FAX

Date 12-14-98

NUMBER OF PAGES INCLUDING 10
COVER

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

CC:

Phone

(505)627-2065

Fax Phone

Same

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

Menulas

DEC-14-98 MON

14:04

5056272065

P.01

Submit 3 Contes	tate of New Mexico and Natural Resources Department	artment Old Coff Revised 1-1-89
P.O. BOX 1980, Hoods, NM 88240	ERVATION DIVIS P.O. Box 2088 New Mexico 87504-2088	WELL API NO.
SUNDRY NOTICES AND REPO (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL DIFFERENT RESERVOIR. USE "APPLI , (FORM C-101) FOR SUCH PR	OR TO DEEPEN OR PLUG BAI CATION FOR PERMIT	
OIL IZ7 GAS []	OTT-ECR	
2. Name of Operator MEW Entrepaire		8. Well No. # 3
3. Address of Operator		9. Pool name or Wildcat
1,20 S. Union Roswell Y	1. M. 88201	Bitter LAKES SAN Andres Pod#3980
Unit Letter _ = 1980 Feet From The _	North Line an	nd 660 Feet From The West Line
Section Township	10S Range 25	E NMPM Chaurs County
10. Eleva	Con (Show whether DF, RKB, RT, C	3R, etc.)
11. Check Appropriate Bo	x to Indicate Nature of N	Notice, Report, or Other Data
NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND A	BANDON . REMEDIAL	WORK ALTERING CASING
TEMPORARILY ABANDON CHANGE PLA	NS COMMENC	E DRILLING OPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING	CASING TE	ST AND CEMENT JOB
OTHER: Harizonal Deilling		Horizonal Dailling
Objection 10-27-98 Duild curve to Lay Down 40 of 1253, Total Vertical Depth Dron 278 Linea Tyr Back to All of Latteral in Same prod Chesume well to production Spud Date 10-14-98 Completion 10-27-98 Trating Production On	ent plug for Kier 190° in producing in 34', Daill Lan 860' qiving 400' 46 csq. 5 Per ucing Zone, SAN A	K-055. (3) DRILL HORIZONAL W/ SAN ANDIES PAY At 858. Herial to Total Measured Depth of vertical Section 90° East. RS. Acidize producing Zone.
I hereby certify that the information above is true and complete to the best	•	10.29.00
SIGNATURE Sundhitub		<u>ner</u> <u>10-29-98</u>
TYPEORPRINTNAME Russell Whited		TELEPHONE NO 505-677-20
(This space for State Use)	•	
APPROVED BY	TITLE	DATE
CONDITIONS OF APPROVAL, IF ANY:		•

District I PO Box 1980, Hobbs, NM 88241-1980 State of New Mexico Energy, Minerals & Natural Resources Department

Form C-101 Revised October 18, 1994 Instructions on back

District II 811 South First, Artesia, NM 88210 District III 1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION 2040 South Pacheco Santa Fe, NM 87505

Submit to Appropriate District Office State Lease - 6 Copies Fee Lease - 5 Copies

2040 South Pacheco, Santa Fe, NA	A 87505					AMEND	ED REPORT
APPLICATION FO	R PERMIT TO	DRILL, RE-EN	TER, DEEP	PEN, PLUGBA	CK, C	OR AD	D A ZONE
		ator Name and Address.				³ OGI	RID Number
M.E.W. Enter	RPRISC			•	-	160	PI Number
1700 S. Union	' ^	.M. 88201					5-00069
Property Code			roperty Name				' Well No.
20173	DeKAlb	Federal	* .*				3
[\ . [Location		d21		C
UL or lot no. Section T	ownship Range Lo	t Idn Feet from the	North/South lin	Feet from the	East/We		Chaurs
		ottom Hole Locat					
	ownship Range L	ot Idn Feet from the	North/South lin	e Feet from the	East/W	7	County
E 27	105 25E	1980	North	1062	we		Chaves
B.H - 1 - V C -	Proposed Pool 1	1 # 5000	Bittee Lak	~ • •	ed Pool 2		#5980°
DITTER LAKES SAN	Andres Pool C	ode #5980	IDITICE FAIL	es you hour	\$ 1.00	1 COUR	3780
11 Work Type Code	¹² Well Type Co	de ¹³ Cabl	e/Rotary	14 Lesse Type Co	de		nd Level Elevation
ρ	0			FedeRA		342	
"Multiple	" Proposed Dep	San Andre	s Octomite	TORCA		10	Spad Date -/4-98
		roposed Casing a	and Cement				
Hole Size	Casing Size	Casing weight/foot	Setting De		f Cement		Estimated TOC
378	23/8	4.7	835				
		·	<u> </u>				
		-	<u> </u>			_	
²² Describe the proposed prog	ram. If this application i	s to DEEPEN or PLUG B	ACK give the data	on the present producti	ve zone al	nd proposed	i new productive
De: 11 378 Haz	revention program, if any	Use additional sheets if Total Veetic	necessary.	860'. Du	o F	ac + 4	'בחו
measured Dep	th of 1252	Rug 23/9	4.7# 7	e as Line	- T	Pers	90
Acidize. Res		, , , , , , , , , , , ,	, , , ,	5 1/3	• 7	C /- U V	
Heioise Kes	umt Will t	o procuerio	•	•			
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		· · ·					
²³ I hereby certify that the inform of my knowledge and belief.	rmation given above is true	and complete to the best	OI	L CONSERVA	MOITA	I DIVIS	SION
Signature:	110,114		Approved by:		-		
Printed name:	11 1.11 1		Title:			•	
Title: CONSE	11 Whited		Approval Date:		Expiration	on Date:	
Date:	Phone:		Conditions of App	roval :	<u> </u>		
10-29-9.	8 505-	607-2065	Attached 🗆				
	-	`					

14:06

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

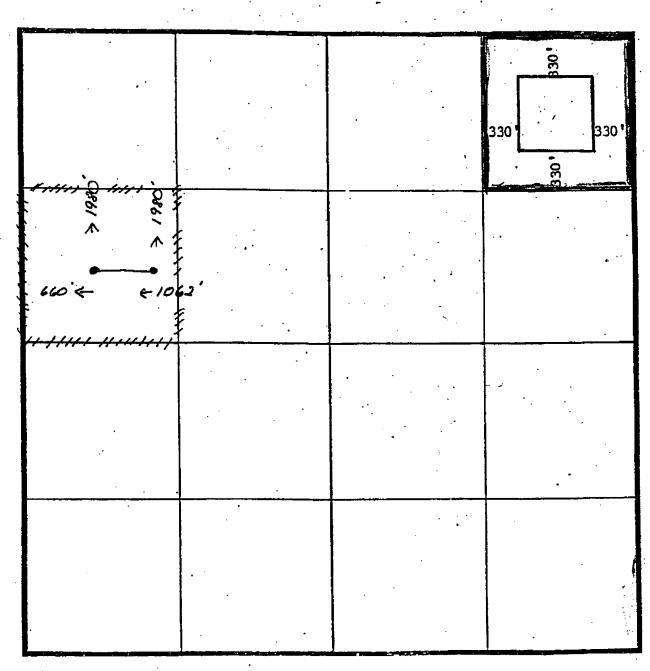
AMENDED REPORT

2040 SOULL FECUE	ou, Saujor E		II. LO	CATIO	N AND ACT	REAGE DEDIC	ים אחודאי		ENDED REPORT
T A	API Numbe			² Pool Co		CENCE DEDIC	Pool Na		
30-00			1 .	5980		Bittee LAKE	_		
¹ Property					⁵ Property		JA11 14		* Well Number
2017	>3	De	Kalb	Fed	RAL				#3
'OGRID					* Operator				* Elevation
1601	90	<u>_M.</u>	<u>Ε, ω</u>	. E	nteepeis				424.5
		,			10 Surface				
UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
E	27	105	25E	<u> </u>	1980	North	660	West	Chaurs
<u> </u>		r <u> </u>				f Different Fro			
UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
E 12 Dedicated Act	27	105	25E Consolidatio	- Code II	1980	North	1062	west	Chaurs
					Order No.		1061	4	
NO ALLOV	WABLE	WILL BE	ASSIGNE	D TO T	HIS COMPLETI	ON UNTIL ALL	INTERESTS H	AVE BEEN C	ONSOLIDATED
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					680 258 402	j			ntion shown on this plat
		İ			758]			ctual surveys made by m at the same is true and
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Sec. 27 Township No. 105 of Range No. 25E

DEVELOPMENT OIL WELLS



40-Acre Spacing

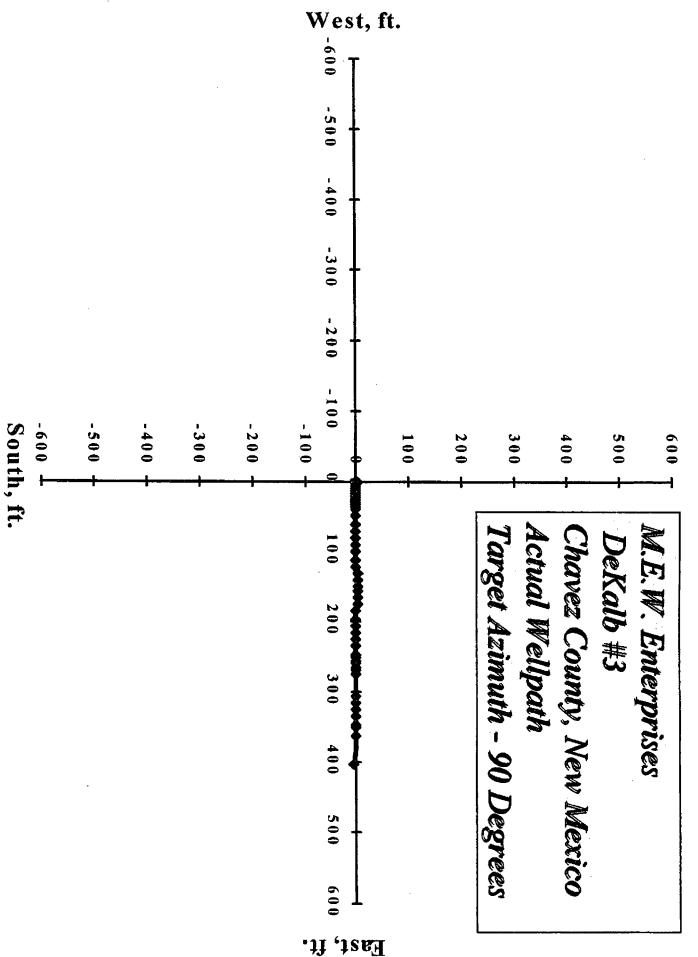
330' from any tract boundary

14:07

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

Inclination = 0
Azimuth = 90

Station	Measured	Inclination	Azimuth	TVD	N/S	E/W	Departure	Dog Leg	ROC
	Depth	Deg	Deg	Ft	Ft	Ft	Ft	Deg/ft	Fī
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	37.3
3	838	12.1	90.2	837.96	0.01	0.75	0.75	2.35	24.3
4	839	14.4	91.4	838.93	0.01	0.98	0.98	2.32	24.7
5	840	16.1	91	839.90	0.00	1.24	1.24	1.70	33.6
6	842	19.5	92	841.80	-0.01	1.86	1.86	1.71	33.
7	844	21.7	92	843.67	-0.04	2.56	2.56	1.10	52.
8	846	25.9	92	845.50	-0.06	3.37	3.37	2.10	27.
9	848	29.2	92.4	847.28	-0.10	4.29	4.29	1.65	34.
10	850	33	92.5	848.99	-0.14	5.32	5.32	1.90	30.
11	852	35.5	92.4	850.64	-0.19	6.45	6.45	1.25	45.
12	854	39.4	92.3	852.23	-0.24	7.66	7.66	1.95	29.
13	856	42.9	92.4	853.74	-0.30	8.98	8.98	1.75	32.
14	858	46.3	92.6	855.16	-0.36	10.38	10.39	1.70	33.
15	860	49.7	92.6	856.50	-0.42	11.86	11.87	1.70	33 .
16	862	53	92.7	857.75	-0.50	13.42	13.43	1.65	34.
17	864	56.5	92	858.90	-0.58	15.06	15.07	1.77	32
18	866	59.9	93.3	859.96	-0.69	16.75	16.77	1.70	33
19	868	63.5	93.4	860.90	-0.79	18.51	18.53	1.80	31.
20	870	66.6	93.5	861.75	-0.89	20.32	20.34	1.55	36.
21	872	69.7	93.3	862.49	-0.99	22.17	22.20	1.56	36.
22	874	72.8	93.2	863.13	-1.07	24.07	24.09	1.60	35.
23	876	75.5	92.8	863.68	-1.11	25.99	26.01	1.58	36.
24	878	78.3	92	864.13	-1.11	27.94	27.96	1.41	40.
25	880	82.2	90.3	864.47	•1.11	29.91	29.93	1.95	29.
26	882	85.8	90	864.68	-1.11	31.90	31.92	1.80	31.
27	884	88.2	90	864.79	-1.07	33.89	33.91	1.50	38.
28	886	90.3	89.8	864.81	-1.04	35.89	35.91	1.45	39.
29	888	92.1	88	864.77	-1.04	37.89	37.91	0.90	63.
30	890	92.7	90	864.69	-1.04	39.89	39.91	0.30	190
31	900	92.1	90	864.27	-1.02	49.88	49.89	0.06	906
32	910	91.9	90	863.92	-0.98	59.88	59.89	0.02	2864
33	920	91.9	89.8	863.59	-0.90	69.87	69.88	0.05	1146
34	930	92.1	89.8	863.24	-0.78	79.86	79.87	0.02	2864
35	940	91.9	89.3	862.89	-0.63	89.86	89.86	0.04	1281
36	950	91.8	89.3	862.57	-0.41	99.85	99.85	0.03	1812
37	960	91.8	88.9	862.25	-0.21	109.84	109.84	0.05	1146.
38	970	91.9	88.6	861.93	-0.05		119.84	 	5729.

Actual

39	980	91.9	89.1	861.60	0.11	129.83	129.83	0.00	#DIV/0!
40	990	92.1	89.1	861.25	0.17	139.82	139.82	0.11	512.7
41	998	92.1	89.1	860.96	0.14	147.82	147.82	0.00	#DIV/0!
42	1005	91.8	90.2	860.72	0.21	154.81	154.81	0.22	262.3
43	1015	91.6	90.2	860.42	0.24	164.81	164.81	0.22	259.4
44	1025	91.4	88.7	860.16	0.09	174.80	174.80	0.02	2864.7
45	1035	90.6	90.9	859.99	-0.08	184.80	184.80	0.08	710.6
46	1045	90.5	90.9	859.89	-0.25	194.80	194.80	0.01	5729.5
47	1055	90.4	91	859.81	-0.43	204.80	204.80	0.01	5729.5
48	1065	90.3	91	859.75	-0.60	214.80	214.80	0.01	5729.5
49	1075	90	91	859.72	-0.78	224.79	224.80	0.03	1909.8
50	1085	90	91	859.72	-0.88	234.79	234.80	0.08	716.2
51	1095	90	91	859.72	-0.93	244.79	244.80	0.01	5729.5
52	1100	90	90.2	859.72	-0.95	249.79	249.80	0.00	#DIV/0!
53	1105	90.1	90.3	859.72	-0.92	254.79	254.80	0.26	219.7
54	1110	90.3	90.3		-0.88	259.79	259.79	0.20	280.9
55				859.70					
	1115	90.7	89	859.66	-0.92	264.79	264.79	0.20	290.8
<u>56</u> 57	1118 1125	<u>90 8</u> 89.8	90.9	859.58	-0.97 -1.16	267 79 274.79	267 79 274.79	<u>0.11</u>	543 f 328.5
58	1155	90.2	91.2	859.58	-2.16	304.77	304.78	0.17	4297.1
59	1165	90.4	91.9	859.53	-2.30	314.77	314.78	0.01	271.6
60	1175	89.8	91.9		-2.30 -2.44	324.77	324.78	0.21	274.4
61	1185	89.2		859.51			334.78	0.21	
			89.8	859.60	-2.78	334.76			905.9
62	1195	88.4		859.81	-3.11	344.76	344.77	0.08	694.8
63	1200	88.3	92	859.95	-3.26	349.75	349.77	0.04	1281.5
64	1215	87.8	91.8	860.47	-3.17	361.70	364.71	0.04	1596.0
65	1253	91	91.6	860.86	-4.90	402.68	402.70	0.08	679.0

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Page 2

403/A

Form C-10 State of New Mexico Energy, Minerals & Natural Resources Der District I PO Box 1980, Hobbs, NM 88241-1980 ctober 18, 199 Instructions on bac District II Submit to Appropriate District Office OIL CONSERVATION DIVISION
2040 South Pacheco 811 South First, Artesia. NM 88210 5 Copie District III 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505 AMENDED REPORT District IV 2040 South Pacheco, Santa Fe, NM 87505 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT 3 OGRID Number M.E.W. Enterpaises 500 East County Road 140 160190 Reason for Filing Code C 0 Midland Tr. 79706 10-25-96 ⁵ Pool Name Pool Code 5980 Bitter Lake SA South Property Code Well Number DeKalb Federal <u> 20173</u> 10 Surface Location NM-Feet from the 660 <u>voeth</u> 105 25E 1980 11 Bottom Hole Location Township Lot Idn Feet from the North/South line Feet from the East/West line UL or lot no. 11 Lse Code 13 Producing Method Code 16 C-129 Effective Date " C-129 Expiration Date 14 Gas Connection Date 19 C-129 Permit Number NONE Oil and Gas Transporters " POD 22 POD ULSTR Location **OGRID** Phillups Petrolurm 4001 Pendrook *34019* 1114010 OdessA TY 29762 2 4 CCS Dist. 2 Produced Water POD WATER TANK AT SWO "POD ULSTR Location and Description 2635 FEL, Sec 27, T-10-5, R-25E Chaus Unit 0 13/5 FSL Well Completion Data Spud Date " Ready Date ²⁰ Perforations DHC, DC,MC ³¹ Hole Size in Casing & Tubing Size 13 Depth Set Sacks Cement VI. Well Test Data * Gas Delivery Date " Test Date Test Length The Pressure Cag. Pressure 41 Choke Size 43 Oil 4 Water * Test Method " I hereby certify that the rules of the Oil Conservation Division have been complied OIL CONSERVATION DIVISION well whitel Approved by: SUPERVISOR, DISTRICT II Russell White Title: Tide: Approval Date: DEC 2 6 1996 Date: Phone: 915-570- 8613

		CLATOKS COPY	
Form 3160- (June 1990)	UNITED S	TATES THE INTERIOR	FORM APPROVED Budget Bureau No. 1004-0135 Expires: March 31, 1993 5. Lease Designation and Serial No.
Do not	SUNDRY NOTICES AND use this form for proposals to drill or to Use "APPLICATION FOR PERI	o deepen or reentry to a different reservoir.	NM 05826 6. If Indian, Allottee or Tribe Name
1. Type of	SUBMIT IN TA	RIPLICATE	7. If Unit or CA, Agreement Designation
Oil We 2. Name of	Il Gas Other Coperator		8. Well Name and No. DeKAI6 143
4. Location	and Telephone No. DEAST COUNTY ROAD 140, I of Well (Fuolage, Sec., T., R., M., or Survey Description) DIT Suc. 27-5 T-10-5, R 25E, SWNW 160 ALRES MORE OR	/) M P M \	9. API Well No. 10. Field and Pool, or Exploratory Area Bittee Lakes South 11. County or Parish, State
12.		INDICATE NATURE OF NOTICE, REPOR	Chaus / M
	TYPE OF SUBMISSION	TYPE OF ACTION	TI, ON OTHER DATE
	Notice of Intent Subsequent Report Final Abandonment Notice	Abandonment Recompletion Plugging Back Casing Repair Altering Casing Other	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.)
giv	e subsurface locations and n easured and true vertical depths	8-rom K+R 0:1 & G.	RECEIVED RECEIVED ROSSING STORING
14. 1 hereb	by certify that the foregoing is true and extrect	BUREAU OF LAND MANAGE ROSWELL RESOURCE AS	EMENT S
	P. 009 11 +	<i>6</i>	12-5-96

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

(This space for Federal or State office use)

Approved by Conditions of approval, if any:

Porm 3000-3a (January 1996)

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

TRANSFER OF OPERATING RIGHTS (SUBLEASE) IN A

LEASE FOR OIL AND GAS OR GEOTHERMAL RESOURCES

Mineral Leasing Act of 1920 (30 U.S.C. 181 at 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)

Type or print plainly in ink and sign in ink.

FORM APPROVED OMB NO. 1004-0034 Expires: September 30, 1998

Loase Serial No.
ana core
DOMESTIC POR
Nm 05876

		F	ART A: TRANSFER	4	
eforms (Bubliscens) \$	 			*	

Street		M.E.W. Enterprise	
•	ZIP Code	500 East County Road 140	
22,7, 2		Midland Ty 79706	i
"If more than o	ne transferee, ch	neck here 🗆 and list the name(s) and address(es) of all additional transferees on the s	cyerse of

*If more than one transferee, check here \square and list the name(s) and address(as) of all additional transferees on the reverse of this form or on a separate attached sheet of paper.

2. This transfer (sublease) conveys the following interest: Land Description	·	ercent of Inter			cent of ling Royalty
additional space on reverse, if needed. Do not submit documents or agreements other than	Owned	Conveyed	Relained		lar Interests
his form; such documents or agreements shall only be referenced herein.		0	d	Reserved	Previously suserved or conveyed
Dekalb Federal Lease	100	100			17.5
T-10-5, R-25-E, n.m.P.M. Chaves County n.m. Lease * Nm-Lages Sec. 27 NW 4		1			7.9:5 Less than 15BOAD per we
containing 160 acers, more on Lers, du to 1,000 St. subsurbare only		,			

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 purty to this transfer holds legal or equitable title to this lease.

id	/ Ton makan		nffentina	DEC	0	1	1 996
ы	Tipipioi	obhta.on	OHICCHYC				

By Diam Milera (Authorized Officer)

LAND LAW ASSISTANT FLUIDS ADJUDICATION TEAM

JAN 2 3 1997

(Title)

(Date)

TRANSMITTAL COVER SHEET

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

PLEASE DELIVER THIS FAX TO:

TO:	Margaret Whited	
FROM:	Michael E. Stosner	(ses) 827-8
SUBJECT:	Do Kull Feel. # 3	
DATE:	12-14-98	
PAGES:	3 (INCLUDING COVER SHEET)	ET)

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

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:

ċ	MacMorson
;	11 1 E C. 1. 1. 1. 827-8185
ROM:	Michael 6. Josepher
UBJECT:	MEW Estupiers Do Kall Fed #3
ATE:	12-14-98
AGES:	S (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

State of New Mexico

Form C-104

Submit to	Appropriate	District Office
	·	5 Copies

PO Box 1980, I	Hobbs, NM 8	8241-1980	F	Energy, Minerals	& Natural I	Resources Departm	ent		Revis	ed October 18, 1994		
	811 South First, Artesia. NM 88210						ON	Subm	it to Appro	Instructions on back priate District Office		
District III 1000 Rio Brazo	Pi-3 Amina	REC		2040	South I	Pacheco				5 Copies		
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III. Oil a	and Gas											
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41.62-1		 	1 22	41.57	·	<u> </u>		of spinorship				
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"I hereby cent with and that t	tify that the ru the information	iles of the Oil n given above	I Conservation D e is true and con	Division have been aplete to the best of	complied of my	0	וז כר	NSERVAT	זות ואחד	TOTON		
knowledge and	d belief.			F10	· N					121014		
Signature:	D	10.11	1 HA		1	Approved by:	Zem	I W. L	(م			

Printed name: Russell Whited Title: Approval Date: Phone: 915-570-8613

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

X general Therefore Signature

Tomes F Koykendall

Previous Operator Signature

Printed Name

	ED Energy,		lew Mexico tural Resources Departme	nt	er visit i led		
	PM 9 2011 (CONSERVA P.O. B	ATION DIVISION ox 2088	,	.00 - 119		or rage
DISTRICT III	S	anta Fe, New M	lexico 87504-2088		1. O. D.		
1000 Rio Brazos Rd., Aztec, NM 87410 I.			BLE AND AUTHORIZ LAND NATURAL GA	ATION	et en skiller et en skille skille	Ç₩	
Operator		ANOI OITI OII	LAND IMIOIAL OA		API No.		
K & R Oil & Ga	is V			300	05000690)0s1_	
Address 2607 Cornell D	rive. Rosw	vell, N.M.	88201				
Reason(s) for Filing (Check proper box)			Other (Please explain	n)			
New Well		in Transporter of: Dry Gas					
Recompletion	Oil IX Casinghead Gas	Condensate					
If change of operator give name							
and address of previous operator			No.				
II. DESCRIPTION OF WELL Lease Name	AND LEASE Well No.	. Pool Name, Includ	ing Formation	Kind (of Lease	10	ase No.
DeKalb Federal		1	akes South SA		Federal or FXEX		5876
Location E					111 -		<i></i>
Unit Letter	_ 1 980 _ :	Feet From The	orth Line and	Fe	et From The	st 	Line
Section 27 Township	10S	Range 25E	, NMPM, Ch	aves			County
III. DESIGNATION OF TRAN	ISPADTED AF C	NI AND NATE	DAT CAC				
Name of Authorized Transporter of Oil	or Conde		Address (Give address to which	h approved	copy of this form	is to be see	nt)
Scurlock-Permian C	o rp '		P.O. Box 4648				
Name of Authorized Transporter of Casing None	ghead Gas	or Dry Gas	Address (Give address to white	h approved	copy of this form	is to be ser	nt)
If well produces oil or liquids, give location of tanks.	Unit Sec. E 27	Twp. Rge. 10 25E	Is gas actually connected?	When	7		
If this production is commingled with that it. COMPLETION DATA	from any other lease or	r pool, give comming	ling order number:				
	Oil Wel	II Gas Well	New Well Workover	Deepen	Plug Back Sar	ne Res'v	Diff Res'v
Designate Type of Completion		i	<u>i </u>				i .
Date Spudded	Date Compl. Ready t	o Prod.	Total Depth		P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Top Oil/Gas Pay Tubing Depth						
	Cormation						
Perforations					Depth Casing St	106	
	TIBING	CASING AND	CEMENTING RECORD)			
HOLE SIZE	CASING & T		DEPTH SET		SAC	KS CEME	NT
V. TEST DATA AND REQUES	FOR ALLOW	ABLE .					
		e of load oil and must	be equal to or exceed top allow			ull 24 how	3.)
Date First New Oil Run To Tank	Date of Test		Producing Method (Flow, pum	p, gas lift, e	IC.)		
Length of Test	Tubing Pressure		Casing Pressure	··· -	Choke Size		
Actual Prod. During Test	Oil - Bbls.		Water - Bbis.		Gas- MCP		
GAS WELL		····		 	1		
Actual Prod. Test - MCF/D	Length of Test		Bbls. Condensate/MMCF		Gravity of Cond	ensate	•
Testing Method (pitot, back pr.)	Tubing Pressure (Shu	ut-in)	Casing Pressure (Shut-in)	•	Choke Size		
VI. OPERATOR CERTIFIC	ATE OF COM	PLIANCE					
I hereby certify that the rules and regula	ations of the Oil Conse	ervation	OIL CON	SERV	ATION DI	VISIC	N
Division have been complied with and is true and complete to the best of my l		ven above	ll .		AUC 4 9	1000	
is true and complete to the best of my i	MOMICUSE MIG DENEL.		Date Approved		AUG 1 2	1997	
George W. Rample	ev			1 . 1.	Letter		
Signature			By	1 621	A TERM	-2	·
Printed Name	Pa	rtner Tille	SUPE	RVISOR	, DISTRIÇ	r I I	
July 23 1992	505	623 3536	Title				
Date	Tel	lephone No.					

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.
- 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 filled for each pool in multiply completed wells.

State of New Mexico HEnergy, Minerals and Natural Resources Department

Submit 5 Copies Appropriate District Office DISTRICT! 011 CONSER	s, showi	goetsa Mi			ew Mexico ural Resoun	ces Departm	nent .	, e		C-104 d 1-1-89 structions
P.O. Box 1980, Hobbs, NM 88240 RESTRICT II	CO 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					DIVISIO	N in	11 1	at Bott	om of Page
P.O. Drawer DD, Artesia, NM 88210	i filli	9 GB Sant	ta Fe, I	P.O. B New M	ox 2088 exico 8750	04-2088				
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	REOL					AUTHORI	IZATIONI			
<u>I.</u>						TURAL G				
Operator K & R Oil & Ga	c		,					API No.	(00001	
Address 2607 Cornell D		Pogwa		NI M	00001		1 300	005000	6900S1	
Reason(s) for Filing (Check proper box)	1146,	ROSWe	тт,	IN • IN •		et (Please expl	ain)			
New Well		Change in T		er of:		ar to reason carp.	,			
Recompletion	Oil Casinghea		Ory Gas Condensi							
If change of operator give name and address of previous operator										
II. DESCRIPTION OF WELL	AND LEA	ASE								
Lease Name DeKalb Federal		Well No. P	ool Nan Bitt	e, Includ	ing Formation akes S	outh SA	Kind KSKake,	of Lease Federal & Ke	k NMO5	ease No. 876
Location E	198	80		N	orth	660			Nest	
Unit Letter	109	F		n The 25E	Line	e and	Fo	et From The		Line
Section C Township)		lange		, N	MPM, '		·····		County
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil		R OF OIL		NATU		e address to w	hick con-	come of this	form is to be a	
Pueblo Petroleum	nc.	or Condensa	" [Box 821	= -			
Name of Authorized Transporter of Casing	head Gas		r Dry G	38 🗀	· · · · · · · · · · · · · · · · · · ·	e address to wi				
None If well produces oil or liquids,	Unit,	Sec. T	Wp.	Rge.	Is gas actually	v connected?	When	?		
give location of tanks.	F		10s			No	i			
If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA										
Designate Type of Completion		Oil Well	Ga	Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Designate Type of Completion Date Spudded		ol. Ready to P	rod.		Total Depth		<u> </u>	P.B.T.D.	İ	-I
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas 1	Pay		Tubing Dep	th	
Perforations .	<u> </u>				l	····		Depth Casir	ng Shoe	
					·			<u> </u>		
HOLE SIZE		UBING, C			CEMENTI	NG RECOR		T	SACKS CEM	FNT
HOLE SIZE		3110 0 100				DLI 111 OL 1				
V. TEST DATA AND REQUES OIL WELL (Test must be after r				and must	be equal to or	exceed top all	owable for th	is depth or be	for full 24 hou	ırs.)
Date First New Oit Run To Tank	Date of Te					ethod (Flow, p				<u></u>
Length of Test	Tubing Pre	ssure			Casing Press	ure		Choke Size		:
Actual Prod. During Test	Oil - Bbls.				Water - Bbls			Gas- MCF		
GAS WELL	· I				1		<u>-</u>			
Actual Prod. Test - MCF/D	Length of	Test			Bbls. Conder	isate/MMCF		Gravity of	Condensate	
Testing Method (pitot, back pr.)	Tubing Pre	essure (Shut-in	n)		Casing Press	ure (Snut-in)		Choke Size	· · · · · · · · · · · · · · · · · · ·	· ···· · · · · · · · · · · · · · · · ·
VI. OPERATOR CERTIFIC	ATE OF	СОМРІ	IANO	E	\ <u></u>	_		4		
I hereby certify that the rules and regul	ations of the	Oil Conserva	tion			OIL CON	ISERV	ATION	DIVISIO	NC
Division have been complied with and is true and complete to the best of my			above		Dota	Approve	ad [AN 3 1	1992	
					Dale	Thhiase	, ,		• *•	
George W. Rample	&len	`` P <i>±</i>	artn	er	By_	m	és li	- Sing	ina	

Printed Name Jan 9 Date Telephone No

SUPERVISOR, DISTRICT II 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.

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	TRANSPORTER GAS	-	•								
	OPERATOR						: ,		RECE	UFD	
1.	PRORATION OFFICE	1				·					
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	K&R Oil& Gas	<u>; /</u>				·			JAN .	15,30	
	2607 Cornell	Drive	Ros	well	1. N.N	4. 88201	•	,	0	C. D.	
	Reason(s) for filing (Check proper box)	!			•	Ó	ner (Please	explain)		A, OFFICE	
	New Well Recompletion	,	in Trans	porter o					, ,	•	
	Change in Ownership	Oil Casinat	head Gas	H	Dry Ga Conder	. ===					
	3 841		- le	5			· · · · · · · · · · · · · · · · · · ·				
	If change of ownership give name and address of previous owner	Breck	Per) in	Gort		11 P	Ticoni.	1-co		
••					•		:		*804	21.00.0 · / (J 0 12 4
11.	DESCRIPTION OF WELL AND	Well No	Pool I	Name, In	cluding F	ormation		Kind of Lease			Lease No
	DEKALB FEDERAL	3		BITTE	R LAKE	SA,SOUTH	ı X	SXAXe, Federa	₩ ₩₩	`	NM-05876
	Location	1000		MODE		660			6.0	ГСТ	
	Unit Letter;	1980 _{F••1} F	rom The	NORI	H Lin	• and660		_Feet From 1	TheW	EST	
	Line of Section 27 Tow	mahip 10S			lange 25E		. NMPM.	CHA	VES		County
	Em of Sector 100	natap	· ·		dige		, 14101-101,				County
ш.	DESIGNATION OF TRANSPORT	ER OF OI			RAL GA	S		<u> </u>			
	Name of Authorized Transporter of Oil	X or	Condens	ate 🗀		Address (Giv			•	_	•
	Navajo Refining Co	inghead Gas (Ot Ot	Dry Ga	• 🗀	Address (Giv	rawer e address so	159 Art	esia ed copy of u	N M	38211 10 be sent
	NONE						,				,
	If well produces oil or liquids,	Unit Se	,	Γwρ.	P.ge.	Is gas actual	ly connected	17 Whe	n		
	give location of tanks.	F 12	7	10'S	25E	<u>NO</u>					
***	If this production is commingled wit	h that from t	any othe	r lease	or pool,	give comming	ling order	number:			
IV.	COMPLETION DATA		OII Well	G	as Well	New Well	Workover	Deepen	Plug Back	Same Rei	e'v. Dili. Res'
	Designate Type of Completio	n – (X)		:				<u> </u>	<u> </u>		
	Date Spudded	Date Compl.	Ready t	o Prod.		Total Depth			P.B.T.D.		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Pro	duoina F	·		Top Oil/Gas	Day		Tubing De		
	Listations (Dr., RRB, R1, GR, etc.)	Manie of Pio	aucting t	ormano.	•	100000,000	<i>i-u</i>		l abing be	^	•
	Perforations					·!			Depth Cast	ng Shoe	
						CEMENTING			1	104105	
	HOLE SIZE	CASIN	G & TU	BINGS	176		PEPTH SE	·		ACKS CEN	VENI
						<u> </u>		4 4 4 4			
V.	TEST DATA AND REQUEST FO)R ALLOW	ABLE	(Test	must be aj for this de	(ter recovery of pth or be for fu	itotal volum Il 24 hours)	e of load oil i	and must be o	iqual to or i	exceed top allo
	Date First New Oil Run To Tanks	Date of Test	t			Producing Me	thod (Flow,	pump, gas lif	t, etc.)		
	- A A Mass	Tubing Pres		·		Casing Press	wa.	<u></u>	Choke Size		
	Length of Test	I doing Pres				Casing Fress	:		0		
	Actual Prod. During Test	Oll-Bbls.				Water - Bble.		· · · · · · · · · · · · · · · · · · ·	Gas-MCF		
						<u> </u>			<u> </u>	4.1	.:
	GAS WELL Actual Prod. Test-MCF/D	Length of To	est			Bble. Conden	sate/MMCF		Gravity of	Condensate	A
					·						
	Testing Method (pitot, back pr.)	Tubing Pres	sure (Sh	nt-in)		Casing Press	we (Shut-	in)	Choke Size		· ————
		L					011 0	ONSERVA	TION CO	MAICCIC	
VI.	CERTIFICATE OF COMPLIANC	Æ						ONSERVA		MMISSIO	N
	I hereby certify that the rules and r	eguistions a	f the Oi	I Cons	ervation	APPROVI	ED	JAN 2 3		,	. 19
	Commission have been complied wabove is true and complete to the	ith and that	t the in:	formatic	on given	BY_Z	261	ulik	an	3	
	to the end equiplets to the			J			SUPER	VISOR, D	ISTRICT	"	•
	\wedge	\wedge	^			TITLE		2			,
	CK (10	Rama	all.	-		This	form is to	be filed in o	compliance	with RULI	E 1104. led or deepene
	(Signa	ture)	<u> </u>	/		well, this	form must	be accompa	nied by a ti	apalation c	ot the devietic
	1)					ii tests take	n on the W	ell in accor	REUCA MILL	WAP II	**

(Tille) (990 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 transporten or other such change of condition

Separate Forms C-104 must be filed for each pool in multiply

Subinit 5 Copies		Energy M		ew Mexico ural Resources Departmer		RECEIVED	Form C-104 Revised 1-1-89	7
Appropriate District Office DISTRICT I P.O. Box 1980, Hobbs, NM 88240 AT 101	H DIVIS	ON IN	Iniciais and Ival	mai resources Departite	116		See Instructions at Bottom of Pa	
DISTRICT II 011 CON SECULIVE P.O. Drawer DD, Anesia, NM 88210				ATION DIVISION ox 2088	1 P	40V 17 '8 9	at Doctorii of a w	•
	IM 9 ?	L3 Sar		exico 87504-2088		O. C. D.		
1000 Rio Brazos Rd. Azlet MM-87410	REQ	JEST FO	OR ALLOWAE	BLE AND AUTHORIZ	ATION	rtesia, offici		
I. Operator		TO THA	NSPORT OIL	AND NATURAL GA		API No.		
K and R Oil & Ga	as	_						
Address								}
Reason(s) for Filing (Check proper box)	. Rosw	ell. Ne	w Mexico 88	3201 Other (Please explai	n)			
New Well			Transporter of:					
Recompletion	Oil Casinghe	_	Dry Gas Condensate	Effective Da	ite:	12/01/89)	
If change of operator give name and address of previous operator Breck				Box 911, Breckenr	idge, T	exas 7602	.4	
II. DESCRIPTION OF WELL			<u></u>			3 3 3 3	·	
Lease Name	AND LE		Pool Name, Includi	ng Formation		of Lease	Lease No.	
DeKalb Federal		3	Bitter Lake	SA, South	XXX.	Federal SENTREK	NM-05876	
Location Unit LetterE	:19	80	Feet From The	orth Line and 660	Fe	et From The	rest	Line
Section 27 Township	, 10s		Range 25E	, NMPM,	Chave	· ·S	Coun	10
Section Township	<u>'</u>		Kauge	, i vivi ivi,			Coun	3
III. DESIGNATION OF TRAN	SPORTE	or Condens		RAL GAS Address (Give address to which	-h approved	come of this form	is to be sent)	
The Permian Corpora	ation	or conden		Box 3119, Midland			. 2 10 00 30,27	Ì
Name of Authorized Transporter of Casing	head Gas		or Dry Gas	Address (Give address to which	h approved	copy of this forn	is to be sent)	
None If well produces oil or liquids,	Unit		Twp. Rge.	is gas actually connected?	When	?		
give location of tanks.	F	27	10S 25E	No	l	·		
If this production is commingled with that f IV. COMPLETION DATA	rom any ou	ner lease or p	ooi, give commingi	ing order number:				
Designate Type of Completion -	.00	Oil Well	Gas Well	New Well Workover	Deepen	Plug Back Sa	me Res'v Diff R	es'v
Date Spudded		pl. Ready to	Prod.	Total Depth		P.B.T.D.		
Elemations (DE BED DT CD atc.)	Nome of I	boducina Eco		Top Oil/Gas Pay		T.:- D. d		
Elevations (DF, RKB, RT, GR, etc.)	Name of F	roducing For	mauon	Top On Out 1 ay		Tubing Depth		
Perforations						Depth Casing S	hoe	
	7	TUBING,	CASING AND	CEMENTING RECORD)	<u>-</u>		
HOLE SIZE	CA	SING & TU	BING SIZE	DEPTH SET		SA	CKS CEMENT	
V. TEST DATA AND REQUES	T FOR A	ALLOWA	BLE			<u> </u>		
			of load oil and must	be equal to or exceed top allow			full 24 hours.)	
Date First New Oil Run To Tank	Date of Te	est.		Producing Method (Flow, pum	φ, gas lift, e	ic.)		
Length of Test	Tubing Pro	essure		Casing Pressure		Choke Size		
Actual Prod. During Test	Oil - Bbls.	· · ·		Water - Bbls.		Gas- MCF		
	L			<u> </u>		<u> </u>		
GAS WELL Actual Prod. Test - MCF/D	Length of	Test		Bbls, Condensate/MMCF		Gravity of Con	densate	
Testing Method (pitot, back pr.)	Tubing Ph	essure (Shut-	in)	Casing Pressure (Shut-in)		Choke Size	•	
VI. OPERATOR CERTIFICA	ATE OF	COMP	LIANCE	011 0011				
I hereby certify that the rules and regula Division have been complied with and t				OIL CONS	SEHVA	ATION D	IVISION	
is the and complete to the best of my k			. soote	Date Approved	DE	C - 8 198	9	
Conta Saufley	Jan.	I D	~					
Signature	MOLK	011	rever	By Make	Wh	Man	~	
Printed Name	CNCI	H1//	Title	Title SUPERVIS	SOR, DI.	STRICTII		
11/14/09 623-	3236	623	5593	Title				
Date /	(b) ((d)	Telep	phone No.				· · · · · · · · · · · · · · · · · · ·	

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 INTERMEDIT OF THE INTERMEDIT OF LAND MANAGEMENT	awer DD NM-05876	BERIAL NO.
SUNDRY NOTICES AND REPORTS C Do not use this form for proposals to drill or to deepen or plug be Use "APPLICATION FOR PERMIT—" for such per	N WELLS	TRIBE NAME
OIL GAS S	7. UNIT AGREEMENT NAME	
WELL X WELL OTHER 2. NAME OF OPERATOR	8. FARM OR LEASE NAME	
Breck Operating Corp. /	RECEIVED DeKalb Federa	1
P.O. Box 911, Breckenridge, Texas 76	024 3	
t. LOCATION OF WELL (Report location clearly and in accordance with any See also space 17 below.)		DCAT
At surface	Bitterlake San	
Unit E: 1980' FNL & 660' FWL	O. C. D. SIEC., T., E., M., OR BLE. A SURVEY OF AREA	
14. PERMIT NO. , 15. ELEVATIONS (Show whether DF.	Sec. 27, T10S, RT. GR. etc.) 12. COUNTY OR PARISH 13.	RZSE
3473' DF	i	Mexico
16. Check Appropriate Box To Indicate No.	ature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	BUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF PULL OR ALTER CASING	WATER SHUT-OFF REPAIRING WELL	
FRACTUBE TREAT MULTIPLE COMPLETE	FRACTURE TREATMENT ALTERING CASING	
SHOOT OR ACIDIZE ABANDON*	SHOOTING OR ACIDIZING ABANDONMENT®	
REPAIR WELL CHANGE PLANS	(Other)	-11
(Other) Shut In X	(Norn: Report results of multiple completion on W Completion or Recompletion Report and Lor form.	
 DESCRIBE PROPOSED OR COMPLETED OPERATIONS: (Clearly state all pertinent proposed work. If well is directionally drilled, give subsurface locati nent to this work.) 	ons and measured and true vertical depths for all markers and	zones perti-
sulphide scaling requires the down ho Chemical treatment to remedy the situ	JUN-6 1989	eeks.
	L CONSERVATION DIV. SANTA FE	1969
18. I bereby certify that the foregoing is true and correct SIGNED TITLE PE	etroleum Engineer DATE 5/8/89	
SIGNED TITLE PE	etroleum Engineer DATE 5/8/89	
SIGNED TITLE PE	etroleum Engineer DATE 5/8/89	
SIGNED TITLE PE	etroleum Engineer DATE 5/8/89 DATE FIER W. CI	RECORD IESTER

			AND	Effective 1-1-65
U.S.G.S.		AUTHORIZATION TO TR	ANSPORT OIL AND NA	URA RECEIVED BY
IRANSPORTER	OIL V	i and spicion i	当川11	
OPERATOR	GAS	1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		OCT 17 1983
PRORATION OFF		1111 -07 51987	· 1111	O. C. D.
Breck Ope	rating (111 001 - 9 1901		ARTESIA, OFFICE
Address	racing (eckeng DNSERVATION C	INISICAL	
P. O. Box	911, Br	eckeng DNSE Kerag 76	024	·
Reason(s) for filing (Check proper bos	Change in Transporter of:	Other (Please e	xplain)
Recompletion		Oil Dry G	os []	• .
Change in Ownership	<u>X</u>	Casinghead Gas Conde	ensate 📗	·
If change of ownersh and address of previ	nip give name . ous owner	Petroleum Corporation of	Texas, Box 911,	Breckenridge, TX 76024
DESCRIPTION OF	WELL AND			
DeKalb Federa	al	Well No. Pool Name, Including F 3 Bitter Lake SA	1	ted of Lease Lease I L
Location				
Unit Letter E	;19	80 Feet From The north Li	ne and	Feet From The West
Line of Section	27 το	waship 10S Range	25E , NMPM.	Chaves cour
DECICNATION OF				
Name of Authorized T	TRANSPOR	TER OF OIL AND NATURAL G		which approved copy of this form is to be sent)
		n Permian (Eff. 9 / 1 /87)	Box 3119, Midland	
Name of Authorized T	rensporter of Ca	singhead Gas Or Dry Gas		which approved copy of this form is to be sent)
None If well produces oil or	e Hautela	Unit Sec. Twp. P.ce.	is gas actually connected?	When
give location of tanks		F 27 10S 25E	No	i
f this production is COMPLETION DA	commingled wi	th that from any other lease or pool,	give commingling order no	umber:
		Cil Well Gas Well	New Well Workover	Deepen Piug Back Same Res'v. Diff. R
Designate Type	of Completion			
Date Spudded	•	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RKB,	RT, GR, etc.,	Name of Producing Formation	Top O4/Gas Pay	Tubing Depth
	···			
Perforations		•		Depth Casing Shoe
		TUBING, CASING, AN	D CEMENTING RECORD	
HOLES	IZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
			<u>i</u>	
			free recovery of total volume epth or be for full 24 hours)	of load ail and must be equal to ar exceed top a
TEST DATA AND	REGUEST F	able for this de		
		Date of Test	Producing Method (Flow, p	ump, gas life, etc.) Rost St3
DII. WELL Date First New Oil Ru		Date of Test	Producing Method (Flow, p	1-24-84
OIL WELL				ump, gas life, etc.) Post Sh-3 1-24-84 Choix Size Ulg. Ofo.
DII. WELL Date First New Oil Ru	exapT oT au	Date of Test	Producing Method (Flow, p	1-24-84
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Form 9-331 (May 1963)	UNITED ST		SUBMIT IN TRIPLICATE (Other instructions on re	
	DEPARTMENT OF T		OR verse side)	5. LEASE DESIGNATION AND SERIAL NO.
	GEOLOGICAL	SURVEY		
SU	INDRY NOTICES AND	REPORTS C	ON WELLS	6. IF INDIAN: ALLOTTEE OR TRIBE NAME
	his form for proposals to drill or to Use "APPLICATION FOR PERM	deepen or plug be	ack to a different reservoir.	in the second se
1.				7. UNIT AGREEMENT NAME:
OIL GAS WELL	C OTHERVIAIN OFFICE	000		
2. NAME OF OPERATOR	/			8. FARM OR LEASE NAME
Shell Oil C				DeKalb Federal
3. ADDRESS OF OPERA	IJG4 Brut 🕶 Bit			9. WELL NOT THE AT SO
	858, Roswell, New Mex		State meguinements #	10 mmm AND DOOK OF WARREN
See also space 17 t	pelow.)	rdance with any	state requirements.	Bouth Bitter Lakes SA
<u> </u>	660' FWL, (SW/4 NW/4	.)		11. SEC., T., B., M., OR BLK. AND.
	T-10-S ,R-25E	•		Section 27, T-10-S, R-2
NMPM Survey	, Chaves County, New	Mexico		NMPM Survey
14. PERMIT NO.		(Show whether DF,	RT, GR, etc.)	12. COUNTY OR PARISH 13. STATE
		3473' DF		Chaves a New Mexic
16.	Check Appropriate Box	To Indicate N	ature of Notice, Report, or	Other Data
	NOTICE OF INTENTION TO:			QUENT REPORTIOF:
			_	
TEST WATER SHUT			WATER SHUT-OFF	S S REPAIRING WELL
FRACTURE TREAT SHOOT OR ACIDIZE	MULTIPLE COMPLE ABANDON*	1E	FRACTURE TREATMENT SHOOTING OR ACIDIZING	ATTERING CASING
REPAIR WELL	CHANGE PLANS		(Other) Change Stat	
(Other)			(Note: Report result Completion or Recom	ts of multiple completion on Well pletion Report and Log form.) = =
17. DESCRIBE PROPOSED	OR COMPLETED OPERATIONS (Clearly If well is directionally drilled give	state all pertinent	details, and give pertinent date	s, including estimated date of starting any cal depths for all markers and zones perti-
nent to this work		, , , , , , , , , , , , , , , , , , , ,	was measured that the vers	B G B B B B B B B
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February 27	, 1964 thru March 1,	1964.		
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	jts. 2", EUE, tubing	and hung at	t 827'; Hague gas an	chor at 795's
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				o.C.C.
			A	RTESIA, DEFICE
18. I hereby certify th	nat the foregoing is true and correct riginal Signed By			A FILL FAIL
SIGNED	R. A. LOWERY	TITLE DIE	trict Exploitation E	Ingineer March 2, 1964
(This space for F	ederal or State office use)			
, -				<u>- 국민원인</u> 과 왕의 친계원인
APPROVED BY CONDITIONS OF	APPROVAL, IF ANY:	TITLE		DATE BURGER
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	MEXICO OIL	
	CONSERVATIO	
•	COM MISSION	

Lo ro MUNCORS DE AL	To the state of th	Well No. Loase		\$-T-\$	\$-1-8
Location 1090	Fr. NJ L	1 M 1, 4099	County	c haves	
Spud 11-26-60	Comp.	1-13-61	Field	S.Bitter L	ake SA
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NEW MEXICO NM

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