Willow Creek Resources, Inc.

Chris Prickett

Petroleum Engineer

(57-4:20)

3719 West Industrial P.O. Box 1309 Midland, TX 79702 Off: (915) 689-7211 Mobile: (915) 520-2919 FAX (915) 689-7808 NEW MEXICO OIL CONSERVATION DIVISION P. O. DRAWER DD ARTESIA, NEW MEXICO 88210

RECEIVED BY AUG 28 1985 O. C. D. ARTESIA, OFFICE

DATE 8-23-85

NOTICE OF SUGC GAS DISCONNECTION:

OPERATOR: Mobil Producing Texas & New Mexico

LEASE: Maude Rickman

WELL NUMBER AND UNIT: 1 L

LOCATION: 03 23S 27E

POOL: South Carlsbad Atoka

DATE WELL DISCONNECTED: 01-26-84

SUGC'S STATION NUMBER: 3202-B8

Mobil - 15144 prop - 17796 5. Carlobad morraw - 73960 5. Carlobad atora - 73800 REPRESENTATIVE

> Compliance Analyst TITLE

xc: Oil Conservation Division, Box 2088, Santa Fe, New Mexico 87501
Tommy Sanders - Albq.
Karen Ewing - Albq.
Merle Dennis - Kutz
Oil Conservation file
Operator(s)

		- 1				
DISTRIBUTION						
SANTA FE	NEW MEXICO OIL	CONSERVATION COMMISSION	Form C-104			
FILE	REQUES	T FOR ALLOWABLE	R F propagates Old Collog and C			
U.S.G.S.		AND				
LAND OFFICE		CANSPORT UIL AND NATURA	L GAS			
TRANSPORTER OIL			NUV 1 1979			
GAS /	<u>+</u> {					
PROBATION OFFICE	<u> </u>		D. C. C. ARTESIA, OFFICE			
Operator	LL		SIA, OFFICE			
Mobil Producing Te	Mobil Producing Texas & New Mexico Inc.					
Address	ddress					
9 Greenway Plaza,	9 Greenway Plaza, Suite 2700, Houston, TX 77046 Reeson(s) for filing (Check proper box)					
New Well		Other (Please explain)				
Recompletion	Change in Transporter of: Oil Dry C	To change Operator name from Mobil Oil				
Change in Ownership		Corporation.				
		(Effecti	ve Date: 1-1-1980)			
 If change of ownership give nam and address of previous owner			_			
DESCRIPTION OF WELL AND LEASE						
Lesse Name Maude Rickman Com.	Well No. Pool Name, Including		Lease No			
Location	15 South Carlsba	d Atoka State, Fed	eral or Fee Fee			
	39.7 Nost	2222 -				
Unit Letter;;	39.7 Feet From The West Li	ne and <u>2203.</u> Feet Fra	m The South			
	Township -S Range	27-E , NMPM,				
L <u></u>		27-E , NMPM,	Eddy County			
. DESIGNATION OF TRANSPO	ORTER OF OIL AND NATURAL G					
Name of Authorized Transporter of		Address (Give address to which app	proved copy of this form is to be tent)			
The Permian Corporat:		Box 3119 Midland, TX	79701 proved copy of this form is to be sent)			
Gas Co. of New Mexico	Casinghead Gas 📄 or Dry Gas 🗙					
	-	1st International Bld	<u>g. Dallas, TX 75270</u>			
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. P.ge. L 3 23-5 27-E	te das actually connected à	When			
L	with that from any other lease or pool,		8-16-77			
Designate Type of Comple 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, ANI	D CEMENTING RECORD				
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
·						
			Poste			
TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be a					
OIL WELL	II. WELL able 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	Oll-Bbla.	Water - Bbis.				
·····	<u></u>	1				
GAS WELL						
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate			
Teeting Method (pitor, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size			
CERTIFICATE OF COMPLIA	NCE	1	ATION COMMISSION			
Thereby contify that the miles and	d applications of the Oil Concentration	APPROVED JAN 2 4 1980				
Commission have been complied	d regulations of the Oil Conservation with and that the information given	1 a Grantt				
above is true and complete to the	he best of my knowledge and belief.	BY				
×.						
0			compliance with PUL E 1104			
Dechu ?	reijahr	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 deviation tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for silow-				
(Sie	inature) ()					
Authorize						
	File)	able 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.				
October 3	(1 1070					
	Date)	well name or number, or transport	rter, or other such change of condition.			

	HO. OF COPIES RECEIVED			ч.	
	DISTRIBUTION	NEW MEXICO OI	L CONSERVATION CON SION		
	SANTA FE		ST FOR ALLOWABLE	Form C-104	
	FILE /-		AND	Supersedes Old C-104 and C-1 Effective 1-1-65	
	U.S.G.S.	AUTHORIZATION TO	FRANSPORT OIL AND NATURAL		
	LAND OFFICE		RANSFORT UIL AND NATURAL	GAS	
	TRANSPORTER OIL /		RECEIVED		
	OPERATOR				
	PRORATION OFFICE		SEP 6 1977	•	
	Operator	Operator SFP 0 1011			
	Mobil Oil Corporation				
	3 Greenway Plaza East, Suite 800, Houston, Texas 77046				
	Reason(s) for filing (Check proper	borl			
	New Well	•	Other (Please explain)		
	Recompletion	Change in Transporter of:	To show gas co	nnection date	
	Change in Ownership				
		Cusingneda Gas Cor	densate		
	If change of ownership give nam and address of previous owner_	e	-		
1	I. DESCRIPTION OF WELL AN	D LEASE			
		Well No. Pool Name, Including		e Lease No.	
	Maude Rickman Com.	18 Carlsbad So.	Atoka State, Federa		
		39.7_Feet From The			
			Line and 2203 . Feet From '	The S	
		Township 23S Range	27Е, МРМ,	Eddy County	
H	I. DESIGNATION OF TRANSPO Name of Authorized Transporter of	OIL OF OIL AND NATURAL (GAS		
	Permian Corporation		Address (Give address to which approx		
	Name of Authorized Transporter of	(if any)	Box 838, Hobbs, NM 88	3240	
	Gas Co. of New Mexic		Address (Give address to which approv	ed copy of this form is to be sent)	
			Lst Int. Bldg., Suite	1800, Dallas, TX 75270	
	'If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.		n	
	If this production is commingled	with that from any other lease or pool	100	8/16/77	
17	COMPLETION DATA				
	Designate Type of Comple	tion - (X)	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.	
	Flavetters (DE DVD DE se				
	Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
	Perforations			Depth Casing Shoe	
		TUBING CASING AN			
	HOLE SIZE		ID CEMENTING RECORD		
		CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
	· · · · · · · · · · · · · · · · · · ·				
V.	TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be	after recovery of total volume of load oil ar	id must be equal to on exceed top allow-	
	core for this depth or be for full 24 hours)				
	Date / hat New On Aun 10 Idnes	Date of Test	Producing Method (Flow, pump, gas lift,	etc.)	
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
				Contraction of the second	
	Actual Prod. During Test	Oil-Bbla.	Water-Bbls.	Gas-MCF	
	I			$U = \sum_{i=1}^{n} \sum_{j=1}^{n} \sum_{i=1}^{n} \sum_{i=1}^{n} \sum_{i=1}^{n} \sum_{j=1}^{n} \sum_{i=1}^{n} \sum_{j=1}^{n} \sum_{i=1}^{n} \sum_{j=1}^{n} \sum_{i=1}^{n} \sum_{j=1}^{n} \sum_{i=1}^{n} \sum_{j=1}^{n} \sum_{i=1}^{n} \sum_{i=1}^{n} \sum_{i=1}^{n} \sum_{j=1}^{n} \sum_{i=1}^{n} \sum_{j=1}^{n} \sum_{i=1}^{n} $	
	GAS WELL				
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
1					
VI.	CERTIFICATE OF COMPLIAN	CE			
			OIL CONSERVAT	IUN COMMISSION	
	hereby certify that the rules and regulations of the Oil Conservation		APPROVED SEP 6. 1	977	
	Commission have been complied	with and that the information given	1106	, 19	
	above is true and complete to th	e beat of my knowledge and belief.	BY	MUT-	
			TITLE SUPERVISOR D		
			U UILE <u>OUREAVIOUR</u> D	IJIAICI II.	

4

N

(Signature) Authorized Agent

(Title) August 31, 1977

(Date)

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or despend well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with MULE 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 multiply

DISTRIBUTION SANTA FE TILE U.S.G.S. LAND OFFICE I RANSPORTER	REQUI	EST FOR ALLOWABLE AND TRANSPORT OIL AND NATUR	RAL GAS		
GAS OPERATOR I. PRORATION OFFICE Operator			RECEIVED JUN 1 3 1974		
Mobil Oil Corp	poration /				
Address			ARTESIA, OFFICE		
Reason(s) for tiling (Check prop New We!l X Recompletion Change in Ownership	Change in Transporter of: Oil Dr Casinghead Gas Cc	Other (Please explain y Gas			
If change of ownership give na and address of previous owner	me				
II. DESCRIPTION OF WELL A	IND LEASE				
Maude Rickman Con Location	Well No. Pool Name, Includin	Isbad Atoka Stote, F	ederal of Fee Fee		
Line of Section 3	Township 23-5 Bange	27 5	from The West		
III. DESIGNATION OF TRANSP Name of Authorized Transporter o None Name of Authorized Transporter o	ORTER OF OIL AND NATURAL	GAS Address (Give address to which a	Iddy County		
			pproved copy of this form is to be sen;)		
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Is gas actually connected?	When Waiting on Gas		
If this production is commingled	i with that from any other lease or poc	NO	Contract		
EL COMPLETION DATA		· · · · · ·			
Designate Type of Compl		X	Plug Back Same Resty, Dlif. Resty		
Date Spudded 2-1-74	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc	5-6-74 Name of Producing Formation	<u>12,300</u> Top Cil/Gas Pay	12,150		
3113 GR	So. Carlsbad Atoka		Tubing Depth 11,615		
Perforations 11 243-250 1126					
	0-284, 11,418-424, 1-	ND CEMENTING RECORD	oles 12,297		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS OF WELL		
1712	13-3/8"	355	400-x		
124	9-5/8"	5700	3200-x		
8-3/4	7"	12,297	1350-x		
V. TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be	after recovery of total values of last	oil and must be equal to or exceed top allow		
OIL WELL Date First New Oil Run To Tanks	able for this of Date of Test	se jun or de jor jun 24 nours)			
	2410 01 1881	Producing Method (Flow, pump, gas	lift, etc.)		
Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
Actual Prod. During Test	Oil-Bbis.				
		Water-Bble.	Gas - MCF		
CAC NOT -					
GAS WELL Actual Prod. Test-MCF/D	Length of Test				
305.5	Λ	Bbls. Condensate/MMCF	Gravity of Condenzate		
Teating Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
Back Pr.	4000#	Packer	Varied		
VI. CERTIFICATE OF COMPLIA	NCE	OIL CONSERV	ATION COMMISSION		
I hereby certify that the outer and	d regulations of the Oil Conservation	SEP 6	1977		
Commission have been complied	with and that the information given he best of my knowledge and belief.	1.10.4	19		
	N seat of my knowledge and belief.	BY D.U. K			
	$\langle \cdot \cdot \rangle$	TITLE SUPERVISOR, DISTRICT II			
I / Mach	Non N	This form is to be filed in	This form is to be filed in compliance with RULE 1104.		
rsia (Sia	nature)	If this is a request for allowable for a newly drilled or despense well, this form must be accompanied by a tabulation of the deviation			
Authorized Agent		tests taken on the well in acc	ordance with RULE 111.		
(7	Title)	All sections of this form must be filled out completely for ellow able on new and recompleted wells.			
<u>6-10-74</u> (E)ate)	Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change or condition			
	·	II Separate Forma C-104 mu	at be filed for each pool in multiple		

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