

ARTESIA FISHING TOOL COMPANY

P. O. BOX 300, PHONE SH 6, 5851

Box 647

EAST MAIN STREET
ARTESIA, NEW MEXICO

RECEIVED

MAY 28 1979

April 11, 1979

O. C. C.
ARTESIA, OFFICE

Therylene Knox Helms, Jack D. Knox and Gwen Knox Curtis
112 North First Street
Artesia, New Mexico 88210

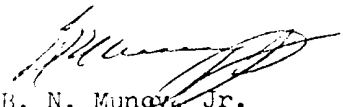
Re: Lucia Brooks #2
NE/4 SW/4
Section 14, T18S, R30E
Eddy County, New Mexico

Ladies and Gentlemen:

The following is a Deviation Survey of the above captioned well:

325'	1/4°	2506'	1-3/4°
605'	3/4°	2995'	1-1/2°
1075'	1-1/4°	3385'	1-1/2°
1525'	1-1/2°	3468'	1-1/2°
2016'	1-1/2°	3900'	1° T.D.

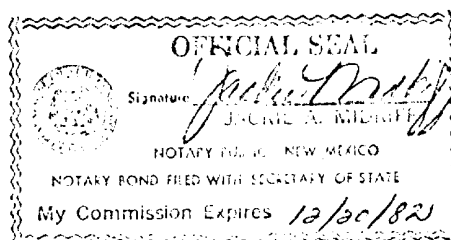
Very truly yours,


B. N. Munday, Jr.
Secretary

STATE OF NEW MEXICO

COUNTY OF NEW MEXICO

The foregoing was acknowledged before me this 11th day of April, 1979.



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

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

MAY 23 1979

O. C. C.
ARTESIA, OFFICE

ESTATE OF T. B. KNOX

Address
112 N. FIRST STREET, ARTESIA, NEW MEXICO 88210

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)

CASINGHEAD GAS MUST NOT BE
FLARED AFTER 2-1-79
UNLESS AN EXCEPTION TO Rule 306
IS OBTAINED

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lessee Name LUCIA BROOKES	Well No. 2	Pool Name, including Formation LEO QUEEN GRAYBURG	Kind of Lease State, Federal or FedFederal	Lease No. LC 060664
Location Unit Letter K ; 1980 Feet From The South Line and 1980 Feet From The West Line of Section 14 Township 18S Range 30E, NMPM, Eddy County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Navajo Crude Oil Purchasing Co.	Address (Give address to which approved copy of this form is to be sent) Artesia, New Mexico 88210
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐ 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 K Ser. 14 Twp. 18S Rge. 30E Is gas actually connected? NO When --

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

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 3/31/79	Date Compl. Ready to Prod. 5/15/79	Total Depth 3900'	P.B.T.D. 3853'
Elevations (D.F., NKB, RT, GR, etc.) 3510.2 GR	Name of Producing Formation Loco Hills Zone	Top Oil/Gas Pay 3536 - 3566	Tubing Depth 3494'
Perforations 3536' - 3542', 1½" Perf./Ft.; 3559' - 3566', 1½" Perf./Ft.			Depth Casing Shoe 3853'
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 ¼"	8 5/8", 20#	539'	350 Sx, circulated
7 7/8"	5½", 15.5#	3853'	1st. Stage, 575 sacks
2nd. Stage, 950 sacks			
STAGE COLLAR AT 1664'.			

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 all
able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 5/1/79	Date of Test 5/15/79	Producing Method (Flow, pump, gas lift, etc.) PUMP	
Length of Test 24 hours	Tubing Pressure 20#	Casing Pressure -0-	Choke Size OPEN
Actual Prod. During Test 103 Bbls.	Oil-Bbls. 19	Water-Bbls. 84	Gas-MCF TSTM.

GAS WELL

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

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.

Paul White
(Signature)

Engineer

(Title)

May 23, 1979

(Date)

OIL CONSERVATION COMMISSION

MAY 24 1979

APPROVED BY W. A. Gussitt 19
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 all
able on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of own
well name or number, or transporter, or other such change of condition.
Separate Forms C-104 must be filed for each pool in multiple
production wells.