

## Willow Creek Resources, Inc.

**Chris Prickett**  
Petroleum Engineer

557-4220

3719 West Industrial  
P.O. Box 1309  
Midland, TX 79702

Off: (915) 689-7211  
Mobile: (915) ~~520-2049~~  
FAX (915) 689-7808

NEW MEXICO  
OIL CONSERVATION DIVISION  
P. O. DRAWER DD  
ARTESIA, NEW MEXICO

88210

RECEIVED BY
<b>AUG 28 1985</b>
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

GAS COMPANY OF NEW MEXICO  
TRANSPORTER

Paul D. Mollo  
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)

*ADD  
PVA*

*Mobil - 15144  
prop - 17796  
S. Carlsbad morrow - 73960  
S. Carlsbad atoka - 73800*

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

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-68

NOV 1 1979

O. C. C.  
ARTESIA, OFFICE

I. Operator  
Mobil Producing Texas & New Mexico Inc. /

Address  
9 Greenway Plaza, Suite 2700, Houston, TX 77046

Reason(s) for filing (Check proper box)

New Well	<input type="checkbox"/>	Change in Transporter of:		Other (Please explain)
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>	To change Operator name from Mobil Oil Corporation.
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>	(Effective Date: 1-1-1980)
		Dry Gas	<input type="checkbox"/>	
		Condensate	<input type="checkbox"/>	

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Maude Rickman Com.	Well No. 1E	Pool Name, including Formation South Carlsbad Atoka	Kind of Lease State, Federal or Fee	Lease No.
Location Unit Letter L : 839.7 Feet From The West Line and 2203.7 Feet From The South Line of Section 22-3 Township 23-S Range 27-E, NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)			
The Permian Corporation	Box 3119 Midland, TX 79701			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)			
Gas Co. of New Mexico	1st International Bldg. Dallas, TX 75270			
If well produces oil or liquids, give location of tanks.	Unit L	Sec. 3	Twp. 23-S	Rge. 27-E
	Is gas actually connected?		When	
	Yes		8-16-77	

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, CR, 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			
					Posted			
					ID 3 5-20			
					1-2 20-20			

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.

Becky Newjahr  
(Signature)

Authorized Agent  
(Title)

October 31, 1979  
(Date)

OIL CONSERVATION COMMISSION

APPROVED JAN 24 1980, 19

BY W. A. Gressitt

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 deviation 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 multiply

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

Form C-104  
Supersedes Old C-104 and C-111  
Effective 1-1-65

RECEIVED

SEP 6 1977

I. Operator  
Mobil Oil Corporation ✓  
Address  
3 Greenway Plaza East, Suite 800, Houston, Texas 77046  
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)  
To show gas connection date.

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Maude Rickman Com.	Well No. 1E	Pool Name, Including Formation Carlsbad So. Atoka	Kind of Lease State, Federal or Fee	Fee	Lease No.
Location Unit Letter L ; 839.7 Feet From The W Line and 2203.7 Feet From The S Line of Section 3 Township 23S Range 27E, NMPM, Eddy County					

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Permian Corporation (if any)	Address (Give address to which approved copy of this form is to be sent) Box 838, Hobbs, NM 88240	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Gas Co. of New Mexico	Address (Give address to which approved 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 L	Sec. 3
	Twp. 23S	Rge. 27E
	Is gas actually connected? Yes	
	When 8/16/77	

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		

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 (pitot, 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.

*[Signature]*  
(Signature)

Authorized Agent  
(Title)

August 31, 1977  
(Date)

OIL CONSERVATION COMMISSION

APPROVED SEP 6 1977, 19

BY *[Signature]*

TITLE SUPERVISOR, DISTRICT II

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

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

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

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JUN 13 1974

Operator  
Mobil Oil Corporation ✓  
Address  
Box 633, Midland, Texas 79701

O.C.C.  
ARTESIA, OFFICE

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)

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Maude Rickman Com	1	South Carlsbad Atoka	State, Federal or Fee Fee	
Location				
Unit Letter	L	2203.7 Feet From The South Line and 839.7 Feet From The West		
Line of Section	3	Township 23-S	Range 27-E	NMPM, Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
None						
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	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.	Is gas actually connected?	When
					No	Waiting on Gas Contract

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 Rest.	Diff. Rest.
		X	X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
2-1-74	5-6-74	12,300	12,150					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
3113 GR	So. Carlsbad Atoka	11,243	11,615					
Perforations	11,243-250, 11260-284, 11,418-424, 1-JSPF Total of 40 holes					Depth Casing Shoe		
					12,297			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17½	13-3/8"		355		400-x			
12½	9-5/8"		5700		3200-x			
8-3/4	7"		12,297		1350-x			

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
305.5	4	None	--
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
Back Pr.	4000#	Packer	Varied

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.

OIL CONSERVATION COMMISSION

SEP 6 1977

APPROVED \_\_\_\_\_, 19\_\_

BY W. A. Gussett

TITLE SUPERVISOR, DISTRICT II

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Authorized Agent

(Title)

6-10-74

(Date)