

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

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

OIL CONSERVATION DIVISION

DIVISION  
 100

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

FILED FEB 12 AM 8 37

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
 TO TRANSPORT OIL AND NATURAL GAS

I.

Operator BWA Oil and Gas	Well API No. 30-025-28596
Address P. O. Box 4784, Midland, Tx 79704	
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 Bruce A. Wilbanks	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Moore 34 com.	Well No. 1	Pool Name, including Formation undesignated <i>Pitchfork Ranch, Artesia</i>	Kind of Lease State, Federal or <u>Fee</u>	Lease No.
Location Unit Letter <u>G</u> : <u>1980</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>East</u> Line Section <u>34</u> Township <u>24-s</u> Range <u>34-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 checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Enron Oil Trading & Transport	Address (Give address to which approved copy of this form is to be sent) Box 1188, Houston, TX 77251-9931					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Transwestern Pipeline Co.	Address (Give address to which approved copy of this form is to be sent) Box 1188, Houston, Tx 77251-9931					
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 34	Twp. 24S	Rge. 34E	Is gas actually connected? No	When? 2-1-91

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/MMCF	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.

*Bob L. Watkin*  
 Signature  
 Bob L. Watkin operator  
 Printed Name  
 1-21-91 Date  
 915-682-1357 Telephone No.

OIL CONSERVATION DIVISION

Date Approved FEB 07 1991  
 By *[Signature]*  
 Title DISTRICT 1 SUPERVISOR

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.

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 Bruce A. Wilbanks Company	Well API No. 30-025-28596
Address 505 N. Big Spring St. STE 500, Midland, Texas 79701 Box 763 Midland, TX 79702	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Operator <input checked="" type="checkbox"/> Other (Please explain)	
Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> Re-entry	
If change of operator give name and address of previous operator Casinghead Gas MUST NOT BE FLARED AFTER <u>7-18-90</u> UNLESS AN EXCEPTION TO R-1070 IS OBTAINED.	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Moore "34" Com.	Well No. 1	Pool Name, including Formation Undesignated <u>Strawn</u>	Kind of Lease State, Federal or Fee	Lease No. R 9271
Location Unit Letter <u>G</u> : <u>1980</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>East</u> Line Section <u>34</u> Township <u>24-S</u> Range <u>34-E</u> , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Enron Oil Trading & Transportation	<input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) Box 1188, Houston, TX 77251-9931
Name of Authorized Transporter of Casinghead Gas Transwestern Pipeline Co.	<input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1188, Houston, TX 77251-1188
If well produces oil or liquids, give location of tanks.	Unit   Sec.   Twp.   Rge. G   34   24S   34E	Is gas actually connected?   When? No   5/31/90

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 xx	Gas Well	New Well	Workover	Deepen XXXXX REENTRY	Plug Back	Same Res'v	Diff Res'v
Date Spudded 3-30-90	Date Compl. Ready to Prod. 4-30-90	Total Depth 13,800		P.B.T.D. 13,800				
Elevations (DF, RKB, RT, GR, etc.) 3396 GL	Name of Producing Formation Strawn Lime	Top Oil/Gas Pay 13,647-13,780		Tubing Depth 13,640		Depth Casing Shoe		
Perforations 13,647-13,780 48 holes								
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
14"	11-3/4"		615		415			
11"	8-5/8"		5233'		1250			
7-7/8"	5-1/2"		13540		1210			
4-3/4"	3-1/2"		15370		250			

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 4-30-90	Date of Test 4-6-90	Producing Method (Flow, pump, gas lift, etc.) flowing	
Length of Test 24 hours	Tubing Pressure 325	Casing Pressure 0	Choke Size 12/64
Actual Prod. During Test	Oil - Bbls. 4	Water - Bbls. 31	Gas - MCF 234

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. 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.

Jeanette Lowery  
Signature  
Jeanette Lowery Agent  
Printed Name  
5/14/90 Date  
915 682 7582 Telephone No.

OIL CONSERVATION DIVISION

Date Approved MAY 18 1990

By Jerry Sester  
DISTRICT 1 SUPERVISOR  
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

Form C-105  
Revised 1-1-89

Submit to Appropriate District Office  
State Lease - 6 copies  
Fee Lease - 5 copies  
DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240  
DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210  
DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

Energy, Minerals and Natural Resources Department

RECEIVED

OIL CONSERVATION DIVISION

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

WELL API NO.  
30-025-28596

5. Indicate Type of Lease  
STATE  FEE

6. State Oil & Gas Lease No.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG

1a. Type of Well:  
OIL WELL  GAS WELL  DRY  OTHER \_\_\_\_\_  
b. Type of Completion:  
NEW WELL  WORK OVER  DEEPEN  PLUG BACK  DIFF RESVR  OTHER Re-entry

7. Lease Name or Unit Agreement Name  
Moore "34" Comm.

2. Name of Operator  
Bruce A. Wilbanks Company

8. Well No.  
#1

3. Address of Operator  
505 N. Big Spring Suite 500, Midland, Tx 79701

9. Pool name or Wildcat  
Undesignated  
Pitchfork Ranch Strawn

4. Well Location  
Unit Letter G : 1980 Feet From The North Line and 1980 Feet From The East Line  
Section 34 Township 24-S Range 34-E NMPM Lea County

10. Date Spudded 3-30-90 11. Date T.D. Reached 4-26-90 12. Date Compl. (Ready to Prod.) 4-30-90 13. Elevations (DF& RKB, RT, GR, etc.) 3396 G.L. 14. Elev. Casinghead 3394'

15. Total Depth 13,800' 16. Plug Back T.D. 13,800' 17. If Multiple Compl. How Many Zones? \_\_\_\_\_ 18. Intervals Drilled By  
Rotary Tools \_\_\_\_\_ Cable Tools \_\_\_\_\_  
XX

19. Producing Interval(s), of this completion - Top, Bottom, Name  
13,647-13,780' Strawn Lime 20. Was Directional Survey Made  
N/A re-entry

21. Type Electric and Other Logs Run \_\_\_\_\_ 22. Was Well Cored  
no

CASING RECORD (Report all strings set in well)

CASING SIZE	WEIGHT LB./FT.	DEPTH SET	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
5 1/2"	17.00	6534'	7 5/8"	250sx 50-50 noz	
				100 sx "C"+ 2%CaCl <sub>2</sub>	
Above is Tie-back string only, all other strings set by HNC remain intact.					

24. LINER RECORD				25. TUBING RECORD			
SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN	SIZE	DEPTH SET	PACKER SET
					2 3/8	13,640	13,460

26. Perforation record (interval, size, and number)	27. ACID, SHOT, FRACTURE, CEMENT, SQUEEZE, ETC.	
	DEPTH INTERVAL	AMOUNT AND KIND MATERIAL USED
<u>13,647-13780 , 34" 48 holes</u>	<u>no treatment</u>	

PRODUCTION

28. Date First Production		Production Method (Flowing, gas lift, pumping - Size and type pump)				Well Status (Prod. or Shut-in)	
<u>4-30-90</u>		<u>flowing</u>				<u>Shut-in</u>	
Date of Test	Hours Tested	Choke Size	Prod'n For Test Period	Oil - Bbl.	Gas - MCF	Water - Bbl.	Gas - Oil Ratio
<u>4-6-90</u>	<u>24</u>	<u>12/64</u>		<u>4</u>	<u>234</u>	<u>31</u>	<u>58,500/1</u>
Flow Tubing Press.	Casing Pressure	Calculated 24-Hour Rate	Oil - Bbl.	Gas - MCF	Water - Bbl.	Oil Gravity - API - (Corr.)	
<u>325</u>	<u>0</u>		<u>4</u>	<u>234</u>	<u>31</u>	<u>53.0</u>	

29. Disposition of Gas (Sold, used for fuel, vented, etc.)  
vented Test Witnessed By  
D. Eimers

30. List Attachments

31. 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

Signature Jeanette Lowery Printed Name Jeanette Lowery Title Agent Date 5/14/90

# 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 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 25 through 29 shall be reported for each zone. The form is to be filed in quintuplicate except on state land, where six copies are required. See Rule 1105.

## INDICATE FORMATION TOPS IN CONFORMANCE WITH GEOGRAPHICAL SECTION OF STATE

### Southeastern New Mexico

### Northwestern New Mexico

T. Anhy _____	T. Canyon _____	T. Ojo Alamo _____	T. Penn. "B" _____
T. Salt _____	T. Strawn _____	T. Kirtland-Fruitland _____	T. Penn. "C" _____
B. Salt _____	T. Atoka _____	T. Pictured Cliffs _____	T. Penn. "D" _____
T. Yates _____	T. Miss _____	T. Cliff House _____	T. Leadville _____
T. 7 Rivers _____	T. Devonian _____	T. Menefee _____	T. Madison _____
T. Queen _____	T. Silurian _____	T. Point Lookout _____	T. Elbert _____
T. Grayburg _____	T. Montoya _____	T. Mancos _____	T. McCracken _____
T. San Andres _____	T. Simpson _____	T. Gallup _____	T. Ignacio Otzte _____
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. Delaware Sand _____	T. Todilto _____	T. _____
T. Drinkard _____	T. Bone Springs _____	T. Entrada _____	T. _____
T. Abo _____	T. _____	T. Wingate _____	T. _____
T. Wolfcamp _____	T. _____	T. Chinle _____	T. _____
T. Penn _____	T. _____	T. Permian _____	T. _____
T. Cisco (Bough C) _____	T. _____	T. Penn "A" _____	T. _____

### OIL OR GAS SANDS OR ZONES

No. 1, from.....to..... No. 3, from.....to.....  
 No. 2, from.....to..... No. 4, 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.....  
 No. 2, from.....to.....feet.....  
 No. 3, from.....to.....feet.....

### LITHOLOGY RECORD (Attach additional sheet if necessary)

From	To	Thickness in Feet	Lithology	From	To	Thickness in Feet	Lithology

RECEIVED

MAY 17 1930

Submit to Appropriate District Office  
 State Lease - 6 copies  
 Fee Lease - 5 copies

State of New Mexico  
 Energy, Minerals and Natural Resources Department

Form C-101  
 Revised 1-1-89

DISTRICT I  
 P.O. Box 1980, Hobbs, NM 88240

**OIL CONSERVATION DIVISION**  
 P.O. Box 2088  
 Santa Fe, New Mexico 87504-2088

DISTRICT II  
 P.O. Drawer 200, Artesia, NM 88210

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

API NO. (assigned by OCD on New Wells)  
 30-025-28596

5. Indicate Type of Lease  
 STATE  FEE

6. State Oil & Gas Lease No.

**APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK**

1a. Type of Work:

DRILL  ~~RE-ENTER~~  DEEPEN  PLUG BACK

b. Type of Well:

OIL WELL  GAS WELL  OTHER   
 SINGLE ZONE  MULTIPLE ZONE

2. Name of Operator

Bruce A. Willbanks Co.

7. Lease Name or Unit Agreement Name

Moore "34" Com.

3. Address of Operator

505 N. Big Spring Suite 500, Midland, Tx 79701

8. Well No.

1

9. Pool name or Wildcat *undiscovered*  
 Pitchfork Ranch Wolfcamp

4. Well Location

Unit Letter 34 : 1980 Feet From The North Line and 1980 Feet From The East Line

Section 34 Township 24-S Range 34-E NMPM Lea County

10. Proposed Depth

13,143

11. Formation

Wolfcamp

12. Rotary or C.T.

Rotary

13. Elevations (Show whether DF, RT, GR, etc.)

3396 G.L.

14. Kind & Status Plug. Bond

Blanket

15. Drilling Contractor

Well-Tech

16. Approx. Date Work will start

April 6, 1990

17.

**PROPOSED CASING AND CEMENT PROGRAM**

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
14"	11 3/4"	42.00	615'	415	Sur.
11"	8 5/8"	32.00 & 36.00	5233'	1250	Sur.
7 7/8"	5 1/2"	17.00	13,540'	1210	6500'
4 3/4"	3 1/2"	10.20	15,370	250	13209'

Program to include, drill cement plugs out to top of Strawn. Run 5 1/2 liner from 6534' to 5000' cement in place. Log and perf gas zones only. BOP program to include ram type BOP's as well as annular preventers.

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.

SIGNATURE William L. Gaillos TITLE Authorized Agent DATE 3-27-90

TYPE OR PRINT NAME William L. Gaillos TELEPHONE NO. 95-682-7582

(This space for State Use)

APPROVED BY [Signature] TITLE Geologist DATE MAR 30 1990

CONDITIONS OF APPROVAL, IF ANY:

Permit Expires 5 Months From Approval Date Unless Drilling Underway.

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-103  
Revised 10-1-78

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

CORRECTED PLUG #1

5a. Indicate Type of Lease  
State  Fee

5. State Oil & Gas Lease No.

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  GAS WELL  OTHER

7. Unit Agreement Name

2. Name of Operator  
Enron Oil & Gas Company

8. Farm or Lease Name  
Moore 34 Com.

3. Address of Operator  
P. O. Box 2267, Midland, Texas 79702

9. Well No.  
1

4. Location of Well  
UNIT LETTER G 1980 FEET FROM THE north LINE AND 1980 FEET FROM  
THE east LINE, SECTION 34 TOWNSHIP 24S RANGE 34E NMPM.

10. Field and Pool, or Wildcat  
Pitchfork Ranch (Wlfcp)

15. Elevation (Show whether DF, RT, GR, etc.)  
3401.6' GR

12. County  
Lea

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF: 6/18/87

PERFORM REMEDIAL WORK   
TEMPORARILY ABANDON   
PULL OR ALTER CASING   
OTHER

PLUG AND ABANDON   
CHANGE PLANS   
REMEDIAL WORK   
COMMENCE DRILLING OPNS.   
CASING TEST AND CEMENT JOB   
OTHER   
ALTERING CASING   
PLUG AND ABANDONMENT

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.

1-28-88 - Set 60 sacks at 13,210 - tagged at 12,895'

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

SIGNED Betty Gilson Betty Gilson

TITLE Regulatory Analyst

DATE 2/19/88

APPROVED BY R. Radtke

TITLE OIL & GAS INSPECTOR

DATE AUG 24 '88

CONDITIONS OF APPROVAL, IF ANY:

OIL CONSERVATION DIVISION

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

Form C-103  
Revised 10-1-78

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DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease  
State  Fee

5. State Oil & Gas Lease No.

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  GAS WELL  OTHER- \_\_\_\_\_

2. Name of Operator  
Enron Oil & Gas Company

3. Address of Operator  
P. O. Box 2267, Midland, Texas 79702

4. Location of Well  
UNIT LETTER G 1980 FEET FROM THE north LINE AND 1980 FEET FROM  
THE East LINE, SECTION 34 TOWNSHIP 24S RANGE 34E NMPM.

7. Unit Agreement Name

8. Farm or Lease Name  
Moore 34 Com.

9. Well No.  
1

10. Field and Pool, or Wildcat  
Pitchfork Ranch (Wlfcpr)

11. Elevation (Show whether DF, RT, GR, etc.)  
3401.6' GR

12. County  
Lea

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data  
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: 6/18/87

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input checked="" type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER <input type="checkbox"/>

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.

1-28-88 - Set 35 sack plug at 13,210 to 12,895 feet. \*  
Set 25 sack plug at 12,350'  
Set 25 sack plug at 9350'  
Cut and recovered 6534' of 5-1/2" casing; set 35 sack plug 6624 to 6440 feet.  
Set 35 sack plug from 5261 to 5129 feet  
Set 35 sack plug 650 to 550 feet  
Set 20 sack plug at surface.  
Cut off & welded on dry-hole marker.

*\* All corrected  
C-103 filed  
5/2/88*

Casing Record After Plugging

Size	Wt#/ft.	Put in Well (ft.)	Left in Well (ft.)	Hole size (in.)
11-3/4"	47 & 42#	615	615	14-3/4"
8-5/8"	32#	5233	5233	10-5/8"
5-1/2"	17#	13540	7006	7-7/8"
3-1/2" Liner	10.30#	2161	2161	4-3/4"

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

SIGNED Betty Gildon Betty Gildon TITLE Regulatory Analyst DATE 2/1/88

APPROVED BY [Signature] OIL & GAS INSPECTOR DATE AUG 24 1988

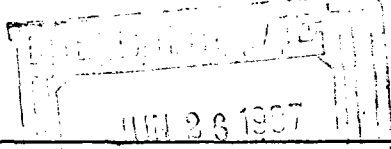
CONDITIONS OF APPROVAL, IF ANY:

OIL CONSERVATION DIVISION

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

Form C-103  
Revised 10-1-78

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



5a. Indicate Type of Lease  
State  Fee

5. State Oil & Gas Lease No.

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.)

OIL WELL  GAS WELL  OTHER-

7. Unit Agreement Name

2. Name of Operator  
Enron Oil & Gas Company

8. Farm or Lease Name  
Moore 34 Com.

3. Address of Operator  
P. O. Box 2267, Midland, Texas 79702

9. Well No.  
1

4. Location of Well  
UNIT LETTER G 1980 FEET FROM THE north LINE AND 1980 FEET FROM

10. Field and Pool, or Wildcat  
Pitchfork Ranch (WlfcP)

THE east LINE, SECTION 34 TOWNSHIP 24S RANGE 34E NMPM.

15. Elevation (Show whether DF, RT, GR, etc.)  
3401.6' GR

12. County  
Lea

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input checked="" type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <input type="checkbox"/>

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.

Existing wolfcamp perfs 13,490 to 13,500 feet.

1. Circulate the hole with 9.8#/gal mud. Spot 35 sacks C1 H cmt from 13,210 to 12,900 feet.
2. Spot 25 sacks from 12,350 to 12,150 (top of wolfcamp 12,249).
3. Spot 2t sacks from 9350 to 9150 (top of Bone Spring)
4. Cut and pull 5-1/2" casing; top of cement estimated at 7000 feet.
5. Spot 35 sacks across cut.
6. Spot 35 sacks across 8-5/8" casing shoe at 5260'.
7. Spot 35 sacks from 650 to 550 feet.
8. Spot 20 sacks at surface.
9. Weld on dry-hole marker.

THE COMMISSION MUST BE NOTIFIED 24 HOURS PRIOR TO THE BEGINNING OF ANY SUCH OPERATIONS FOR THE C403 TO BE APPROVED.

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

SIGNED Betty Gildon Betty Gildon TITLE Regulatory Analyst DATE 6/18/87

APPROVED BY [Signature] TITLE DISTRICT 1 SUPERVISOR DATE JUN 23 1987

CONDITIONS OF APPROVAL, IF ANY:



MOORE 34#1

11 3/4" 47+42# H-40 ST+C  
@ 615' CIRCULATED 40 SACKS

8 5/8" 32# K-55 ST+C @ 5261 CIRC 12 SACKS CEMENT

EST TOL 7000'

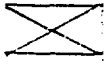
2 7/8 65# L-80 T+C NULOCK

TOL @ 13210

13490 TO 13500' WLF  
5 1/2" 17# P110 HTS (6750')  
5 1/2" 17# S-95 LT+C  
@ 13540'



CFBP @ 14400  
14606-625 Morrow "A"



CFBP @ 15050  
15167-15222, 15228-34, 15238-48 Morrow

3 1/2" 10.30# C-75 CS-CB  
@ 15364'

MOORE 34#1  
MORROW  
15050

Submit to Appropriate  
District Office  
State Lease - 4 copies  
Fee Lease - 3 copies

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-102  
Revised 1-1-89

**OIL CONSERVATION DIVISION**

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

DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

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

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

**WELL LOCATION AND ACREAGE DEDICATION PLAT**

All Distances must be from the outer boundaries of the section

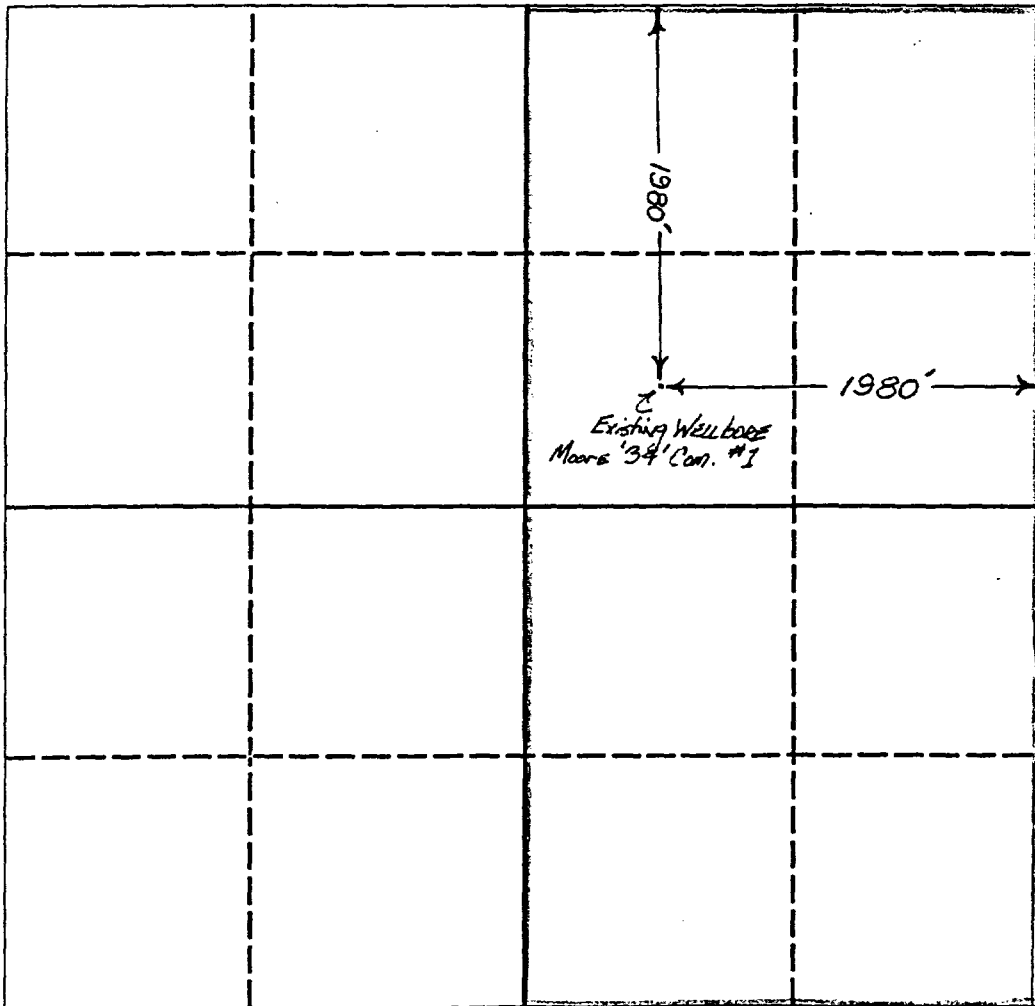
Operator <i>W. Willbanks</i> Bruce A. Willbanks Co.		Lease Moore "34" com.		Well No. 1
Unit Letter <i>G</i>	Section 34	Township 24-S	Range 34-E NMPM	County Lea
Actual Footage Location of Well: 1980 feet from the North line and 1980' feet from the East line				
Ground level Elev. 3396'	Producing Formation Wolfcamp	Pool <i>Undesignated</i> Pitchfork Ranch Wolfcamp	Dedicated Acreage: 320 Acres	

- Outline the acreage dedicated to the subject well by colored pencil or hachure marks on the plat below.
- If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
- If more than one lease of different ownership is dedicated to the well, have the interest of all owners been consolidated by communitization, unitization, force-pooling, etc.?
 

Yes     No    If answer is "yes" type of consolidation Communitization

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 interest, has been approved by the Division.



**OPERATOR CERTIFICATION**

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

*William L. Gaillos*  
Signature  
William L. Gaillos  
Printed Name  
Authorized Agent.  
Position  
Bruce A. Willbanks Co.  
Company  
March 27, 1990  
Date

**SURVEYOR CERTIFICATION**

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  
Signature & Seal of Professional Surveyor  
Certificate No.

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

DISTRIBUTION	
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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  
Effective 1-1-65

I.

Operator  
**Enron Oil & Gas Company**

Address  
**P. O. Box 2267, Midland, Texas 79702**

Reason(s) for filing (Check proper box) Other (Please explain)

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

Change Operator Name \_\_\_\_\_

If change of ownership give name and address of previous owner **HNG OIL COMPANY, P. O. Box 2267, Midland, Texas 79702**

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Moore 34 Com.</b>	Well No. <b>1</b>	Pool Name, including Formation <b>Pitchfork Ranch Wolfcamp</b>	Kind of Lease State, Federal or Fee <b>Fee</b>	Lease No. -
Location				
Unit Letter <b>G</b> ; <b>1980</b> Feet From The <b>north</b> Line and <b>1980</b> Feet From The <b>east</b>				
Line of Section <b>34</b> Township <b>24S</b> Range <b>34E</b> , NMPM, Lea 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)
<b>Enron Oil Trading &amp; Transp., Inc.</b>	<b>P. O. Box 20108, Shreveport, LA 71120</b>
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)
<b>Transwestern Pipeline Company</b>	<b>P. O. Box 2521, Houston, Texas 77001</b>
If well produces oil or liquids, give location of tanks.	Unit   Sec.   Twp.   Rge.   Is gas actually connected?   When
	<b>G   34   24   34   Yes   12/20/84</b>

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'
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		
<b>TUBING, CASING, AND CEMENTING RECORD</b>								
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.

Betty Gildon  
(Signature)  
**Betty Gildon, Regulatory Analyst**  
(Title)  
2/10/87  
(Date)

OIL CONSERVATION COMMISSION  
**MAR 24 1987**

APPROVED \_\_\_\_\_, 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 multiple.

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

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LAND OFFICE	
TRANSPORTER	OIL <input type="checkbox"/> GAS <input type="checkbox"/>
OPERATOR	
PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator  
**HNG OIL COMPANY**

Address  
P. O. Box 2267, Midland, Texas 79702

Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>	Effective 2/1/86	
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
Change in Ownership <input type="checkbox"/>			

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

DESCRIPTION OF WELL AND LEASE

Lease Name Moore 34 Com.	Well No. 1	Pool Name, including Formation Pitchfork Ranch Wolfcamp	Kind of Lease State, Federal or Fee	Fee	Lease
Location					
Unit Letter G	: 1980	Feet From The north	Line and 1980	Feet From The east	
Line of Section 34	Township 24S	Range 34E	, NMPM,	Lea	Lea

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> UPG Falco, A Division of UPG, Inc.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 20108, Shreveport, Louisiana 71120					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Transwestern Pipeline Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 2521, Houston, Texas 77001					
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 34	Twp. 24	Rge. 34	Is gas actually connected? Yes	When 12-20-84

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

COMPLETION DATA

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

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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

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

GAS WELL

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

CERTIFICATE OF COMPLIANCE

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

*Betty Gildon*  
(Signature) Betty Gildon  
Regulatory Analyst

1/20/86  
(Date)

OIL CONSERVATION DIVISION

APPROVED *JAN 24 1986* 19  
BY *[Signature]*  
DISTRICT SUPERVISOR

TITLE \_\_\_\_\_

This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviate 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 multiple completed wells.

OIL CONSERVATION DIVISION

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

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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TRANSPORTER	OIL
	GAS
OPERATOR	
PROMOTION OFFICE	

Operator  
**HNG OIL COMPANY**

Address  
**P. O. Box 2267, Midland, Texas 79702**

Reason(s) for filing (Check proper box) Other (Please explain)

New Well <input checked="" type="checkbox"/>	Change in Transporter of:	
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"/>

For Your information.

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

DESCRIPTION OF WELL AND LEASE

Lease Name: **Moore 34 Com.** Well No.: **1** Pool Name, including Formation: **Pitchfork Ranch Wolfcamp** Kind of Lease: **Fee** Lease N: **Fee**

Location: Unit Letter **G**; **1980** Feet From The **north** Line and **1980** Feet From The **east**

Line of Section **34** Township **24S** Range **34E**, NMPM, Lea \_\_\_\_\_ Count \_\_\_\_\_

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<b>The Permian Corporation</b>	<b>Box 1183, Houston, Texas 77001</b>
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)
<b>Traswestern Pipeline Company</b>	<b>Box 2521, Houston, Texas 77002</b>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit <b>G</b> Sec. <b>34</b> Twp. <b>24S</b> Rge. <b>34E</b>	<b>Yes</b> <b>12/20/84</b>

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

COMPLETION DATA

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

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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

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

GAS WELL

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

CERTIFICATE OF COMPLIANCE

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

*Betty Gildon*  
Betty Gildon  
(Signature)  
Regulatory Analyst  
(Title)  
January 16, 1985  
(Date)

OIL CONSERVATION DIVISION  
**JAN 18 1985**  
APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY *Jerry S. [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 Form C-104 must be filed for each pool in multiple completed wells.

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-103 - Revised 10-1

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LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease  
 State  Fee

5. State Oil & Gas Lease No.

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  GAS WELL  OTHER

2. Name of Operator  
HNG OIL COMPANY

3. Address of Operator  
P. O. Box 2267, Midland, Texas 79702

4. Location of Well  
UNIT LETTER G 1980 FEET FROM THE north LINE AND 1980 FEET FROM  
THE east LINE, SECTION 34 TOWNSHIP 24S RANGE 34E NMPM.

7. Unit Agreement Name

8. Farm or Lease Name  
Moore 34 Com.

9. Well No.  
1

10. Field and Pool, or Wildcat  
Pitchfork Ranch /Wlfcpr

15. Elevation (Show whether DF, RT, GR, etc.)  
3401.6' GR.

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 <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPER. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	
		OTHER <u>CORRECTION TO TUBING SIZE REPORTED</u> <input checked="" type="checkbox"/>	
		<u>ON WELL COMPLETION FORM C-105</u>	

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.

Tubing set at 13,210 feet should be 2-7/8".

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

SIGNER Betty Gildon Betty Gildon TITLE Regulatory Analyst DATE 1/16/85

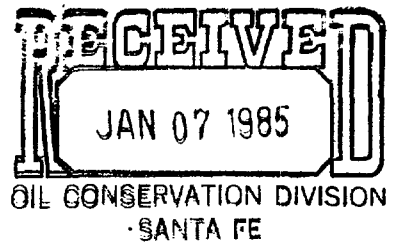
APPROVED BY [Signature] TITLE DISTRICT 1 SUPERVISOR DATE JAN 18 1985

CONDITIONS OF APPROVAL, IF ANY:

NEW MEXICO OIL CONSERVATION DIVISION

P. O. BOX 1980

HOBBS, NEW MEXICO 88240



NOTICE OF GAS CONNECTION

DATE 1-02-85

This is to notify the Oil Conservation Division that connection for the purchase of gas from the HNG Oil Co.

Operator

Moore "34"

#1

Lease

Well Unit

34-24S-34E

Pitchfork Ranch (Wolfcamp)

S.T.R.

Pool

Transwestern  
Name of purchaser

was made on December 20, 1984

Transwestern Pipeline Company  
Company

*Rodney C. Burke* Rodney C. Burke  
Representative

Title

cc: Operator

New Mexico Oil Conservation Commission  
Oil & Gas Conservation Division  
P. O. Box 2088  
Santa Fe, NM 87501

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

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SANTA FE

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

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

7. Unit Agreement Name  
8. Farm or Lease Name  
**Moore 34 Com.**

2. Name of Operator  
**HNG OIL COMPANY**  
3. Address of Operator  
**P. O. Box 2267, Midland, Texas 79702**  
4. Location of Well

9. Well No.  
**1**  
10. Field and Pool, or Wildcat  
**Pitchfork Ranch Wolfcamp**

UNIT LETTER **G** LOCATED **1980** FEET FROM THE **north** LINE AND **1980** FEET FROM THE **east** LINE OF SEC. **34** TWP. **24S** RGE. **34E** NMPM

12. County  
**Lea**

15. Date Spudded **2-13-84** 16. Date T.D. Reached **4-17-84** 17. Date Compl. (Ready to Prod.) **9-17-84** 18. Elevations (DF, RKB, RT, GR, etc.) **3401.6' GR** 19. Elev. Casinghead **3401.6'**

20. Total Depth **15,376'** 21. Plug Back T.D. **14,365'** 22. If Multiple Compl., How Many  
23. Intervals Drilled By  
Rotary Tools  Cable Tools

24. Producing Interval(s), of this completion - Top, Bottom, Name  
**13,490 - 13,500 (Wolfcamp)**  
25. Was Directional Survey Made  
**No**

26. Type Electric and Other Logs Run  
**Comp. Neutron-Formation Density, Dual Induction SFL**  
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
11-3/4"	47# & 42#	615'	14-3/4"	250 HLC & 165 CI C	Circulated
8-5/8"	32#	5233'	10-5/8"	1250 HLW & 8 bbl slurry C through 1-inch	Class C Circulated
5-1/2"	17#	13540'	7-7/8"	760 TLW & 450 CI H	-

29. LINER RECORD

SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN	SIZE	DEPTH SET	PACKER SET
3-1/2"	13209	15370	250 CI H	-	1-1/2"	13,209'	13,209'

30. TUBING RECORD

31. Perforation Record (Interval, size and number)

15,167 - 15,222 (12, .34")	
15,228 - 15,248 (18, .32")	
13,490 - 13,500 (20, .35")	

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

DEPTH INTERVAL	AMOUNT AND KIND MATERIAL USED
15167 - 15248	CIBP at 14,400 + 35' cmt on top
13490 - 13500	2500 gals 7-1/2% MS acid

33. PRODUCTION

Date First Production **9-17-84** Production Method (*Flowing, gas lift, pumping - Size and type pump*) **Flowing** Well Status (*Prod. or Shut-in*) **Shut-in**

Date of Test	Hours Tested	Choke Size	Prod'n. for Test Period	Oil - Bbl.	Gas - MCF	Water - Bbl.	Gas - Oil Ratio
9-18-84	24	14/64"		168	462	0	2,750

Flow Tubing Press.	Casing Pressure	Calculated 24-Hour Rate	Oil - Bbl.	Gas - MCF	Water - Bbl.	Oil Gravity - API (Corr.)
1300	sealed					34.0

34. Disposition of Gas (*Sold, used for fuel, vented, etc.*) **Vented** Test Witnessed By

35. List of Attachments  
**Logs, C-104**

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 Betty Gildon Betty Gildon TITLE Regulatory Analyst DATE 9/20/84



This form is to be filed with the appropriate District Office of the Commission not later than 20 days after the completion of any newly drilled or deepened well. It shall be accompanied by one copy of all electrical and radio-activity logs run on the well and a summary of all special tests conducted, including drill stem tests. All depths reported shall be measured depths. In the case of directionally drilled wells, true vertical depths shall also be reported. For multiple completions, Items 30 through 34 shall be reported for each zone. The form is to be filed in quintuplicate except on state land, where six copies are required. See Rule 1105.

INDICATE FORMATION TOPS IN CONFORMANCE WITH GEOGRAPHICAL SECTION OF STATE

Southeastern New Mexico

Northwestern New Mexico

T. Anhy _____	T. Canyon _____	6360	T. Ojo Alamo _____	T. Penn. "B" _____
T. Salt _____	T. Strawn _____	13690	T. Kirtland-Fruitland _____	T. Penn. "C" _____
B. Salt _____	T. Atoka _____	13853	T. Pictured Cliffs _____	T. Penn. "D" _____
T. Yates _____	T. Leonard _____	9093	T. Cliff House _____	T. Leadville _____
T. 7 Rivers _____	T. Devonian _____		T. Menefee _____	T. Madison _____
T. Queen _____	T. Silurian _____		T. Point Lookout _____	T. Elbert _____
T. Grayburg _____	T. Montoya _____		T. Mancos _____	T. McCracken _____
T. San Andres _____	T. Simpson _____		T. Gallup _____	T. Ignacio Qtzte _____
T. Glorieta _____	T. Morrow Lime _____	14385	Base Greenhorn _____	T. Granite _____
T. Paddock _____	T. Morrow Clastics _____	14586	T. Dakota _____	T. _____
T. Blinebry _____	T. Morrow Shale _____	15077	T. Morrison _____	T. _____
T. Tubb _____	T. Granite _____		T. Todilto _____	T. _____
T. Drinkard _____	T. Delaware Sand _____	5360	T. Entrada _____	T. _____
T. Abo _____	T. Bone Springs Lime _____	9248	T. Wingate _____	T. _____
T. Wolfcamp _____	T. 1st B.S. Sand _____	10358	T. Chinle _____	T. _____
Correlation Mrk. 13143	T. 2nd B.S. Sand _____	10908	T. Permian _____	T. _____
T. Cisco (Bough C) _____	T. Cherry Can. Mkr. _____	6599	T. Penn. "A" _____	T. _____

OIL OR GAS SANDS OR ZONES

No. 1, from Morrow 15167 to 15222	No. 4, from Wolfcamp 13490 to 13500
No. 2, from Morrow 15228 to 15234	No. 5, from _____ to _____
No. 3, from Morrow 15238 to 15248	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 None to _____ feet
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	2633	2633	Anhy	13782	13920	138	Lime, Chert, Shale
2633	3806	1173	Salt	13920	14092	172	Lime, Shale
3806	4950	1144	Anhy	14092	14150	58	Lime
4950	5260	310	Salt	14150	14850	700	Lime, Shale
5260	5563	303	Anhy, Lime, Shale	14850	14933	83	Chert, Shale, Lime
5563	6445	882	Lime, Sand, Shale	14933	15051	118	Shale, Lime
6445	7198	753	Lime, Shale	15051	15242	191	Shale
7198	7460	262	Sand	15242	15315	73	Sand, Lime, Shale
7460	7650	190	Shale, Sand, Dolomite	15315	15376	61	Shale
7650	9947	2297	Lime, Sand, Shale				
9947	10405	458	Lime, Shale, Chert				
10405	13140	2735	Lime, Shale, Sand				
13140	13525	385	Shale				
13525	13560	35	Shale, Lime				
13560	13602	42	Shale				
13602	13686	84	Shale, Lime				
13686	13782	96	Shale				

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NO. 13143

# INCLINATION REPORT

(One Copy Must Be Filled With Each Completion Report.)

<b>1. WELL NAME</b> Pitchfork Ranch (Wolfcamp)		<b>2. LEASE NAME</b> Moore 34 Com.	<b>3. District</b> 1
<b>4. OPERATOR</b> HNG OIL COMPANY			<b>7. Well Number</b> 1
<b>5. ADDRESS</b> P. O. Box 2267, Midland, Texas 79702			<b>8. Identification Number (Gas completions or Fee)</b> Fee
<b>6. LOCATION</b> Unit Letter G, 1980' FNL, 1980' FEL, Sec. 34, T24S, R34E			<b>9. Country</b> Lea, NM

## RECORD OF INCLINATION

Measured Depth (feet)	12. Course Length (Hundreds of feet)	13. Angle of Inclination (Degrees)	14. Displacement per Hundred Feet (Sine of Angle X100)	15. Course Displacement (feet)	16. Accumulative Displacement (feet)
754	754	3/4	1.13	9.88	9.88
1075	321	3/4	1.31	4.21	14.09
1555	480		1.75	8.40	22.49
2048	493		1.75	8.63	31.12
2664	616	3/4	1.31	8.07	39.19
3152	488		1.75	8.54	47.73
3586	434		1.75	7.60	55.33
3894	308	1-1/2	2.62	8.07	63.40
4511	617	2	3.49	21.53	84.93
5392	881	5	8.72	76.82	161.75
5517	125	4-1/2	7.85	9.81	171.56
5828	311	4-1/2	7.85	24.41	195.97
6142	314	4-3/4	8.28	26.00	221.97
6362	220	4-1/2	7.85	17.27	239.24
6610	248	4	6.98	17.31	256.55
6857	247	4-3/4	8.28	20.45	277.00

If additional space is needed, use the reverse side of this form.

Is any information shown on the reverse side of this form?  yes  no

Accumulative total displacement of well bore at total depth of: 557.94 feet = 15,344 feet

Inclination measurements were made in  Tubing  Casing  Open hole  Drill Pipe

Distance from surface location of well to the nearest lease line 660 feet

Minimum distance to lease line as prescribed by field rules 660 feet

Was the subject well at any time intentionally deviated from the vertical in any manner whatsoever? No

(If the answer to the above question is "yes", attach written explanation of the circumstances.)

**INCLINATION DATA CERTIFICATION**


*Harold L. Bennett*  
 Signature of Authorized Representative  
 Administrative Manager  
 Name of Person and Title (Type or print)  
 PARKER DRILLING COMPANY  
 Name of Company  
 Telephone: \_\_\_\_\_ Area Code \_\_\_\_\_

**OPERATOR CERTIFICATION**

*Betty Gildon*  
 Signature of Authorized Representative  
 Betty Gildon, Regulatory Analyst  
 Name of Person and Title (Type or print)  
 HNG OIL COMPANY  
 Operator  
 Telephone: 915 686-3714  
 Area Code

Subscribed and Sworn Before Me This 25th Day  
 of September, 1984

*Tony B. Whitley*  
 Notary Public



**TONY B. WHITLEY**  
 Notary Public, State of Texas  
 My Commission Expires June 27, 1988



PA. Commission Approved (Form No. 25, 1924)  
 IOWA B' PUBLIC HEALTH

**RECORD OF INCLINATION (Continued from reverse side)**

10. True Depth (feet)	11. Course Length (Hundreds of feet)	12. Angle of Inclination (Degrees)	13. Displacement per Hundred Feet (Rate of Angle x 100)	14. Course Displacement (feet)	15. Accumulative Displacement (feet)
6980	123	4-3/4	8.28	10.18	287.18
7198	218	4-3/4	8.28	18.05	305.23
7379	181	4-3/4	8.28	14.99	320.22
7705	326	5	8.72	28.42	348.64
7921	216	4-1/2	7.85	16.96	365.60
8417	496	3-1/2	6.10	30.26	395.86
8628	211	3-1/4	5.67	11.96	407.82
9070	442	1-3/4	3.05	13.48	421.30
9614	544	1-1/4	2.18	11.86	433.16
10605	991	1	1.75	17.34	450.50
11110	505	1-1/4	2.18	11.01	461.51
11735	625	1-1/2	2.62	16.38	477.89
12600	865	1-1/4	2.18	18.86	496.75
13540	940	1-1/4	2.18	20.49	517.24
14295	755	1	1.75	13.21	530.45
15125	830	1-1/2	2.62	21.75	552.20
15344	219	1-1/2	2.62	5.74	557.94

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If additional space is needed, attach separate sheet and check here.

REMARKS:

**- INSTRUCTIONS -**

Inclination survey made by persons or concerns approved by the Commission shall be filed on a form prescribed by the Commission for each well drilled or deepened with rotary tools or when, as a result of any operation, the course of the well is changed. No inclination survey is required on wells that are drilled and completed as dry holes that are plugged and abandoned. (Inclination surveys are required on re-entry of abandoned wells.) Inclination surveys must be made in accordance with the provisions of Statewide Rule No. 17.

The report shall be filed in the District Office of the Commission for the district in which the well is drilled; by attaching one copy of each appropriate completion for the well. (except Plugging Report)

The Commission may require the submittal of the original charts, graphs, or discs, resulting from the surveys.

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form with fields: NO. OF COPIES DESIRED, DISTRIBUTION, SANTA FE, FILE, U.S.O.B., LAND OFFICE, TRANSPORTER OIL GAS, OPERATOR, PRODUCTION OFFICE

Operator HNG OIL COMPANY

Address P. O. Box 2267, Midland, Texas 79702

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

Other (Please explain) CASINGHEAD GAS MUST NOT BE FLARED AFTER 11/17/84 UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Moore 34 Com., Well No. 1, Pool Name Pitchfork Ranch-Wolfcamp, Kind of Lease State, Federal or Fee, Fee, Location Unit Letter G, 1980 Feet From The north Line and 1980 Feet From The east

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [X] or Condensate [ ] The Permian Corporation, Address P. O. Box 1183, Houston, Texas 77001

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

COMPLETION DATA

Designate Type of Completion - (X) Oil Well [X], Gas Well [ ], New Well [X], Workover [ ], Deepen [ ], Plug Back [ ], Some Res'v. [ ], Diff. Re: [ ], Date Spudded 2-13-84, Date Compl. Ready to Prod. 9-17-84, Total Depth 15,376', P.B.T.D. 14,365'

TUBING, CASING, AND CEMENTING RECORD table with columns: HOLE SIZE, CASING & TUBING SIZE, DEPTH SET, SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

Date First New Oil Run To Tanks 9-17-84, Date of Test 9-18-84, Producing Method Flowing, Length of Test 24 hours, Tubing Pressure 1300, Casing Pressure Sealed, Chose Size 14/64"

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), Chose Size

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.

Betty Gildon, Regulatory Analyst, September 20, 1984

OIL CONSERVATION DIVISION, APPROVED SEP 27 1984, 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 deviated tests taken on the well in accordance with RULE 111.

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-103  
Revised 10-1-78

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LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease  
State  Fee

5. State Oil & Gas Lease No.

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  GAS WELL  OTHER \_\_\_\_\_

2. Name of Operator  
HNG OIL COMPANY

3. Address of Operator  
P. O. Box 2267, Midland, Texas 79702

4. Location of Well  
UNIT LETTER G 1980 FEET FROM THE north LINE AND 1980 FEET FROM THE east LINE, SECTION 34 TOWNSHIP 24S RANGE 34E NMPM.

7. Unit Agreement Name

8. Farm or Lease Name  
Moore 34 Com.

9. Well No.  
1

10. Field and Pool, or Wildcat  
Pitchfork Ranch Wolfcamp

11. Elevation (Show whether DF, RT, GR, etc.)  
3401.6' GR

12. County  
Lea

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data  
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: 4/24/84

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <u>PB to Wolfcamp</u> <input checked="" type="checkbox"/>

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 1503.

Morrow perforations - 15,167 to 15,222 (12, .34") and 15,228-34 & 15,238-248 (18, .32")  
Acidized with 4000 gals. 7.5% MS acid. 5-19-84 - 0-200 Mcf/day heading with less than 1/2 BWPB.

8/7/84 - Set CIPB at 14,400' + 35' cement on top. Press tested to 3000#.  
8/9/84 - Perforated the wolfcamp 20 holes, 2 shots/ft. 13,490' - 13,500'.

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OIL CONSERVATION DIVISION

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

SIGNED Betty Gordon TITLE Regulatory Analyst DATE 8/27/84

APPROVED BY Eddie W. Arvey TITLE OIL & GAS INSPECTOR DATE AUG 29 1984

CONDITIONS OF APPROVAL, IF ANY:

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

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LAND OFFICE	
OPERATOR	

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

**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.)

OIL WELL  GAS WELL  OTHER-

Name of Operator  
HNG OIL COMPANY

Address of Operator  
P. O. Box 2267, Midland, Texas 79702

Location of Well  
UNIT LETTER G 1980 FEET FROM THE north LINE AND 1980 FEET FROM  
THE east LINE, SECTION 34 TOWNSHIP 24S RANGE 34E NMPM.

7. Unit Agreement Name  
8. Farm or Lease Name  
Moore 34 Com.  
9. Well No.  
1  
10. Field and Pool, or Wildcat  
Pitchfork Ranch /Morrow/  
12. County  
Lea

15. Elevation (Show whether DF, RT, GR, etc.)  
3401.6' GR

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF: 3/20/84	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>

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 1703.

4-18-84 - 3-1/2" Liner set at 15,370'. Top of liner at 13,209'. C-75 10.3# cemented with 250 sacks Class H cement. 30 minutes pressure tested to 2000#. WOC - 25-1/4 hours.

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

SIGNED Betty Gordon TITLE Regulatory Analyst DATE 4/24/84

APPROVED BY [Signature] TITLE DISTRICT 1 SUPERVISOR DATE APR 26 1984

CONDITIONS OF APPROVAL, IF ANY: