600 sx HL Thix-set cont'g 16# salt/sk followed by 550 sx 50/50 "H" Poz cont'g 2% Gel, .5% Halad09 & ¼#/sk flo-seal. Cmt circ to surf. Closed DV tool @ 3:35 PM 7/28/83. WOC. DO DV tool @ 7896' & cmt, ran bit to 10,220' PBD. Press test csg to 1000# for 30 mins OK. Perf'd lower Bone Springs w/1 JSPF 10,129-61' & 10,170-78'. Set pkr @ 10,020' & acidized w/300 gals 15% NE-FE acid. On 8/9/83 swbd 2 BNO & 4 BLW in 7 hrs. POH w/pkr. Set CIBP @ 9615'. Perf'd Upper Bone Springs w/1 JSPF 9457-76'. Set pkr @ 9396' & acidized w/1500 gals NEFE acid. On 8/15/83 swbd 17 BNO & 21 BW in 10 hrs. On 8/17/83 acidized perfs 9457-76' w/8000 gals 20% Titan XL-acid, 1000 gals 15% HCL NEFE, cont'g 25% CO_2. Swbd back load. On 8/18/83 14 hr SITP 400#. On 8/19/83 flwd 9 hrs, rec 156 BNO & 39 BLW. Set plug in pkr. POH w/work string. RIH w/2-7/8" OD compl assy & set in receptacle. Pulled plug in pkr. On 8/25/83 flwd 6 hrs on 3/4" ck, FTP 80-90#, rec 79 BO. On 24 hr potential test 8/29/83 flwd 375 BO, 0 BW, 294 MCFG on 33/64" ck, FTP 65#. GOR 784:1. Final Report.

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

SIGNED Elizabeth A Bush TITLE Drlg Engr. DATE 8/31/83

APPROVED BY Jerry Sexton TITLE DISTRICT I SUPERVISOR DATE SEP 8 1983

CONDITIONS OF APPROVAL, IF ANY:

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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

I.

Operator: ARCO Oil & Gas Company
Division of Atlantic Richfield Co.

Address: P. O. Box 1710, Hobbs, New Mexico 88240

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

Other (Please explain)
Please assign a 5,000 bbl testing allow during the month of August, 1983 to test & complete well.

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
State AZ	2	Sharb Bone Springs	State, Federal or Fee State	647

Location
Unit Letter H ; 1980 Feet From The North Line and 660 Feet From The East

Line of Section 6 Township 19S Range 35E , NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐	Address *(Give address to which approved copy of this form is to be sent)*
The Permian Corporation	P. O. Box 1183 Houston, Texas 77001
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐	Address *(Give address to which approved copy of this form is to be sent)*
Warren Petroleum Company	P. O. Box 1589, Tulsa, Okla 74102

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	A	6	19	35	No	

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 *(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)*

OIL WELL

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

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.

D. L. Shackelford
(Signature)

Engrg. Tech. Spec.
(Title)

8/22/83
(Date)

OIL CONSERVATION COMMISSION

APPROVED AUG 22 1983, 19

BY _____

TITLE DISTRICT I SUPERVISOR

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

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

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

Fill out only Sections I, II, III, and VI for changes of owner, well 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.

WELL NAME & NUMBER State "AZ" No. 2

LOCATION 1980' FNL & 660' FEL of Section 6-T19S-R35E, Lea County, New Mexico
(Give Unit, Section, Township and Range)

OPERATOR ARCO Oil and Gas Company

DRILLING CONTRACTOR Kenai Drilling of New Mexico, Inc.

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

DEGREES @ DEPTH	DEGREES @ DEPTH	DEGREES @ DEPTH	DEGREES @ DEPTH
1 200	1 5470		
1/2 403	1 1/4 5920		
1/2 615	1 6115		
1/4 900	3/4 6887		
3/4 1484	1 7387		
3/4 1762	1 1/4 7880		
1 2162	1 8400		
3/4 2455	1 1/4 8880		
1 2750	2 9160		
1 1/4 3033	1 3/4 9640		
1 3/4 3324	2 9750		
1 1/2 3620	2 1/2 10,250		
1 3/4 3915			
1 4500			
1 1/4 4972			

Drilling Contractor Kenai Drilling of New Mexico

By Don W. Maidan Jr.

Subscribed and sworn to before me this 10th day of August, 1983

Barbara J. LaGrone
Notary Public

My Commission Expires 9-18-85

Ector County Texas

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION

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

Form C-103
Revised 10-1-78

5a. Indicate Type of Lease: State [X] Fee [ ]

5. State Oil & Gas Lease No.: NM-899

SUNDRY NOTICES AND REPORTS ON WELLS

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

1. OIL WELL [X] GAS WELL [ ] OTHER-

7. Unit Agreement Name:

2. Name of Operator: ARCO Oil and Gas Company
Division of Atlantic Richfield Company

8. Farm or Lease Name: State AZ

3. Address of Operator: P. O. Box 1710, Hobbs, New Mexico 88240.

9. Well No.: 2

4. Location of Well: UNIT LETTER H, 1980 FEET FROM THE North LINE AND 660 FEET FROM THE East LINE, SECTION 6 TOWNSHIP 19S RANGE 35E NMPM.

10. Field and Pool, or Wildcat: Scharb Bone Springs

15. Elevation (Show whether DF, RT, GR, etc.): 3930.59' GL

12. County: Lea

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

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	[ ]	PLUG AND ABANDON	[ ]	REMEDIAL WORK	[ ]	ALTERING CASING	[ ]
TEMPORARILY ABANDON	[ ]			COMMENCE DRILLING OPNS.	[ ]	PLUG AND ABANDONMENT	[ ]
PULL OR ALTER CASING	[ ]	CHANGE PLANS	[ ]	CASING TEST AND CEMENT JOB	[X]	Intermediate	
OTHER	[ ]			OTHER	[ ]		

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

Finish drlg 11" hole to 4000' @ 1:30 PM, 7/04/83. RIH w/8-5/8" OD 28# S-80 csg set @ 4000'. FC set @ 3920'. Cmtd csg w/1400 sx B. Lite cont'g 12% salt, ¼#/sk celloflakes followed by 200 sx Cl "C" cmt contg 2% $CaCl_2$. PD @ 2:15 AM, 7/05/83 w/1500#. Circ 200 sx cmt to surf. WOC 22¼ hrs. Press tstd csg to 1000# for 30 mins, OK. Commenced drlg new fm @ 12:30 AM, 7/06/83.

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

SIGNED Roland P. Laurence TITLE Drlg Engineer DATE 7/07/83

APPROVED BY [signature] TITLE DISTRICT I SUPERVISOR DATE JUL 11 1983

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ENERGY AND MINERALS DEPARTMENT

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SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

5a. Indicate Type of Lease: State [X] Fee [ ]

5. State Oil & Gas Lease No.: NM-899

SUNDRY NOTICES AND REPORTS ON WELLS

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

1. OIL WELL [X] GAS WELL [ ] OTHER-

7. Unit Agreement Name:

2. Name of Operator: ARCO Oil and Gas Company
Division of Atlantic Richfield Company

8. Farm or Lease Name: State AZ

3. Address of Operator: P. O. Box 1710, Hobbs, New Mexico 88240

9. Well No.: 2

4. Location of Well: UNIT LETTER H, 1980 FEET FROM THE North LINE AND 660 FEET FROM THE East LINE, SECTION 6 TOWNSHIP 19S RANGE 35E NMPM.

10. Field and Pool, or Wildcat: Scharb Bone Springs

15. Elevation (Show whether DF, RT, GR, etc.): 3930.59' GL

12. County: Lea

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK [ ]	PLUG AND ABANDON [ ]	REMEDIAL WORK [ ]	ALTERING CASING [ ]
TEMPORARILY ABANDON [ ]		COMMENCE DRILLING OPNS. [X]	PLUG AND ABANDONMENT [ ]
PULL OR ALTER CASING [ ]	CHANGE PLANS [ ]	CASING TEST AND CEMENT JOB [X] Surface	
OTHER [ ]		OTHER [ ]	

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

RU 6/14/83 & drld to 40'. RIH w/40' of 20" Conductor pipe. Cmtd cond pipe w/4 yds Redi-mix to surface. Spudded 17½" hole @ 10:00 AM 6/16/83. Drld to 403'. RIH 82' of 13-3/8" OD 68# K-55 csg & 322' of 13-3/8" OD 54.50# K-55, set @ 403'. Cmtd 13-3/8" OD csg w/400 sx Cl C cmt cont'g ¼#/sk cello-seal, 2% $CaCl_2$ followed by 100 sx Cl C cmt cont'g 2% $CaCl_2$. PD @ 12:30 AM 6/17/83. Circ 120 sx cmt to pit. WOC 19 hrs. Pressure tested csg to 1000# for 30 mins OK. Commence drlg 11" hole @ 7:30 PM 6/17/83.

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

SIGNED Roland P. Lawrence TITLE Drlg. Engr. DATE 6/20/83

APPROVED BY [signature] TITLE DISTRICT 1 SUPERVISOR DATE JUN 23 1983

CONDITIONS OF APPROVAL, IF ANY:

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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-101
Revised 1-1-65

5A. Indicate Type of Lease STATE [X] FEE [ ]

5. State Oil & Gas Lease No. NM-899

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work
DRILL [X] DEEPEN [ ] PLUG BACK [ ]

b. Type of Well
OIL WELL [X] GAS WELL [ ] OTHER SINGLE ZONE [X] MULTIPLE ZONE [ ]

7. Unit Agreement Name

8. Farm or Lease Name: State AZ

2. Name of Operator: ARCO Oil and Gas Company
Division of Atlantic Richfield Company

9. Well No.: 2

3. Address of Operator: P. O. Box 1710, Hobbs, New Mexico 88240

10. Field and Pool, or Wildcat: Scharb Bone Springs

4. Location of Well UNIT LETTER H LOCATED 1980 FEET FROM THE North LINE
AND 660 FEET FROM THE East LINE OF SEC. 6 TWP. 19S RGE. 35E NMPM

12. County: Lea

19. Proposed Depth	19A. Formation	20. Rotary or C.T.
10,300'	Bone Springs	Rotary

21. Elevations (Show whether DF, RT, etc.)	21A. Kind & Status Plug. Bond	21B. Drilling Contractor	22. Approx. Date Work will start
3930.59' GL	GCA #8	Not selected	4/20/83

23.

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
32"	Conductor Pipe	20"	30'	2½ yds Redi-mix	Surf
17½"	13-3/8" OD	54.5# K-55	400'	375 sx	Circ to surf
11"	8-5/8" OD	28# S-80	4000'	1525 sx	Circ to surf
7-7/8"	5½" OD	15.5#, 17# K-55	10,300'	675 sx	8500'

Propose to drill a development well to test the producing capabilities of Bone Springs formation and recover remaining reserves. If completed as a producer, allowable is to be shared with State AZ #1 on an 80-acre proration unit.

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SANTA FE

APPROVAL VALID FOR 180 DAYS
PERMIT EXPIRES 10/6/83
UNLESS DRILLING UNDERWAY

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

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

Signed Robert E. Baldridge Title Drlg. Engr. Date 3/31/83

(This space for State Use)

APPROVED BY [signature] TITLE DISTRICT 1 SUPERVISOR DATE MAR 6 1983

CONDITIONS OF APPROVAL, IF ANY:

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	Lease	Well No.
Div. of Atlantic Richfield Co. ARCO OIL & GAS Co.	STATE AZ	2

Unit Letter	Section	Township	Range	County
H	6	19S	35E	LEA

Actual Footage Location of Well:
1980 feet from the NORTH line and 660 feet from the EAST line

Ground Level Elev.	Producing Formation	Pool	Dedicated Acreage:
3930.59	Bone Springs	Scharb	80 Acres

1. Outline the acreage dedicated to the subject well by colored pencil or hachure marks on the plat below.

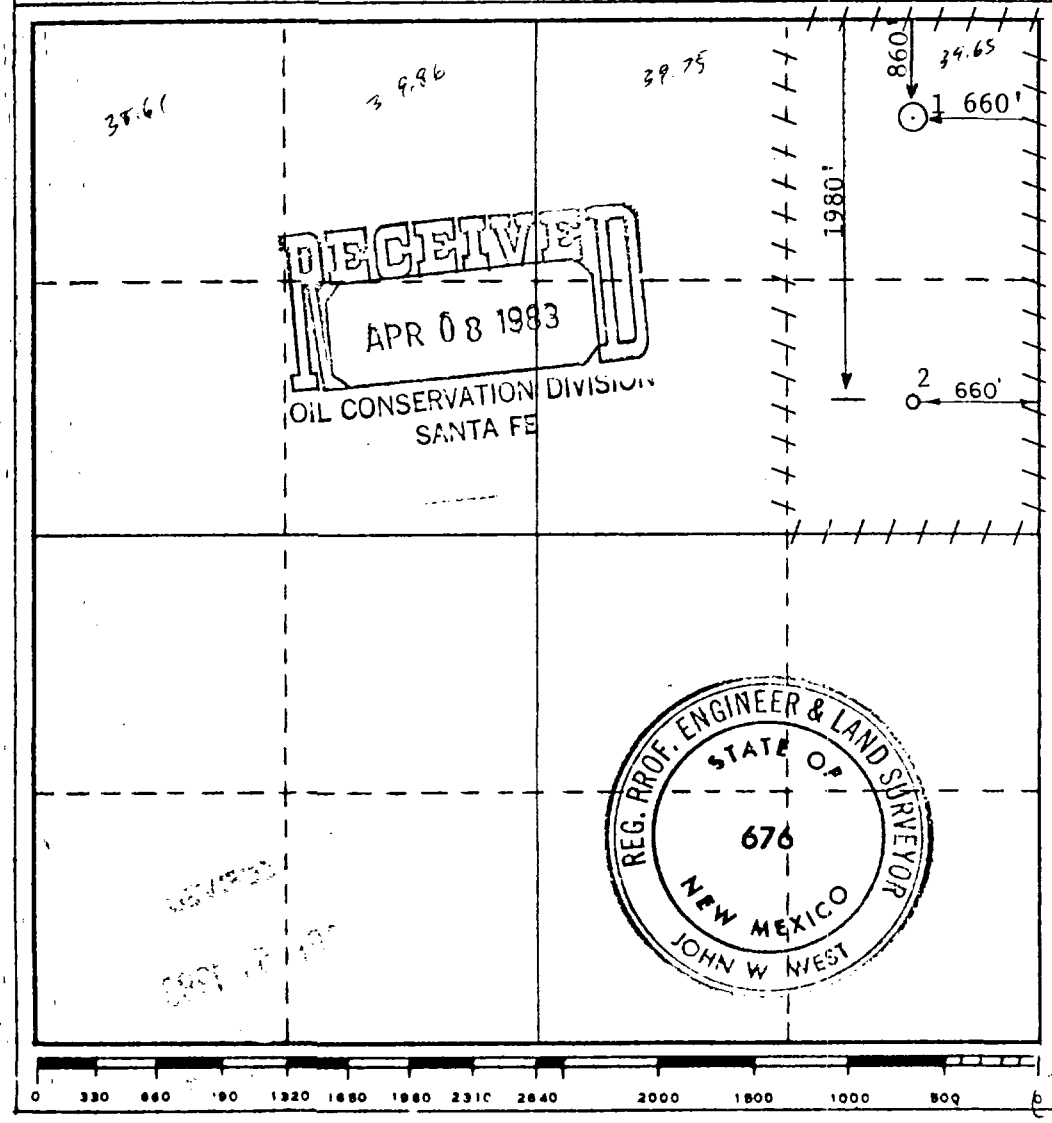
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).

3. If more than one lease of different ownership is dedicated to the well, have the interests of all owners been consolidated by communitization, unitization, force-pooling. etc?

☐ Yes ☐ No If answer is "yes," type of consolidation _____

If answer is "no," list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.) _____

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



CERTIFICATION

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

Name: Robert E. Ballinger

Position: Drlg. Engr.

Company: ARCO Oil and Gas Co. Div of Atlantic Richfield Co.

Date: 3/31/83

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

Date Surveyed: MARCH 29, 1983

Registered Professional Engineer and/or Land Surveyor

John W. West

Certificate No: JOHN W. WEST 676

Petroleum Information.

COUNTY LEA FIELD Scharb STATE NM

OPR ARCO OIL & GAS CO. API 30-025-28189

NO 2 LEASE State "AZ" MAP

Sec 6, T19S, R35E CO-ORD

1980 FNL, 660 FEL of Sec 9-4-22 NM

8 mi S/Buckeye SPD 6-16-83 CMP 8-29-83

CSG

20-40-20 sx
13 3/8-403-500 sx
8 5/8-4000-1600 sx
5 1/2-10,300-1700 sx
2 7/8-9396

WELL CLASS: INIT D FIN DO LSE. CODE

FORMATION	DATUM	FORMATION	DATUM
TD 10,300 (BSPG)		PBD 9615	

IP (Bone Spring) Perfs 9457-9476 F 375 BOPD. Pot based on 24 hr test thru 33/64 chk. GOR 784; gty 38.6; CP Pkr; TP 65

CONTR Kenai #21 OPRS ELEV 3931 GL sub-s 17

F.R. 4-11-83
PD 10,300 RT (Bone Spring)

6-21-83 Drlg 1800

6-28-83 Drlg 1878
mw 10.2, vis 61

7-1-83 Drlg 2675

7-6-83 TD 4000; WOC

7-8-83 Drlg 6595

7-21-83 Drlg 9658
mw 9.2, vis 38

7-26-83 Drlg 9767
mw 9.2, vis 35

8-1-83 TD 10,300; WOCT
No Cores or DST's

8-5-83 TD 10,300; Tstg
Perf (Bone Spring) 10,129-10,161, 10,170-10,178
w/1 SPF

9-4-22 NM

8-5-83 Continued
Acid (10,129-10,178) 3000 gals
Swbd 49 BW w/SO (10,129-10,178)

8-12-83 TD 10,300; PBD 9615; SI
CIBP @ 9615
Perf (Upper Bone Spring) 9457-9476 w/1 SPF

8-18-83 TD 10,300; PBD 9615; Tstg
Acid (9457-9476) 1500 gals
Swbd 12 BO + 9 BW in 10 hrs (9457-9476)

8-28-83 TD 10,300; PBD 9615; Tstg
Acid (9457-9476) 9000 gals
Flwd 383 BO + 3 BW on 33/64 chk (9457-9476)

8-31-83 TD 10,300; PBD 9615; Tstg
Flwd 375 BO + 294 MCFGPD in 24 hrs thru
33/64 chk (9457-9476) 9-4-22 NM

9-19-83 TD 10,300; PBD 9615; Complete
LOG TOPS: Queen 4635, San Andres 5130,
Delaware Sand 6038, Bone Spring 7733,
First Bone Spring 9270, Second Bone Spring
9820, Lower Bone Spring 10,100
LOGS RUN: GRL, DILL, RXO, LDT, CNL, BH,
EPT, CORL
Rig Released 7-28-83

9-24-83 COMPLETION ISSUED

9-4-22 NM
IC 30-025-70217-83