

Submit 3 Copies To Appropriate District  
Office  
District I  
1625 N. French Dr., Hobbs, NM 88240  
District II  
1301 W. Grand Ave., Artesia, NM 88210  
District III  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV  
1220 S. St. Francis Dr., Santa Fe, NM  
87505

State of New Mexico  
Energy, Minerals and Natural Resources

Form C-103  
May 27, 2004

OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

WELL API NO.	30-025-21850
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name	TP 11 State
8. Well Number	001
9. OGRID Number	147179
10. Pool name or Wildcat	Bagley; Permo Penn, North 3820

11. Elevation (Show whether DR, RKB, RT, GR, etc.)  
4243

Pit or Below-grade Tank Application ☐ or Closure ☐

Pit type \_\_\_\_\_ Depth to Groundwater \_\_\_\_\_ Distance from nearest fresh water well \_\_\_\_\_ Distance from nearest surface water \_\_\_\_\_

Pit Liner Thickness: \_\_\_\_\_ mil Below-Grade Tank: Volume \_\_\_\_\_ bbls; Construction Material \_\_\_\_\_

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 ☒ Gas Well ☐ Other ☐

2. Name of Operator  
Chesapeake Operating, Inc.

3. Address of Operator P. O. Box 11050  
Midland, TX 79702-8050

4. Well Location  
Unit Letter L : 2050 feet from the South line and 550 feet from the West line  
Section 11 Township 11S Range 33E NMPM County Lea

11. Elevation (Show whether DR, RKB, RT, GR, etc.)  
4243

Pit or Below-grade Tank Application ☐ or Closure ☐

Pit type \_\_\_\_\_ Depth to Groundwater \_\_\_\_\_ Distance from nearest fresh water well \_\_\_\_\_ Distance from nearest surface water \_\_\_\_\_

Pit Liner Thickness: \_\_\_\_\_ mil Below-Grade Tank: Volume \_\_\_\_\_ bbls; Construction Material \_\_\_\_\_

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐  
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐  
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ P AND A ☐  
CASING/CEMENT JOB ☐

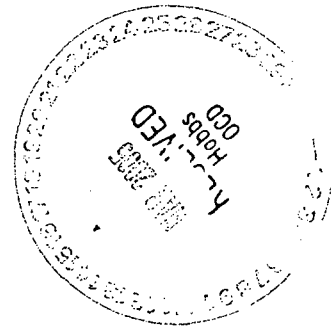
OTHER: Change Well Name ☒

OTHER: ☐

13. 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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

Chesapeake, respectfully, request that the well name be changed from TP State #1 to the TP 11 State #1. This change will help us toward having a consistent system in which to name our wells and show the section number as well.

eff. (3-1-05)



I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines ☐, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE Brenda Coffman TITLE Regulatory Analyst DATE 03/14/2005

Type or print name Brenda Coffman  
For State Use Only

E-mail brenda.coffman@chkenergy.com Telephone No. (432)687-2992

PETROLEUM ENGINEER

MAR 15 2005

APPROVED BY: [Signature] TITLE \_\_\_\_\_ DATE \_\_\_\_\_

Conditions of Approval (if any):

District I  
1625 N. French Dr., Hobbs, NM 88240  
District II  
1301 W. Grand Avenue, Artesia, NM 88210  
District III  
1000 Rio Brazos Road, Aztec, NM 87410  
District IV  
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico  
Energy Minerals and Natural Resources

Form C-104A  
March 19, 2001

Oil Conservation Division  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

Submit 1 copy of the final affected wells  
list along with 1 copy of this form per  
number of wells on that list to appropriate  
District Office

### Change of Operator

#### Previous Operator Information:

OGRID: 189535  
Name: Sapient Energy Corporation  
Address: 8801 S. Yale, Suite 150  
Address: \_\_\_\_\_  
City, State, Zip: Tulsa, OK 74137

#### New Operator Information:

Effective Date: 12/18/01  
New Ogrid: 147179  
New Name: Chesapeake Operating, Inc.  
Address: P. O. Box 18496  
Address: \_\_\_\_\_  
City, State, Zip: Oklahoma City, OK 73154-0496

I hereby certify that the rules of the Oil Conservation Division have been complied with and that the information on this form and the attached list of wells is true and complete to the best of my knowledge and belief.

New Operator

Signature: \_\_\_\_\_

Printed name: Henry J. Hood

Title: Sr. Vice President - Land & Legal

Date: 02/18/02 Phone: (405) 848-8000

Previous operator complete below:

Previous

Operator: Sapient Energy Corp.

Previous

OGRID: 189535

Signature: \_\_\_\_\_

Printed

Name: Tim Cargile, Controller

#### NMOCD Approval

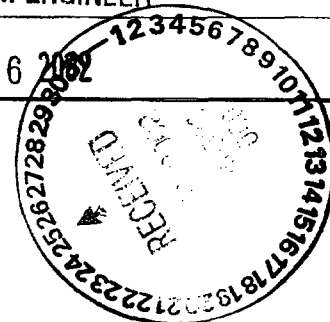
Signature: \_\_\_\_\_

Printed

Name: PAUL F KAUTE

District: PETROLEUM ENGINEER

Date: MAR 06 2002



WELLS INVOLVED IN OPERATOR CHANGE  
FINAL LIST WITH G104A

FEB 18, 2003

This is a final list of wells being transferred. If all bonding requirements are satisfied, submit this list to the OCD District with your G104A.

PREVIOUS OPERATOR: 189535 SAPIENT ENERGY CORPORATION

NEW OPERATOR:

OCD DISTRICT: MOBBS

PROP-  
ERTY WELL NAME

PROP- ERTY WELL NAME	WELL TYPE	POOL ID	POOL NAME
29570 STATE K #001	30-025-30566	O	1820 BAGLEY; PERMO PENN, NORTH
29583 STATE K #001	30-025-21850	O	1820 BAGLEY; PERMO PENN, NORTH
29561 LUCKY LARRY #001	30-025-26556	G	8940 CAPROCK; MISSISSIPPIAN, NORTH
29581 STATE K #002	30-025-24028	O	61760 VACUUM; ABO, NORTH
29582 STATE VB COM #001	30-025-24051	O	61760 VACUUM; ABO, NORTH
29577 SHIPP A #001	30-025-24045	O	61760 VACUUM; ABO, NORTH
29576 SHIPP 17 SWD #002	30-025-20267	S	96091 SWD; ABO
29535 ANASAZI 4 STATE #003	30-025-12032	O	59110 TEAS; YATES-SEVEN RIVERS, WEST
29574 SCHARBAUER 4 #001	30-025-11857	O	59110 TEAS; YATES-SEVEN RIVERS, WEST
29538 BARBER FEDERAL #001	30-025-29900	O	59110 TEAS; YATES-SEVEN RIVERS, WEST
29549 FEDERAL #001	30-025-29971	O	59110 TEAS; YATES-SEVEN RIVERS, WEST
29549 FEDERAL #002	30-025-29861	O	59110 TEAS; YATES-SEVEN RIVERS, WEST
29549 FEDERAL #002	30-025-29972	O	59110 TEAS; YATES-SEVEN RIVERS, WEST



District I  
1625 N. French Dr., Hobbs, NM 88240  
District II  
811 South First, Artesia, NM 88210  
District III  
1000 Rio Brazos Road, Aztec, NM 87410  
District IV  
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico  
Energy Minerals and Natural Resources

Form C-104A  
August 11, 2000

Oil Conservation Division  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

Submit 1 copy of the final affected wells  
list along with 2 copies of this form per  
number of wells on that list to  
appropriate District Office

### Change of Operator

#### Previous Operator Information:

OGRID: 169415  
Name: Falcon Creek Resources, Inc.  
Address: 621 17<sup>th</sup> Street, Ste 1800  
Address: \_\_\_\_\_  
City, State, Zip: Denver, CO 80293-0621

#### New Operator Information:

Effective Date: 7/30/2000  
New Ogrid: 189535  
New Name: Sapient Energy Corp  
Address: 8801 South Yale, Ste 150  
Address: \_\_\_\_\_  
City, State, Zip: Tulsa, OK 74137

I hereby certify that the rules of the Oil Conservation Division have been complied with and that the information on this form and the attached list of wells is true and complete to the best of my knowledge and belief.

New Operator

Signature: P. K. Travis

Printed name: P. K. Travis

Title: President

Date: 2/26/01

Phone: (918) 488-8988

Previous operator complete below:

Previous

Operator: Falcon Creek Resources, Inc.

Previous

OGRID: 169415

Signature: Gerald Lucero

Printed

Name: Gerald Lucero

#### NMOCD Approval

Signature: Paul F. Kautz

Printed

Name: Paul F. Kautz

District: Geologist

Date: MAR 21 2001

This is a final list of wells being transferred. If all bonding requirements are satisfied, submit this list to the OCD District with your C-104A.

PREVIOUS OPERATOR: 169415 FALCON CREEK RESOURCES, INC.

NEW OPERATOR: 189535

SAPIENT ENERGY CORP.

OCD DISTRICT: ROBBS

PROP. ENTRY WELL NAME	ULSTR	API	WELL TYPE	POOL ID	POOL NAME	LAST PROD/INJ DATE
25649 D O STATE #001 27748	K-09-118-33E	30-025-30566	O	3820	BAGLEY; PERMO PENN, NORTH	08-2080
26649 Y P STATE #001 27762	L-11-185-33E	30-025-21850	O	3820	BAGLEY; PERMO PENN, NORTH	08-2000
26603 LUCY LARRY #001 27740	O-05-128-32E	30-025-26556	O	8940	CAPNOCK; MISSISSIPPIAN, NORTH	12-1999
26649 STATE K #002 27754	J-19-179-35E	30-025-24028	O	61760	VACUUM; ABO, NORTH	08-2000
26649 STATE K #003 27754	P-19-179-35E	30-025-24051	O	61760	VACUUM; ABO, NORTH	08-2000
26649 STATE VR COM #001 27760	B-19-179-35E	30-025-24045	O	61760	VACUUM; ABO, NORTH	08-2000
26649 SHIPP A #001 27754	Q-17-179-37E	30-025-20224	O	46280	MIDWAY; ABO	01-2000
26649 SHIPP A #002 27754	C-17-179-37E	30-025-21222	O	46280	MIDWAY; ABO	06-1989
26649 SHIPP A #003 27754	D-17-179-37E	30-025-21831	O	46280	MIDWAY; ABO	08-2000
26649 SHIPP JT SWD #002 27753	E-17-179-37E	30-025-20267	S	95091	SWD; ABO	03-2000
26649 SCHUBAUBER 4 #001 27752	O-04-208-33E	30-025-31857	O	59110	TEAS; YATES-SEVEN RIVERS, WEST	08-2000
26649 SCHUBAUBER 4 #003 27752	P-04-208-33E	30-025-32012	O	59110	TEAS; YATES-SEVEN RIVERS, WEST	08-2000
26649 BARBER FEDERAL #001 27719	T-09-208-33E	30-025-29900	O	59110	TEAS; YATES-SEVEN RIVERS, WEST	08-2000
26649 BARBER FEDERAL #002 27719	U-09-208-33E	30-025-29971	O	59110	TEAS; YATES-SEVEN RIVERS, WEST	08-2000
26649 FEDERAL #001 27724	W-09-208-33E	30-025-29861	O	59110	TEAS; YATES-SEVEN RIVERS, WEST	08-2000
26649 FEDERAL #002 27724	X-09-208-33E	30-025-29972	O	59110	TEAS; YATES-SEVEN RIVERS, WEST	01-2000
26649 FEDERAL #003 27724	Y-09-208-33E	30-025-30239	O	59110	TEAS; YATES-SEVEN RIVERS, WEST	08-2000
26649 FEDERAL 9 #001 27731	Z-09-208-33E	30-025-31035	O	59110	TEAS; YATES-SEVEN RIVERS, WEST	08-2000

District I  
625 N. French Dr., Hobbs, NM 88240  
District II  
111 South First, Artesia, NM 88210  
District III  
000 Rio Drazos Rd., Aztec, NM 87410  
District IV  
0040 South Pacheco, Santa Fe, NM 87505

State of New Mexico  
Energy, Minerals & Natural Resources

Form C-104  
Revised March 25, 1999

OIL CONSERVATION DIVISION  
2040 South Pacheco  
Santa Fe, NM 87505

Submit to Appropriate District Office  
5 Copies

☐ AMENDED REPORT

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

1 Operator name and Address Falcon Creek Resources, Inc. NOW Sapient Energy Corp. 621 17th Street, Suite 1800 Denver, CO 80293-0621		2 OGRID Number 169415
4 API Number 30-0 25-21850		3 Reason for Filing Code Change of Operator Name
5 Pool Name Bagley Permo Penn, North		6 Pool Code 03820
7 Property Code 25646	8 Property Name T. P. State	9 Well Number 1

II. Surface Location

UL or lot no.	Section	Township	Range	Lot. Idn	Feet from the	North/South Line	Feet from the	East/West line	County
L	11	11S	33E		2050	South	550	West	Lea

Bottom Hole Location

UL or lot no.	Section	Township	Range	Lot. Idn	Feet from the	North/South Line	Feet from the	East/West line	County
12 Lse Code S	13 Producing Method Code P	14 Gas Connection Date 2/2/67		15 C-129 Permit Number		16 C-129 Effective Date		17 C-129 Expiration Date	

III. Oil and Gas Transporters

18 Transporter OGRID	19 Transporter Name and Address	20 POD	21 O/G	22 POD ULSTR Location and Description
017407	Petro Source Partnership Ltd. 9801 Westheimer, Suite 900 Houston, TX 77042	0841310	0	L-11-11S-33E
024650	Dynegy Midstream Services, LP 6 Desta Drive, Suite 3300 Midland, TX 79705	0841330	G	L-11-11S-33E

IV. Produced Water

23 POD 0841350	24 POD ULSTR Location and Description L-11-11S-33E
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V. Well Completion Data

25 Spud Date	26 Ready Date	27 TD	28 PBDT	29 Perforations	30 DHC, MC
31 Hole Size		32 Casing & Tubing Size	33 Depth Set	34 Sacks Cement	

VI. Well Test Data

35 Date New Oil	36 Gas Delivery Date	37 Test Date	38 Test Length	39 Tbg. Pressure	40 Csg. Pressure
41 Choke Size	42 Oil	43 Water	44 Gas	45 AOF	46 Test Method

47 I hereby certify that the rules 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.  
Signature: *Gerald Lucero*

Printed name: Gerald Lucero  
Title: Manager of Operations

Date: July 19, 2000 Phone: 303-675-0007

OIL CONSERVATION DIVISION

Approved by:

Title: *DEPUTY COMMISSIONER CHRIS WILLIAM*  
*MINERAL & ENERGY*

Approval Date: *7/19/00*

48 If this is a change of operator fill in the OGRID number and name of the previous operator

Previous Operator Signature

Printed Name

Title

Date

District I  
1625 N. French Dr., Hobbs, NM 88240  
District II  
811 South First, Artesia, NM 88210  
District III  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV  
2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico  
Energy, Minerals & Natural Resources

OIL CONSERVATION DIVISION  
2040 South Pacheco  
Santa Fe, NM 87505

Form C-104  
Revised March 25, 1999

Submit to Appropriate District Office  
5 Copies

☐ AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

<sup>1</sup> Operator name and Address Falcon Creek Resources, Inc. 621 17th Street, Suite 1800 Denver, CO 80293-0621		<sup>2</sup> OGRID Number 169415
<sup>4</sup> API Number 30-0 25-21850		<sup>3</sup> Reason for Filing Code CH, effective April 1, 2000
<sup>5</sup> Pool Name Bagley Permo Penn. North		<sup>6</sup> Pool Code 03820
<sup>7</sup> Property Code 25646	<sup>8</sup> Property Name T. P. State	<sup>9</sup> Well Number 1

II. <sup>10</sup> Surface Location

UL or lot no.	Section	Township	Range	Lot. Idn	Feet from the	North/South Line	Feet from the	East/West line	County
L	11	11S	33E		2050	South	550	West	Lea

<sup>11</sup> Bottom Hole Location

UL or lot no.	Section	Township	Range	Lot. Idn	Feet from the	North/South Line	Feet from the	East/West line	County

<sup>12</sup> Lse Code S	<sup>13</sup> Producing Method Code P	<sup>14</sup> Gas Connection Date 2/2/67	<sup>15</sup> C-129 Permit Number	<sup>16</sup> C-129 Effective Date	<sup>17</sup> C-129 Expiration Date
-----------------------------	--	---	-----------------------------------	------------------------------------	-------------------------------------

III. Oil and Gas Transporters

<sup>18</sup> Transporter OGRID	<sup>19</sup> Transporter Name and Address	<sup>20</sup> POD	<sup>21</sup> O/G	<sup>22</sup> POD ULSTR Location and Description
017407	Petro Source Partnership Ltd. 9801 Westheimer, Suite 900 Houston, TX 77042	0841310	O	L-11-11S-33E
024650	Dynegy Midstream Services, LP 6 Desta Drive, Suite 3300 Midland, TX 79705	0841330	G	L-11-11S-33E

IV. Produced Water

<sup>23</sup> POD 0841350	<sup>24</sup> POD ULSTR Location and Description L-11-11S-33E
------------------------------	--

V. Well Completion Data

<sup>25</sup> Spud Date	<sup>26</sup> Ready Date	<sup>27</sup> TD	<sup>28</sup> PBTD	<sup>29</sup> Perforations	<sup>30</sup> DHC, MC
<sup>31</sup> Hole Size	<sup>32</sup> Casing & Tubing Size	<sup>33</sup> Depth Set	<sup>34</sup> Sacks Cement		

VI. Well Test Data

<sup>35</sup> Date New Oil	<sup>36</sup> Gas Delivery Date	<sup>37</sup> Test Date	<sup>38</sup> Test Length	<sup>39</sup> Tbg. Pressure	<sup>40</sup> Csg. Pressure
<sup>41</sup> Choke Size	<sup>42</sup> Oil	<sup>43</sup> Water	<sup>44</sup> Gas	<sup>45</sup> AOF	<sup>46</sup> Test Method

<sup>47</sup> I hereby certify that the rules 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. Signature: <i>H.J. Kagie</i>		OIL CONSERVATION DIVISION Approved by: <i>[Signature]</i> Title: <i>[Signature]</i> Approval Date: <i>2/11/2000</i>	
Printed name: H.J. Kagie			
Title: Chief Executive Officer		Date: March 31, 2000	
Phone: 303-675-0007			
<sup>48</sup> If this is a change of operator fill in the OGRID number and name of the previous operator <i>Edwin S. Ryan, Jr.</i> <i>[Signature]</i> Edwin S. Ryan, Jr., Vice President - Land OGRID #5380 3/31/2000 Previous Operator Signature Printed Name Title Date			

District I  
PO Box 1980, Hobbs, NM 88241-1980  
District II  
811 South First, Artesia, NM 88210  
District III  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV  
2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico  
Energy, Minerals & Natural Resources Department

OIL CONSERVATION DIVISION  
2040 South Pacheco  
Santa Fe, NM 87505

Form C-104  
Revised October 18, 1994  
Instructions on back  
Submit to Appropriate District Office  
5 Copies  
☐ AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

<sup>1</sup> Operator name and Address CROSS TIMBERS OPERATING COMPANY 3000 N. Garfield, Suite 175 Midland, Texas 79705		<sup>2</sup> OGRID Number 005380
		<sup>3</sup> Reason for Filing Code CG Effective 9-1-98
<sup>4</sup> API Number 30-0 25-21850	<sup>5</sup> Pool Name Bagley Permo Penn, North	<sup>6</sup> Pool Code 03820
<sup>7</sup> Property Code 003369	<sup>8</sup> Property Name T. P. State	<sup>9</sup> Well Number 1

II. <sup>10</sup> Surface Location

UI or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South Line	Feet from the	East/West line	County
L	11	11S	33E		2050	South	550	West	Lea

<sup>11</sup> Bottom Hole Location

UI or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South Line	Feet from the	East/West line	County
<sup>12</sup> Lse Code S	<sup>13</sup> Producing Method Code P	<sup>14</sup> Gas Connection Date 2-2-67	<sup>15</sup> C-129 Permit Number	<sup>16</sup> C-129 Effective Date	<sup>17</sup> C-129 Expiration Date				

III. Oil and Gas Transporters

<sup>18</sup> Transporter OGRID	<sup>19</sup> Transporter Name and Address	<sup>20</sup> POD	<sup>21</sup> O/G	<sup>22</sup> POD ULSTR Location and Description
017407	Petro Source Partnership Ltd. 9801 Westheimer, Suite 900 Houston, Texas 77042	0841310	O	L-11-11S-33E
024650	Dynegy Midstream Services, Limited Partnership 6 Desta Drive, Suite 3300 Midland, Texas 79705	0841330	G	L-11-11S-33E

IV. Produced Water

<sup>23</sup> POD	<sup>24</sup> POD ULSTR Location and Description
0841350	L-11-11S-33E

V. Well Completion Data

<sup>25</sup> Spud Date	<sup>26</sup> Ready Date	<sup>27</sup> TD	<sup>28</sup> PBTD	<sup>29</sup> Perforations	<sup>30</sup> DHC, DC, MC
<sup>31</sup> Hole Size	<sup>32</sup> Casing & Tubing Size	<sup>33</sup> Depth Set	<sup>34</sup> Sacks Cement		

VI. Well Test Data

<sup>35</sup> Date New Oil	<sup>36</sup> Gas Delivery Date	<sup>37</sup> Test Date	<sup>38</sup> Test Length	<sup>39</sup> Tbg. Pressure	<sup>40</sup> Csg. Pressure
<sup>41</sup> Choke Size	<sup>42</sup> Oil	<sup>43</sup> Water	<sup>44</sup> Gas	<sup>45</sup> AOF	<sup>46</sup> Test Method

<sup>47</sup> I hereby certify that the rules 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.		OIL CONSERVATION DIVISION	
Signature: <i>Ray E. Martin</i>	Approved by: Orig. Signed by <i>Paul Kautz</i> Geologist		
Printed name: Ray E. Martin	Title: Geologist		
Title: Operations Engineer	Approval Date: SEP 25 1998		
Date: 9-11-98	Phone: (915) 682-8873		

<sup>48</sup> If this is a change of operator fill in the OGRID number and name of the previous operator

Previous Operator Signature	Printed Name	Title	Date



Submit 5 Copies  
Appropriate District Office  
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

State of New Mexico  
Energy, Minerals and Natural Resources Department

## OIL CONSERVATION DIVISION

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

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

### REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator <b>CROSS TIMBERS OPERATING COMPANY</b>		Well API No. <b>30-025-21850</b>
Address <b>P. O. Box 50847 Midland, Texas 79710</b>		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of: <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Condensate <input type="checkbox"/>	
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	
If change of operator give name and address of previous operator		

### II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>T. P. State</b>	Well No. <b>1</b>	Pool Name, Including Formation <b>Bagley <i>Lease</i> No.</b>	Kind of Lease <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal or Foreign	Lease No. <b>OG-201</b>
Location U&L Letter <b>L</b> , <b>2050</b> Feet From The <b>South</b> Line and <b>550</b> Feet From The <b>West</b> Line Section <b>11</b> Township <b>11S</b> Range <b>33E</b> , <b>NMPM</b> , Lea 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"/> <b>Amoco Pipeline InterCorporate Trucking</b>	Address (Give address to which approved copy of this form is to be sent) <b>502 N. West Avenue, Levelland, Texas 79336</b>	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>Warren Petroleum Corporation</b>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. Box 1689, Lovington, New Mexico 88260</b>	
If well produces oil or liquids, give location of tanks.	Unit <b>L</b>	Sec. <b>11</b>
	Twp. <b>11S</b>	Rge. <b>33E</b>
	Is gas actually connected? <b>Yes</b> When? <b>2-2-67</b>	

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	DIT Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth		F.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Casinghead		Depth Casing Shoe						

### TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

### V. TEST DATA AND REQUEST FOR ALLOWABLE

IL 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.)			
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
IAS WELL			
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Flow 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.

Signature *Gary L. Markestad*  
**Gary L. Markestad** Operations Engineer  
Printed Name  
9-30-92 (915)682-8873 Title  
Date Telephone No.

### OIL CONSERVATION DIVISION

Date Approved **OCT 02 '92**

By **ORIGINAL SIGNED BY JERRY LEXTON**  
**ASST. REGIONAL SUPERVISOR**

Title

### 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 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

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

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

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

### REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator <b>CROSS TIMBERS OPERATING COMPANY</b>		Well API No. <b>30-025-21850</b>
Address <b>P. O. Box 50847, Midland, Texas 79710</b>		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Operator <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator <b>Cross Timbers Production Company, 810 Houston Street, Suite 2000 Fort Worth, Texas 76102</b>		

### II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>T. P. STATE</b>	Well No. <b>1</b>	Pool Name, including Formation <b>Bagley Permian Penn North</b>	Kind of Lease <b>State, Federal or Fee</b>	Lease No. <b>OG-201</b>
Location Unit Letter <b>L</b> : <b>2050</b> Feet From The <b>South</b> Line and <b>550</b> Feet From The <b>West</b> Line Section <b>11</b> Township <b>11S</b> Range <b>33E</b> <b>NMPM</b> Lea County				

### III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <b>Amoco Pipeline Company Western Oil Branch</b>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. Box 1725, Midland, Texas 79702</b>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. Box 1689, Lovington, New Mexico 88260</b>
If well produces oil or liquids, give location of tanks.	Unit   Sec.   Twp.   Rge.   Is gas actually connected?   When?
	<b>L   11   11S   33E   Yes   2-2-67</b>

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	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 Shoes					

### 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.

Signature Larry B. McDonald  
Printed Name **Larry B. McDonald** Title **V-P Production**  
Date **6-1-91** Telephone No. **(915) 682-8873**

### OIL CONSERVATION DIVISION

Date Approved JUL 03 1991

Orig. Signed by  
By Paul Kautz  
Geologist

Title \_\_\_\_\_

### 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.

NO. OF COPIES RECEIVED	
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TRANSPORTER	OIL GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

Operator Cross Timbers Production Company	
Address P.O. Box 50847 Midland, Texas 79710	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	

If change of ownership give name  
and address of previous owner \_\_\_\_\_

DESCRIPTION OF WELL AND LEASE

Lease Name T. P. State	Well No. 1	Pool Name, Including Formation Bagley Permo Penn, North	Kind of Lease State, Federal or Fee	State
Location Unit Letter L : 2050 Feet From The South Line and 550 Feet From The West				
Line of Section 11 , Township 11 S Range 33 E , NMPM, Lea County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Western Oil Transporters	P.O. Box 3119 Midland, Texas 79702
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Warren Petroleum	P.O. Box 1589 Tulsa, Oklahoma 74102
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit L Sec. 11 Twp. 11S Rge. 33E	Yes 1966

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.				
Pool	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)

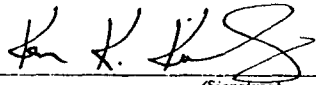
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL


Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size

CERTIFICATE OF COMPLIANCE

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

  
K.K. Kirby  
(Signature)  
Operations Engineer  
(Title)  
May 31, 1988  
(Date)

OIL CONSERVATION COMMISSION

APPROVED  , 19 \_\_\_\_\_  
BY ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I 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 Sections I, II, III, and VI only 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.

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**NEW MEXICO OIL CONSERVATION COMMISSION**  
**REQUEST FOR ALLOWABLE**  
**AND**  
**AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS**

Form C-104  
 Supersedes Old C-104 and C-  
 Effective 1-1-65

**I. OPERATOR**  
 CROSS TIMBERS PRODUCTION COMPANY  
 Address  
 810 Houston Street, Suite 2000, Fort Worth, TX 76102

Reasons for filing (Check proper box)  
 New Well ☐ Change in Transporter of: Oil ☐ Dry Gas ☐  
 Recompletion ☐ Gasinhead Gas ☐ Condensate ☐  
 Change in Ownership ☒

Other (Please explain)

If change of ownership give name and address of previous owner  
 Crown Central Petroleum Corporation  
 4000 N. Big Spring, Suite 213, Midland, TX 79705

**II. DESCRIPTION OF WELL AND LEASE**  
 Lease Name T. P. STATE Well No. 1 Pool Name, including permission H. E. Bagley Wolfcamp Kind of Lease State  
 Location  
 Unit Letter L ; 2050 Feet From The South Line and 550 Feet From The West  
 Line of Section 11, Township 11S, Range 33E, NMPM, Lea County

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**  
 Name of Authorized Transporter of Oil ☒ or Condensate ☐ Address (Give address to which approved copy of this form is to be sent)  
 Amoco Pipeline Company P. O. Box 1725, Midland, TX 79702  
 Name of Authorized Transporter of Gasinhead Gas ☒ or Dry Gas ☐ Address (Give address to which approved copy of this form is to be sent)  
 Warren Petroleum Corp. P. O. Box 1689, Lovington, NM 88260  
 If well produces oil or liquids, give location of tanks. Unit L Sec. 11 Twp. 11S Rge. 33E Is gas actually connected? Yes When 2-2-67

**IV. COMPLETION DATA**  
 Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Deepen Plug Back Same as prev. Diff. Res.  
 Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D.  
 Pool 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 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	Casing Pressure	Choke Size

**VI. CERTIFICATE OF COMPLIANCE**

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

*Vaughn O. Vernerberg, II*  
 Land Manager  
 (Signature)  
 (Title)  
 12-31-87  
 (Date)

**OIL CONSERVATION COMMISSION**  
 APPROVED **JAN 25 1988**, 19  
 BY **ORIGINAL SIGNED BY JERRY SEXTON**  
 DISTRICT I 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 Sections I, II, III, and VI only for changes of owner well name or number, or transporter, or other such change of condition.  
 Separate Forms C-104 must be filed for production of oil and gas.

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OPERATOR	
PRODUCTION OFFICE	

**NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS**

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

**I. OPERATOR**

**Crown Central Petroleum Corporation**  
Address  
**1010 Bank of the Southwest Bldg., Houston, Texas 77002**

Reason(s) for filing (check proper box) Other (Please explain)

New Well ☐ Change in Transporter of:  
 Recompletion ☐ Oil ☐ Dry Gas ☐  
 Change in Ownership ☒ Casinghead Gas ☐ Condensate ☐

If change in ownership give name and address of previous owner: **Sunset International Petroleum Corporation  
2400 Fidelity Union Tower, Dallas, Texas 75201**

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name <b>T. P. State</b>	Well No. <b>1</b>	Pool Name, Including Formation <b>Bagley Wolfcamp Northeast</b>	Kind of Lease State, Federal or Fee <b>State</b>	Lease No. <b>OG-201</b>
Location Unit Letter: <b>L</b> Feet From The _____ Line and _____ Feet From The <b>W</b>				
Line of Section: <b>11</b> Township: <b>11S</b> Range: <b>33E</b> , N.M.P.M., <b>Lea</b> 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"/> <b>Amoco Pipe Line Company</b>	Address (Give address to which approved copy of this form is to be sent) <b>3411 Knoxville Avenue Lubbock, Texas 79413</b>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>Warren Petroleum</b>	Address (Give address to which approved copy of this form is to be sent) <b>Tulsa, Oklahoma</b>
If well produces oil or liquids, give location of tanks.	Unit <input checked="" type="checkbox"/> Sec. <input type="checkbox"/> Twp. <input type="checkbox"/> Rge. <input type="checkbox"/> Is gas actually connected? <input type="checkbox"/> When

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	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 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 (flow, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

**VI. CERTIFICATE OF COMPLIANCE**

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

*H. R. Thompson*  
(Signature)  
**Agent**  
(Title)

**OIL CONSERVATION COMMISSION**

APPROVED **NOV 15 1971**, 19\_\_\_\_

BY *John W. Rumpfen*  
**Geologist**

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 allow-

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OPERATOR	
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**NEW MEXICO OIL CONSERVATION COMMISSION**  
**REQUEST FOR ALLOWABLE**  
**AND**  
**AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS**

Form C-104  
 Supersedes Old C-104 and C-110  
 Effective 1-1-65

Operator <b>Sunset International Petroleum Corporation</b>	
Address <b>201 Wall Bldg., Suite 308 - Midland, Texas</b>	
Reason(s) for filing (Check proper box)	
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Other (Please explain)

If change of ownership give name  
 and address of previous owner \_\_\_\_\_

**I. DESCRIPTION OF WELL AND LEASE**

Lease Name <b>T. P. State</b>	Well No. <b>1</b>	Pool Name, Including Formation <b>N. E. Bagley - Wolfcamp</b>	Kind of Lease State, Federal or Fee	State <b>OG -201</b>
Location:				
Unit Letter <b>L</b>	<b>2050</b>	Feet From The <b>South</b>	Line and <b>550</b>	Feet From The <b>West</b>
Line of Section <b>11</b>	Township <b>11S</b>	Range <b>33E</b>	NMPM, <b>Lea</b>	County

**II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<b>Service Pipe Line Company</b>	<b>3411 Knoxville Ave Lubbock, Texas</b>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<b>Warren Petroleum Corporation</b>	<b>P. O. Box 1589 Tulsa, Okla</b>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
<b>L 11 11S 33E</b>	<b>Yes February 2, 1967</b>

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

**III. COMPLETION DATA**

Designate Type of Completion - (X)	Oil Well <input type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input 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	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Pool	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			

**IV. 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)

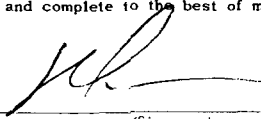
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

**GAS WELL**

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size

**V. CERTIFICATE OF COMPLIANCE**

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

  
 (Signature) **S. L. Parks**

**Clerk**  
 (Title)

**May 17, 1967**  
 (Date)

**OIL CONSERVATION COMMISSION**

APPROVED \_\_\_\_\_, 19 \_\_\_\_\_

BY \_\_\_\_\_

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 Sections I, II, III, and VI only 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.

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TRANSPORTER	OIL GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

**DUPLICATE**

**I. Operator**  
Sunset International Petroleum Corporation  
Address  
201 Wall Bldg. Suite 308, Midland, Texas  
Reason(s) for filing (Check proper box) Other (Please explain)  
New Well ☐ Change in Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐  
If change of ownership give name and address of previous owner \_\_\_\_\_

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name T. S. State	Well No. Pool Name, Including Formation 1 Undesignated Wolfcamp	Kind of Lease State, Federal or Fee	State OG-201
Location Unit Letter L, 2050 Feet From The South Line and 550 Feet From The West Line of Section 11, Township 11, Range 33, NMPM, Lea 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 type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Allen Petroleum Corporation Unit Sec. Twp. Rge. 11 11 33W	O. Box 1589 Tulsa, Oklahoma Is gas actually connected? When? Yes Being Connected

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.R.T.D.					
Pool	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 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 (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size

**I. CERTIFICATE OF COMPLIANCE**

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

*Tom Braham*  
(Signature)

Production Clerk  
(Title)

January 20, 1967  
(Date)

**OIL CONSERVATION COMMISSION**

APPROVED \_\_\_\_\_, 19\_\_\_\_

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 Sections I, II, III, and VI only 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

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	GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE OFFICE O. C. C.  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

I. Operator  
**Sunset International Petroleum Corporation**

Address  
**201 Wall Building, Suite 308, Midland, Texas**

Reason(s) for filing (Check proper box)  
 New Well ☒ Change in Transporter of:  
 Recompletion ☒ Oil ☐ Dry Gas ☐  
 Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

Other (Please explain)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name **T. P. State** Well No. **1** Pool Name, Including Formation **North Bagley, Wolf Camp** Kind of Lease **Lease** Lease No. **00-201**

Location  
Unit Letter **L** : **2050** Feet From The **South** Line and **550** Feet From The **West** Line of Section **11** Township **11S** Range **33E** , NMPM, **Lea** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐  
**Pan American** Address (Give address to which approved copy of this form is to be sent)  
**201 Wall Bldg, Suite 308, Midland, Texas**

Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐  
**Warren** Address (Give address to which approved copy of this form is to be sent)

If well produces oil or liquids, give location of tanks. Unit **L** Sec. **11** Twp. **11S** Rge. **33E** Is gas actually connected? **no** When **available**

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resv.	Diff. Resv.
<b>X</b>	<b>X</b>		<b>X</b>			<b>X</b>		<b>X</b>
Date Spudded <b>9-16-66</b>	Date Compl. Ready to Prod. <b>12-22-66</b>	Total Depth <b>10325</b>		P.B.T.D. <b>8863</b>				
Elevations (DF, RKB, RT, GR, etc.) <b>4248.7 Gr</b>	Name of Producing Formation <b>Wolf Camp</b>	Top Oil/Gas Pay <b>8805</b>		Tubing Depth <b>8826 Packer</b>				
Perforations <b>8805' to 8818' # 13' 2 holes per ft.</b>				Depth Casing Shoe <b>10325</b>				

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<b>17 1/2"</b>	<b>13 3/8" 48'</b>	<b>363'</b>	<b>375 Sacks-circulated</b>
<b>11"</b>	<b>8 5/8" 24' &amp; 32'</b>	<b>3770'</b>	<b>300 sacks-top 2500</b>
<b>7 7/8"</b>	<b>5 1/2" 17'</b>	<b>10325</b>	<b>1060 sacks-top 7800</b>
		<b>D.V. Tool 4712</b>	<b>300 sacks Top 3800</b>

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 Tanks <b>12-22-66</b>	Date of Test <b>12-29-66</b>	Producing Method (Flow, pump, gas lift, etc.) <b>Flow</b>	
Length of Test <b>24 hr.</b>	Tubing Pressure <b>225 PSI</b>	Casing Pressure <b>Packer</b>	Choke Size <b>16/64</b>
Actual Prod. During Test <b>184</b>	Oil-Bbls. <b>176</b>	Water-Bbls. <b>8</b>	Gas-MCF <b>211</b>

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. CERTIFICATE OF COMPLIANCE

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

*Daney Heath*  
Dist. Supt.

**12-29-66**  
(Date)

OIL CONSERVATION COMMISSION

APPROVED \_\_\_\_\_, 19\_\_\_\_

BY \_\_\_\_\_

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 filed for each pool in multiply completed wells.



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NEW MEXICO OIL CONSERVATION COMMISSION, C. C.

JAN 3 8 00 AM '67

Form C-103  
Supersedes Old  
C-102 and C-103  
Effective 1-1-65

5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. <b>00 - 201</b>
7. Unit Agreement Name
8. Farm or Lease Name <b>T.P. State</b>
9. Well No. <b>1</b>
10. Field and Pool, or Wildcat <b>North Bagley</b>
12. County <b>Lea</b>

### 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. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator <b>Sunset International Petroleum Corporation</b>	8. Farm or Lease Name <b>T.P. State</b>
3. Address of Operator <b>201 Wall Bldg., Suite 308, Midland, Texas</b>	9. Well No. <b>1</b>
4. Location of Well UNIT LETTER <b>L</b> <b>2050</b> FEET FROM THE <b>South</b> LINE AND <b>550</b> FEET FROM <b>West</b> THE <b>11</b> LINE, SECTION <b>11S</b> TOWNSHIP <b>33E</b> RANGE <b>33E</b> NMPM.	10. Field and Pool, or Wildcat <b>North Bagley</b>
15. Elevation (Show whether DF, RT, GR, etc.) <b>4242.7 GR</b>	12. County <b>Lea</b>

### Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

#### NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>

#### SUBSEQUENT REPORT OF:

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOBS <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>

17. 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.

**Set Bridge Plug @ 8863'. Test to 3000 PSI held.  
Perforated 8805 to 8815 2 holes per ft. acidized with 1000 gal by Western Co.  
Swab acid to pit. Well flowing. Flowing well to clean up.**

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

SIGNED Denver, North TITLE Dist. Supt. DATE 12-29-66

APPROVED BY  TITLE  DATE

CONDITIONS OF APPROVAL, IF ANY:

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NEW MEXICO OIL CONSERVATION COMMISSION  
**REQUEST FOR ALLOWABLE**  
 AND  
**AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS**

Form C-104  
 Supersedes Old C-104 and C-110  
 Effective 1-1-65

Operator <b>Sunset International Petroleum Corporation</b>	
Address <b>201 Wall Building, Suite 308, Midland, Texas</b>	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner \_\_\_\_\_

**DESCRIPTION OF WELL AND LEASE**

Lease Name <b>T. P. State</b>	Well No. <b>1</b> Pool Name, including Formation <b>Bagley</b>	Kind of Lease State, Federal or Fee <b>State</b>
Location Unit Letter <b>L</b> ; <b>2050</b> Feet From The <b>South</b> Line and <b>550</b> Feet From The <b>West</b>		
Line of Section <b>11</b> , Township <b>11S</b> Range <b>33E</b> , NMPM, <b>Lea</b> County		

**DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<b>Pan American Petroleum Corporation (Trucks)</b>	<b>P. O. Box 591, Tulsa, Oklahoma</b>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit <b>L</b> Sec. <b>3</b> Twp. <b>11S</b> Rge. <b>33E</b>	<b>No</b>

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.					
Pool	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 (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size

**CERTIFICATE OF COMPLIANCE**

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

*B. B. Graham*  
 (Signature)

**Production Clerk**

(Title)

**November 15, 1966**

(Date)

**OIL CONSERVATION COMMISSION**

APPROVED \_\_\_\_\_, 19\_\_\_\_

BY \_\_\_\_\_

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 Sections I, II, III, and VI only for changes of owner, well name or number, or transporter, or other such change of condition.

This form is to be filed in compliance with RULE 1104.

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Form C-105  
Revised 1-1-65

# NEW MEXICO OIL CONSERVATION COMMISSION WELL COMPLETION OR RECOMPLETION REPORT AND LOG

5a. Indicate Type of Lease	
State <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.	
011408 00-201	

10. TYPE OF WELL		7. Unit Agreement Name	
OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> DRY <input type="checkbox"/> OTHER <input type="checkbox"/>		8. Farm or Lease Name	
b. TYPE OF COMPLETION		9. Well No.	
NEW WELL <input type="checkbox"/> WORK OVER <input type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> DIFF. RESVR. <input type="checkbox"/> OTHER <input type="checkbox"/>		T P State	
2. Name of Operator		10. Field and Pool, or Wildcat	
Sunset International Petroleum Corporation		Bogley	
3. Address of Operator		12. County	
201 Wall Bldg. Suite 308, Midland, Texas		Lee	
4. Location of Well			
UNIT LETTER <u>L</u> LOCATED <u>2050</u> FEET FROM THE <u>South</u> LINE AND <u>550</u> FEET FROM			
THE <u>West</u> LINE OF SEC. <u>11</u> TWP. <u>11 S</u> RGE. <u>33 E</u> NMPM			

15. Date Spudded	16. Date T.D. Reached	17. Date Compl. (Ready to Prod.)	18. Elevations (DF, RKB, RT, GR, etc.)	19. Elev. Casinghead
9-16-66	10-29-66	11-9-66	4248.7 OB	4242
20. Total Depth	21. Plug Back T.D.	22. If Multiple Compl., How Many	23. Intervals Drilled By	23. Rotary Tools
10325	10175		Rotary	Cable Tools
24. Producing Interval(s), of this completion - Top, Bottom, Name				25. Was Directional Survey Made
Perf. 10085-95, 10114-16, 10120-30, 10137-43, 10156-58. 2 Holes per ft.				
26. Type Electric and Other Logs Run				27. Was Well Cored
Gamma-Collar, Acoustic Velocity, Ferno Log, Guard Log.				No

28. CASING RECORD (Report all strings set in well)					
CASING SIZE	WEIGHT LB./FT.	DEPTH SET	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
13 3/8	48	363	17 1/2	375 Sacks Circulated	
8 5/8	24 A 32	3770	11	300 Sacks Top 2500	
5 1/2	17	10325	7 7/8	1060 Sacks Top 7800	
D V Tool Set 6 7/12				300 Sacks Top 3800	

29. LINER RECORD				30. TUBING RECORD			
SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN	SIZE	DEPTH SET	PACKER SET
					2 3/8	10058	10058

31. Perforation Record (Interval, size and number)	32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.	
	DEPTH INTERVAL	AMOUNT AND KIND MATERIAL USED
	10085-10158	500 gal. Mud Acid
	10085-10158	2000 gal. 15% reg. with ball seal.

33. PRODUCTION							
Date First Production		Production Method (Flowing, gas lift, pumping - Size and type pump)				Well Status (Prod. or Shut-in)	
11-10-66		Flowing				Prod. test tanks	
Date of Test	Hours Tested	Choke Size	Prod'n. For Test Period	Oil - Bbl.	Gas - MCF	Water - Bbl.	Gas - Oil Ratio
11-13-66	24	20/64		216	413	216	1900 to 1
Flow Tubing Press.	Casing Pressure	Calculated 24-Hour Rate	Oil - Bbl.	Gas - MCF	Water - Bbl.	Oil Gravity - API (Corr.)	
450	Packer					47.9	

34. Disposition of Gas (Sold, used for fuel, vented, etc.)	Test Witnessed By
Vented	Denver Gravitt

35. List of Attachments	
36. I hereby certify that the information shown on both sides of this form is true and complete to the best of my knowledge and belief.	
SIGNED <u>Denver Gravitt</u>	TITLE <u>District Supt.</u> DATE <u>11-14-66</u>

# INSTRUCTIONS

This form is to be filed with the appropriate District Office of the Commission not later than 20 days after the completion of any newly-drilled or deepened well. It shall be accompanied by one copy of all electrical and radio-activity logs run on the well and a summary of all special tests conducted, including drill stem tests. All depths reported shall be measured depths. In the case of directionally drilled wells, true vertical depths shall also be reported. For multiple completions, Items 30 through 34 shall be reported for each zone. The form is to be filed in quintuplicate except on state land, where six copies are required. See Rule 1105.

## INDICATE FORMATION TOPS IN CONFORMANCE WITH GEOGRAPHICAL SECTION OF STATE

### Southeastern New Mexico

### Northwestern New Mexico

T. Anhy <u>1784</u>	T. Canyon <u>9522</u>	T. Ojo Alamo _____	T. Penn. "B" _____
T. Salt _____	T. Strawn <u>10084</u>	T. Kirtland-Fruitland _____	T. Penn. "C" _____
B. Salt _____	T. Atoka _____	T. Pictured Cliffs _____	T. Penn. "D" _____
T. Yates <u>2483</u>	T. Miss _____	T. Cliff House _____	T. Leadville _____
T. 7 Rivers <u>2595</u>	T. Devonian _____	T. Menefee _____	T. Madison _____
T. Queen <u>3298</u>	T. Silurian _____	T. Point Lookout _____	T. Elbert _____
T. Grayburg _____	T. Montoya _____	T. Mancos _____	T. McCracken _____
T. San Andres <u>3734</u>	T. Simpson _____	T. Gallup _____	T. Ignacio Qtzte _____
T. Glorieta <u>5158</u>	T. McKee _____	Base Greenhorn _____	T. Granite _____
T. Paddock _____	T. Ellenburger _____	T. Dakota _____	T. _____
T. Blinbry _____	T. Gr. Wash _____	T. Morrison _____	T. _____
T. Tubb <u>6574</u>	T. Granite _____	T. Todilto _____	T. _____
T. Drinkard _____	T. Delaware Sand _____	T. Entrada _____	T. _____
T. Abo <u>7387</u>	T. Bone Springs _____	T. Wingate _____	T. _____
T. Wolfcamp <u>8534</u>	T. _____	T. Chinle _____	T. _____
T. Penn. _____	T. _____	T. Permian _____	T. _____
T. Cisco (Bough C) <u>9158</u>	T. _____	T. Penn. "A" _____	T. _____

## FORMATION RECORD (Attach additional sheets if necessary)

From	To	Thickness in Feet	Formation	From	To	Thickness in Feet	Formation
0	1784	1784	Sand, Sh, Caliche				
1784	2483	699	Anhy. Sh, Sd, Salt				
2483	2595	112	Sd, Dol, Sh, Anhy				
2595	3298	703	Anhy. Dol, Sh				
3298	3734	436	Anhy. Dol, Sol, Sh				
3734	5158	1424	Dol. Anhy. Sol. Sd				
5158	6574	1416	" " " "				
6574	7387	813	Dol. Sd, Sh				
7387	8534	1167	Dol, Sh				
8534	9158	624	Ln, Sh				
9158	9522	364	" "				
9522	10084	562	" "				
10084	10325	241	" "				
	TD						

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OPERATOR	
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NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

Operator <b>Sunset International Petroleum Corporation</b>	
Address <b>201 Wall Bldg. Suite 308, Midland, Texas</b>	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name  
and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

Lease Name <b>T P State</b>	Well No. <b>1</b>	Pool Name, including formation <b>North Bagley Lower Pennsylvanian</b>	Kind of Lease <b>State</b>
Location Unit Letter <b>L</b> ; <b>2050</b> Feet From The <b>South</b> Line and <b>550</b> Feet From The <b>West</b>			
Line of Section <b>11</b> , Township <b>11 S</b> Range <b>33 E</b> , NMPM, <b>Lea</b> County			

I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) <b>Penn Oil Transport 201 Wall Bldg. Suite 308, Midland, Texas</b>	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) <b>Warren Petroleum Corporation 201 Wall Bldg. Suite 308, Midland, Texas</b>	
If well produces oil or liquids, give location of tanks.	Unit <b>L</b>	Sec. <b>11</b>
	Twp. <b>11 S</b>	Rge. <b>33 E</b>
	Is gas actually connected? <b>No</b> When	
Approval received		

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

II. 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 <b>9-16-66</b>	Date Compl. Ready to Prod. <b>11-9-66</b>	Total Depth <b>10325</b>
Pool <b>Bagley</b>	Name of Producing Formation <b>Penn</b>	Tubing Depth <b>10358</b>
Perforations <b>10085-95, 10114-16, 10120-30, 10137-43, 10156-58, 2 Holes Per Ft.</b>	Depth Casing Shoe <b>10325</b>	
TUBING, CASING, AND CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET
<b>17 1/2</b>	<b>13 3/8 48#</b>	<b>363</b>
<b>11</b>	<b>8 5/8 24 &amp; 32</b>	<b>3770</b>
<b>7 7/8</b>	<b>5 1/2 17#</b>	<b>10325</b>
		<b>DV Tool 4712</b>
		<b>375 Sacks Circulated</b>
		<b>300 Sacks Top 2500</b>
		<b>1060 Sacks Top 7800</b>
		<b>300 Sacks Top 3000</b>

III. 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 <b>11-10-66</b>	Date of Test <b>11-13-66</b>	Producing Method (Flow, pump, gas lift, etc.) <b>Flow</b>	
Length of Test <b>24 Hrs.</b>	Tubing Pressure <b>450 PSI</b>	Casing Pressure <b>Packer</b>	Choke Size <b>20/64</b>
Actual Prod. During Test <b>432</b>	Oil-Bbls. <b>216</b>	Water-Bbls. <b>216</b>	Gas-MCF <b>413</b>

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size

CERTIFICATE OF COMPLIANCE

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

*Denny Heath*  
(Signature)  
District Supt.  
(Title)  
11-14-66  
(Date)

OIL CONSERVATION COMMISSION

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY *Joe J. Pamey*  
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 Sections I, II, III, and VI only 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.

List Of Division Test  
Sunset International Petroleum Corporation  
T P State # 1 Lea County, New Mexico

Test: 360'- $\frac{1}{4}$ , 840'- $\frac{1}{4}$ , 1330'- $\frac{3}{4}$ , 1830'-1, 2100'-2, 2280'-1  $\frac{3}{4}$ , 2320'-1  $\frac{3}{4}$ , 2690'-1  $\frac{3}{4}$ ,  
3025'-2  $\frac{1}{2}$ , 3300'-2  $\frac{1}{2}$ , 3690'-1, 3760'-1, 4210'-1  $\frac{3}{4}$ , 4565'-1  $\frac{3}{4}$ , 5035'-1  $\frac{3}{4}$ , 5460'-1  $\frac{3}{4}$ ,  
5790'-1  $\frac{3}{4}$ , 6160'-1, 6640'- $\frac{3}{4}$ , 7090'- $\frac{3}{4}$ , 7480'- $\frac{1}{2}$ , 7810'- $\frac{1}{2}$ , 8000'-1  $\frac{1}{2}$ , 8160'- $\frac{3}{4}$ ,  
8400'- $\frac{1}{4}$ , 8710'- $\frac{3}{4}$ , 8960'- $\frac{1}{4}$ , 9290'- $\frac{1}{2}$ , 9495'-1, 9750'-1  $\frac{1}{4}$ , 10200'- $\frac{3}{4}$ , 10320'-1  $\frac{1}{2}$ .

I hereby swear that slope tests listed above are those taken at depth given during  
the drilling of the Sunset International Petroleum Corporation T P State # 1, 2050' From  
South Line, 550' From West Line, S 11, TWP 11S, RGE 33E, Lea County, New Mexico.

BY

Denver Gravitt

Signature

Title District Production Superintendent

Sunset International Petroleum Corporation

(Company Name)

201 Mail Bldg. Suite 308, Midland, Texas

The State Of Texas

County Of Texas Hockley

Before me, the undersigned authority, on this day personally appeared  
Denver Gravitt known to me to be the person whose name is subscribed to the  
above instrument, who being by me duly sworn on oath states that he is duly authorized  
to make the above report and that he has knowledge of the facts stated therein  
and that said report is true and correct, and that tests mentioned above are correct.

Subscribed And Sworn To Before Me. This The 14 Day Of November, 1966

E. Kathleen Burnett

Notary Public In And For Hockley County

E. Kathleen Burnett  
Notary Public In And For  
Hockley County, Texas

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LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

HOBBS OFFICE O.C.C.

Nov 17 1 30 PM '66

Form C-103  
Supersedes Old  
C-102 and C-103  
Effective 1-1-65

5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. <b>00 * 201</b>
7. Unit Agreement Name
8. Farm or Lease Name <b>T P State</b>
9. Well No. <b>1</b>
10. Field and Pool, or Wildcat <b>Bagley</b>
12. County <b>Lea</b>

**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. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>
2. Name of Operator <b>Sunset International Petroleum Corporation</b>
3. Address of Operator <b>201 Wall Bldg. Suite 308, Midland, Texas</b>
4. Location of Well UNIT LETTER <b>L</b> <b>2050</b> FEET FROM THE <b>South</b> LINE AND <b>550</b> FEET FROM THE <b>West</b> LINE, SECTION <b>11</b> TOWNSHIP <b>118</b> RANGE <b>33 E</b> NMPM.
15. Elevation (Show whether DF, RT, GR, etc.) <b>4242.7 GR</b>

16. 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"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>

17. 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.

Drilled 7 7/8" TD 10325'. Ran 5 1/2" 17# Casing Set @ 10325'. D V Tool Set @ 4712'.  
Cemented with 530 sacks Ingor Cl.C- 530 sacks 1 to 1 Dimix from 10325' to estimated top 7800'. Above D V Tool Cemented with 300 sacks Ingor Cl.C with 1/4" jel. Plug down 2PM 10-29-66. WOC to 8AM 11-4-66. Drilled out D V Tool Circulated on bottom @ 10286' on float collar. Perforated 2 holes per ft. 10276' to 10284'. Acidized with 500 gal. 2500PSI. Swabbing 8 gal. oil, 2 bbl. water per hr.

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

SIGNED *Dwight G. Smith* TITLE **District Supt.** DATE **11-6-66**

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

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OPERATOR	

# NEW MEXICO OIL CONSERVATION COMMISSION

OCT 16 3 31 '66

Form C-103  
Supersedes Old  
C-102 and C-103  
Effective 1-1-65

5a. Indicate Type of Lease	
State <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.	
C-201	
7. Unit Agreement Name	
8. Farm or Lease Name	
T P State	
9. Well No.	
1	
10. Field and Pool, or Wildcat	
Bagley	
12. County	
Log	

## 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. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>
2. Name of Operator
3. Address of Operator
4. Location of Well
UNIT LETTER <u>1</u> , <u>2050</u> FEET FROM THE <u>South</u> LINE AND <u>550</u> FEET FROM THE <u>West</u> LINE, SECTION <u>11</u> TOWNSHIP <u>11 E</u> RANGE <u>33 E</u> NMPM.
15. Elevation (Show whether DF, RT, GR, etc.)
4242.7 ft

## Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

### NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK	<input type="checkbox"/>
TEMPORARILY ABANDON	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>
OTHER	<input type="checkbox"/>

PLUG AND ABANDON	<input type="checkbox"/>
CHANGE PLANS	<input type="checkbox"/>
OTHER	<input type="checkbox"/>

### SUBSEQUENT REPORT OF:

REMEDIAL WORK	<input type="checkbox"/>
COMMENCE DRILLING OPNS.	<input type="checkbox"/>
CASING TEST AND CEMENT JOBS	<input checked="" type="checkbox"/>
OTHER	<input type="checkbox"/>
ALTERING CASING	<input type="checkbox"/>
PLUG AND ABANDONMENT	<input type="checkbox"/>

17. 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.

Drilled 11" hole TD 3770'. Ran 9 Jts. 32# J55 Casing, 273.14'; Ran 37 Jts. 32 # H40 Casing 1493.14', Ran 72 Jts. 24# J55 Casing. 1994.75'. Float Shoe & Float Collar Set @ 3770'. Cemented with 200 Sacks and 100 Sacks Sacer with 2% calcium Chloride. Top cement 2530'. W U G 20 hrs. test pipe 1000 PSI OK. Drilling ahead 12:00 noon 9-27-66.

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

SIGNED

*James G. Smith*

TITLE

Dist. Supt.

DATE

9-29-66

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:



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OPERATOR	

# NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103  
Supersedes Old  
C-102 and C-103  
Effective 1-1-65

SEP 22 11 43 AM '66

5a. Indicate Type of Lease	
State <input type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.	
7. Unit Agreement Name	
8. Farm or Lease Name	
9. Well No.	
10. Field and Pool, or Wildcat	
12. County	

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> <small>(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.)</small>	
1. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-	
2. Name of Operator	
3. Address of Operator	
4. Location of Well	
UNIT LETTER <b>L</b> <b>550</b> FEET FROM THE <b>West</b> LINE AND <b>2050</b> FEET FROM THE <b>South</b> LINE, SECTION <b>11</b> TOWNSHIP <b>11 S</b> RANGE <b>33 E</b> NMPM.	
15. Elevation (Show whether DF, RT, GR, etc.)	

16. 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"/> TEMPORARILY ABANDON <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> OTHER <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> CASING TEST AND CEMENT JOB <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>

17. 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.

Drilled 17 1/2" hole 366' TD. Ran 363' 13 3/8" 48# casing. Cemented with 375 sacks with 2% calsum chloride. By Halliburton. Circulated good cement. W O C 12:30 PM to 12:30 AM 9-16 to 9-17-66. Tested pipe 4:30 to 5:30 AM 9-17-66 with 1000 PSI OK. Start drilling from under 13 3/8" casing with 7 7/8" hole @ 6 AM 9-17-66.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
SIGNED <u>Denny G. Haid</u>	TITLE <u>Dist. Prod. Supt.</u>	DATE <u>9-21-66</u>
APPROVED BY <u></u>	TITLE <u></u>	DATE <u></u>
CONDITIONS OF APPROVAL, IF ANY:		

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OPERATOR	

# NEW MEXICO OIL CONSERVATION COMMISSION

Form C-101  
Revised 1-1-65

SEP 12 1966

5A. Indicate Type of Lease
STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>

5. State Oil & Gas Lease No.
*

## APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work		7. Unit Agreement Name	
b. Type of Well DRILL <input checked="" type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> SINGLE ZONE <input type="checkbox"/> MULTIPLE ZONE <input checked="" type="checkbox"/>		8. Farm or Lease Name <b>T. P. State</b>	
2. Name of Operator <b>Sunset International Petroleum Corporation</b>		9. Well No. <b>1</b>	
3. Address of Operator <b>201 Wall Bldg. Suite 308, Midland, Texas</b>		10. Field and Pool, or Wildcat <b>Ni Bagley</b>	
4. Location of Well UNIT LETTER <b>L</b> LOCATED <b>550</b> FEET FROM THE <b>West</b> LINE <b>2050</b> <b>South</b> <b>11</b> TWP. <b>11S</b> RGE. <b>33E</b> NMPM		12. County <b>Lea</b>	
19. Proposed Depth <b>10,300</b>		19A. Formation <b>Pennsylvania</b>	
20. Rotary or C.T. <b>Rotary</b>		21. Elevations (Show whether DF, RT, etc.) *	
21A. Kind & Status Plug. Bond <b>Blanket</b>		21B. Drilling Contractor <b>Unknown</b>	
22. Approx. Date Work will start <b>September 9, 1966</b>		23. PROPOSED CASING AND CEMENT PROGRAM	

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
17-1/2	13-3/8	48	330	300	Circ.
11-1/4	8-5/8	28 & 32	4250	300	3196
7-7/8	5-1/2	17#	10,300	500	7411

\* Will be furnished when available

FOR STATE USE  
DRILLING PERMIT

EXPIRES 12-9-66

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: IF PROPOSAL IS TO DEEPEN OR PLUG BACK, GIVE DATA ON PRESENT PRODUCTIVE ZONE AND PROPOSED NEW PRODUCTIVE ZONE. GIVE BLOWOUT PREVENTER PROGRAM, IF ANY.

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

Signed M. M. Frazier Title Engineer Date 9-2-66  
(This space for State Use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

**NEW MEXICO OIL CONSERVATION COMMISSION  
WELL LOCATION AND ACREAGE DEDICATION PLAT**

Form C-102  
Supersedes C-128  
Effective 1-1-65

All distances must be from the outer boundaries of the section.

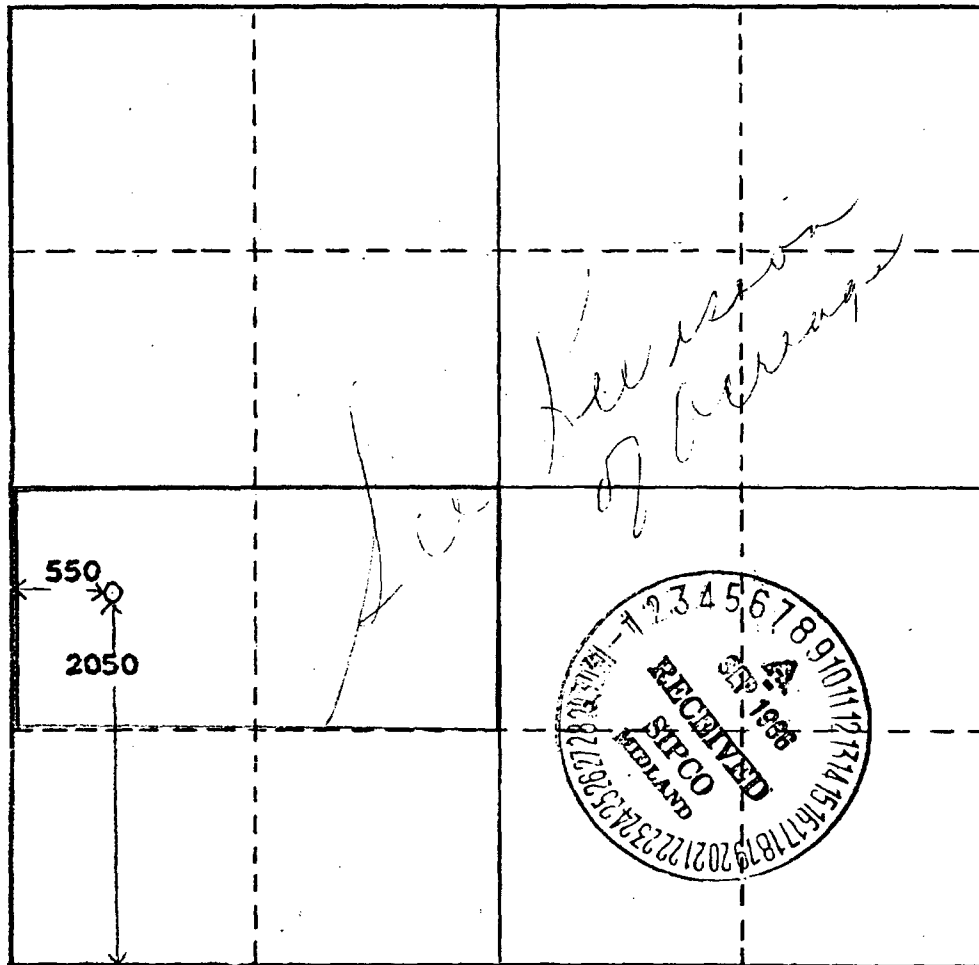
Operator <b>Sunset International Petroleum</b>			Lease <b>T. P. State '66</b>		Well No. <b>1</b>
Unit Letter <b>L</b>	Section <b>11</b>	Township <b>11S</b>	Range <b>33E</b>	County <b>Lea</b>	
Actual Footage Location of Well: <b>550'</b> feet from the <b>West</b> line and <b>2050</b> feet from the <b>South</b> line					
Ground Level Elev. <b>Est.</b>	Producing Formation <b>Pennsylvanian</b>		Pool <b>North Bagley</b>		Dedicated Acreage: <b>80</b> Acres

1. Outline the acreage dedicated to the subject well by colored pencil or hachure marks on the plat below.
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
3. If more than one lease of different ownership is dedicated to the well, have the interests of all owners been consolidated by communitization, unitization, force-pooling, etc?

☐ Yes    ☐ No    If answer is "yes," type of consolidation \_\_\_\_\_

If answer is "no," list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.) \_\_\_\_\_

No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interests, has been approved by the Commission.



**CERTIFICATION**

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

Name  
*MM Frazier*

Position  
**Engineer**

Company  
**Sunset Intern'l Pet. Crop.**

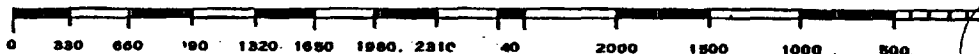
Date  
**September 2, 1966**

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

Date Surveyed  
**9-6-66**

Registered Professional Engineer and/or Land Surveyor  
*John W. West*

Certificate No.  
**676**



NEW MEXICO OIL CONSERVATION COMMISSION  
WELL LOCATION AND ACREAGE DEDICATION PLAT

Form C-102  
Supersedes C-128  
Effective 1-1-65

All distances must be from the outer boundaries of the Section.

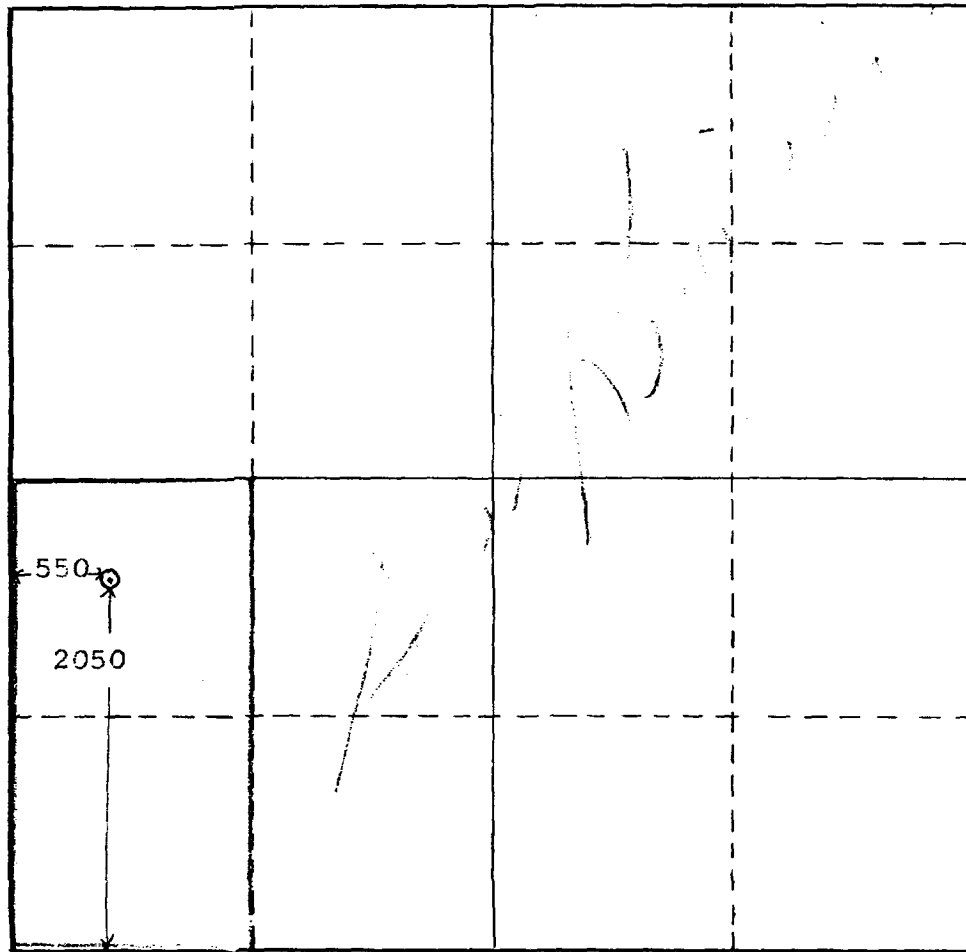
Operator <b>Sunset International Pet. Corp.</b>		Lease <b>T. 5P. 11S. 33E.</b>		Well No. <b>1</b>
Unit Letter <b>L</b>	Section <b>11</b>	Township <b>11S</b>	Range <b>33E</b>	County <b>Lea</b>
Actual Footage Location of Well: <b>550</b> feet from the <b>West</b> line and <b>2050</b> feet from the <b>South</b> line				
Ground Level Elev. <b>Est.</b>	Producing Formation <b>Pennsylvanian</b>	Pool <b>North Bagley</b>	Dedicated Acreage: <b>80</b> Acres	

1. Outline the acreage dedicated to the subject well by colored pencil or hachure marks on the plat below.
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
3. If more than one lease of different ownership is dedicated to the well, have the interests of all owners been consolidated by communitization, unitization, force-pooling, etc?

☐ Yes ☐ No If answer is "yes," type of consolidation \_\_\_\_\_

If answer is "no," list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.) \_\_\_\_\_

No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interests, has been approved by the Commission.



CERTIFICATION

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

Name  
*M. M. Frazer*  
Position  
**Engineer**  
Company  
**Sunset Intern'l Pet. Corp.**  
Date  
**September 2, 1966**

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

Date Surveyed  
*9-8-96*  
Registered Professional Engineer and/or Land Surveyor  
*John W. West*  
Certificate No.  
**676**

0 330 660 990 1320 1650 1980 2310 2640 2000 1500 1000 500 0

NEW MEXICO OIL CONSERVATION COMMISSION  
WELL LOCATION AND ACREAGE DEDICATION PLAT

Form C-128  
Supersedes C-128  
Effective 1-1-65

All distances must be from the outer boundaries of the Section.

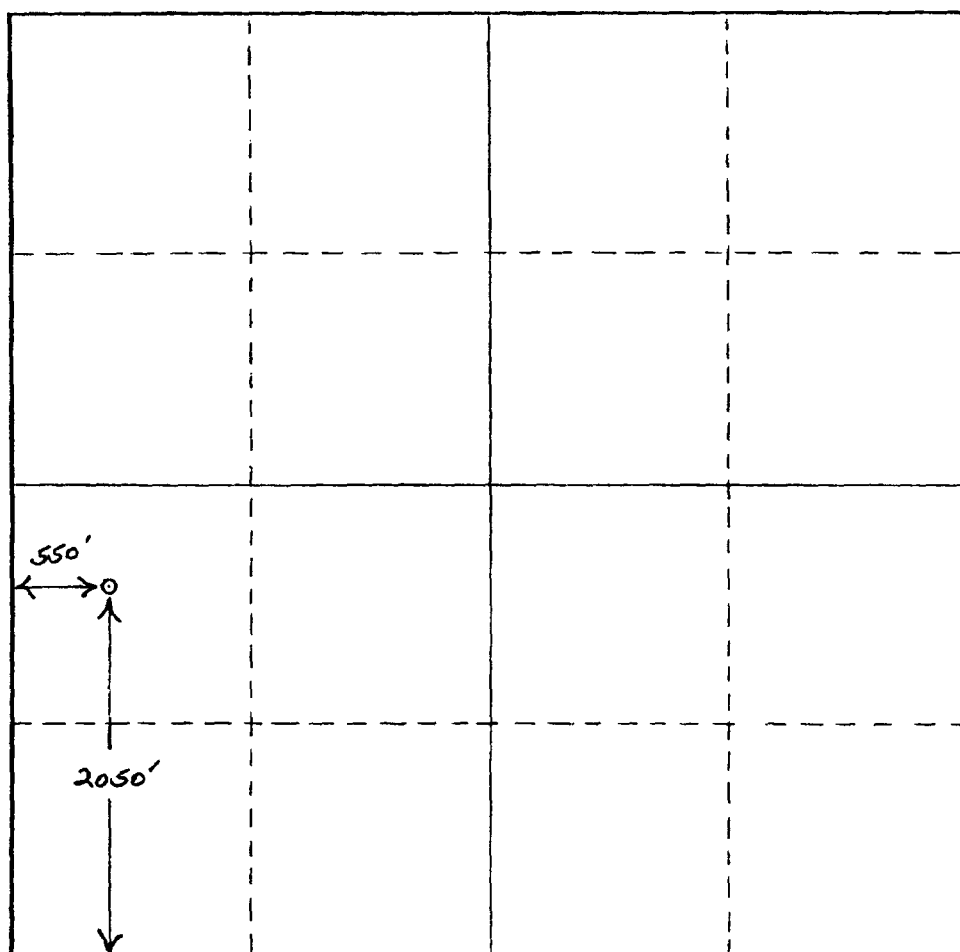
Operator Crown Central Petroleum Corporation			Lease T. P. State		Well No. 1
Unit Letter L	Section 11	Township 11S	Range 33E	County Lea	
Actual Footage Location of Well: 550 feet from the West line and 2050 feet from the South line					
Ground Level Elev. 4243	Producing Formation Pennsylvanian		Pool North Bagley Permo Penn		Dedicated Acreage: 80 Acres

1. Outline the acreage dedicated to the subject well by colored pencil or hatchure marks on the plat below.
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
3. If more than one lease of different ownership is dedicated to the well, have the interests of all owners been consolidated by communitization, unitization, force-pooling, etc?

☐ Yes ☐ No If answer is "yes," type of consolidation \_\_\_\_\_

If answer is "no," list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.) \_\_\_\_\_

No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interests, has been approved by the Commission.



CERTIFICATION

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

*K. K. Kirby*

Name

K. K. Kirby

Position

Petroleum Engineer

Company

Crown Central Petroleum Corp.

Date

November 13, 1984

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

Date Surveyed

Registered Professional Engineer and/or Land Surveyor

Certificate No.

0 330 660 990 1320 1650 1980 2310 2640 2000 1500 1000 500 0

NEW MEXICO OIL CONSERVATION COMMISSION  
WELL LOCATION AND ACREAGE DEDICATION PLAT

Form C-102  
Supersedes C-128  
Effective 1-1-65

HOBBS OFFICE O.C.C.

All distances must be from the outer boundaries of the Section.

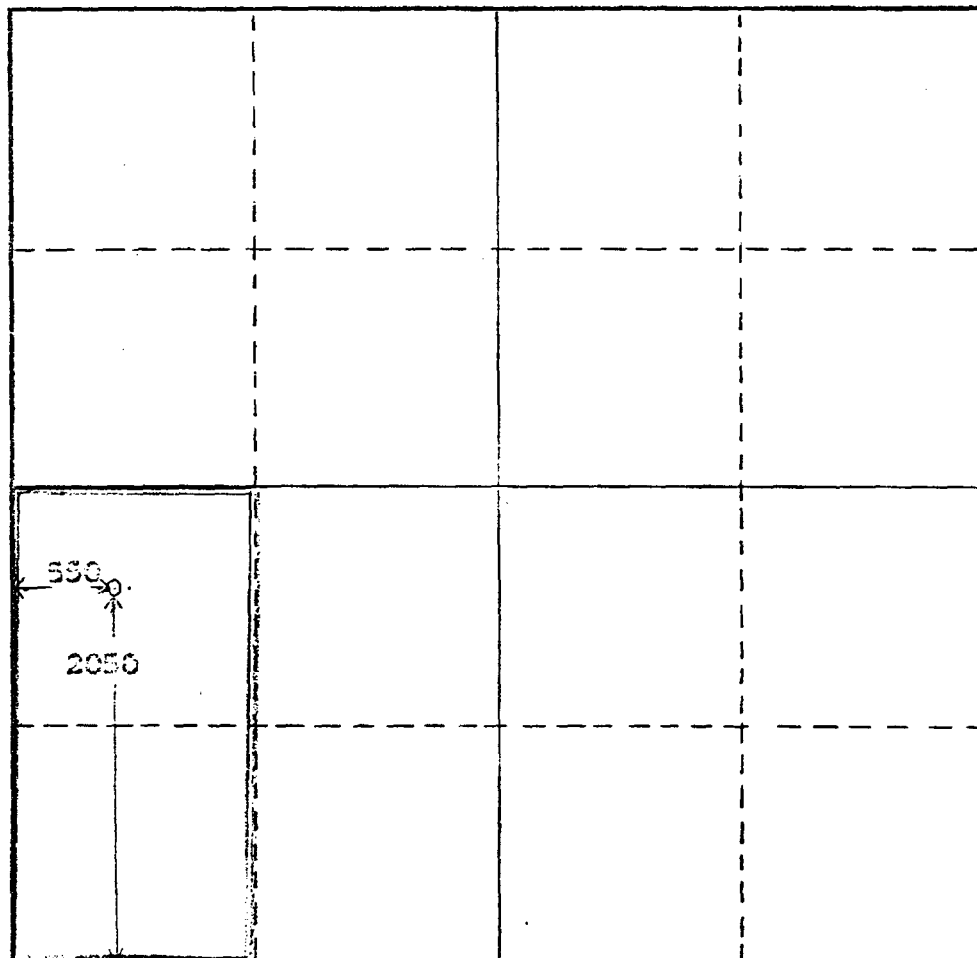
Operator <b>Sunset International Petroleum</b>			Lease <b>Dec. 8 p 11 50 AM '66</b>		Well No. <b>1</b>
Unit Letter <b>L</b>	Section <b>11</b>	Township <b>11S</b>	Range <b>33E</b>	County <b>Lea</b>	
Actual Footage Location of Well: <b>550'</b> feet from the <b>West</b> line and <b>2050</b> feet from the <b>South</b> line					
Ground Level Elev. <b>Elev. 4243</b>	Producing Formation <b>Pennsylvanian</b>		Pool <b>North Bagley</b>		Dedicated Acreage: <b>80</b> Acres

1. Outline the acreage dedicated to the subject well by colored pencil or hachure marks on the plat below.
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
3. If more than one lease of different ownership is dedicated to the well, have the interests of all owners been consolidated by communitization, unitization, force-pooling, etc?

☐ Yes ☐ No If answer is "yes," type of consolidation \_\_\_\_\_

If answer is "no," list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.) \_\_\_\_\_

No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interests, has been approved by the Commission.



CERTIFICATION

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

Name  
**M. M. Frazier**

Position  
**Engineer**

Company  
**Sunset Intern'l Pet. Corp.**

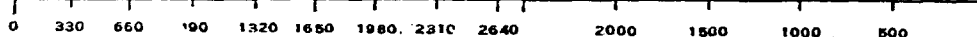
Date  
**September 2, 1966**

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

Date Surveyed

Registered Professional Engineer and/or Land Surveyor

Certificate No.



## District I

1625 N. French Dr., Hobbs, NM 88240

## District II

1301 W. Grand Avenue, Artesia, NM 88210

## District III

1000 Rio Brazos Rd., Aztec, NM 87410

## District IV

1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico  
Energy, Minerals & Natural Resources Department  
**OIL CONSERVATION DIVISION**  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

Form C-102

Revised June 10, 2003

Submit to Appropriate District Office

State Lease - 4 Copies

Fee Lease - 3 Copies

☐ AMENDED REPORT**WELL LOCATION AND ACREAGE DEDICATION PLAT**

API Number <b>30-025-21850</b>		Pool Code <b>3820</b>	Pool Name <b>Bagley;PermoPenn,North</b>
Property Code	Property Name <b>T. P. 11 State</b>		Well Number <b>001</b>
OGRID No. <b>147179</b>	Operator Name <b>Chesapeake Operating, Inc.</b>		Elevation <b>4243</b>

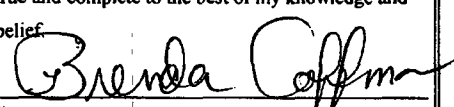
**<sup>10</sup>Surface Location**

UL or lot no. <b>L</b>	Section <b>11</b>	Township <b>11S</b>	Range <b>33E</b>	Lot Idn	Feet from the <b>2050</b>	North/South line <b>South</b>	Feet from the <b>550</b>	East/West line <b>West</b>	County <b>Lea</b>
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**<sup>11</sup>Bottom Hole Location If Different From Surface**

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
Dedicated Acres <b>80</b>		Joint or Infill		Consolidation Code		Order No.			

NO ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNTIL ALL INTERESTS HAVE BEEN CONSOLIDATED OR A NON-STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION

<div style="position: relative; height: 100px;"> <div style="position: absolute; left: 10px; top: 10px;">550'</div> <div style="position: absolute; left: 10px; bottom: 10px;">2050'</div> </div>					<b><sup>17</sup> OPERATOR CERTIFICATION</b> I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.  Signature <b>Brenda Coffman</b> Printed Name Regulatory Analyst <b>bcoffman@chkenergy.com</b> Title and E-mail Address <b>03/14/2005</b> Date
					<b><sup>18</sup> SURVEYOR CERTIFICATION</b> I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief.
					Date of Survey Signature and Seal of Professional Surveyor:
					Certificate Number