

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENTOMB No. 1004-0135  
Expires July 31, 1996

51

## SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.

SUBMIT IN TRIPLICATE - Other instructions on reverse side

Type of Well

☒ Oil Well ☐ Gas Well ☐ Other

Name of Operator

Stephens &amp; Johnson Operating Co.

Address

Box 2249, Wichita Falls, TX 76307

3b. Phone No. (include area code)

(940) 723-2166

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

Unit Letter A:330 feet from the FNL line and 330 feet from the FEL line; Section 13 Township 19S Range 28E

5. Lease Serial No.

LC 069107

6. If Indian, Allottee or Tribe Name

7. If Unit or CA/Agreement, Name and/or No.  
8910169240

East Millman Unit

8. Well Name and No.

East Millman Unit No. 6-5

9. API Well No.

30-015-02233

10. Field and Pool, or Exploratory Area

Millman QN-GB-SA, East

11. County or Parish, State

Eddy County, New Mexico

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

TYPE OF SUBMISSION	TYPE OF ACTION			
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input checked="" type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input type="checkbox"/> Other _____
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input checked="" type="checkbox"/> Temporarily Abandon	
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

Describe Proposed or Completed Operation (clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recompleat horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompleat in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection.)

We request that this well be classified as Temporarily Abandoned. The East Millman Unit is an active waterflood project with an on going infill drilling program and plans for conversion of existing wells to additional water injection wells. This well has beneficial use as a producing well or a future water injection well subsequent to the infill drilling program which will be completed over the next 3 years. Depending upon the success of the infill drilling program, well No. 6-5 will be reactivated as a producer or converted to a water injection well sometime during the next 3 years.

See attached well data and the procedure performed for Temporarily Abandon status.

TA Approved For 12 Month Period

Ending 4/4/03

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

Name (Printed/Typed)

William M. Kincaid

Title

Petroleum Engineer

Signature

Will. M. Kincaid

Date

April 16, 2002

## THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by

(ORIG. SGD.) JOE G. LARA

Title

Petroleum Engineer

Date

6/4/02

Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.

Office

CFO

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.

(Instructions on reverse)

Stephens & Johnson Operating Co.  
East Millman Pool Unit No. 6-5  
Eddy County, New Mexico

4-16-2002

Well Data

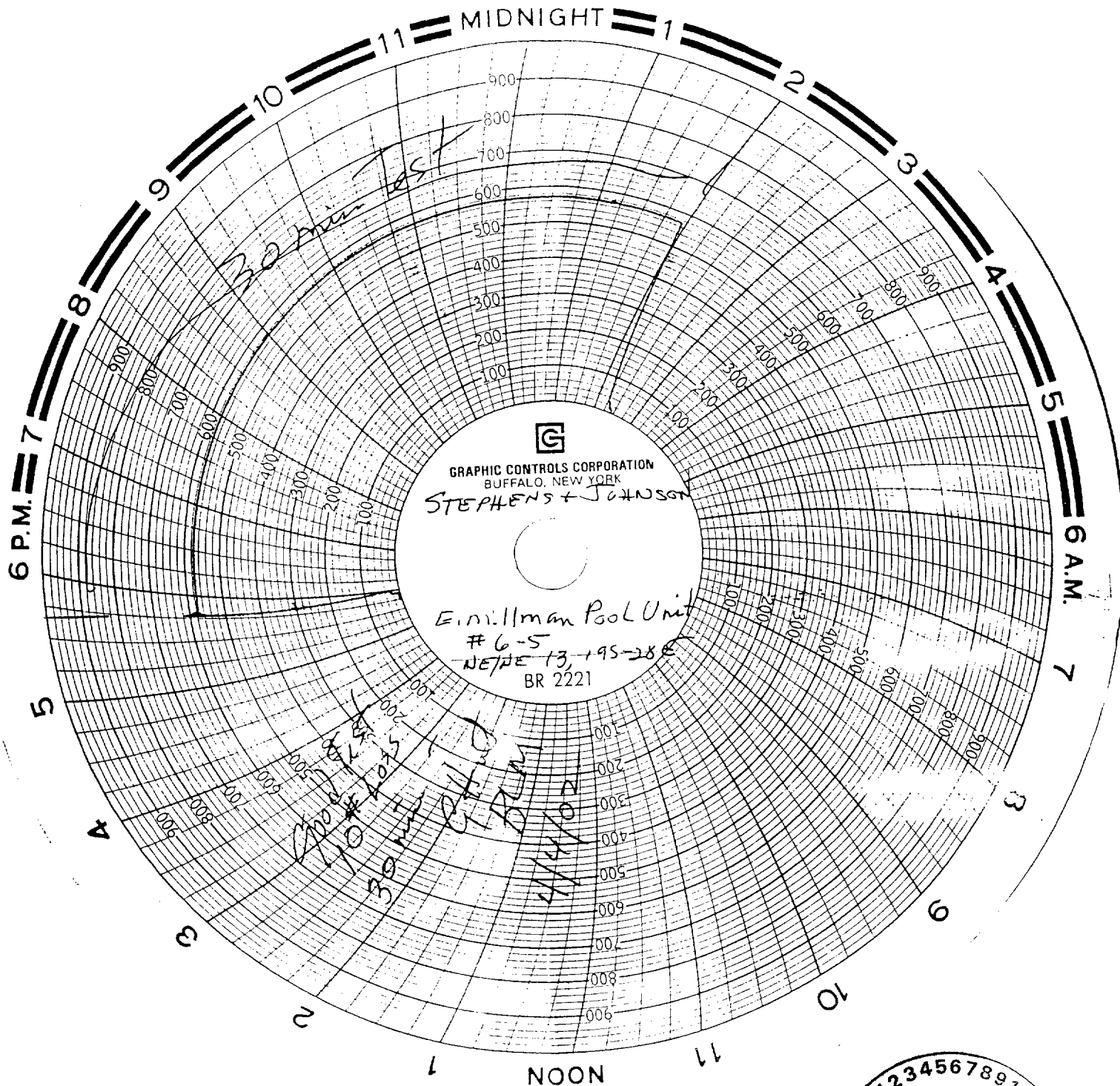
Surface Casing: 8 5/8", set @ 270' w/50 sx cmt  
Production Casing: 4 1/2", 9.5 lb/ft, set @ 2235'  
w/160 sx cmt. TOC @ 1535'

Perforations: Queen 1740-1744'  
1770-1776'  
1939-1945'  
Grayburg 2106-2112'  
2150-2156'

CIBP: Set at 1595'. Production casing is filled  
with corrosion inhibited fluid.

Casing Integrity Test Procedure

04-04-2002 Pressured casing to 580 psig. In 30 minutes  
pressure had dropped to 570 psig. (Copy of  
pressure chart attached.) Capped well for TA  
status.



UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

Oil Cons.  
N.M. DIV-Dist. 2  
1301 W. Grand Avenue  
Artesia, NM 88210

FORM APPROVED  
OMB No. 1004-0135  
Expires July 31, 1996

51

**SUNDRY NOTICES AND REPORTS ON WELLS**

*Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.*

**SUBMIT IN TRIPLICATE - Other instructions on reverse side**

Type of Well

☒ Oil Well ☐ Gas Well ☐ Other

Name of Operator

Stephens & Johnson Operating Co.

Address

PO Box 2249, Wichita Falls, TX 76307

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

Unit Letter A:330 feet from the FNL line and 330 feet from the FEL line; Section 13 Township 19S Range 28E

Case Serial No.

LC 069107

6. If Indian, Allottee or Tribe Name

7. If Unit or CA/Agreement, Name and/or No.  
8910169240

East Millman Unit

8. Well Name and No.

East Millman Unit No. 6-5

9. API Well No.

30-015-02233

10. Field and Pool, or Exploratory Area

Millman QN-GB-SA, East

11. County or Parish, State

Eddy County, New Mexico

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

TYPE OF SUBMISSION	TYPE OF ACTION
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize <input type="checkbox"/> Deepen <input type="checkbox"/> Production (Start/Resume) <input type="checkbox"/> Water Shut-Off
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing <input type="checkbox"/> Fracture Treat <input type="checkbox"/> Reclamation <input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair <input type="checkbox"/> New Construction <input type="checkbox"/> Recomplete <input type="checkbox"/> Other
	<input type="checkbox"/> Change Plans <input type="checkbox"/> Plug and Abandon <input checked="" type="checkbox"/> Temporarily Abandon
	<input type="checkbox"/> Convert to Injection <input type="checkbox"/> Plug Back <input type="checkbox"/> Water Disposal

Describe Proposed or Completed Operation (clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recompleat horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompleat in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection.)

We request that this well be classified as Temporarily Abandoned. The East Millman Unit is an active waterflood project with an on going infill drilling program and plans for conversion of existing wells to additional water injection wells. This well has beneficial use as a producing well or a future water injection well subsequent to the infill drilling program which will be completed over the next 3 years. Depending upon the success of the infill drilling program, well No. 6-5 will be reactivated as a producer or converted to a water injection well sometime during the next 3 years.

A casing integrity test as per the attached procedure will be performed during the week of March 11, 2002.

Accepted for record - NMOCD

I hereby certify that the foregoing is true and correct  
Name (Printed/Typed)

William M. Kincaid

Signature

Title

Petroleum Engineer

Date

February 22, 2002

**THIS SPACE FOR FEDERAL OR STATE OFFICE USE**

proved by

COPIE FOR OFFICE OF B. LARA

Title

Date

3/18/2002

Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.

Office

CFO

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.

Instructions on reverse)

Stephens & Johnson Operating Co.  
East Millman Pool Unit No. 6-5  
Eddy County, New Mexico

2-22-2002

Well Data

Surface Casing: 8 5/8", set @ 270' w/50 sx cmt  
Production Casing: 4 1/2", 9.5 lb/ft, set @ 2235'  
w/160 sx cmt. TOC @ 1535'

Perforations: Queen 1740-1744'  
1770-1776'  
1939-1945'  
Grayburg 2106-2112'  
2150-2156'

CIBP: Set at 1595'. Production casing is filled  
with corrosion inhibited fluid.

Casing Integrity Test Procedure

1. Pressure casing to 300 psig and hold for 30 minutes.

500  


UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

FORM APPROVED  
OMB No. 1004-0135  
Expires July 31, 1996

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Name of Operator

Stephens & Johnson Operating Co.

Address

PO Box 2249, Wichita Falls, TX 76307

3b. Phone No. (include area code)

(940) 723-2166

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

Unit Letter A:330 feet from the FNL line and 330 feet from the FEL line; Section 13 Township 19S Range 28E

5. Lease Serial No.

LC 069107

6. If Indian, Allottee or Tribe Name

7. If Unit or CA/Agreement, Name and/or No.  
8910169240

East Millman Unit

8. Well Name and No.

East Millman Unit No. 6-5

9. API Well No.

30-015-02233

10. Field and Pool, or Exploratory Area

Millman QN-GB-SA, East

11. County or Parish, State

Eddy County, New Mexico

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<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input checked="" type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input type="checkbox"/> Other
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input checked="" type="checkbox"/> Temporarily Abandon	
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

Describe Proposed or Completed Operation (clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recompleat horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompleat in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection.)

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A casing integrity test as per the attached procedure will be performed during the week of March 11, 2002.

See Attached

I. I hereby certify that the foregoing is true and correct  
Name (Printed/Typed)

William M. Kincaid

Title

Petroleum Engineer

Signature

Date

February 22, 2002

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by

Title

Date

Conditions  
Verify that  
high work

OCD approval conditional.  
Well must meet BLM  
requirements and acquire  
their approval.

Does not warrant or  
in the subject lease

Office

Willfully to make to any department or agency of the United States any false, fictitious or  
fiction.

Stephens & Johnson Operating Co.  
East Millman Pool Unit No. 6-5  
Eddy County, New Mexico

2-22-2002

Well Data

Surface Casing: 8 5/8", set @ 270' w/50 sx cmt  
Production Casing: 4 1/2", 9.5 lb/ft, set @ 2235'  
w/160 sx cmt. TOC @ 1535'

Perforations: Queen 1740-1744'  
1770-1776'  
1939-1945'  
Grayburg 2106-2112'  
2150-2156'

CIBP: Set at 1595'. Production casing is filled  
with corrosion inhibited fluid.

1700' →

Casing Integrity Test Procedure

1. Pressure casing to 300 psig and hold for 30 minutes.

Submit 3 Copies To Appropriate District  
Office  
District I  
1625 N. French Dr., Hobbs, NM 87240  
District II  
811 South First, Artesia, NM 87210  
District III  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV  
2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico  
Energy, Minerals and Natural Resources  
**OIL CONSERVATION DIVISION**  
2040 South Pacheco  
Santa Fe, NM 87505

58  
Form C-103  
Revised March 25, 1999

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-104) FOR SUCH PROPOSALS.)		WELL API NO. <b>30-015-02233</b>
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator <b>Stephens &amp; Johnson Operating Co.</b>		6. State Oil & Gas Lease No. <b>LC 069107</b>
3. Address of Operator <b>P O Box 2249, Wichita Falls, TX 76307-2249</b>		7. Lease Name or Unit Agreement Name: <b>8910169240 East Millman Unit</b>
4. Well Location Unit Letter <b>A</b> : <b>330</b> feet from the <b>FNL</b> line and <b>330</b> feet from the <b>FEL</b> line Section <b>13</b> Township <b>19S</b> Range <b>28E</b> NMPM County <b>Eddy</b>		8. Well No. <b>East Millman Unit No. 6-5</b>
10. Elevation (Show whether DR, RKB, RT, GR, etc.)		9. Pool name or Wildcat <b>Millman QN-GB-SA, East</b>

11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input checked="" type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPLETION <input type="checkbox"/> OTHER: <input type="checkbox"/>	SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG AND ABANDONMENT <input type="checkbox"/> CASING TEST AND CEMENT JOB <input type="checkbox"/> OTHER: <input type="checkbox"/>

12. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation.

We request that this well be classified as Temporarily Abandoned. The East Millman Unit is an active waterflood project with an ongoing infill drilling program and plans for conversion of existing wells to additional water injection wells. This well has beneficial use as a producing well or a future water injection well subsequent to the infill drilling program which will be completed over the next 3 years. Depending upon the success of the infill drilling program, well No. 6-5 will be reactivated as a producer or converted to a water injection well sometime during the next 3 years.

A casing integrity test will be performed during the week of October 2, 2000.

CIBP ran a set 100' above Top perforations.

M.I.T. min test pressure 3000 for 30 min. on Recorder Chart.

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

SIGNATURE William M. Kincaid TITLE Petroleum Engineer DATE 9-28-00

Type or print name William M. Kincaid Telephone No. (940) 723-2166  
(This space for State use)

APPROVED BY Mike Stull TITLE Field Rep. II DATE 10/12/2000  
Conditions of approval, if any:

\* Notify N.M.C.D. to witness M.I.T.



Stephens & Johnson Operating Co.  
East Millman Pool Unit No. 6-5  
Eddy County, New Mexico

9-28-00

Well Data

Surface Casing: 8 5/8", set @ 270' w/50 sx cmt  
Production Casing: 4 1/2", 9.5 lb/ft, set @ 2235'  
w/160 sx cmt. TOC @ 1535'  
Perforations: Queen 1740-1744'  
1770-1776'  
1939-1945'  
Grayburg 2106-2112'  
2150-2156'  
CIBP: Set at 1595'. Production casing is filled  
with corrosion inhibited fluid.

Casing Integrity Test Procedure

1. Pressure casing to 300 psig and hold for 30 minutes.

District I  
PO Box 1988, Hobbs, NM 88241-1988  
District II  
PO Drawer DD, Artesia, NM 88211-8719  
District III  
1000 Rio Bravo Rd., Aztec, NM 87410  
District IV  
PO Box 2088, Santa Fe, NM 87504-2088

State of New Mexico  
Energy, Minerals & Natural Resources Department

OIL CONSERVATION DIVISION  
PO Box 2088  
Santa Fe, NM 87504-2088

Form C-104

Revised February 10, 1994

Instructions on back

Submit to Appropriate District Office

5 Copies

☐ AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

Operator name and Address STEPHENS & JOHNSON OPERATING CO. P O BOX 2249 WICHITA FALLS TX 76307-2249		OGRID Number 019958
		Reason for Filing Code CO effective 2/8/96
API Number 30 - 0 1 5-02233	Pool Name MILLMAN QUEEN, GB-SA, EAST	Pool Code 46555
Property Code 009799	Property Name EAST MILLMAN POOL UNIT	Well Number TRACT 6 WELL 5

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

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South Line	Feet from the	East/West line	County
A	13	19S	28E		330	North	330	East	Eddy

<sup>11</sup> Bottom Hole Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
Lee Code F	Producing Method Code P	Gas Connection Date		C-129 Permit Number		C-129 Effective Date		C-129 Expiration Date	

III. Oil and Gas Transporters

Transporter OGRID	Transporter Name and Address	POD	O/G	POD ULSTR Location and Description
12816	KOCH OIL CO., A DIVISION OF KOCH INDUSTRIES, INC. P O BOX 2256, WICHITA, KS 67201	2229610	0	J 12-19S-28E Main Tank Battery
009171	GPM Gas Corporation 1030 Plaza Office Bldg Bartlesville, OK 74004	2229630	G	J 12-19S-28E

IV. Produced Water

POD	POD ULSTR Location and Description
2229650	J 12-19S-28E

V. Well Completion Data

Spud Date	Ready Date	TD	PBTD	Perforations
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	Cog. Pressure
Choke Size	Oil	Water	Gas	AOI	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:

Printed name: JO BUMGARDNER

Title: PRODUCITON MANAGER

Date: 2/7/96

Phone: (817)723-2166

OIL CONSERVATION DIVISION

Approved by: Jim W. Burn

Title: District Supervisor

Approval Date: 2/12/96

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

Previous Operator Signature

Printed Name

Title

Date

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

NM OIL CON  
Drawer DD  
Artesia, NM 88210

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

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

Stephens & Johnson Operating Co.

3. Address and Telephone No.

P O Box 2249, Wichita Falls, TX 76307-2249 (817) 723-2166

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

Unit Letter A, 330' FNL, 330' FEL  
Section 13, T 19S, R 28E

5. Lease Designation and Serial No.

52 LC 069107

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8910169240

East Millman Unit

8. Well Name and No. *Prod 6-5*  
East Millman Unit No.

9. API Well No.

30-015-02233

10. Field and Pool, or Exploratory Area

Millman QN-GB-SA, East

11. County or Parish, State

Eddy

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 Temporarily Abandon

- ☐ 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.)\*

We request that this well be classified as Temporarily Abandoned. The East Millman Unit is an active waterflood project with plans in the near future for infill drilling and conversion of existing wells to additional water injection wells. This well has beneficial use as a producing well or a future water injection well subsequent to the infill drilling program which will be accomplished over the next 4 years. Depending upon the success of the infill drilling program, well No. 6-5 will be reactivated as a producer or converted to a water injection well sometime during the next 4 years.

See attached well data and the procedure performed for Temporarily Abandon Status.

TA APPROVED FOR 12 MONTH PERIOD  
ENDING 11/15/95

NOV 23 10 00 AM '94  
RECEIVED

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

Signed William M. Kincaid

Title Petroleum Engineer

Date 11-18-94

(This space for Federal or State office use)

(ORIG. SGD.) JOE G. LARA

Title PETROLEUM ENGINEER

Date 12/14/94

Approved by  
Conditions of approval, if any:

OIL AND GAS INSPECTOR KL -12-18-94 BJR

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Stephens & Johnson Operating Co.  
East Millman Unit No. 6-5  
Eddy County, New Mexico

11-18-94

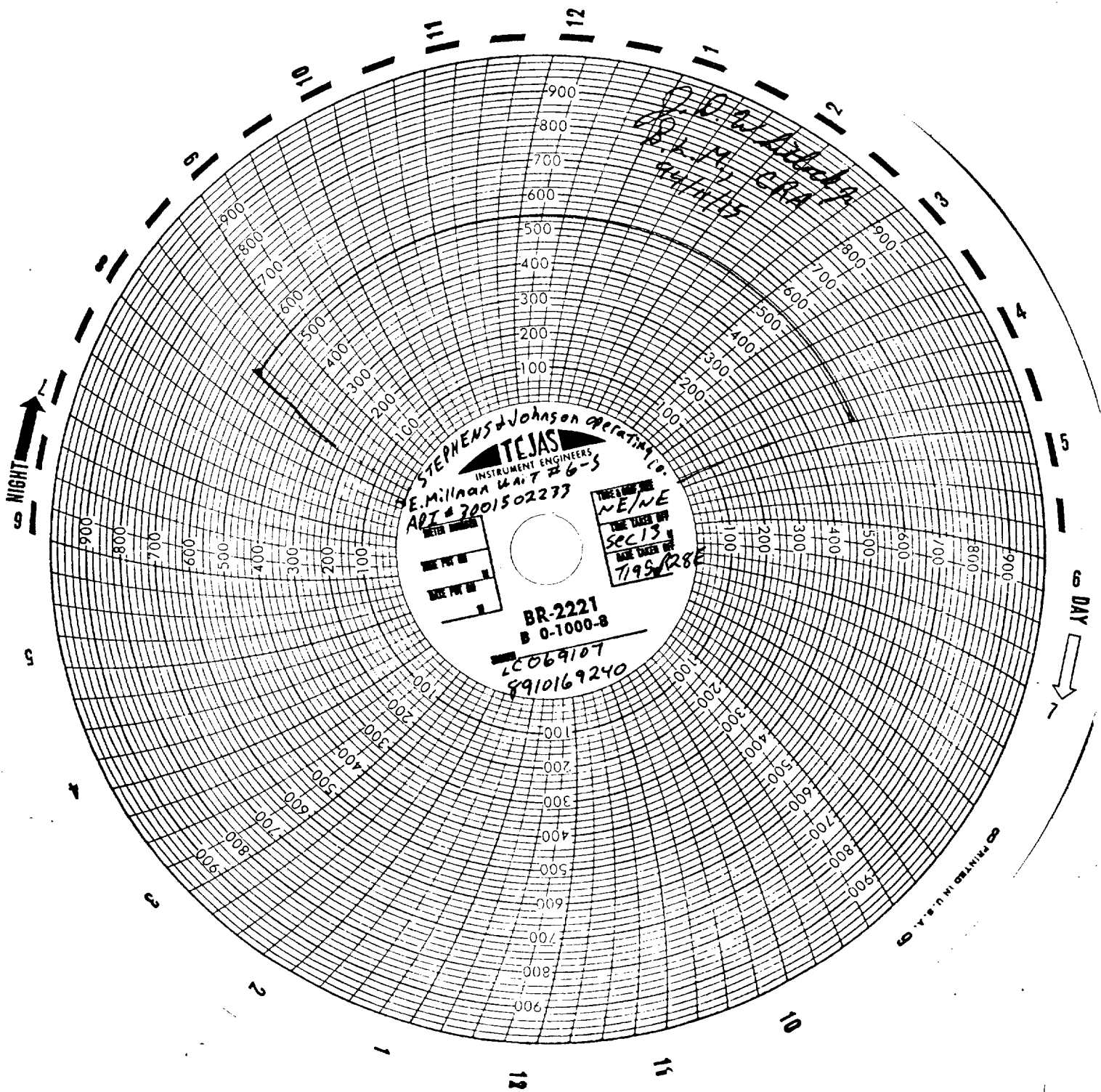
Well Data

Surface Casing: 8 5/8" set @ 270' w/50 sx cmt.  
Production Casing: 4 1/2", 9.5 lb/ft, set @ 2235'  
w/160 sx cmt. TOC @ 1535'.  
Perforations: Queen 1740-1744'  
1770-1776'  
1939-1945'  
Greyburg 2106-2112'  
2150-2156'

Casing Integrity Test Procedure

11-11-94 Set CIBP @ 1595'.  
(Friday)

11-15-94 Loaded casing with corrosion inhibited fluid. Pres-  
(Tuesday) sured casing to 545 psig. In 30 minutes pres-  
sure had dropped 15 psig to 530 psig. (Pressure  
chart attached) Capped well for TA status.



Form 3160-5  
(June 1990)  
RECEIVED

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

NM OIL CONS COMMISSION

Drawer DD  
Artesia, NM 88210

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

5. Lease Designation and Serial No.

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P O Box 2249, Wichita Falls, TX 76307-2249 (817) 723-2166

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

Unit Letter A, 330' FNL, 330' FEL  
Section 13, T 19S, R 28E

7. If Unit or CA, Agreement Designation

8910169240

East Millman Unit

8. Well Name and No.

East Millman Unit No. 6-5

9. API Well No.

30-015-02233

10. Field and Pool, or Exploratory Area

Millman QN-GB-SA, East

11. County or Parish, State

Eddy

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 Temporarily Abandon

- ☐ 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.)\*

We request that this well be classified as Temporarily Abandoned. The East Millman Unit is an active waterflood project with plans in the near future for infill drilling and conversion of existing wells to additional water injection wells. This well has beneficial use as a producing well or a future water injection well subsequent to the infill drilling program which will be accomplished over the next 4 years. Depending upon the success of the infill drilling program, well No. 6-5 will be reactivated as a producer or converted to a water injection well sometime during the next 4 years.

If this justification for temporary abandonment is deemed reasonable, a casing integrity test will be scheduled during the month of August, 1994.

RECEIVED  
JUL 5 9 12 AM '94  
CARTER AREA

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

Signed

*William M. Kincaid*

Title Petroleum Engineer

Date

6-29-94

(This space for Federal or State office use)

Approved by (ORIG SGD) JOE G. LARA

Conditions of approval, if any

*See attached.*

Title

PETROLEUM ENGINEER

Date

7/28/94

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

Submit 5 Copies  
Appropriate District Office  
DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240  
DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210  
DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico  
Energy, Minerals and Natural Resources Department

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

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

RECEIVED

AUG 16 1993

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator <b>STEPHENS &amp; JOHNSON OPERATING CO.</b>	Well API No. <b>30-015- 02233</b>
Address <b>P. O. BOX 2249, WICHITA FALLS, TX 76307-2249</b>	
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Change in Transporter of: <input type="checkbox"/> Other (Please explain) Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Effective 9/1/93 Change in Operator <input checked="" type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator <b>S &amp; J OPERATING COMPANY, P. O. BOX 2249, WICHITA FALLS, TX 76307-2249</b>	

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>EAST MILLMAN POOL UNIT, TRACT # 6</b>	Well No. <b>5</b>	Pool Name, Including Formation <b>MILLMAN QUEEN, GB/SA, EAST</b>	Kind of Lease State, (Federal) or Fee	Lease No. <b>NM-069107</b>
Location Unit Letter <b>A</b> : <b>330</b> Feet From The <b>North</b> Line and <b>330'</b> Feet From The <b>East</b> Line Section <b>13</b> Township <b>19S</b> Range <b>28E</b> , <b>NMPM</b> , <b>EDDY</b> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <b>SCURLOCK PERMIAN CORPORATION</b>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. BOX 4648, HOUSTON, TX 77210-4648</b>					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>PHILLIPS PETROLEUM COMPANY</b>	Address (Give address to which approved copy of this form is to be sent) <b>DRAWER P, ARTESIA NM 88210</b>					
If well produces oil or liquids, give location of tanks.	Unit <b>B</b>	Sec. <b>13</b>	Twp. <b>19S</b>	Rge. <b>28E</b>	Is gas actually connected? <b>yes</b>	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.)

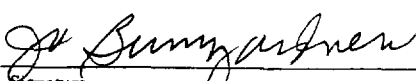
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF

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.

  
Signature  
**JO BUMGARDNER** PRODUCTION MGR  
Printed Name  
**817/723-2166**  
Date  
Telephone No.

OIL CONSERVATION DIVISION

Date Approved **OCT 25 1993**

By 

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.

Submit 5 Copies  
Appropriate District Office  
DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

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

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

State of New Mexico  
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

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

OIL CONSERVATION DIVISION  
RECEIVED

'91 SEP 30 AM 8 08

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator <b>S &amp; J Operating Company</b>	Well APN No. <b>015-02233</b>
Address <b>P. O. Box 2249, Wichita Falls, Texas 76307</b>	
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"/> Effective <b>9/1/89</b> Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> Other (Please explain)	
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>East Millman Pool Unit</b>	Well No. <b>5</b>	Pool Name, Including Formation <b>Millman (Q-G) East</b>	Kind of Lease State, Federal or Fee <b>State</b>	Lease No. <b>LC69107</b>
Location <b>Tr 6</b> Unit Letter <b>A</b> : <b>330</b> Feet From The <b>north</b> Line and <b>330</b> Feet From The <b>east</b> Line Section <b>13</b> Township <b>19-S</b> Range <b>28-E</b> , <b>NMPM</b> , <b>Eddy</b> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

SCURLOCK PERMIAN CORP EFF 9-1-91

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <b>Permian Operating Limited Partnership</b>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. Box 1183 Houston, Texas 77251-1183</b>	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>Phillips Petroleum Co.</b>	Address (Give address to which approved copy of this form is to be sent) <b>Drawer P, Artesia, NM 88210</b>	
If well produces oil or liquids, give location of tanks.	Unit <b>B</b>	Sec. <b>13</b>
	Twp. <b>19</b>	Rge. <b>28</b>
	Is gas actually connected? <b>Yes</b>	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			
Performances					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.

Sandy Robertson  
Signature  
Sandy Robertson, Petroleum Engineer  
Printed Name  
8/22/89 (817) 723-2166  
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved AUG 31 1989

By ORIGINAL SIGNED 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.



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  
RECEIVED  
OIL CONSERVATION DIVISION  
P.O. Box 2088  
AUG 30 '89 Santa Fe, New Mexico 87504-2088

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

Santa Fe			
File			
Transporter	Oil		
Operator	Gas		

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

I. ARTESIA, OFFICE

Operator S & J Operating Company	Well API No. 015-02233
Address P. O. Box 2249, Wichita Falls, Texas 76307	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of: <input type="checkbox"/>
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"/>

Effective 9/1/89

SEP - 6 1989

WIL CONSERVATION DIV.  
SANTA FE

If change of operator give name  
and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name East Millman Pool Unit	Well No. 5	Pool Name, including Formation Millman (Q-G) East	Kind of Lease State, Federal or Fee State	Lease No. LC69107
Location Tr 6				
Unit Letter A : 330 Feet From The north Line and 330 Feet From The east Line				
Section 13 Township 19-S Range 28-E, NMPM, Eddy 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) P. O. Box 1183 Houston, Texas 77251-1183					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) Drawer P, Artesia, NM 88210					
If well produces oil or liquids, give location of tanks.	Unit B	Sec. 13	Twp. 19	Rge. 28	Is gas actually connected? Yes	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.		
Elevation (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.

Sandy Robertson  
Signature

Sandy Robertson, Petroleum Engineer

Printed Name Title

8/22/89 (817) 723-2166

Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved AUG 31 1989

By Mike Williams

Title SUPERVISOR, DISTRICT III

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.

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE\*  
(Other instructions on reverse side)

Budget Bureau No. 1004-0135  
Expires August 31, 1985

51

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 ☒ GAS WELL ☐ OTHER ☐  
2. NAME OF OPERATOR S & J Operating Company ✓  
3. ADDRESS OF OPERATOR P. O. Box 2249, Wichita Falls, TX 76307 ARTESIA, OFFICE  
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)  
At surface  
330' FNL & 330' FEL

FEB 27 '89

14. PERMIT NO. \_\_\_\_\_ 15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
N/A

5. LEASE DESIGNATION AND SERIAL NO.

LC-69107

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

East Millman Pool Unit  
8. FARM OR LEASE NAME

9. WELL NO.

TR. 6-5

10. FIELD AND POOL, OR WILDCAT

Millman ON-GB-SA, East

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

Sec. 13, T19S, R28E

12. COUNTY OR PARISH 13. STATE

Eddy

N. M.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON\*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

Temporary Abandonment

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

REPAIRING WELL

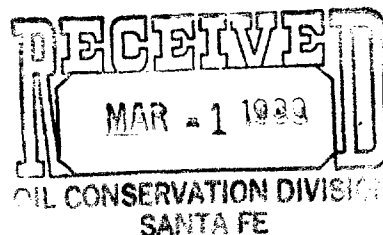
ALTERING CASING

ABANDONMENT\*

X

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.)\*

This well was already T. A.'d when we began operating this property on 12/1/84. We do not know how long it had been shut-in prior to that date. This well may be used again in the future as the waterflood progresses.



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

SIGNED Sandy Robertson

TITLE Petroleum Engineer

DATE 2/22/89

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

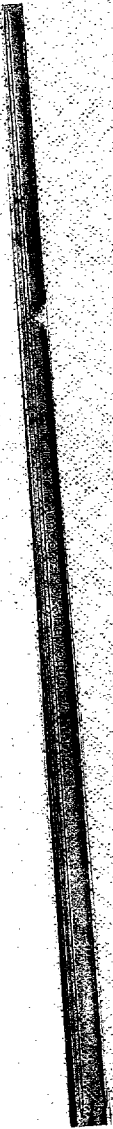
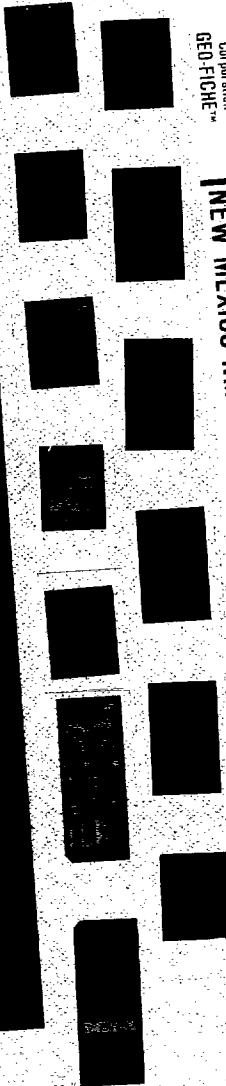
\*See Instructions on Reverse Side

Petroleum Information  
Corporation  
GEO-FICHE™

19S-28E-13-01 (NE NE)  
NEW MEXICO NM

WELL: EAST MILLMAN TR 6 5  
OPER: S & J OPERATING  
CNTY: Eddy

API: 30-015-00000  
ISSUE: A07/87  
CARD: 1



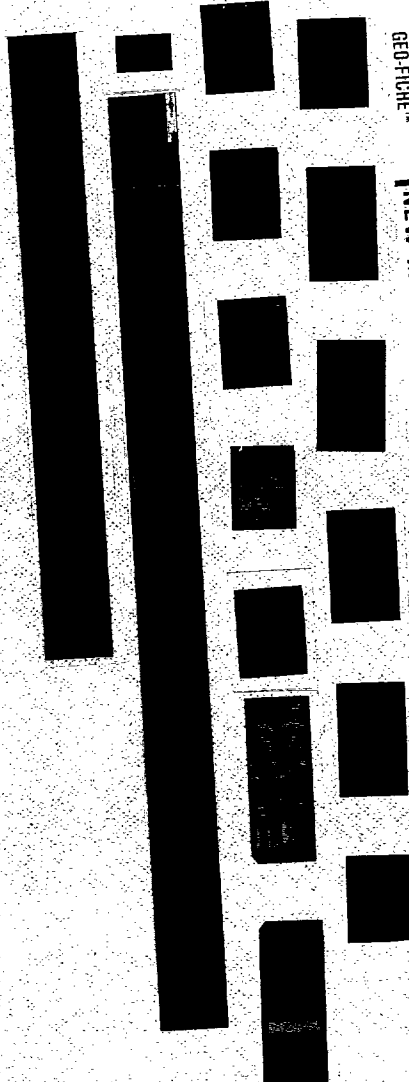
ILLEGIBLE

Petroleum Information  
Corporation  
GEO-FICHE™

19S-28E-13-01 (NE NE)  
NEW MEXICO NM

WELL: EAST MILLMAN TR 6 5  
OPER: S & J OPERATING  
CNTY: EDDY

API: 30-015-00000  
ISSUE: A07/87  
CARD: 1



OIL CONSERVATION DIVISION

1220 South St. Francis Dr.  
Santa Fe, New Mexico 87505

WELL API NO. <b>30-005-62340</b>
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name <b>O'Brien</b>
8. Well No. <b>#1</b>
9. Pool Name or Wildcat <b>Miller Lake Abo</b>

**SUNDRY NOTICES AND REPORTS ON WELLS**  
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A  
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"  
(FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well: OIL <input type="checkbox"/> GAS <input type="checkbox"/> WELL <input type="checkbox"/> WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>	2. Name of Operator <b>STRATA PRODUCTION COMPANY</b>
3. Address of Operator <b>P.O. BOX 1030, ROSWELL, NEW MEXICO 88202-1030</b>	4. Well Location Unit Letter <b>C</b> : <b>660'</b> Feet From The <b>North</b> Line and <b>1900'</b> Feet From The <b>West</b> Line Section <b>25</b> Township <b>7S</b> Range <b>29E</b> NMPM <b>Chaves</b> County 10. Elevation (Show whether DF, RKB, RT, GR, etc.) <b>4104'</b>

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	PLUG AND ABANDONMENT <input checked="" type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
OTHER: <input type="checkbox"/>	OTHER: <input type="checkbox"/>

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

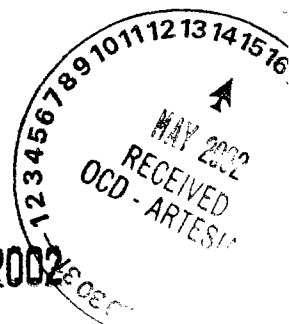
4/29/02: Notify OCD. MIRU. Dig & Line working pit.  
4/30/02: NUBOP & Flange. POOH w/tbg. RIH & set CIBP @ 6425'. Dump 35' cement on top.  
RIH w/tbg & cir 10# @ mud @ 6380'. POOH & spot 25 sxs @ 2780'-2540'. POOH w/47  
stands. Close in well.  
5/01/02: POOH w/tbg. ND wellhead. Weld on pull nipple. Cut csg @ freepoint @ 3800'. Lay down  
2 jts. Close in well.  
5/02/02: POOH w/csg. RIH & spot 35 sxs @ 3850'. POOH. WOC. RIH & tag @ 3743'.  
POOH & spot 35 sxs @ 3550'. POOH w/25 stands. Close in well.  
5/03/02: RIH & tag @ 3444'. POOH & spot 35 sxs @ 2378'. POOH. WOC. RIH & tag @ 2268'.  
POOH & spot 35 sxs @ 1283'. POOH. WOC. RIH & tag @ 1151'. POOH & spot 35 sxs @  
977'. POOH. Close in well.  
5/06/02: RIH @ tag @ 851'. POOH & spot 35 sxs @ 388'. POOH. WOC. RIH & tag @ 260'. POOH  
& spot 15 sxs @ 60' to surface. RD. Move out. Install dry hole marker. Level pit & cellar.

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

SIGNATURE Kelly M. Britt TITLE PRODUCTION RECORDS DATE May 14, 2002  
TYPE OR PRINT NAME Kelly M. Britt TELEPHONE NO. 505-622-1127

(This space for State Use)

APPROVED BY [Signature] TITLE Field Rep ID DATE JUL 22 2002  
CONDITIONS OF APPROVAL, IF ANY:



Submit 2 Copies  
to Appropriate  
District Office  
DISTRICT I

1625 N. French Dr., Hobbs, NM 88240

DISTRICT II  
811 S. First Street, Artesia, NM 88210

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

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

86

OIL CONSERVATION DIVISION

1220 South St. Francis Dr.  
Santa Fe, New Mexico 87505

WELL API NO.

30-005-62340

5. Indicate Type of Lease

STATE ☐

FEE ☒

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

O'Brien

8. Well No.

#1

9. Pool Name or Wildcat

Miller Lake Abo

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

GAS

WELL ☐

WELL ☒

OTHER

Name of Operator

STRATA PRODUCTION COMPANY

3. Address of Operator

P.O. BOX 1030, ROSWELL, NEW MEXICO 88202-1030

4. Well Location

Unit Letter C : 660' Feet From The North Line and 1900' Feet From The West Line

Section 25 Township 7S Range 29E NMPM Chaves County

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

4104'

11.

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☒

REMEDIAL WORK ☐

ALTERING CASING ☐

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

COMMENCE DRILLING OPNS. ☐

PLUG AND ABANDONMENT ☐

PULL OR ALTER CASING ☐

CASING TEST AND CEMENT JOB ☐

OTHER: ☐

OTHER: ☐

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

Set CIBP @ 6425', with 35' cement. Circulate hole with 9# mud. Cut and pull casing @ +/- 5300'.

Spot 100' plug, 25 sx half in and half out of casing stub, tag plug. Spot 100' plug, 25 sx, 3550' - 3450'. Spot 100' plug, 25 sx, 2278' - 2378', tag plug. Spot 100' plug, 25 sx, 877' - 977'. Spot 100' plug 25 sx, 288' - 388'. Spot 60', 15 sx surface plug. Install dryhole marker, clean location and rip.

(Attachment: Plugging Procedure)

Notify OCD 24 hrs. prior to any work done

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

SIGNATURE

*Kelly M. Britt*

TITLE

PRODUCTION RECORDS

DATE

March 14, 2002

TYPE OR PRINT NAME

Kelly M. Britt

TELEPHONE NO.

505-622-1127

(This space for State Use)

APPROVED BY

*[Signature]*

TITLE

*Field Rep ID*

DATE

APR 3 2002

CONDITIONS OF APPROVAL, IF ANY:

**EXISTING**

T. SALT 922'

B. SALT 1232'

T. SAN ANDRES 2328'

GLORIETTA 3525'

TUBB 5013'

ABO 5780'

CISCO 7056'

MISS. 7510'

DEVONIAN 7988'

13 3/8" @ 333  
375 SX.  
CIRC.

8 5/8" @ 2328'  
1150 SX.  
CIRC. 100 SX.

TOC @ 5456' (CBL)

2 7/8" TUBING

S.N. @ 6460'. OPEN ENDED  
PERF. 6488-6512'

CIBP @ 6901'  
PERF. 6991-93', 7066-67', 7078-82'  
5 1/2" CASING @ 7201'  
425 SX.  
5 1/2" X 7 5/8" = .1733 CU. FT. / FT.  
425SX + 25% EXCESS=2425' FILL

PLUG @ 7410'-7510'

PLUG @ 7890'-7990'

T.D. 8100'

OBRIEN #1  
660' FNL & 1900' FWL  
SEC. 25-T7S-R29E  
CHAVES COUNTY, NM  
API # 30-005-62340  
SPUD DATE: 9/23/86

60', 15 SX., SURFACE PLUG  
100', 25 SX., 288-388'  
100', 25 SX., PLUG 877'-977'

100', 25 SX., PLUG 2278'-2378'  
TAG PLUG

100', 25 SX., PLUG 3550-3450'

CUT AND PULL CASING @ +/- 5300'  
100', 25 SX 1/2 IN AND 1/2 OUT OF STUB  
TAG PLUG

CIBP @ 6425', W/ 35' CEMENT

INSTALL DRY HOLE MARKER  
CLEAN LOCATION AND RIP

**PROPOSED**