

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

M. Oil & Gas Division  
811 S. 1st Street  
Albuquerque, NM 87102

FORM APPROVED  
Bureau No. 1004-0135  
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.  
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator

GP II Energy, Inc.

3. Address and Telephone No.

P. O. Box 50682, Midland, Texas 79710, 915/684-4748 EXT 5

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

Surface: 2600' FNL & 675' FNL SEC 27  
SE 1/4 NE 1/4, Section 27, T26S, R29E

Bottom Hole: 2960' FNL & 370' FNL SEC 28

27-26-29

7. If Unit or CA, Agreement Designation

C.A. NM-85341

8. Well Name and No.

Skink Federal #1

9. API Well No.

30-015-26892

10. Field and Pool, or Exploratory Area

Brushy Draw Delaware

11. County or Parish, State

Eddy County, NM

12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

- ☐ Notice of Intent  
☐ Subsequent Report  
☐ Final Abandonment Notice

TYPE OF ACTION

- ☐ Abandonment  
☐ Recompletion  
☐ Plugging Back  
☐ Casing Repair  
☐ Altering Casing  
☒ Other Respond to NINC  
☐ Change of Plans  
☐ New Construction  
☐ Non-Routine Fracturing  
☐ Water Shut-Off  
☐ Conversion to Injection  
☐ Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)\*

This is to request approval for ongoing co-mingling of the Skink Federal Well #1 into the Coyote Battery. It is not economically feasible to set a separate battery at this time.

14. I hereby certify that the foregoing is true and correct

Signed Charles B. M. Canty

Title Production Analyst

Date 03-10-99

(This space for Federal or State office use)

(ORIG. SGD.) DAVID R. GLASS

Approved by

Title 4. PETROLEUM ENGINEER

Date MAR 23 1999

Conditions of approval, if any:

FOR ATTACHED FOR

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

\*See Instruction on Reverse Side

OIL CONSERVATION DIVISION

FEB 12 1992

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

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

O. C. D.  
ARTESIA OFFICE

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator GP II ENERGY, INC.	Well API No. <u>30-015-26892</u> <u>N/A</u>
Address P. O. BOX 50682 MIDLAND, TEXAS 79710	
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> Other (Please explain) <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Transporter of: Change in Operator <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator _____	

II. DESCRIPTION OF WELL AND LEASE

Lease Name SKINK FEDERAL "27"	Well No. 1	Pool Name, Including Formation BRUSHY DRAW DELAWARE	Kind of Lease State, Federal or Fee	Lease No. NM 38636
Location Unit Letter <u>E</u> : <u>2600</u> Feet From The <u>North</u> Line and <u>675</u> Feet From The <u>West</u> Line Section <u>27</u> Township <u>26 S</u> Range <u>29 E</u> , NMPM, Eddy 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"/> NAVAJO REFINING	Address (Give address to which approved copy of this form is to be sent) P. O. DRAWER 159 ARTESIA, N.M. 88210					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> CONOCO	Address (Give address to which approved copy of this form is to be sent) 10 DESTA DRIVE EAST MIDLAND, TEXAS 79705					
If well produces oil or liquids, give location of tanks.	Unit M	Sec. 27	Twp. 26	Rge. 29	Is gas actually connected? Yes	When ? 11-91

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 <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v <input type="checkbox"/>	Diff Res'v <input type="checkbox"/>
Date Spudded 1-6-92	Date Compl. Ready to Prod. 1-29-92		Total Depth 5196		P.B.T.D. 5162			
Elevations (DF, RKB, RT, GR, etc.) 2890 GR	Name of Producing Formation Williamson Sand		Top Oil/Gas Pay 5020		Tubing Depth 5002			
Perforations 5052 - 5094					Depth Casing Shoe 5197			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4	8 5/8		368		220 <u>Part FD-2</u>			
7 7/8	5 1/2		5196		1095 <u>3-6-92</u> <u>camp + BK</u>			

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 2-1-92	Date of Test 2-4-92	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24	Tubing Pressure None	Casing Pressure 50	Choke Size None
Actual Prod. During Test 149	Oil - Bbls. 97	Water - Bbls. 175	Gas- MCF 32

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.

George P. Mitchell, II  
Signature  
George P. Mitchell, II President  
Printed Name  
2-11-92 Title  
Date 915-684-4748  
Telephone No.

OIL CONSERVATION DIVISION

FEB 28 1992

Date Approved \_\_\_\_\_  
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.