



AREA 640 ACRES  
LOCATE WELL CORRECTLY

NEW MEXICO OIL CONSERVATION COMMISSION  
Santa Fe, New Mexico

WELL RECORD

Mail to District Office, Oil Conservation Commission, to which Form C-101 was sent not later than twenty days after completion of well. Follow instructions in Rules and Regulations of the Commission. Submit in QUINTUPLICATE. If State Land submit 6 Copies

**Carper-Sivley Empire Joint Account** **State - Wright**  
(Company or Operator) (Lease)

Well No. **4**, in **NW** ¼ of **NE** ¼, of Sec. **2**, T. **18 S**, R. **27 E**, NMPM.  
**Empire - Aba** Pool, **Eddy** County.

Well is **990** feet from **North** line and **1650** feet from **East** line of Section **2**. If State Land the Oil and Gas Lease No. is **B-1483**.

Drilling Commenced **September 2**, 19**59**. Drilling was Completed **October 1**, 19**59**.

Name of Drilling Contractor **Carper Drilling Company, Inc.**  
Address **Artesia, New Mexico**  
Elevation above sea level at Top of Tubing Head **3591'** The information given is to be kept confidential until \_\_\_\_\_, 19\_\_\_\_.

OIL SANDS OR ZONES

No. 1, from **5596** to **5754** No. 4, from \_\_\_\_\_ to \_\_\_\_\_  
No. 2, from \_\_\_\_\_ to \_\_\_\_\_ No. 5, from \_\_\_\_\_ to \_\_\_\_\_  
No. 3, from \_\_\_\_\_ to \_\_\_\_\_ No. 6, from \_\_\_\_\_ to \_\_\_\_\_

IMPORTANT WATER SANDS

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

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

CASING RECORD

SIZE	WEIGHT PER FOOT	NEW OR USED	AMOUNT	KIND OF SHOE	CUT AND PULLED FROM	PERFORATIONS	PURPOSE
8 5/8"	24	New	954'	Reg.			Surface
5 1/2"	15.5	"	5870'	"			Production

MUDDING AND CEMENTING RECORD

SIZE OF HOLE	SIZE OF CASING	WHERE SET	NO. SACKS OF CEMENT	METHOD USED	MUD GRAVITY	AMOUNT OF MUD USED
11"	8 5/8"	967	425	Pump & plug		
7 7/8"	5 1/2"	5880	300	" "		

RECORD OF PRODUCTION AND STIMULATION

(Record the Process used, No. of Qts. or Gals. used, interval treated or shot.)

**Acidized with 2000 gallons 15% FeNE acid perforations 5672' - 5694', 5700' - 5742'.**  
**Treated perforations with 50 gallons H<sub>2</sub>O**

Result of Production Stimulation **Flowed 80 BOPD after recovery of load.**

Depth Cleaned Out **5849'**  
**PSTD** **5743'**

RD OF DRILL-STEM AND SPECIAL TEST

If drill-stem or other special tests or deviation surveys were made, submit report on separate sheet and attach hereto

TOOLS USED

Rotary tools were used from 0 feet to 5881 feet, and from feet to feet.  
Cable tools were used from feet to feet, and from feet to feet.

PRODUCTION

Put to Producing October 23, 1959 80 100  
OIL WELL: The production during the first 24 hours was barrels of liquid of which % was  
was oil; 43.5 % was emulsion; % water; and % was sediment. A.P.I.  
Gravity  
GAS WELL: The production during the first 24 hours was M.C.F. plus barrels of  
liquid Hydrocarbon. Shut in Pressure lbs.  
Length of Time Shut in

PLEASE INDICATE BELOW FORMATION TOPS (IN CONFORMANCE WITH GEOGRAPHICAL SECTION OF STATE):

Southeastern New Mexico			Northwestern New Mexico		
T. Anhy.			T. Devonian		T. Ojo Alamo
T. Salt			T. Silurian		T. Kirtland-Fruitland
B. Salt			T. Montoya		T. Farmington
T. Yates			T. Simpson		T. Pictured Cliffs
T. 7 Rivers			T. McKee		T. Menefee
T. Queen	1110		T. Ellenburger		T. Point Lookout
T. Grayburg			T. Gr. Wash		T. Mancos
T. San Andres	1715		T. Granite		T. Dakota
T. Glorieta	3128		T.		T. Morrison
T. Drinkard			T.		T. Penn
T. Tubbs			T.		T.
T. Abo	Roof 5596		T.		T.
T. Penn			T.		T.
T. Miss			T.		T.

FORMATION RECORD

From	To	Thickness in Feet	Formation	From	To	Thickness in Feet	Formation
0	1715	1715	Dol., anhy., sd. & salt				
1715	3128	1413	Dol. & anhy.				
3128	3353	125	sd. & interbedded dol.				
3353	5412	2059	Dol. & anhy.				
5412	5896	184	Dol. & interbedded green shale & anhy.				
5896	5734	158	Dol.				
5734	5849	95	Dol. & anhy.				

Enclosed are two copies of Welox Radiactive Log.

Oil and Gas Commission  
STATE LAND  
U. S. G. S.  
BUREAU OF LANDS

ATTACH SEPARATE SHEET IF ADDITIONAL SPACE IS NEEDED

I hereby swear or affirm that the information given herewith is a complete and correct record of the well and all work done on it so far as can be determined from available records.

October 23, 1959 (Date)  
Company or Operator Carper Drilling Company, Inc. Address Artesia, New Mexico  
Name Marshall Rowley Position or Title Vice-President

# REQUEST FOR (OIL) - (GAS) ALLOWABLE

New Well  
Recompletion

This form shall be submitted by the operator before an initial allowable will be assigned to any completed Oil or Gas well. Form C-104 is to be submitted in QUADRUPLICATE to the same District Office to which Form C-101 was sent. The allowable will be assigned effective 7:00 A.M. on date of completion or recompletion, provided this form is filed during calendar month of completion or recompletion. The completion date shall be that date in the case of an oil well when new oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

Artesia, New Mexico

October 23, 1959

(Place)

(Date)

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

Corper - Sivley Empire Joint Account - State Wright, Well No. 4, in NW 1/4 NE 1/4,

(Company or Operator)

(Lease)

B  
Unit Letter

Sec. 2

T. 18 S

R. 27 E

NMPM.

Empire Abo

Pool

Eddy

County. Date Spudded 9-3-59

Date Drilling Completed

10-1-59

Please indicate location:

Elevation 3591' G.L.

Total Depth 5881'

PBTD 5743'

Top Oil/Gas Pay 5672

Name of Prod. Form. Abo

PRODUCING INTERVAL -

Perforations 5672' - 5694'; 5700' - 5742'

Open Hole -

Depth 5880'

Depth Tubing 5650'

OIL WELL TEST -

Natural Prod. Test: bbls. oil, bbls water in hrs, min. Size Choke

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 80 bbls. oil, 0 bbls water in 24 hrs, 0 min. Size 6/64" Choke

GAS WELL TEST -

Natural Prod. Test: MCF/Day; Hours flowed Choke Size

Method of Testing (pitot, back pressure, etc.):

Test After Acid or Fracture Treatment: MCF/Day; Hours flowed

Choke Size Method of Testing:

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 2000 gallons 15% FeNE acid and 50 gals. Hyflo

Casing plr Tubing 250 Date first new oil run to tanks October 23, 1959

Oil Transporter McWeed Corp. (trucks)

Gas Transporter None

Remarks:

Please call transporter when approved.

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

Approved OCT 26 1959, 19

Corper - Sivley Empire Joint Account

(Company or Operator)

By: [Signature]  
(Signature)

Title Vice-President

Send Communications regarding well to:

Name Carper Drilling Company, Inc.

Address Artesia, New Mexico

OIL CONSERVATION COMMISSION

By: [Signature]

Title

**Classification**

RECEIVED		DATE		TIME	
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2	2	2	2	2	2
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NEW MEXICO OIL CONSERVATION COMMISSION  
SANTA FE, NEW MEXICO

Form C-110  
Revised 7/1/55

(File the original and 4 copies with the appropriate district office)

CERTIFICATE OF COMPLIANCE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Company or Operator Carper-Sivley Empire Joint Account Lease State - Wright

Well No. 4 Unit Letter B S 2 T 18SR 27E Pool Empire Abo

County Eddy Kind of Lease (State, Fed. or Patented) State

If well produces oil or condensate, give location of tanks: Unit C S 2 T 18S R 27E

Authorized Transporter of Oil or Condensate McWood Corporation (trucks)

Address 701 V & J Tower, Midland, Texas

(Give address to which approved copy of this form is to be sent)

Authorized Transporter of Gas \_\_\_\_\_

Address \_\_\_\_\_ Date Connected \_\_\_\_\_

(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:

No gas purchaser in area

Reasons for Filing: (Please check proper box) New Well (X)

Change in Transporter of (Check One): Oil ( ) Dry Gas ( ) C'head ( ) Condensate ( )

Change in Ownership ( ) Other ( )

Remarks: \_\_\_\_\_ (Give explanation below)

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

Executed this the 23 day of October 19 59

By J. Marshall Sauls

Approved OCT 26 1959 19

Title Vice-President

OIL CONSERVATION COMMISSION

Company Carper Drilling Company, Inc.

By M. L. Armstrong

Address Artesia, New Mexico

Title OIL FIELD GAS INSPECTOR

1. The first part of the report is a summary of the work done during the year.

2. The second part is a detailed account of the work done during the year.

3. The third part is a summary of the work done during the year.

4. The fourth part is a summary of the work done during the year.

5. The fifth part is a summary of the work done during the year.

6. The sixth part is a summary of the work done during the year.

CHARTERED ACCOUNTANTS	
1. The first part of the report is a summary of the work done during the year.	
2. The second part is a detailed account of the work done during the year.	
3. The third part is a summary of the work done during the year.	
4. The fourth part is a summary of the work done during the year.	
5. The fifth part is a summary of the work done during the year.	
6. The sixth part is a summary of the work done during the year.	
7. The seventh part is a summary of the work done during the year.	
8. The eighth part is a summary of the work done during the year.	
9. The ninth part is a summary of the work done during the year.	
10. The tenth part is a summary of the work done during the year.	

## NEW MEXICO OIL CONSERVATION COMMISSION

FORM C-103  
(Rev 3-55)

## MISCELLANEOUS REPORTS ON WELLS

(Submit to appropriate District Office as per Commission Rule 1106)

Name of Company <b>Carper-Sivley Empire Joint Account</b>				Address <b>Artesia, New Mexico</b>			
Lease <b>State - Wright</b>		Well No. <b>4</b>	Unit Letter <b>B</b>	Section <b>2</b>	Township <b>18S</b>	Range <b>27 E</b>	
Date Work Performed <b>10-6-59</b>		Pool <b>Empire Abo</b>			County <b>Eddy</b>		

THIS IS A REPORT OF: (Check appropriate block)

- ☐ Beginning Drilling Operations    ☐ Casing Test and Cement Job    ☒ Other (Explain):  
☐ Plugging    ☐ Remedial Work    **Perforating & Acidizing**

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

**T. D. 5881' PBD 5849'. - Ran Gamma Ray-Neutron log - Perforated 5758' - 5774'; 5791'-5798'; 5808' - 5844' with 2 jets per foot. Acidized with 2000 gals. 15% FeHCl acid through 2 3/8" O.D. tubing with R-3 packer set @ 5719'. Formation broke at 2900'. Treated at 2900' at 2.5 BPM. Well swabbed dry before load was recovered. Plugged back with bridge plug at 5749' and 6" hydramite to 5743'. Perforated 88 jets 5672' - 5794', 84 jets 5700' - 5742'. Acidized with 2000 gallons 15% FeHCl acid through 2 3/8 O.D. tubing with packer set @ 5615'. Formation broke at 3000'. Treated at 2150' - 2050' at 4.7 BPM. Swabbed and flowed load and well flowed 1 barrel oil per hour. Treated with 90 gallons Hylite in 100 barrels oil at 2000' and 2 BPM. Recovered load and well flowed 80 BOPD on 4/64"**

Witnessed by <b>Clark E. Stern</b>	Position <b>Prod. Supt.</b>	Company <b>Carper Drilling Company, Inc.</b>
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## FILL IN BELOW FOR REMEDIAL WORK REPORTS ONLY

## ORIGINAL WELL DATA

D F Elev.	T D	P B T D	Producing Interval	Completion Date
Tubing Diameter	Tubing Depth	Oil String Diameter	Oil String Depth	
Perforated Interval(s)				
Open Hole Interval			Producing Formation(s)	

## RESULTS OF WORKOVER

Test	Date of Test	Oil Production BPD	Gas Production MCFPD	Water Production BPD	GOR Cubic feet/Bbl	Gas Well Potential MCFPD
Before Workover						
After Workover						

OIL CONSERVATION COMMISSION		I hereby certify that the information given above is true and complete to the best of my knowledge.	
Approved by <i>M L Armstrong</i>	Name <i>Thurman Rowley</i>		
Title <b>OIL AND GAS INSPECTOR</b>	Position <b>Vice-President</b>		
Date <b>OCT 26 1959</b>	Company <b>Carper Drilling Company, Inc.</b>		

OIL POLLUTION COMMISSION		
STATE OF TEXAS		
COUNTY OF _____		
NAME OF VESSEL	_____	_____
TYPE OF VESSEL	_____	_____
DATE OF INCIDENT	_____	_____
LOCATION OF INCIDENT	_____	_____
NAME OF CAPTAIN	_____	_____
NAME OF OWNER	_____	_____
NAME OF MASTER	_____	_____
NAME OF CREW	_____	_____
NAME OF WITNESSES	_____	_____
NAME OF OFFICIALS	_____	_____
NAME OF AGENTS	_____	_____
NAME OF ATTORNEYS	_____	_____
NAME OF INSURERS	_____	_____
NAME OF OTHERS	_____	_____