FIH out only Southers I. H. III, and VI for changes of events well name or number, or transporter, or other such change of condition Separate Forms C-104 must be filed for each pool in multiper

well, this form must be accompanied by a tabulation of the deviational taken on the well in accordance with RULE 111.

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

ala_ (Signature)

(1:114)

(Dete)

1-16-84

Production Supérvisor

John John of Maria

STATE OF HEW MEXICO IGY AND MINISTRAN DEPARTMENT	•		Form C-104 Revised 10-1-70
cp p/ cp/cc *ct11518	OIL CONSERVA	TION DIVISION RECEN	/ED BY
SANTA FE	P. O. BO SANTA FE, NEW	_	e de la companya de l
V 4.0.4.		Unit 4,	3 1984
LAND OFFICE	REQUEST FOR	R ALLOWABLE O. C	
TRANSPORTER OIL		ID APTESIA,	OFFICE
FROMATION DEFICE	AUTHORIZATION TO TRANSF	PORT OIL AND NATURAL GAS	
Oserator	eum Corporation		
Address			
207 South 4t	h St., Artesia, NM 88210	Other (Please explain)	
New Well X	Change in Transporter of:	Omer (Treate explain)	
Recompletion	CII Diy Ga	• 🔲	
Change In Ownershit	Caminghead Gam Conden	±ote	
fichange of ownership give name and address of previous owner			
DISCRIPTION OF WELL AND	Frase		
Leuse l'anne	well No. Fool Name, Including fo	•	
Esperanza XP Federal	2 Wildcat Abo	State, Foder	olorFoo Federal NM 37037
Location N 660	Feel From The South Line	e and 1780 Feet From	The West
	terition tos 2000 Cin	recerton	
Line of Section 26 To	rightp 4S Range	20Е , ммрм,	Chaves Count
DESIGNATION OF TRANSPORT	TER OF OH, AND NATURAL GA	S	
Name of Authorized Transporter of Cit		Roy 159 Artacia NM 8	
Navajo Crude Oil Pur		Box 159, Artesia, NM 8 Address (Give address to which appro	OZIO oved copy of this form is to be sent)
Transwestern Pipeline	Co.		77001
If well produces oil or liquids,	Unit Sec. Twp. Rge.		approx 6-8 months
give location of tanks.	N ! 24 4s ! 20e	ive commingling order sumber	
f this production is commingled win COMPLETION DATA	th that from any other lease or pool,		
Designate Type of Completic	on - (X)	New Well Workover Deepen	Plug Book Same Resty, Ulff. r o
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
11-9-83	1-15-84	3900'	3720'
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oli/Gas Pay	Tubing Depth
4481 GR	Abo	2512'	2451 Depth Casing Shoe
2512-69			3900'
		CEMENTING RECORD	SACKS CEMENT
HOLE SIZE 17-1/2"	CASING & TUBING SIZE 13-3/8"	321 t	550
12-1/4"	9-5/8"	819'	300
7-7/8"	4-1/2"	3900'	875
	2-3/8"	2451'	
	OR ALLOWABLE (Test must be af able for this de	pen or be jen juit 24 nouses	
DIL WELL Date First New Oil Run To Tanks	Date of Teet	Producing Method (Flow, pump, gas l	ifi, etc.)
,		Casing Pressure	Choke Sixe
Length of Test	Tubing Pressure	Curry 1 1440m2	
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Ga* • MCF
ALC WEST T			
ACTUAL FIOD. TOBIO MORE/D	Length of Test	Bbla. Condenscie/MMCF	Gravity of Condensate
85	12 hrs		Choke Size
Teeting Method (pitot, back pr.)	Tubing Pressure (shut-in) 200	Cosing Pressure (shut-in) Pkr	3/16"
Back Pressure ERTIFICATE OF COMPLIAN		OIL CONSERVA	
ENTIFICATE OF COMPLIAN	<i>⊶</i>	w.	
hereby certify that the rules and	regulations of the Oil Conservation	APPROVED	
Division have been compiled with bove is true and complete to the	and that the information given beat of my knowledge and belief.	BY	The state of the s
7		TITLE to be filed in compliance with nucle time	
(Signature)		well, this form must be accompensed by a tandistroit of the detection of t	
Production Supérvisor		All anctions of this form must be filled out completely for also.	
(7:7'e) 1-16-84		eble on now and recompleted v	ti iti and VI for changes of events
(Date)		well asine or number, or trenspo	ifet of other such curule of course
		Separate Forms C-104 thu commission wells.	et be filed for each pool in multiple

Address	P.O. BO SANTA FE, NEW REQUEST FOR AT AUTHORIZATION TO TRANSF eum Corporation h St., Artesia, NM 88210	MEXICO 87501 JAN 2	f	
New Well Recompletion Change in Ownership	Change in Transporter of: Cil Dry Ga Casinghead Gas Conden	F=5		
fichange of ownership give name and address of previous owner.				
	Peel From The South Lin	s and 1780 Feet From	The West	NM 37037
Cine of Section	enthip 4S Range	20Е , ммрм,	Chaves	County
Navajo Crude Oil Purchasing Co. Name of Authorized Transporter of Cosinghead Gas or Dry Gas X Transwestern Pipeline Co. If well produces oil or liquids, Sec. Twp. Rge. Give Lection of tanks. N 24 4s 20e		Box 159, Artesia, NM 88 Address (Give address to which appro- Box 2521, Houston, TX Is gas actually connected?	8210	to be sent)
	th that from any other lease or pool,	give commingling order number:		
Designate Type of Completion	on - (X) Cil Well Gas Well X	New Well Workover Deepen	1 1	stv. 1 iif. her
Dute Spudded 11-9-83	Date Compl. Heady to Prod. 1-15-84	Total Depth 3900'	P.B.T.D. 3720'	
Elevations (DF, RKB, RT, GR, etc.) 4481' GR	Name of Producing Formation Abo	Top Oil/Gas Pay 2512'	Tubing Depth 2451 *	
Perforations 2512-691			Depth Casing Shoe	
		CEMENTING RECORD	SACKS CE	MENT
17-1/2"	CASING A TUBING SIZE 13-3/8"	321'	550	
12-1/4"	9-5/8''	819'	300	
7-7/8"	4-1/2"	3900'	875	
	2-3/8"	1 2451 ter recovery of total volume of load of	land must be equal to or	exceed top ail
FEST DATA AND REQUEST FOIL WELL Date First New Oil Bun To Tonks	able for this de	pth or be for full 24 hours) Producing Method (Flow, pump, 203 l		
		Casing Pressure	Choke Size	
Length of Tost	Tubing Pressure		Ggs - MCF	
Actual Prod. During Tost	Oil-Bbla.	Water-Bbls.		
ACTUAL FROM, TOBIOMOFIND	Length of Test	Bbla. Condensate/MMCF	Gravity of Condensate	
85	12 hrs	Cosing Pressure (Shut-in)	Choke Size	
Teeting Method (pitot, back pr.)	Tubing Pressure (Whut-in)	Pkr	3/16"	
Back Pressure CERTIFICATE OF COMPLIAN		OIL CONSERVA		
ERMITERIE OF COMPENS		APPROVED		19
hereby certify that the rules and regulations of the Oll Conservation Division have been complied with and that the information given have is true and complete to the best of my knowledge and belief.		BYTITLE		
Production Supervisor (10/4) 1-16-84 (Date)		TITLE If this is a request for allowell, this form must be accompteste taken on the well in accompleted while on new and recompleted will name or number, or transposed parameter Forms C-104 multiposed wells.	compliance with null wable for a newly dril anied by a tabulation ordance with RULE 10 ust be filled out complyells. II, III, and VI for the sten or other such that	r tion led or dooptous of the deviation it, letaly for allow anyon of owner, age of condition

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

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

September Forms C-104 must be filed for each pool in multiply ulying wells.

(Signature)

(7:00)

1-16-84

Production Supérvisor

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

BTATE OF NEW MEXICO BGY was MINERALD DEPARTMENT	•	PECEN	Form C-104 Revised 10-1-70	
es se some escaps		TION DIVISION CEN	VED BY	
TAREA FE	P, O, BO SANTA FE, NEV	V MEXICO 8/501 JAN 2:	3 1001	
r 11. f	3,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
LAND DEFILE	REQUEST FO	C. C R ALLOWABLE ARTESIA,		
STANSPORTER OIL	٨	HD	The state of the s	
PROBATION OFFICE Cherator	AUTHORIZATION TO TRANS	PORT OIL AND NATURAL GAS		
	leum Corporation			
207 South 4	th St., Artesia, NM 88210			
Reason(s) for liling (Check proper b.	Ok.) Change in Transporter ol:	Other (Please explain)		
Recompletion	CII Dry Go	·• 🔲		
Change in Ownership	Casinghead Gas Conder	hadte .		
fichange of ownership give name and address of previous owner				
OLSCRIPTION OF WELL AND) I.C.ASF. Well No. Pool Name, including F	ormation Kind of t	_ease Lease N.	
Esperanza XP Federal	f I		oderat or Fee Federal NM 37037	
Location	0 0	1700		
	O Feet From The South Lin	ne and 1/8U Feet F	rom The West	
Line of Section 26	o rehip 48 Range	20Е , ММРМ,	Chaves Count,	
IESIGNATION OF TRANSPORMENT OF CONTROL OF Authorized Transporter of C	RTER OF OIL AND NATURAL GA	S Address (Give address to which a	pproved copy of this form is to be sent;	
Navajo Crude Oil Pu	rchasing Co.	Box 159, Artesia, NM	88210	
Name of Authorized Transporter of C	osinghead Gas Or Dry Gas X	Address (Give address to which a	pproved copy of this form is to be sent)	
Transwestern Pipelin		Box 2521, Houston, T		
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. N 24 4s 20e	Yes	approx 6-8 months	
f this production is commingled v	with that from any other lease or pool,			
Designate Type of Complet	ion - (X) Cil Well Gas Well X	New Well Workover Deeper	Plug Back Same Resty, 1711f. Fee	
Olite Spudded	Date Compl. Heady to Prod.	Total Depth	P.B.T.D.	
11-9-83 Elevations (DF, REB, RT, GR, etc.)	1-15-84 *Tame of Producing Formation	3900' Top Oll/Gas Pay	Tubing Depth	
4481' GR	Abo	2512'	2451 * Depth Casing Shoe	
Perforations 2512-69*			3900'	
		CEMENTING RECORD DEPTH SET	SACKS CEMENT	
17-1/2"	CASING & TUBING SIZE 13-3/8"	321'	550	
12-1/4"	9-5/8"	819'	300	
7-7/8"	4-1/2"	3900'	875	
EST DATA AND REQUEST	EOR ALLOWARIE (Test must be a	(ter recovery of total volume of load	i oil and must be equal to or exceed top air	
OIL WELL Oute First New Oil Bun To Tonks	able for this de	pth or be for full 24 hours) Producing Method (Flow, pump, s.		
, and the tree of			Cheke Size	
Length of Test	Tubing Proseure	Casing Pressure	Chero dia	
Actual Prod. During Test	Oil-Bbla.	Water - Bbls.	Gas • MCF	
OLC WELL				
GAS WELL Actual Prod. Tobi-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
85	12 hrs	Coming Pressure (Shut-in)	Choke Size	
Teeting Method (pitot, back pr.)	Tubing Procoure (Shut-in) 200	Pkr	3/16"	
Back Pressure CERTIFICATE OF COMPLIA		<u> </u>	VATION DIVISION	
JENTH TOATE OF COMPERA		₩	, 19	
simiston have been compiled wit	regulations of the Oil Conservation the and that the information given		4	
bove is true and complete to the	he best of my knowledge and belief.	BY		
		TITLE		
9		This term is to be filed	1. compliance with RULE 1104	
We i consider	Ta- / wolles	II at all a force entired her meece	allowable for a newly dilled or deoptics impanied by a tabulation of the deviation	
Produ	notwej) ction Supérvisor	I toute taken on the well in accordance with note in.		
(1000) 1-16-84		All sections of this form must be filled out completely for elloweble on new and recompleted walls. Fill out only Sections I, II, III, and VI for changes of owner well name or number, or transporter, or other such thange of conditions.		
•	•	icted wells.		

STATE OF NEW MEXICO GGY AND MINERALS DEPARTMENT	•		Form C-104 Revised 10-1-70	
co or aprile entires		TION DIVISIONECT	LU bY	
EANTA PE	P.O.BO SANTA FE. NEW	V MEXICO 87501 JAN 2	9. 243	
FILE	5777777	UMIT 2	3 1984	
LAND OFFICE	RECHEST FOL	R ALLOWABLE O. C	C. D.	
TO AMERON TEN OIL		NO ARTESIA,	OFFICE	
OPERATOR FRONATION OFFICE Specialist	AUTHORIZATION TO TRANSF	PORT OIL AND NATURAL GAS		
	leum Corporation			
	th St., Artesia, NM 88210		:	
Resson(s) for liling (Check proper bos	Change in Transporter of:	Other (Please explain)		
Recompletion [1]	Cil Diy Ga			
Change in Ownership	Caminghead Gam Conder	n=a(•		
I change of ownership give name				
nd address of previous owner				
DESCRIPTION OF WELL AND	LEASE	Type de la		
Esperanza XP Federal	Well No. Pool Name, Including Fo		derator Fee Federal NM 37037	
Location			, , , , , , , , , , , , , , , , , , , ,	
Unit Letter N : 660) Feet From The South Lin	o and 1780 Feet Fi	roia The West	
Line of Section 26	- izhip 4S Range	20E , NMPM,	Chaves County	
SUSSECNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	.S		
None of Authorized Transporter of Cl	cr Condensate	Address (Give address to which a	pproved copy of this form is to be senif	
Navajo Crude Oil Pur		Box 159, Artesia, NM	88210 pproved copy of this form is to be sent)	
Name of Authorized Transporter of Co Transwestern Pipeline		Box 2521, Houston, T.		
If well produces oil or liquids,	Unit Sec. Twp. Rge.	is gas actually connected?	when approx 6-8 months	
give location of tanks.	N 24 4s 20e	Yes	I	
· · · · · · · · · · · · · · · · · · ·	th that from any other lease or pool,	give commingling order number:		
COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Piug Back Same Resty, Diff, here	
Designate Type of Completi	1	X Total Depth	F.B.T.D.	
Dute Spudded 11-9~83	Date Compl. Ready to Prod. 1-15-84	3900'	3720'	
Elevations (DF, REB, RT, GR, etc.)	Name of Producing Formation	Top Otl/Gas Pay	Tubing Depth	
4481' GR	Abo	2512'	2451 Depth Casing Shoe	
Perforations 2512-69*			3900'	
	TUBING, CASING, AND	CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
17-1/2"	13-3/8" 9-5/8"	321' 819'	550 300	
12-1/4" 7-7/8"	4-1/2"	3900'	875	
7-170	2-3/8"	2451'		
TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be at	fter recovery of total volume of load pth or be for full 24 hours)	oil and must be equal to or exceed top al.	
DIL WELL Date First New Oil Bun To Tanks	Date of Test	Producing Method (Flow, pump, go	as lift, etc.)	
			Choxe Size	
Length of Test	Tubing Prossus	Casing Pressure	Chore Size	
Actual Prod. During Test	Oil-Bble.	Water-Bbls.	Gas - MCF	
GAS WELL		·		
Actual Frad. Tool-MCF/D	Length of Test	Bbla. Condensate/MMCF	Gravity of Condensate	
85	12 hrs	Cosing Pressure (Shut-in)	Choke Size	
Teeting Method (pitot, back pr.)	Tubing Pressur (Shut-in) 200	Pkr	3/16"	
Back Pressure CERTIFICATE OF COMPLIAN		<u> </u>	VATION DIVISION	
JERMITICALE OF COMEDIAN		Ne"		
hereby certify that the rules and	regulations of the Oil Conservation	APPROVED	, 19	
Division have been complied with bove is true and complete to the	e best of my knowledge and belief.	BY		
		TITLE		
	4.	in a nie tom ie to be filod	L. compliance with mut. F. 1104	
Vicinita / Loo clea		If this is a request for allowable for a newly drilled or deepthone well, this form must be accompanied by a tabulation of the deviation.		
(Signature)		toute taken on the woll in 6	CCOlganca with MORE (1)	
Production Supervisor		All sections of this form must be filled out completely for allowable on new and recompleted wells.		
1-16-84		I see a selection	t II III and VI for changes of owner.	
. (D)	G.L.C.)	wall name or number, or trans	sporter, or other such change of condition must be filed for each pool in multiple,	
•		i completed walls.	· · · · · · · · · · · · · · · · · · ·	

Fill out only Sections I. II. III, and VI for changes of owner. (c) have or number, or transporter or other such change of condition

detail walln.

Separate Forms C-104 must be filled for each pool in multiply

Production Supérvisor

(75%)

1-16-84 (Date)