

## OIL CONSERVATION DIVISION

P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501Form C-103  
Revised 10-1-78

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LAND OFFICE	<input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>

5a. Indicate Type of Lease	
State <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.	
B - 10568	

SUNDRY NOTICES AND REPORTS ON WELLS  
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		<b>RECEIVED BY</b>  <b>DEC -6 1985</b>  <b>O. C. D.</b> <b>ARTESIA OFFICE</b>	7. Unit Agreement Name
2. Name of Operator			Artesia State Unit
3. Address of Operator			8. Farm or Lease Name
P. O. Box 2497, Midland, TX 79702			Tract No. 9
P. O. Drawer 130, Artesia, New Mexico 88210		9. Well No.	1
4. Location of Well		10. Field and Pool, or Wildcat	
UNIT LETTER <u>A</u> <u>10</u> FEET FROM THE <u>North</u> LINE AND <u>1310</u> FEET FROM		Artesia-Queen-G-SA	
THE <u>East</u> LINE, SECTION <u>23</u> TOWNSHIP <u>18S</u> RANGE <u>27E</u> N14PM.			
15. Elevation (Show whether DF, RT, GR, etc.)		12. County	
3499.1' GL		Eddy	

16.

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

## NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>

## SUBSEQUENT REPORT OF:

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER <u>Perforate &amp; Treat Penrose Zone</u> <input checked="" type="checkbox"/>

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

1. Rigged up pulling unit; tripped out of hole with rods and tubing.
2. Perforated Penrose Zone from 1460 to 1466' @ 2 SPF - total = 14 holes with .40" diam.
3. Ran RBP and packer; straddled Penrose perfs.
4. Acidized perfs: 1460 - 1466' with 750 gals 15% HCL acid and fraced same perfs with: 30,000 gals gelled water, 25,000# 20/40 sand and 19,000# 10/20 sand. AR&P = 2 BPM @ 2500#.
5. Tripped out of hole with packer and RBP.
6. Re-ran tubing and rods.
7. Returned well to pump.

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

SIGNED Mike Bueswell TITLE Field Foreman DATE December 5, 1985APPROVED BY Les A. Clements TITLE Supervisor District II

CONDITIONS OF APPROVAL, IF ANY:

DATE DEC 23 1985

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OPERATOR	

OIL CONSERVATION DIVISION

RECEIVED BYO. BOX 2088  
SANTA FE, NEW MEXICO 87501

DEC -2 1985

O. C. D.  
ARTESIA OFFICE

Form C-103  
Revised 10-1-78

5a. Indicate Type of Lease	
State <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.	
B - 10568	

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR.  
USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		7. Unit Agreement Name
2. Name of Operator		Artesia State Unit
Anadarko Petroleum Corporation		8. Farm or Lease Name
3. Address of Operator P.O. Box 2497, Midland, TX 79702		Tract No. 9
P.O. Drawer 130, Artesia, New Mexico 88210		9. Well No.
4. Location of Well		10. Field and Pool, or Wildcat
UNIT LETTER A 10 FEET FROM THE North LINE AND 1310 FEET FROM		Artesia-Queen-G-SA
THE East LINE, SECTION 23 TOWNSHIP 18S RANGE 27E NMPM.		
15. Elevation (Show whether DF, RT, GR, etc.)		12. County
3499.1' GL		Eddy

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input checked="" type="checkbox"/> Perforate & Treat Penrose Zone	CASING TEST AND CEMENT JOB <input type="checkbox"/>	

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1703.

1. Rig up pulling unit; trip out of hole with rods and tubing.
2. Perforate Penrose Zone from 1460' to 1466'.
3. Run RBP and packer.
4. Acidize and fracture treat Penrose Perfs.
5. Trip out of hole with packer and RBP.
6. Re-run tubing and rods.
7. Return well to pump.

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

SIGNED Mike Brownell TITLE Field Foreman DATE December 2, 1985

Original Signed By  
Les A. Clements

APPROVED BY Supervisor District II TITLE SUPERVISOR, DISTRICT II

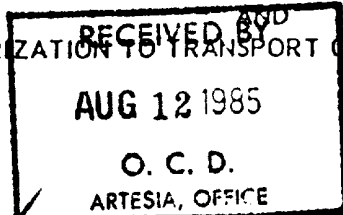
DATE DEC 5 1985

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LAND OFFICE	
TRANSPORTER	OIL ✓ GAS
OPERATOR	✓
PRODUCTION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 and C-11  
Effective 1-1-65



I. Operator  
Anadarko Petroleum Corporation

Address  
P. O. Box 2497 Midland, Texas 79702

Reason(s) for filing (Check proper box)  
New Well ☐ Change in Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☒ Casinghead Gas ☐ Condensate ☐

Other (Please explain)  
Change in Ownership Effective:  
AUG 1 1985

If change of ownership give name and address of previous owner  
Anadarko Production Company, P. O. Box 2497, Midland, Texas 79702

II. DESCRIPTION OF WELL AND LEASE

Lease Name Artesia State Unit Tr. 9	Well No. 1	Pool Name, Including Formation Artesia Queen Grayburg SA	Kind of Lease State, Federal or Fee State	Lease No. B-10568
Location Unit Letter A ; 10 Feet From The North Line and 1310 Feet From The East Line of Section 23 Township 18S Range 27E , NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Navajo Refining Company - Trans & Supply	Address (Give address to which approved copy of this form is to be sent) P. O. Box 159, Artesia, N.M. 88210
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> None	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks. Unit Sec. Twp. Rge. P 14 18S 27E	Is gas actually connected? When No

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'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	Depth Casing Shoe							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT Pasted ID-3 9-16-85 Dp. name chg.					

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

For Brandes  
(Signature)  
Senior Administrative Specialist  
7/25/85  
(Date)

OIL CONSERVATION COMMISSION

APPROVED AUG 26 1985, 19  
Original Signed By  
BY Les A. Clements  
TITLE Supervisor District II

This form is to be filed in compliance with RULE 1104.  
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviator tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for allowable 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 multiple completed wells.