

# SUNDRY NOTICES AND REPORTS ON WELLS

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

|  |  |                                      |
|--|--|--------------------------------------|
| 1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>   |  |                                      |
| 2. NAME OF OPERATOR<br>Texas Pacific Oil Company, Inc.   |  |                                      |
| 3. ADDRESS OF OPERATOR<br>P. O. Box 4067, Midland, Texas 79701   |  |                                      |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.<br>See also space 17 below.)<br>At surface<br>Unit E, 2310' FNL & 990' FWL |  | 9. WELL<br>1                         |
| 14. PERMIT NO.   |  | 10. FIELD AND SURVEY OR A.<br>Rhodes |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.)<br>2995' GR   |  | 11. SEC., T., R., M.<br>28, 26-S,    |
|  |  | 12. COUNTY OR PARISH<br>Lea Ne       |

317 1978

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

NOTICE OF INTENTION TO:

- TEST WATER SHUT-OFF
- FRACTURE TREAT
- SHOOT OR ACIDIZE
- REPAIR WELL
- (Other)

- PULL OR ALTER CASING
- MULTIPLE COMPLETE
- ABANDON\*
- CHANGE PLANS

SUBSEQUENT REPORT OF:

- WATER SHUT-OFF
- FRACTURE TREATMENT
- SHOOTING OR ACIDIZING

- REPAIRING WELL
- ALTERING CASING
- ABANDONMENT\*

(Other) Recomplete in Rhodes Yates 7-Riv  
(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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

11-7-77 Killed well & POH w/production equipment. GIH w/SV EZ through Drill retainer and set at 2944'. Squeezed perfs 2992'-11-10-77 3110' (Jalmat Yates Zone) w/200 sx. Class "C" w/0.5% Halad-3 & 5# salt followed w/100 sx. Class "C" w/5# salt & 3# sand per sack. Did not squeeze. Resqueezed w/300 sx. Class "C" neat at 1100 psi. Did not squeeze. Established pump in rate @ 1.5 BPM @ 1700 psi. Squeezed w/250 sx. Class "C" w/10# gilsonite and 1/4# floeol per sk. plus 100 sx. Class "C" w/2% CaCl<sub>2</sub>. Max. psi 3500#. Final squeeze pressure 2500 psi. Reversed out 54 sx. 20' cement on top of retainer.

11-11-77 Drilled cement and retainer from 2944' to 3329'. through Tested csg. to 500 psi for 30 mins. Held OK. Set 11-16-77 CIBP @ 3275'.

11-17-77 Perf. w/1 SPF @ 3230'-3240' (11 holes), 3246'-56' (11 through holes), 3224'-26' (3 holes), 3196'-3200' (5 holes), 11-24-77 3164'-82' (19 holes) and 3146'-59' (14 holes) using 4" OD csg. gun w/jumbojet charges. Set packer at 3117' & acidized perfs. 3145'-3256' w/2500 gals. 15% Acid. Frac perfs. 3145'-3256' w/40,000 gals. water

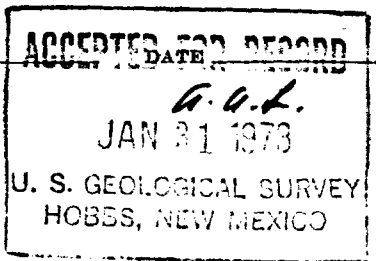
18. I hereby certify that the foregoing is true and correct

SIGNED W. J. McClintock TITLE District Operations Supt DATE 1-25-78

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side



SUNDRY NOTICES AND REPORTS ON WELLS

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

RECEIVED

SEP 14 1977

|  |  |   |
|--|--|---|
| 1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>   |  | 8. FIELD AND ZONE<br>Gre                                  |
| 2. NAME OF OPERATOR<br>Texas Pacific Oil Company, Inc.   |  | 9. WELL NO.<br>1  |
| 3. ADDRESS OF OPERATOR<br>P. O. Box 4067, Midland, Texas 79701   |  | 10. FIELD AND ZONE<br>Jalmat                              |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)<br>At surface<br><br>Unit E, 2310' FNL & 990' FWL |  | 11. SEC., T., R., M., OR SURVEY OR AREA<br>28, 26-S, 37-1 |
| 14. PERMIT NO.   | 15. ELEVATIONS (Show whether DF, RT, GR, etc.)<br>2995' GR | 12. COUNTY OR PARISH 13. STATE<br>Lea New                 |

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

| NOTICE OF INTENTION TO:                      |   | SUBSEQUENT REPORT OF:                          |  |
|--|---|--|--|
| TEST WATER SHUT-OFF <input type="checkbox"/> | PULL OR ALTER CASING <input type="checkbox"/> | WATER SHUT-OFF <input type="checkbox"/>        | REPAIRING WELL <input type="checkbox"/>  |
| FRACTURE TREAT <input type="checkbox"/>      | MULTIPLE COMPLETE <input type="checkbox"/>    | FRACTURE TREATMENT <input type="checkbox"/>    | ALTERING CASING <input type="checkbox"/> |
| SHOOT OR ACIDIZE <input type="checkbox"/>    | ABANDON* <input type="checkbox"/>             | SHOOTING OR ACIDIZING <input type="checkbox"/> | ABANDONMENT* <input type="checkbox"/>    |
| REPAIR WELL <input type="checkbox"/>         | CHANGE PLANS <input type="checkbox"/>         | (Other) _____                                  |  |

(Other) Recomplete in Rhodes-Yates 7-R

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

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

Abandon Jalmat Yates Zone & Recomplete in Rhodes Yates 7-Rivers

- Set EZ Drill cement retainer at 2950' and squeeze perfs. 2992'-3110' w/300 sx. Class "C" cement. WOC 24 hrs. & test squeeze.
- Clean out to 3280' - set CIBP at 3275'.
- Perf. w/1 SPF 3224'-26', 3230'-40', 3246'-56'.
- Set packer at 3210' & acidize w/2500 gals. 15% NE Acid.
- Recover load and test. Reset packer at 3120'.
- Frac w/40,000 gals. water & 64,000# sand.
- Swab and test.
- Run production equipment and place on production.

SEP 23 1977

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

SIGNED W. J. McClintock TITLE District Operations Supt. DATE 9-13-77

(This space for Federal or State office use)

|                                 |             |   |
|---------------------------------|-------------|---|
| APPROVED BY _____               | TITLE _____ | <p><b>APPROVED</b></p> <p>DATE<br/>SEP 14 1977</p> <p>BERNARD MOROZ<br/>DISTRICT ENGINEER</p> |
| CONDITIONS OF APPROVAL, IF ANY: |             |   |

\*See Instructions on Reverse Side

This form shall be submitted by the operator before an initial allowable will be assigned. Form C-104 is to be submitted in QUADRUPPLICATE to the same District Office to which an allowable will be assigned effective 7:00 A.M. on date of completion or recompletion, provided this month of completion or recompletion. The completion date shall be that date in the case of an allowable entered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

Jal., New Mexico  
(Place)

**WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS:**

R. Olsen Oil Company Gregory, Well No. B-1, in SW  
(Company or Operator) (Lease)  
E 28 Sec. 28, T. 26S, R. 37E, NMPM., Jalmart

County. Date Spudded 11-23-58 Date Drilling Completed 12  
Elevation 2995.5 GL Total Depth 3365 PBD 31  
Top Oil/Gas Pay 2992 Name of Prod. Form. Yates

Please indicate location:

|   |   |   |
|---|---|---|
| D | B | A |
| E | F | G |
| L | K | J |
| M | N | O |

MAIN OFFICE: 10 MIN. S. 1000 JUL 1959

PRODUCING INTERVAL -  
Perforations 2992-3075 3085-3110  
Open Hole \_\_\_\_\_ Depth \_\_\_\_\_  
Casing Shoe 3354 Depth Tubing 2968

OIL WELL TEST -  
Natural Prod. Test: \_\_\_\_\_ bbls. oil, \_\_\_\_\_ bbls water in \_\_\_\_\_ hrs, \_\_\_\_\_ min. Choke Size \_\_\_\_\_  
Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): \_\_\_\_\_ bbls. oil, \_\_\_\_\_ bbls water in \_\_\_\_\_ hrs, \_\_\_\_\_ min. Choke Size \_\_\_\_\_

GAS WELL TEST -  
Natural Prod. Test: None MCF/Day; Hours flowed \_\_\_\_\_ Choke Size \_\_\_\_\_  
Method of Testing (pitot, back pressure, etc.): \_\_\_\_\_

Test After Acid or Fracture Treatment: 4,800 AOF MCF/Day; Hours flowed \_\_\_\_\_  
Choke Size \_\_\_\_\_ Method of Testing: 4 pt back pressure

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 20,000 gal refined oil & lease crude + 20,000# 20/40 sand.  
Casing Press. 1070 Tubing Press. 1063 Date first new oil run to tanks 2-26-59

Oil Transporter Not Designated  
Gas Transporter El Paso Natural Gas Company

**Tubing, Casing and Cementing Record**

| Size  | Feet | Sx  |
|-------|------|-----|
| 9 5/8 | 306  | 200 |
| 7     | 3354 | 300 |
|       |      |     |
|       |      |     |

Remarks: 7" casing 2 staged with 100 sx at shoe and 200 sx at 2 stage tool.  
Produced 5.5 bbls oil per 1000 MCF  
Waiting on Gas Connection

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

Approved \_\_\_\_\_, 19\_\_\_\_

R. Olsen Oil Company  
(Company or Operator)

**OIL CONSERVATION COMMISSION**  
By: *[Signature]*  
Title: Engineer District

By: *[Signature]*  
(Signature)

Title: Engineer  
Send Communications regarding well to:

Name: Olsen Oils, Inc.  
Address: Box 691 Jal., New Mexico

|              |  |  |
|--------------|--|--|
| DISTRIBUTION |  |  |
| SANTA FE     |  |  |
| FILE         |  |  |
| U.S.G.P.     |  |  |
| LAND OFFICE  |  |  |
| OPERATOR     |  |  |

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

Sa. Ind. \_\_\_\_\_  
State \_\_\_\_\_  
S. State Off  
B-7606

**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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- _____  | 7. Unit Agreement No. _____                           |
| 2. Name of Operator<br><b>Doyle Hartman</b>   | 8. Firm or Lease Name<br><b>State UTP</b>             |
| 3. Address of Operator<br><b>P. O. Box 10426, Midland, Texas 79702</b>  | 9. Well No.<br><b>2</b>                               |
| 4. Location of Well<br>UNIT LETTER <b>G</b> _____ FEET FROM THE <b>North</b> LINE AND <b>2310</b> FEET FROM<br><b>East</b> _____ THE LINE, SECTION <b>28</b> TOWNSHIP <b>26-S</b> RANGE <b>37-E</b> NMPM. | 10. Field and Pool, or Wildcat<br><b>Rhodes-Yates</b> |
| 15. Elevation (Show whether DF, RT, GR, etc.)<br><b>2966 G.L.</b>   | 12. County<br><b>Lea</b>                              |

19. 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 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 JOBS <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 1103.

Drilled well to a total depth of 3400'. Ran 86 joints (3409') of 5 1/2 OD, 17 lb/ft, J-55, ST&C casing and landed at 3400' RKB with float-shoe at 3400'. Cemented casing with 400 sx of API Class-C cement containing 3% Halliburton Econolite and 1/4 lb/sx Floseal followed by 200 sx of a 50-50 blend of API Class-C cement and Pozmix "A" containing 18% salt and 1/4 lb/sx Floseal. Plug down at 10:14 P.M. CST 10-28-80. Circulated 100 sx of excess cement to pit. Pressure tested casing to 1400 psi. Pressure held okay.

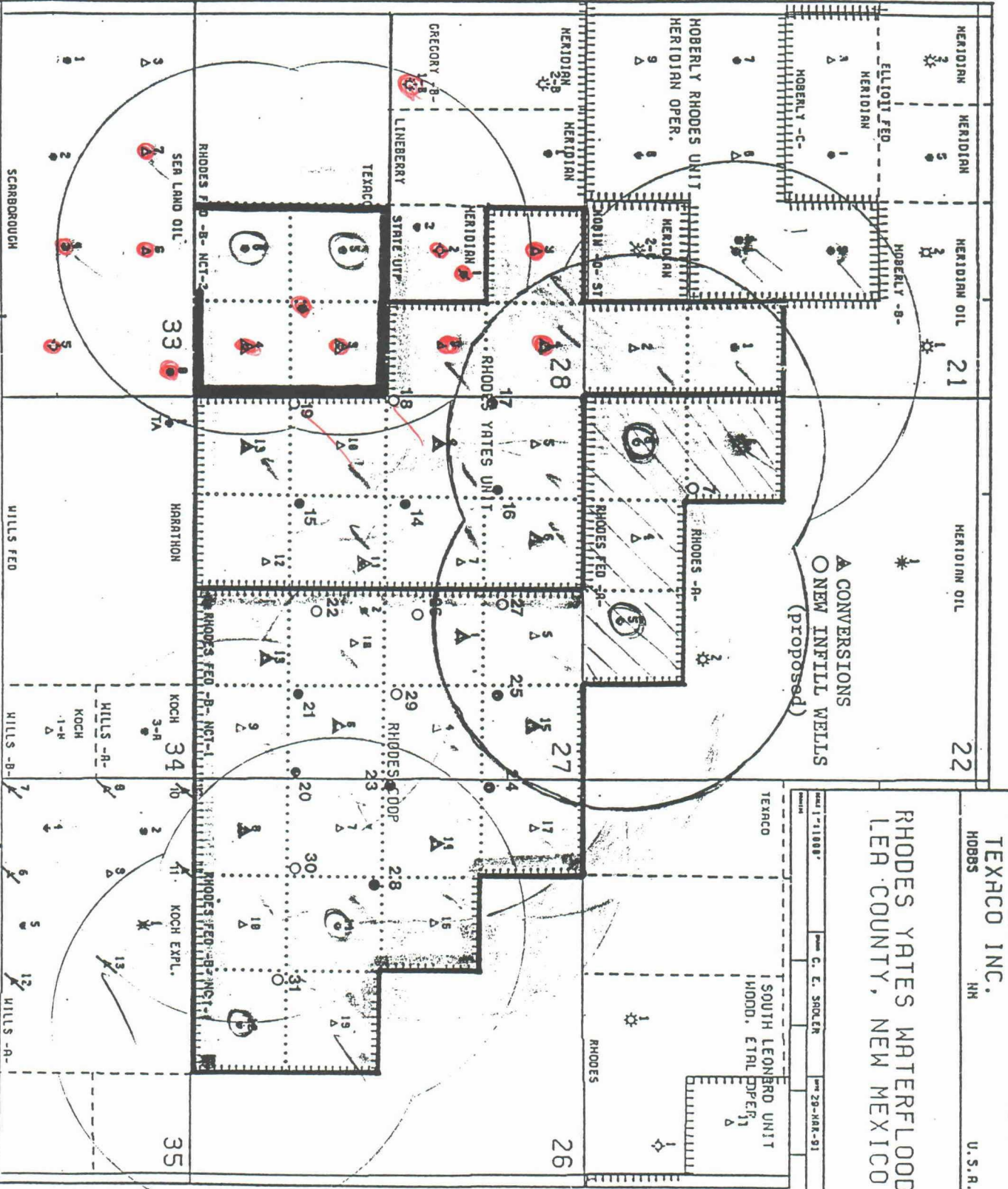
NOV 10 1980  
SANTA FE

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

SIGNED Michelle Nemelue TITLE Administrative Assistant DATE 10-31-80

APPROVED BY George [Signature] TITLE SUPERVISOR DISTRICT 1 DATE NOV 3 1980

CONDITIONS OF APPROVAL, IF ANY:



|   |                     |  |  |
|---|---------------------|--|--|
| TEXACO INC.                                       |                     | U.S.A.                                   |  |
| HOBSBS  |                     | NH                                       |  |
| RHODES YATES WATERFLOOD<br>LEA COUNTY, NEW MEXICO |                     |  |  |
| Map 1-11088                                       | Drawn C. E. SRODLEN | Rev 29-MAR-91                            |  |
| TEXACO  |                     | SOUTH LEONARD UNIT<br>HADD. ETRL DPER 11 |  |

Δ CONVERSIONS  
 ○ NEW INFILL WELLS  
 (proposed)

WFR-45X  
 645

26S  
 37E



STATUTE MILES 0 .1 .2 .3 .4 .5  
 FEET 0 1000 2000 3000 4000 5000

RTM