

OIL CONSERVATION DIVISION

DRAWER DD

ARTESIA NM

DISTRICT OFFICE II

July thru December 1993

NO. 2037 T

SUPPLEMENT TO THE OIL PRORATION SCHEDULE

DATE August 6, 1993

PURPOSE ALLOWABLE ASSIGNMENT - NEW OIL

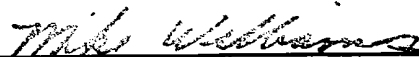
Effective August 1, 1993 a testing allowable of 1200 barrels oil  
is hereby assigned to Kaiser-Francis Oil Co., Vasquez Com #1-F-3-24-28  
in the Malaga Delaware Pool for the month of August 1993.

NW/mm

Kaiser-Francis Oil Co.

EEC

OIL CONSERVATION DIVISION



DISTRICT SUPERVISOR

Submit 5 Copies  
Appropriate District Office  
DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-104  
Revised 1-1-89  
See Instructions  
at Bottom of Page

OIL CONSERVATION DIVISION

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator Kaiser-Francis Oil Company		Well API No. 30-015-23300
Address P. O. Box 21468, Tulsa, OK 74121-1468		
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	This is to request a test allowable for August 1993 in the amount of 1200 bbls of oil. New perms: 6096' - 6181' o.a.
Recompletion <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
Change in Operator <input type="checkbox"/>		
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Vasquez Com	Well No. 1	Pool Name, Including Formation Malage (Delaware)	Kind of Lease State, Federal or <u>Fee</u>	Lease No. -
Location Unit Letter <u>F</u> : <u>2310</u> Feet From The <u>North</u> Line and <u>1925</u> Feet From The <u>West</u> Line Section <u>3</u> Township <u>24S</u> Range <u>28E</u> , <u>NMPM</u> , <u>Eddy</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> EOTT Energy Corp.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1188, Houston, TX 77251-1188					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Co.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1492, El Paso, TX 79978					
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 3	Twp. 24S	Rge. 28E	Is gas actually connected? Yes	When? 12/19/80

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 <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
	X					X		X
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 Tank	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. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

C. Van Valkenburg  
Signature  
Charlotte Van Valkenburg, Technical Coordinator  
Printed Name  
7/29/93 918-491-4314  
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved AUG 6 1993

By ORIGINAL SIGNED BY  
MIKE WILLIAMS  
Title SUPERVISOR, DISTRICT II

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

JUN 18 1993

WELL API NO.	30-015-23300
5. Indicate Type of Lease	STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.	-
7. Lease Name or Unit Agreement Name	Vasquez Com
8. Well No.	1
9. Pool name or Wildcat	Malage (Atoka)

SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)	
1. Type of Well: OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	
2. Name of Operator Kaiser-Francis Oil Company	
3. Address of Operator P. O. Box 21468, Tulsa, OK 74121-1468	
4. Well Location Unit Letter <u>F</u> : <u>2310</u> Feet From The <u>North</u> Line and <u>1925</u> Feet From The <u>West</u> Line Section <u>3</u> Township <u>24S</u> Range <u>28E</u> NMPM <u>Eddy</u> County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: Recomplete in Delaware zone <input checked="" type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: <input type="checkbox"/>

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

The following is our proposal to abandon the Atoka and recomplete in the Delaware:

1. Set CIBP @ 11,595' w/50' cmt on top.
2. TIH w/tbg. Load hole w/10# brine w/25# gel/bbl.
3. Spot 50 sx cmt plug @ 11,150'.
4. Spot 50 sx cmt plug @ 9,450'.
5. Perf Delaware 6094'-6181' o.a. w/12 holes.
6. TIH w/2 7/8" tbg & pkr to 6050'. Set packer & acidize w/1500 g. 7½% MCA + 26 ball sealers.
7. Frac treat down tbg w/40,000 g. GW + 130,000# sand.
8. Swab and flow back load water.
9. TOOH w/tbg & packer.
10. TIH w/2 7/8" tbg and equipment to flow or pump well.

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

SIGNATURE C. Jan Valkenburg TITLE Technical Coordinator DATE 6/14/93  
TYPE OR PRINT NAME Charlotte Van Valkenburg 918-491-4314 TELEPHONE NO.

(This space for State Use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE JUL 5 1993

CONDITIONS OF APPROVAL, IF ANY:

SEC 3 TWN 24 ... E 28

API # 30-016-23300

OPERATOR KAISER-FRANCIS OIL CO

WELL NAME VASQUEZ com #1

STATE OCD TOPS AS PER MA DATE 1/2/93

### Southeastern New Mexico

T. Anhy		T. Canyon	
T. Salt	1025	T. Strawn	11100
B. Salt	2495	T. Anoka	11290
T. Yates		T. Miss	
T. 7 Rivers		T. Devonian	
T. Queen		T. Silurian	
T. Grayburg		T. Monroya	
T. San Andres		T. Simpson	
T. Gloriana		T. McKee	
T. Paddock		T. Ellenburger	
T. Blinberry		T. Gr. Wash	
T. Tubb		T. Delaware Sand	2562
T. Drinkard		T. Bone Springs	6238
T. Abo		T. MORROWLS.	11938
T. Wolfcamp	9402	T. " C.S.	12190
T. Penn	10915	T.	
T. Cisco (Bough C)		T.	

### Northwestern New Mexico

T. Ojo Alamo		T. Penn "B"	
T. Kirtland-Fruitland		T. Penn "C"	
T. Pictured Cliffs		T. Penn "D"	
T. Cliff House		T. Leadville	
T. Menefee		T. Madison	
T. Point Lookout		T. Elbert	
T. Mancos		T. McCracken	
T. Gallup		T. Ignacio Otme	
Base Greenhorn		T. Granite	
T. Dakota		T.	
T. Morrison		T.	
T. Todillo		T.	
T. Escalada		T.	
T. Wingate		T.	
T. Chinle		T.	
T. Permian		T.	
T. Penn "A"		T.	

### OIL OR GAS SANDS OR ZONES

No. 1. from \_\_\_\_\_ to \_\_\_\_\_

No. 2. from \_\_\_\_\_ to \_\_\_\_\_

No. 3. from \_\_\_\_\_ to \_\_\_\_\_

No. 4. from \_\_\_\_\_ to \_\_\_\_\_

### IMPORTANT WATER SANDS

Include data on rate of water inflow and elevation to which water rose in hole.

No. 1. from \_\_\_\_\_ to \_\_\_\_\_ feet

No. 2. from \_\_\_\_\_ to \_\_\_\_\_ feet

No. 3. from \_\_\_\_\_ to \_\_\_\_\_ feet

REMARKS :