abrat 5 Copies Appropriate District Office AISTRICT I		ew Mexico ural Resources Dep Tent	Form C-104 Revised 1-1-89 RECES#Tigtractions
2.0. Box 1980, Hobbs, NM 88240	OIL CONSERVA	TION DIVISION	at Bottom of Page
2.0. Drawer DD, Anesia, NM 88210		exico 87504-2088	FEB 22 '90 XV
1000 Sio Brazos Rd., Aziec, NM 87410	REQUEST FOR ALLOWAE TO TRANSPORT OIL	BLE AND AUTHORIZATIO	N C. E. ARTESIA, OFFICE
Operator C.D. Fultow			CII API No.
Address	Λ. <i>t</i> . '		
P.O. Bok 112 Reason(s) for Filing (Check proper bax)	7/ 1/05/0	N. M. 88310)
New Well	Change in Transporter of:		
Change in Operator	Oil 24 Dry Gas Casinghead Gas Condensate		
If change of operator give name and address of previous operator		· · · · · · · · · · · · · · · · · · ·	
II. DESCRIPTION OF WELL	AND LEASE		? 1/ # 0/202 02
Lease Name	Well No: Pool Name, Includi	ing Formation K	ind of Lease Lease No.
Gulf Stat	Deuase lat	e GSA	The Federal or Fee B1162-0
Unit Letter	: Feet From The	N Line and 660	_ Feet From The Line
Section A Townshi	p 175 Range 29	E NMPM	
III. DESIGNATION OF TRAN	SPORTER OF OIL AND NATU		Eddy County
Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which appr $D \lambda = \infty$	
Name of Authorized Transporter of Casin	ghead Gas [K] or Dry Gas []	Adjicess (Give address to which app)	oved copy of this form is to be real
Continental Oil Co. If well produces oil or liquids,		PU BUX 2197 7	custer Ir.
give location of tanks.	Unit Sec Twp Rge.		When 7 -
If this production is commingled with that IV. COMPLETION DATA	from any other lease or pool, give comming	ling order number:	
Designate Type of Completion	- (X) Oil Well Gas Well	New Well Workover Deep	en Plug Back Same Res'v Diff Rea'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	1		Depth Casing Shoe
••••••••••••••••••••••••••••••••••••••	TUBING, CASING AND	CEMENTING RECORD	·
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
			Post ID-3
	***		ahe bT: THM
V. TEST DATA AND REQUE	ST FOR ALLOWABLE		
OIL WELL (Test must be after i	recovery of total volume of load oil and must	t be equal to or exceed top allowable fo	or this depth or be for full 24 hours.)
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas	lýt, esc.)
Leogth of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bols.	Water - Bbis.	Gas- MCF
GAS WELL		1	
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MINICF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shui-in)	Choke Size
VI. OPERATOR CERTIFIC I hereby certify that the rules and regul	ations of the Oil Conservation	OIL CONSEF	RVATION DIVISION
Division have been complied with and is true and complete to the best of my	that the information given above knowledge and belief.		MAR 9 1890
KM Stamp			
Signature A. Staggett	Bolkesper	By <u>OFICIANS</u> MIKE WILL	CICITED BA
Printed Nume R/32/90	Bolke per Title 748-3631 Telephone No.		DR, DISTRICT II
Bale	Telephone No.		

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 ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION

Drawer DD

Artesia, N.M.

DISTRICT OFFICE 'II

January thru April 1988 NO._____ 2021 O

SUPPLEMENT TO THE OIL PRORATION SCHEDULE

DATE _____ February 11, 1988

PURPOSE _____

ALLOWABLE ASSIGNMENT - OLD OIL

Effective February 1, 1988 the allowables for the following wells in the Square Lake Grayburg San Andres Pool for C.O. Fulton are hereby revised

as indicated.

Dublin Federal #1-C-3-17-29 2 BOPD February Total - 58 bbls. March Total - 62 bbls. April Total - 60 bbls.

Dublin St. #-I-3-17-29 5 BOPD February Total - 145 bbls. March Total - 155 bbls. April Total - 150 bbls.

Dublin St. #3-H-3-17-29 5 BOPD February Total - 145 bbls. March Total - 155 bbls. April Total - 150 bbls.

Dublin St. #4-O-3-17-29 8 BOPD February Total - 232 bbls. March Total - 248 bbls. April Total - 240 bbls.

MW/mm

C.O. Fulton

NRE THM TIM CON Dublin St. #5-A-3-17-29 5 BOPD February Total - 145 bbls. March Total - 155 bbls. April Total - 150 bbls.

Gulf St. #1-D-2-17-29 7 BOPD February Total - 203 bbls. March Total - 217 bbls. April Total - 210 bbls.

Gulf St. #2,3,4-D-3-17-2932 BOPDFebruary Total - 928 bbls.March Total - 992 bbls.April Total - 960 bbls.

State A #1-B-2-17-29 4 BOPD February Total - 116 bbls. March Total - 124 bbls. April Total - 120 bbls.

OIL CONSERVATION DIVISION

DISTRICT SUPERVISOR

STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION

Drawer DD Artesia, N.M.

DISTRICT OFFICE II

January thru April 1988 NO._____2009 X

SUPPLEMENT TO THE OIL PRORATION SCHEDULE

DATE _____ January 20, 1988

PURPOSE ______ ALLOWABLE ASSIGNMENT - CANCELLATION

Effective January 1, 1988 the allowables for the following wells for C.O. Fulton in the Artesia Oucen Grayburg San Andres Pool are hereby cancelled for failure to file monthly report C-115.

Gulf State #1-17-18-18-28

Yates State 41-I-13-18-27

W/m

C.O. Fulton

TPT1 AKC.

OIL CONSERVATION DIVISION

DISTRICT SUPERVISOR

OIL CONSERVATION DIVISION

Drawer DD

Artesia, N.M.

DISTRICT OFFICE II

May thru August 1987

NO._____ 2072 R

SUPPLEMENT TO THE OIL PRORATION SCHEDULE

DATE _____July 10, 1987_____

PURPOSE ______ ALLOWABLE ASSIGNMENT - REVISION

Effective July 1, 1987 the allowables for the following wells for C.O. Fulton in the Artesia Queen Grayburg San Andres Pool are hereby revised as indicated.

2 8 BOPD Gulf State #1-9-13-18-28

> July Total - 93 bbls. Aug. Total - 93 bbls.

Yates State #1-I-13-18-27 3 BOFD

> July Total - 93 bbls. Aug. Total - 93 bbls.

LAC/mm

C.O. Fulton

TYM **MRC**

OIL CONSERVATION DIVISION

DISTRICT SUPERVISOR

OIL CONSERVATION DIVISION

Drawer DD Artesia, N.M.

DISTRICT OFFICE II

May thru August 1987 NO. 2074 R

SUPPLEMENT TO THE OIL PRORATION SCHEDULE

DATE _____ July 10, 1987

PURPOSE ______ ALLOWABLE ASSIGNMENT - REVISION

Effective July 1, 1987 the allowables for the following wells in the

Square Lake Grayburg San Andres Pool for C.O. Fulton are hereby revised

as indicated.

- Dublin Federal #1-C-3-17-29 2 BOPD July Total - 62 bbls. Aug. Total - 62 bbls.
- Dublin St. #1-I-3-17-29
 5 BOPD

 July Total 155 bbls.
 Aug. Total 155 bbls.
- Dublin St. #3-H-3-17-29
 5 BOPD

 July Total 155 bbls.
 Aug. Total 155 bbls.
- Dublin St. #4-0-3-17-29 8 BOPD July Total - 248 bbls. Aug. Total - 248 bbls.

Dublin St. #5-A-3-17-29 5 BOPD July Total - 155 bbls. Augl. Total - 155 bbls.

 Gulf St. #1-D-2-17-29
 7 BOPD

 July Total - 217 Bbls.

 Aug. Total - 217 bbls.

- Gulf St. #2,3,4,D-3-17-29 32 BOPD July Total - 992 bbls. Aug. Total - 992 bbls.
- State A #1-E-2-17-29
 4 BOPD

 July Total 124 bbls.

 Aug. Total 124 bbls.

LAC/mm

C.O. Fulton

OIL CONSERVATION DIVISION DISTRICT SUPERVISOR

NRC TNM STATE OF NEW MEXICC ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION

Drawer DD Artesia, N.M.

DISTRICT OFFICE II

May thru August 1987 NO. 2048 X

SUPPLEMENT TO THE OIL PRORATION SCHEDULE

DATE _____ June 10, 1987

PURPOSE_

ALLOWABLE CANCELLATION

Effective June 1, 1987 the allowables for the C.O. Fulton wells in the following pools are hereby cancelled for failure to submit monthly production reports C-115 on the following wells.

Square Lake Grayburg San Andres Pool C.O. Fulton State A #1-E-2-17-29 Dublin Federal #1-C-3-17-29 " #3-H-3-17-29 " #4-C-3-17-29 " #5-A-3-17-29 Gulf State B #1-D-2-17-29 " #2-D-2-17-29 " #3-D-3-17-29 " #4-D-3-17-29 Artesia Queen Grayburg San Andres C.O. Fulton Gulf State #1-H-18-18-28 Yates State K #1-13-18-27

Empire Yates Seven Rivers Pan American B #1-C-34-17-28

LAC/mm

C.O. Fulton

NRĈ TNM

OIL CONSERVATION DIVISION DISTRICT SUPERVISOR

NEW MEXICO OIL CONSERVATION COMMISSION

P. O. DRAWER DD ARTESIA, NEW MEXICO

÷.

May thru Aug. 1974

No. 2104 R

SUPPLEMENT TO THE OIL PRORATION SCHEDULE

DATE ______?/???/?.4_____

PURPOSE: ALLONABLE OFFISION

Lifective 7/1/74, the allowables of the following C. C. Fulton wells in the pool listed below are hereby revised as indicated. <u>Sequere Lake</u> Gulf St. #1-D, 2-17-29, increased to 12 BOPD. July total, 372 bbls Mug. " , 372 "

Culf Ct. C2-D, 3-17-29, increased to 12 BOPD. July total, 372 bbls Aug. 7 , 372 bbls

12AG : 194

C.C. Sulton

OIL CONSERVATION COMMISSION

and the second s

Supervisor, District No. 2

EXTRA COPY

NO. OF COPIES REC	EIVED	14													
DISTRIBUTI	ON				NEW				ATION CON	MISSION		Form	C-104		
SANTA FE						RE	QUEST	FOR AL	LOWABLE			Super	rsedes Ol		nd C-110
FILE	···	12		-				AND		R	EC	EIVE	$\mathbf{D}^{\text{tive } 1-1-6}$	55	
U.S.G.S.				AUTH	IORIZA	TION	TO TRA	NSPOR	OIL AND	D NATUR	RAL G	AS			
LAND OFFICE	016	$\overline{1}$									MAY	24 1972			
	GAS														
PRORATION OF		-↓-										C. C.			
Operator		<u> </u>									ARTES	A. OFFICE			
	.0.	Ful	ton												
Address		0	110					\							
Reason(s) for filing	Check 1			<u>;1</u>					Other (Plea	ase explain	; r)				
New Well				Change	in Trans	porter of	f:			-	-				
Recompletion				Oil			Dry Ga		Lease	name	oha	nge		<i>,</i> -	1
Change in Ownershi				Casingh	nead Gas		Conden	sate 🔄							
If change of owners and address of prev							·	<u></u>				<u> </u>			
DESCRIPTION O	F WEL	LA	ND LE	ASE							Gul	f lease	no.	0-53	837-0
Lease Name				Well No	p. Pool I	Name, In	cluding Fe	ormation		-	f Lease				e No.
Gulf St	ate			1	Sq	uare	Lake			State,	Federal	^{or Fee} Sta	te	<u>B-11</u>	<u>662-</u> 0
Location / Unit Letter	<u>D</u>	;	330	Feet F	rom The	_ <u>N</u>	Lin		<u>90</u>	Feet	From T	ne			
Line of Section	2		Towns	hip 17	S	R	ange 29	8	, NMI	PM,		Edd	lv	c	ounty
			0.0.7.5												
DESIGNATION O					L AND Condens		RAL GA		(Give addres	s to which	approve	ed copy of this	s form is a	to be sen	:)
			Ŷ	_	ine (~~		151/			AVAG				
Texus M Name of Authorized		rter o	f Casing	head Gas [Dry Ga	s 🛄	Adaress	Give addres	s to which	approve	ed copy of this	s form is t	to be sen	9
none			U	nit Se	ec.	Twp.	Rge.	Is gas ac	tually conne	ected?	When	7			
If well produces oil give location of tank		5,		D	3	17	29				1 				
If this production i COMPLETION D		ngled	d with t	·								· · · · · · · · · · · · · · · · · · ·	·····		
Designate Ty	ne of C	omp	letion -	– (X) [¦]	Oil Well	l Go	as Well	New Well	Workove	ar Deer	ben	Plug Back	Same Res	s'v. ¦ Diff.	Res'v.
Date Spudded				ate Compl.	Ready t	o Prod.		Total De	pth	i		P.B.T.D.	••	<u>k</u>	
				ame of Pro				Top Oil/	Cas Dav			Tubing Depth		<u>.</u>	
Elevations (DF, RK)	в, кт, с	R, et	c.)	ame or Pro	ducing r	ormation	1		ous ruy			Tubing Depti	1		
Perforations												Depth Casing	; Shoe		
					TURIN	C C 451		CENEN	TING REC						
HOLE	SIZE			CASIN	IG & TL			CEMEN	DEPTH			SA	CKS CEN	MENT	
					_										
													<u>-</u> -		
TEST DATA AN			T EOP	ATTOW	ABIE	Test	must he a	iter recove	w of total w	olume of lo	ad oil a	nd must be eq	val to or	exceed to	
OIL WELL	D KEA	ULS	IFUN	ALLOW	ADLL			pth or be f	or full 24 ho	urs)					
Date First New Oil	Run To '	Tanks	D	ate of Tes	t			Producin	g Method (F	low, pump,	gas lift	, etc.)			
Length of Test				ubing Pres				Casing F	Tessure			Choke Size			
Actual Prod. During	Test		0	il-Bbls.				Water - B	bls.			Gas - MCF			
L								l		<u> </u>		·····			
GAS WELL															
Actual Prod. Test-	MCF/D		L	ength of T	est	·		Bbls. Co	ndensate/MN	MCF		Gravity of Co	ondensate)	
		_													
Testing Method (pit	ot, back	pr.)	T	ubing Pres	iswe (Sh	wt-in)		Casing F	ressure (Sh	ut-in }		Choke Size			
CERTIFICATE (OF COM	NPL	IANCE						OIL			TION COM	MISSIO	N	
								APPR		M	AY 2	5 1972		19	
I hereby certify the Commission have	been co	ilamc	ed with	ı and tha	t the in	formatic	on given	AFPR		. / /	2	haven	×+		
above is true and	comple	te to	the be	est of my	knowle	dge and	d belief.	BY	()	\mathcal{I},\mathcal{U}	1 1	russe	<u>~~~</u>		
			-		,			דודננ	I	OIL AN	DGRS	MSPECTO	<u> </u>		<u> </u>
	\mathcal{M}	,	1_	/7				т	his form is	to be file	ed in co	ompliance wi	ith RULI	E 1104.	
6	$(V \cdot$	1	Te	<u>Me</u>	22			TF	this is a r	equest for	allows	ble for a ne ied by a tab	wlv drill	ed or de	epened
			Signatur	e)				tests '	taken on th	ie well in	accord	ance with R	ULE 11	1.	
	<u>O-1</u>	1 pt	(Title)					A	ll sections n new and	of this for	rm mus ted wei	t be filled or Is.	ut comple	etely for	allow-

<u>2 // -</u> (Date)

72

5

able 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.

NEW MEXICO OIL CONSERVATION COMMISSION P. O. DRAWER DD

ARTESIA, NEW MEXICO

Jan. Feb. 1972

No. A 12

SUPPLEMENT TO THE OIL PRORATION SCHEDULE

DATE _____1/1/72

PURPOSE: ALLOWABLE ASSIGNMENT (2nd Period)

Effective 1/1/72, an allowable of 10 barrels of oil per day is hereby assigned to the C. O. Fulton, Gulf "A" St. #1-D, 2-17-29, Square Lake Pool. Jan. total, 310 bbls Feb. total, 290 bbls

WAG: jw

C. O. Fulton

OIL CONSERVATION COMMISSION

TROS

A. pervisor, Distric

EXTRA COPY

NEW MEXICO OIL CONSERVATION COMMISSION

P. O. DRAWER DD ARTESIA, NEW MEXICO

Nov. Dec. 1971

No. A 74

SUPPLEMENT TO THE OIL PRORATION SCHEDULE

DATE ______12/30/71

PURPOSE: ALLOWABLE ASSIGNMENT (Old Well)

Effective 12/29/71, an allowable of 10 barrels of oil per day or a total of 30 barrels for the month is hereby assigned to the C. O. Fulton, Gulf A State #1-D, 2-17-29, Square Lake Pool.

WAG: jw

C. O. Pulton

TIM

OIL CONSERVATION COMMISSION

Supervisor, District No. 2

EXTRA COPY

NO. OF COPIES RECEIVED			
DISTRIBUTION		ONSERVATION COMMISSION	Form C-104
SANTA FE		FOR ALLOWABLE	Supersedes Old C-104 and C-110
FILE 1	=	AND	Effective 1-1-65
	AUTHORIZATION TO TRA	INSPORT OIL AND NATURAL G	$FAS \propto \chi_{\mathrm{scalar}}$
LAND OFFICE	_ REGEIV	ED	λ
TRANSPORTER GAS			
OPERATOR /	DEC 2 9 197	1 4	
PRORATION OFFICE			/%
Operator C. O. Fult	0. C. C.		1
	ARTESIA, OFFIC	E	
Address P.O. Box 1	191		
Reason(s) for filing (Check proper b		Other (Please explain)	·
New Well	ox) Playnatic Change in Transporter of:	well has been	shut in
Recompletion	Oll 🔀 Dry Ga	is a war man	
Change in Ownership	Casinghead Gas Conden	nsate	
If change of ownership give name			
and address of previous owner			
		A.	
DESCRIPTION OF WELL AND	Well No. Pool Name, Including Fo	ormation Kind of Lease	Lease No.
Gulf"State 💥	1 Square Lake	State, Federal	State 53837
Location			
Unit Letter;	60 Feet From The Marth Lin	e and <u>660</u> Feet From 7	The West
Line of Section	Fownship 178 Range	, ммрм,	Kedy County
DESIGNATION OF TRANSPO	PTED OF OIL AND NATURAL GA		
DESIGNATION OF TRANSPO Name of Authorized Transporter of (RTER OF OIL AND NATURAL GA	Address (Give address to which approv	ed copy of this form is to be sent)
·	e Pipe Line Company	P.O. Box 1810 MId1	and Taxas 70701
Name of Authorized Transporter of (Address (Give address to which approv	ed copy of this form is to be Sent)
1			
If well produces oil or liquids,	Unit Sec. Twp Rge.	Is gas actually connected? Whe	en
give location of tanks.	X XX 22 29	1	
	with that from any other lease or pool,	give commingling order number:	
COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.
Designate Type of Comple	tion - (X)		
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
		1 : J	
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
		1	Depth Casing Shoe
Perforations			
· · · · · · · · · · · · · · · · · · ·		CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
			<u> </u>
TEST DATA AND REQUEST		fter recovery of total volume of load oil (to be for full 24 hours)	and must be equal to or exceed top allow-
OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lif	(t, etc.)
12-10 71		D	
Length of Test	Tubing Pressure	Casing Pressure	Chake Size
Actual Prod. During Test	Oil-Bbis.	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
		ļ	
CERTIFICATE OF COMPLIA	NCE		TION COMMISSION
		DEC 3	0 1971
I hereby certify that the rules an	d regulations of the Oil Conservation	APPROVED	, 19
above is true and complete to	i with and that the information given the best of my knowledge and belief.	BY	respect
-		1	GAS HISPECTOR
2 m .	2.4		
T. O. 7.7	Ton		compliance with RULE 1104.
	enature)	well this form must be accompany	rable for a newly drilled or deepened nied by a tabulation of the deviation
C. F.l.		tests taken on the well in accor	dance with RULE 111.
	Title)	All sections of this form mut able on new and recompleted we	at be filled out completely for allow-
·		Fill out only Sections I. II	. III. and VI for changes of owner,
	(Date)	well name or number, or transport	en or other such change of condition.
		Separate Forms C-104 must completed wells.	be filed for each pool in multiply

NUMBER OF COPIES RECEIN DISTRIBUTIO			NEW MEXICO O				FORM C-110
FILE U.S.G.S. LAND OFFICE		CEDTIE		NTA FE, NEW M			(Rev. 7-60)
TRANSPORTER GAS			ICATE OF CO	DMPLIANCE	AND AUTHORIZ	ATION	
PRORATION OFFICE	3				NATURAL GAS		
Company or Operat		- FILE THE	ORIGINAL AND 4	COPIES WITH TH	E APPROPRIATE OFF	ICE	
company or operat	orC. O. Juli	ton /			Lease Bulf State	đ	Well No.
Unit Letter	Section 2	Township	Range		County		
Pool		17 5	&	9 E _	Eddy		
Square	Lake				Kind of Lease (State, Fe	d,Fee)	
If well 1 \$	produces oil or cor ive location of tan	ndensate ks	Unit Letter	Section 2	Township 178	Range 29	E
Authorized transpor	rter of oil 🚺 or d	condensate 🗌		Address (give add	ress to which approved co		
	None	•					
			ctually Connecte	d? Yes	No		
luthorized transport	ter of casing head	gas 🔄 or dry gas	Date Con- nected	Address (give add	ress to which approved co	py of this for	n is to be sent)
forsis as his	-11 -:						
gas is not being s	sold, give feasons	and also explain its	present disposition:				
	Change in Tr	ansporter (check one)		hip	–	
	Casing he	ad gas . 📋 Cond	ensate		× 1	EUE/	VED
					S	Eb 53	1962
					/ & .1	D. C. C	13 J∎ Entri≪i
emark s	- 				_		r i GZ
	C- 10 2		hut in witted for w om Gulf Oil (Lease to Gu				
e undersigned ce		19	Sept	servation Commiss	sion have been complies	d with.	
	Executed t		day of	C. O. Ful	19 ·		
proved by	L CUNSERVATI	ON COMMISSION				\rightarrow	
	2 ani	strono	-	Title Owner	Jul	\mathcal{A}^{\geq}	
]	L (1711) AND GAS INSPI	strong			Iton		
le on	L ATTIN	ector T		Owner Company C. O. Fu	-	/d =	
]	AND GAS INSPI			Owner Company C. O. Fu Address Box 11:	-	/ <u>/</u>	

SANTA FE									
FILE U.S.G.S. LAND OF FIC		N N	EW MEXIC	O OIL (CONSER	RVATION	COMMISS	510N	FORM C-103
TRANSPORT	ER GAS		MISCELL	ANEO	JS REI	PORTS	ON WELL	_S	(Rev 3-55)
PROBATION	OFFICE 2	(Submi	t to appropria	nte Distri	ct Office	as per C	ommission	Rule 11	06)
Name of Co	mpany 011 Corponat:			Addr		No. to a		• • •	
Lease	2		Weil No. U	nit Letter	Sectio	n Townshi	New Mar		nge
Date Work I	r tate WAN	Pool	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	D		17-	<u> </u>		29-R
4-25		Smar	• Lake	· (Chao)		County	tr		
Begini	ning Drilling Operatio		ing Test and (C. C. Other	(Explain)		
🔲 Pluggi	ing		nedial Work				explain).		
	count of work done, r			ed and ro		porarily	. Abandon	Repo	:t
			RECE	E I V E 2 7 196					
			D. ARTES	C. C.	CE				
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Date Work Perf	ormed 58	Pool	Square	Lake 🗸			County R	ldy		
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Beginning	Drilling Ope	rations	Casi	ng Test and Co	ement Job)	Other (1	Explain):		
Plugging				edial Work			mp. Aban	idoned	Report	
IGP IX Witnessed by		k at this		Position			Сотрапу			
		F		W FOR REMI			E PORTS			
				ORIGINAL						
) F Elev.	ſ	ΓD		PBTD			Producing	Interval	Co	mpletion Date
Tubing Diamete		Tubing I	Depth	I	Oil Strin	ng Diame	ter	Oil	String Dept	h
Perforated Inter	val(s)			····			<u> </u>			
Open Hole Inter	val		- <u></u>		Produci	ng Forma	ation(s)			
				DECULTE		01/50				·····
Test	Date of Test		roduction PD	Gas Produ	iction	Water F	Production		OR intervention	Gas Well Potential
Before Workover	1620			MCFF	5	D			eet/Bbl	MCFPD
After Workover							· · · · · · · · · · · · · · · · · · ·			
	OIL CONSE	RVATION CO	MMISSION	<u></u>	I here to the	by certif	y that the in my knowled	iformation ge.	given abov	is true and complete
Approved by	m£ ()	Emistr	Long		Name		\mathcal{D}_{h}	, X.	sore	1 -
Fitle	QIL AN	ID CAS INSPE			Positi		res Pred	hetion		
Date	Arn	zy 196 0			Compa	ny	wlf 011			
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OIL CONSERVATION COMMISSION ARTESIA DISTINCT OFFICE No. Copies Reserved L THERE ED CONSERVATION COFFICE No. Copies Reserved L THERE ED CONSERVATION COFFICE CONSERVATION COFFICE CONSERVATION COFFICE CONSERVATION COFFICE CONSERVATION COFFICE CONSERVATION COFFICE CONSERVATION COMMISSION

|                                                                                                              |                                                                      | NEW MEXI                              | CO 01L CO                                             | DNSERVA                                              | TION C                                                                                            | OMMISSI                                                     | N                                                            |            | FORM C-103<br>(Rev 3-55)    |
|--------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|---------------------------------------|-------------------------------------------------------|------------------------------------------------------|---------------------------------------------------------------------------------------------------|-------------------------------------------------------------|--------------------------------------------------------------|------------|-----------------------------|
|                                                                                                              |                                                                      | MISCEL                                |                                                       | S REPO                                               | RTS ON                                                                                            | WELLS                                                       | Ŭ(.                                                          | 'T +       | (Kev 3-55)                  |
|                                                                                                              |                                                                      | (Submit to approp                     | riate Distric                                         | t Office as                                          | per Com                                                                                           | mission Ru                                                  |                                                              | í f        | 96.0                        |
| me of Comp                                                                                                   | any                                                                  |                                       |                                                       | Addre                                                | ss                                                                                                | ·                                                           |                                                              | · · · · ·  |                             |
|                                                                                                              |                                                                      | Corporation                           | W/ 11 NT                                              |                                                      | Box 21                                                                                            | 7, Bobl                                                     | a, New H                                                     |            |                             |
| ease<br><b>Edd</b> y                                                                                         | r State "A"                                                          |                                       | Well No.<br>1                                         | Unit Letter<br>Dí                                    | Section                                                                                           | Township<br>17-1                                            |                                                              | Rang       | e<br><b>29-E</b>            |
| ate Work Per                                                                                                 | formed                                                               | Pool                                  |                                                       |                                                      |                                                                                                   | County                                                      |                                                              |            |                             |
| 9-21                                                                                                         | 1058                                                                 | Smare La                              | A REPORT (                                            | OF: (Check                                           | abbrobria                                                                                         |                                                             | ldy                                                          |            | ·····                       |
| ] Beginnin                                                                                                   | g Drilling Operatio                                                  |                                       | sing Test and                                         |                                                      |                                                                                                   | <b>T</b> Other (E                                           | xplain):                                                     |            |                             |
| ] Plugging                                                                                                   |                                                                      | C Rei                                 | medial Work                                           |                                                      |                                                                                                   | Tempore                                                     | rily Aba                                                     | ndone      | d (6 mos. repe              |
| Subje                                                                                                        | et well is a                                                         | still carried<br>his well at th       | as tempe                                              | rerily a                                             | bandone                                                                                           | d. The                                                      | e are no                                                     | plan       | • for                       |
|                                                                                                              |                                                                      |                                       |                                                       |                                                      |                                                                                                   |                                                             |                                                              |            |                             |
|                                                                                                              |                                                                      |                                       |                                                       |                                                      |                                                                                                   |                                                             |                                                              |            |                             |
|                                                                                                              |                                                                      |                                       |                                                       |                                                      |                                                                                                   |                                                             |                                                              |            |                             |
|                                                                                                              |                                                                      |                                       |                                                       |                                                      |                                                                                                   |                                                             |                                                              |            |                             |
|                                                                                                              |                                                                      |                                       |                                                       |                                                      |                                                                                                   |                                                             |                                                              |            |                             |
|                                                                                                              |                                                                      |                                       |                                                       |                                                      |                                                                                                   |                                                             |                                                              |            |                             |
|                                                                                                              |                                                                      |                                       |                                                       |                                                      |                                                                                                   |                                                             |                                                              |            |                             |
|                                                                                                              |                                                                      |                                       |                                                       |                                                      |                                                                                                   |                                                             |                                                              |            |                             |
|                                                                                                              |                                                                      |                                       |                                                       |                                                      |                                                                                                   |                                                             |                                                              |            |                             |
| tnessed by                                                                                                   |                                                                      |                                       | Position                                              |                                                      |                                                                                                   | Company                                                     |                                                              |            |                             |
| tnessed by                                                                                                   |                                                                      |                                       |                                                       |                                                      |                                                                                                   |                                                             |                                                              |            |                             |
| itnessed by                                                                                                  |                                                                      | FILL IN BEL                           | OW FOR RE                                             | EMEDIAL Y                                            | WORK RE                                                                                           |                                                             | LY                                                           |            |                             |
| itnessed by<br>F Elev.                                                                                       | T D                                                                  | FILL IN BEL                           | OW FOR RE                                             | AL WELL                                              | WORK RE                                                                                           |                                                             |                                                              | Co         | mpletion Date               |
| F Elev.                                                                                                      |                                                                      |                                       | OW FOR RE                                             | IAL WELL                                             | WORK RE                                                                                           | PORTS ON                                                    | Interval                                                     |            | -                           |
| F Elev.<br>ubing Diamet                                                                                      | er                                                                   | FILL IN BEL                           | OW FOR RE                                             | IAL WELL                                             | WORK RE                                                                                           | PORTS ON                                                    |                                                              |            | -                           |
| F Elev.<br>Ibing Diamet                                                                                      | er                                                                   |                                       | OW FOR RE                                             | IAL WELL                                             | WORK RE                                                                                           | PORTS ON                                                    | Interval                                                     |            | -                           |
| F Elev.<br>abing Diamet                                                                                      | er<br>erval(s)                                                       |                                       | .OW FOR RE<br>Origin                                  | Oil Stri                                             | WORK RE                                                                                           | PORTS ON<br>Producing                                       | Interval                                                     |            | -                           |
|                                                                                                              | er<br>erval(s)                                                       |                                       | OW FOR RE<br>Origin<br>PBTD                           | Oil Stri                                             | WORK RE<br>DATA<br>ing Diamet                                                                     | PORTS ON<br>Producing                                       | Interval                                                     |            | -                           |
| F Elev.<br>abing Diamet<br>erforated Inte                                                                    | er<br>erval(s)                                                       |                                       | OW FOR RE<br>ORIGIN<br>PBTD<br>RESULT<br>Gas Pr       | Oil Stri<br>Produc<br>S OF WOR                       | WORK RE<br>DATA<br>ing Diamen<br>ing Forma                                                        | Producing<br>Producing<br>ter                               | Interval                                                     |            |                             |
| F Elev.<br>ubing Diamet<br>erforated Inte<br>oen Hole Inte<br>Test                                           | er<br>erval(s)                                                       | Tubing Depth                          | OW FOR RE<br>ORIGIN<br>PBTD<br>RESULT<br>Gas Pr       | Oil Stri                                             | WORK RE<br>DATA<br>ing Diamed<br>ing Forma<br>KOVER<br>Water P                                    | PORTS ON<br>Producing                                       | Oil Stri                                                     | ng Dept    | -                           |
| F Elev.<br>abing Diamet<br>erforated Inte<br>ben Hole Inte<br>Test<br>Before                                 | erval(s)<br>erval<br>Date of                                         | Tubing Depth<br>Oil Production        | OW FOR RE<br>ORIGIN<br>PBTD<br>RESULT<br>Gas Pr       | Oil Stri<br>Produc<br>S OF WOR                       | WORK RE<br>DATA<br>ing Diamed<br>ing Forma<br>KOVER<br>Water P                                    | PORTS ON<br>Producing<br>ter<br>tion(s)                     | Oil Stri<br>GOR                                              | ng Dept    | Gas Well Potential          |
| F Elev.<br>bing Diamet<br>erforated Inte<br>en Hole Inte<br>Test<br>Before<br>Vorkover<br>After              | erval(s)<br>erval<br>Date of                                         | Tubing Depth<br>Oil Production        | OW FOR RE<br>ORIGIN<br>PBTD<br>RESULT<br>Gas Pr       | Oil Stri<br>Produc<br>S OF WOR                       | WORK RE<br>DATA<br>ing Diamed<br>ing Forma<br>KOVER<br>Water P                                    | PORTS ON<br>Producing<br>ter<br>tion(s)                     | Oil Stri<br>GOR                                              | ng Dept    | Gas Well Potential          |
| F Elev.<br>bing Diamet<br>rforated Inte<br>en Hole Inte<br>Test<br>Before<br>Vorkover<br>After               | erval(s)<br>erval<br>Date of                                         | Tubing Depth<br>Oil Production        | OW FOR RE<br>ORIGIN<br>PBTD<br>RESULT<br>Gas Pr       | Oil Stri<br>Produc<br>S OF WOR<br>FPD                | WORK RE<br>DATA<br>ing Diamet<br>ing Forma<br>KOVER<br>Water P<br>B                               | Producing<br>Producing<br>er<br>tion(s)<br>roduction<br>PD  | Oil Stri<br>Oil Stri<br>GOR<br>Cubic feet/                   | Bbl        | Gas Well Potential<br>MCFPD |
| F Elev.<br>bing Diamet<br>rforated Inte<br>en Hole Inte<br>Test<br>Before<br>Vorkover<br>After               | erval(s)<br>erval<br>Date of<br>Test                                 | Tubing Depth<br>Oil Production        | OW FOR RE<br>ORIGIN<br>PBTD<br>RESULT<br>Gas Pr<br>MC | Oil Stri<br>Produc<br>S OF WOR<br>roduction<br>F P D | WORK RE<br>DATA<br>ing Diamet<br>ing Forma<br>KOVER<br>Water P<br>B<br>eby certify                | Producing<br>Producing<br>er<br>tion(s)<br>roduction<br>PD  | Oil Stri<br>Oil Stri<br>GOR<br>Cubic feet/                   | Bbl        | Gas Well Potential          |
| F Elev.<br>abing Diamet<br>erforated Inte<br>en Hole Inte<br>Test<br>Before<br>Vorkover<br>After<br>Vorkover | er<br>erval(s)<br>erval<br>Date of<br>Test<br>OIL CONSERV/           | Tubing Depth<br>Oil Production<br>BPD | OW FOR RE<br>ORIGIN<br>PBTD<br>RESULT<br>Gas Pr<br>MC | Oil Stri<br>Produc<br>S OF WOR<br>roduction<br>F P D | WORK RE<br>DATA<br>ing Diamet<br>ing Forma<br>KOVER<br>Water P<br>B<br>eby certify<br>e best of r | Producing<br>Producing<br>tion(s)<br>roduction<br>PD        | Oil Stri<br>Oil Stri<br>GOR<br>Cubic feet/                   | Bbl        | Gas Well Potential<br>MCFPD |
| F Elev.<br>bing Diamet<br>rforated Inte<br>en Hole Inte<br>Test<br>Before<br>Vorkover<br>After<br>Vorkover   | er<br>erval(s)<br>erval<br>Date of<br>Test<br>OIL CONSERV/           | Tubing Depth<br>Oil Production<br>BPD | OW FOR RE<br>ORIGIN<br>PBTD<br>RESULT<br>Gas Pr<br>MC | Oil Stri<br>Produc<br>S OF WOR<br>oduction<br>F P D  | WORK RE<br>DATA<br>ing Diamet<br>ing Forma<br>KOVER<br>Water P<br>B<br>eby certify<br>e best of r | Producing<br>Producing<br>tion(s)<br>roduction<br>PD        | Oil Stri<br>Oil Stri<br>GOR<br>Cubic feet/<br>formation give | Bbl        | Gas Well Potential<br>MCFPD |
| F Elev.<br>bing Diamet<br>rforated Inte<br>en Hole Inte<br>Test<br>Before<br>Vorkover<br>After<br>Vorkover   | erval(s)<br>erval<br>Date of<br>Test                                 | Tubing Depth<br>Oil Production<br>BPD | OW FOR RE<br>ORIGIN<br>PBTD<br>RESULT<br>Gas Pr<br>MC | Oil Stri<br>Produc<br>S OF WOR<br>oduction<br>F P D  | WORK RE<br>DATA<br>ing Diamen<br>ing Forma<br>KOVER<br>Water P<br>B<br>eby certify<br>e best of r | Producing<br>Producing<br>ter<br>tion(s)<br>roduction<br>PD | Interval<br>Oil Stri<br>GOR<br>Cubic feet/<br>formation give | Bbl<br>Bbl | Gas Well Potential<br>MCFPD |
| F Elev.<br>bing Diamet<br>erforated Inte<br>en Hole Inte<br>Test<br>Before<br>Vorkover<br>After              | er<br>erval(s)<br>erval<br>Date of<br>Test<br>OIL CONSERVA<br>ML COM | Tubing Depth<br>Oil Production<br>BPD | OW FOR RE<br>ORIGIN<br>PBTD<br>RESULT<br>Gas Pr<br>MC | Oil Stri<br>Produc<br>S OF WOR<br>roduction<br>F P D | WORK RE<br>DATA<br>ing Diamed<br>ing Forma<br>KOVER<br>Water P<br>B<br>eby certify<br>e best of p | Producing<br>Producing<br>ter<br>tion(s)<br>roduction<br>PD | Oil Stri<br>Oil Stri<br>GOR<br>Cubic feet/<br>formation give | Bbl<br>Bbl | Gas Well Potential<br>MCFPD |

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No. C.

Oll COM & ALCOLOGMMISSION ARTICLASSION DE OTRICE No. Copint Rest of Electronic Completence SANTA ES FROLOTONICIANO SINTE LAND COMPLETENCE U.S. G. S.

| $\mathbf{F}_{\mathbf{f}}$                                             | orm C-103       |
|-----------------------------------------------------------------------|-----------------|
|                                                                       | vised 3-55) 3   |
| (Submit to appropriate District Office as per Commission Rule 1106    | APR 1 1944      |
| COMPANY Qulf Oil Corporation Box 2167, Hobbs, New Mexico<br>(Address) |                 |
|                                                                       |                 |
| LEASE Eddy State "A" WELL NO. 1 UNIT D S 2 T 1                        | 7 R 29          |
| DATE WORK PERFORMED 9-24-58 POOL Square Lake                          |                 |
| This is a Report of: (Check appropriate block) Results of Test of     | Casing Shut-off |
| Beginning Drilling Operations                                         |                 |
| Plugging I Other Temperary                                            | lbandon         |

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Detailed account of work done, nature and quantity of materials used and results obtained.

# Subject well is still carried as temporarily abandoned. There are no plans for further work on this well at this time.

| FILL IN BELO                          | OW FOR RE       | MEDIAL W | ORK REPORTS ON                         | LY                                     |                                  |
|---------------------------------------|-----------------|----------|----------------------------------------|----------------------------------------|----------------------------------|
| Original Well                         |                 |          | · · · · · · · · · · · · · · · · · · ·  |                                        |                                  |
| DF Elev.                              | TD              | PBD      | Prod. Int.                             | Com                                    | pl Date                          |
| Tbng. Dia                             | Tbng De         | pth      | Oil String Dia                         | Oil Stri                               | ing Depth                        |
| Perf Interval                         | (s)             |          |                                        |                                        | · · ·                            |
| Open Hole Inte                        | erval           | Pr       | oducing Formation                      | (s)                                    | ······                           |
| RESULTS OF                            | WORKOVER        | :        |                                        | BEFORE                                 | AFTER                            |
| Date of Test                          |                 |          |                                        |                                        |                                  |
| Oil Production                        | n, bbls. per    | day      |                                        |                                        |                                  |
| Gas Productio                         | n, Mcf per o    | lay      |                                        |                                        |                                  |
| Water Product                         | tion, bbls. p   | er day   |                                        |                                        |                                  |
| Gas-Oil Ratio                         | , cu. ft. per   | bbl.     |                                        | · · · · · · · · · · · · · · · · · · ·  |                                  |
| Gas Well Pote                         | ntial, Mcf p    | er day   |                                        |                                        |                                  |
| Witnessed by_                         | -               |          |                                        | ······································ | <u> </u>                         |
| ·····                                 |                 |          | ······································ | (Com                                   | pany)                            |
| OIL CONS                              | FERVATION       | COMMISSI |                                        | and complete i                         | brmation given<br>to the best of |
| Title                                 | ME ERD GAS IFSI | MEC      |                                        | Production Su                          |                                  |
| Date                                  | APR 1 1559      | 1        |                                        | f Oil Corporati                        |                                  |
| · · · · · · · · · · · · · · · · · · · |                 |          |                                        | Put a MT                               | W 44                             |

| •                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                      |             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|-------------|
|                                                                                                                                                                                                                                                                                                                                                                                  | Form C-103                                                                                           |             |
|                                                                                                                                                                                                                                                                                                                                                                                  | SERVATION COMMISSION (Revised 3-55)                                                                  |             |
| MISCELLANEOUS                                                                                                                                                                                                                                                                                                                                                                    | REPORTS ON WELLS                                                                                     |             |
|                                                                                                                                                                                                                                                                                                                                                                                  | ficeasser Hompies 104 1Rule 1106) 0072 1958                                                          | ł           |
|                                                                                                                                                                                                                                                                                                                                                                                  | Bez 2167 - Hobbs, New Mexico                                                                         |             |
|                                                                                                                                                                                                                                                                                                                                                                                  | Address)                                                                                             |             |
| LEASE <b>Eddy State "A"</b> WELL NO                                                                                                                                                                                                                                                                                                                                              | D. 1 UNIT D S 2 T 17 R 29                                                                            |             |
| DATE WORK PERFORMED 9-24-58                                                                                                                                                                                                                                                                                                                                                      | POOL Square Lake                                                                                     |             |
| This is a Report of: (Check appropriate                                                                                                                                                                                                                                                                                                                                          | e block)Results of Test of Casing Shu                                                                | t-of        |
| Beginning Drilling Operations                                                                                                                                                                                                                                                                                                                                                    |                                                                                                      | <b>U-01</b> |
| F                                                                                                                                                                                                                                                                                                                                                                                | Remedial Work                                                                                        |             |
| Plugging                                                                                                                                                                                                                                                                                                                                                                         | L Other Temperary Abandon                                                                            |             |
| Detailed account of work done, nature a                                                                                                                                                                                                                                                                                                                                          | and quantity of materials used and results obtained                                                  | aine        |
| Temporarily abandoned as follows:                                                                                                                                                                                                                                                                                                                                                |                                                                                                      |             |
|                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                      |             |
| Pulled tubing, pump and rods, placed 2*                                                                                                                                                                                                                                                                                                                                          | valve on surface.                                                                                    |             |
|                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                      |             |
|                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                      |             |
|                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                      |             |
|                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                      |             |
|                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                      |             |
|                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                      |             |
|                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                      |             |
| FILL IN BELOW FOR REMEDIAL WOR                                                                                                                                                                                                                                                                                                                                                   | K REPORTS ONLY                                                                                       |             |
| Original Well Data:                                                                                                                                                                                                                                                                                                                                                              |                                                                                                      |             |
| Original Well Data:<br>DF Elev. TD PBD                                                                                                                                                                                                                                                                                                                                           | Prod. IntCompl Date                                                                                  |             |
| Original Well Data:<br>DF Elev. TD PBD                                                                                                                                                                                                                                                                                                                                           |                                                                                                      |             |
| Original Well Data:<br>DF Elev. TD PBD<br>Tbng. Dia Tbng Depth<br>Perf Interval (s)                                                                                                                                                                                                                                                                                              | Prod. IntCompl Date                                                                                  |             |
| Original Well Data:<br>DF Elev. TD PBD<br>Tbng. Dia Tbng Depth<br>Perf Interval (s)<br>Open Hole Interval Produc                                                                                                                                                                                                                                                                 | Prod. Int. Compl Date<br>Oil String Dia Cil String Depth<br>cing Formation (s)                       |             |
| Original Well Data:<br>DF Elev. TD PBD<br>Tbng. Dia Tbng Depth<br>Perf Interval (s)<br>Open Hole Interval Produ<br>RESULTS OF WORKOVER:                                                                                                                                                                                                                                          | Prod. Int. Compl Date<br>Oil String Dia Cil String Depth                                             |             |
| Original Well Data:<br>DF Elev. TD PBD<br>Tbng. Dia Tbng Depth<br>Perf Interval (s)<br>Open Hole Interval Produce<br>RESULTS OF WORKOVER:<br>Date of Test                                                                                                                                                                                                                        | Prod. Int. Compl Date<br>Oil String Dia Cil String Depth<br>cing Formation (s)                       |             |
| Original Well Data:<br>DF Elev. TD PBD<br>Tbng. Dia Tbng Depth<br>Perf Interval (s)<br>Open Hole Interval Produce<br>RESULTS OF WORKOVER:<br>Date of Test<br>Oil Production, bbls. per day                                                                                                                                                                                       | Prod. Int. Compl Date<br>Oil String Dia Cil String Depth<br>cing Formation (s)                       |             |
| Original Well Data:<br>DF Elev TD PBD<br>Tbng. Dia Tbng Depth<br>Perf Interval (s)<br>Open Hole Interval Produce<br>RESULTS OF WORKOVER:<br>Date of Test<br>Oil Production, bbls. per day<br>Gas Production, Mcf per day                                                                                                                                                         | Prod. Int. Compl Date<br>Oil String Dia Cil String Depth<br>cing Formation (s)                       |             |
| Original Well Data:<br>DF Elev TD PBD<br>Tbng. Dia Tbng Depth<br>Perf Interval (s)<br>Open Hole Interval Produce<br>RESULTS OF WORKOVER:<br>Date of Test<br>Oil Production, bbls. per day<br>Gas Production, Mcf per day<br>Water Production, bbls. per day                                                                                                                      | Prod. Int. Compl Date<br>Oil String Dia Cil String Depth<br>cing Formation (s)                       |             |
| Original Well Data:<br>DF Elev. TD PBD<br>Tbng. Dia Tbng Depth<br>Perf Interval (s)<br>Open Hole Interval Produ<br>RESULTS OF WORKOVER:<br>Date of Test<br>Oil Production, bbls. per day<br>Gas Production, Mcf per day<br>Water Production, bbls. per day<br>Gas-Oil Ratio, cu. ft. per bbl.                                                                                    | Prod. Int. Compl Date<br>Oil String Dia Cil String Depth<br>cing Formation (s)                       |             |
| Original Well Data:<br>DF Elev TD PBD<br>Tbng. Dia Tbng Depth<br>Perf Interval (s)<br>Open Hole Interval Produce<br>RESULTS OF WORKOVER:<br>Date of Test<br>Oil Production, bbls. per day<br>Gas Production, Mcf per day<br>Water Production, bbls. per day<br>Gas Oil Ratio, cu. ft. per bbl.<br>Gas Well Potential, Mcf per day                                                | Prod. Int. Compl Date<br>Oil String Dia Cil String Depth<br>cing Formation (s)                       |             |
| Original Well Data:<br>DF ElevTDPBD<br>Tbng. DiaTbng Depth<br>Perf Interval (s)<br>Open Hole IntervalProdu<br>RESULTS OF WORKOVER:<br>Date of Test<br>Oil Production, bbls. per day<br>Gas Production, Mcf per day<br>Water Production, bbls. per day<br>Gas Oil Ratio, cu. ft. per bbl.<br>Gas Well Potential, Mcf per day<br>Witnessed by                                      | Prod. IntCompl Date<br>Oil String DiaCil String Depth<br>cing Formation (s)<br>BEFORE AFTER<br>      |             |
| Original Well Data:<br>DF Elev. TD PBD<br>Tbng. Dia Tbng Depth<br>Perf Interval (s)<br>Open Hole Interval Produ<br>RESULTS OF WORKOVER:                                                                                                                                                                                                                                          | Prod. Int.       Compl Date         Oil String Dia       Cil String Depth         cing Formation (s) |             |
| Original Well Data:<br>DF ElevTDPBD<br>Tbng. DiaTbng Depth<br>Perf Interval (s)<br>Open Hole IntervalProdu<br>RESULTS OF WORKOVER:<br>Date of Test<br>Oil Production, bbls. per day<br>Gas Production, Mcf per day<br>Water Production, bbls. per day<br>Gas Oil Ratio, cu. ft. per bbl.<br>Gas Well Potential, Mcf per day<br>Witnessed by                                      | Prod. Int. Compl Date<br>Oil String DiaCil String Depth<br>cing Formation (s)<br>BEFORE AFTER<br>    |             |
| Original Well Data:<br>DF Elev TD PBD<br>Tbng. Dia Tbng Depth<br>Perf Interval (s)<br>Open Hole Interval Produce<br>RESULTS OF WORKOVER:<br>Date of Test<br>Oil Production, bbls. per day<br>Gas Production, Mcf per day<br>Water Production, bbls. per day<br>Gas Oil Ratio, cu. ft. per bbl.<br>Gas Well Potential, Mcf per day<br>Witnessed by<br>DIL CONSERVATION COMMISSION | Prod. Int.       Compl Date         Oil String Dia       Oil String Depth         cing Formation (s) |             |

| No. Copies Field                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 110 HON                           |
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| êmer :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                   |
| Preration 2000,0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                   |
| State Land State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                   |
| <u>U. St. 4</u> . S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                   |
| Transports                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                   |

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| NEW METOO OIL CONSERV<br>SANTA FE, NEW                                                                           |                                                         |
|------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| (File the original and 4 copies with the                                                                         | e appropriate district office)                          |
| CERTIFICATE OF COMPLIANC<br>TO TRANSPORT OIL AND                                                                 | A 1                                                     |
| Company or Operator <b>Gulf 011 Corporation</b>                                                                  | Lease Lease NA"                                         |
| Well No. 1 Unit Letter 52 T                                                                                      | 175 R 295 Pool Square Lake #                            |
| CountyKind of Lease (                                                                                            | State, Fed. or Patented) state                          |
| If well produces oil or condensate, give location                                                                | on of tanks:Unit <b>) S 2</b> T <b>178</b> R <b>298</b> |
| Authorized Transporter of Oil or Condensate                                                                      | Texas-Hew Mexico Pipeline Co.                           |
| Address Bex 1510 - Hidl                                                                                          | and. Texas                                              |
| Address Bex 1510 - Midl<br>(Give address to which approved c                                                     | opy of this form is to be sent)                         |
| Authorized Transporter of Gas                                                                                    |                                                         |
| Address(Give address to which approved c                                                                         |                                                         |
| (Give address to which approved c<br>lf Gas is not being sold, give reasons and also                             |                                                         |
| Veed on loage                                                                                                    | ······································                  |
|                                                                                                                  |                                                         |
|                                                                                                                  |                                                         |
|                                                                                                                  |                                                         |
| Reasons for Filing: (Please check proper box)                                                                    |                                                         |
| Change in Transporter of (Check One): Oil ( )                                                                    | Dry Gas () C'head () Condensate ()                      |
| Change in Ownership ()                                                                                           | Other()                                                 |
| Remarks:                                                                                                         | Give explanation below)                                 |
| and the second |                                                         |
| * Formerly designated as Anderson pool. File                                                                     | ed in compliance with Order R-1129.                     |
|                                                                                                                  |                                                         |
|                                                                                                                  |                                                         |
| The set of a set of the first the Dules and P                                                                    | agulations of the Oil Conservation Com-                 |
| The undersigned certifies that the Rules and R mission have been complied with.                                  | egulations of the Off Conservation Com-                 |
| · · · · ·                                                                                                        |                                                         |
| Executed this the 27 day of February 1                                                                           | 9.58                                                    |
|                                                                                                                  | By 67 Darlor                                            |
|                                                                                                                  |                                                         |
| Approved <u>MAR 5 1957</u> 19_                                                                                   | Title Area Supt. of Predneticn                          |
| OIL CONSERVATION COMMISSION                                                                                      | Company Gulf Oil Corporation                            |
| By ML Ormstrong                                                                                                  | Address Box 2167 - Hobbs, New Mexico                    |
| Title OIL AND GAS INSPECTOR                                                                                      |                                                         |
|                                                                                                                  | · · · · · · · · · · · · · · · · · · ·                   |

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OIL CONSERVATION COMMISSION IA DISTRICT OFFICE C. C. 33 Received DISTRICT OFFICE C. C. 33 Received DISTRICT OFFICE State District of the State Land Office U. C. C. 33 Received DISTRICT OFFICE DISTRICT

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#### NEW MEXICO OIL CONSERVATION COMMISSION

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Santa He New Mexico E 000

## MISCELLANEOUS NOTICES

Submit this notice in TRIPLICATE to the District Office, Oil Conservation Commission, before the work specified is to begin. A copy will be returned to the sender on which will be given the approval, with any modifications considered advisable, or the rejection by the Commission or agent, of the plan submitted. The plan as approved should be followed, and work should not begin until approval is obtained. See additional instructions in the Rules and Regulations of the Commission.

#### Indicate Nature of Notice by Checking Below

| Notice of Intention                     | Notice of Intention to                        | NOTICE OF INTENTION |      |
|-----------------------------------------|-----------------------------------------------|---------------------|------|
| to Change Plans                         | Temporarily Abandon Well                      | TO DRILL DEEPER     |      |
| Notice of Intention                     | Notice of Intention                           | Notice of Intention |      |
| to Plug Well                            | to Plug Back                                  | to Set Liner        |      |
| Notice of Intention                     | Notice of Intention                           | Notice of Intention | •••• |
| to Squeeze                              | to Acidize                                    | to Shoot (Nitro)    |      |
| Notice of Intention<br>to Gun Perforate | NOTICE OF INTENTION<br>(OTHER) Fracture treat | NOTICE OF INTENTION |      |

|      | CO | NSE | KVAI             | ION | COMM | 12210 | JN |
|------|----|-----|------------------|-----|------|-------|----|
| SAN7 | ГΑ | FE, | NEW <sup>®</sup> | MEX | ICO  |       |    |

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Hobbs, New Mexico

May 22, 1956

Gentlemen:

Following is a Notice of Intention to do certain work as described below at the.....

| Galf Oil Corporation | Eddy State MAR                      |                  | in     | D      |
|----------------------|-------------------------------------|------------------|--------|--------|
|                      |                                     |                  |        | (Unit) |
|                      | , T. <b>17-S</b> , R. <b>39-K</b> . | "NMPM., Anderson | •••••• | Pcol   |
|                      | ounty.                              |                  |        |        |

#### FULL DETAILS OF PROPOSED PLAN OF WORK (FOLLOW INSTRUCTIONS IN THE RULES AND REGULATIONS)

#### In order to increase production it is proposed to fracture treat as follows:

- 1. Pull tubing, rods and pump.
- 2. Run steel line measurement, clean out with sand pump if necessary.
- 3. Bun 2-7/8" tubing with pasker and set packer in base of 5-1/2" casing at approximately 2450!.
- 4. Treat formation with 10,000 gallons lease oil with 15,000# sand.
- 5. Pull tubing and packer. Berun tubing, rods and pump and return well to production.

| Approved                                | Gulf Oil Corporation                   |
|-----------------------------------------|----------------------------------------|
| Approved, 19, 19                        | Company or Operator                    |
|                                         | By By F Hay AV                         |
|                                         | Position Area Supt. of Prod.           |
| Approved                                | Send Communications regarding well to: |
| Approved<br>OIL CONSERVATION COMMISSION |                                        |
| By h. G. I tanson                       | NameGulf Oil Corporation               |
|                                         | Box 2167, Hobbs, New Mexico            |
| Title                                   | Address                                |

| For     | m | G  | ~ | 11 | 0 |
|---------|---|----|---|----|---|
| Revised | 7 | /1 | 1 | 55 | 5 |

#### NEW MEXICO OIL CONSERVATION COMMISSION SANTA FE, NEW MEXICO

| • | (File the original and 4 copies with the appropriate district office) | 1.000 |    |
|---|-----------------------------------------------------------------------|-------|----|
|   | CERTIFICATE OF COMPLIANCE AND AUTHORIZATION                           | 3:4   | 52 |

TO TRANSPORT OIL AND NATURAL GAS

| Company or Operator Gulf Cil Corporation Lease Eddy State #A#                                                        |
|----------------------------------------------------------------------------------------------------------------------|
| A                                                                                                                    |
| Well No Unit Letter P S 2 T 17-S R 29-E Pool Anderson                                                                |
| CountyKind of Lease (State, Fed. or Patented)                                                                        |
| If well produces oil or condensate, give location of tanks: Unit <b>P</b> S <b>2</b> T <b>17</b> - S <b>R 20</b> - R |
| Authorized Transporter of Oil or Condensate Texas-New Mexico Pipeline Company                                        |
| Address Loso Hills, New Maxico                                                                                       |
| (Give address to which approved copy of this form is to be sent)                                                     |
| Authorized Transporter of Gas                                                                                        |
| Address                                                                                                              |
| (Give address to which approved copy of this form is to be sent)                                                     |
| If Gas is not being sold, give reasons and also explain its present disposition:                                     |
| Used on lease                                                                                                        |
|                                                                                                                      |
|                                                                                                                      |
|                                                                                                                      |
| Reasons for Filing:(Please check proper box) New Well ()                                                             |
| Change in Transporter of (Check One): Oil ( ) Dry Gas ( ) C'head ( ) Condensate ( )                                  |
| Change in Ownership () Other ()                                                                                      |
| Remarks: \Give explanation below)                                                                                    |
|                                                                                                                      |
| Formerly designated Eddy State                                                                                       |

#### Will be produced into common storage with Eddy State "B". since wells are on the same besid lease.

The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.

| Executed this the 12 d | lay of <b>July</b>     | _19_ <b>55</b>                  |
|------------------------|------------------------|---------------------------------|
|                        |                        | By 87 2015 -                    |
| Approved               | 19                     | Title Area Supt. of Prot.       |
| OIL CONSERVATIO        | ON COMMISSION          | Company Gulf Of1 Corporation    |
| By L. a. Har           | wor                    | Address Box 2167, Hobbs, Mexico |
| Title                  | []2\$]31 <b>4.0</b> 34 |                                 |

| ompany or Opera   | tor Gulf Oil Corporation    | Lease Eddy State                                                                                                   |    |
|-------------------|-----------------------------|--------------------------------------------------------------------------------------------------------------------|----|
| ddress Box 1667,  | Hobbs, New Maxico           | Hobbs, New Mexico                                                                                                  |    |
|                   |                             | (Principal Place of Business)                                                                                      |    |
| JnitD Wells N     | o.1 Sec. 2 T 17 S R29 E     | Field Anderson County Eddy                                                                                         |    |
| Kind of Lease     | ate Land2Lo                 | cation of Tanks On lease.                                                                                          |    |
|                   |                             |                                                                                                                    |    |
| ransporter Texas- | New Mexico Pipe Line Co. Ad | dress of Transporter Eunice, New Mexi<br>(Local or Field Office)<br>100 be transported 0 . Other transporters auth | 60 |

The undersigned certifies that the rules and regulations of the Oil Conservation Commission have been complied with except as noted above and that gathering agent is authorized to transport the percentage of oil produced from the above described property and that this authorization will be valid until further notice to the transporter named herein or until cancelled by the Oil Conservation Commission of New Mexico. The has a set of the state of the set of the

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Weiner and States

| Execu     | ted this the_ | 31st day of                                                                                                                                                                                                                                                                                                                                          | 1948 |
|-----------|---------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|
|           | ••••••••      |                                                                                                                                                                                                                                                                                                                                                      | _,   |
|           |               | (Company or Operator)<br>By C. J. Helleyter                                                                                                                                                                                                                                                                                                          |      |
|           |               | Title District Sup't.                                                                                                                                                                                                                                                                                                                                |      |
| State of  | New Mexic     | "是我, <del>你们是我</del> 们的,你们也是我们的,我们就是你们的,你们的你们的,我们就能是我们都能能了你的。""你们,你们们就是你们的。"                                                                                                                                                                                                                                                                         |      |
| County of | Eddy          | n ang san sa na sang na Sang sa Sang s<br>Sang sa Sang sa<br>Sang sa Sang sa |      |

Before me, the undersigned authority, on this day personally appeared \_ E. J. Gellagher known to me to be the person whose name is subscribed to the above instrument, who being by me duly sworn on oath states that he is authorized to make this report and has knowledge of the facts stated herein and that said report is true and correct.

| Notary Public in and for Les County, My commission expires 10-24-49.<br>Approved: | efore me, this the <u>31st</u> day of <u>August</u> , 1948 | Subscribed and sworn to before m |
|-----------------------------------------------------------------------------------|------------------------------------------------------------|----------------------------------|
|                                                                                   | Les County, My commission expires 10-24-49.                | A Mal A.                         |
| - X HIE IN SALLENR TITTE                                                          |                                                            | OIL CONSERVATION COMMISSION      |
| By <u>July (See Instructions on Reverse Side</u> )                                | (See Instructions on Reverse Side)                         | OUTA GAS INSPECTOR               |

#### INSTRUCTIONS

This form shall be executed and filed in quadruplicate with the Oil Conservation Commission at Santa Fe, New Mexico, covering each unit from which oil is produced. A separate certificate shall be filed for each transporter authorized to transport oil from a unit. After said certificate has been approved by the Oil Conservation Commission, one copy shall be forwarded to the transporter, one copy returned to the producer, and two copies retained by the Oil Conservation Commission.

A new certificate shall be filed to cover each change in operating ownership and each change in the transporter, except that in the case of a temporary change in the transporter involving less than the allowable production for one month the operator shall in lieu of filing a new certificate, notify the Oil Conservation Commission at Santa Fe, New Mexico, and the transporter authorized by certificate on file with the Commission, by letter of the estimated amount of oil to be moved by the transporter temporarily moving oil from the unit and the name of such temporary transporter and a copy of such notice shall also be furnished such temporary transportez. Such temporary transporter shall not move any more oil than the estimated amount shown in said notice.

This certificate when properly executed and approved by the Oil Conservation Commission shall constitute a permit for pipe line connection and authorization to transport oil from the property named therein and shall remain in full force and effect until

(a) Operating ownership changes

(b) The transporter is changed or

(c) The permit is cancelled by the Commission

If any of the rules and regulations of the Oil Conservation Commission have not been complied with at the same time this report is filed, explain fully under the heading "REMARKS."

In all cases where this certificate is filed to cover a change in operating ownership or a change in the transporter designated to move oil, show under "REMARKS" the previous owner or operator and the transporter previously authorized to transport oil,

A separate report shall be filed to cover each producing unit as designated by the Oil Conservation Commission.

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| ╏──┼──┾                                                                                                                                                                                        |                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | -                                                               |                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                               |                           |                                          |             |                        |
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|                                                                                                                                                                                                |                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                 |                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                               |                           |                                          | ,           |                        |
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|                                                                                                                                                                                                |                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                 |                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | rs after completion of the Commission. India                                                                                  |                           |                                          |             |                        |
| <u> </u>                                                                                                                                                                                       | AREA 640                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | !                                                               | it with (?).                                                                                                                                                       | SUBMIT IN T                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | PROPERLY FILLER                                                                                                               | C-110 WIL                 |                                          |             |                        |
| LOCA                                                                                                                                                                                           | ATE WELL                                                                    | ORRECTLY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                 |                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                               |                           |                                          |             |                        |
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| Drilling c<br>Name of d<br>Elevation a                                                                                                                                                         | ommenced.<br>Irilling cont<br>above sea la                                  | May 28<br>tractor Car<br>evel at top of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | p <b>ar Dr</b><br>casing                                        | 19 4<br><b>illing Co</b><br><b>3643</b><br>ntial until                                                                                                             | 8 Drilli:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ng was completed                                                                                                              | ddress. <b>Al</b>         | ig <b>ust 29</b><br>tesia,               |             |                        |
| Drilling c<br>Name of d<br>Elevation :<br>The inform                                                                                                                                           | ommenced.<br>Irilling cont<br>above sea l<br>nation give                    | Nay 28<br>gractor Gar<br>evel at top of<br>n is to be kep                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | per Dr:<br>f casing<br>ot confide                               | 19.4<br><b>illing Co</b><br><b>3643</b><br>                                                                                                                        | B Drilli<br>feet.<br>SANDS OR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ng was completed                                                                                                              | ddress. <b>Al</b>         | 1g <b>ust 29</b><br>tesia,               | New Max     |                        |
| Drilling c<br>Name of d<br>Elevation :<br>The inform<br>No. 1, from                                                                                                                            | ommenced.<br>Irilling cont<br>above sea lo<br>nation give<br>m <b>2523</b>  | Nay 28<br>gractor Car<br>evel at top of<br>n is to be kep<br>t                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | per Dr:<br>casing<br>ot confiden<br>to                          | 19 4<br><b>illing Co</b><br><b>3643</b><br>ntial until<br>OIL 5<br><b>2529</b>                                                                                     | <ul> <li>B Drilling</li> <li>feet.</li> <li>SANDS OR</li> <li>N9.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ng was completed<br>, A<br>ZONES<br>4, from                                                                                   | 1Âŭ<br>ddress. <b>Åj</b>  | 19to                                     | New Mex     |                        |
| Drilling c<br>Name of d<br>Elevation :<br>The inform<br>No. 1, from<br>No. 2, from                                                                                                             | ommenced.<br>Irilling cont<br>above sea lo<br>nation give<br>m2523<br>m2616 | Nay 28<br>cractorCar<br>evel at top of<br>n is to be kep<br>i                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | par Dr:<br>casing<br>ot confider<br>to                          | 19 4<br><b>illing Co</b><br><b>3643</b><br>ntial until<br>OIL 9<br><b>2529</b><br><b>2619</b>                                                                      | <ul> <li>B Drilling</li> <li>feet.</li> <li>SANDS OR</li> <li>NO.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ng was completed<br>ZONES<br>4, from                                                                                          | ddress. Al                | 1g <b>ust. 29</b><br>.tesia,<br>19<br>to | New Mex     |                        |
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| Drilling c<br>Name of d<br>Elevation :<br>The inform<br>No. 1, from<br>No. 2, from<br>No. 3, from                                                                                              | ommenced.<br>Irilling cont<br>above sea le<br>nation give<br>m              | Nay 28<br>cractorCar<br>evel at top of<br>n is to be kep<br>i                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | per Dr<br>casing<br>ot confiden<br>to<br>to<br>to               | 19 4<br><b>illing Co</b><br><b>3643</b><br>ntial until<br>OIL 1<br><b>2529</b><br><b>2619</b>                                                                      | <ul> <li>B Drilling</li> <li>feet.</li> <li>SANDS OR</li> <li>No.</li> <li>No.</li> <li>No.</li> <li>No.</li> <li>No.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ng was completed<br>ZONES<br>4, from<br>5, from<br>6, from<br><b>R SANDS</b>                                                  | ddress. Al                | 1g <b>ust. 29</b><br>.tesia,<br>19<br>to | New Mex     |                        |
| Drilling c<br>Name of d<br>Elevation :<br>The inform<br>No. 1, from<br>No. 2, from<br>No. 3, from<br>nolude da                                                                                 | ommenced.<br>Irilling cont<br>above sea la<br>nation give<br>m              | Nay 28<br>gractor. Car<br>evel at top of<br>n is to be kep<br>1<br>1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | par Dr:<br>casing<br>ot confident<br>to<br>to<br>to<br>to<br>to | 19 4<br>illing Co<br>3643<br>ntial until<br>OIL :<br>2529!<br>2619!<br>IMPORT<br>evation to wh                                                                     | <ul> <li>B Drilling</li> <li>feet.</li> <li>SANDS OR</li> <li>No.</li> <li>No.</li></ul> | ng was completed<br>ZONES<br>4, from<br>5, from<br>6, from<br><b>R SANDS</b>                                                  | 1Âŭ<br>ddress. <b>Aj</b>  | 19to                                     | New Mex     | .194 <b>/8</b><br>1.00 |
| Drilling c<br>Name of d<br>Elevation :<br>The inform<br>No. 1, from<br>No. 2, from<br>No. 3, from<br>No. 3, from<br>Include da<br>No. 1, from                                                  | ommenced.<br>Irilling cont<br>above sea la<br>nation give<br>m              | May 28<br>cractor Gar<br>evel at top of<br>n is to be kep<br>t<br>t                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | per Dr<br>casing<br>ot confiden<br>to<br>to<br>to<br>to         | 19 4<br><b>illing Co</b><br><b>3643</b><br>ntial until<br>OIL 9<br><b>2529</b><br><b>2619</b><br><b>IMPORT</b><br>evation to wh                                    | 8 Drilli<br>feet.<br>SANDS OR<br>No.<br>No.<br>No.<br>CANT WATE<br>ich water ro                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ng was completed<br>ZONES<br>4, from                                                                                          | 1Âŭ<br>ddress. <b>Aj</b>  | 19to                                     | New Mex     |                        |
| Drilling c<br>Name of d<br>Elevation :<br>The inform<br>No. 1, from<br>No. 3, from<br>No. 3, from<br>No. 1, from<br>No. 2, from                                                                | ommenced.<br>Irilling cont<br>above sea la<br>nation give<br>m              | Nay 28<br>cractorCar<br>evel at top of<br>n is to be ker<br>i<br>i<br>of water inflo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | per Dr:<br>casing<br>ot confider<br>to<br>to<br>to<br>w and ele | 19 4<br><b>illing Co</b><br><b>3643</b><br>ntial until<br>OIL 9<br><b>2529</b><br><b>2619</b><br><b>IMPORT</b><br>evation to wh<br>.to                             | <ul> <li>B Drilling</li> <li>feet.</li> <li>SANDS OR</li> <li>No.</li> <li>No.</li></ul> | ng was completed<br>ZONES<br>4, from                                                                                          | 1Âl<br>ddress. <b>A</b> J | 19                                       | New Mex     | .194 <b>/8</b><br>1.00 |
| Drilling c<br>Name of d<br>Elevation :<br>The inform<br>No. 1, from<br>No. 2, from<br>No. 3, from<br>No. 1, from<br>No. 2, from<br>No. 2, from                                                 | ommenced.<br>Irilling cont<br>above sea lo<br>nation give<br>m              | May 28<br>cractor Gar<br>evel at top of<br>n is to be kep<br>t                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | per Dr<br>casing<br>ot confiden<br>to<br>to<br>to<br>to         | 19 4<br><b>illing Co</b><br><b>3643</b><br>ntial until<br>OIL 9<br><b>2529</b><br><b>2619</b><br><b>IMPORT</b><br>evation to wh<br>to<br>to<br>to                  | 8 Drilli<br>feet.<br>SANDS OR<br>No.<br>No.<br>No.<br>CANT WATE<br>ich water ro                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ng was completed<br>ZONES<br>4, from<br>5, from<br>6, from<br><b>R SANDS</b><br>ise in hole.<br>feet.<br>feet.                | iÂŭ<br>ddress. <b>Aj</b>  | 19to                                     | New Mex     | .194 <b>/2</b>         |
| Drilling c<br>Name of d<br>Elevation :<br>The inform<br>No. 1, from<br>No. 2, from<br>No. 3, from<br>No. 1, from<br>No. 2, from<br>No. 2, from                                                 | ommenced.<br>Irilling cont<br>above sea lo<br>nation give<br>m              | May 28<br>cractor Gar<br>evel at top of<br>n is to be kep<br>t                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | per Dr<br>casing<br>ot confiden<br>to<br>to<br>to<br>to         | 19 4<br><b>illing Co</b><br><b>3643</b><br>ntial until<br><b>OIL 9</b><br><b>2529 9</b><br><b>2619 9</b><br><b>IMPORT</b><br>evation to wh<br>to<br>to<br>to<br>to | 8 Drilli<br>feet.<br>SANDS OR<br>No.<br>No.<br>No.<br>CANT WATE<br>ich water ro                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ng was completed<br>ZONES<br>4, from<br>5, from<br>6, from<br>R SANDS<br>ise in hole.<br>feet.<br>feet.<br>feet.<br>feet.     | iÂŭ<br>ddress. <b>Aj</b>  | 19to                                     | New Mex     | .194 <b>/2</b>         |
| Drilling c<br>Name of d<br>Elevation :<br>The inform<br>No. 1, from<br>No. 2, from<br>No. 3, from<br>No. 1, from<br>No. 1, from<br>No. 2, from                                                 | ommenced.<br>Irilling cont<br>above sea lo<br>nation give<br>m              | May 28<br>gractor Gar<br>evel at top of<br>n is to be kep<br>1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | per Dr<br>casing<br>ot confiden<br>to<br>to<br>to<br>to         | 19 4<br><b>illing Co</b><br><b>3643</b><br>ntial until<br><b>OIL 9</b><br><b>2529 9</b><br><b>2619 9</b><br><b>IMPORT</b><br>evation to wh<br>to<br>to<br>to<br>to | 8 Drilli<br>feet.<br>SANDS OR<br>N9.<br>N0.<br>N0.<br>ANT WATE<br>ich water ro<br>SING RECO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ng was completed<br>ZONES<br>4, from                                                                                          | iÂŭ<br>ddress. <b>Aj</b>  | 19                                       | New Mex     | .194 <b>/2</b>         |
| Drilling c<br>Name of d<br>Elevation :<br>The inform<br>No. 1, from<br>No. 2, from<br>No. 3, from<br>No. 1, from<br>No. 2, from<br>No. 2, from                                                 | ommenced.<br>Irilling cont<br>above sea lo<br>nation give<br>m              | May 28<br>cractor Gar<br>evel at top of<br>n is to be kep<br>t                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | per Dr<br>casing<br>ot confiden<br>to<br>to<br>to<br>to         | 19 4<br><b>illing Co</b><br><b>3643</b><br>ntial until<br><b>OIL 9</b><br><b>2529 9</b><br><b>2619 9</b><br><b>IMPORT</b><br>evation to wh<br>to<br>to<br>to<br>to | 8 Drilli<br>feet.<br>SANDS OR<br>No.<br>No.<br>No.<br>CANT WATE<br>ich water ro                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ng was completed<br>ZONES<br>4, from<br>5, from<br>6, from<br>R SANDS<br>ise in hole.<br>feet.<br>feet.<br>feet.<br>feet.     | iÂŭ<br>ddress. <b>Aj</b>  | 19to                                     | New Mex     | .194 <b>/2</b>         |
| Drilling c<br>Name of d<br>Elevation :<br>The inform<br>No. 1, from<br>No. 2, from<br>No. 3, from<br>No. 3, from<br>No. 2, from<br>No. 3, from<br>No. 4, from                                  | ommenced.<br>Irilling cont<br>above sea lo<br>nation give<br>m              | May 28<br>ractor Car<br>evel at top of<br>n is to be kep<br>i<br>i<br>f<br>mathematical states of the second<br>mathematical states of th | per Dr:<br>casing<br>ot confiden<br>to<br>to<br>w and ele       | 19 4<br>111 ing Co<br>3643<br>ntial until<br>01L 8<br>2529 1<br>2619 1<br>1MPORT<br>Evation to wh<br>.to                                                           | 8 Drilli<br>feet.<br>SANDS OR<br>No.<br>No.<br>No.<br>No.<br>CANT WATE<br>ich water ro<br>SING RECO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ng was completed<br>ZONES<br>4, from<br>5, from<br>6, from<br>R SANDS<br>ise in hole.<br>feet<br>feet<br>feet<br>feet<br>feet | i Ai<br>ddress Ai<br>     | 19                                       | New Mex     | .194 <b>/2</b>         |
| Drilling c<br>Name of d<br>Elevation :<br>The inform<br>No. 1, from<br>No. 2, from<br>No. 3, from<br>No. 1, from<br>No. 2, from<br>No. 3, from<br>No. 3, from                                  | ommenced.<br>Irilling cont<br>above sea lo<br>nation give<br>m              | May 28<br>ractor Gar<br>evel at top of<br>n is to be kep<br>i<br>i<br>t<br>THREADS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | per Dr<br>casing<br>ot confiden<br>to<br>to<br>to<br>ww and ele | 19 4<br>111ing Co<br>3643<br>ntial until<br>01L 9<br>2529 9<br>2619 9<br>1MPORT<br>evation to wh<br>.to                                                            | 8 Drilli<br>feet.<br>SANDS OR<br>No.<br>No.<br>No.<br>No.<br>CANT WATE<br>ich water ro<br>SING RECO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ng was completed<br>ZONES<br>4, from<br>5, from<br>6, from<br>R SANDS<br>ise in hole.<br>feet<br>feet<br>feet<br>feet<br>feet | i Ai<br>ddress Ai<br>     | 19                                       | New Mex     | .194 <b>/2</b>         |
| Drilling c<br>Name of d<br>Elevation :<br>The inform<br>No. 1, from<br>No. 2, from<br>No. 3, from<br>No. 3, from<br>No. 2, from<br>No. 3, from<br>No. 3, from<br>No. 4, from<br>SIZE<br>8-5/8* | ommenced.<br>rilling cont<br>above sea lo<br>nation give<br>m               | May 28<br>ractor Gar<br>evel at top of<br>n is to be kep<br>i<br>i<br>t<br>f<br>t<br>THREADS<br>PER INCH<br>8 Bd                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | per Dr<br>casing<br>ot confiden<br>to<br>to<br>w and ele        | 19 4<br>111ing Co<br>3643<br>ntial until<br>0IL 9<br>2529 9<br>2619 9<br>1MPORT<br>Evation to wh<br>.to                                                            | 8 Drilli<br>feet.<br>SANDS OR<br>No.<br>No.<br>No.<br>No.<br>CANT WATE<br>ich water ro<br>SING RECO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ng was completed<br>ZONES<br>4, from<br>5, from<br>6, from<br>R SANDS<br>ise in hole.<br>feet<br>feet<br>feet<br>feet<br>feet | i Ai<br>ddress Ai<br>     | 19                                       | New Mex     | .194 <b>/2</b>         |
| Drilling c<br>Name of d<br>Elevation :<br>The inform<br>No. 1, from<br>No. 2, from<br>No. 3, from<br>No. 3, from<br>No. 2, from<br>No. 3, from<br>No. 3, from<br>No. 4, from<br>SIZE<br>8-5/8* | ommenced.<br>rilling cont<br>above sea lo<br>nation give<br>m               | May 28<br>ractor Gar<br>evel at top of<br>n is to be kep<br>i<br>i<br>t<br>f<br>t<br>THREADS<br>PER INCH<br>8 Bd                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | per Dr<br>casing<br>ot confiden<br>to<br>to<br>w and ele        | 19 4<br>111ing Co<br>3643<br>ntial until<br>0IL 9<br>2529 9<br>2619 9<br>1MPORT<br>Evation to wh<br>.to                                                            | 8 Drilli<br>feet.<br>SANDS OR<br>No.<br>No.<br>No.<br>No.<br>CANT WATE<br>ich water ro<br>SING RECO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ng was completed<br>ZONES<br>4, from<br>5, from<br>6, from<br>R SANDS<br>ise in hole.<br>feet<br>feet<br>feet<br>feet<br>feet | i Ai<br>ddress Ai<br>     | 19                                       | New Mex     | .194 <b>/2</b>         |
| Drilling c<br>Name of d<br>Elevation :<br>The inform<br>No. 1, from<br>No. 2, from<br>No. 3, from<br>No. 2, from<br>No. 2, from<br>No. 3, from<br>No. 4, from<br>SIZE<br>8-5/8*                | ommenced.<br>rilling cont<br>above sea lo<br>nation give<br>m               | May 28<br>ractor Gar<br>evel at top of<br>n is to be kep<br>i<br>i<br>t<br>f<br>t<br>THREADS<br>PER INCH<br>8 Bd                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | per Dr<br>casing<br>ot confiden<br>to<br>to<br>w and ele        | 19 4<br>111ing Co<br>3643<br>ntial until<br>0IL 9<br>2529 9<br>2619 9<br>1MPORT<br>Evation to wh<br>.to                                                            | 8 Drilli<br>feet.<br>SANDS OR<br>No.<br>No.<br>No.<br>No.<br>CANT WATE<br>ich water ro<br>SING RECO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ng was completed<br>ZONES<br>4, from<br>5, from<br>6, from<br>R SANDS<br>ise in hole.<br>feet<br>feet<br>feet<br>feet<br>feet | i Ai<br>ddress Ai<br>     | 19                                       | New Mex     | .194 <b>/2</b>         |
| Drilling c<br>Name of d<br>Elevation :<br>The inform<br>No. 1, from<br>No. 2, from<br>No. 3, from<br>No. 2, from<br>No. 2, from<br>No. 3, from<br>No. 3, from<br>No. 4, from<br>SIZE<br>8-5/8* | ommenced.<br>rilling cont<br>above sea lo<br>nation give<br>m               | May 28<br>ractor Gar<br>evel at top of<br>n is to be kep<br>i<br>i<br>t<br>f<br>t<br>THREADS<br>PER INCH<br>8 Bd                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | per Dr<br>casing<br>ot confiden<br>to<br>to<br>w and ele        | 19 4<br>111ing Co<br>3643<br>ntial until<br>0IL 9<br>2529 9<br>2619 9<br>1MPORT<br>Evation to wh<br>.to                                                            | 8 Drilli<br>feet.<br>SANDS OR<br>No.<br>No.<br>No.<br>No.<br>CANT WATE<br>ich water ro<br>SING RECO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ng was completed<br>ZONES<br>4, from<br>5, from<br>6, from<br>R SANDS<br>ise in hole.<br>feet<br>feet<br>feet<br>feet<br>feet | i Ai<br>ddress Ai<br>     | 19                                       | New Mex     | .194 <b>/2</b>         |

#### MUDDING AND CEMENTING RECORD

|            | E OF | SIZE OF<br>CASING | WHERE SET | NO. SACKS<br>OF CEMENT | METHODS USED | MUD GRAVITY | AMOUNT OF MUD USED |
|------------|------|-------------------|-----------|------------------------|--------------|-------------|--------------------|
|            | 10"  | 8-5/8"            | 3791      | 50                     | HOWCO        |             |                    |
|            | 8"   | 5-1/2"            | 24621     | 100                    | 11           |             |                    |
| . <u> </u> |      |                   |           |                        |              |             |                    |
|            |      |                   |           |                        |              |             |                    |

#### PLUGS AND ADAPTERS

#### RECORD OF SHOOTING OR CHEMICAL TREATMENT

|      |            |                               | · · · · · · · · · · · · · · · · · · · |      |                          |                   |
|------|------------|-------------------------------|---------------------------------------|------|--------------------------|-------------------|
| SIZE | SHELL USED | EXPLOSIVE OR<br>CHEMICAL USED | QUANTITY                              | DATE | DEPTH SHOT<br>OR TREATED | DEPTH CLEANED OUT |
|      |            |                               |                                       |      |                          |                   |

|                                                                             | WJ Shell                                      | Nitro                                                                                   | <u>40 gts.</u>                                                                                            | 8-4-48                                  | 2540° ta                                         | 2520                                     | 2575'                  |
|-----------------------------------------------------------------------------|-----------------------------------------------|-----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------------------------|--------------------------------------------------|------------------------------------------|------------------------|
| Results of                                                                  | f shooting or chem                            | nical treatmentSusab                                                                    | bed and flower                                                                                            | . 15. bbls.                             | oil in 2                                         | 24. hou <b>rs</b>                        | •                      |
| •                                                                           |                                               |                                                                                         |                                                                                                           |                                         |                                                  |                                          |                        |
| If drill-ste                                                                | em or other special                           | RECORD OF 1                                                                             | DRILL-STEM AND<br>eys were made, subr                                                                     |                                         |                                                  | neet and at                              | tach hereto.           |
|                                                                             |                                               |                                                                                         | TOOLS USED                                                                                                |                                         |                                                  |                                          |                        |
| Rotary too                                                                  | ols were used from.                           | feet t                                                                                  | ofee                                                                                                      | et, and from.                           |                                                  | feet to                                  |                        |
| Cable tool                                                                  | ls were used from.                            | feet t                                                                                  | o2 <b>6</b> 34fe                                                                                          | et, and from.                           |                                                  | feet to                                  | feet                   |
|                                                                             |                                               |                                                                                         | PRODUCTION                                                                                                |                                         | •                                                |                                          |                        |
| Put to pro                                                                  | ducing. Septembe                              | er 1, ·                                                                                 | 19 48                                                                                                     |                                         |                                                  |                                          |                        |
| The produ                                                                   | uction of the first 2                         | 24 hours was15                                                                          | barrels                                                                                                   | of fluid of wh                          | ich <b>100</b>                                   | % was                                    | oil;%                  |
| emulsion;                                                                   | % wa                                          | ter; and                                                                                | % sediment. Gravit                                                                                        | y, Be <b>35.</b> 3                      | API                                              |                                          |                        |
| If goe woll                                                                 | cu ft per 24 hou                              | rs                                                                                      | Gallons                                                                                                   | gasolina ner                            | 1 000 an ft                                      | of gas                                   | ••••••                 |
| ii gas wen                                                                  | , cu. it. pci ai nou                          | £ 0                                                                                     |                                                                                                           | Sasonine per                            | 1,000 cu. 10                                     |                                          |                        |
|                                                                             |                                               | n                                                                                       |                                                                                                           | gasonne per                             | 1,000 cu. 16                                     |                                          |                        |
|                                                                             |                                               |                                                                                         |                                                                                                           | Sasonnic per                            | 1,000 cu. 10                                     |                                          |                        |
| Rock pres                                                                   | sure, lbs. per sq. i1                         |                                                                                         | EMPLOYEES                                                                                                 |                                         |                                                  |                                          |                        |
| Rock pres                                                                   | sure, lbs. per sq. in<br>                     | n                                                                                       | EMPLOYEES                                                                                                 |                                         |                                                  |                                          | , Driller              |
| Rock pres                                                                   | sure, lbs. per sq. in<br>                     | n                                                                                       | EMPLOYEES                                                                                                 |                                         |                                                  |                                          | , Driller              |
| Rock press<br>Carper.                                                       | sure, lbs. per sq. in<br>D <b>rilling</b> Com | n                                                                                       | EMPLOYEES<br>, Driller<br>Driller<br>ON RECORD ON 6                                                       | OTHER SID                               | E                                                |                                          | , Driller<br>, Driller |
| Rock press<br>Carp <b>er</b><br>I hereby sv                                 | sure, lbs. per sq. in<br>                     | n<br>Pa ly<br>Formatio                                                                  | EMPLOYEES<br>, Driller<br>, Driller<br>ON RECORD ON<br>herewith is a comp                                 | OTHER SID                               | E                                                |                                          | , Driller<br>, Driller |
| Rock press<br>Carper<br>I hereby sw<br>it so far as                         | sure, lbs. per sq. in<br>                     | FORMATIC<br>the information given                                                       | EMPLOYEES<br>, Driller<br>ON RECORD ON 6<br>herewith is a comp<br>ds.                                     | OTHER SID<br>Dete and corr<br>HobbeyNe  | E<br>ect record c<br>Place Z                     | of the well a                            | , Driller<br>, Driller |
| Rock press<br>Carper<br>I hereby su<br>it so far as<br>Subscribed           | sure, lbs. per sq. in<br>                     | FORMATIC<br>the information given<br>d from available record                            | EMPLOYEES<br>, Driller<br>ON RECORD ON 6<br>herewith is a comp<br>ds.<br>1948                             | OTHER SID                               | E<br>ect record c<br>Place<br>C. La              | of the well a<br>Septe<br>Clay           | nd all work done on    |
| Rock press<br>Carper<br>I hereby su<br>it so far as<br>Subscribed           | sure, lbs. per sq. in<br>                     | FORMATIC<br>FORMATIC<br>the information given<br>d from available record<br>ore me this | EMPLOYEES<br>, Driller<br>, Driller<br>ON RECORD ON<br>herewith is a comp<br>ds.<br>1948<br>Name<br>Posit | OTHER SID<br>Dete and corr<br>Hobbey Ne | E<br>ect record of<br>Place<br>C. La<br>District | of the well a<br>Septe<br>Clay<br>Sup 2. | nd all work done on    |
| Rock press<br>Carper<br>I hereby su<br>it so far as<br>Subscribed<br>day of | sure, lbs. per sq. in<br>                     | FORMATIC<br>FORMATIC<br>the information given<br>d from available record<br>ore me this | EMPLOYEES<br>, Driller<br>, Driller<br>ON RECORD ON<br>herewith is a comp<br>ds.<br>1948<br>Name<br>Posit | OTHER SID<br>Dete and corr<br>Hobbey Ne | E<br>ect record of<br>Place<br>C. La<br>District | of the well a<br>Septe<br>Clay<br>Sup 2. | nd all work done on    |

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| FROM   | то                                                                                                              | THICKNESS<br>IN FEET                  | FORMATION                              |
|--------|-----------------------------------------------------------------------------------------------------------------|---------------------------------------|----------------------------------------|
| 0      | 105                                                                                                             |                                       | Pad Pad & Orm                          |
| U      | 195<br>365                                                                                                      |                                       | Red Bed & Gyp<br>Anhydrite             |
|        | 400                                                                                                             |                                       | Gyp & Salt                             |
|        | 800                                                                                                             | · · · · · · · · · · · · · · · · · · · | Salt                                   |
|        | <b>95</b> 5                                                                                                     |                                       | Anhydrite                              |
|        | 1005 <sup>.</sup><br>1015                                                                                       |                                       | Anhydrite and lims shells<br>Red Rock  |
|        | 1185                                                                                                            |                                       | Red Bosk & Anhydrite Streaks           |
|        | 1310                                                                                                            | • • • • •                             | Anhydrite                              |
|        | 1320                                                                                                            |                                       | Anhydrite                              |
|        | 1415<br>1445                                                                                                    |                                       | Anhydrite<br>Anhydrite and Lime Shells |
|        | 1575                                                                                                            |                                       | Anhydrite                              |
|        | 1634                                                                                                            |                                       | Anhydrite and Red Rock                 |
|        | 1745<br>1753                                                                                                    |                                       | Anhydrite<br>Brown Shale               |
|        | 1785                                                                                                            |                                       | Anhydrite                              |
|        | 1805                                                                                                            |                                       | Anhydrite and line shells              |
| •      | 1825                                                                                                            |                                       | Broken Formation                       |
|        | 1845<br>20 <b>48</b>                                                                                            |                                       | Brown Sand<br>Anhydrite                |
|        | 2060                                                                                                            |                                       | Anhydrite and Red Rock                 |
|        | 2968                                                                                                            |                                       | Brown Lime                             |
|        | 2080                                                                                                            |                                       | Brown Sand                             |
|        | 2113<br>2174                                                                                                    |                                       | Brown Sand & Anhydrite<br>Anhydrite    |
|        | 21.85                                                                                                           |                                       | Brown Sand                             |
|        | 2228                                                                                                            |                                       | Anhydrite and Sand Streaks             |
|        | 2308                                                                                                            |                                       | Gray Line                              |
|        | 2320<br>2330                                                                                                    | · · · ·                               | Gray Line (sandy)<br>Brown, Sand       |
|        | 2420                                                                                                            |                                       | Gray Lime                              |
|        | 2433                                                                                                            | 14 - C                                | Brown Sand                             |
|        | 2464                                                                                                            |                                       | Grey Line                              |
|        | 24 <b>78</b><br>2484                                                                                            |                                       | Brown Sand<br>Brown Lime               |
|        | 2510                                                                                                            |                                       | Gray Lim                               |
|        | 2524                                                                                                            |                                       | Pink Line                              |
|        | 2529                                                                                                            |                                       | Send                                   |
|        | 2543<br>2550                                                                                                    |                                       | Brown Line<br>Gray Line                |
|        | 2616                                                                                                            |                                       | white Lime                             |
|        | 2634                                                                                                            |                                       | Gray Line                              |
|        |                                                                                                                 |                                       |                                        |
|        |                                                                                                                 |                                       | FORMATION TOPS                         |
|        |                                                                                                                 | N                                     | Anhydrike 195'                         |
|        |                                                                                                                 |                                       | Top Salt 400                           |
|        |                                                                                                                 |                                       | Base Salt 800                          |
|        |                                                                                                                 |                                       | Red Sand 1805<br>White Lime 2540       |
|        |                                                                                                                 |                                       | Waite Lime 2540<br>Oil Pay 2523        |
|        |                                                                                                                 |                                       | • ug                                   |
|        |                                                                                                                 |                                       |                                        |
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| y ar a | a unaportado en entre en entre en |                                       |                                        |
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|                                                                  |             |                                                                                             |            | SCOUT REP                                                                                                                                                                                                                                                                                                            | ORT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | · • • •                                                                                                        | . (, |
|------------------------------------------------------------------|-------------|---------------------------------------------------------------------------------------------|------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|------|
|                                                                  |             | NEW N                                                                                       | IEX        | KICO OIL CONSERV                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ISSION                                                                                                         |      |
|                                                                  |             |                                                                                             |            |                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                |      |
|                                                                  | N           |                                                                                             |            | Company GULF OIL C                                                                                                                                                                                                                                                                                                   | ORP.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Pool Anderson                                                                                                  | Dis  |
|                                                                  |             | i<br>l                                                                                      |            | Farm Name <b>Eddy St</b>                                                                                                                                                                                                                                                                                             | ate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Well No.                                                                                                       | 1    |
| ·                                                                |             |                                                                                             | -          | Sec. 2 Twp.                                                                                                                                                                                                                                                                                                          | 17 Range                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 29 County                                                                                                      | Eddy |
|                                                                  |             |                                                                                             |            | Feet from Line: 660                                                                                                                                                                                                                                                                                                  | N. S.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | E. 660 W.                                                                                                      |      |
| 8                                                                | <br>        |                                                                                             | B          | Elevation 3643                                                                                                                                                                                                                                                                                                       | ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Method                                                                                                         |      |
|                                                                  |             | · · · · · · · · · · · · · · · · · · ·                                                       |            | Contractor                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Land Stat                                                                                                      |      |
|                                                                  |             |                                                                                             |            | Spudded 5/29/4                                                                                                                                                                                                                                                                                                       | :F                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                | 6-1  |
|                                                                  | <u> </u> S  |                                                                                             | 4          |                                                                                                                                                                                                                                                                                                                      | TA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | TSA                                                                                                            |      |
|                                                                  | AMOUNT      |                                                                                             |            | ACID RECORD<br>Gals.                                                                                                                                                                                                                                                                                                 | TX 400                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | TGI                                                                                                            | _    |
| CASING                                                           | & CEMENTIN  |                                                                                             | D          | Gals.                                                                                                                                                                                                                                                                                                                | BX JOO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>T</b> Tu                                                                                                    |      |
| Size                                                             | Feet        | Sax<br>Cement                                                                               |            |                                                                                                                                                                                                                                                                                                                      | TY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | TPenn                                                                                                          |      |
| 85/                                                              | . 379       | 50                                                                                          |            |                                                                                                                                                                                                                                                                                                                      | TQ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | TEll                                                                                                           |      |
| 5%                                                               | 2462        | 100                                                                                         |            | ·                                                                                                                                                                                                                                                                                                                    | TG                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | TGr. W                                                                                                         |      |
| - <u></u>                                                        |             |                                                                                             |            |                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | TGr.                                                                                                           |      |
|                                                                  |             | 1                                                                                           |            | = = = = A d                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                |      |
|                                                                  |             |                                                                                             |            | Top Pay 2524                                                                                                                                                                                                                                                                                                         | SHOOTING BE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | CORD                                                                                                           |      |
|                                                                  | rubing reco | RD                                                                                          |            | Top Pay 2524<br>No. of Quarts 40<br>No. of Quarts                                                                                                                                                                                                                                                                    | SHOOTING RE<br>From 257<br>From                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                |      |
|                                                                  | rubing reco | RD                                                                                          |            | No. of Quarts $\frac{40}{18}$<br>No. of Quarts                                                                                                                                                                                                                                                                       | From DS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | To +0                                                                                                          | -    |
| 212                                                              |             | RD                                                                                          |            | No. of Quarts $\frac{40}{1835}$<br>No. of Quarts<br>$\frac{5}{0} = \frac{1}{8} \frac{35}{35}$                                                                                                                                                                                                                        | From DS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | To #0                                                                                                          |      |
|                                                                  |             | RD                                                                                          |            | No. of Quarts <b>40</b><br>No. of Quarts                                                                                                                                                                                                                                                                             | From DS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | To<br>To<br>S/                                                                                                 |      |
| 2 <sup>11</sup> 2                                                |             | RD                                                                                          |            | No. of Quarts $\frac{40}{1835}$<br>No. of Quarts<br>$\frac{5}{0} = \frac{1}{8} \frac{35}{35}$<br>$\frac{5}{6} \frac{35}{35} = \frac{4}{8} \frac{800}{800}$                                                                                                                                                           | From S/                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | To To<br>S/                                                                                                    |      |
| 2 2 2                                                            | 525         |                                                                                             |            | No. of Quarts $\frac{40}{No. of Quarts}$<br>No. of Quarts<br>$\frac{5}{0} = \frac{18}{8} = \frac{35}{5}$<br>$\frac{5}{6} = 355 = \frac{48}{8} = \frac{60}{5}$<br>S/<br>Date                                                                                                                                          | From S/                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | To To<br>S/                                                                                                    |      |
| 2 <sup>11</sup> 2                                                |             |                                                                                             |            | No. of Quarts $\frac{1}{8}$<br>No. of Quarts<br>$\frac{1}{8}$ $\frac{3}{2}$<br>$\frac{5}{6}$ $\frac{1}{8}$ $\frac{3}{2}$<br>$\frac{5}{6}$<br>$\frac{5}{6}$ $\frac{5}{2}$ $\frac{1}{8}$ $\frac{3}{8}$<br>$\frac{5}{8}$<br>Date<br>UL 7.1949                                                                           | From S/                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | To To<br>S/                                                                                                    |      |
| 2 2 2                                                            | 525         |                                                                                             |            | No. of Quarts $\frac{40}{No. of Quarts}$<br>No. of Quarts<br>$\frac{5}{0} = \frac{18}{8} = \frac{35}{5}$<br>$\frac{5}{6} = 355 = \frac{48}{8} = \frac{60}{5}$<br>S/<br>Date                                                                                                                                          | From S/                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | To To<br>S/                                                                                                    |      |
| PACKER<br>Date                                                   | 525         |                                                                                             |            | No. of Quarts $\frac{1}{8}$<br>No. of Quarts<br>$\frac{1}{8}$ $\frac{3}{3}$<br>$\frac{5}{6}$ $\frac{5}{7}$ $\frac{1}{8}$ $\frac{3}{8}$<br>$\frac{5}{6}$ $\frac{5}{7}$ $\frac{1}{8}$ $\frac{3}{8}$<br>$\frac{5}{7}$<br>Date<br>Date<br>$\frac{1}{7}$ $\frac{1949}{8}$<br>$\frac{1}{8}$ $\frac{1}{4}$ $\frac{1948}{8}$ | From S/                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | To FO                                                                                                          |      |
| PACKER<br>Date                                                   | 525         |                                                                                             | <i>7.</i>  | No. of Quarts $40$ No. of Quarts $5/0 - 1/8 + 35$ S/0 - 1/8 + 35 $35$ Date $101$ Ul 7 + 1949 $311$ S/0 - 1/8 + 35 $311$ JUL 2 + 1948 + 35 $312$      | From S/                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | To FO                                                                                                          |      |
| PACKER<br>Date                                                   | 525         | 1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1 |            | No. of Quarts $40$ No. of Quarts $5/0 = 1/8 = 35$ S/0 = 1/8 = 35 $5/6 = 355 = 4/4 = 800$ S/0 = 1/8 = 355 $5/6 = 355 = 4/4 = 800$ S/0 = 1/8 = 355 $5/6 = 355 = 4/4 = 800$ Date       UL 7.1949         JUL 7.1949       JUL 2.1 1948         JUL 2.1 1948       JUL 2.1 1948                                          | From S/                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | To FO                                                                                                          |      |
| 2 2 2<br>PACKER<br>Date<br>25-J.8<br>JUN 9<br>JUN 1 6<br>JUN 2 3 | 525         |                                                                                             |            | No. of Quarts $\frac{1}{8}$<br>No. of Quarts<br>S/ $0 = 1^{1/8} = 35$<br>S/ $0 = 57 + 460$<br>Date<br>Date<br>Date<br>JUL 7.1949<br>JUL 7.1949<br>JUL 2.1 1948<br>JUL 2.1 1948<br>JUL 2.1 1948<br>JUL 2.1 1948                                                                                                       | From S/                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | To FO                                                                                                          |      |
| PACKER<br>Date                                                   | 525         | 1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1 |            | No. of Quarts $\frac{1}{8}$<br>No. of Quarts<br>S/ $0 = 1^{1}$ $3 = 35$<br>S/ $0 = 55$ $4 = 460$<br>S/<br>Date<br>Date<br>UL 7.1949<br>Date<br>JUL 7.1949<br>JUL 2.1 1948<br>JUL 2.1 1948<br>JUL 2.1 1948<br>AUG 4.1948<br>Completed 1.1 1948                                                                        | From $>5$<br>From<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/<br>S/ | To to<br>To<br>To<br>S/<br>S/<br>S/<br>S/<br>Canhy<br>Li<br>Li<br>Li<br>Li<br>Li<br>Li<br>Li<br>Li<br>Li<br>Li |      |
| 2 2 2<br>PACKER<br>Date<br>25-J.8<br>JUN 9<br>JUN 1 6<br>JUN 2 3 | 525         | 1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1 | 1/9<br>1/9 | No. of Quarts $\frac{1}{8}$<br>No. of Quarts<br>S/ $0 = 1^{1}$ $3 = 35$<br>S/ $0 = 55$ $4 = 460$<br>S/<br>Date<br>Date<br>UL 7.1949<br>Date<br>JUL 7.1949<br>JUL 2.1 1948<br>JUL 2.1 1948<br>JUL 2.1 1948<br>AUG 4.1948<br>Completed 1.1 1948                                                                        | From S/                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | To to<br>To<br>To<br>S/<br>S/<br>S/<br>S/<br>Li<br>Li<br>Li<br>Li<br>Li<br>Li<br>Li<br>Li<br>Li<br>Li          |      |

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15819 Advocate Print



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| - ( | 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 1  |
| - 2 | ! I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | j, |
| ٤   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |    |
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|     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |    |

Santa Fo, Now Moxico MISCELLANEOUS REPORTS ON WELL



Submit this report in triplicate to the Oil Conservation Commission or its proper agent within ten days after the work specified is completed. It should be signed and sworn to before a notary public for reports on beginning drilling operations, results of shooting well, results of test of casing shut off, result of plugging of well, and other important operations, even though the work was witnessed by an agent of the Commission. Reports on minor operations need not be signed and sworn to before a notary public. See additional instructions in the Rules and Regulations of the Commission. Indicate nature of report by checking below.

| REPORT ON BEGINNING DRILLING OPERA-<br>TIONS                    |              | REPORT ON REPAIRING WELL                          |  |
|-----------------------------------------------------------------|--------------|---------------------------------------------------|--|
| REPORT ON RESULT OF SHOOTING OR CHEM-<br>ICAL TREATMENT OF WELL |              | REPORT ON PULLING OR OTHERWISE<br>ALTERING CASING |  |
| REPORT ON RESULT OF TEST OF CASING<br>SHUT-OFF                  | 5 <u>]</u> " | REPORT ON DEEPENING WELL                          |  |
| REPORT ON RESULT OF PLUGGING OF WELL                            |              |                                                   |  |

| July 27, 1948 | Hobbs. | New Mexico |  |
|---------------|--------|------------|--|
| Date          | •      | Place      |  |

OIL CONSERVATION COMMISSION, SANTA FE, NEW MEXICO Gentlemen:

Following is a report on the work done and the results obtained under the heading noted above at the\_ \_\_\_\_\_Well No.\_\_\_ Gulf Oil Corporation Eddy State 1 \_in the Lease **Company** or Operator 17 5 29 E NW NW 2 \_, N. M. P. M., \_of Sec. Eddy County. Anderson Field, Cemented on July 22, 1948. Tested on July 26, 1948. The dates of this work were as follows:\_\_\_\_ Notice of intention to do the work was (was not) submitted on Form C-102 on July 23, 1948. 19 and approval of the proposed plan was (mananet) obtained. (Cross out incorrect words.) DETAILED ACCOUNT OF WORK DONE AND RESULTS OBTAINED

The plug was drilled at 4 p.m., on July 26, 1948, and hole bailed dry. There was no fluid accumulation in the hole after 2 hours period, and so proceeded to drill ahead.

| Witnessed by Ralph Clarkson         | Gulf Oil Corporation                                             | Foreman        |
|-------------------------------------|------------------------------------------------------------------|----------------|
| Name                                | Company                                                          | Title          |
| Subscribed and sworn before me this | I hereby swear or affirm that t<br>is true and correct.<br>19_48 | •              |
| Manghan                             | Position Ghief Cler                                              | rk (           |
| Notary ;                            | Public Representing Company or                                   | -              |
| My commission expires10-21,-49      | Address Box 1667, Hob                                            | bs, New Mexico |
| Remarks:                            | Roti                                                             | yarksoultk.    |
| APPROVED                            |                                                                  | Narije         |
| Date                                | 8                                                                | GAS INSPECTOR  |

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| ubmit this notice in triplicate to the Oil Conservation<br>of the sender on we divisable, or the rejection by the Commission or age<br>and work should not begin until approval is obtain<br>the Commission. | ion Comr<br>which wi<br>ent, of th<br>ned. See | l be given the approval, with an<br>e plan submitted. The plan as an | y modifications considered. |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|----------------------------------------------------------------------|-----------------------------|
| OTICE OF INTENTION TO TEST CASING                                                                                                                                                                            |                                                | NOTICE OF INTENTION TO                                               | SHOOT OR                    |
| SHUT-OFF                                                                                                                                                                                                     | 5날#                                            | CHEMICALLY TREAT                                                     |                             |
| OTICE OF INTENTION TO CHANGE PLANS                                                                                                                                                                           |                                                | NOTICE OF INTENTION TO<br>OTHERWISE ALTER CA                         |                             |
| OTICE OF INTENTION TO REPAIR WELL                                                                                                                                                                            | •                                              | NOTICE OF INTENTION TO                                               | PLUG WELL                   |
| OTICE OF INTENTION TO DEEPEN WELL                                                                                                                                                                            |                                                |                                                                      |                             |
| Hobbs, Ne                                                                                                                                                                                                    | w Mexic                                        |                                                                      | 23, 1948                    |
|                                                                                                                                                                                                              |                                                | Place                                                                | Date                        |
| DIL CONSERVATION COMMISSION,<br>Santa Fe, New Mexico.                                                                                                                                                        |                                                |                                                                      |                             |
| Sentlemen:                                                                                                                                                                                                   |                                                |                                                                      |                             |
| 'ollowing is a notice of intention to do certain wor<br>Fulf Oil Corporation Edd                                                                                                                             | rk as des<br>y Stat                            |                                                                      | Io. 1 in NW NW              |
| Company or Operator Le                                                                                                                                                                                       | ase                                            |                                                                      |                             |

FULL DETAILS OF PROPOSED PLAN OF WORK FOLLOW INSTRUCTIONS IN THE RULES AND REGULATIONS OF THE COMMISSION

On July 22, 1948, ran 78 jts 52" OD 14# 8 Rd Thd Rge 2 SS casing, 19 jts H-40 (612.97') on bottom and 59 jts J-55 (1844.33') on top. Total tallies 2457', H-5', set @ 2462'. Cemented by Halliburton with 100 sacks Trinity Portland cement. Plug @ 2432'. Job started 2:30 a.m. and completed 9:30 a.m.

Proposed to drill plug and test shut-off at 9:30 a.m. on July 24, 1948.

| JUL 2 4 1948                | Gulf Oil Corporation                  |
|-----------------------------|---------------------------------------|
| except as follows:          | Company or Operator                   |
|                             | By to. & Jallashu                     |
|                             | Position District Sup t.              |
|                             | Send communications regarding well to |
| OIL CONSERVATION COMMISSION | Name E. J. Gallagher                  |
| By Roy yarbraugh.           | Address Box 1667, Hobbs, New Mexico   |
| Title                       |                                       |
| U V                         |                                       |

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| Form C-103                                                                                                                                 |                                                                                   |                                                        |                                                                             | nr                                                                      | 1015 IU                                                 |                                      |
|--------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|--------------------------------------------------------|-----------------------------------------------------------------------------|-------------------------------------------------------------------------|---------------------------------------------------------|--------------------------------------|
|                                                                                                                                            | ion Commissi<br>rn to before<br>sing shut off<br>ent of the Co<br>litional instru | non or its ;<br>a notary p<br>, result of<br>mmission. | proper agent<br>ublic for rep<br>plugging of<br>Reports on<br>the Rules and | HOE<br>within ten da<br>orts on beginn<br>well, and othe<br>minor opera | BBS OFF<br>ays after the<br>ing drilling<br>r important | e work<br>opera-<br>opera-<br>not be |
| REPORT ON BEGINNING DRILLING OPERA-<br>TIONS                                                                                               |                                                                                   | REPORT                                                 | ON REPAI                                                                    | RING WELL                                                               |                                                         |                                      |
| REPORT ON RESULT OF SHOOTING OR CHEM-<br>ICAL TREATMENT OF WELL                                                                            |                                                                                   |                                                        | ON PULLIN<br>ERING CAS                                                      | G OR OTHEI                                                              | RWISE                                                   |                                      |
| REPORT ON RESULT OF TEST OF CASING<br>SHUT-OFF                                                                                             | 8-5/8 <sup>H</sup>                                                                |                                                        | ·····                                                                       | NING WELL                                                               |                                                         |                                      |
| REPORT ON RESULT OF PLUGGING OF WELL                                                                                                       |                                                                                   |                                                        |                                                                             |                                                                         |                                                         |                                      |
| OIL CONSERVATION COMMISSION,<br>SANTA FE, NEW MEXICO<br>Gentlemen:                                                                         |                                                                                   | ne 15, 1<br>Date                                       | .948                                                                        | Hobbs, Ne                                                               | w Mexico<br>Place                                       |                                      |
| Following is a report on the work done and the resu<br>Gulf Oil Corporation<br>Company or Operator                                         | Eddy St                                                                           |                                                        | W                                                                           | ell No                                                                  | 1                                                       | in the                               |
| Anderson Field.                                                                                                                            | , T                                                                               | Eddy                                                   | , R                                                                         | <u>ZY E</u>                                                             | , N. M.                                                 |                                      |
|                                                                                                                                            | d June 10                                                                         |                                                        | Tested                                                                      | June 14.                                                                | C                                                       | ounty.                               |
| Notice of intention to do the work was ( <b>WEXTER</b> )<br>and approval of the proposed plan was ( <b>WEXTER</b> )<br>DETAILED ACCOUNT OF | submitted or<br>obtained. (C                                                      | n Form C<br>cross out i                                | -102 on                                                                     | June 11,<br>ds.)                                                        |                                                         | 9_48                                 |
| The plug was drilled and casin<br>No leak was observed and after appr<br>preparations were made to drill abs                               | oval of M                                                                         | t teste<br>r. Yarb                                     | d in acco<br>rough, St                                                      | rdance wit<br>ate Oil &                                                 | h regulat<br>Gas Insp                                   | tions.<br>ector,                     |

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| Witnessed I | y Ralph Clarkson                                                           | Gulf Oil Corporation                                                                                                                                                                                | Foreman                    |
|-------------|----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|
|             | Name                                                                       | Company                                                                                                                                                                                             | Title                      |
| Subscribed  | and sworn before me this<br>ay of 19_48<br>/////////////////////////////// | I hereby swear or affirm that the informati<br>is true and correct.<br>Name <u>O.J. Gallafu</u><br>Position <u>District Sup!t</u><br>Representing <u>Gulf Oil Corporatic</u><br>Company or Operator |                            |
| My commi    | ssion expires 10-24-49                                                     | Address Box 1667, Hobbs, New                                                                                                                                                                        | Mexico                     |
| Remarks:    | PPROVED                                                                    | Poly yard                                                                                                                                                                                           | Name<br>Tasyscher<br>Title |

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| .m C-102                                                                                                                                                     |                                                                                                                                               |
| NEW MEXICO OI                                                                                                                                                | L CONSERVATION COMMISSION                                                                                                                     |
|                                                                                                                                                              | LANEOUS NOTICES                                                                                                                               |
| Submit this notice in triplicate to the Oil Conserva-<br>been A copy will be returned to the sender on<br>advisable, or the rejection by the Commission or a | ation Commission or its proper agent before the work specified is to<br>which will be given the approval, with any more agent. On statistical |
| and work should not begin until approval is obt<br>the Commission.                                                                                           | ained. See additional instructions in the Rules and Regulations of                                                                            |
| Indicate natu                                                                                                                                                | re of notice by checking below:                                                                                                               |
| NOTICE OF INTENTION TO TEST CASING<br>SHUT-OFF                                                                                                               | 8 5/8 NOTICE OF INTENTION TO SHOOT OR<br>CHEMICALLY TREAT WELL                                                                                |
| NOTICE OF INTENTION TO CHANGE PLANS                                                                                                                          | NOTICE OF INTENTION TO PULL OR<br>OTHERWISE ALTER CASING                                                                                      |
| NOTICE OF INTENTION TO REPAIR WELL                                                                                                                           | NOTICE OF INTENTION TO PLUG WELL                                                                                                              |
| NOTICE OF INTENTION TO DEEPEN WELL                                                                                                                           |                                                                                                                                               |
| Hobbs,                                                                                                                                                       | New Mexico June 11, 1948                                                                                                                      |
|                                                                                                                                                              | Place Date                                                                                                                                    |
| OIL CONSERVATION COMMISSION,<br>Santa Fe, New Mexico.                                                                                                        |                                                                                                                                               |
| Gentlemen:                                                                                                                                                   |                                                                                                                                               |
| Following is a notice of intention to do certain we Gulf Oil Corporation                                                                                     | iddy State Well No in                                                                                                                         |
| Company or Operator<br>of Sec. 2, T. 17 S, R. 29 H<br>Eddy                                                                                                   | ease Weil No in<br>E, N. M. P. M., AndersonField.                                                                                             |
| County.                                                                                                                                                      | F PROPOSED PLAN OF WORK                                                                                                                       |
|                                                                                                                                                              | RULES AND REGULATIONS OF THE COMMISSION                                                                                                       |
| Aange 2 DD Cag. Tallies 372'. H-7                                                                                                                            | A. Ran 12 jts new 8 5/8" OD 24# 8 Rd Thd J-55<br>", set @ 379'. Commented by Halliburton w/50<br>d not circulate. Plug @ 365'. Job started    |
| Propose to drill plug and tes                                                                                                                                | t shut-off at 6 a.m. June 12, 1948                                                                                                            |
|                                                                                                                                                              |                                                                                                                                               |
|                                                                                                                                                              |                                                                                                                                               |
|                                                                                                                                                              |                                                                                                                                               |
|                                                                                                                                                              |                                                                                                                                               |
|                                                                                                                                                              |                                                                                                                                               |
| JUN 1 6 1948                                                                                                                                                 |                                                                                                                                               |
| Approved, 19.<br>except as follows:                                                                                                                          | Company or Operator                                                                                                                           |
|                                                                                                                                                              | By East Tallashu                                                                                                                              |
|                                                                                                                                                              | Position District Sup't.                                                                                                                      |
|                                                                                                                                                              | Send communications regarding well to                                                                                                         |
| OIL CONSERVATION COMMISSION,                                                                                                                                 | Name E. J. Gallagher                                                                                                                          |
| By JOG Jumpollyn                                                                                                                                             | Address Box 1667, Hobbs, New Mexico                                                                                                           |
| Title                                                                                                                                                        |                                                                                                                                               |
|                                                                                                                                                              |                                                                                                                                               |

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| Form G-103 PLICA OFL CONSERVATION COMMISSION<br>Santa Fe, New Mexico                                                                                                                          | JUN 1 1948                                                           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|
| MISCELLANEOUS REPORTS ON WELLS                                                                                                                                                                |                                                                      |
| Sumbit this report in triplicate to the Oil Conservation Commission or its proper agent within specified is completed. It should be signed and sworn to before a notary public for reports on | HOBBS OFFICE<br>ten days after the work<br>beginning drilling opera- |

tions, even though the work was witnessed by an agent of the Commission. Reports on minor operations need not be signed and sworn to before a notary public. See additional instructions in the Rules and Regulations of the Commission.

| Indicate | nature | of  | report | b₹  | checking | below. |
|----------|--------|-----|--------|-----|----------|--------|
|          |        | ••• | repore | ~ 5 | CHECKINX | Derow. |

|                                                                                                                                  |                                          | · ·                                |
|----------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|------------------------------------|
| REPORT ON BEGINNING DRILLING OPERA-<br>TIONS                                                                                     | REPORT ON REPAIL                         | RING WELL                          |
| REPORT ON RESULT OF SHOOTING OR CHEM-<br>ICAL TREATMENT OF WELL                                                                  | REPORT ON PULLIN<br>ALTERING CAS         |                                    |
| REPORT ON RESULT OF TEST OF CASING<br>SHUT-OFF                                                                                   | REPORT ON DEEPE                          | NING WELL                          |
| REPORT ON RESULT OF PLUGGING OF WELL                                                                                             | · · · · · · · · · · · · · · · · · · ·    |                                    |
|                                                                                                                                  | Nov 31, 1918                             | Hobbs Nev Marico                   |
| OIL CONSERVATION COMMISSION,<br>SANTA FE, NEW MEXICO.<br>Gentlemen:<br>Following is a report of the work done and the results of | Date<br>obtained and destine heading not | Place<br>red above at <b>l</b> the |
| NW NN Company or Operator 2                                                                                                      | Hease V                                  | Vell Noin the                      |
| Anderson of Sec.                                                                                                                 | T Eddy D                                 |                                    |
| Field,                                                                                                                           | illing May 28, 1948 at                   | 3 PM                               |
| •                                                                                                                                |                                          | County.                            |

Notice of intention to do the work was (weiked) submitted on Form C-102 on\_\_\_\_\_\_ and approval of the proposed plan was (was not) obtained. (Cross out incorrect words.)

DETAILED ACCOUNT OF WORK DONE AND RESULTS OBTAINED

Contractor moved in and spudded at 3 PM May 28, 1948; drilling 10" hole.

Ralph Clarkson

Gulf Oil Corporation

Foreman

.19\_

| Vitnessed by               | Name                   | Company                                                             | Title       |
|----------------------------|------------------------|---------------------------------------------------------------------|-------------|
| Subscribed and <b>31st</b> | sworn before me this48 | I hereby swear or affirm that the inf<br>is true and correct Gallag |             |
| day_of                     |                        | Name District Supit,                                                |             |
| Į                          | hanghan                | Position Galf Oil Corpor                                            | ation       |
|                            | Notary Public          | Representing                                                        |             |
|                            | 10-24-49               | Box 1667, Hebbs, Ones                                               | Mexico      |
| My commission              | expires                | Address                                                             |             |
| Remarks:                   | APPROVED               | Rolf 4                                                              | whenoregete |
|                            | JUN 1 1948             | OLT & CAS                                                           | Inspector   |
|                            |                        |                                                                     | Title       |

Form C-101

NEW XICO OIL CONSERVATION CO. ISSION

Santa Fe, New Mexico

COPY

#### NOTICE OF INTENTION TO DRILL

Notice must be given to the Oil Conservation Commission or its proper agent and approval obtained before drilling begins. If changes in the proposed plan are considered advisable, a copy of this notice showing such changes will be returned to the sender. Submit this notice in triplicate. One copy will be returned following approval. See additional instructions in Rules and Regulations of the Commission.

|                                                 | Hobbs, New Mexico                                                 | May 12, 1948              |
|-------------------------------------------------|-------------------------------------------------------------------|---------------------------|
| OIL CONSERVATION COMMI<br>Santa Fe, New Mexico, | SSION,                                                            | Date                      |
| Gentlemen:                                      |                                                                   |                           |
| You are hereby notific                          | ed that it is our intention to commence the drilling of a we      | ll to be known as         |
| Gulf Oil Corporation -<br>Company or            | Gypsy Division Eddy State                                         | 1 in NWNW                 |
| of Sec. 2, T 17S                                | , R. 29E., N. M., P. M., Anderson Field,                          | Eddy County.              |
| X                                               | The well is 660 feet () (S.) of the North                         | line and 660 feet         |
|                                                 | (E.) (W.) of the West line of Section                             | 2                         |
|                                                 | (Give location from section or other legal subdivisi directions.) | on lines. Cross out wrong |
| ┣━┼┉┼┈┼╍┠┈┼╴┼╶┽╌┨                               | If state land the oil and gas lease is No. 53,837 As              | signment No.              |
|                                                 | If patented land the owner is                                     |                           |
|                                                 | Address                                                           |                           |
|                                                 | If government land the permittee is                               |                           |
|                                                 | Address                                                           |                           |
|                                                 | The lessee is Gulf Oil Corporation - Gypsy                        | Division                  |
| AREA 640 ACRES                                  | Address Box 661, Tulsa 2, Oklahoma                                |                           |
| LOCATE WELL COBRECTLY                           | We propose to drill well with drilling equipment as follows       | 3:                        |
|                                                 | ls - Carper Drilling Co.                                          |                           |
|                                                 | well in conformance with Rule 39 of the General Rule              |                           |

Commission is as follows:\_\_\_\_

We propose to use the following strings of casing and to land or cement them as indicated:

| Casing     | Weight Per Foot | Second Hand | Depth                  | Cemented                    | Sacks<br>Coment                      |
|------------|-----------------|-------------|------------------------|-----------------------------|--------------------------------------|
| 8 5/8*     | 2 <del>4#</del> | Second Hand | 500+                   | Cemented                    | 250                                  |
| 7 <b>n</b> | 23 <del>#</del> | New         | 25001                  | Cemented                    | 100                                  |
|            | 8 5/8*          | 8 5/8" 24#  | 8 5/8" 24# Second Hand | 8 5/8" 24# Second Hand 500' | 8 5/8" 24# Second Hand 500' Cemented |

If changes in the above plan become advisable we will notify you before cementing or landing casing. We estimate that the first productive oil or gas sand should occur at a depth of about <u>2650</u> feet. Additional information:

| Approved May 24           | , 1948 | Sincerely yours,                                         |
|---------------------------|--------|----------------------------------------------------------|
| except as follows:        |        | Gulf Oil Corporation - Gypsy Div.<br>Company or Operator |
|                           |        | By /s/ E. J. Gallagher                                   |
|                           |        | Position District Superintendent                         |
| OIL CONSERVATION COMMI    | SSION, | Send communications regarding well to                    |
| By /s/ Roy 0. Yarbrough   |        | NameE, J. Gallagher                                      |
| Title Oil & Gas Inspector |        | Address Box 1667 Hobbs, New Mexico                       |

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