Hold for notice of connect Sand 4 pt. notice when c-104 is appoint

Address	ATMENT OIL CONS F SANTA FI REQUE AUTHORIZATION TO H. Haskins 7 Center One, Suite 1195, M proper box) Change in Transporter of: OII Casinghead Gas	Other (Please expla	allowable and status
I. DESCRIPTION OF WE Lease Name Aminoil-S Location Unit LetterC	Well No. Pool Name, Inc.	Delaware) Stote	of Lease Lease No. Federal or Fee State LG-94 West
Line of Section 22	Township 26-S Ra	28-Е , NMPM ,	Eddy County
I. DESIGNATION OF TR. Name of Authorized Transp None Name of Authorized Transp None If well produces oil or liqui	orter of Casinghead Gas or Dry Gas	Address (Give address to whice Address (Give address to whice Rge. Is gas actually connected?	th approved copy of this form is to be sent) th approved copy of this form is to be sent)
give location of tanks. If this production is comm	ingled with that from any other lease o	No (S.I., no market	NO
Designate Type of C		Well New Well Workover Dee X X	pen Plug Back Same Res'v. Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.	Total Depth 6069"	P.B.T.D.
12/29/82 Elevations (DF. RKB, RT, C GL 2967.7 KB 2979	R, etc.; Name of Producing Formation	Top Oil/Gas Pay	5920 Cmt. Tubing Depth, 3097'
Perforations	Delaware (Bell Can 043-3047-3055-3088-3090 ¹ 2-30		Depth Casing Shoe 6069''
		G, AND CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZ	425'	450
11"	8-5/8"	2518'	900
7-7/8	4-1/2"	5994''	1375
	238	3097	
TEST DATA AND REQ OIL WELL Date First New Oil Run To 7	able for	ist be after recovery of total volume of lo this depth or be for full 24 hours) Producing Method (Flow, pump,	oad oil and must be equal to or exceed top allow- gas lift, etc.)
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	ctual Prod. During Test Oil+Bbls.		Gas - MCF
l	1		
GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
150 Testing Method (pitot, back)	24 Hrs.	Casing Pressure (Shut-in)	0
Back Pressure			Choke Size 1/2"
CERTIFICATE OF COM	PLIANCE		RVATION DIVISION
Division have been compl	les and regulations of the Oil Conserv ied with and that the information give a to the best of my knowledge and be		
V	(Signature) ins, Operator	This form is to be file If this is a request for well, this form must be act tests taken on the well in	in compliance with RULE 1104. allowable for a newly drilled or deepened companied by a tabulation of the deviation accordance with RULE 111.
August 1, 198	(Title)	able on new and recomplet Fill out only Sections well name or number, or training	rm must be filled out completely for allow- ed wells. a I. II. III, and VI for changes of owner, naporter, or other such change of condition. a must be filed for each pool in multiply

NEHLY AND MINERALS DEPARTMEN	Form C-104 Revised 10-1-78			
DISTRIBUTION SANTA FE	P.O. SANTA FE, N			
PILE	SANTA FE, N			
TRANSPORTER DIL GAS	REQUEST	AUG 04 1983		
OPERATOR PROBATION OFFICE	AS 0 1 1505			
Ray H. Ha	iskins V		WEESLA, OFFICE	
Address First City Cent	er One, Suite 1195, Midla	and, TX 79701		
Reason(s) for filing (Check proper		Other (Please explain	N)	
New Well Accompletion	Change in Transporter of: Oil Dry	Gas 🔲 Request for a	allowable and status	
Change in Ownership			gas well.	
If change of ownership give name and address of previous owner	,			
DESCRIPTION OF WELL AN	D LEASE Well No. Pool Name, Including			
Aminoil-State	1 Wildcat (Dela	ware)	Lease Lease No Lease State LG-94	
Location C 59 Unit Letter		1980	West	
22	ownship 26-S Rance	28-Е	From The Eddy	
		, мрм,	County	
Name of Authorized Transporter of C None	RTER OF OIL AND NATURAL G		approved copy of this form is to be sent)	
Name of Authorized Transporter of C	asinghead Gas 🗌 or Dry Gas 🗍	Address (Give address to which i	approved copy of this form is to be sent)	
None	Unit Sec. Two. Boe.		-	
If well produces oil or liquids, give location of tanks. Non	Unit Sec. Twp. Rge.	No (S.I., no market)	When .	
If this production is commingled w COMPLETION DATA	ith that from any other lease or pool	l, give commingling order number:	NO	
Designate Type of Completi	ion - (X) Oil Well Gas Well X	New Well Workover Deeper	n Plug Back Same Restv. Diff. Rest	
Date Spudded 12/29/82	Date Compl. Ready to Prod. 4/15/83	Total Depth 6069"	P.B.T.D. 5920 Cmt.	
Elevations (DF, RKB, RT, GR, etc.) GL 2967.) KB 2979	Name of Producing Formation Delaware (Bell Canyon)	Top Oil/Gas Pay	Tubing Depth 3097'	
Perforations	47-3055-3088-3090 ¹ / ₂ -3093 ¹ / ₃		Depth Casing Shoe	
		D CEMENTING RECORD	6069"	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
<u> </u>	13-3/8"	425'	450	
	8-5/8" ~	2518'	900	
7-7/8"	$\frac{4-1/2"}{2\sqrt[3]{x}}$	5994"	1375	
TEST DATA AND REQUEST F		3097		
DIL WELL	able for this de	epth or be for full 24 hours)	oil and must be equal to or exceed top allow	
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, ga	if lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
Actual Prod. During Test	Oll-Bhis.	Water-Bbls.	Gas - MCF	
		1		
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
150 Testing Method (pitot, back pr.)	24 Hrs. Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	0	
Back Pressure	600	1300	Choke Size 1/2"	
ERTIFICATE OF COMPLIANC	E	OIL CONSERV	ATION DIVISION	
hereby certify that the rules and r ivision have been complied with	egulations of the Oil Conservation	APPROVED	, 19	
ove is true and complete to the	best of my knowledge and belief.	BY		
· A de		TITLE		
Racj ich , A	lichus	If this is a request for all	in compliance with RULE 1104. lowable for a newly drilled or deepened	
(Signal Ray H. Haskins, Op	erator	well, this form must be accom tests taken on the well in ac	panied by a tabulation of the deviation	
(Till		All sections of this form sble on new and recompleted	must be filled out completely for allow- wells.	
August 1, 1983 (Dec	e)	Fill out only Sections I.	II. III, and VI for changes of owner, orter, or other such change of condition.	
			ust be filed for each pool in multiply	

			ATION DIV	ISION	Revised 10-1-78	
DISTRIBUTION SANTA FE			BOX 2088	A		1
FILE		SANTA FE, NI	EW MEXICO 8	7501		1 - K
LAND OFFICE					AUG 04 198	33 5
TRANSPORTER DIL	OR ALLOWABLE	4.				
DPERATOR PROBATION OFFICE	AUTHO	RIZATION TO TRAN		NATURAL GAS	ARTESIA, OFFICE	i E
Cperdior Ray H.	Haskins 🗸					
Address First City Ce	nter One, Sui	te 1195, Midla	nd, TX 79701			
Reason(s) for filing (Check prope		· · · · · · · · · · · · · · · · · · ·	Other	(Please explain)	<u></u>	
New Well		In Transporter of:			wable and status	S
Recompletion Change in Ownership	Oil Casinghe	ad Gas Conc		a shut-in gas	well.	
If change of ownership give na and address of previous owner						
DESCRIPTION OF WELL A						
Aminoil-Stat	e l	Pool Name, Including Wildcat (Delay		Kind of Lease	State	Lease N LG-94
	590	North	1980		West	
Unit Letter:	Feet Fro	= =	ine and 28-E	Feet From Edd		
Line of Section	Township 20	Range		NMPM,	· · · · · · · · · · · · · · · · · · ·	Count
DESIGNATION OF TRANSP Name of Authorized Transporter of		AND NATURAL G	The second se	dress to which approv	ved copy of this form is t	o he centi
None		·····				-
Name of Authorized Transporter o None	f Casinghead Gas 🗌] at Dry Gas 🗍	Address (Give ad	dress to which approv	ved copy of this form is t	o be sent)
If well produces oil or liquids, give location of tanks. N	Unit Sec	Twp. Rge.	Is gas actually co		'n	
-			No (S.I., n		NO	
f this production is commingle COMPLETION DATA		y other lease or pool	New Well Work			v. Diff. Ret
Designate Type of Compl	etion - (X)	X	X Total Depth	l I	Flug Buck Same Hes	
Date Spudded 12/29/82		Date Compl. Ready to Prod. 4/15/83		69"	P.B.T.D. 5920 Cmt.	
Elevations (DF. RKB, RT. CR. et GL 2967.3 KB 2979	Name of Produ Delaware	e (Bell Canyon)	Top O11/Gas Pay 3039"	····	Tubing Depth 30971	
Perforations	3047-3055-308	8-3090 ¹ 23093 ¹ 2			Depth Casing Shoe 6069''	
		UBING, CASING, AN	D CEMENTING RE	CORD		
HOLE SIZE	CASING	& TUBING SIZE		TH SET	SACKS CEM	ENT
17-1/2"		3/8"	425'		450	
11"		<u>5/8"</u> 1/2"	2518'		900	
/-//8		1/2 ¥8	5994" 3097		1375	
EST DATA AND REQUEST	FOR ALLOWAR		ifter recovery of total epth or be for full 24		nd must be equal to or es	cood top all
Date First New Oil Run To Tanks	Date of Test	· · · · · · · · · · · · · · · · · · ·	Producing Method	(Flow, pump, gas lift	, etc.)	
ength of Test	Tubing Pressu	•	Casing Pressure		Choke Size	
Actual Prod. During Test	Oil-Bbls.		Water - Sble.		Gas - MCF	
			L			
AS WELL						
Actual Prod. Test-MCF/D 150	Length of Test	4 Hrs.	Bbis. Condensate/ 0	MMCF	Gravity of Condensate 0	
Back Pressure		Tubing Procesure (stat-ia) 600		Sbut-12)	Choke Size 1/2"	
ERTIFICATE OF COMPLIA	NCE			L CONSERVATI	ON DIVISION	
	A 1-11. A.A		APPROVED		· 1	9
hereby certify that the rules an vision have been complied w ove is true and complete to	ith and that the is	nformation given	BY	•		
Aug Th	TITLE					
A City Ma	Nacquis			request for allows	ble for a newly drilled	l or deepend
-	(nature)		well, this form	must be accompani	ed by a tabulation of ance with RULE 111.	the deviation
Ray H. Haskins,	Uperator Tule)		All section	s of this form must	be filled out complete	aly for allow
August 1, 1983	· ·····		Fill out on	d recompleted well ly Sections I, II.	III, and VI for chang	es of owne
(Date)		well name of nu	mber, or transporter	or other such change	of the ditio
		1				