

DRILLING CO., INC. - OIL WELL DRILLING CONTRACTORS

P. O. BOX 2055 ROSWELL, NEW MEXICO 88201 TELEPHONES: ARTESIA 505/746-6757 ROSWELL 505/623-5070

Jago 15, 11 ago

RECEIVED

SEP - TOP

4 AVENUE SECTION

Westall & Mask Drawer 1477 Roswell, New Mexico 88201

RE: Hinkle Federal B #11

Gentlemen:

The following is a Deviation Survey of the above sell legated in Eddy County, New Mexico.

475'-1/2° 671'-1/2° 1170'-3/4° 1424'-3/4 1660'-1 1884'-1° 2379'-1°

26391-1-1/4<mark>0</mark> 20691-1-1740 3363'-1,1/4 1460'-1 2070'-1 21光'-1² I.D.

Than very truly.

Arn Wei Newkirk

STATE OF NEW MEXICO) COUNTY OF CHAVES

The foregoing was acknowledged before me this 13 day of fune, 1980 mold Newkirk

ommission Expires:

The foregoing was acknowledged before me this 13 day of fune, 1980

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Th by Arnold Newkirk

My Commission Expires:

pul 10, 1984

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DISTRIBUTION SANTA FE	NEW MEXICO OIL CONSERVATION COMA .ON REQUEST FOR ALLOWABLE		Form C-104 Supersedes Old C-104 and C-11
THLE V		AND	Effective [-1-65
U.S.G.S.	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL	GAS RELEIVED
LAND OFFICE OIL	-	-	V
TRANSPORTER GAS		}	ઉત્તરમાં ૧ 1980
OPERATOR		•	
Operator /		<u>}</u>	O. C. D.
Westall - Mask		4)	ARTESIA, OFFICE
P.O. Drawer 1477, Ros	well New Mercico 88201		
Reason(s) for filing (Check proper b	Change in Transporter of:	Other (Please explain) CASING UNATION	CAC
Recompletion	Oil Dry Go	FLARED VET	GAS MUST NOT BE
Change in Ownership	Casinghead Gas Conde		EXCEPTION TO K. L. ZOB
if change of ownership give name		45 UHTAINED	
ind address of previous owner		EY # 2-455	1 offarir /2-31-80 expires 1-31-81
DESCRIPTION OF WELL AN Lease Name	D LEASE Well No. Pool Name, Including F	ormation Kind of Lea	ise Lease No.
Hinkle "B" Federal	11 Shugart - Les	State, Fede	eral or Fee Federal IC-029392
Location Unit Letter P : 33	O Feet From The South Lin	ne and 990 Feet From	n The Short
Unit Letter P; 33	Peet From The Street Ch	16 dnd 1 eet 1 tol	it the
Line of Section 26	Township 18 South Range	31 Fast , NMPM,	Foldy County
	RTER OF OIL AND NATURAL GA		roved copy of this form is to be sent)
Name of Authorized Transporter of (
Name of Authorized Transporter of C	hasing Company Casinghead Gas XX or Dry Gas	Address (Give address to which app	roved copy of this form is to be sent)
Has Not Been Decided	Unit Sec. Twp. Rge.	Is gas actually connected?	Vhen
If well produces oil or liquide, give location of tanks.	P 26 188 31E	No .	
f this production is commingled	with that from any other lease or pool,		
COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Resty, Diff. Resty
Designate Type of Comple		X	
Date Spudded	Date Compl. Ready to Prod.	Total Depth 4200'	P.B.T.D.
6/4/80 Elevations (DF, RKB, RT, GR, etc.	8/20/80 Name of Froducing Formation	Top Oil/Gas Pay	Tubing Depth
3649.9 Gr.	Lower Queen	14 3460	N/A
Perforations 3460 (6 Holes) 3	480' (6 Holes) 3586'(2	20 Holes)	Depth Casing Shoo
<u> </u>		D CEMENTING RECORD	iya /
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
11"	8 5/8	650'	250 Sacks Class "C" &
7 7/8"	4 1/2	4136'	500 Sacks Class "C"
TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be a	Ster recovery of total volume of load of	il and must be equal to or exceed top allow
OIL WELL	able for this de	pth or be for full 24 hours) Producing Method (Flow, pump, gas	
Date First New Cil Run To Tanks 8/20/80	3/23/90	2" X 1 1/2" X 10' Trans	
Length of Test	Tubing Pressure	Casing Presews	Chore Size
24 Ers.	N/A	Water-Bbls.	Gge-MCF
Actual Pred. During Tool 60 B.O.	Oil - Bblo.	3	Has Not Been Measured
GAS WELL Actual Fred, Tool-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
•			- 4 to
Testing Method (pitot, back pr.)	Tubing Prossure (Shut-in)	Coming Pressure (Shut-in)	Choke Size
CERTIFICATE OF COMPLIA	NCE	OIL CONSERV	ATION COMMISSION
		SFP 4	, v
I hereby certify that the rules and regulations of the Oil Conservation Commission have been compiled with and that the information given		APPROVED 11 / 1 1911	
bove is true and complete to t	he beat of my knowledge and belief.	BY SUPERVISOR,	DISTRICT II
- //	,	TITLE	
Sarel R. W.	in tall		compliance with RULE 1104.
(Signature) Co-Owner		If this is a request for allowable for a newly drill it or despected well, this form must be accompenied by a tubulation of the deviation tests taken on the well in accordance with NULL 191.	
8/29/80		Fill out only Sections I, well name or number, or transport	II. III, and VI for chargen of country, orter, or other such change of condition
(Date)	Il work trained on themself or training	•