

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

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 Form 9-331-C for such proposals.)

1. oil well ☐ gas well ☒ other ☐

2. NAME OF OPERATOR  
Oklahoma Oil Co.

3. ADDRESS OF OPERATOR Dallas, Texas 75206  
1120 One Energy Square; 4925 Greenville Ave;

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: 1450' FSL & 1450' FEL  
AT TOP PROD. INTERVAL: Same  
AT TOTAL DEPTH: Same

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF ☐  
FRACTURE TREAT ☐  
SHOOT OR ACIDIZE ☐  
REPAIR WELL ☐  
PULL OR ALTER CASING ☐  
MULTIPLE COMPLETE ☐  
CHANGE ZONES ☐  
ABANDON\* ☐  
(other) ☐

SUBSEQUENT REPORT OF:

☒  
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☐  
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☐  
☐  
☐

5. LEASE  
SF 078872A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME  
Bolack J

9. WELL NO.  
1

10. FIELD OR WILDCAT NAME  
West Kutz

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
28 T27N R11W

12. COUNTY OR PARISH  
San Juan

13. STATE  
NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)  
6314 GL

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

17. 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.)\*

Reached total depth of 2050' on 8-2-78. Ran IES, FDC, CNL, Gamma Ray and Caliper logs in open hole section. Ran 2 7/8 6.5# EUE casing to 2030'. Cemented with 100 sk. 65-35 Poz mix with 12% gel followed by 100 sk. Class B cement. Plug down at 1230 Hrs. 8-4-78. Now waiting on completion unit.

Subsurface Safety Valve: Manu. and Type

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

SIGNED John Alexander TITLE Agent

DATE 8-9-78

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

Form Approved.  
Budget Bureau No. 42-R1424

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 Form 9-331-C for such proposals.)

1. oil well ☐ gas well ☒ other

2. NAME OF OPERATOR  
OKLAHOMA OIL CO.

3. ADDRESS OF OPERATOR 1120 One Energy Square  
4925 Greenville Ave., Dallas, Texas 75206

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: 1450'/W and 1450'/E  
AT TOP PROD. INTERVAL: same  
AT TOTAL DEPTH: same

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF ☐  
FRACTURE TREAT ☐  
SHOOT OR ACIDIZE ☐  
REPAIR WELL ☐  
PULL OR ALTER CASING ☐  
MULTIPLE COMPLETE ☐  
CHANGE ZONES ☐  
ABANDON\* ☐  
(other) ☐

SUBSEQUENT REPORT OF:

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5. LEASE  
SF 078872A  
6. IF INDIAN, ALLOTTEE OR TRIBE NAME  
7. UNIT AGREEMENT NAME  
8. FARM OR LEASE NAME  
BOLACK J  
9. WELL NO.  
1  
10. FIELD OR WILDCAT NAME  
WEST KUTZ  
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
SEC. 28, T27N, R11W  
12. COUNTY OR PARISH  
SAN JUAN  
13. STATE  
NEW MEXICO  
14. API NO.  
15. ELEVATIONS (SHOW DF, KDB, AND WD)  
6314 GL

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

17. 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.)\*

Perforated Pictured Cliffs formation 1880'90 with 2 shots per foot. Acidized with 500 gal. 15% "gas well acid". Fractured with 15,000 gal foam and 15,000 lb. 10-20 sand. Tested well and shut in for pipeline connection.

Subsurface Safety Valve: Manu. and Type

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

SIGNED John A. Alexander TITLE AGENT

DATE August 29, 1979

APPROVED BY  
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

\*See Instructions on Reverse Side

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

**RECEIVED**

AUG 08 1986

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

**OIL CON. DIV.**  
**DIST. 3**

Form C-104  
Revised 10-01-78  
Form 06-01-83

I. Operator P-R-O MANAGEMENT, INC. 16788

Address 9400 N. Central Expressway, Glen Lakes Tower LB-158, Dallas, Texas 75231

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Condensate	
<input checked="" type="checkbox"/> Change in Ownership			

Other (Please explain)

If change of ownership give name and address of previous owner Oklahoma Oil Company  
2550 Lincoln Plaza, Dallas, Texas 75201

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Bolack J 1109</u>	Well No. <u>81</u>	Pool Name, Including Formation <u>Kutz W. Pictured Cliff</u>	Kind of Lease <u>Federal</u> State, Federal or Fee	Lease No. <u>78872-A</u>
Location Unit Letter <u>J</u> : <u>1450</u> Feet From The <u>South</u> Line and <u>1450</u> Feet From The <u>East</u> Line of Section <u>28</u> Township <u>27N</u> Range <u>11W</u> , NMPM, <u>San Juan</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
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)
<u>El Paso Natural Gas</u>	<u>Box 990, Farmington, NM 87401</u>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit <u>J</u> Sec. <u>28</u> Twp. <u>27N</u> Rge. <u>11W</u>	<u>YES</u>

If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.

Thomas C. Zandy  
(Signature)  
President  
(Title)  
August 1, 1986  
(Date)

OIL CONSERVATION DIVISION

APPROVED \_\_\_\_\_

BY \_\_\_\_\_

TITLE \_\_\_\_\_

SUPERVISOR L. FRICT 2/3

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 completed wells.

#### 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			
<b>TUBING, CASING, AND CEMENTING RECORD</b>									
HOLE SIZE	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 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