FILE       AND       Effective 1-less         AND       AND       Effective 1-less         LAND OFFICE       OIL       AND       AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS         LAND OFFICE       OIL       OPERATOR       OIL       OPERATOR         I. PRORATION OFFICE       OIL       OPERATOR       OTHER GAS       MINO         OPERATOR       CHORDER       OIL       OPERATOR       MINO         OPERATOR       CHI CONCENTION       Concention       MINO       MINO         OPERATOR       CHI CONCENTION       Concention       MINO       MINO         OPERATOR       CHI CONCENTION       Concention       MINO       MINO         Matters       Boost CONCENTION       Charge in Transporter of Concention       Mino       Mino         Matters       Concention       Concention       Mino       Mino       Mino       Mino         Indexed in Concention       Concention       Concention       Mino       Mi	E I V E D C 1007 E 2007 E 2007 E 2007 E 2007 E 2007 County is to be sent) is to be sent) is to be sent) 3 - 6 7
FILE       AND       Effective 1-left         AND       AND       AND         LAND OFF CE       AND       AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS         LAND OFF CE       Cast       AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS         OPERATOR       Cast       AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS         I. PROMATION OFFICE       Charles       Automation         OPERATOR       Cast       Cast         Matteria       Condensate       Other (Please caplain)         New Weil       Cast       Charles         Matteria       Cast       Cast         Box 670, Nobbs, New Merico 88240       Charles in Charles       New Weill         Recompletion       Cut       Charles in Charles       New Weill         Charles in Charles       Cast       New Weill       Cast         Lesses Nome       Cost       Cast       New Weill       Cast         Losses Nome       Cast       Peet Fran. The North       New Keills       France 25-B       NMEM.         Line of Bettion       Township       Cast       Cast       Address to which approved copy of this form is town of the start of charles and the start of Cast and the start of the start of charles and the start of charles and the stown of the start of the start of charles and the start of the sta	1-65 VED ΩΩΩΩ ΩΩΩΩ Lease No. Ο3215-Α County is to be sent) is to be sent) is to be sent) 3 - 6 7
FILE       AND         U.S.G.S.       AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS         I.AND OFFICE       OPERATOR         I.AND OFFICE       OIL         I.PROATION OFFICE       OIL         OPERATOR       OIL         Address       OPERATOR         Brown Fills       Charace in Transporter of:         Castandhead Gas       Condensate         Matters       Classinghead Gas         Condensate       Condensate         I.Description       Classinghead Gas         Condensate       Condensate         I.Description       Classinghead Gas         Condensate       Reservering Condensate         I.Description       Fill Not. Picel Mance, Including Formation         Reservering Condensate       Reservering Condensate         I.Description       Fills         Descontription of Well And Le	E I V E D C 1007 Lease No. 03215-A County is to be sent) is to be sent) is to be sent) 3 - 6 7
LAND OFFICE       OPERATOR       MAY         ITRANSPORTER       GAS       A         OPERATOR       A         IPRORATION OFFICE       A         Ownership       Condersite         Charge in Cwnership       Charge in Transporter of: Curdensate         IPROBATION OF WEIL AND LEASE       Condersite         Indexted Transporter of OL       North         Location       Compare         Unit Letter       660         Feet From The       Bast         Line at Section       I         None       Township 21-S         Rance       75-F         None       Indexted Transporter of OIL AND NATURAL GAS         Inter of Antorized Transporter of OI (IND NATURAL GAS         None	Lease No. 03215-A County is to be sent) is to be sent) is to be sent) 3 - 6 7
IRANSPORTER       OIL       OFERATOR       Mill OF         IPRORATION OFFICE       OPERATOR       A.S.         OPERATOR       OPERATOR       A.S.         IPRORATION OFFICE       A.S.       A.S.         Operation       Operation       A.S.         Address       Box 670, Hobbs, New Merico 88240       Other (Please explain)         Reconcision       Change in Comport box)       Change in Comport box)         New Weil       Castraphead Gas       Candensatte       New Weil         Change in Connership give name and address of previous owner       Castraphead Gas       Candensatte       New Weil         Description OF WELL AND LEASE       Castraphead Gas       Candensatte       New Weil       Castraphead Gas         Location       Castraphead Gas       Castraphead Gas       State, Fadention Face Food NH-O3         Location       A.S.       Seven Rivers Hills Entit       A.S.       Seven Rivers Hills         Line of Section       A.S.       Seven Rivers Hills       State, Fadentic Face Food NH-O3         Location       A.S.       Seven Rivers Hills       State, Fadentic Face Food NH-O3         Location       A.S.       Seven Rivers Hills       State, Fadentic Face Food NH-O3         Location       A.S.       Seven Rivers Hill	Lease No. 03215-A County is to be sent) is to be sent) is to be sent) 3 - 6 7
In this of the GAS       4         OPERATOR       4         OPERATOR       4         OPERATOR       4         PROPATION OFFICE       Address         Address       Corporation         Address       Corporation         Address       Corporation         Address       Corporation         Address       Corporation         Market       Change is Transporter of:         Hecompletion       Cui         Change of ownership give name       Change is Transporter of:         In DESCRIPTION OF WELL AND LEASE       Condenset         Lease Name       North         Lease Name       North         Unit Letter       4         Screen Rivers Hills Unit       4         Seven Rivers Unit       8300	Lease No. 03215-A County is to be sent) is to be sent) is to be sent) 3 - 6 7
I       PRORATION OF FICE       A. I.         ICOPPORT       Control Contrel Control Control Control Control Control Contrel Contr	03215-A County is to be sent) is to be sent) is 77002 3 - 6 7
Coperator         Address         Box 670, Hobbs, New Mexico 88240         Recogn(1) for Hing (Check proper box)         New Weil         Change in Transporter of:         Change in Constraint         Change in Stress Name         Stress Coperation         Unit Letter         Address Name         Stress Coperation         Unit Letter         Line of Section	03215-A County is to be sent) is to be sent) is 77002 3 - 6 7
Cult Oil Corporation         Address         Box 670, Hobbs, New Mexico 88240         Reason(s) for filing (Check proper box)         New Weil         Becompletion         Cili         Change in Transporter of:         Change in Ownership give name         and address of previous owner         II Change of ownership give name         and address of previous owner         II. DESCRIPTION OF WELL AND LEASE:         Lease Name       @Come         Castingheed Gas       Well Not. Fool Name, Including Formation         Kind of Lease       State, Federal or Fee Fed NH-03:         Lease Name       @Come         Serien Rivers Hills Units       A Seven Rivers Hills-Morrow Cas         State, Federal or Fee Fed NH-03:         Location       Unit Letter         Most Section       Feet From The North         Line of Section       Township 21-S         Range 25-E       NMPM,         Eddy       Kind or Lease         Name of Authorized Transporter of Cesingheeri Ges_ or Dry Gra II       Address (Give address to which approved copy of this form is t         Delhi Ges Pipeline Corporation       DOI Americena Bidg., Houston, Texas         Name of Authorized Transporter of Cesingheeri Ges_ or Dry Gra II       Address (Give	03215-A County is to be sent) is to be sent) is 77002 3 - 6 7
Address       Box 670, Hobbs, New Mexico 88240         Reason(s) for filing (Check proper box)         New Weit       Change in Transporter of:         Change in Ownership give name and address of previous owner       Casinghead Gas         If change of ownership give name and address of previous owner       Screen Rivers Hills Unit 1         II. DESCRIPTION OF WELL AND LEASE       Kind of Lease         Lease Name       "Coge"         Screen Rivers Hills Unit 1       A Seven Rivers Hills-Morrow Cas         Screen Rivers Hills Unit 1       Seven Rivers Hills-Morrow Cas         Location       Township 21-S         Range       25-E         Line of Section 1       Township 21-S         None       Township 21-S         None       Township 21-S         None       Township 21-S         Hone of Authorized Transporter of Oil Oil or Condensate II       Address (Give address to which approved copy of this form is the None of Authorized Transporter of Oil or Condensate II         None       The gas actually connected ?       When         Volue Fraguettorio is commingled with that from any other lease or pool, give commingling order number;       None (Mercown Sci - 3)         V completion of taxa.       A       1       25-E       Tege Sci - 3         If this production is commingled with that from any other lease	03215-A County is to be sent) is to be sent) is 77002 3 - 6 7
Box 670, Hobbs, New Herico 88240         Resson(s) for filing (Check proper box)         New Weit       Change in Transporter of:         Change in Ownership       Change in Transporter of:         Change in Ownership give name       Cationare in Connership         and address of previous owner       Cationare in Connership         II. DESCRIPTION OF WELL AND LEASE       New Well         Lesse Name       "Com" Media         String       "Com" Media         Lesse Name       "Com" Media         Lesse Name       "Com" Media         Lesse Name       "Com" Media         Unit Letter       A         String of Authorized Transporter of Cill       Or Condensate         None of Authorized Transporter of Cill       of Condensate         None       None         None       None         None       Address (Give address to which approved copy of this form is to North ling produces of er legade.         None of Authorized Transporter of Casingheed Ges or Dry Gas Of Dive address to which approved copy of this form is to None         None       None         None of Authorized Transporter of Casingheed Ges or Dry Gas Of Dive address to which approved copy of this form is to None         None       None         None of Authorized Transporter of Casingheed Ges or Dry Gas Of Dive ad	03215-A County is to be sent) is to be sent) is 77002 3 - 6 7
Reson(s) for filing (Check proper box)       Change in Transporter of:       Uher (Please explain)         New Well       Classinghead Gas       Dry Gas       New Well         Change in Ownership       Casinghead Gas       Condensate       New Well         If change of ownership give name and address of previous owner       Casinghead Gas       Condensate       New Well         Lease Name       Seven Rivers Hills Unit       1       Seven Rivers Hills Unit       1       Seven Rivers Hills End Kind of Lease         Location       Goga*       Well No. Fool Name, Including Formation       Kind of Lease       State, Federal or Fee Fed NN-03;         Location       Goga*       Well No. Fool Name, Including Formation       Kind of Lease       State, Federal or Fee Fed NN-03;         Location       Goga*       Well No. Fool Name, Including Formation       State, Federal or Fee Fed NN-03;         Location       4       Township 21-S       Range 25-E       NMFM, Eddy         Line of Section       1       Township 21-S       Range (Give address to which approved copy of this form is to None         None       None       None       None       None       None         None       None       Out Authorized Transporter of Casingheed Gas       or Dry Gas 11       Address (Give address to which approved copy of this form is to None	03215-A County is to be sent) is to be sent) is 77002 3 - 6 7
Hecompletion       Cil       Dry Gaa       New Well         Change in Ownership       Casinghead Gas       Condensate       New Well         If change of ownership give name and address of previous owner       Condensate       New Well         II. DESCRIPTION OF WELL AND LEASE       Iterate Nome       Roma       Well No., Pool Name, Including Pormation         Lerate Name       Roma       Well No., Pool Name, Including Pormation       Kind of Lease         Store Name       Roma       Well No., Pool Name, Including Pormation       Kind of Lease         Store Name       Roma       Well No., Pool Name, Including Pormation       Kind of Lease         Store Name       Roma       Well No., Pool Name, Including Pormation       Kind of Lease         Store Name       Roma       Mell No., Pool Name, Including Pormation       Kind of Lease         Unit Letter       A       660       Feet From The       East         Line of Section       I       Township 21-S       Range 25-B       NMEM,       Eddy         Name of Authorized Transporter of Cill       Or Condensate       IX       Address (Give address to which approved copy of this form is to         None       None       Inductorized Transporter of Casinghead Gas       or Dry Gas IX       Address (Give address to which approved copy of this form is to	03215-A County is to be sent) is to be sent) is 77002 3 - 6 7
Change in Ownership       Casinghead Gas       Condensate       Ref. Weil Years       To Massa means         If change of ownership give name and address of previous owner       If change of ownership give name and address of previous owner       If change of ownership give name and address of previous owner       Kind of Ledse         II. DESCRIPTION OF WELL AND LEASE       Well No., Pool Name, Including Formation       Kind of Ledse         Stress Name       Stress Rivers Hills Unit       1       Seven Rivers Hills Unit       1         Location       Unit Letter       660       Feet From The North       Line and 830       Feet From The East         Line of Section       1       Township 21-S       Range 25-B       NMFM,       Eddy         II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS       NMFM,       Eddy       If the sproteed copy of this form is to Nome         None       None       None       1001 Americana Bldgs, Houston, Texas       None         Name of Authorized Transporter of Casinghead Gas       or Dry Gas II       Address (Give address to which approved copy of this form is to None       1001 Americana Bldgs, Houston, Texas         If well produces oil or liguids, qive location of tarks.       I also a actually connected?       Wher.         IV. COMPLETION DATA       Oul Well       Gas Well       Norchor Producing Formation       No.3	03215-A County is to be sent) is to be sent) is 77002 3 - 6 7
If change of ownership give name and address of previous owner       II.       DESCRIPTION OF WELL AND LEASE         Lense Name       *Come*       *Vell No., Pool Name, Including Formation       Kind of Lease         Seven Rivers Hills Unit       1       Seven Rivers Hills Unit       1         Location       0nit Letter       4       Seven Rivers Hills Unit       1         Location       0nit Letter       4       660       Feet From The North       Line and 830         Location       1       Township 21-S       Range 25-E       NMFM,       Eddy         III.       DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS       Name of Authorized Transporter of Casinghead Gas       or Dry Gas II       Address (Give address to which approved copy of this form is t         None       None       1001 Americana Bldgs, Houston, Texas         Name of Authorized Transporter of Casinghead Gas       or Dry Gas II       Address (Give address to which approved copy of this form is t         None       1001 Americana Bldgs, Houston, Texas       1001 Americana Bldgs, Houston, Texas         If well produces oil or liguids, que that from any other lease or pool, give commingling order number:       Wher.         IV. COMPLETION DATA       011 Well       Gas Well       Norkover       Deeper.       Plue Back Same Fees         Designate Type of Completion - (X)	03215-A County is to be sent) is to be sent) is 77002 3 - 6 7
and address of previous owner II. DESCRIPTION OF WELL AND LEASE Lease Name	03215-A County is to be sent) is to be sent) is 77002 3 - 6 7
II. DESCRIPTION OF WELL AND LEASE       *Com*       Vell No. Post Name, Including Formation       Kind of Lease         Serien Rivers Hills Unit       4       Seven Rivers Hills-Korrow Cas       State, Pederal or Fee Fed NH-03;         Location       Unit Letter       660       Feet From The North       Line and 830       Feet From The East         Line of Section       4       Township       21-S       Range       25-E       NMPM,       Eddy         III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS       Name of Authorized Transporter of Casingheed Gas or Condensate II       Address (Give address to which approved copy of this form is to None         Name of Authorized Transporter of Casingheed Gas or Dry Gas II       None       None       None       Houston, Texas         Name of Authorized Transporter of Casingheed Gas or Dry Gas II       None       None       None       Unit Sec. Twp. Rge.       Is gas actually connected?       When         If well produces oil or Huguds, give location of tarks.       A       4       21-S       25-E       Tese       Unknown, S - 3         If this production is commingled with that from any other lease or pool, give commingling order number:       Vortower       Deeper.       Plug Back Same Res         Designate Type of Completion - (X)       XX       X       10, 1081       P.3.T.D.       10, 1081	03215-A County is to be sent) is to be sent) is 77002 3 - 6 7
Lease Name       "Comp."       Well No., Pool Name, Including Formation       Kind of Lease         Serren Rivers Hills Init       Location       Seven Rivers Hills Init       Seven Rivers Hills Horrow Cas       State, Federal or Fee Fed NH-03;         Location       Unit Letter       A       Seven Rivers Hills Horrow Cas       State, Federal or Fee Fed NH-03;         Location       Unit Letter       A       Good       Feet From The       East         Line of Section       Township       21-S       Range       25-E       NMFM,       Eddy         II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS       Name of Authorized Transporter of Calinghead Gas       or Condensate III       Address (Give address to which approved copy of this form is to None         Name of Authorized Transporter of Casinghead Gas       or Dry Gas III       Address (Give address to which approved copy of this form is to Doll Americane Bldge, Houston, Texas         None       None       Is gas actually connected?       When:         If well produces oil or Huguds, give location of taxis.       A       L       21-S       25-E       Yee         No CompLETION DATA       Onit Well       Gas Well       New Well       Workever       Deeper.       Plug Back       Same Res         Date Spuddec       Date Compl. Ready to Prod.       Total Depth       Do. J. Ob. I<	03215-A County is to be sent) is to be sent) is 77002 3 - 6 7
Lease Name       "Comp."       Well No., Pool Name, Including Formation       Kind of Lease         Serren Rivers Hills Init       Location       Seven Rivers Hills Init       Seven Rivers Hills Horrow Cas       State, Federal or Fee Fed NH-03;         Location       Unit Letter       A       Seven Rivers Hills Horrow Cas       State, Federal or Fee Fed NH-03;         Location       Unit Letter       A       Good       Feet From The       East         Line of Section       Township       21-S       Range       25-E       NMFM,       Eddy         II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS       Name of Authorized Transporter of Calinghead Gas       or Condensate III       Address (Give address to which approved copy of this form is to None         Name of Authorized Transporter of Casinghead Gas       or Dry Gas III       Address (Give address to which approved copy of this form is to Doll Americane Bldge, Houston, Texas         None       None       Is gas actually connected?       When:         If well produces oil or Huguds, give location of taxis.       A       L       21-S       25-E       Yee         No CompLETION DATA       Onit Well       Gas Well       New Well       Workever       Deeper.       Plug Back       Same Res         Date Spuddec       Date Compl. Ready to Prod.       Total Depth       Do. J. Ob. I<	03215-A County is to be sent) is to be sent) is 77002 3 - 6 7
Seven Rivers Hills Unit       4       Seven Rivers Hills-Horrow Uss         Location       Unit Letter       A       660       Feet From The       North       Line and       830       Feet From The       East         Line of Section       I       Township       21-S       Range       25-E       , NMFM,       Eddy         II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS       Name of Authorized Transporter of Cill       or Condensate II       Address (Give address to which approved copy of this form is to None         Name of Authorized Transporter of Casinghead Gas       or Dry Gas II       Address (Give address to which approved copy of this form is to Doll Americana Bldg., Houston, Texas         Name of Authorized Transporter of Casinghead Gas       or Dry Gas II       None       None         Name of Authorized Transporter of Casinghead Gas       or Dry Gas II       Address (Give address to which approved copy of this form is to Doll for a Gas II (Well reduces of or Inguids, II (Well Sec. Twp. Pige. II (Well gas actually connected?       When:         If this production is commingled with that from any other lease or pool, give commingling order number:       Unit Net II (Well Gas Well New Well:       Workover Deepen Plug Back Same Res         Designate Type of Completion - (X)       IX       IX       II (Well Cas Well       New Well:       Pill (Pill (Pill)         March 13, 1961       6-22-61       10,781/1	County is to be sent) is to be sent) is 77002 3 - 6 7
Unit Letter       A       660       Feet From The       North       Line and       830       Feet From The       East         Line of Section       1       Township       21-S       Range       25-E       , NMFM,       Eddy         III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS         Name of Authorized Transporter of Oil       or Condensate       Address (Give address to which approved copy of this form is to None         Name of Authorized Transporter of Casinghead Gas       or Dry Gas II       Address (Give address to which approved copy of this form is to Delhi Cas Pipeline Corperation       1001 Americana Bldge, Houston, Texas         If well produces oil or liquids, (ive location of tarks.       A       14       21-S       25-E       Tee       Unknown       - 3         If this production is commingled with that from any other lease or pool, give commingling order number:       It workover       Despen       Plug Back       Same Res         Date Spuddec       Date Compl. Ready to Prod.       Total Depth       P.B.T.D.       10, 158:         Elevations (DF, RKB, RT, GR, etc.)       Name of Producing Formation       Top OI/Gas Pay       Tubing Depth         Perforations       10,096'       10,213!       10,213!       10,213!	is to be sent) is to be sent) <b>18 77002</b> 3 - 6 7
Line of Section       1       Township       21-S       Range       25-E       NMEM,       Eddy         III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS         Name of Authorized Transporter of OIL       or Condensate       Address (Give address to which approved copy of this form is to None         Nome       Nome       Address (Give address to which approved copy of this form is to None         Name of Authorized Transporter of Casinghead Gas       or Dry Gas IX       Address (Give address to which approved copy of this form is to None         Name of Authorized Transporter of Casinghead Gas       or Dry Gas IX       Address (Give address to which approved copy of this form is to None         Name of Authorized Transporter of Casinghead Gas       or Dry Gas IX       Address (Give address to which approved copy of this form is to None         Name of Authorized Transporter of Casinghead Gas       or Dry Gas IX       Address (Give address to which approved copy of this form is to None         It well produces oil or liquids, give commingling order number:       Unit       Sec.       Twp.       Rge.       Is gas actually connected?       When:         If this production is commingled with that from any other lease or pool, give commingling order number:       IV       COMPLETION DATA       Interface Compl. Ready to Prod.       Total Depth       P.B.T.D.         Date Spuddec       Date Compl. Ready to Prod.       Io, 781:       I	is to be sent) is to be sent) <b>18 77002</b> 3 - 6 7
Line of Section 4 Township 21-0 Hundle 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	is to be sent) is to be sent) <b>18 77002</b> 3 - 6 7
II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS         Name of Authorized Transporter of CII       or Condensate II         Nome       Address (Give address to which approved copy of this form is to the interval of Authorized Transporter of Casinghead Gas         Nome       Name of Authorized Transporter of Casinghead Gas       or Dry Gas II         Nome       Address (Give address to which approved copy of this form is to the interval of Authorized Transporter of Casinghead Gas       or Dry Gas II         Delhi Gas Pipeline Corperation       IoOl Americana Bldg., Houston, Texas         If well produces oil or liquids, give location of tanks.       A       L         If this production is commingled with that from any other lease or pool, give commingling order number:       When:         VV. COMPLETION DATA       Oil Well       Gas Well         Date Spuddee       Date Compl. Ready to Prod.       Total Depth         March 13, 1961       6-22-61       10,7811         Elevations (DF, RKB, RT, CR, etc., Sec.,	is to be sent) <b>3 77002</b> 3 - 6 7
Name of Authorized Transporter of OII       or Condensate II       Address (Give address to which approved copy of this form is to its form is to its and oi Authorized Transporter of Casinghead Gas         None       Name of Authorized Transporter of Casinghead Gas       or Dry Gas II         None       None         Name of Authorized Transporter of Casinghead Gas       or Dry Gas II         Delhi Gas Pipeline Corporstion       1001 Americana Bldg., Houston, Texas         If well produces oil or liquids, give location of tarks.       A         If this production is commingled with that from any other lease or pool, give commingling order number:       V.         COMPLETION DATA       Oil Well         Designate Type of Completion - (X)       IX         March 13, 1961       6-22-61         Elevations (DF, RKB, RT, GR, etc.,       Name of Producing Formation         Top Oil/Gas Pay       Tubing Depth         Perforations       10,096'         10,096'       10,213'	is to be sent) <b>3 77002</b> 3 - 6 7
None       None         Nome       Nome         Delhi Gas Pipeline Corporation       None         If well produces oil or liquids, give location of tarks.       None         If well produces oil or liquids, give location of tarks.       None         If this production is commingled with that from any other lease or pool, give commingling order number:       Unknown         V. COMPLETION DATA       Oil Well       Gas Well       New Well       Workover       Deepen       Plug Back       Same Res         Date Spuddec       Date Compl. Ready to Prod.       Total Depth       P.B.T.D.       10,158!         March 13, 1961       6-22-61       10,781'       10,158!       10,213!         Elevations (DF, RKB, RT, GR, etc.,       Name of Producing Formation       Top Oil/Gas Pay       Tubing Depth       10,213!         Perforations       10,096'       10,213!       10,213!       10,213!	is to be sent) <b>3 77002</b> 3 - 6 7
Name of Authorized Transporter of Casinghead Gas       or Dry Gas XX       Address (Give address to which approved copy of this form is to 1001 Americana Bldg., Houston, Texas         Delhi Gas Pipeline Corperstion       Unit       Sec.       Twp.       Rge.       Is gas actually connected?       When.         If well produces oil or liquids, give location of tarks.       A       4       21-S       25-E       Yee       Unknown.       5 - 3         If this production is commingled with that from any other lease or pool, give commingling order number:       V. COMPLETION DATA       Oil Well       Gas Well       New Well.       Workover       Deepen.       Plug Back       Same Res         Designate Type of Completion - (X)       Oil Well       Gas Well       New Well.       Workover       Deepen.       Plug Back       Same Res         March 13, 1961       6-22-61       10,781:       10,158:       10,158:         Elevations (DF, RKB, RT, GR, etc.,       Name of Producing Formation       Top Oil/Gas Pay       Tubing Depth         Perforations       10,096'       10,213:       10,213:       10,213:	3 - 6 7
Delhi Gas Pipeline Corperation       1001 Americana Bldg., Houston, Texas         If well produces oil or liquids, give location of tanks.       Unit       Sec.       Twp.       Ege.       Is gas actually connected?       When:         If this production of tanks.       A       Is 21-S       25-E       Tee       Unit       Sec.       Junch 25-E         If this production is commingled with that from any other lease or pool, give commingling order number:       Unknown       Sec.       Junch 26-Z         IV. COMPLETION DATA       Oil Well       Gas Well       New Well       Workover       Deepen       Plug Back       Same Res         Designate Type of Completion - (X)       IX       IX       IX       IX       IX       IX         Date Spudded       Date Compl. Ready to Prod.       Total Depth       P.B.T.D.       IO.158 t         Elevations (DF, RKB, RT, GR, etc.,       Name of Producing Formation       Top Oil/Gas Pay       Tubing Depth         3290' GL       Perm       IO.0096 t       IO.101/t       Depth Casing Shoe         ID.0096 t       ID.203 t       ID.203 t       IO.213 t	3 - 67
If well produces oil or liquids, give location of tanks.       Unit       Sec.       Twp.       Rge.       Is gas actually connected?       When.         If well production is commingled with that from any other lease or pool, give commingling order number:       Unit       Sec.       Twp.       Rge.       Is gas actually connected?       When.         If this production is commingled with that from any other lease or pool, give commingling order number:       Unknown.       6 - 3         IV. COMPLETION DATA       Oil Well       Gas Well       New Well       Workover       Deepen       Plug Back       Same Res         Designate Type of Completion - (X)       XX       XX       XX       IX       Designate         Date Spuddec       Date Compl. Ready to Prod.       Total Depth       P.B.T.D.       P.B.T.D.         March 13, 1961       6-22-61       10,781'       10,158'         Elevations (DF, RKB, RT, GR, etc.,       Name of Producing Formation       Top Oil/Gas Pay       Tubing Depth         Perforations       10,096'       10,101'       Depth Casing Shee       10,213'         It UBING, CASING, AND CEMENTING RECORD       10,213'	3 - 67
give location of tarks.       A       I       21-S       25-E       Iee       Unknown       5 ~         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         Date Spudded       Date Compl. Ready to Prod.       Total Depth       P.B.T.D.       10,1581         Elevations (DF, RKB, RT, GR, etc.,       Name of Producing Formation       Top Oil/Gas Pay       Tubing Depth         3290' GL       Perm       10,096'       10,104'         Perforations       Date Casing Shee       10,213'         TUBING, CASING, AND CEMENTING RECORD       10,213'	
W. COMPLETION DATA       Oil Well       Gas Well       New Well       Workover       Deepen       Plug Back       Same Res         Designate Type of Completion - (X)       XX       XX       XX       XX       P.B.T.D.         Date Spudded       Date Compl. Ready to Prod.       Total Depth       P.B.T.D.       10,158*         Merch 13, 1961       6-22-61       10,784*       10,158*         Elevations (DF, RKB, RT, GR, etc.,       Name of Producing Formation       Top Oil/Gas Pay       Tubing Depth         3290* GL       Penn       10,096*       10,104*         Perforations       Date Casing Shee       10,213*         TUBING, CASING, AND CEMENTING RECORD       10,213*	Res <sup>r</sup> v. <sup>1</sup> Diff. Res
W. COMPLETION DATA       Oil Well       Gas Well       New Well       Workover       Deepen       Plug Back       Same Res         Designate Type of Completion - (X)       XX       XX       XX       XX       P.B.T.D.         Date Spudded       Date Compl. Ready to Prod.       Total Depth       P.B.T.D.       10,158*         Merch 13, 1961       6-22-61       10,784*       10,158*         Elevations (DF, RKB, RT, GR, etc.,       Name of Producing Formation       Top Oil/Gas Pay       Tubing Depth         3290* GL       Penn       10,096*       10,104*         Perforations       Date Casing Shee       10,213*         TUBING, CASING, AND CEMENTING RECORD       10,213*	Res'v. ¦Diff. Res
Designate Type of Completion - (X)     XX     XX       Date Spuddec     Date Compl. Ready to Prod.     Total Depth       March 13, 1961     6-22-61     10,7811'       Elevations (DF, RKB, RT, GR, etc.,     Name of Producing Formation     Top Oil/Gas Pay       3290' GL     Penn     10,096'       Perforations     Depth Casing Shee       10,096'     10,213'	)   
Date Spuddea       Date Compl. Ready to Prod.       Total Depth       P.B.T.D.         March 13, 1961       6-22-61       10, 7811       10, 1581         Elevations (DF, RKB, RT, GR, etc.,       Name of Producing Formation       Top Oil/Gas Pay       Tubing Depth         32901 GL       Perm       10,0961       10,1011         Perforations       Dop 0961       10,2131         TUBING, CASING, AND CEMENTING RECORD       Tubing Record	
March     13, 1961     6-22-61     10,781/     10,158'       Elevations (DF, RKB, RT, GR, etc.,     Name of Producing Formation     Top Oil/Gas Pay     Tubing Depth       3290'     GL     Penn     10,096'     10,101/       Perforations     Depth Casing Shee     10,213'       TUBING, CASING, AND CEMENTING RECORD     TUBING RECORD	
Image: Second state     Image: Second st	
10,0961       10,2131         TUBING, CASING, AND CEMENTING RECORD	
10,0961       10,2131         TUBING, CASING, AND CEMENTING RECORD	
TUBING, CASING, AND CEMENTING RECORD	
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEN	CEMENT
17-1/2" 13-3/8" 126 <sup>1</sup> 250 sacks (Ci	Circulated
1/-1/2 2820' 805 secks (Ci	
$\frac{3}{10,213}$ $\frac{5-1/2}{10,213}$ $\frac{600}{100}$ sacks (10)	TOC at 740
2-3/8" 10,104"	
V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or able for this depth or be for full 24 hours)	or exceed top all
OIL WELL Date First New Oil Run To Tanks Date of Test Date First New Oil Run To Tanks Date of Test	<u></u> _
Date First New On Hun to Failed Bold of For	
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	
36 hours 3	Bate
Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size	Bate
500# f1 g., 3100# ST 0 21/64#	sate
OIL CONSERVATION COMMISSIO	
I hereby certify that the rules and regulations of the Oil Conservation AFFROVED	
	SION
above is true and complete to the best of my knowledge and benefit.	SION
above is true and complete to the best of my knowledge and benefit. By 6 3.3 if SPECTOR	SION
above is true and complete to the best of my knowledge and beller. ORIGINAL SIGNED BY ORIGINAL SIGNED BY ORIGINAL SIGNED BY	SION , 19
above is true and complete to the best of my knowledge and beller. ORIGINAL SIGNED BY L. A. TURNER DRIGINAL SIGNED BY L. A. TURNER DRIGINAL SIGNED BY L. A. TURNER DRIGINAL SIGNED BY L. A. TURNER DRIGINAL SIGNED BY L. A. TURNER	SION , 19 ULE 1104. drilled or deeper
above is true and complete to the best of my knowledge and bellet. ORIGINAL SIGNED BY L. A. TURNER ORIGINAL SIGNED BY L. A. TURNER If this is a request for allowable for a newly drift If this is a request for allowable for a newly drift If this is a request for allowable for a newly drift	SION , 19 IULE 1104. drilled or deeper on of the deviat
above is true and complete to the best of my knowledge and bellet. ORIGINAL SIGNED BY U.A. TURNER (Signature) ORIGINAL SIGNED BY U.A. TURNER (Signature) BY U.B. C. U.C. U.C. U.C. U.C. U.C. U.C. U.	SION , 19 NULE 1104. drilled or deeper on of the deviat : 111.
above is true and complete to the best of my knowledge and bellet. ORIGINAL SIGNED BY U.A. TURNER (Signature) Area Fetroleum Engineer (Title) (Signature) (Title) (Signature) (Title) (Signature) (Signature) (Title) (Complete to the best of my knowledge and bellet. (Signature) (Signature) (Signature) (Signature) (Title) (Complete to the best of my knowledge and bellet. (Signature) (Sign	SION , 19 ULE 1104. drilled or deeper on of the deviat 111. ompletely for all
above is true and complete to the best of my knowledge and bellet. ORIGINAL SIGNED BY U.A. TURNER (Signature) Area Fatroleum Engineer Area fatroleum Engineer	SION 

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NO. OF COPIES RECEIVED	4		Form C-103
DISTRIBUTION			Supersedes Old
SANTA FE	1/1-1	NEW MEXICO OIL CONSERVATION COMMISSION	C-102 and C-103 Effective 1-1-65
FILE	1/		
U.S.G.S.	+/		5a. Indicate Type of Lease
LAND OFFICE	-+		State Federal Fee
OPERATOR	3		5, State Oil & Gas Lease No.
(DO NOT USE THIS F	SUNDRY NO	TICES AND REPORTS ON WELLS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. PERMIT	
1. OIL GAS			7. Unit Agreement Name
	. Т. от	HER-	Seven Rivers Hills Unit
2, Name of Operator	v/		8. Farm or Lease Name
Gulf Oil Corpor	ation		
			9. Well No.
		0	4
3. Address of Operator Box 670, Hobbs		0	9. Well No. 4 10. Field and Pool, or Wildcat
3. Address of Cperator <b>Box 670, Hobbs</b> 4. Location of Well	New Mexico		4
Box 670, Hobbs	New Mexico	N+b 830	10. Field and Pool, or Wildcat
3. Address of Operator <b>Box 670, Hobbs</b> 4. Location of Well UNIT LETTER	New Mexico	FEET FROM THE North LINE AND 830 FEE	10. Field and Pool, or Wildcat
Address of Cperator     Box 670, Hobbs     Location of Well     UNIT LETTER	New Mexico	FEET FROM THE North LINE AND 830 FEE	L 10. Field and Pool, or Wildcat 7-Rivers Hills Morrow G
Address of Cperator <b>Box 670, Hobbs</b> Location of Well UNIT LETTER	New Mexico	FEET FROM THENorthLINE AND830FEE	L 10. Field and Pool, or Wildcat 7-Rivers Hills Morrow G NMPM.
Address of Cperator     Box 670, Hobbs     Location of Well     UNIT LETTER	New Mexico 600	FEET FROM THE North LINE AND 830 FEE 4 TOWNSHIP 21-S RANGE 25-E 15. Elevation (Show whether DF, RT, GR, etc.)	L 10. Field and Pool, or Wildcat 7-Rivers Hills Morrow G NMPM. 12. County Eddy
3. Address of Cperator <b>Box 670, Hobbs</b> 4. Location of Well UNIT LETTER THE <b>Bast</b> 16.	New Mexico 600	FEET FROM THE North LINE AND 830 FEET 4 TOWNSHIP 21-S RANGE 25-E 15, Elevation (Show whether DF, RT, GR, etc.) 3304' GL Opriate Box To Indicate Nature of Notice, Report of	L 10. Field and Pool, or Wildcat 7-Rivers Hills Morrow G NMPM. 12. County Eddy
Address of Cperator Box 670, Hobbs, Location of Well UNIT LETTER THE Bast	New Mexico	FEET FROM THE North LINE AND 830 FEET 4 TOWNSHIP 21-S RANGE 25-E 15, Elevation (Show whether DF, RT, GR, etc.) 3304' GL Opriate Box To Indicate Nature of Notice, Report of	L 10. Field and Pool, or Wildcat 7-Rivers Hills Morrow G NMPM. 12. County Eddy Dr Other Data
Address of Cperator Box 670, Hobbs, Location of Well UNIT LETTER THE Bast 16. NOTI	New Mexico	FEET FROM THE       North       LINE AND       830       FEE         4       TOWNSHIP       21-S       RANGE       25-E         15. Elevation (Show whether DF, RT, GR, etc.)       3304' GL         3304' GL       SUBSEQ         TION TO:       SUBSEQ	10. Field and Pool, or Wildcat 7-Rivers Hills Morrow O NMPM. 12. County Eddy Dr Other Data QUENT REPORT OF:
B. Address of Cperator Box 670, Hobbs, A. Location of Well UNIT LETTER THE Bast THE Bast 16. NOTI PERFORM REMEDIAL WORK	New Mexico	FEET FROM THE       North       LINE AND       830       FEE         4       TOWNSHIP       21-S       RANGE       25-E         15. Elevation (Show whether DF, RT, GR, etc.)       3304' GL         opriate Box To Indicate Nature of Notice, Report of TION TO:       SUBSEQ         Plug AND ABANDON       Remedial WORK	10. Field and Pool, or Wildcat 7-Rivers Hills Morrow O NMPM. 12. County Eddy Dr Other Data DUENT REPORT OF: ALTERING CASING
Address of Cperator Box 670, Hobbs, Location of Well UNIT LETTER THE Bast THE Bast I6. NOTI PERFORM REMEDIAL WORK TEMPORARILY ABANDON	New Mexico	FEET FROM THE       North       LINE AND       830       FEET         4       TOWNSHIP       21-S       RANGE       25-E         15. Elevation (Show whether DF, RT, GR, etc.)       3304' GL       GL         opriate Box To Indicate Nature of Notice, Report of TION TO:       SUBSEQ         Plug AND ABANDON       Remedial work       COMMENCE DRILLING OPNS.	10. Field and Pool, or Wildcat 7-Rivers Hills Morrow O NMPM. 12. County Eddy Dr Other Data DUENT REPORT OF: ALTERING CASING
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## Well still carried as closed in gas well. No transporter in vicinity.

## RECEIVED

1101 1 0 1966

ARTION OFFICE

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

SIGNED	TITLE Area Production Manager	DATE November 9, 1966
APPROVED BY FOR Record Only	-ITLE	DATE
CONDITIONS OF APPROVAL, IF ANY:		

DISTRIBUTION SANTA FE / FILE /- U.S.G.S. LAND OFFICE OPERATOR 2	NEW MEXICO OIL CO	i fa ki san	amissionc, c. 17 <b>i'H '66</b>	Form 2-103 Supersedes Old C-102 and C-103 Effective 1-1-65 Sa. Indicate Type of Lease State <b>Federal</b> Fee
	RY NOTICES AND REPORTS ( OPOSALS TO DRILL OF TO DEEPEN OF PLU TION FOR PERMIT - " (FORM C-101) FOR	ON WELLS g back to a differen such proposals.)	NT RESERVOIR.	
1. OIL GAS WELL WELL	OTHER.			Seven Rivers Hills Unit
C. Manual of La arctica				8. Furm or Lease Name
Gulf Oil Corrorstion 3. Address of Sperator Box 670, Hobbs, New P				9. Well No.
4. Location of Well	600 Nort	h .	530 FEET FRO	10. Field and Bool, or Wildow 7-Rivers Hills Morrow C
	FEET FROM THE	LINE AND	FEE'FRU	
UNIT LETTER	township	1-S RANGE	25-2 NMPN	
UNIT LETTER	15. Elevation (Show whet		N M PN	12. County Body
THE <b>East</b> LINE, SECTION 12.	15. Elevation (Show whet Appropriate Box To Indicate	her DF, RT, GR, etc. 3304 ° E	ce, Report or O	12, Jounty Bôdy
THE <b>East</b> LINE, SECTION 12.	15. Elevation (Show whet	her DF, RT, GR, etc. 3304 ° E	ce, Report or O	12, County Body

## Well still carried as closed in gas well. No transporter in vicinity.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.				
BCCN C		Marr O 1066		
GNED	Ares Petroleum Engineer	May 9, 1966		
MIF An tranc	TITLE TITLE	MAY 1 3 1966		
OPROVED BY ML ANY:				

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