

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

WELL API NO. 30-025-23746
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 WILLS
8. Well No. 1
9. Pool name or Wildcat Vada Penn
10. Elevation (Show whether DF, RKB, RT, GR, etc.)

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	2. Name of Operator Bison Petroleum Corporation
3. Address of Operator 5809 S. Western S. Fe 200 Amabillo Tx.	4. Well Location Unit Letter H : 1980 Feet From The North Line and 660 Feet From The East Line Section 4 Township 9-S Range 34-E NMPM Lea County

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: <input 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.

1. m i R o. P u. and w l u n i t
2. R i H w / 5 1/2" C I B P o n w l s e t p l u g @ 9 5 0 0' w / 5 s k s c e m e n t o n t o p
3. R i H w / t b g. c i r c u l a t e h o l e w / 1 0 # 9 a l m o d l a d e n f l o i d p o. h.
4. D e t e r m i n e f r e e p o i n t o f 5 1/2" c s g. c u t + p u l l c s g.
5. R i H w i t h t b g d. e. s p o t 1 0 0' p l u g 5 0' b e l o w s t o b (7 1 3 s k s) T a g
6. S P o t 1 0 0' p l u g a t 8 5/8" c s g s h o e (3 9 5 0') (7 2 6 s k s. T a g
7. D e t e r m i n e f r e e p o i n t o f 8 5/8" c s g. c u t + p u l l c s g.
8. R i H w / t b g. s p o t 1 0 0' p l u g a t 8 5/8" s t o b, 1 0 0' a t 1 1 3/4 s h o e R i g d o w n.

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

SIGNATURE J. D. Rawlinson TITLE Agent DATE 10 Jan 89  
TYPE OR PRINT NAME J. D. Rawlinson TELEPHONE NO. 393 8916

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR

JAN 10 1989

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

**WAL**

RECEIVED  
JAN 10 1964

**RECEIVED**

**JAN 10 1989**

**OCD  
HOBBS OFFICE**

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	
OIL	
GAS	
OPERATOR	
PRODUCTION OFFICE	

Operator <u>Bison Petroleum Corporation</u>	
Address <u>5809 S. Western Suite 200 Amarillo, Texas 79110-3607</u>	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Ownership effective October 1, 1988
Recompletion <input type="checkbox"/>	
Change in Ownership <input checked="" type="checkbox"/>	
Change in Transporter oil: <input type="checkbox"/>	
Oil <input type="checkbox"/>	
Dry Gas <input type="checkbox"/>	
Casinghead Gas <input type="checkbox"/>	
Condensate <input type="checkbox"/>	

If change of ownership give name and address of previous owner M&G Oil Company, Inc. 1001 Lovington Highway  
P.O. Box 766 Tatum, NM 88267

DESCRIPTION OF WELL AND LEASE

Lease Name <u>Willis</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Vada Penn</u>	Kind of Lease State, Federal or Fee <u>Fee</u>	Lease No. <u>---</u>
Location Unit Letter <u>H</u> : <u>1980</u> Feet From <u>North</u> Line and <u>660</u> Feet From The <u>East</u> Line of Section <u>4</u> Township <u>9-S</u> Range <u>34-E</u> , NMPM, <u>Lea</u> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>The Permian Corporation</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 1183 Houston, Texas 77001</u>	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Warren Petroleum Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 1589 Tulsa, Oklahoma 74102</u>	
If well produces oil or liquids, give location of tanks.	Unit <u>H</u>	Sec. <u>4</u>
	Twp. <u>9S</u>	Rge. <u>34E</u>
	Is gas actually connected? <u>Yes</u>	When <u>5-71</u>

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

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			

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

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.

Melvin L. Lyons  
(Signature)  
Administrative Secretary  
(Title)  
10-14-88  
(Date)

OIL CONSERVATION DIVISION	
APPROVED _____, 19 _____	ORIGINAL SIGNED BY JERRY SEXTON
BY _____	DISTRICT SUPERVISOR
TITLE _____	
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 filled for each pool in multiply completed wells.	

RECEIVED

OCT 17 1988

OCD  
HOBBS OFFICE