| KO'. OF COPIES REC | 6   |  |  |
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| DISTRIBUTION       |     |  |  |
| SANTA FE           |     |  |  |
| FILE               | /-  |  |  |
| U.S.G.S.           |     |  |  |
| LAND OFFICE        |     |  |  |
| IRANSPORTER        | OIL |  |  |
| TRANS. ON EN       | GAS |  |  |
| OPERATOR           | 2   |  |  |
| PROPATION OF       | 1   |  |  |

| SANTA FE /   | REQUEST   | Supersedes Old C-104 and C-1 Effective 1-1-65                        |   |  |  |
|--|---|--|---|--|--|
| FILE /-  |   |  |   |  |  |
| U.S.G.S.   | AUTHORIZATION TO TRA  | ANSPORT OIL AND NATURAL  | _ GAS   |  |  |
| TRANSPORTER OIL  |   |  |   |  |  |
| GAS  |   |  |   |  |  |
| OPERATOR 2   | _   |  |   |  |  |
| Operator /   |   |  | RECEIVED  |  |  |
|  | Oil Corporation   |  | RLU-  |  |  |
| 323 Carper Buildi  | ng, Artesia, New Me   | xico.  | JUL 1 5 1965  |  |  |
| Reason(s) for filing (Check proper box                           |   | Other (Please explain)   |   |  |  |
| New Well   | Change in Transporter of:   |  | D. C. C.  |  |  |
| Recompletion  Change in Ownership                                | Oil Dry Go Casinghead Gas Conder  |  | ARILONA   |  |  |
|  |   |  |   |  |  |
| f change of ownership give name<br>and address of previous owner |   |  |   |  |  |
| DESCRIPTION OF WELL AND  | LEASE   |  |   |  |  |
| Lease Name   | Well No. Pool Na  | me, Including Formation  | Kind of Lease   |  |  |
| State Location   | 10 Loco   | HIIIS, METEX & PT  | emier, Federal or Fee State                                     |  |  |
| Unit Letter <b>R</b> ; _ <b>33</b> (                             | Feet From The North Lir   | ne and 2100 Feet Fro   | om The <b>East</b>  |  |  |
| 1.4  | _   |  | 2   |  |  |
| Line of Section 14 , To  | wnship 18 S. Range  | 29 E. , NMPM, Ed   | dy County   |  |  |
| DESIGNATION OF TRANSPOR  | TER OF OIL AND NATURAL GA   | AS   |   |  |  |
| Name of Authorized Transporter of Oi                             |   | ,  | proved copy of this form is to be sent)                         |  |  |
| The Permian Corpor   | stinghead Gas or Dry Gas  | Box 3119, Midla Address (Give address to which ap                    | proved copy of this form is to be sent)                         |  |  |
| ,  |   |  |   |  |  |
| If well produces oil or liquids,                                 | Unit Sec. Twp. Rge.   | Is gas actually connected?   | When  |  |  |
| give location of tanks,  | B 14 18S 29E  | No.  |   |  |  |
| f this production is commingled ware COMPLETION DATA             | ith that from any other lease or pool,                                  | give commingling order number:                                       |   |  |  |
| Designate Type of Completi                                       | Oil Well Gas Well   | New Well Workover Deepen   | Plug Back   Same Res'v. Diff. Res                               |  |  |
|  | Date Compl. Ready to Prod.  | X Total Depth  | P.B.T.D.  |  |  |
| Date Spudded   |   | 3098   | 3088  |  |  |
| 3-29-65<br>Pool  | 7-1-65 Name of Producing Formation                                      | Top Oil/Gas Pay 2857   | Tubing Depth  |  |  |
| Loco Hills   | Me-Tex<br>Premier   | 3006   | 2800 Depth Casing Shoe  |  |  |
| 3006-3014 16 shot  | e 2874 2 shots 28   | 357-2862 10 shots.   |   |  |  |
| 2000-2014 TO 9HO!  |   | D CEMENTING RECORD   | 3000  |  |  |
| HOLE SIZE  | CASING & TUBING SIZE  | DEPTH SET  | SACKS CEMENT  |  |  |
| 11"  | 8 5/8"  | 459  | 50  |  |  |
| 7 7/811  | 51"   | 3088   | 150   |  |  |
| \$###### 5½"   | 2 7/8"  | 2800   |   |  |  |
| TEST DATA AND REQUEST F  | FOR ALLOWABLE (Test must be   | after recovery of total volume of load epth or be for full 24 hours) | oil and must be equal to or exceed top al                       |  |  |
| OIL WELL  Date First New Oil Run To Tanks                        | Date of Test  | Producing Method (Flow, pump, ga                                     | s lift, etc.)   |  |  |
| 7-1-65   | 7-1-65  | Pump   |   |  |  |
| Length of Test   | Tubing Pressure   | Cosing Pressure  | Choke Size  |  |  |
| 4 hours  | pump  | pump<br>Water - Bbls.  | Ggs - MCF   |  |  |
| Actual Prod. During Test   | Oil-Bbls.<br><b>16</b>  | 4 1  | No test   |  |  |
| <b>推修</b> 20   |   | <u> </u>   | NO LEST   |  |  |
| GAS WELL   |   |  |   |  |  |
| Actual Prod. Test-MCF/D  | Length of Test  | Bbls. Condensate/MMCF  | Gravity of Condensate   |  |  |
| Testing Method (pitot, back pr.)                                 | Tubing Pressure   | Casing Pressure  | Choke Size  |  |  |
| · · · · · · · · · · · · · · · · · · ·                            |   |  |   |  |  |
| CERTIFICATE OF COMPLIAN  | NCE   |  | RVATION COMMISSION  |  |  |
|  |   | APPROVED 1   | <u>1965</u> , 19  |  |  |
| Commission have been complied                                    | regulations of the Oil Conservation with and that the information given | 711/2 17   |   |  |  |
| above is true and complete to the                                | ne best of my knowledge and belief.                                     | BY   | L L CY  |  |  |
|  | 7   | TITLE SAND SAS 185   | SPACE TO A CO   |  |  |
| Tin E  | 2-1   | This form is to be filed   | in compliance with RULE 1104.                                   |  |  |
| Nola &   | araa  | If this is a request for a   | Howable for a newly drilled or deepe                            |  |  |
| (Sig   | nature)   | well, this form must be acco   | mpanied by a tabulation of the deviate coordance with RULE 111. |  |  |
| Bookkeepe  | er<br>Fitle)  | All sections of this form  | must be filled out completely for all                           |  |  |
| •  | •   | able on new and recompleted  | III and VI only for changes of own                              |  |  |
| July 14,   | 1965.   | well name or number, or trans  | sporter or other such change of conditi                         |  |  |
|  |   | Separate Forms C-104 completed wells.                                | must be filed for each pool in multi                            |  |  |
|  |   | " Completed wells.   |   |  |  |

| -NO. OF COPIES RECEIVE               | o Z               |                    |                       |                                       |                    | F                                      | Form C-105                         |
|--------------------------------------|-------------------|--------------------|-----------------------|---------------------------------------|--------------------|--|------------------------------------|
| DISTRIBUTION                         |                   |                    |                       |                                       |                    |  | Revised 1-1-65                     |
| SANTA FE                             | 7                 | NFW                | MEXICO OIL CO         | NSERVATION                            | COMMISSION         | 5a. I                                  | ndicate Type of Lease              |
| FILE                                 | 1-                |                    | TION OR REC           |                                       |                    | AND LOG s                              | tate Fee                           |
| U.S.G.S.                             | 2                 |                    |                       |                                       |                    | 5. St                                  | ate Oil & Gas Lease No.            |
| LAND OFFICE                          |                   |                    |                       |                                       |                    | (                                      | OG-694                             |
| OPERATOR                             |                   |                    |                       |                                       |                    |  |                                    |
| Bur of m                             | unes!             |                    |                       |                                       |                    |  |                                    |
| la. TYPE OF WILL                     | OIL<br>WEI        | GAS WELL           | DRY                   | RE                                    | CEI                | /ED 7. Ui                              | nit Agreement Name                 |
| b. TYPE OF COMPLET                   | 100               | PLUG               |                       |                                       |                    |  | arm or Lease Name                  |
| WELL WOR OVER                        |                   |                    | RESVR.                | OTHER                                 | JUL 15             | 965 9. We                              | State                              |
| Bassett-B. Address of Operator       | irney Oi          | 1 Corpora          | tion /                |                                       | 0. C. C            |  | 10 Sield and Pool, or Wildcat      |
| 323 Carpe                            |                   |                    |                       |                                       | RTESIA, OF         | 102                                    | oco Hills                          |
| , Location of Well                   |                   |                    |                       |                                       |                    |  |                                    |
| NIT LETTER B                         | LOCATED           | 330                | BOM THE NORTH         | h ineann                              | 2100               | EFET EDOM                              |                                    |
|                                      |                   | FEET F             |                       |                                       | TIKITI             |  | County                             |
| HE East LINE OF S                    | ec. 14            | TWP. 18 S.RG       | E. 29 E. NMP          | $\sim M/M/M_{\odot}$                  | IIIXIII            |  |                                    |
| 5. Date Spudded                      | 16. Date T.D. F   | Reached 17. Date   | Compl. (Ready to      | <i>Prod.</i> ) 18. E                  | levations ( $DF$ , | RKB, RT, GR, etc                       | 19. Elev. Cashinghead              |
| 3-29-65<br>0. Total Depth            | 5-19-6            | 5 7                | -1-65                 | 350                                   | 8 Groun            | d                                      |                                    |
| 0. Total Depth                       | 21. Plu           | ig Back T.D.       | 22. If Multip<br>Many | ple Compl., Hov                       | v 23. Interv       | als   Rotary Tool<br>d By              | s Cable Tools                      |
| <b>309</b> 8                         |                   | 3088               |                       |                                       |                    | <del></del>                            | 0-3098                             |
| 4. Producing Interval(s)             | , of this comple  | tion - Top, Botton | n, Name               |                                       |                    |  | 25. Was Directional Survey<br>Made |
| 3006-3014                            | Premier           |                    | *                     |                                       |                    |  | Made                               |
| 2857-2874                            | MeTex.            |                    |                       |                                       |                    |  |                                    |
| 2857-2874<br>6. Type Electric and Ot | her Logs Run      |                    |                       |                                       |                    | ······································ | 27. Was Well Cored                 |
| Formation                            | Densaty           | Log, Sch           | lumberger.            | •                                     |                    |  | no                                 |
| 8.                                   |                   |                    | SING RECORD (Re       | <del></del>                           | set in well)       |  |                                    |
| CASING SIZE                          | WEIGHT LB         | /FT. DEPTI         | H SET HC              | DLE SIZE                              | CEME               | NTING RECORD                           | AMOUNT PULLED                      |
| 8 518"                               | 24:               | 459                |                       | 11"                                   | 50                 | sacks                                  |                                    |
| 5311                                 | 14#               | 3088               |                       | 7 7/8"                                | 150                | sacks                                  |                                    |
|                                      |                   |                    |                       |                                       |                    |  |                                    |
|                                      | ŀ                 |                    |                       |                                       |                    |  |                                    |
| 9.                                   | L                 | INER RECORD        | <u></u>               | · · · · · · · · · · · · · · · · · · · | 30.                | TUBIN                                  | G RECORD                           |
| SIZE                                 | TOP               | воттом             | SACKS CEMENT          | SCREEN                                | SIZE               | DEPTH S                                | SET PACKER SET                     |
|                                      |                   |                    |                       |                                       |                    |  |                                    |
|                                      |                   | <u> </u>           |                       | 1                                     |                    |  |                                    |
| 1. Perforation Record (              |                   |                    |                       |                                       |                    |  | NT SQUEEZE, ETC.                   |
| 3006-3014                            |                   | · · <b>-</b>       |                       | <u></u>                               | INTERVAL           | +                                      | ND KIND MATERIAL USED              |
| 2374                                 | 2 <b>s</b> h      | ots .45"           |                       | 3006-3                                |                    | 500 Bbls                               | 0il, 10,000# san                   |
| 2857-2862                            | 10 sh             | ots .45#           |                       | 2857-2                                | 874                | 500 Bbls                               | 0i1, 6,000# sand                   |
|                                      |                   |                    |                       |                                       | <del></del>        | <del></del>                            |                                    |
| 3                                    |                   |                    | PBA                   | DUCTION                               |                    | <u> </u>                               |                                    |
| 3.<br>Date First Production          | Prod              | uction Method (Flo | wing, gas lift, pum   |                                       | type pump)         | Wel                                    | 1 Status (Prod. or Shut-in)        |
| 7- <b>k</b> -65                      |                   | Pumping            | 9.9 7.4               |                                       | ,                  | İ                                      | iting on allowab                   |
| Oate of Test                         | Hours Tested      | Choke Size         | Prod'n. For           | Oil - Bbl.                            | Gas - MC           |  |                                    |
| ##- 7-1-65                           | 4                 | Pump               | Test Period           | 16                                    |                    | /.                                     |                                    |
| low Tubing Press.                    | Casing Pressu     | re Calculated 2    | 4- Oil — Bbl.         | Gas N                                 | ICF W              | ater - Bbl.                            | Oil Gravity - API (Corr.)          |
| _                                    | D                 | Hour Rate          | 06                    |                                       |                    | 27.                                    | No toot                            |
| Pumping<br>4. Disposition of Gas (   | Sold, used for fu | el, vented, etc.)  | 96                    |                                       |                    | Test Witne                             | No test.                           |
| Flared,                              |                   |                    |                       |                                       |                    | Orlar                                  | ndo Briscoe                        |
| 15. List of Attachments              | meric             | <del>~ •</del>     |                       |                                       |                    |  | 100 DEEDLOU                        |
|                                      |                   |                    |                       |                                       |                    |  |                                    |
| 6. I hereby certify that             | the information   | shown on both side | es of this form is t  | rue and complet                       | e to the best o    | f my knowledge and                     | l belief.                          |
|                                      | $\sim$            |                    | ., ,                  |                                       |                    |  | •                                  |
| Ma                                   | la Ca             | de                 |                       | m . 1 1                               |                    |  | mg ng / seren                      |
| SIGNED// &                           | ca co             |                    | TITLE                 | Bookkee:                              | per                | DAT                                    | E 7-14-65                          |

\_\_

## пизтвистіои з

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

|           |        | }                                     |          |                 |                   | bna2 b                  | ЭΉ     | 30                   | 2775     | St     |  |
|-----------|--------|---------------------------------------|----------|-----------------|-------------------|-------------------------|--------|----------------------|----------|--------|--|
|           |        |                                       |          |                 |                   | υνάτίτε ο μίπε          | nA     | 099                  | 5717     | 1969   |  |
|           |        |                                       |          |                 |                   | hydrite                 | uy     | 059                  | 565T     |        |  |
|           |        |                                       |          |                 |                   |                         | Sa     | 567                  | 576      | 055    |  |
|           |        |                                       |          |                 |                   | hydrite                 |        | 57                   | 057      | 527    |  |
|           |        |                                       |          |                 |                   | TOCK & GAD              |        | 09                   | 524      | 598    |  |
|           |        |                                       |          |                 |                   | d Bed & Gyp             |        | 35                   | 365      | 930    |  |
|           |        |                                       |          |                 |                   |                         | β      | 051                  | 1        |        |  |
|           |        |                                       |          |                 |                   |                         | ניא    | USL                  | 330      | 081    |  |
|           |        |                                       |          |                 |                   | Ked bed.                |        | 207                  |          | 081    |  |
|           |        |                                       |          |                 |                   | nd, Caliche &           | eS.    | T80                  | 130      | 0      |  |
| Formation |        | Thickness<br>in Feet                  | οТ       | From            |                   | roitsmro 4              |        | Thickness<br>in Feet | οT       | mora   |  |
|           | ,      | (//#0336360                           | i stands | baciti          | PPD C             | ORMATION RECORD (Attach | 4      |                      |          |        |  |
|           | ·      |                                       | ,.v      | <b>Sent</b>     | л. <del>-</del> - |                         | .r     |                      | (Rongu C | oosta  |  |
|           |        |                                       |          |                 |                   |                         |        |                      |          |        |  |
|           |        | 7. Entrada<br>7. Wingate<br>7. Chinle |          |                 |                   |                         |        |                      |          |        |  |
|           | .т     |                                       |          | .T <del>-</del> | Bone Springs      | .T —                    |        |                      | - odA    |        |  |
|           |        |                                       |          |                 |                   |                         |        |                      |          |        |  |
|           |        |                                       |          |                 |                   | Granite                 |        |                      |          |        |  |
|           |        |                                       |          |                 |                   | Gr Wash                 |        |                      |          |        |  |
|           |        |                                       |          |                 |                   | Ellenburger             |        |                      |          |        |  |
|           |        | Base Greenhorn                        |          |                 |                   |                         |        |                      |          |        |  |
|           |        |                                       |          |                 |                   | nosquis                 |        |                      |          |        |  |
|           |        | . T. Point Lookout                    |          |                 |                   |                         |        | -                    |          |        |  |
|           |        |                                       |          |                 |                   | Devonian                |        |                      | - S12    | 7 Rive |  |
| Leadville |        |                                       |          |                 |                   |                         |        |                      |          | zeteY  |  |
|           |        |                                       |          |                 |                   | Atoka                   |        | <del></del>          | 76       |        |  |
|           |        |                                       |          |                 |                   | Strawn                  |        |                      |          | Salt _ |  |
|           |        |                                       |          |                 |                   | Canyon                  |        |                      | J /      | -ydnA  |  |
| w Mexico  | əN mət | Nothwes                               |          |                 |                   | New Mexico              | astern | eonnos               |          |        |  |
| w Mexico  | эм шээ | Northwes                              |          |                 |                   | New Mexico              | astern | Southe               |          |        |  |

Total Depth.

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