

FAX*Received***Date** 12-14-98**NUMBER OF PAGES INCLUDING COVER** 10

TO: Mike Stogner
Oil Conservation Division
RE: DEKALB FEDERAL #3

FROM: Margaret Whited
M.E.W. Enterprise
1720 S. Union
Roswell, NM 88201

Phone (505)827-8185**Fax Phone** (505)827-1389**Phone** (505)627-2065**Fax Phone** Same**CC:**

REMARKS: ☐ Urgent ☒ For your review ☐ Reply ASAP ☐ Please Comment

Thanks so much for all your help. Hope this information will help us. Thanks again.

*- between
increase production here*

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION

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

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

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

WELL API NO.

30-005-00069

5. Indicate Type of Lease

Federal STATE ☐ FEE ☐

6. State Oil & Gas Lease No.

Federal NM 05876

7. Lease Name or Unit Agreement Name

Dekalb Federal #3

8. Well No.

#3

9. Pool name or Wildcat

Bitter Lakes San Andres Pool #3980

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

MEW Enterprise

3. Address of Operator

1220 S. Union Roswell N.M. 88201

4. Well Location

Unit Letter E : 1980 Feet From The North Line and 660 Feet From The West Line

Section

27

Township

10S

Range

25E

NMPM

Chaves

County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

GR 3474.5

11.

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 ☐

OTHER: Horizontal Drilling ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: Horizontal Drilling ☒

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

- ① Pull Production Eqp. ② pump cmt plug for Kick-off. ③ Drill Horizontal w/ 3 7/8 Bit, drill Due East. Azi 90° in producing San Andres pay at 858'. Build curve to Lay Down 90° in 34', Drill Lateral to Total Measured Depth of 1253' Total Vertical Depth 860' giving 400' of vertical Section 90° East. ④ Run 2 7/8 Linear Tyr Back to 4 1/2 csg. ⑤ Perf. Acidize producing Zone. All of Lateral in same producing Zone, San Andres Dolomite Seemation. ⑥ Resume well to production.

Spud Date 10-14-98

Completion 10-27-98

Testing Production Only

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

SIGNATURE

Russell Whited

TITLE

OWNER

DATE

10-29-98

TYPE OR PRINT NAME

Russell Whited

TELEPHONE NO. 505-627-206

(This space for State Use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

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-101
Revised October 18, 1994
Instructions on back
Submit to Appropriate District Office
State Lease - 6 Copies
Fee Lease - 5 Copies

☐ AMENDED REPORT

APPLICATION FOR PERMIT TO DRILL, RE-ENTER, DEEPEN, PLUGBACK, OR ADD A ZONE

¹ Operator Name and Address. M.E.W. Enterprise 1720 S. Union, Roswell N.M. 88201		² OGRID Number 160190
		³ API Number 30-005-00069
⁴ Property Code 20173	⁵ Property Name DeKalb Federal	⁶ Well No. 3

⁷ Surface Location

UL or lot no.	Section	Township	Range	Lot Ida	Feet from the	North/South line	Feet from the	East/West line	County
E	27	10S	25E		1980	North	660	West	Chaves

⁸ Proposed Bottom Hole Location If Different From Surface

UL or lot no.	Section	Township	Range	Lot Ida	Feet from the	North/South line	Feet from the	East/West line	County
E	27	10S	25E		1980	North	1062	West	Chaves

⁹ Proposed Pool 1 Bitter Lakes San Andres Pool Code #5980	¹⁰ Proposed Pool 2 Bitter Lakes San Andres Pool Code #5980
---	--

¹¹ Work Type Code D	¹² Well Type Code O	¹³ Cable/Rotary R	¹⁴ Lease Type Code Federal	¹⁵ Ground Level Elevation 3474.5
¹⁶ Multiple NO	¹⁷ Proposed Depth 860	¹⁸ Formation San Andres Dolomite	¹⁹ Contractor Torck	²⁰ Spud Date 10-14-98

²¹ Proposed Casing and Cement Program

Hole Size	Casing Size	Casing weight/foot	Setting Depth	Sacks of Cement	Estimated TOC
3 7/8	2 3/8	4.7	835	—	—

²² Describe the proposed program. If this application is to DEEPEN or PLUG BACK give the data on the present productive zone and proposed new productive zone. Describe the blowout prevention program, if any. Use additional sheets if necessary.

Drill 3 7/8 Horizontal Hole Total Vertical Depth 860'. Due East 402' measured Depth of 1253', Run 2 3/8. 4.7# Tbs as Liner, Perf. Acidize. Resume well to production

²³ I hereby certify that the information given above is true and complete to the best of my knowledge and belief.

Signature:

Printed name:

Title:

Date:

Phone:

OIL CONSERVATION DIVISION

Approved by:

Title:

Approval Date:

Expiration Date:

Conditions of Approval:

Attached ☐

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-102
Revised October 18, 1994
Instructions on back
Submit to Appropriate District Office
State Lease - 4 Copies
Fee Lease - 3 Copies

☐ AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

1 API Number 30-005-00069		2 Pool Code 5980		3 Pool Name Bitter Lakes San Andres	
4 Property Code 20173		5 Property Name DeKalb Federal			6 Well Number #3
7 OGRID No. 160190		8 Operator Name M.E.W. Enterprise			9 Elevation 3474.5

10 Surface Location

UL or lot no. E	Section 27	Township 10S	Range 25E	Lot Idn	Feet from the 1980	North/South line North	Feet from the 660	East/West line West	County Chaves
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11 Bottom Hole Location If Different From Surface

UL or lot no. E	Section 27	Township 10S	Range 25E	Lot Idn	Feet from the 1980	North/South line North	Feet from the 1062	East/West line West	County Chaves
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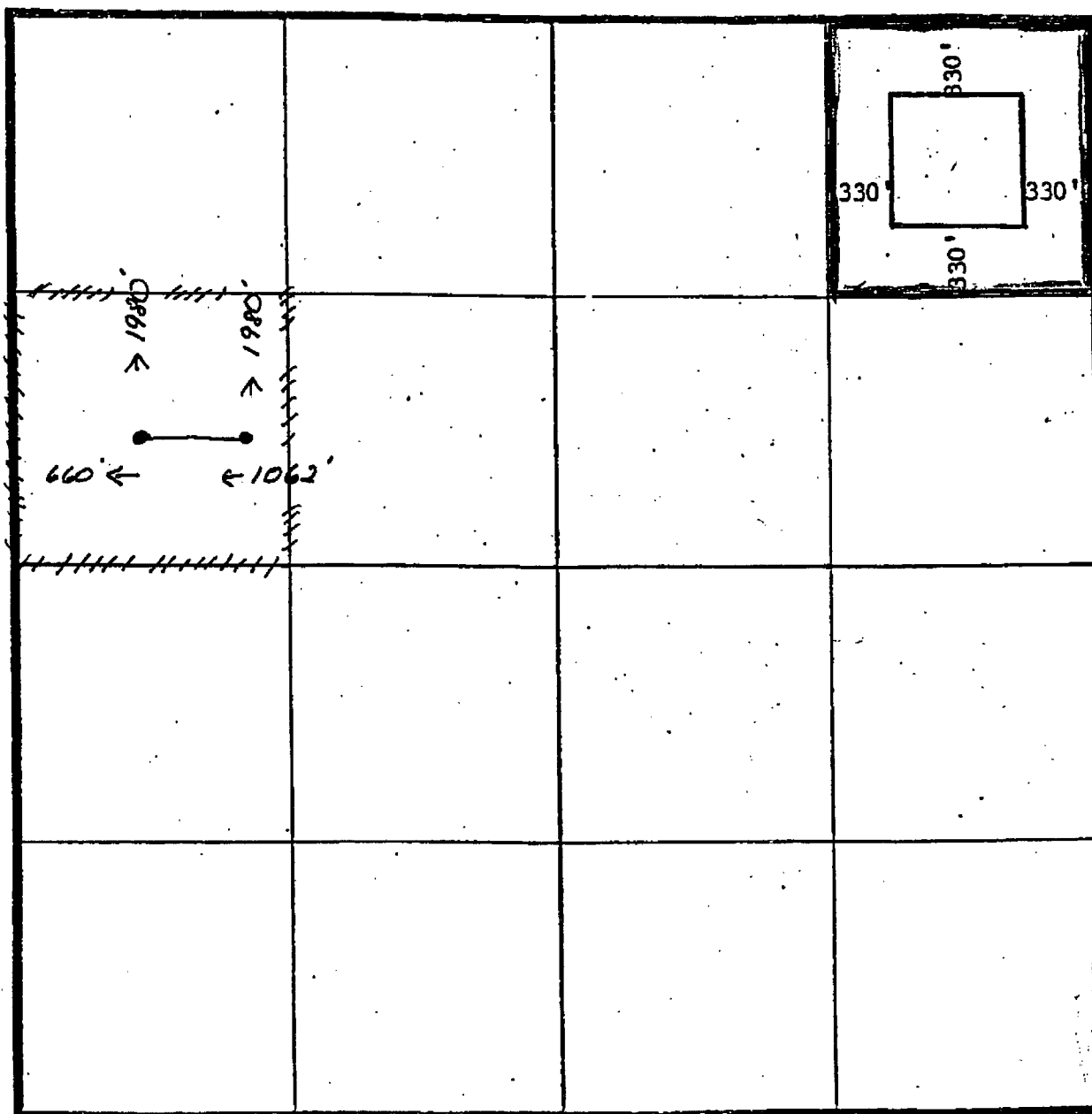
12 Dedicated Acres	13 Joint or Infill	14 Consolidation Code	15 Order No. 1061
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NO ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNTIL ALL INTERESTS HAVE BEEN CONSOLIDATED
OR A NON-STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION

16 	17 OPERATOR CERTIFICATION I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief. Signature: <i>Russell Whited</i> Printed Name: Russell Whited Title: Owner Date: 10-29-98	
	18 SURVEYOR CERTIFICATION 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 Surveyer:	
	Certificate Number	

Sec. 27 Township No. 10S of Range No. 25E

DEVELOPMENT OIL WELLS

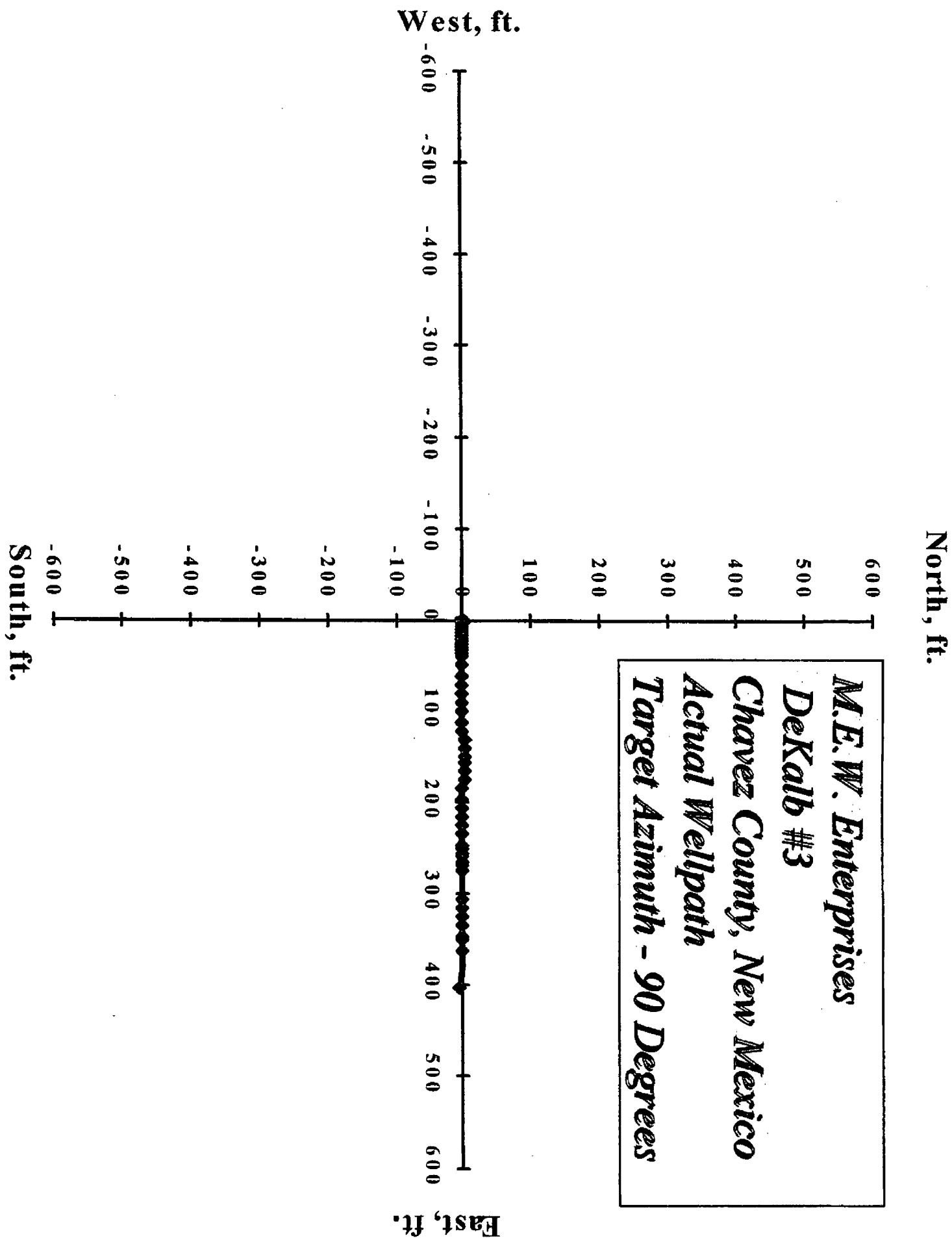


40-Acre Spacing

330' from any tract boundary

330' from nearest well drilling to or capable of producing from same pool.

Only tracts committed to active secondary recovery projects shall be permitted more than four wells.



Actual

M.E.W. Enterprises**DeKalb #3 Chavez County, New Mexico**
Actual Wellpath -

Kickoff Point

M. Depth	=	830	N/S Cord.	=	0
TVD	=	830	E/W Cord.	=	0
Inclination	=	0			
Azimuth	=	90			

Station	Measured Depth	Inclination Deg	Azimuth Deg	TVD Ft	N/S Ft	E/W Ft	Departure Ft	Dog Leg Deg/ft	ROC FT
1	833	2.8	88.4	833.00	0.00	0.15	0.15		
2	836	7.4	88.4	835.99	0.01	0.41	0.41	1.53	37.37
3	838	12.1	90.2	837.96	0.01	0.75	0.75	2.35	24.33
4	839	14.4	91.4	838.93	0.01	0.98	0.98	2.32	24.74
5	840	16.1	91	839.90	0.00	1.24	1.24	1.70	33.64
6	842	19.5	92	841.80	-0.01	1.86	1.86	1.71	33.57
7	844	21.7	92	843.67	-0.04	2.56	2.56	1.10	52.09
8	846	25.9	92	845.50	-0.06	3.37	3.37	2.10	27.28
9	848	29.2	92.4	847.28	-0.10	4.29	4.29	1.65	34.67
10	850	33	92.5	848.99	-0.14	5.32	5.32	1.90	30.15
11	852	35.5	92.4	850.64	-0.19	6.45	6.45	1.25	45.82
12	854	39.4	92.3	852.23	-0.24	7.66	7.66	1.95	29.38
13	856	42.9	92.4	853.74	-0.30	8.98	8.98	1.75	32.73
14	858	46.3	92.6	855.16	-0.36	10.38	10.39	1.70	33.67
15	860	49.7	92.6	856.50	-0.42	11.86	11.87	1.70	33.70
16	862	53	92.7	857.75	-0.50	13.42	13.43	1.65	34.71
17	864	56.5	92	858.90	-0.58	15.06	15.07	1.77	32.31
18	866	59.9	93.3	859.96	-0.69	16.75	16.77	1.70	33.69
19	868	63.5	93.4	860.90	-0.79	18.51	18.53	1.80	31.79
20	870	66.6	93.5	861.75	-0.89	20.32	20.34	1.55	36.95
21	872	69.7	93.3	862.49	-0.99	22.17	22.20	1.56	36.70
22	874	72.8	93.2	863.13	-1.07	24.07	24.09	1.60	35.91
23	876	75.5	92.8	863.68	-1.11	25.99	26.01	1.58	36.30
24	878	78.3	92	864.13	-1.11	27.94	27.96	1.41	40.70
25	880	82.2	90.3	864.47	-1.11	29.91	29.93	1.95	29.38
26	882	85.8	90	864.68	-1.11	31.90	31.92	1.80	31.78
27	884	88.2	90	864.79	-1.07	33.89	33.91	1.50	38.22
28	886	90.3	89.8	864.81	-1.04	35.89	35.91	1.45	39.52
29	888	92.1	88	864.77	-1.04	37.89	37.91	0.90	63.66
30	890	92.7	90	864.69	-1.04	39.89	39.91	0.30	190.99
31	900	92.1	90	864.27	-1.02	49.88	49.89	0.06	906.00
32	910	91.9	90	863.92	-0.98	59.88	59.89	0.02	2864.78
33	920	91.9	89.8	863.59	-0.90	69.87	69.88	0.05	1146.54
34	930	92.1	89.8	863.24	-0.78	79.86	79.87	0.02	2864.78
35	940	91.9	89.3	862.89	-0.63	89.86	89.86	0.04	1281.79
36	950	91.8	89.3	862.57	-0.41	99.85	99.85	0.03	1812.70
37	960	91.8	88.9	862.25	-0.21	109.84	109.84	0.05	1146.48
38	970	91.9	88.6	861.93	-0.05	119.84	119.84	0.01	5729.56

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-10
Revised October 18, 1999
Instructions on back
Submit to Appropriate District Office
5 Copies

☐ AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

Operator name and Address M.E.W. Enterprises 500 East County Road 140 Midland TX. 79706		OGRID Number 160190
API Number 30-0 06-000690001		Reason for Filing Code CO 11-1-96 CH 10-25-96
Pool Name Bitter Lake SA, South	Pool Code 5980	
Property Code 20173	Property Name DeKalb Federal	Well Number 3

II. Surface Location

UL or lot no. E	Section 27	Township 10S	Range 25E	Lot Idn	Feet from the 1980	North/South Line North	Feet from the 660	East/West line West	County Chaves
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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
F	P								
Use Code F	Producing Method Code P	Gas Connection Date NONE	C-129 Permit Number	C-129 Effective Date	C-129 Expiration Date				

III. Oil and Gas Transporters

Transporter OGRID 34019	Transporter Name and Address Phillips Petroleum Company 4001 Penbrook Odessa TX 79762	POD 1114010	O/G 0	POD ULSTR Location and Description

IV. Produced Water

POD Water Tank at SWD	POD ULSTR Location and Description Unit O, 1315 FSL 2635 FEL, Sec 27, T-10-S, R-25E Chaves
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V. Well Completion Data

Spud Date	Ready Date	TD	PBTD	Perforations	DHC, DC, MC
Hole Size	Casing & Tubing Size	Depth Set	Sacks Cement		

VI. Well Test Data

Date New Oil	Gas Delivery Date	Test Date	Test Length	Tbg. Pressure	Csg. Pressure
Choke Size	Oil	Water	Gas	AGP	Test Method

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: Russell Whited
Printed name: Russell Whited
Title: Owner
Date: 12/14/98

Phone: 915-570-8613

OIL CONSERVATION DIVISION

Approved by: SUPERVISOR, DISTRICT II

Title:
Approval Date: DEC 26 1998

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

James F. Kendrickall James F. Kendrickall owner 10/24/98
Previous Operator Signature Printed Name Title Date

OPERATOR'S COPY

Form 3160-5
(June 1990)UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUNDRY NOTICES AND REPORTS ON WELLS

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

SUBMIT IN TRIPLICATE

1. Type of Well

☐ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator

MEW Enterprise

3. Address and Telephone No.

500 East County Road 140, Midland TX 79706 915-570 8613

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

NW 1/4 Sec 27, T-10-S, R 25-E, N MPM
SE 1/4 & SW 1/4

160 ACRES MORE OR LESS

FORM APPROVED

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

5. Lease Designation and Serial No.

NM 05876

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

DeKalb 143

9. API Well No.

10. Field and Pool, or Exploratory Area

Bitter Lakes South

11. County or Parish, State

Chaves NM

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

TYPE OF SUBMISSION

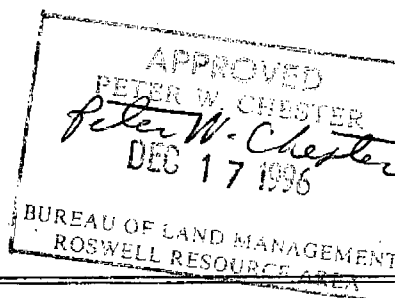
- ☒
- Notice of Intent
-
- ☐
- Subsequent Report
-
- ☐
- Final Abandonment Notice

TYPE OF ACTION

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

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

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

Transfer Operator from K&R Oil & Gas
to
MEW Enterprise
Effective 10/25/96RECEIVED
DEC 11 8 32 AM '96
BUREAU OF LAND MANAGEMENT
ROSWELL RESOURCE AREA

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

Signed

Russell White

Title

Owner

Date

12-5-96

(This space for Federal or State office use)

Approved by

Conditions of approval, if any:

Title

Date

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

*See Instruction on Reverse Side

Form 3000-3a
(January 1996)UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENTFORM APPROVED
OMB NO. 1004-0034
Expires: September 30, 1998TRANSFER OF OPERATING RIGHTS (SUBLEASE) IN A
LEASE FOR OIL AND GAS OR GEOTHERMAL RESOURCESMineral Leasing Act of 1920 (30 U.S.C. 181 et seq.)
Act for Acquired Lands of 1947 (30 U.S.C. 351-359)
Geothermal Steam Act of 1970 (30 U.S.C. 1001-1025)
Department of the Interior Appropriations Act, Fiscal Year 1981 (42 U.S.C. 6508)

Lease Serial No.

~~0000000000~~
~~0000000000~~
NM 05876

Type or print plainly in ink and sign in ink.

PART A: TRANSFER

1. Transferee (Sublease)*

Street

City, State, ZIP Code

M.E.W. Enterprise
500 East County Road 140
Midland TX 79706*If more than one transferee, check here ☐ and list the name(s) and address(es) of all additional transferees on the reverse of this form or on a separate attached sheet of paper.This transfer is for: (Check one) ☒ Oil and Gas Lease, or ☐ Geothermal LeaseInterest conveyed: (Check one or both, as appropriate) ☒ Operating Rights (sublease) ☐ Overriding Royalty, payment out of production or other similar interests or payments

2. This transfer (sublease) conveys the following interest:

Land Description	Percent of Interest			Percent of Overriding Royalty or Similar Interests	
	Owned	Conveyed	Retained	Reserved	Previously reserved or conveyed
a	b	c	d	e	f
Dekalb Federal Lease T-10-S, R-25-E, N.M.P.M. Chqurs County N.M. Lease # 0000000000 NM- 0000000000 05876 Sec. 27 0000000000 NW 1/4 containing 160 acres, more or less, dn to 1,000 ft. subsurface only	100	100			17.5 7.915 Less than 15 BOPD per well

FOR BLM USE ONLY—DO NOT WRITE BELOW THIS LINE

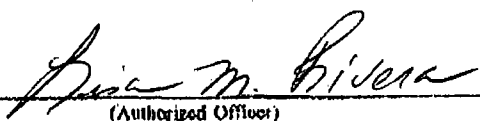
THE UNITED STATES OF AMERICA

This transfer is approved solely for administrative purposes. Approval does not warrant that either party to this transfer holds legal or equitable title to this lease.

☒ Transfer approved effective

DEC 01 1996

By


(Authorized Officer)LAND LAW ASSISTANT
FLUIDS ADJUDICATION TEAM

(Title)

JAN 23 1997

(Date)

TRANSMITTAL COVER SHEET

OIL CONSERVATION DIVISION
ENGINEERING BUREAU
(505) 827-7131 (OFFICE)
(505) 827-1389 (FAX)

PLEASE DELIVER THIS FAX TO:

TO: Margaret Whitel

FROM: Michael E. Stogner (505) 827-8185

SUBJECT: DeKalb Fed. #3

DATE: 12-14-98

PAGES: 3 (INCLUDING COVER SHEET)

IF YOU HAVE ANY PROBLEMS RECEIVING THIS FAX, PLEASE CALL THE
OFFICE NUMBER ABOVE.

BEFORE THE NEW MEXICO OIL CONSERVATION DIVISION

**APPLICATION OF FASKEN OIL AND
RANCH, LTD., FOR A NON-STANDARD
GAS PRORATION AND SPACING UNIT
AND TWO ALTERNATE UNORTHODOX
GAS WELL LOCATIONS,
EDDY COUNTY, NEW MEXICO.**

No. 11755

SUBPOENA DUCES TECUM

TO: Fasken Oil and Ranch, Ltd.
c/o W. Thomas Kellahin, Esq.
Kellahin & Kellahin
117 North Guadalupe Street
Santa Fe, NM 87501

RECEIVED
MAR 2 - 1997
Oil Conservation Division

Pursuant to Section 70-2-8, NMSA (1978) and Rule 1211 of the New Mexico Oil Conservation Division's Rules of Procedure, you are hereby ORDERED to appear at 8:15 a.m., April 3, 1997, at the offices of the Oil Conservation Division, 2040 South Pacheco, Santa Fe, New Mexico 87505 and to produce the documents and items specified in attached Exhibit A and to make available to Penwell Energy, Inc., and their attorney, William F. Carr, for copying, all of said documents.

This subpoena is issued on application of Penwell Energy, Inc., through their attorneys, Campbell, Carr, Berge & Sheridan, P.A. Post Office Box 2208, Santa Fe, New Mexico 87504.

TRANSMITTAL COVER SHEET

**OIL CONSERVATION DIVISION
ENGINEERING BUREAU
(505) 827-7131 (OFFICE)
(505) 827-1389 (FAX)**

PLEASE DELIVER THIS FAX TO:

TO:

Mac Morgan

FROM:

Michael E. Stogner (505) 827-8185

SUBJECT:

MEW Enterprises DeKalb Fed. #3

DATE:

12-14-98

PAGES:

3

(INCLUDING COVER SHEET)

**IF YOU HAVE ANY PROBLEMS RECEIVING THIS FAX, PLEASE CALL THE
OFFICE NUMBER ABOVE.**

Dated this _____ day of March, 1997.

NEW MEXICO OIL CONSERVATION DIVISION

BY: _____
WILLIAM J. LEMAY, DIRECTOR

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

Form C-104

Revised October 18, 1994

Instructions on back

Submit to Appropriate District Office

5 Copies

OIL CONSERVATION DIVISION
2040 South Pacheco
Santa Fe, NM 87505

☐ AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

Operator name and Address M.E.W. Enterprises 500 East County Road 140 Midland Tx. 79706		OGRID Number 160190
API Number 30-0 0600690000		Reason for Filing Code CO 11-1-96 CH 10-25-96
Pool Name Bitter Lake SA, South	Pool Code 5980	
Property Code 20173	Property Name DeKalb Federal	Well Number 3

II. Surface Location

UL or lot no. E	Section 27	Township 10S	Range 25E	Lot Idn	Feet from the 1980	North/South Line North	Feet from the 660	East/West line West	County Chaves
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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
Use Code F	Producing Method Code P	Gas Connection Date NONE	C-129 Permit Number	C-129 Effective Date	C-129 Expiration Date				

III. Oil and Gas Transporters

Transporter OGRID 34019	Transporter Name and Address Phillups Petroleum Company 4001 Penbrook Odessa TX 79762	POD 1114010	O/G O	POD ULSTR Location and Description REGULATORY
				101 515 150
				101 515 150
				101 515 150
				101 515 150

IV. Produced Water

POD WATER TANK AT SWD	POD ULSTR Location and Description Unit O, 13/5 FSL 2635 FEL, Sec 27, T-10-S, R-25E Chaves
--------------------------	---

V. Well Completion Data

Spud Date	Ready Date	TD	PBTD	Perforations	DHC, DC, MC
Hole Size	Casing & Tubing Size	Depth Set	Sacks Cement		

VI. Well Test Data

Date New Oil	Gas Delivery Date	Test Date	Test Length	Tbg. Pressure	Csg. Pressure
Choke Size	Oil	Water	Gas	AOF	Test Method

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: Russell Whitel
Printed name: Russell Whitel
Title: Owner
Date:

Phone: 915-570-8613

OIL CONSERVATION DIVISION

Approved by: Jim W. Lamm
Title: District Supervisor
Approval Date: 12/26/96

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

James F Rykendaall James F Rykendaall owner 10/24/96
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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator K & R Oil & Gas	Well API No. 300050006900s1
Address 2607 Cornell Drive, Roswell, N.M. 88201	
Reason(s) for Filing (Check proper box) 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 Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of operator give name
and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name DeKalb Federal	Well No. 3	Pool Name, Including Formation Bitter Lakes South SA	Kind of Lease State Federal or State Lease	Lease No. NMO5876
Location Unit Letter E : 1980 Feet From The North Line and 660 Feet From The West Line Section 27 Township 10S Range 25E, NMPM, Chaves 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"/> Scurlock-Permian Corp	Address (Give address to which approved copy of this form is to be sent) P.O. Box 4648 Houston, Texas 77210					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> None	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 E	Sec. 27	Twp. 10	Rge. 25E	Is gas actually connected? No	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			
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.

George W. Rampley
Signature *George W. Rampley* Partner
Printed Name
Date July 23 1992 Telephone No. 505 623 3536

OIL CONSERVATION DIVISION

Date Approved AUG 12 1992

By *Mike Williams*

Title SUPERVISOR, DISTRICT II

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- All sections of this form must be filled out for allowable on new and recompleted wells.
- Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 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

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

OIL CONSERVATION DIVISION

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator K & R Oil & Gas	Well API No. 300050006900S1
Address 2607 Cornell Drive, Roswell, N.M. 88201	
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 checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name DeKalb Federal	Well No. 3	Pool Name, Including Formation Bitter Lakes South SA	Kind of Lease State, Federal & Loc	Lease No. NM05876
Location Unit Letter E : 1980 Feet From The North Line and 660 Feet From The West Line Section 27 Township 10S Range 25E , NMPM, Chaves 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"/> Pueblo Petroleum Inc.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 8249 Roswell, N.M. 88202					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> None	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 F	Sec. 27	Twp. 10S	Rge. 25E	Is gas actually connected? No	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			
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.

George W. Rampley

Signature **George W. Rampley** Partner
Printed Name **Jan 9, 1992** Title **505 623 3536**
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved **JAN 31 1992**

By **Mike Williams**

Title **SUPERVISOR, DISTRICT II**

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

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

OIL CONSERVATION DIVISION

NEW MEXICO OIL CONSERVATION COMMISSION

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GASForm C-104
Supersedes Old C-104 and C
Effective 1-1-65

RECEIVED

I.

Operator	K&R Oil & Gas	JAN 12 '90
Address	2607 Cornell Drive, Roswell, N.M. 88201	
Reason(s) for filing (Check proper box)	Other (Please explain)	O.C.D.
New Well <input type="checkbox"/>	Change in Transporter of:	ARTESIA, OFFICE
Recompletion <input type="checkbox"/>	Oil <input checked="" type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Ownership <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>

If change of ownership give name
and address of previous owner~~Brook Operating Corp. P.O. Box 911 Breckenridge, Texas 76024~~

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
DEKALB FEDERAL	3	BITTER LAKE SA, SOUTH	X XXX, Federal X XXX	NM-05876
Location				
Unit Letter	E	1980 Feet From The	NORTH	Line and 660 Feet From The
Line of Section	27	Township	10S	Range 25E, NMPM, CHAVES 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"/>	Address (Give address to which approved copy of this form is to be sent)					
Navajo Refining Co	P.O. Drawer 159 Artesia, N.M. 88211					
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)					
NONE						
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	F	27	10S	25E	NO	

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'
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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 (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.

George W. Ramsey
(Signature)
a Partner
(Title)
Jan 10 1990
(Date)

OIL CONSERVATION COMMISSION

APPROVED JAN 23 1990, 19BY Mike WilliamsTITLE SUPERVISOR, DISTRICT II

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
able 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

Submitt 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

RECEIVED

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

NOV 17 '89

O. C. D.

ARTESIA, OFFICE

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator K and R Oil & Gas	Well API No.
Address 2607 Cornell Drive, Roswell, New Mexico 88201	
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"/>
Effective Date: 12/01/89	
If change of operator give name and address of previous operator Breck Operating Corp., P.O. Box 911, Breckenridge, Texas 76024	

II. DESCRIPTION OF WELL AND LEASE

Lease Name DeKalb Federal	Well No. 3	Pool Name, including Formation Bitter Lake SA, South	Kind of Lease State Federal or Free	Lease No. NM-05876
Location Unit Letter E : 1980 Feet From The north Line and 660 Feet From The west Line Section 27 Township 10S Range 25E, NMPM, Chaves 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"/> The Permian Corporation	Address (Give address to which approved copy of this form is to be sent) Box 3119, Midland, Texas 79702	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> None	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 F	Sec. 27
	Twp. 10S	Rge. 25E
	Is gas actually connected? No	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			
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.

James F. Kuykendall
Signature
James F. Kuykendall
Printed Name
11/14/89 623-3536 623-5593
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved DEC - 8 1989

By *Mike Williams*

Title SUPERVISOR, DISTRICT II

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
Artesia, NM 88210

NM-05876

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—" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
2. NAME OF OPERATOR Breck Operating Corp. ✓		7. UNIT AGREEMENT NAME	
3. ADDRESS OF OPERATOR P.O. Box 911, Breckenridge, Texas 76024		8. FARM OR LEASE NAME DeKalb Federal	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface Unit E: 1980' FNL & 660' FWL		9. WELL NO. 3	
14. PERMIT NO.		10. FIELD AND POOL, OR WILDCAT Bitterlake San Andres,	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3473' DF		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 27, T10S, R25E	
		12. COUNTY OR PARISH Chaves	
		13. STATE New Mexico	

RECEIVED

JUN 01 1989

O. C. D.
ARTESIA OFFICE

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANE	<input type="checkbox"/>
(Other) Shut In	<input checked="" type="checkbox"/>		

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		

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

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

Breck Operating Corp. requests permission to shut in the subject well due to economic conditions. The well currently produces 1.5 BOPD and 1 BWPD. Iron sulphide scaling requires the down hole pump to be pulled every 2-3 weeks. Chemical treatment to remedy the situation is being sought.

RECEIVED

JUN - 6 1989

OIL CONSERVATION DIV.
SANTA FE



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

SIGNED Kenn G. Sullivan TITLE Petroleum Engineer DATE 5/8/89

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____
CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD
DATE PETER W. CHESTER

MAY 30 1989

*See Instructions on Reverse Side

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

BUREAU OF LAND MANAGEMENT
SANTA FE, NEW MEXICO

FILE ☒ U.S.G.S. ☒ LAND OFFICE ☒ TRANSPORTER ☒ OIL ☒ GAS ☒ OPERATOR ☒ PRODUCTION OFFICE ☒

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Supersedes Old C-104 and C-105 Effective 1-1-85

RECEIVED BY OCT - 5 1987

RECEIVED BY OCT 17 1983 O. C. D. ARTESIA, OFFICE

Breck Operating Corp

Address P. O. Box 911, Breckenridge, Texas 76024

Reason(s) for filing (Check proper box)

New Well ☐

Recompletion ☐

Change in Ownership ☒

Change in Transporter of:

Oil ☐

Casinghead Gas ☐

Dry Gas ☐

Condensate ☐

Other (Please explain)

If change of ownership give name and address of previous owner

Petroleum Corporation of Texas, Box 911, Breckenridge, TX 76024

II. DESCRIPTION OF WELL AND LEASE

Lease Name DeKalb Federal	Well No. 3	Pool Name, including Formation Bitter Lake SA, South	Kind of Lease State, Federal or Fee Federal N	Lease No. 05876
Location Unit Letter <u>E</u> ; 1980 Feet From The <u>north</u> Line and <u>660</u> Feet From The <u>west</u> Line of Section <u>27</u> Township <u>10S</u> Range <u>25E</u> , NMPM, <u>Chaves</u> 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"/> The Permian Corporation Permian (EH. 9 / 1 / 87)	Address (Give address to which approved copy of this form is to be sent) Box 3119, Midland, Texas 79702
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> None	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 <u>F</u> Sec. <u>27</u> Twp. <u>10S</u> Rge. <u>25E</u>	Is gas actually connected? <u>No</u> 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)	Cil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Restv.	Diff. Res
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

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 all able 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/MCF	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.

Ladear England
(Signature)

Production Clerk

(Title)

10-12-83

(Date)

OIL CONSERVATION COMMISSION

JAN 26 1984

APPROVED _____, 19

Original Signed By

BY Leslie A. Clements

SUPervisor District II

TITLE _____

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

If this is a request for allowable for a newly drilled or deepen 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 name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiple completions.

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)Form approved.
Budget Bureau No. 42-R1424

SUNDRY NOTICES AND REPORTS ON WELLS

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

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> MAIN OFFICE OCC		5. LEASE DESIGNATION AND SERIAL NO. NM-05876
2. NAME OF OPERATOR Shell Oil Company		6. IF INDIAN ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 1964 MAR 5 AM 8:20 P. O. Box 1858, Roswell, New Mexico 88201		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980' FNL & 660' FWL, (SW/4 NW/4) Section 27, T-10-S, R-25E NMPM Survey, Chaves County, New Mexico		8. FARM OR LEASE NAME DeKalb Federal
14. PERMIT NO.		9. WELL NO. 3
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3473' DF		10. FIELD AND POOL OR WILDCAT South Bitter Lakes SA
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 27, T-10-S, R-25- NMPM Survey
		12. COUNTY OR PARISH Chaves
		13. STATE New Mexico

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	<input type="checkbox"/>	WATER SHUT-OFF	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	FRACTURE TREATMENT	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	SHOOTING OR ACIDIZING	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	(Other) Change Status of Well	<input checked="" type="checkbox"/>
(Other)	<input type="checkbox"/>	(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

OPERATION

February 27, 1964 thru March 1, 1964.

1. Ran 27 jts. 2", EUE, tubing and hung at 827'; Hague gas anchor at 795'; Seating Nipple at 794'.
2. Ran 2" x 1 1/2" x 8" Bethlehem BHP on 31-3/4" rods & 1-2' sub on top.
3. Connected flow line.
4. Placed well on production.
5. In 24 hours pumped 46 BO + 4 BW on 12-24" SPM.
Gravity 23.8 deg. GOR TSTM.

RECEIVED

MAR 5 1964

O. C. C.
ARTESIA, OFFICE

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

Original Signed By

SIGNED R. A. LOWERY
R. A. Lowery

TITLE District Exploitation Engineer, March 2, 1964

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE DATE

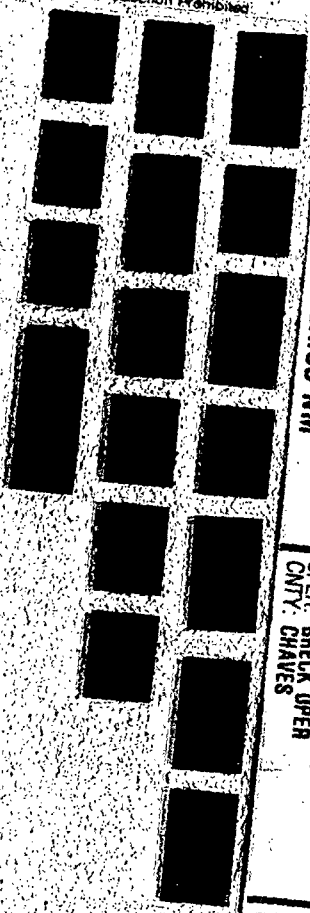
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Petroleum Information
Corporation
REG-FICHE™

10S-25E-27-05 (SW NW)
NEW MEXICO NM

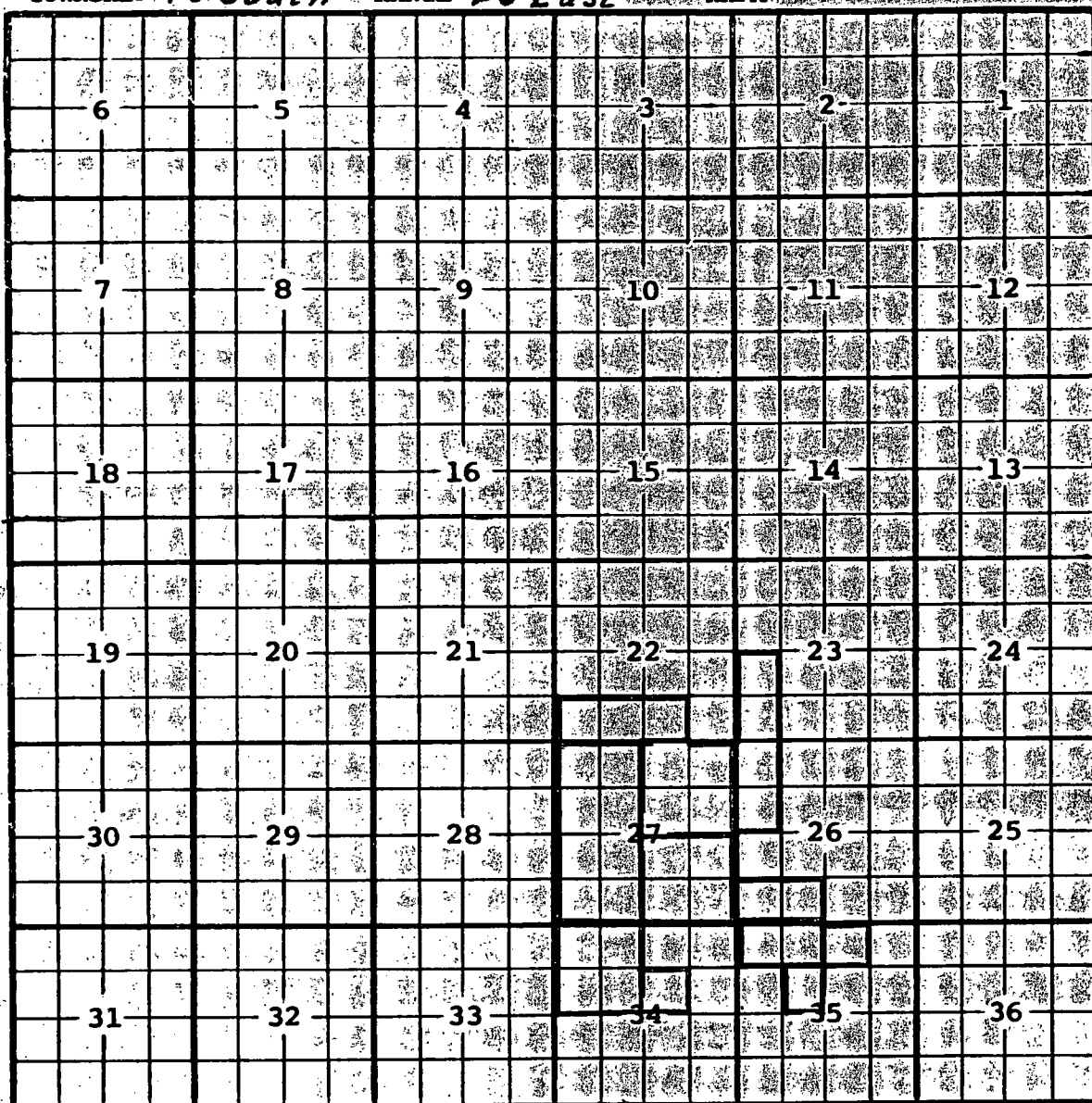
WELL: DEKALB FED 3
OPER: BRECK OPER
CNTRY: CHAVES

API: 30-005-00000
ISSUE: A12/85
CARD: 1+



COUNTY *Chaves*POOL *South Bitter Lake - San Andres*TOWNSHIP *10 South*RANGE *25 East*

NMPM

Description: *W/2 Sec. 27 (R-1700, 7-1-60)*Ext: *SW 1/4 & SW 1/4 SE 1/4 Sec. 27; SE 1/4 Sec. 27 (R-1824, 12-1-60)*- *SW 1/4 Sec. 26; NE 1/4 Sec. 27; NW 1/4 Sec. 34; N 1/2 NW 1/4 Sec. 35 (R-1907, 4-1-61)*- *NW 1/4 NE 1/4 Sec. 35 (R-2034, 8-1-61) - W 1/2 SW 1/4 Sec. 23; W 1/2 NW 1/4 Sec. 26; SW 1/4 Sec. 34;**SE 1/4 NW 1/4 Sec. 35 (R-2139, 1-1-62)*