			EXHIB	IT ,	H			
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	-		Order ,	Na. h	-2901-X		EA <u>APT_NUMBER</u> <u>JUMBER</u> <u>JUMBER</u> <u>JUMBER</u> <u>JUMBER</u> <u>JUMBER</u> <u>JUMBER</u> <u>JUMBER</u> <u>JUMBER</u> <u>JUMBER</u> <u>JUMBER</u> <u>JUMBER</u> <u>JUMBER</u> <u>JUMBER</u> <u>JUMBER</u> <u>JUMBER</u> <u>JUMBER</u> <u>JUMBER</u> <u>JUMBER</u> <u>JUMBER</u> <u>JUMBER</u> <u>JUMBER</u> <u>JUMBER</u> <u>JUMBER</u> <u>JUMBER</u> <u>JUMBER</u> <u>JUMBER</u> <u>JUMBER</u> <u>JUMBER</u> <u>JUMBER</u> <u>JUMBER</u> <u>JUMBER</u> <u>JUMBER</u> <u>JUMBER</u> <u>JUMBER</u> <u>JUMBER</u> <u>JUMBER</u> <u>JUMBER</u> <u>JUMBER</u> <u>JUMBER</u> <u>JUMBER</u> <u>JUMBER</u> <u>JUMBER</u> <u>JUMBER</u> <u>JUMBER</u> <u>JUMBER</u> <u>JUMBER</u> <u>JUMBER</u> <u>JUMBER</u> <u>JUMBER</u> <u>JUMBER</u> <u>JUMBER</u> <u>JUMBER</u> <u>JUMBER</u> <u>JUMBER</u> <u>JUMBER</u> <u>JUMBER</u> <u>JUMBER</u> <u>JUMBER</u> <u>JUMBER</u> <u>JUMBER</u> <u>JUMBER</u> <u>JUMBER</u> <u>JUMBER</u> <u>JUMBER</u> <u>JUMBER</u> <u>JUMBER</u> <u>JUMBER</u> <u>JUMBER</u> <u>JUMBER</u> <u>JUMBER</u> <u>JUMBER</u> <u>JUMBER</u> <u>JUMBER</u> <u>JUMBER</u> <u>JUMBER</u> <u>JUMBER</u> <u>JUMBER</u> <u>JUMBER</u> <u>JUMBER</u> <u>JUMBER</u> <u>JUMBER</u> <u>JUMBER</u> <u>JUMBER</u> <u>JUMBER</u> <u>JUMBER</u> <u>JUMBER</u> <u>JUMBER</u> <u>JUMBER</u> <u>JUMBER</u> <u>JUMBER</u> <u>JUMBER</u> <u>JUMBER</u> <u>JUMBER</u> <u>JUMBER</u> <u>JUMBER</u> <u>JUMBER</u> <u>JUMBER</u> <u>JUMBER</u> <u>JUMBER</u> <u>JUMBER</u> <u>JUMBER</u> <u>JUMBER</u> <u>JUMBER</u> <u>JUMBER</u> <u>JUMBER</u> <u>JUMBER</u> <u>JUMBER</u> <u>JUMBER</u> <u>JUMBER</u> <u>JUMBER</u> <u>JUMBER</u> <u>JUMBER</u> <u>JUMBER</u> <u>JUMBER</u> <u>JUMBER</u> <u>JUMBER</u> <u>JUMBER</u> <u>JUMBER</u> <u>JUMBER</u> <u>JUMBER</u> <u>JUMBER</u> <u>JUMBER</u> <u>JUMBER</u> <u>JUMBER</u> <u>JUMBER</u> <u>JUMBER</u> <u>JUMBER</u> <u>JUMBER</u> <u>JUMBER</u> <u>JUMBER</u> <u>JUMBER</u> <u>JUMBER</u> <u>JUMBER</u> <u>JUMBER</u> <u>JUMBER</u> <u>JUMBER</u> <u>JUMBER</u> <u>JUMBER</u> <u>JUMBER</u> <u>JUMBER</u> <u>JUMBER</u> <u>JUMBER</u> <u>JUMBER</u> <u>JUMBER</u> <u>JUMBER</u> <u>JUMBER</u> <u>JUMBER</u> <u>JUMBER</u> <u>JUMBER</u> <u>JUMBER</u> <u>JUMBER</u> <u>JUMBER</u> <u>JUMBER</u> <u>JUMBER</u> <u>JUMBER</u> <u>JUMBER</u> <u>JUMBER</u> <u>JUMBER</u> <u>JUMBER</u> <u>JUMBER</u> <u>JUMBER</u> <u>JUMBER</u> <u>JUMBER</u> <u>JUMBER</u> <u>JUMBER</u> <u>JUMBER</u> <u>JUMBER</u> <u>JUMBER</u> <u>JUMBER</u> <u>JUMBER</u> <u>JUMBER</u> <u>JUMBER</u> <u>JUMBER</u> <u>JUMBER</u> <u>JUMBER</u> <u>JUMBER</u> <u>JUMBER</u> <u>JUMBER</u> <u>JUMBER</u> <u>JUMBER</u> <u>JUMBER</u> <u>JUMBER</u> <u>JUMBER</u> <u>JUMBER</u> <u>JUMBER</u> <u>JUMBER</u> <u>JUMBER</u> <u>JUMBER</u> <u>JUMBER</u> <u>JUMBER</u> <u>JUMBER</u> <u>JUMBER</u> <u>JUMBER</u> <u>JUMBER</u> <u>JUMBER</u> <u>JUMBER</u> <u>JUMBER</u> <u>JUMBER</u> <u>JUMBER</u> <u>JUMBER</u> <u>JUMBER</u> <u>JUMBER</u> <u>JUMBER</u>	
	EAST EUMONT UNIT "North Segment" WATERFLOOD PROJECT ANEA							
	EAST EUMONT UNIT WELL NUMBER	ORIGINAL OPERATOR, WELL NAME AND NUMBER	FOOTAGE LOCATION	UNIT	<u>5-7-R</u>	APT NUMBER	PERFORMTIQUE	
1	2	Antweil Lowe State "B" Will No. 2	2310 FM - 1980 FEL	G	33-185-37E	30 - 025 - 05527	3808- 3993	
2	4		1980'FSt WL	K	33-185-37E	30 - 025- 05534	3751- 3940	
3	6	Continental State "C-33" Will No. 1	1980'FSL-660'FEL	Ι	33-185-37E	30-025-05531	3838 - 3999	
47	7	Schermerhorn kinam "B" Will No. 1	880'FSL - 660'FWL	м	33-185-37E	30-025-05536	3716 - 3910	
5	9	Azter State "E-33-A" WINNO. 2	660 'FSL - 1650 'FEL	0	33-185-3 7 E	30-025-05530	3799-3962	
4	11	Tidewater State "AH" Well No. 1	660'ES+WL	М	34- <i>185-37E</i>	30-025-05538	3797-3970	
7	/2	Schermerhorn Linnm "F" Will No. 1	273 #NL-2400 FWL	С	4-145-37E	30-025-05551	3765-3950	
8	.14	Texaco Saunders Federal Well No. 1	660 FNYEL	A	4-195-37E	30-025 - 0555 7	3743-3958	
7	16		2144 ¹ ENL - 589 ¹ FWL	E	4-195-37E	30-025-05549	3720-3456	
10	18		1837'FNL - 1650'FEL	G	4-195-37E	30-025-05547	3753-3916	
11	20		2064 FNL-660 FWL	Ē	3-145-37E	30-025-09878	3775- 3954	
12	2.2	Texaco Z.A. Mc Millian	1983'FSL - 660'FEL	I	4-195-37E	30-025-05553	3750- 39/9	
-		"B" Will No. 2						
13	25	Texace I.A. McMillian "A" Well No. 2	660'FSL - 1980'FWL	М	3-195-37E	30-025-05544	3748- 3936	
14	28	Tidewater State "AD" Well No. 1	660 FNYEL	A	9-195-37E	30-025-05583	3782- 3954	
15	30	Natec State "E-10" Will No. 2	690'FNL-1950'FWL	С	10-195-37E	30-025-05586	3768-3960	
16	3.2	Gulf F. W. Kuller (NCT-E) Well No. 2	1980 FNL - 660 FWL	E	10-195-37E	30-025-05588	3773 - 3940	
17	35	Humble New Mexico State "E" Will No. 4	1980'FStWL	K	10-195-37E	30-025-05591	3835- 4018	
_ /§	36	Humble New Mexico State "E" Will No. 2	660'FS + WL	M	10-145-37E	30-025-05590	378/- 3955	
19	37	Continental State "KU-16" Will No. 3	660'FNL-990'FEL	A	16-195-37E	30-025-05607	3765 - 3934	
20	39	Tidewater State "AT" Well No. 4	660'FNL - 1990'FWL	C	15-195-37E	30-025-05602	3845 - 3998	
21	41	Tidewater State "AI" Well No. 2	1980'FNL-660'FWL	E	15-145-37E	30-025-05600	3 784 - 3951	
22	Proposed Well No. 133	Appears in Order No. R-2041 as "Proposed Inj. Well"	1980'FSFWL	K	3-195-37E	30-025-00000	3700-4000	
	1							

BEFORE THE OIL CONSERVATION COMMISSION OF THE STATE OF NEW MEXICO

IN THE MATTER OF THE HEARING CALLED BY THE OIL CONSERVATION COMMISSION OF NEW MEXICO FOR THE PURPOSE OF CONSIDERING:

> CASE No. 3234 Order No. R-2901

APPLICATION OF TIDEWATER OIL COMPANY FOR A WATERFLOOD PROJECT, LEA COUNTY, NEW MEXICO.

ORDER OF THE COMMISSION

BY THE COMMISSION:

This cause came on for hearing at 9 o'clock a.m. on April 7, 1965, at Santa Fe, New Mexico, before Examiner Elvis A. Utz.

NOW, on this <u>4th</u> day of May, 1965, the Commission, a quorum being present, having considered the testimony, the record, and the recommendations of the Examiner, and being fully advised in the premises,

FINDS:

(1) That due public notice having been given as required by law, the Commission has jurisdiction of this cause and the subject matter thereof.

(2) That the applicant, Tidewater Oil Company, seeks permission to institute a waterflood project in the East Eumont Unit Area, Eumont Pool, by the injection of water into the Yates, Seven Rivers and Queen formations through 69 injection wells located in said unit area.

(3) That the wells in the project area are in an advanced state of depletion and should properly be classified as "stripper" wells.

(4) That the proposed waterflood project should result in the recovery of otherwise unrecoverable oil, thereby preventing waste.

-2-CASE No. 3234 Order No. R-2901

(5) That the subject application should be approved and the project should be governed by the provisions of Rules 701, 702, and 703 of the Commission Rules and Regulations.

IT IS THEREFORE ORDERED:

(1) That the applicant, Tidewater Oil Company, is hereby authorized to institute a waterflood project in the East Eumont Unit Area, Eumont Pool, by the injection of water into the Yates, Seven Rivers and Queen formations through the following-described 69 wells in Lea County, New Mexico:

		Loca	tion
Operator - Lease	Well No.	Unit	Section
			•
TOWNSHIP 18 SOUTH,	RANGE 37 EAST	, NMPM	
Ø Antweil Lowe State "B"	2	G	33
Continental State "C-33"	3	K	33
3 Continental State "C-33"	1	I	33
Schermerhorn Linam "B"	1	M	33
Aztec State "E-33-A"	2	-0	33
6 Tidewater State "AH"	1	M	34
TOWNSHIP 19 SOUTH,	RANGE 37 EAST	NMPM	
() Schermerhorn Linam "F"	1	С	4
Texaco-Saunders Federal	1	A	4
A Schermerhorn Linam	ĩ	· E	4
(Atlantic Federal "A"	2	G	.4
Aztec State "E-3"	K /	E	3
(2 Texaco McMillan "B"	2	I	4
) ~> Proposed Inj. Well		K	3
(3 Texaco McMillan "A"	2	M	3
(17 Tidewater State "AD"	1	A	. 9
(5) Aztec State "E-10"	2	С	10
(L)Gulf Kutter NCT E	2	E	10
Humble State "E"	4	K	10
(S Humble State "E"	2	M	10
Continental State "KU"	3	A	16
DTidewater State "AI"	· 4	C	15
"Indewater State "AI"	2	E	15
Continental State "KU"	1	I	16
Tidewater Mobil State "Q"	3	K	15

-3-CASE No. 3234 Order No. R-2901

		Loc	ation
Operator - Lease	Well No.	Unit	Section
TOWNSHIP 19 SOUTH, RANG	<u>e 37 east, n</u>	MPM (CONT	INUED)
Continental State "KJ"	1	0	16
Tidewater Mobil State "Q"	· 1	M	15
Proposed Inj. Well	-	A	21
Std. of Tex. State "1-22"	4	c	22
Std. of Tex. State "1-22"	1	E	22
Gulf - Shipp	ī	I	21
Proposed Injector	.	ĸ	22
Amerada State EM "A"	2	M	22
Tidewater State "AM"	1	0	22
Aztec Burk	4	A	
Gulf Kutter "NCTF"	3	Ċ	28
Tidewater State "AJ"		A	27
Aztec Burk	* 3		27
Gulf Kutter "NCTF"	3 1	E	27
Humble New MexSt. "AT"	3	G	27
Aztec Maxwell State	3	E	26
	-	K	27
Tidewater State "AJ"	1	I	27
Water Flood Assoc. St. "EB"	2	10	27
Gulf Hudson	. 1	M	26
Continental State "A-26-A"	1	0	26
Sinclair Williams	- 4	C	34
Shell Williams "EMC"	1	.A	34
Sinclair State "6847"	2	C	35
Texaco State CC NCT-1	1	A	35
Water Flood Assoc. St. "EB"	1	E	35
Water Flood Assoc. St. "EA"	. 1	G	35
Sinclair State "6010"	1	E	36
Std. of Tex. State "1-35"	2	K	35
Humble State "AS"	2	I	35
Sinclair State "6847"	3	· O	35
Shell State "EMA"	1	M	36
TOWNSHIP 20 SOUTH,	RANGE 37 EA	ST, NMPM	
Gulf Orcutt "NCTE"	2	C	2
Tidewater State "AG"	3	A	2
Humble State "AG"	6	C	- 1
Tidewater State "AG"	2	Ğ	2
Humble State "AG"	2	E	ī
Schermerhorn Weir	ī	G	ī
Continental State "A-2-A"	2	· I	2

-4-CASE No. 3234 Order No. R-2901

SEAL

esr/

							Location		
	Operator	~ Lease		W	ell No	D. Unit	<u>t</u> 8	Section	
	TOWNSHIP	20 SOUTH,	RANGE	37	EAST,	NMPM (C	CONTINUI	<u></u>	
	osed Injed		•		•	K		1	
	inental Si le State '	tate "A-2-) "AG"	4 "	•••	3 1	O M		2 1	
-		ssoc. Gulf	St.		2	0		1	
	co Weir "I		и р и		3	A		11	
	co Weir "A	.SSkaggs \"	P	•	6	G		12	

(2) That the subject waterflood project shall be governed by the provisions of Rules 701, 702, and 703 of the Commission Rules and Regulations.

(3) That monthly progress reports of the waterflood project herein authorized shall be submitted to the Commission in accordance with Rules 704 and 1120 of the Commission Rules and Regulations.

(4) That jurisdiction of this cause is retained for the entry of such further orders as the Commission may deem necessary.

DONE at Santa Fe, New Mexico, on the day and year hereinabove designated.

> STATE OF NEW MEXICO OIL CONSERVATION COMMISSION

JACK M. CAMPBELL, Chairman

GUYTON B. HAYS, Member

A. L. PORTER, Jr., Member & Secretary

Submit 5 Copies Appropriate District Office		Energy,			New Mexico Itural Resour		ment	()		ed 1-1-89
DISTRICT I P.O. Box 1980, Hobbs, NM 88240		OLO	CONS		ATION	DIVISI	ON ⁰¹	IL CONSERV	VI ONBO	structional tom of Page
DISTRICT II P.O. Drawer DD, Anesia, NM 88210		S	anta Fe		30x 2088 Iexico 875	04-2088			2 60 9	9 16
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 I.	REQ	UEST F	OR AL	LOWA	BLE AND L AND NA	AUTHOF	IZATIO	00	' <u></u>	
Operator							W	ell API No. 30-025- ()5527	
Oxy USA, Inc.				 9710			l			
PO BOX 50250, Reason(s) for Filing (Check proper box)	MIGIA	<u>na, 1</u> 2	<u> </u>	9710	D Oth	er (Please exp	olain)	TUNE		
New Well	Oil	Change in	n Transpo] Dry Ga			Effect	ive 🗳		1, 199	13
Change in Operator		ad Gas	Conden							<u></u>
and address of previous operator <u><u>S1</u></u>			ing,	Inc.	, РО Во	<u>x 3531</u>	, Mid.	land, TX	7970	2
II. DESCRIPTION OF WELL Lease Name	AND LE	Well No.	1		ing Formation		1.5	nd of Lease	-	Lease No.
East Eumont Unit		2	E	umont	Yates	SR QN		ite, Federal or Fe	€ [E-7]	
Unit Letter _G	<u>: 231</u>	0	Feet Fra	om The $\frac{N}{N}$	orth Lin	and 1980		Feet From The	last	Line
Section 33 Townshi	<u>p 185</u>		Range	37E	, NI	<u>MPM, L</u>	ea			County
III. DESIGNATION OF TRAN	SPORTE	R OF O	IL ANI	D NATU	RAL GAS			_		
Name of Authonized Transporter of Oil Koch Oil Company	(Å	or Conden	sate					wed copy of this for kenridge		
Name of Authorized Transporter of Casin Warren Petroleum	corp	X	or Dry (Gas 🛄	Address (Gim	1589.	hich approv	td copy of this f	ommiszio be si	eni)
GPM If well produces oil or liquids,	Unit	Sec.	Twp.	Rge.	is gas actually			eśsa, TX en?		<u></u> .
give location of tanks. If this production is commingled with that :	M from any ou	3 her lease or	<u>195</u> pool, give		I Yes	юг:	I		1957	
IV. COMPLETION DATA	<u></u>	Oil Well		as Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Designate Type of Completion		Í.	Í		İİ					
Date Spudded	Date Com	pl. Ready to	Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, elc.)	Name of P	roducing Fo	mation		Top Oil/Gas P	'ay		Tubing Dept	h	
Perforations						<u> </u>		Depth Casing	g Shoe	
	· · · · · · · · · · · · · · · · · · ·				CEMENTIN			- <u> </u>		
HOLE SIZE	CA	SING & TU	BING SI	ZE		DEPTH SET		S	ACKS CEM	ENT
V. TEST DATA AND REQUES OIL WELL (Test must be after re				l and must	be equal to or e	exceed top all	owable for t	his depth or be fo	or full 24 how	rs.)
Date First New Oil Rus To Tank	Date of Ter	1			Producing Met	hod (Flow, pi	imp, gas lift	, etc.)		
Length of Test	Tubing Pre	sure			Casing Pressur	7		Choke Size	·····	
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.		<u> </u>	Gas- MCF		
GAS WELL		<u></u>						<u>.</u>		
Actual Prod. Test - MCF/D	Length of	fest	- <u></u>		Bbls. Condens	ate/MMCF		Gravity of Co	ondensate	
Testing Method (pilol, back pr.)	Tubing Pre	ssure (Shut-	in)		Casing Pressur	e (Shut-in)		Choke Size		
VI. OPERATOR CERTIFICA I hereby certify that the rules and regula Division have been complied with and u is true and complete to the best of my k	tions of the hat the infor	Oil Conserv mation give	ation	CE		Approve	.111	ATION E . 09 199:		N
(sat 1114	Lu				By A	berr	1 st			
Signature Pat McGee	La	nd Mar	nager Tide	<u> </u>]		ICT 1 SUI	PERVISO	JR
Printed Name 6/8/93 Date	91	5/685-			Title_					
INSTRUCTIONS: This form	is to be	filed in co	mplian	ce with F	lule 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.

4) Separate Form C-104 must be filed for each pool in multiply completed wells.

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(Form C+ 04+ (Revised 7/1/52)

THUDDO OF TH

NEW MEXICO OILCONSERVATION COMMISSION Santa Fe, New Mexico

NOTICE OF INTENTION TO DRILL OR RECOMPLETE

Notice must be given to the District Office of the Oil Conservation Commission and approval obtained before drilling or recompletion begins. If changes in the proposed plan are considered advisable, a copy of this notice showing such changes will be returned to the sender. Submit this notice in QUINTUPLICATE. One copy will be returned following approval. See additional instructions in Rules and Regulations of the Commission. If State Land submit 6 Copies

Hobbs, New Mexico

1-23-56

OIL CONSERVATION COMMISSION SANTA FE, NEW MEXICO

Gentlemen:

You are hereby notified that it is our intention to commence the (Drilling) (Recompletion) of a well to be known as Morris R. Antweil

					(Company or	Operator)			
		Lowe	State	"B"	······,	Well No	2	G	The well is
oca ted	2310) 1	(Lease) et from t		North			(Unit)	
(GIVE LO					The second second	•	•	•	
(If State Land the Oil and	l Gas Lease is No	E-71	83	
]	1]	If patented land the own	er is			
D	С	В	Α		Address				
[We propose to drill well v	with drilling equi	ipment as follows:	Rotary	Rig
E	F	G X	н		The status of plugging bo	and ie		On Fil	ø
	ļ				The status of plugging be	511G 13		· · · · · · · · · · · · · · · · · · ·	•.₩
L	к	J	I		Drilling Contractor		Jenning	s Drilli	ng Co.
	ļ		<u></u>		-		•		.c.o
М	N	0	Р		We intend to complete th	his well in the	Penrose	Sand	
[I	1	1	J	formation at an approxim	nate depth of	40001		feet

CASING PROGRAM

We propose to use the following strings of Casing and to cement them as indicated:

Size of Hole	Size of Casing	Weight per Foot	New or Second Hand	Depth	Sacks Cement
$12\frac{1}{4}$	8 5/8	32#	Second Hand	3001	150
7 7/8	5 <u>+</u>	15.5# J-55	Second Hand	40001	225

If changes in the above plans become advisable we will notify you immediately.

ADDITIONAL INFORMATION (If recompletion give full details of proposed plan of work.)

NOV 29 1956

Approved, 19	Morris R. Antweil
	A. J. Davis A. Varis 4.
OUL CONSERVATION COMMISSION	Position Geologist Send Communications regarding well to Name Morris R. Antweil
By C-Y Asciler Mainten Print	Hobbs, New Mexico

Sincerely yours,

		NEW OIL CONSERV	MEXICO ATION COMMI		۰
		11 7			m C-128
	We	ll Location and	or Gas Prora		11-19-56
Operator Morri	is R. Antweil		Lease Lowe	State "B"	
Well No. 2	Section3	3 Town	ship 18 Sout	h_Range_37 E	ast NMPM
Located 2310'	Feet From	m_North	Line, 1980	Feet From E	ast Line,
Lea		_County, New M	Mexico. G. L.	Elevation 369	91
Name of Produci	ng Formation		Pool	Dedicated	Acreage
	(Note: All dista	nces must be fr	om outer bound	daries of Section)
			1	Ţ	
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NOTE		l			
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form is to be used for gas		ſ			
wells only.	 	╪╾╺╾╺╴╼╴╼╴ ╴	+		
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		1			
V	BCALE : 1" = 1000'	L			
1. Is this Well		Yes No.		certify that the a	-
2. If the energy	n to Outoftion 1	in the second shore			of actual surveys
2. If the answe any other dua	illy completed w	•		ne or under my s me are true and	-
-	eage? Yes			knowledge and b	
Nama			Data Sum	eyed 11-19-56	
Name Position.				m W. West	
Representing			Registere	d Professional E	Ingineer and/or
Address			La'nd Surv	eyor	
			1		

1			(2)
Submit 5 Copies		New Mexico Natural Resources Department	
Appropriate District Office DISTRICT I R.O. Box 1980, Hobbe, NM, 88240		OIL CONSERVE	Form C-104 Form C-104 ON DIVISION Revised 1-1-89 See Instructions at Bottom of Page
P.O. Box 1980, Hobbs, NM 88240 DISTRICT II	OIL CONSERV	ATION DIVISION REU	4 G D
P.O. Drawer DD, Artesia, NM 88210	P.O. Santa Fe. New	Box 2088 Mexico 87504-208路 山上 12	AM 9 16
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410			
I.		ABLE AND AUTHORIZATION	N
Operator		We	II API №. 0-025- 05534
Oxy USA, Inc.	, ,		0-025-05534
PO Box 50250,		······································	
Reason(s) for Filing (Check proper box) New Well	Change in Transporter of:	Other (Please explain)	INE
Recompletion] Effective Be	humary 1, 1993
Change in Operator X	Casinghead Gas Condensate]	
and address of previous operator <u>Si</u>	irgo Operating, Inc.	., PO Box 3531, Midl	and, TX 79702
II. DESCRIPTION OF WELL	ويستعاد والمتحد والتكاف المراجع فتناف والمتاج والمتعاط والتابا المتنابة والمستعد والمتحاد والمراج		
Lesse Name East Eumont Unit	Well No. Pool Name, Inclu 4 Eumont		$\begin{array}{c c} \text{d of Lease} & \text{Lease No.} \\ \text{e}_{\text{Federal or Fee}} & B-153-1/2 \end{array}$
Location	· · ·	S	· · · · · · · · · · · · · · · · · · ·
Unit Letter K	Feet From The	South Line and 1980	Feet From The West Line
Section 33 Townsh	ip 18S Range 37E	E , NMPM, Lea	County
	NSPORTER OF OIL AND NAT		
Name of Authorized Transporter of Oil	SPORTER OF OIL AND NAT	Address (Give address to which approve	
Koch Oil Company		PO Box 1558, Breck	
Name of Authorized Transporter of Casim Warren Petroleum CPM	ighead Gas 🔀 or Dry Gas 🗔 COIP	Address (Give address to which approve PO BOX 1589, in 1933 4001 Penbrook, Ode	ssa. TX 79762
If well produces oil or liquids, give location of tanks.		e. Is gas actually connected? Whe	
E	M 3 19S 37E from any other lease or pool, give commin	Yes	1957
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 REQUES	T FOR ALLOWABLE	1	
OIL WELL (Test must be after re Date First New Oil Run To Tank	ecovery of total volume of load oil and must	t be equal to or exceed top allowable for the Producing Method (Flow, pump, gas lift,	
Dete Film Int WUI NUI 10 1205	Date OF Test	······································	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF
GAS WELL		1.5.1.5.5.	· · · · · · · · · · · · · · · · · · ·
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitol, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
VI. OPERATOR CERTIFICA		l	
l hereby certify that the rules and regula	tions of the Oil Conservation	OIL CONSERV	ATION DIVISION
Division have been complied with and the is true and complete to the best of my keep to the best of th			
1.1M	la	Date Approved	
Sumahum		By Services	leton
Signature Pat McGee	Land Manager		1 SUPERVISOR
Printed Name 6/9/93	7iue 915/685-5600	Title	
Date	Telephone 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.

/^~ NOTICE OF INTENTION TO DRILL OR RECOM ГE

Santa Fe, New Mexico

ICO OIL CONSERVATION COMMISSION

Notice must be given to the District Office of the Oil Conservation Commission and approval obtained before drilling or recompletion begins. If changes in the proposed plan are considered advisable, a copy of this notice showing such changes will be returned to the sender. Submit this notice in QUINTUPLICATE. One copy will be returned following approval. See additional instructions in Rules and Regulations of the Commission. If State Land submit 6 Copies

> Hobbs, New Mexico (Place)

January 22, 1957

(Date)

(Form Catero levised 7/1/52)

OIL CONSERVATION COMMISSION SANTA FE, NEW MEXICO

Gentlemen:

You are hereby notified that it is our intention to commence the (Drilling) (Recomplation), of a well to be known as Continental Oil Company

				(Company or Operator)	
		Sta	ate C-33	, Well No, in, in	The well is
ocated	1980	fe	(Lease) et from the	Unit) South line and 1980 f ine of Section 33, T. 188. , R. 37E. , NMPM	feet from the
GIVE L	OCATION	FROM	SECTION LIN	NE) Eumont Pool, Lea If State Land the Oil and Gas Lease is No. B 15332	
D	С	В	A	If patented land the owner is Address We propose to drill well with drilling equipment as follows: <u>Rotary</u>	
E	F	G	н	The status of plugging bond is	
L	X	J	I	Drilling Contractor Roy H. Smith Drilling Company Wichita Falls, Texas	
м	N	0	Р	We intend to complete this well in the Queen formation at an approximate depth of 4000	

CASING PROGRAM

We propose to use the following strings of Casing and to cement them as indicated:

Size of Casing	Weight per Foot	New or Second Hand	Depth	Sacks Cemen
8 5/8"	28#	New	300*	250
5 1/2	14#	New	4000 *	1300
	8 5/8"	8 5/8 ⁿ 28#	8 5/8" 28# New	8 5/8" 28# New 300"

If changes in the above plans become advisable we will notify you immediately.

ADDITIONAL INFORMATION (If recompletion give full details of proposed plan of work.)

JAN 29 1957 Approved..... Except as follows:

Sincerely yours,

Continental Oil Company pentor Bv..... District Superintendent Position..... Send Communications regarding well to Continental Oil Company Name..... 127. Hobbs. New Mexico Rox - -

OIL CONSERVA COMMISSION

B₁

		OIL CONSERVA			£
•	Ŵ	ell Location and/	or Gas Profat	Fori <u>ign/Plat_</u> Date <u>) 1</u> -	m C-128
			10~~	Date <u>1</u> .	-21-1957
Operator Con	tinental Oil C	ompany	Lease 1957 Sta	te_C-33	<i>III</i>
Well No. 3	Section			h_Range_ <u>37 Ea</u>	ustNMPM
		om <u>South</u> I	_ine, 1980	Feet From	West Line,
L(ea	_County, New M	exico. G. L.	Elevation	
Name of Produ	cing Formation		Pcol	Dedicated .	Acreage
	(Note: All dista	ances must be fr	om outer bound	laries of Section)	
		1	والمتحد المرجوع المتكلف المراكد المتحد المركد المتحد والم		
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		+		·	
	1000				
	1980				
		1			
		·			
		1			
		1980			
		0,		t 	
				1	
1. Is this Well	SCALE: 1°=1000' a Dual Comp. ?	Yes No .	This is to	certify that the al	pove plat was
	1		prepared f	rom field notes o	f actual surveys
	ver to Question 1	•		ne or under my su me are true and	-
	aily completed w creage? Yes			knowledge and b	
Name			Date <u>S</u> urve	ved 1-21-1957	
Position.			20	In TI IIIa	J
Representing				l Professional E	ngineer and/or
Address			Land Surve	eyor	

Submit 3 Copies	State of New I	Mexico	$\left(3\right)$	Form C-103
to Appropriate District Office	Energy, Minerals and Natural	-	Ċ	Revised 1-1-89
<u>District I</u> P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVAT	ION DIVISION	WELL API NO.	
District II GIL CON		2000	30	- 025 - 05531
P.O.Drawer DD.Artesia, NM 88210	Santa Fe, New Mexi	co 87504-2088	5. Indicate Type of Lease S	
District III 1000RioBrazos Rd.Aztec, NMA 40			6. State Oil & Gas Lease N B-1533-1/2	
	OTICES AND REPORTS ON W	VELLS		
(DO NOT USE THIS FORM FOR DIFFERENT RE	PROPOSALS TO DRILL OR TO DEEP SERVOIR. USE "APPLICATION FOR F I C-101) FOR SUCH PROPOSALS.)	EN OR PLUG BACK TO A	7. Lease Name or Unit agre	ement Name
1. Type of Well: OIL GAS		JECTION	EAST EUMONT UN	т
WELL WELL	OTHER INC		8. Well No.	
OXY USA I	NC.		6. Weil No.	
3. Address of Operator P.O. Box 5	50250 Midland, TX 79710		9. Pool name or Wildcat EUMONT YATES	
4. Well Location				<u>Stitling</u>
Unit Letter <u>1</u> : <u>1,98</u>	30 Feet From The SOUTH	Line and660	Feet From The	EAST Line
Section 33	Township 18 S	Range 37 E	NMPM LEA	County
	10. Elevation Show when 3,694	ther DF, RKB, RT, GR, etc.)		
11. Check	Appropriate Box to Indicate N	Latura of Notica Repo	rt or Other Data	
	NTENTION TO:		QUENT REPOR	
Γ <u>γ</u>		1		
PERFORM REMEDIAL WORK	PLUG AND ABANDON L	REMEDIAL WORK		
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	OPNS. PLUG AN	
PULL OR ALTER CASING		CASING TEST AND CEN	AENT JOB	
OTHER: CONVERT TO INJECT		OTHER:		
12 Describe Proposed orCompleted Or	perations (Clearly state all pertinent detail	is and give pertinent dates, no	luding estimated date of star	ting any proposed
work SEE RULE 1103.			-	••••
	TD - 4000' PBTD - 3999	" DEBES 3838"	- 3000'	
	10 - 4000 PD10 - 5999		- 0555	
	SEE OTHER SI			
	SEE OTHER SI	DE		
I hereby certify that the information above is	true and complete to the best of my knowledge	and belief.		
SIGNATURE	19th .	me <u>REGULATORY</u>	ANALYST	DATE 12 02 93
TYPE OR PRINT NAME DAVID STE	WART		TELETHONE	NO. 915 685-5717
(This space for State Use)	Her Lack	DISTRICT	1 SUPERVISOR	DEC 06 1993
APPROVED BY				_ DATE
CONDITIONS OF APPROVAL IF ANY:	/			

- 1.) MIRU pulling unit. ND WH, NU BOP.
- 2.) TIH w/ 4 7/8" RB and DC's on 2 7/8" tubing and tag TD @ 4000'. CO wellbore to TD of 4000' if necessary. TOOH w/ RB, DC's and tbg.

" •

- 3.) RU wireline. Perforate Penrose formation (3883' 3921') w/ premium charges 2 JSPF at the following depths (3883' - 89', 3895' - 3902', 3912' - 3921'). Total of 50 shots. Depth reference log W e l e x Radioactivity log dated October 24, 1956.
- 4.) TIH w/ treating pkr on 2 3/8" tbg and set pkr @ ± 3730'. Pressure test csg to 500#.
- 5.) RU acid company, pressure backside to 500#, Acidize Penrose perfs (3838' - 3999') w/ 5000 gals 15% NE Fe HCl containing 2% AS-66 and utilizing benzoic acid flakes and rock salt as block. Flush w/ 2% KCl water containing 1% AS-66.
- 6.) Swab test.
- 7.) TOOH w/ pkr and tbg. TIH w/ PC Guiberson G-6 pkr on 2 3/8" polyethylene lined tbg. Circ hole w/ pkr fluid, and set pkr @ ± 3770'. ND BCP, NU WH. Pressure test annulus to 500# and cut 30 min chart for NMOCD.

CISTRICE C MITCH

Submit 5 Copies Appropriate District Office DISTRICT I		Energy, 1	Minerals and N	New Mexic latural Resou	rces Denarti	ment		Form C Revised See Inst	1.1.80
P.O. Box 1980, Hobbs, NM 88240 DISTRICT II		OILO	CONSERV P.O.	ATION Box 2088	DIVISIO	ON CIL CI	NSERVA RECEA	UN JI BOD (ED	in of Page
P.O. Drawer DD, Artesia, NM 88210			inta Fe, New 1					FIM 9 1	
DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410 I.	REQ		OR ALLOW][] ?	د ل 	
Operator						Well	API No.		
OXY USA, Inc.				·····			0-025-0	5531	
PO Box 50250,	Midlar	nd, TX	79710						
Reason(s) for Filing (Check proper box)		G	T	0	ther (Please exp	rlain) J	UNE		
New Well	Oil		Transporter of: Dry Gas		Effect	ive Fe	rudry 1	, 1993	3
Change in Operator	Casinghea	ad Gas 🗌	Condensate						
If change of operator give name and address of previous operator <u>Si</u>	rgo Or	perati	ng, Inc.	, PO Bo	ox 3531	, Midla	and, TX	79702	2
II. DESCRIPTION OF WELL	AND LE	ASE							
Lease Name		Well No. 6	Pool Name, Inclu	ding Formation Yates			of Lease Federal or Fee		ase No. 53-1/2
East Eumont Unit	·			<u>. iaces</u>		<u> </u>			
Unit Letter	. 198	0	Feet From The		ne and <u>660</u>	Fe	et From The	East	Line
Section 33 Townshi	<u>p 185</u>		Range 37E	۸,	impm, Le	ea			County
III. DESIGNATION OF TRAN									
Name of Authonized Transporter of Oil Koch Oil Company	(X)	or Condens	sate				copy of this form		
Name of Authorized Transporter of Casin Warren Petroleum	shead Gas	X	or Dry Gas						
GPM	· · · · · ·		<u></u>	4001 1	enbroól	$\frac{1013a}{0des}$	copy of this for	<u>79762</u>	
If well produces oil or liquids, give location of tanks.	Unit M	-	Twp. Rge 195 37E	. Is gas actual Yes	ly connected?	When		1957	
If this production is commingled with that IV. COMPLETION DATA	from any othe	er lease or p	ool, give comming						
Designate Type of Completion	- (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back Sa	ime Res'v	Diff Res'v
Date Spudded		I. Ready to	Prod.	Total Depth	L	L	P.B.T.D.		L
Elevations (DF, RKB, RT, GR, etc.)	Name of Pro	oducing For	mation	Top Oil/Gas	Pay		Tubing Depth		
Perforations	<u> </u>	·	······				Depth Casing S	ihoe	
					NO DECOR				
HOLE SIZE		ING & TUE	CASING AND BING SIZE	CEMENTI	DEPTH SET	<u>D</u>	SAC	CKS CEMEN	T
	T FOR AL								
V. TEST DATA AND REQUES OIL WELL (Tesi musi be after re				be equal to or	exceed top allo	wable for this	depih or be for i	full 24 hours.)
Date First New-Oil Rus To Tank	Date of Test				thod (Flow, pu				<u> </u>
Length of Test	Tubing Press	Sure		Casing Pressu	.ne		Choke Size	<u> </u>	
-				-					
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.			Gas- MCF		
GAS WELL									
Actual Prod. Test - MCF/D	Length of Te	esi		Bbls. Condens	Hate/MMCF		Gravity of Cond	lensate	
Festing Method (p່ມ04, back pr.)	Tubing Press	sure (Shut-in	1)	Casing Pressu	re (Shut-in)		Choke Size	·	
VI. OPERATOR CERTIFICA	TE OF	COMPL	IANCE	┧┌─────		I			
I hereby certify that the rules and regulat	ions of the O	il Conserva	tion	C	DIL CON	SERVA	TION DI	VISION	1
 Division have been complied with and the is true and complete to the best of my kg 			above	Dete	Δ	<u>I</u> I	IL 09 19	93	
Pal	MV.	1			Apploved	· · · · · ·			
Signature	1120	<u>u</u>	<u> </u>	By	fle	y	Sight	>	
Pat McGee	Lan	d Man	ager ïule			HSTRIC	I SURE	RVISOF	•
6/8/95	<u>915</u>	/685-	5600	Title_					,
Date		Teleph	obe No.					معنوا المراجع	استخذر

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

1

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

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.

NEW MEXICO OIL CONSERVATION COMMISSION Santa Fe, New Mexico

MAIN OFFICE OCC HOBBS OFFICE OCC NOTICE-OF INTENTION TO DRILL OR RECOMPLETE

Notice must be given to the District Office of the Oil Conservation to the firstion and approval obtained before drilling or recompletion begins. If changes in the proposed plan are considered approach, a copy of this notice showing such thanges will be returned to the sender. Submit this notice in QUINTUPLICATE. One copy will be returned following approval. See additional instructions in Rules and Regulations of the Commission. If State Land submit 6 Copies

> Hobbs, New Mexico (Place)

October 9, 1956 (Date)

OIL CONSERVATION COMMISSION SANTA FE, NEW MEXICO

Gentlemen:

MANE -1 Hebbs

				intention to commence the (Drilling) (SECONDECTOR of a well to be known as Continental Oil Company
			State C-	(Company or Operator) 33, Well No, in
oca ted	1980	fe	et from the Eas	South line and 660 feet from the time of Section 33, T. 185, R. 37E, NMPM.
				INE) Eumont Pool, Lea County If State Land the Oil and Gas Lease is No. B 15332
D	C	В	Α	If patented land the owner is
E	F	G	н	We propose to drill well with drilling equipment as follows:Rotary
Ĺ	К	J	¥	Drilling Contractor Cactus Drilling Company San Angelo, Texas
м	N	о	Р	We intend to complete this well in the Queen
I			'	formation at an approximate depth of

CASING PROGRAM

We propose to use the following strings of Casing and to ement them as indicated:

Size of Hole	Size of Casing	Weight per Foot	New or Second Hand	Depth	Sacks Cement
	8 5/8"	24#	New	3001	250
	5 1/2"	1/4#	New	39501	1100
		1			ł

If changes in the above plans become advisable we will notify you immediately.

ADDITIONAL INFORMATION (If recompletion give full details of proposed plan of work.)

OCT 10:056

Approved		19
Approved Except as follows:		
	\mathbf{i}	
bil kons	ERVATION	GOMMISSION
0	И.	
D	IN.	Kell
By		

Sincerely yours,

Continental Oil Company	_
By ADdicenterity or Operator)	
By	-

Position District Superintendent Send Communications regarding well to Name Continental Oil Company Address Box 427, Hobbs, N. M.

		w	ell Logeppg	OFFICE OCI	s Proratio	n Plat Date 10-8-1	956
perator	Co	ntinental (Dillepanan	Lease	<u>State</u> (54	-33	
Vell No		Section		Township	18 Sout	h Range 37 East	NMPM
located	1980	Feet Fro	om <u>South</u>	Line,	660	Feet FromBast	Line,
Lea			County, N	ew Mexico.	G. L. I	Elevation	
lame of Pr	oducing	Formation_		Pool		Dedicated Acre	age
	(N/	ote: All dist.	ances must	be from out	er bounda	ries of Section)	
					_ [
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2. If the answer to Question 1 is yes, are there any other dually completed wells within the dedicated acreage? Yes_____No____.

Name
Position
Representing
Address

This is to certify that the above plat was prepared from field notes of actual surveys made by me or under my supervision and that the same are true and correct to the best of my knowledge and belief.

Date Surveyed 10-8-1956 Registered Professional Engineer and/or Land Surveyor

(4)						
Submit 5 Copies Appropriate District Office	Energy,		New Mexico atural Resources Departs	ment		
DISTRICT I P.O. Box 1980, Hobbs, NM 88240	OIL (CONSERV	ATION DIVISIO		GLAEN	Beinsed 1-1-89 See Instructions at Bottom of Page
DISTRICT II P.O. Drawer DD, Arlesia, NM 88210 DISTRICT III		P.O. I anta Fe, New N	Box 2088 Mexico 87504-2088	13 JU- 1	2 MM 9	15
1000 Rio Brazos Rd., Aztec, NM 87410 I.	REQUEST F	_	BLE AND AUTHOR			
Openior Oxy USA, Inc.					API No.)-025-055	536
Address PO Box 50250,	the second second second second second second second second second second second second second second second s	K 79710				
Reason(s) for Filing (Check proper box) New Well Recompletion	Change in	Transporter of: Dry Gas	Other (Please exp Effect		WE, 1,	1993
If change of operator give name and address of previous operator <u>Si</u>		ing, Inc.	, PO Box 3531	, Midla	and, TX	79702
II. DESCRIPTION OF WELL		[m				
Lease Name East Eumont Unit Location	Well No. 7	1 .	Yates SR QN		of Lease Federal or Fee	Fee
Unit Letter	. 880	Feet From The	bouth Line and 660	F	We eet From The	estLine
Section 33 Townsh	_{ip} 185	Range 37E	, NMPM, L	ea		County
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil			RAL GAS Address (Give address to w	hich approved	copy of this form	is to he sent)
Koch Oil Company			PO Box 1558,	Brecke	enridge,	TX 76024
Name of Authorized Transporter of Casin Warren Petroleum <u>GPM</u>		or Dry Gas	Address (Give address in w PO BOX 1589, 4001 Penbroo	hich approved TUISa k. Odes	sa, TX 7	sylo be seni) 9762
If well produces oil or liquids, give location of tanks.	Unit Sec. M 3	Twp. Rge. 195 37E	Is gas actually connected? Yes	When		957
If this production is commingled with that IV. COMPLETION DATA	from any other lease or j		ling order number:			
Designate Type of Completion	- (X) Oil Well	Gas Well	New Well Workover	Deepen	Plug Back Sam	e Res'v Diff Res'v
Date Spudded	Date Compl. Ready to	Prod.	Total Depth	1	P.B.T.D.	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Fo	mation	Top Oil/Gas Pay	<u>.</u>	Tubing Depth	
Perforations	<u> </u>	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	I		Depth Casing Sac	×
			CEMENTING RECOR		·	
HOLE SIZE	CASING & TU	BING SIZE	DEPTH SET	·····	SACK	SCEMENT
V. TEST DATA AND REQUES OIL WELL (Test must be after r				unable for this	denth on he for fil	
Date First New Oil Run To Tank	Date of Test) loud ou and musi	be equal to or exceed top allo Producing Method (Flow, pu			(24 NOWS.)
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 Conder	Isate
Festing Method (pilot, back pr.)	Tubing Pressure (Shut-i	(מ	Casing Pressure (Shut-in)		Choke Size	
VI. OPERATOR CERTIFIC. I hereby certify that the rules and regula			OILCON	SERVA		ISION
Division have been complied with and t is true and complete to the best of my k	that the information gives	a above	Date Approved	d JUL	0 9 1993	<u></u>
(xeb/1	1Lu				Sint	//
Signature Pat McGee Printed Name	Land Man	lager		ISTRIC	VI SUPER	VISOR
6/8/93 Date	<u>915/685-</u>		Title <u>v</u>		<u></u>	<u>,,,</u> ,,,
	Q.		l	•		

. • •

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 1, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
 Separate Form C-104 must be filed for each pool in multiply completed wells.

NEW MEXICO OIL CONSERVATION COMMISSION

Santa Fe, New Mexico

1100003 69 NOTICE OF INTENTION TO DRILL OR RECOMPLETE

Notice must be given to the District Office of the Oil Conservation Commission and approval obtained before drilling or recompletion begins. If changes in the proposed plan are considered advisable, a copy of this notice showing such changes will be returned to the sender. Submit this notice in QUINTUPLICATE: One copy will be returned following approval. See additional instructions in Rules and Regulations of the Commission.

Hobbs, New Mexico January 17, 1956 (Place) OIL CONSERVATION COMMISSION SANTA FE, NEW MEXICO

Gentlemen:

You are hereby notified that it is our intention to commence the (Drilling) DECEMPTATION of a well to be known as 011 Cornoration C - 1-

		Li		, Well No	, in <u>M</u>	The well is
ated	660	fe	(=)	West	line and 880	feet from the
		Sout	h	line of Section 33	, R. 37E , 1	NMPM.
VE L	OCATION	FROM	SECTION LIN	VE) UNEFRONT Pool,	Lea	County
				If State Land the Oil and Gas Lease is No		
				If patented land the owner is		
D	С	В	A	AddressBox		
				war	V. Dotany t	ah [etat a
		i		We propose to drill well with drilling equipment as	tollows: ALV Lat y	o cotar ac
E	F	G	н		•••••	
E	F	G	н	The status of plugging bond is	•••••	
		G	н	The status of plugging bond is	roved	
E L	F	G	H		roved	
L 0	K	J	I	The status of plugging bond is	roved	
L		O J G	H I P	The status of plugging bond is App Drilling Contractor La Mance Dril	roved ling Company	
L 0	K	J	I	The status of plugging bond is	roved ling Company ueen	

Size of Hole	Size of Casing	Weight per Foot	New or Second Hand	Depth	Sacks Cement
11.	8 5/8	32#	New	1550'	Cement to surfac
7 7/8"	5 1/2*	14#	New	4000'	200

If changes in the above plans become advisable we will notify you immediately.

ADDITIONAL INFORMATION (If recompletion give full details of proposed plan of work.)

JAN 181956

Approved Except as follow	vs;	, 19	•
		\bigcap	
	L CONSERVATION	COMMISSION	
By	n. L	udy	
Title	Engineer Distric	2 L 1	

Sincerely yours,

Schermerhorn Oil Corporation (Company or Operator) μh Βv Genlogist

Position	000105106
	Send Communications regarding well to
Name	Schermerhorn Oil Corporation
Address	Box 1537
	Hobbs, New Mexico

ELL NO. /	INAM "B"			31 S : 5
			······································	
		1 1 1 1 1		
			•	
•660- x		5 8 8	- - - - - - - - - - - - - - - - - - -	

SEC. 33, TWP. 18 S., RGE. 37 E., N.M.P.M.

I HEREBY CERTIFY THAT. THIS PLAT WAS MADE FROM NOTES TAKEN IN THE FIELD BY ME AND THAT THE SAME IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

John WWest

JOHN W. WEST, PE & LS NO. 676 JAN. 16, 1956

Submit 3 Copies to Appropriate District Office	State Energy, Minerals and	e of New Mexic d Natural Reso		(S)	Form C-103 Revised 1-1-89
District I P.O. Box 1980, Hobbs, NM 88240 District II	OIL CONSE	RVATION O. Box 2088		WELL API NO.	30 - 025 - 05530
P.O. Drawer DD.Artesia, NM 88210	Santa Fe, No	ew Mexico 8	7504-2088	5. Indicate Type o	I Lease STATE X FEE
District III RE	om 9 20			6. State Oil & Gas E-8569	
SUNDRY N (DO NOT USE THIS FORM FOR DIFFERENT RE	OTICES AND REPORT PROPOSALS TO DRILL OR SERVOIR. USE "APPLICATI	TO DEEPEN O	R PLUG BACK TO A		Unit agreement Name
1. Type of Well: OIL GAS	C-101) FOR SUCH PROP			EAST EUMOI	NT UNIT
WELL WELL WELL OXY USA		HER INJECT		8. Well No.	9
3. Address of Operator	50250 Midland, TX 797	710		9. Pool name or W	<i>fildcat</i>
4. Well Location					ATES SVN RVR QN
Unit Letter :660	FeetFrom Ine		Line and1,65		
Section 33	Township 18 S	Rang	e 37 E F, RKB, RT, GR, etc.)	NMPM	LEA County
	3,70				
			EMEDIAL WORK	· · · · · · · · · · · · · · · · · · ·	EPORT OF:
PERFORM REMEDIAL WORK X TEMPORARILY ABANDON PULL OR ALTER CASING OTHER: CONVERT TO INJEC 12.Describe Proposed or Completed Of Movity SEE RULE 1103.	PLUG AND ABANDO CHANGE PLANS TION perations <i>(Clearly state all port</i> TD - 4096' PBTD	DN R CA X Diment details, and 4070'	EMEDIAL WORK OMMENCE DRILLING ASING TEST AND CE THER:	All All All All All All All All All All	LTERING CASING
PERFORM REMEDIAL WORK X TEMPORARILY ABANDON PULL OR ALTER CASING OTHER: CONVERT TO INJEC 12.Describe Proposed or Completed Of Movity SEE RULE 1103.	PLUG AND ABANDO CHANGE PLANS TION perations <i>(Clearly state all port</i> TD - 4096' PBTD	DN RI CC CA X 01	EMEDIAL WORK OMMENCE DRILLING ASING TEST AND CE THER:	All All All All All All All All All All	LTERING CASING
PERFORM REMEDIAL WORK X TEMPORARILY ABANDON PULL OR ALTER CASING OTHER: CONVERT TO INJEC 12.Describe Proposed or Completed Of Movity SEE RULE 1103.	PLUG AND ABANDO CHANGE PLANS TION perations <i>(Clearly state all pert</i> TD - 4096' PBTD SEE OT	N R C C X 01 Vincent details, and - 4070' HER SIDE	EMEDIAL WORK	All A OPNS. PL MENT JOB Cluding estimated dat ' - 3962'	LTERING CASING
PERFORM REMEDIAL WORK X TEMPORARILY ABANDON PULL OR ALTER CASING OTHER: CONVERT TO INJEC 12.Describe Proposed orCompleted Of <i>work</i> SEE RULE 1103.	PLUG AND ABANDO CHANGE PLANS TION perations (Clearly state all perto TD - 4096' PBTD SEE OT	DN RI CA X 01 Diment details, and 4 - 4070'	EMEDIAL WORK	All A OPNS. PL MENT JOB Chuding estimated dat ' - 3962' (ANALYST	LTERING CASING
PERFORM REMEDIAL WORK X TEMPORARILY ABANDON PULL OR ALTER CASING OTHER: CONVERT TO INJEC 12.Describe Proposed orCompleted Of <i>work</i> SEE RULE 1103.	PLUG AND ABANDO CHANGE PLANS TION perations (Clearly state all perto TD - 4096' PBTD SEE OT	N R C C X 01 Vincent details, and - 4070' HER SIDE	EMEDIAL WORK	All A OPNS. PL MENT JOB Cluding estimated dat ' - 3962' (ANALYST TH	LTERING CASING

- 1.) MIRU pulling unit. ND WH, NU BOP.
- 2.) TIH w/ 4 7/8" RB and DC's on 2 7/8" tubing and tag PBTD @ 4070'. CO wellbore to 4000' if necessary. TOOH w/ RB, DC's and tbg.

´

1. .

- 3.) RU wireline. Run GR/CCL log from PBTD to minimum depth. Perforate Penrose formation (3799' - 3904') w/ premium charges 2 JSPF at the following depths (3799' - 3810', 3821' - 29', 3837' - 41', 3862' - 67', 3879' - 89', 3894' - 3904'). Total of 108 shots. Depth reference log Welex Radioactivity log dated June 19, 1956.
- 4.) TIH w/ treating pkr on 2 3/8" tbg and set pkr @ ± 3700'. Pressure test csg to 500#.
- 5.) RU acid company, pressure backside to 500#, Acidize Penrose perfs (3799' - 3962') w/ 5000 gals 15% NE Fe HCl containing 2% AS-66 and utilizing benzoic acid flakes and rock salt as block. Flush w/ 2% KCl water containing 1% AS-66.
- 6.) Swab test.
- 7.) TOOH w/ pkr and tbg. TIH w/ PC Guiberson G-6 pkr on 2 3/8" polyethylene lined tbg. Circ hole w/ pkr fluid, and set pkr @ ± 3730'. ND BOP, NU WH. Pressure test annulus to 500# and cut 30 min chart for NMOCD.

وردم والمبدرة

Submit 5 Copies Appropriate District Office DISTRICT 1		of New Mexico Natural Resources Department 611-00	Form C-104 Revised 1:1-89 NSERVATION Dec Instructions
P.O. Box 1980, Hobbs, NM 88240		VATION DIVISION	RECE VED at Bottom of Page
P.O. Drawer DD, Anesia, NM 88210 DISTRICT III		Mexico 87504-2088 '93 J	U 12 AM 9 16
1000 Rio Brazos Rd., Aziec, NM 87410 I.		VABLE AND AUTHORIZATION OIL AND NATURAL GAS	
Operator		Well	API No.
Oxy USA, Inc. Address			0-025- 05530
PO Box 50250,	Midland, TX 79710		
Reason(s) for Filing (Check proper box) New Well	Change in Transporter of:	Other (Please explain)	
Recompletion Change in Operator	Oil Dry Gas Casinghead Gas Condensate] Effective Pe i	994 1, 1993
If abaras of anomia sine same		., PO Box 3531, Midl.	and, TX 79702
II. DESCRIPTION OF WELL			
Lease Name	Well No. Pool Name, In	ويسير ابر	of Lease Lease No.
East Eumont Unit	9 Eumor	t Yates SR QN (Suite	, Federal or Fee $E-8569$
Unit Letter _O	: 660 Feet From The	South Line and 1650	eet From TheLine
Section 33 Townshi	p 185 Range 37		County
III. DESIGNATION OF TRAN	SPORTER OF OIL AND NA	FURAL GAS	
Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which approved PO Box 1558, Breck	
Koch Oil Company Name of Authorized Transporter of Casing	ghead Gas or Dry Gas	Address (Give address to which approved	
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. F M 3 195 37E	ge. Is gas actually connected? When	7
If this production is commingled with that it IV. COMPLETION DATA			
Designate Type of Completion	Oil Well Gas Wel	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
HOLE SIZE	TUBING, CASING AN CASING & TUBING SIZE	D CEMENTING RECORD	
			SACKS CEMENT
V. TEST DATA AND REQUES OIL WELL (Test must be after re		ust be equal to or exceed top allowable for thi	t depth or be for full 24 hours.)
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, a	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF
Actual Flor During Test			
GAS WELL			· · · · · · · · · · · · · · · · · · ·
Actual Prod. Test - MCF/D	Length of Test	Bbls, Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
VI. OPERATOR CERTIFICA	ATE OF COMPLIANCE		
I hereby certify that the rules and regulat	tions of the Oil Conservation		ATION DIVISION
Division have been complied with and the is true and complete to the best of my kn		Date Approved	9 1993
Cart	NL.	(Isun	Sent
Signature Pat McGee	Land Manager		- pite
Printed Name 6/8/93	<u>тіне</u> 915/685-5600	Title	1/SUPERVISOR
Date 0/8/95	915/685-5600 Telephone 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.

4) Separate Form C-104 must be filed for each pool in multiply completed wells.

NEW MEXICO OIL CONSERVATION COMMISSION

~~/

Santa Fe, New Mexico 10BBS OFFICE OCC. ENTION TO DRILL OR RECOMPLE NOTICE

Notice must be given to the Differt Office of the Oil Conservation Commission and approval obtained prfore begins. If changes in the proposed plan are considered advised, a gopy of this notice showing such changes will be Submit this notice in QUINTUPLICATE. One copy will be returned following approval. See additional instruction tions of the Commission. If State Land submit 6 Copies

`....

·			•••••••••••••••••••••••••••••••••••••••	(Place)	HODDS, NEW MEXICO MAY 31, 1956 (Date)
oı	L CONS		ION COM	IMISSION	
Ge	ntlemen	:			
	You a	re hereby	notified t	hat it is our	intention to commence the (Drilling) (Recordering) of a well to be kno
					Company or Operator)
··· ··	St	ate L-	3 3-A	(Lease)	, Well No, in
					South line and 16
		st			ine of Section 33 T. 188 R 37E
					and a constant of the second sec
(6	IVE LC	CATION	FROM 2	SECTION L	INE) VIII State Land the Oil and Gas Lease is No.
–					
		~	_		If patented land the owner is
	D	С	B	A	Address
-					We propose to drill well with drilling equipment as follows:Botary
	E	F	G	н	
	Е	r	G	п	The status of plugging bond is Blanket Bond
- [-		'			
	L	к	J	I	Drilling Contractor Makin Drilling Co.
				.]	
	М	N	00	P	We intend to complete this well in the allower Forzaki.on
			j		formation at an approximate depth of
•	Se	c. 33-	r185-R3	7E	
			-	•	CASING PROGRAM s of Casing and to cement them as indicated:
	Size	of Hole		Size of Casing	Weight per Foot New or Second Zand Dipth

Size of Flore	Size of Casing	weight per Foot	New or Second Anna	Dipta
<u>111</u> "	8-5/8 ¹¹	24#	New	3001
7-7/8"	5-1/2"	14#	New	39501

If changes in the above plans become advisable we will notify you immediately.

ADDITIONAL INFORMATION (If recompletion give full details of proposed plan of work.)

JUN 4 1956

..... 19..... Approved.. Except as follows: You are advised to comply with the regulations of the CAA as to lighting and safety etc., where applicable. CONSERVATION COMMISSION By.....

Sincerely yours,

& Gas Lompany Aztec Oil By.....

Position District Superintende Send Communications regard

Name Aztec Oil and Gas Co Address PO Box 847, Hobbs, I

Engineer District

		OIL CONSERVA	MEXICO ATION COMMISS for Gas Proratic	on Plat	m'C-128
Operator <u>AZT</u>	EC ADALLE GA	95. CD.	HOBBS OFF Lease <u>574</u>	FICE DCC	2
Well No. 2		M 9.10	· · · · · · · · · · · · · · · · · · ·	PM R111857 37	
Located /650	Feet From	m <u>ERST</u>	Line, <u>660</u>	Feet From	SOUTH Line,
LEA_		County, New M	fexico. G. L.	Elevation	16 95 Z
Name of Producin	g Formation		Pool	Dedicated	Acreage
	Note: All dista	nces must be fr	om outer bounda	aries of Section)	
ILLE 1. Is this Well a	GIBLE SCALE : I" + 1000' Dual Comp. ?			ertify that the a om field notes o	

2. If the answer to Question 1 is yes, are there any other dually completed wells within the dedicated acreage? Yes No

ame	
osition	
epresenting	
ddress	

made by me or under my supervision and that the same are true and correct to the best of my knowledge and belief.

Date Surveyed 5-29-56 John Willie Are Registered Professional Engineer and/or

Land Surveyor

Suumit 3 Copies to Appropriate District Office	OIL CONSERVA	State of New M gy, Minerals and Natural R			Form C-103 Revised 1-1-89
District I P.O. Box 1980, Hol District (I	bbs, NM 88240 RE QIL	ECONSERVATI P.O. Box 2	088	WELL API NO.) - 025 - 05538
P.O.Drawer DD,Arte	isia, NY 38210 177 f	Santa Feg New Mexic	o 87504-2088	5. Indicate Type of Lease	
<u>District III</u> 1000RioBrazos Rd				6. State Oil & Gas Lease B-1651	STATE X FEE
		AND REPORTS ON W			
1 .	DIFFERENT RESERVOIR. U	S TO DRILL OR TO DEEPE JSE "APPLICATION FOR PI DR SUCH PROPOSALS.)		7. Lease Name or Unit ag	reement Name
1. Type of Well: OIL WELL	GAS WELL	OTHER INJ	ECTION	EAST EUMONT UI	NIT
2. Name of Operator	OXY USA INC.			8. Well No. 11	
3. Address of Operato	P.O. Box 50250 M	idland, TX 79710	· · · · · · · · · · · · · · · · · · ·	9. Pool name or Wildcat EUMONT YATES	SVN RVR QN
4. Well Location Unit Letter _	M <u>660</u> Feet I	From TheSOUTH	Line and660	Feet From The _	WEST Line
Section	34 Towr		Range 37 E	NMPM LEA	County
		10. Elevation <i>(Show wheth</i> 3,688	er DF, RKB, RT, GR, etc.)		
11.	Check Appropri	ate Box to Indicate Na	ature of Notice, Repo	rt, or Other Data	
NOT	ICE OF INTEN		SUBSE	QUENT REPO	RT OF:
PERFORM REMEDI	AL WORK X PLU	G AND ABANDON	REMEDIAL WORK	ALTERI	NG CASING
TEMPORARILY ABA	NDON CH/		COMMENCE DRILLING	OPNS.	
PULL OR ALTER CA	SING		CASING TEST AND CEN	AENT JOB	
OTHER: CONVER	TTO WATER INJECT		OTHER:		
-		learly state all pertinent details,	, and give pertinent dates, no	luding estimated date of sp	arting any proposed
work) see rule	1103.				
	TD - 401	5' PBTD - 4005'	PERFS - 3908'-	2070'	
	10 - 401	5 PBID - 4005	FENF3 - 3900		
		SEE OTHER SIDE			
I hereby certify that the	nformation above is the and comp	plete to the best of my knowledge a	nd belief.	f	
SIGNATURE	ful a	π		ANALYST	DATE11 23 93
TYPE OR PRINT NAME	DAVID STEWART			TELEPHON	ENO. 915 685-5717
(This space for State Us	" Caulot		DISTINCT	1 SUPERVISOR	DEC 1 4 1993
APPROVED BY	VAN AE ANY	<u> </u>			DATE

1.) MIRU pulling unit. ND WH, NU BOP.

- 2.) TIH w/ 4 3/4" RB and DC's on 2 7/8" tubing and tag PBTD @ 4005'. CO wellbore to PBTD of 4005' if necessary. TOOH w/ RB, DC's and tbg.
- 3.) RU wireline. Run GR/CCL log from PBTD to minimum depth. Perforate Penrose formation (3797' - 3904') w/ premium charges 2 JSPF at the following depths (3797' - 99', 3803' - 19', 3830' - 37', 3857' - 66', 3873' - 78', 3885' - 89', 3897' - 3904'). Total of 114 shots. Depth reference log Welex Radioactivity log dated September 3, 1956.
- 4.) TIH w/ treating pkr on 2 7/8" tbg and set pkr @ ± 3700'. Pressure test csg to 500#.
- 5.) RU acid company, pressure backside to 500#, Acidize Penrose perfs (3797' - 3970') w/ 5000 gals 15% NE Fe HCl containing 2% AS-66 and utilizing bensoic acid flakes and rock salt as block. Flush w/ 2% KCl water containing 1% AS-66.
- 6.) Swab test.
- 7.) TOOH w/ pkr and tbg. TIH w/ PC Guiberson G-6 pkr on 2 3/8" polyethylene lined tbg. Circ hole w/ pkr fluid, and set pkr @ ± 3720'. ND BOP, NU WH. Pressure test annulus to 500# and cut 30 min chart for NMOCD.

										_
Submit 5 Copies		Energy, N	finerals and Na	New Mexic Itural Resol		oartmei	nt		Form C Revised	1 1 90
DISTRICT I P.O. Box 1980, Hobbs, NM 88240		2					CONSE	RVATION	DIVI Stobis	ructions om of Page
DISTRICT II P.O. Drawer DD, Artesia, NM 88210							N A	ECT IFD	0 10	•
DISTRICT III		Sa	nta Fe, New N	lexico 87	504-208	<mark>8 ,</mark> 9	3 JU	n? nM	y 16	
1000 Rio Brazos Rd., Aztec, NM 87410 I.	REQ		OR ALLOWA							
Operator Oxy USA, Inc.							Well 30	API №. -025- ()5538	
Address		1					1			
PO BOX 50250, Reason(s) for Filing (Check proper box)	Midlar	nd, TX	79710		ther (Please	e explair		NE		
New Well		Change in	Transporter of:	<u> </u>	Effe	•			1, 1993	3
Recompletion Change in Operator	Oil Casinghe	ad Gas 🗍	Dry Gas		DITC	0010		1	-,	
	rqo 01	perati	ng, Inc.	, PO B	ox 35	31,	Midla	nd, TX	7970	2
II. DESCRIPTION OF WELL										
Lease Name		Well No.	Pool Name, Includ	-				of Lease Federal or Fe		ase No.
East Eumont Unit		11	Eumont	rates	SR Q.				<u>Б 10</u>	
Unit LetterM	. 66	0	Feet From The	outh L	ine and	60	Fe	et From The .	West	Line
Section 34 Townshi	p 18S		Range 37E		NMPM,	Lea				County
	CDODTE				•					
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil		or Condens		Address (G	ive address				orm is to be set	
Koch Oil Company			or Dry Gas						, TX 76	
Name of Authonized Transporter of Casing Warren Petroleum	Corp	X		PO BO 4001	x 158 Penbr	g ""f ook	Ulsa, Odes	sa, TX	<i>innjingio be sei</i> 79762	<i>u</i>)
If well produces oil or liquids, give location of tanks.	Unit M		Twp. Rge. 195 37E	ls gas actua Yes			When		1957	
If this production is commingled with that it IV. COMPLETION DATA	from any oth			. <u></u>					·····	
Designate Type of Completion	- (X)	Oil Well	Gas Well	New Well	Workov	er	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Comp	ol. Ready to	Prod.	Total Depth	I		ł	P.B.T.D.		I
Elevations (DF, RKB, RT, GR, etc.)	Name of Pr	roducing For	mation	Top Oil/Gas	Pay			Tubing Dept	n	
Perforations	<u> </u>			<u> </u>				Depth Casing	Shoe	
	~									
HOLE SIZE		UBING, C	CASING AND	CEMENTI	DEPTH :			s	ACKS CEME	NT
										·
V TEST DATA AND DEOLES	TEODA	LLOWA								
V. TEST DATA AND REQUES OIL WELL (Test must be after re				be equal to o	exceed top	allowa	ble for this	depth or be fo	r full 24 hours	.)
Date First New Oil Rus To Tank	Date of Tes	t		Producing M	lethod (Flor	v, pump,	gas lift, et	c.)		
Length of Test	Tubing Pres	sure		Casing Press	ure			Choke Size	<u> </u>	
Actual Prod. During Test	Oil - Bbls.			Water - Bbis	<u></u>			Gas- MCF		
GAS WELL										
Actual Prod. Test - MCF/D	Length of T	est		Bbls. Conder	asate/MMC	r		Gravity of Co	adensale	
Testing Method (pilol, back pr.)	Tubing Pres	ssure (Shut-i	a)	Casing Press	ure (Shut-in	n)		Choke Size		
VI. OPERATOR CERTIFIC	ATE OF	COMPI	JANCE							
I hereby certify that the rules and regula	tions of the (Oil Conserva	tion		OIL CO	JNS			IVISIO	N
Division have been complied with and the is true and complete to the best of my known with the best of			above	Date		vod	JUL	09199	13	
Coki	MJ.	/							/	<u> </u>
Signature	<u>. Al</u>			By_	- And	m	7X	LATE	<u> </u>	
Pat McGee			fitle	Title		IST	NCT 1	SUPER	VISOR	
<u>6/8/93</u>	915	<u>- 5/685</u> Telept	<u>5600</u> Note No.	1110		· · · · · · · · · · · · · · · · · · ·				
				1		-				

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, H, 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.

AIN OFFICE

MAIN OFFICE OF INTENTION TO DRILL OR RECOMPLETE

Notice must be given to the Diffrict Office of the Oil Conservation Commission and approval obtained before drilling or recomp begins. If changes in the proposed plan are considered advisable, a copy of this notice showing such changes will be returned to the s Submit this notice in QUINFUPLICATE. One copy will be returned following approval. See additional instructions in Rules and R tions of the Commission. If State Land submit 6 Copies

Houston, Texas	
	(Place)

IS

August 21, 1956

(Date)

(Form (Revised 7

OIL CONSERVATION COMMISSION SANTA FE, NEW MEXICO

Gentlemen:

State				(Com	pany or Operator) , Well No	1	, in	"M"	The
ocated	660	fe	(Lease)	West		1	ine and	66 0	feet fr
South.					ion 54 , T	T0=9	, R. 🤰	-E, NN	APM.
GIVE LO		FROM 9	SECTION L		Dil and Gas Lease is ne owner is	No. B-1	551		
D	С	B	A	Address	l well with drilling ea				
E	F	G	H	with Saint	_{ging bond is} Blar Paul-Mercur	.A TUGem	nity		
L	ĸ	J	I		. Contr				
M	N	ο	Р	We intend to comp formation at an ap	plete this well in the proximate depth of.	2	Queer		

We propose to use the following strings of Casing and to cement them as indicated:

Size of Hole	Size of Casing	Weight per Foot	New or Second Hand	Depth	Sacks Lemen
11"	8-5/8"	32#	New	2110	To suriac
-7-3/4"	5=1/2"	15.5#	New	4000	1000 Sax

If changes in the above plans become advisable we will notify you immediately.

ADDITIONAL INFORMATION (If recompletion give full details of proposed plan of work.)

Approved	AUG 231956
Except as follows:	,
ØIL ØONSE By	EVATION COMMISSION

	Sincerely yours,
	Tidewater Oil Company
	(Company or Operator)
	J. B. Holloway
/	NameH. P. Shackelford
	Address P. O. Box 547, Hobbs, New Me
_	Position Authorized Employee Send Communications reactions will to Name H. P. Shackelford

1.				MEXICO ATION COMMIS	SION	
			OIL CONSERV	ATION COMME		m C-128
Operator_	Tidev	Water Oil Compan		Vor Gas Prorati Marchie FICE 000 Lease State "	Date Aug.	. 15, 1956
Well No.	1	Section_3	4Town	5 22 18_9 3 nship 18_9 3	3 Range 37-E	NMPM
Located	660	Feet Fro	om South	Line, 660	Feet From	west Line,
Le	a	<u></u>	County, New 1		Elevation To be	
Name of F	roduc	ing Formation_	Queens	Pool Eppend	GNATED Dedicated	Acreage 40
		(Note: All dista	ances must be f	rom outer bound	aries of Section)
		Gulf	Continental	Shell	 Stanolind	
					1 1	
			+Z	+	+	
		Aztec		Az	tec	
]	
		Tidewater	G. M. Cone Schermerhorn	Con	tinental	
				Con		
		7	5 	7		
Azt	ec	<u></u>	+	+	+	
	ו	1			Aztec	
٠	-	- 660'-9 ¹ - <u>6</u>			1	
		L	S	TATE		
1. Is this	Well	a Dual Comp.?	YesNo_x		certify that the a rom field notes c	- bove plat was of actual surveys

2. If the answer to Question 1 is yes, are there any other dually completed wells within the dedicated acreage? Yes____No____.

Name	
Position.	
Representing	
Address	

made by me or under my supervision and that the same are true and correct to the best of my knowledge and belief.

Date Surveyed Aug. 14, 1956 M. Innie Registered Professional Engineer and/or Land Surveyor

	(7)					
Submit 5 Copies Appropriate District Office DISTRICT 1 P.O. Box 1980, Hobbs, NM 88240		Minerals and Na	New Mexico tural Resources D	 R	RU - JON DIVISI RECEIVED	Form C-104 O Revised 1-1-89 See Instructions at Bottom of Page
DISTRICT II P.O. Drawer DD, Artesia, NM 88210			ATION DIV Sox 2088 Iexico 87504-20	ISION	12 AM 9 1	. –
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	REQUEST F	OR ALLOWA	BLE AND AUT	HORIZATIO	N	
I. Operator Oxy USA, Inc.	10 1H/	ANSPORT OF	LAND NATUR		Well API No. 30-025-055	551
Address PO Box 50250,	Midland, T>	x 79710				
Reason(s) for Filing (Check proper box) New Well Recompletion Change in Operator		Transporter of: Dry Gas		ase explain) ective H	JUNE Contany 1,	1993
If change of operator give name and address of previous operator <u>Si</u>	rgo Operati	ing, Inc.	PO Box 3	531, Mic	lland, TX	79702
II. DESCRIPTION OF WELL Lease Name		Pool Name, Includ	ing Formation	-	Kind of Lease	Lease No.
East Eumont Unit	12	Eumont	Yates SR	QN S	State, Federal or Fee	Fee
Unit Letter	: 273	Feet From The <u>N</u>	orth Line and _	2400.4	_ Feet From The	estLine
Section 4 Townshi	p 195	Range 37E	, NMPM,	Lea		County
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil Koch Oil Company	SPORTER OF O		Address (Give addre		roved copy of this form ckenridge,	
Name of Authorized Transporter of Casin Warren Petroleum GPM	ghead Gas X Corp	or Dry Gas			essa, TX 7	
If well produces oil or liquids, give location of tanks.	Uait Sec. M 3	Twp. Rge. 195 37E	ls gas actually conne Yes		Vhen ? 1957	
If this production is commingled with that IV. COMPLETION DATA	from any other lease or	pool, give comming	ing order number:			·
Designate Type of Completion Date Spudded	- (X) Date Compl. Ready to	j	New Well Work Total Depth	over Deep	en Plug Back Sam P.B.T.D.	ne Res'v Diff Res'v
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Fo	mation	Top Oil/Gas Pay		Tubing Depth	
Perforations	l	<u></u>	L	·····	Depth Casing Sh	œ
HOLE SIZE	TUBING, CASING & TU		CEMENTING RI		SACI	(S CEMENT
			DEFI			
V. TEST DATA AND REQUES OIL WELL (Tesi musi be after re Date First New Oil Run To Tank	T FOR ALLOWA covery of total volume of Date of Test		be equal to or exceed Producing Method (F			ll 24 hours.)
Length of Test	Tubing Pressure		Casing Pressure		Choke Size	
Actual Prod. During Test	Oil - Bbls.		Water - Bbls.		Gas- MCF	
GAS WELL	L				····]
Actual Prod. Test - MCF/D	Length of Test Tubing Pressure (Shut-		Bbls. Condensate/MN Casing Pressure (Shu		Gravity of Conde	
Testing Method (puol, back pr.)						
VI. OPERATOR CERTIFIC. I hereby certify that the rules and regula Division have been complied with and t is true and complete to the best of my k	tions of the Oil Conserv hat the information give	ation	OIL C	1	VATION DIV	
Sumahura	The		Ву	In	Sect	
Signature Pat McGee Printed Name 618/93	915/685-	Tille - 5600	Title	DISTRIC	T 1/SUPERV	ISOR
Date	Telep	hope 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.

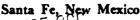
	<u> </u>	()4 ()	
NO. OF COPIES RECEIVED	3	~	
DISTRIBUTION SANTA FE		CONSERVATION COMMISSION	
FILE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C- Effective 1-1-65
U.S.G.S.		AND CANSPORT OIL AND UNA 18	
LAND OFFICE			
TRANSPORTER		- ,	45 AM 55
GAS	l-Midland	1 2	
OPERATOR	l-File		
I. PRORATION COFICE			· · · · · · · · · · · · · · · · · · ·
	r Oil Company		
Address	CIT COMPANY		
Box 249,	Hobbs, New Mexico		
Reason(s) for filing (Check proper	÷	Other (Please explain	n)
Hew Well	Change in Transporter of:		
Recompletion	Oil Dry G	as [] Formerly Sche	ermerhorn's Linam F #1
Change in Ownership 🗶	Casinghead Gas Conde	ensate	
If change of ownership give nan			
and address of previous owner_		011 Corp., Box 1841,	Oklahoma City, Okla.
II. DESCRIPTION OF WELL AN		ame, Including Formation	Kind of Lease
East Euno		Eumont Queen	State, Federal or Fee Fee
Location			
Unit Letter C ;	330 Feet From The North Li	ne and 2310 Feet	From The Wast
· · · · · · · · · · · · · · · · · · ·		ne dita	
Line of Section 4	Township 198 Range	<u>37 Е, ммрм,</u>	Lea County
III. DESIGNATION OF TRANSPO Name of Authorized Transporter of	ORTER OF OIL AND NATURAL G.		approved copy of this form is to be sent)
Texas New Mexico Pir		Box 1510, Midland,	··· ·· · · ·
	Casinghead Gas X or Dry Gas		approved copy of this form is to be sent)
Warren Petroleum Cor		Monument, New Mexi	
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected?	When
give location of tanks.	C 4 19 37	Yes	1957
If this production is commingled	with that from any other lease or pool,	give commingling order number	
IV. COMPLETION DATA	with that from any other rease of poor,	give comminging order number	
Designate Type of Compl	Oil Well Gas Well	New Well Workover Deep	en Plug Back Same Restv. Diff. Rest
	i	1 I I I I I I I I I I I I I I I I I I I	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Devi	News of Descharter Paramiter		
Pool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations		4	Depth Casing Shoe
	TUBING, CASING, AN	D CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE		SACKS CEMENT
V. TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be a	fter recovery of total volume of loa	d oil and must be equal to or exceed top allo
OIL WELL		epth or be for full 24 hours)	
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump,)	gas tijt, etc.)
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
I			
GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size
L		h	
VI. CERTIFICATE OF COMPLIA	ANCE	OIL CONSE	RVATION COMMISSION
	nd regulations of the Oil Conservation	APPROVED	, 19
above is true and complete to	d with and that the information given the best of my knowledge and belief.		
			Facine - Drate a
Athan of		TITLE	Engineer Mander &
WINTER !		This form is to be filed	d in compliance with RULE 1104.
H. J. Aren	ning		allowable for a newly drilled or deepene
	ignature)		ompanied by a tabulation of the deviatio accordance with RULE 111.
Area Engineer	(THE)		m must be filled out completely for allow
July 13, 1965	(Title)	able on new and recomplete	ed wells.
JULY 13, 1907	(Date)	Fill out Sections I, II well name or number. or tran	, III, and VI only for changes of owner sporter, or other such change of condition
	· ·		

Fill out Sections I, II, III, and VI only for changes of owner, well name or number, or transporter, or other such change of condition. Separate Forms C-104 must be filed for each pool in multiply completed wells.

		W MEXICO OF					FORM C=1 Revised 5/1/
		UCTIONS FOR CO					-
			SECTION		961 JUN		
('perator	****		Lease			O	11 + GZeil No.
	ERHORN OIL CO	RP.	LIN	AM "F'	1		1
Coi. rtcer	834	19 South	Fange 37 E	EAST	County	LEA	
Actual Poorage Lo 2400.4	encion of Fell: feet from the WES	itas a	273		et from the	NORTH	line
(nound level Elev			i'sui		el nom coe		Dedicated Acreage
Woode I etti etti	· · · · · · · · · ·		1.501				Acr
				·····			
1. Is the Operator	the only owner in the	dedicated acrease	outlined on the l	plar below	2 YES	NC	
-							nsell st for himself and
undiner of-	1-2+ (+) NHSA 1935 1	ump 1					
2. It is assured to	o question une in l'an	" bave the interes	ite of all the number	na beeu o	on solidate 1	Бу сотаца)	tization agreem into the
man YES,		swer 18 "yes," Ty	pe of Convolution	ca			
3 dittle nonwer to	o question two is 'no.	" list all the own	era and their rear	estive int	erests below		
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1	1	1 4 1 8	1 -			Chereby c	ertify that the well locati
	i k	ļ	•				the plat is SECTION B -
	*	1	1				om field notes of actual
	•	1	1			surveys o	ande by me or under my
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			the st	_	THE STATE	and corre- and balle	ct to the best of my knowl f.
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			REG. PRO	676	RVEYO	and correct and believ Dare Surv 3-2- Registere	eyed 1961 d Professional Engineer
			EG. PRO	676	RVEYO	and correct and believ Dare Surv 3-2- Registere	ct to the best of my knowl f. eyed 1961

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NEW MEXICO OIL CONSERVATION COMMISSION



THENCE INTENTION TO BRIELEOBCRECOMPLETE

Notice must be given to the District Office of the Oil Contemption Commission and approval obtained before drilling or recompletion begins. If changes in the proposed plan are considered advisable, a coller of due nonce showing such changes will be returned to the sender. Submit this notice in QUINTUPLICATE. One copy will be returned following approval. Set additional instructions in Rules and Regulations of the Commission. If State Land submit 6 Copies

Hobbs, New Mexico

September 13, 1956

OIL CONSERVATION COMMISSION SANTA FE, NEW MEXICO

Gentlemen:

You are hereby notified that it is our intention to commence the (Drilling) (BERCHICKSIGE) of a well to be known as

				Schermerhorn Oil Corp			
				(Company or Operator			•
		Lina	Lease)	, Well No	.1	, in	C The well i
	9901	,	•=	North			1 0
					•		•
(GIVE I	LOCATION	FROM	SECTION LI	NE) Eumont	Pool,	Lea	Count
				If State Land the Oil and Gas Lea	ase is No		
	1		1	If patented land the owner is	Virgil I	inam	
D	C	В	Α	Address	-		
				We propose to drill well with drill	-		
							depth
E	F	C	Н				
				The status of plugging bond is	Approved	1	••••••
							•••••••••••••••••••••••••••••••••••••••
L	K	J	I	Drilling Contractor	LaMance	Drilling C	ompany
ł							
M	N	0	Р	We intend to complete this well i	n th Queen		
				formation at an approximate dept	•		
				formation at an approximate dep	un un		Icci

CASING PROGRAM

We propose to use the following strings of Casing and to cement them as indicated:

Size of Hole	Size of Casing	Weight per Foot	New or Second Hand	Depth	Sacks Cement
11"	8 5/8"	32#	New	1,620'	750
7 7/8"	5 1/2"	14#	New	4,050!	450
				-	

If changes in the above plans become advisable we will notify you immediately.

ADDITIONAL INFORMATION (If recompletion give full details of proposed plan of work.)

Approved	SEP 141956
Except as follows:	······, -····
OIL CON	servation commission

Sincerely yours,

Schermerhorn Oil Corporation By.

Position Geologist Send Communications regarding well to Name Schermerhorn Oil Corporation Address Box 1537, Hobbs, New Mexico

			OIL CONS		MEXICO		SION			
		W	ell Location	n and/	or Gas	Prorati	on Plat	For	m C-1	28
						_		te <u>8-2</u>	4-56	
Operator_	Scho	ermerhorn Oil	Corp.		Lease_	Linam	ubu			
Well No	1	Section4	1	Towns	ship <u>1</u>	19 S	Range_	37 E		NMPM
Located	330	Feet Fro	m <u>North</u>	I	Jine, 23	310	Feet F	rom	West	Line,
	Lea		_County, N	lew M	exico.	G. L.	Elevation			
Name of F	r oduci	ng Formation			_Pool_		Dedi	cated	Acreag	e
		Note: All dista	inces must	te fro	om oute	r bound	aries of Se	ection)		
2. If the any oth	answei Ier dual	SCALE: 1"=1000' Dual Comp. ? to Question 1 i ly completed we cage? Yes	is yes, are ell's within	there the	prep mad that	pared fr e by me the sam	ertify that om field n or under ne are true knowledge	otes o my su e and o	f actua pervis correct	l surveys ion and
Name					Date	Survey	red 8-24	-56	· · · · · · · · · · · · · · · · · · ·	
Position						- 4	John	W	West	4
Represent Address_	.ing					istered d Survey	Professio yor	nai Ei	ngineer	and/or

				(8)				
Submit 5 Copies Appropriate District Office DISTRICT I P.O. Box 1980, Hobbs, NM 88240 DISTRICT II	E	nergy, Mir		New Mexico atural Resou ATION	_	nent ONSEI DN R	RV: ON DIVISI ECTIVED	Form C-104 Revised 1-1-89 O See Instructions at Bottom of Page
P.O. Drawer DD, Artesia, NM 88210 DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410		Santa	a Fe, New N	lexico 875	504-208 <u>8</u> 3	JU 1		5
I.	REQUE		R ALLOWA SPORT OI			AS		
Operator Oxy USA, Inc.	<u>.</u>						Well API No. 30-025-05!	557
PO Box 50250, Reason(s) for Filing (Check proper box)	Midland	l, TX	79710		her (Please exp	lain)	TUME	
New Well Recompletion Change in Operator	C Oil Casinghead (_	ansporter of: ry Gas		Effecti		JUNE Coburtary 1,	1993
If change of operator give name and address of previous operator <u>Sirgo Operating</u> , Inc., PO Box 3531, Midland, TX 79702								
II. DESCRIPTION OF WELL Lesse Name			ol Name, Includ			K	(ind of Lease	Lease No.
East Eumont Unit	!	14	Eumont	Yates	SR QN		Hate, Federal or Fee	NM-02053
Unit Letter	. 660	Fe	et From The \underline{N}	orth Li	e and660		_ Feet From The	astLine
Section 4 Townshi	ip 195	Ra	nge 37E	, N	MPM, Le	ea	<u> </u>	County
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil		OF OIL			e address to wi	hich appr	oved copy of this form	is to be sent)
Koch Oil Company	لىسبا 			PO Box	: 1558 ,	Brec	kenridge,	TX 76024
Name of Authorized Transporter of Casin	ghead Gas	or or	Dry Gas 🥅	Address (Giv	re address so wi	hick appr	oved convol this form	into be sent)
If well produces oil or liquids, give location of tanks.	MI		95 37E	N.		Ĭ W	vhen 7	
If this production is commingled with that IV. COMPLETION DATA	from any other	lease or pool	, give comming	ling order num	ber:			
Designate Type of Completion		Oil Well	Gas Well	New Well	Workover	Deepe	en Plug Back Sam	ne Res'v Diff Res'v
Date Spudded	Date Compl. 1	Ready to Pro	1 d.	Total Depth	1	1	P.B.T.D.	l
Elevations (DF, RKB, RT, GR, elc.)	Name of Prod	ucing Forma	tion	Top Oil/Gas	Pay		Tubing Depth	
Perforations	. .			<u> </u>			Depth Casing She	0e
	· · · · · · · · · · · · · · · · · · ·		SING AND	CEMENTI		D		
HOLE SIZE	CASIN	IG & TUBIN	GSIZE		DEPTH SET			KS CEMENT
V. TEST DATA AND REQUES	T FOR ALI	LOWABL	Æ					
					exceed top allo thod (Flow, pu		this depth or be for fu ift, etc.)	ll 24 hours.)
Length of Test	Tubing Pressur	rc		Casing Pressu	re		Choke Size	
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.			Gas- MCF	
GAS WELL Actual Prod. Test - MCF/D	Length of Test			Bbls. Conden	ate/MMCF		Gravity of Conde	nsale
Testing Method (pilol, back pr.)	Tubing Pressur	re (Shut-in)		Casing Pressu	re (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.				OIL CONSERVATION DIVISION Date Approved				
Signature				By	41	in	Sift	
Pat McGee		l Manao Tiu	;	Title	7 ` DK	SPINC	71 SUPERV	ISOR
6/8/93 Date	915/	685-50 Telephon						

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

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

2) All sections of this form must be filled out for allowable on new and recompleted wells.

3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
4) Separate Form C-104 must be filed for each pool in multiply completed wells.

NO. OF COPIES RECEIVED		00	(u) -
DISTRIBUTION		CONSERVATION COMMISSION	
SANTA FE		T FOR ALLOWABLE	Supersedes Old C-104 and
FILE	· · · · · · · · · · · · · · · · · · ·	AND	Effective 1-1-65
U.S.G.S.	AUTHORIZATION TO TR	ANSPORT OIL AND NATURAL	GASU ACC
LAND OFFICE			
IRANSPORTER GAS	1-Midland	N N	5
OPERATOR	l-File		•
PROBATION OFFICE			
Operator	Idewater Oil Company		
Address	Idewater off company		
	ox 249, Hobbs, New Mexico		
Reason(s) for filing (Check proper b	lox)	Other (Please explain)	
New Well	Change in Transporter of:	Formerly Texaco	o ^t s
Recompletion			
Change in Ownership	Casinghead Gas Cond	ensate	
If change of ownership give name	Texaco, Inc., Box 3	52, Midland, Texas	
and address of previous owner			
DESCRIPTION OF WELL AN		ame, Including Formation	Kind of Lease
East Eumont		Eumont Queen	State, Federal or Fee Federal
Location			
Unit Letter A ; 6	60 Feet From The North Li	ine and Feet From	n The East
1.		07 7	-
Line of Section 4 , 7	Township 198 Range	37 Е , ММРМ,	Lea County
DESIGNATION OF TRANSPO	RTER OF OIL AND NATURAL G	AS	
Name of Authorized Transporter of C	Dil 🗶 🛛 or Condensate 🛄		roved copy of this form is to be sent)
Texas New Mexico Pip		Box 1510, Midland, Tex	
Name of Authorized Transporter of C			oved copy of this form is to be sent)
Phillips Petroleum C	Unit Sec. Twp. Rge.	Box 6666, Odessa, Texa Is gas actually connected?	hen
If well produces oil or liquids, give location of tanks.	A 4 19 37	Yes	
Date Spudded	Date Compl. Ready to Prod.	Total Depth Top Oil/Gas Pay	P.B.T.D.
Perforations			Depth Casing Shoe
		D CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
		1	
FEST DATA AND REQUEST I DIL WELL	NJK ALLUWABLE (Test must be a able for this de	fter recovery of total volume of load oil opth or be for full 24 hours)	l and must be equal to or exceed top allow
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas l	ift, etc.)
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
Actual 1 tour Daring Test	0	Water - DDis.	043-1001
	1		
AS WELL			
Actual Prod. Test-MCF/D		I	
	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
i esung Method (nitot, back pr.)			
esung Method (pitot, back pr.)	Length of Test Tubing Pressure	Bbls. Condensate/MMCF Casing Pressure	Gravity of Condensate Choke Size
	Tubing Pressure	Casing Pressure	Choke Size
	Tubing Pressure	Casing Pressure OIL CONSERV	Choke Size
ERTIFICATE OF COMPLIAN	Tubing Pressure NCE regulations of the Oil Conservation	Casing Pressure OIL CONSERV	Choke Size
CERTIFICATE OF COMPLIAN hereby certify that the rules and ommission have been complied	Tubing Pressure	Casing Pressure OIL CONSERV	Choke Size ATION COMMISSION 2 1 1965 , 19
CERTIFICATE OF COMPLIAN hereby certify that the rules and ommission have been complied	Tubing Pressure NCE regulations of the Oil Conservation with and that the information given	Casing Pressure OIL CONSERV APPROVED	Choke Size ATION COMMISSION 2 1 1965 , 19
CERTIFICATE OF COMPLIAN hereby certify that the rules and commission have been complied	Tubing Pressure NCE regulations of the Oil Conservation with and that the information given	Casing Pressure OIL CONSERV	Choke Size ATION COMMISSION 2 1 1965 , 19
ERTIFICATE OF COMPLIAN hereby certify that the rules and ommission have been complied	Tubing Pressure NCE regulations of the Oil Conservation with and that the information given	Casing Pressure OIL CONSERV APPROVED BY Classified Classified TITLE This form is to be filed in	Choke Size ATION COMMISSION 2 1 1965, 19 7 Compliance with RULE 1104.
Commission have been complied bove is true and complete to the Market Area and Complete to the	Tubing Pressure NCE regulations of the Oil Conservation with and that the information given he best of my knowledge and belief.	Casing Pressure OIL CONSERV APPROVED BY Classified this field TITLE This form is to be filed in If this is a request for allow	Choke Size ATION COMMISSION 2 1 1965, 19 7 Compliance with RULE 1104. wable for a newly drilled or deepened
CERTIFICATE OF COMPLIAN hereby certify that the rules and commission have been complied bove is true and complete to the Management	Tubing Pressure NCE regulations of the Oil Conservation with and that the information given	Casing Pressure OIL CONSERV APPROVED BY Changed the fill TITLE This form is to be filled in If this is a request for allow well, this form must be accompa- tests taken on the well in accompa-	Choke Size ATION COMMISSION 2 1 1965, 19 7 compliance with RULE 1104. wable for a newly drilled or deepened anied by a tabulation of the deviation rdance with RULE 111.
CERTIFICATE OF COMPLIAN hereby certify that the rules and commission have been complied bove is true and complete to the Marea Engineer	Tubing Pressure NCE regulations of the Oil Conservation with and that the information given he best of my knowledge and belief.	Casing Pressure OIL CONSERV APPROVED BY Changed the fill TITLE This form is to be filled in If this is a request for allow well, this form must be accompa- tests taken on the well in accompa-	Choke Size ATION COMMISSION 2 1 1965, 19 compliance with RULE 1104. wable for a newly drilled or deepened anied by a tabulation of the deviation rdance with RULE 111. ist be filled out completely for allow-
ERTIFICATE OF COMPLIAN hereby certify that the rules and ommission have been complied bove is true and complete to the Marea Engineer July 14, 1965	Tubing Pressure NCE regulations of the Oil Conservation with and that the information given the best of my knowledge and belief.	Casing Pressure OIL CONSERVA APPROVED BY Chamber District TITLE This form is to be filed in If this is a request for allow well, this form must be accompa- tests taken on the well in accom- All sections of this form mu- able on new and recompleted w Fill out Sections I, II, III	Choke Size ATION COMMISSION 2 1 1965, 19 compliance with RULE 1104. wable for a newly drilled or deepened anied by a tabulation of the deviation rdance with RULE 111. ist be filled out completely for allow- ells. , and VI only for changes of owner,
CERTIFICATE OF COMPLIAN hereby certify that the rules and ommission have been complied bove is true and complete to the Marea Engineer July 14, 1965	Tubing Pressure NCE regulations of the Oil Conservation with and that the information given he best of my knowledge and belief.	Casing Pressure OIL CONSERV, APPROVED BY Circlin(20) the fill TITLE This form is to be filed in If this is a request for allow well, this form must be accompa- tests taken on the well in acco All sections of this form mu- able on new and recompleted w Fill out Sections I, II, III well name or number, or transpor	Choke Size ATION COMMISSION 2 1 1965, 19 7 compliance with RULE 1104. wable for a newly drilled or deepened anied by a tabulation of the deviation rdance with RULE 111. ist be filled out completely for allow- ells.

· · ·		EW MEXICO CRVATION COMMISS		rm C-128
	Well Location	and/or Gas Proratio		
		Lease <u>Mrs. Ji</u>	Date_(
Operator The	Texas Company	20000_ <u>PH 51_01</u>	MILE DAULACLY	
Well No. 1	Section4 T	ownship 19-S	Range <u>37</u> .	<u>-e</u> NMPM
Located <u>6601</u>	Feet From North	Line, <u>660</u>	Feet From	East Line
Lea	County, No	ew Mexico. G. L.		
Name of Producin	g Formation Queen Sand	Pool Eumont	Dedicated	Acreage 40
<u>(</u>)	Note: All distances must h	e from outer bounda	ries of Section)
	G. M. Cone Lse.	TTCo. Lse 85.21 Ac		Aztec Lse. State E-3-A
			40 Ac.	o ²
	1	Mrs. Jimmie S	aunders-Fed.	
	Schermerhorn Lse.	Mrs. Jimmie Sa	aunders	Aztec Lse. State E-3
	: د.	U.S./	A.	•
	Virgil Linas			
(5)	Citles Service Lse.	TTCo	Lse.	(3 ·
MC DE	1	3 I	Ĵ	•
This section of form is to be used for one		α 		TTCo. Lse.
wells only.				Z.A. McMill "A"
	•		o ⁴	°
↓ (State "AT"	Z. A. McMi	llan "B"	
	SCALE : 1000'	t		•
 If the answer any other duall 	Dual Comp. ? Yes No to Question 1 is yes, are to y completed wells within the age ? YesNo	prepared fro there made by me that the same	rtify that the a om field notes o or under my s e are true and nowledge and b	of actual surve upervision and correct to the
Name Position		Date Survey	Professional E	56
Address		Land Survey		ngineer and/0

Submit 3 Copies to Appropriate District Office				ral Resc	ources Department	(7			m C-103 vised 1-1-89
<u>District I</u> P.O. Box 1980, Hobt	DS, NM 88246 CON		NSERVA D P.O. Bo		N DIVISION	WELL	API NO.	30 - 025	- 05549
<u>District II</u> P.O.Drawer DD,Artes	•	Santa	Fe, New Me			5. Indica	ate Type of Lea	350	
District III	'93 DE	11 AC	1920					STATE	FEE X
1000RioBrazos Rd.A	ztec, NM87410					6. State	Oil & Gas Lea	se No.	
(DO NOT USE THI	SUNDRY NOTIC S FORM FOR PROP FFERENT RESERV	OSALS TO DE	RILL OR TO DE	EPEN	OR PLUG BACK TO	7. Lease	Name or Unit	agreement Na	me
1. Type of Well:	(FORM C-1	01) FOR SUCI	I PROPOSALS	.)	·····				
	GAS WELL		OTHER	INJEC	TION		EAST EUMONT UNIT		
2. Name of Operator	OXY USA INC.				v	8. Well I	No. 16		
3. Address of Operator	P.O. Box 5025		TX 79710		. <u></u>		name or Wilder		
4. Well Location								ES SVN RV	H QN
Unit Letter	2,144	Feet From The	NORTH		Line and58	9	Feet From The	, WEST	Line
Section 4		Township	19 S	Ran	_{ge} 37 E	NMPM	LEA	A Contraction of the second seco	County
	······································	10. 🖯	vation <i>(Show H</i> 3,687	whether L	DF, RKB, RT, GR, etc.)				
11.	Check App	ropriate Bo		e Natu	Ire of Notice, Re	port. or C	ther Data		
	ICE OF INT	•				-		ORT OF	-:
PERFORM REMEDIA		PLUG AND		F	REMEDIAL WORK			RING CASIN	
TEMPORARILY ABAN		CHANGE P			COMMENCE DRILLI	NG OPNS.		AND ABAND	
PULL OR ALTER CAS			L		ASING TEST AND	EMENT JO			
OTHER: CONVER		l	X		OTHER:				
12.Describe Proposed	·		e all pertinent de		nd aive pertinent dates	ncludina es	timaled date of	starting any p	roposed
work/ SEE RULE 11			, ,		3				•
	TD	3956'	PBTD - 39	956'	PERFS - 380)5' - 3956'			
		S	ee other	SIDE					
			<u> </u>						<u> </u>
I hereby certily that the ini	iormation above is true a	nd complete to the	best of my knowle	dge and b					
SIGNATURE	- le mar 1	1		_ TILE	REGULATO	RY ANALY			12 02 93
TYPE OR PRINT NAME	DAVID STEWA	RT						ONE NO. 915	685-5717
(This space for State Use)	Que	, Landa		TITLE	DISTRICT	1 SUPE	RVISOR		6 1993
CONDITIONS OF APPROV	N IF ANY:			_					

1.) MIRU pulling unit. ND WH, NU BOP.

- 2.) TIH w/ 4 7/8" RB and DC's on 2 7/8" tubing and tag PBTD @ 3956'. CO wellbore to 3956' if necessary. TOOH w/ RB, DC's and tbg.
- 3.) RU wireline. Run GR/N log from PBTD to minimum depth. Perforate Rencee formation (3720' - 3856') w/ premium charges 2 JSPF at the following depths (3720' - 22', 3728' - 42', 3750' - 56', 3762' - 67', 3778' -82', 3790' - 94', 3797' - 99', 3843' - 3856'). Total of 116 shots. Depth reference log Lane Wells Radioactivity log dated January 6, 1954.
- 4.) TIH w/ treating pkr on 2 3/8" tbg and set pkr @ ± 3600'. Pressure test csg to 500#.
- 5.) RU acid company, pressure backside to 500#, Acidize Penrose perfs and open hole (3720' - 3956') w/ 5000 gals 15% NE Fe HCl containing 2% AS-66 and utilizing benzoic acid flakes and rock salt as block. Flush w/ 2% KCl water containing 1% AS-66.
- 6.) Swab test.
- 7.) TOOH w/ pkr and tbg. TIH w/ PC Guiberson G-6 pkr on 2 3/8" polyethylene lined tbg. Circ hole w/ pkr fluid, and set pkr @ ± 3650'. ND BOP, NU WH. Pressure test annulus to 500# and cut 30 min chart for NMOCD.

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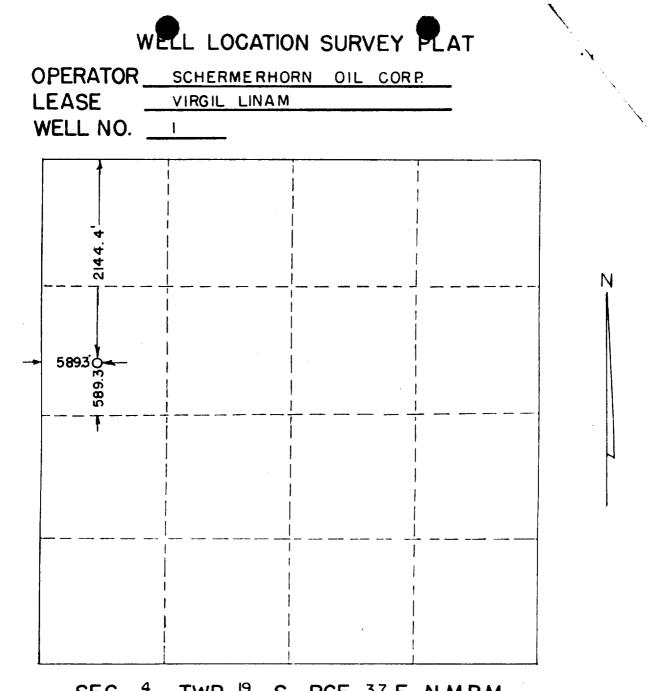
Submit 5 Copies Appropriate District Office DISTRICT I	Energy, M	Canala and M	New Mexico atural Resources Departs	ment	Form C Revised	1 1 90
P.O. Box 1980, Hobbs, NM 88240 DISTRICT II	OILC	ONSERV	ATION DIVISIO	DN RE	Kevised See Inst CE VED	m of Page
P.O. Drawer DD, Antenia, NM 88210	Sar	P.O. E Ita Fe, New N	30x 2088 1exico 87504-2088, g	o III: 1	2 AM 9 15	
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410			BLE AND AUTHOR	-		
I. Operator	TO TRA	NSPORT O	LAND NATURAL G		API No.	
Oxy USA, Inc.				3(0-025-05549	
Address PO Box 50250,	Midland, TX	79710				
Reason(s) for Filing (Check proper box) New Well		Transporter of:	Other (Please exp		UNE	
Recompletion .	oil 🗌	Dry Gas	Effect:	ive 🖬	1, 1993	3
Change in Operator I find the change of operator give name C a		Condensate	, PO Box 3531	Midla	and. TX 79702	2
and address of previous operator <u>51</u> II. DESCRIPTION OF WELL		ig, inc.	, FO BOX 3331	, 11010		
Lease Name	Well No. 1	Pool Name, Includ				ase No.
East Eumont Unit	16	Eumont	Yates SR QN	State	, Federal of Fee	
Unit Letter	:589I	Feet From The $\frac{W}{-}$	est 214	4 F	North	Line
Section 4 Townsh		Range 37E	_	ea		County
III. DESIGNATION OF TRAN Name of Authonized Transporter of Oil						
Koch Oil Company	<u>ب</u>				copy of this form is to be sen enridge, TX 76	
Name of Authonized Transporter of Casim Warren Petroleum CPM	ghead Gas X o Corp	or Dry Gas	Address (Give address to w PO BOX 1589, 4001 Penbrool	hick approved	ssa, TX 79762	1)
If well produces oil or liquids, give location of tanks.		wp. Rge. 195 37E	Is gas actually connected? Yes	When		
If this production is commingled with that IV. COMPLETION DATA			ing order number.	······		
Designate Type of Completion	- (X)	Gas Well	New Well Workover	Deepen	Plug Back Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to P	rod.	Total Depth	L	P.B.T.D.	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Form	nation	Top Oil/Gas Pay		Tubing Depth	
Perforations			<u> </u>		Depth Casing Shoe	
	71000 C			<u> </u>		
HOLE SIZE	CASING & TUBI		CEMENTING RECOR DEPTH SET	D	SACKS CEMEN	т
			·····			
V. TEST DATA AND REQUES	T FOR ALLOWAB	LE			L]
OIL WELL (Test must be after re Date First New Oil Rus To Tank	ecovery of total volume of l Date of Test	oad oil and must	be equal to or exceed top allo Producing Method (Flow, pu		depth or be for full 24 hours., ic.)	<u>,</u>
			· · · · · · · · · · · · · · · · · · ·			
Length of Test	Tubing Pressure		Casing Pressure		Choke Size	
Actual Prod. During Test	Oil - Bbls.		Water - Bbls.		Gas- MCF	
GAS WELL	<u></u>				••••••••••••••••••••••••••••••••••••••	الدي يوه ميونين مري
Actual Prod. Test - MCF/D	Length of Test		Bbls. Condensate/MMCF		Gravity of Condensate	
Testing Method (pilol, back pr.)	Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)		Choke Size	
VI. OPERATOR CERTIFICA	ATE OF COMPLI	ANCE				J
I hereby certify that the rules and regula Division have been complied with and t					TION DIVISION	1
is true and complete to the best of my k			Date Approved		0 9 1993	
Signature	All		By	reps	Jul	
Pat McGee	Land Mana		Title DIS	TRICT 1	SUPERVISOR	
618/93	<u>915/685-5</u> Telepho	600				
	1 61 CP100			•		

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.2) All sections of this form must be filled out for allowable on new and recompleted wells.

3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.

4) Separate Form C-104 must be filed for each pool in multiply completed wells.

NO. OF COPIES RECEIVED			
	00	2	
DISTRIBUTION SANTA FE			Form C-105
FILE		T FOR ALLOWABLE	Supersedes L Effective 1-1-t
U.S.G.S.		RAND	G AS
LAND OFFICE			AM '65
TRANSPORTER OIL GAS	5-0CC V 1-Midland T	.	
OPERATOR	l-File		
PRORATION OFFICE	<u> </u>		
	Oil Company		
Address			
	Hobbs, New Mexico		
Reason(s) for filing (Check proper		Other (Please explain)	
New Well	Change in Transporter of: Oil Dry (
Change in Ownership		lensate	rmerhorn's Linem # 1
If change of ownership give name and address of previous owner	Schermerhorn Oil Cor	poration c/o Apco Oil	Corp., Box 1841, Okla. Cit
and address of previous owner			Okla
DESCRIPTION OF WELL AN	D LEASE		
Lease Name		Jame, Including Formation	Kind of Lease
Location		Eumont Queen	State, Federal or Fee Fee
	589 Feet From The West	ine and 2144 Feet F	rom The North
Unit Letter;;;	209 Feet From The WCDC	ine ana Feet r	rom TheNOITCA
Line of Section 4	Township 198 Range	37 Е , МАРМ,	Lea Count
	RTER OF OIL AND NATURAL G		
Name of Authorized Transporter of			pproved copy of this form is to be sent)
Texas New Mexico Pipe		Box 1510, Midland,	Texas pproved copy of this form is to be sent)
Permian Basin Pipe Li		Box 2376, Hobbs, Net	
	Unit Sec. Twp. Rge.	Is gas actually connected?	When
If well produces oil or liquids, give location of tanks.	E 4 19 37	Yes	1957
f this modulation is commissied			
COMPLETION DATA	with that from any other lease or pool	, give comminging order number.	
Designate Type of Comple	tion (X)	New Well Workover Deeper	Plug Back Same Res'v. Diff. Res
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Pool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations		······································	Depth Casing Shoe
	TUBING, CASING, AN	ID CEMENTING RECORD	k=
HOLE SIZE	TUBING, CASING, AN CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
HOLE SIZE			SACKS CEMENT
HOLE SIZE			SACKS CEMENT
HOLE SIZE			SACKS CEMENT
	CASING & TUBING SIZE		
HOLE SIZE TEST DATA AND REQUEST DIL WELL	CASING & TUBING SIZE	DEPTH SET	oil and must be equal to or exceed top all
TEST DATA AND REQUEST	CASING & TUBING SIZE	DEPTH SET	oil and must be equal to or exceed top all
TEST DATA AND REQUEST DIL WELL Date First New Oil Run To Tanks	CASING & TUBING SIZE FOR ALLOWABLE (Test must be able for this d Date of Test	DEPTH SET	oil and must be equal to or exceed top all
TEST DATA AND REQUEST DIL WELL	CASING & TUBING SIZE FOR ALLOWABLE (Test must be able for this d	DEPTH SET	oil and must be equal to or exceed top all
TEST DATA AND REQUEST DIL WELL Date First New Oil Run To Tanks Length of Test	CASING & TUBING SIZE FOR ALLOWABLE (Test must be able for this d Date of Test	DEPTH SET	oil and must be equal to or exceed top all is lift, etc.)
TEST DATA AND REQUEST DIL WELL Date First New Oil Run To Tanks	CASING & TUBING SIZE FOR ALLOWABLE (Test must be able for this d Date of Test Tubing Pressure	DEPTH SET	oil and must be equal to or exceed top all is lift, etc.) Choke Size
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SEC. 4, TWP. 19 S., RGE. 37 E., N.M.P.M.

I HEREBY CERTIFY THAT THIS PLAT WAS MADE FROM NOTES TAKEN IN THE FIELD BY ME AND THAT THE SAME IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

JOHN W. WEST, PE & LS NO. 676 12-9-1953

		(\mathbf{p})	
-+-	State	of New Mexico	-
Submit 5 Copies Appropriate District Office DISTRICT 1	Energy, Minerals and	i Natural Resources Department	IL CONSERVE ON Form CHDM Revised 1-1-89 REC: VED See Instructions at Bottom of Page
P.O. Box 1980, Hobbs, NM 88240 <u>DISTRICT II</u> P.O. Drawer DD, Anesia, NM 88210		VATION DIVISION, D. Box 2088	93 JUL 12 AM 9 15
DISTRICT III	Santa Fe, Ne	w Mexico 87504-2088	
1000 Rio Brazos Rd., Aztec, NM 87410 I.	REQUEST FOR ALLO	WABLE AND AUTHORIZAT	FION
Operator Oxy USA, Inc.			Well API No. 30-025-05547
Address PO Box 50250,	Midland, TX 7971	0	
Reason(s) for Filing (Check proper box)		Other (Please explain)	JWE
New Well L Recompletion	Change in Transporter o. Oil Dry Gas	Effective	Pelotency 1, 1993
Change in Operator	Casinghead Gas Condensate	Ō	
If change of operator give name and address of previous operator <u>Si</u>	.rgo Operating, In	c., PO Box 3531, M	idland, TX 79702
II. DESCRIPTION OF WELL	AND LEASE		
Lesse Name East Eumont Unit	Well No. Pool Name, I 18 Eumo	ncluding Formation nt Yates SR QN	Kind of Lease State, Federal or Fee NM-02814
Location			
Unit LetterG		e North Line and 1650	Feet From TheLine
Section 4 Townshi	ip 195 Range 3	7E NMPM, Lea	County
III. DESIGNATION OF TRAN			
Name of Authorized Transporter of Oil Koch Oil Company	X or Condensate		pproved copy of this form is to be sent) eckenridge, TX 76024
Name of Authorized Transporter of Casin Warren Petroleum	ghead Gas X or Dry Gas		
If well produces oil or liquids,			proved copy of this form is to be sent) 2dessa, TX 79762 When 7
give location of tanks.	<u>M</u> 3 195 37	Rge. Is gas actually connected? E NO	
If this production is commingled with that IV. COMPLETION DATA	from any other lease or pool, give com	ningling order number:	
ſ	Oil Well Gas We	II New Well Workover De	epen Plug Back Same Res'v Diff Res'v
Designate Type of Completion Date Spudded	- (X) 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	<u>}</u>		
			Depth Casing Shoe
		ND CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
V. TEST DATA AND REQUES			
OIL WELL (Test must be after re Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, ga	
		Casing Pressure	Choke Size
Length of Test	Tubing Pressure	Casing riessure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbis.	Gas- MCF
GAS WELL	L		
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 CERTIFICA		OIL CONSEL	RVATION DIVISION
I hereby certify that the rules and regula Division have been complied with and the	hat the information given above		
is true and complete to the best of my to	nowledge and belief.	Date Approved	JUL 0.9 1993
	12dec	By_lru	Such
Signature Pat McGee	Land Manager	by the	
Printed Name 618/93	Тіце 915/685-5600	Title / DISTR	NCT 1 SUPERVISOR
Date	Telephone No.	-	

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.

Fill out only Sections 1, 11, 111, and VI for changes of operator, well name or number, transporter, or other such changes.
 Separate Form C-104 must be filed for each pool in multiply completed wells.

NO, OF COPTES RECEIVED		L	1
DISTRIBUTION		CONSERVATION COMMISSION	Form CA
SANTA FE		FOR ALLOWABLE	Supersed
FILE U.S.G.S.		AND	Effective
LAND OFFICE		RANSPORT OIL AND NATUR	29 GAS45 PN 765
IRANSPORTER 01L		Auc	
GAS		55 A	· ·
	E		N. AND AND AND AND AND AND AND AND AND AND
Operator		<u> </u>	
Tidewate	er Oil Company		N. N. N. N. N. N. N. N. N. N. N. N. N. N
Address Box 240	Hobbs, New Mexico		
Reason(s) for filing (Check proper l	· · · · · · · · · · · · · · · · · · ·	Other (Please explain	1
New Well	Change in Transporter of:		
Recompletion	Oil Dry	Gas Federal "A"	
Change in Ownership	Casinghead Gas Cond	densate	
f change of ownership give name	• The Atlantic Refining	Company, Box 1038, De	nver City, Texas
and address of previous owner			
DESCRIPTION OF WELL AN Lease Name		Name, Including Formation	 Kind of Lease
East Erm	1 - 1	Eumont Queen	State, Federal cr Fee Federal
Location	0		
Unit Letter G ; 1	837 Feet From The North	_ine and1650Feet	From The East
Line of Section 4	Township 198 Range	37 E , NMPM,	Lea County
		Temporarily aba	ndoned 4-11-60
DESIGNATION OF TRANSPO Name of Authorized Transporter of	OIL OF OIL AND NATURAL (GAS	approved copy of this form is to be sent)
· · · · · · · · · · · · · · · · · · ·	·· ·· ·		
Name of Authorized Transporter of (Casinghead Gas 🔄 🛛 or Dry Gas 🦳	Address (Give address to which	approved copy of this form is to be sent)
			When
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Ege.	Is gas actually connected?	When
	with that from any other lease or pool	l. give commingling order number	:
COMPLETION DATA			
	Oil Well Gas Well	New Well Workover Deepe	en – 'Plug Back 'Same Res'v.'Diff. Res'v
Designate Type of Comple	tion = (X)		
Designate Type of Comple	tion - (X) Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Date Spudded Pool	Date Compl. Ready to Prod.	Total Depth	P.B.T.D. Tubing Depth
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Date Spudded Pool	Date Compl. Ready to Prod. Name of Producing Formation	Total Depth	P.B.T.D. Tubing Depth
Date Spudded Pool	Date Compl. Ready to Prod. Name of Producing Formation	Total Depth Top Oll/Gas Pay	P.B.T.D. Tubing Depth
Date Spudded Pool Perforations	Date Compl. Ready to Prod. Name of Producing Formation TUBING, CASING, At	Total Depth Top Oll/Gas Pay	P.B.T.D. Tubing Depth Depth Casing Shoe
Date Spudded Pool Perforations	Date Compl. Ready to Prod. Name of Producing Formation TUBING, CASING, At	Total Depth Top Oll/Gas Pay	P.B.T.D. Tubing Depth Depth Casing Shoe
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Date Spudded Pool Perforations HOLE SIZE HOLE SIZE TEST DATA AND REQUEST DIL WELL Date First New Oil Run To Tanks Length of Test Actual Prod. During Test GAS WELL Actual Prod. During Test ERTIFICATE OF COMPLIAN hereby certify that the rules and ommission have been complied bove is true and complete to th MMMMMMM (Sig Area Engineer/ July 23, 1965	Date Compl. Ready to Prod. Name of Producing Formation TUBING, CASING, AI CASING & TUBING SIZE FOR ALLOWABLE (Test must be able for this of Date of Test) Tubing Pressure Oil-Bbls. Length of Test Tubing Pressure NCE I regulations of the Oil Conservation given the best of my knowledge and belief.	Total Depth Top Oll/Gas Pay ND CEMENTING RECORD DEPTH SET after recovery of total volume of load depth or be for full 24 hours) Producing Method (Flow, pump, g Casing Pressure Water - Bbls. Bbls. Condensate/MMCF Casing Pressure OIL CONSEF APPROVED ITTLE This form is to be filed If this is a request for a well, this form must be accoo tests taken on the well in a All sections of this form able on new and recompleted Fill out Sections I, II, well name or number, or trans	P.B.T.D. Tubing Depth Depth Casing Shoe SACKS CEMENT SACKS CEMENT SACKS CEMENT SACKS CEMENT Choke Size Gravity of condensate Choke Size Choke Size Choke Size RVATION COMMISSION 0 1985 , 19 in compliance with RULE 1104. Ilowable for a newly drilled or deepened mpanied by a tabulation of the deviation ccordance with RULE 111. a must be filled out completely for allow-

1				MEXICO ATION COMMISSI	ION	
ã	N. A				For	rm C-
		we.	ll Location and	/or Gas Provation	<u>n Plat</u> Date_D€	ec. 11, 19:
Operator_	The	Atlantic Refining	g Company	Lease Fede	eral "A"	
Well No.	2	Section	4Town	nship 19 South	Range 37 E	ast NMPM
Located	1837	7Feet Fro	m <u>North</u>	Line, 1650	Feet From	East Line,
<u></u>		Lea	_County, New N	Mexico. G. L. E	Elevation	· · · · · · · · · · · · · · · · · · ·
Name of F	roduc	ing Formation	Queen	Pool Eumont	tDedicated	Acreage 40.0 Ac.
		(Note: All dista	nces must be fr	om outer boundar	ries of Section)	2
			3 Shermerhorn F-1	2 Texas	3	RECEIVED
	-			•2	• ¹	DEC 31 1956
			, 	Mrs. Jimmy Spu		W. S. GEOLOGICAL SURVEY
		Shermerhorn	├─────┤ 	Atlant	tic 0523	
		☆'	 	1 1 Gr 1	<u>1650</u>	
			!		J	
		Virgil	Linam	Feder	-a/	
			1	Texas	3	
]	1	• 3	• 2	
		Stat	le		-	
		Cities Se				
		•1			• 4	
		R. H. Mullin	PEQUX "AT"	M° Milla	an .	
1. Is this	Well	SCALE: 1"=1000' a Dual Comp. ? Y	Yes_NoX		rtify that the at	-

2. If the answer to Question 1 is yes, are there any other dually completed wells within the dedicated acreage? Yes <u>No</u>.

N. L. Mills Name an Im Position. Regional Drilling Hanager The Atlantic Refining Company Representing Dox 671, Midland, Texas Address

This is to certify that the above plat was prepared from field notes of actual surveys made by me or under my supervision and that the same are true and correct to the best of my knowledge and belief.

Date Surveyed Dec. 10, 1956
W.J. Burkart, Chief Surveyor The Atlantic Refining Company
W.J. Burkart, Schief Surveyor
The Atlantic Refining Company

			1	(\hat{y})				
Submit 5 Copies Appropriate District Office DISTRICT 1	Energy, Min		lew Mexico tural Resources	Department	ANDER	, _ 1 _ N DIV	Form C-1 Revised 1 Sec Idstri	.1.89
P.O. Box 1980, Hobbs, NM 88240 DISTRICT II	OIL CO		ATION DI	VISION	RE	ņi ve₿	at Boiton	of Page
P.O. Drawer DD, Anesia, NM 88210 DISTRICT III	Santa		lexico 87504-	2088 / 93 .	، ٦_ اال	e ma 9	16	
1000 Rio Brazos Rd., Aztec, NM 87410 I.	REQUESTFOR		B <mark>LE AND</mark> AU L AND NATU		FION			
Operator Oxy USA, Inc.					Well AP	1 №. 025-098	 78	
Address	Midland TV	79710			1		- <u></u>	<u></u>
PO BOX 50250, Reason(s) for Filing (Check proper box) New Well	Change in Tra		_	Please explain)	Jun	E	1002	
Recompletion	Oil 🗌 Dr	y Gas	Ef	fective	Pelot	aary 1,	1993	
If change of operator give name and address of previous operator <u>Si</u>	rgo Operatino	g, Inc.	PO Box	3531, M	idlan	d, TX	79702	
II. DESCRIPTION OF WELL		ol Name, Includi	ing Formation		Kind of	Lease	Lea	se No.
East Eumont Unit	20	Eumont	Yates SR			deral or Fee	E-912	
Unit Letter	<u>: 2064</u> Fee	et From The No	orth Line and	660	Feel	From The	st	Line
Section 3 Townshi	ip 195 Rai	nge 37E	, NMPN	ı, Lea	<u> </u>		×	County
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil			RAL GAS Address (Give add	+ 2 tress to which as		ny of this form i	to be cent	
Koch Oil Company	T or Condensate		PO Box 1	558, Bre	ecken	ridge, '	TX 76	024
Name of Authorized Transporter of Casin Warren Petroleum	ghead Gas X or I COTP	Dry Gas	Address (Give add PO BOX I 4001 Pen	589, ^{which} ai brook	Ddess	ere this formula, TX 7	2 ^{10 be sens}) 9762	
If well produces oil or liquids, give location of tanks.	Unit Sec. Tw M 3 12	p. Rge. 95 37E	ls gas actually con Yes		When ?	19		
If this production is commingled with that IV. COMPLETION DATA	4 <u>**</u>		ing order number:					
Designate Type of Completion	Oil Well	Gas Well	New Well Wo	xkover De	epen F	lug Back Same	e Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Proc	d.	Total Depth	I] P	.B.T.D.	1	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Format	tion	Top Oil/Gas Pay	<u>. </u>	T	ubing Depth		
Perforations	<u> </u>				D	epth Casing Sho	e	
	TUBING CA	SING AND	CEMENTING	RECORD				
HOLE SIZE	CASING & TUBIN			TH SET		SACK	S CEMEN	<u>т</u>
						····		
			<u></u>					
V. TEST DATA AND REQUES OIL WELL (Test must be after re	TFOR ALLOWABL		e equal to or excee	d top allowable	for this de	pih or be for full	24 hours.)	
Date First New Oil Run To Tank	Date of Test		Producing Method					
Length of Test	Tubing Pressure		Casing Pressure	<u>. </u>	a	noke Size		
Actual Prod. During Test	Oil - Bbls.		Water - Bbis.		G	us- MCF		
GAS WELL	<u> </u>				<u>I</u>	·······		
Actual Prod. Test - MCF/D	Length of Test		Bbls. Condensate/N	AMCF	G	ravity of Conden	sale	
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)		Casing Pressure (Si	nut-in)	a	noke Size		
VI. OPERATOR CERTIFIC.			01	CONSE				J
I hereby certify that the rules and regula Division have been complied with and t is true and complete to the best of my k	hat the information given abo							
Parti	M.		Date Ad	provea				
Signature Dat McCoe	Land Manag	ner	By	sy	Jez	100-		
Pat McGee Printed Nurve 6/8/93	Tille 915/685-56		Title	- 015	TCHC I	1 SUPER	VISOR	
0/6/75 Date	9157685-50 Telephone							وتحصيف وتحريب بمقان

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1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

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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.

HO. OF COPIES RECEIVED DISTRIBUTION SANTA FE FILE		CONSERVATION COMMISSION FOR ALLOWABLE AND	Form C-104 Supersedes Old C-104 and C- Effective 1-1-65
U.S.G.S. LAND OFFICE I RANSPORTER OIL GAS OPERATOR	AUTHORIZATION TO TR. 5-OCC	ANSPORT OIL AND NOT 20	°-3°4 5 PH '6 5
A Fire.as Box 249, Reason(s) for filing (Check proper bo thew Well itecon; letion	Change in Transporter of: Oil Dry Ge		e's State E #3 (U411 N4.1
Chempo in Ownership X If change of ownership give name and address of previous owner II. DESCRIPTION OF WELL AND		ny, Box 837, Hobbs, Ne	ew Mexico
Lease Name East Eumo		me, Including Formation Eumont Queen	Kind of Lease State, Federal or Fee State
Location Unit Letter <u>E</u> ; 20	64 Feet From The <u>North</u> Lir	ne and 660 Feet Fr	om The West
	D. C.	<u> </u>	Tas
I	· · · · · · · · · · · · · · · · · · ·		LEB. County
III. DESIGNATION OF TRANSPOR Name of Authorized Transporter of OI Texas New Mexico Pig Name of Authorized Transporter of Ca Phillips Petroleum C	i K or Condensate [] e Line Company singhead Gas X or Dry Gas []	Address (Give address to which ap Box 1510, Midland,	proved copy of this form is to be sent)
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected?	When
give location of tanks.	th that from any other lease or pool,	Yes	1957
IV. COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'
Designate Type of Completi	i		
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Pool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations	<u></u>		Depth Casing Shoe
	TUBING, CASING, AND	CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
V. TEST DATA AND REQUEST F OIL WFLL Lance Linst New Oil Hun To Tanks		ter recovery of total volume of load pth or be for full 24 hours) Producing Method (Flow, pump, gas	oil and must be equal to or exceed top allou s lift, etc.)
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size
VI. CERTIFICATE OF COMPLIAN	CE	OIL CONSER	VATION COMMISSION
Commission have been complied v	regulations of the Oil Conservation with and that the information given e best of my knowledge and belief.	APPROVED	<u>م</u> ن ; 19
x al in al -		TITLE	Engineer District
The frequence			n compliance with RULE 1104.
(Sign	· · · · · · · · · · · · · · · · · · ·		lowable for a newly drilled or deepened panied by a tabulation of the deviation cordance with RULE 111.
Area Engineer	(te)		must be filled out completely for allow

July 19, 1965

•

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able on new and recompleted wells. Fill out Sections I, II, III, and VI only for changes of owner well name or number, or transporter, or other such change of condition Separate Forms C-104 must be filed for each pool in multiply completed wells

NEW	W MEXICO OIL CONSERVATION Santa Fe, New Mexico	(Revised 7/1/52)
NOTICE OF	INTENTION TO DRILL	OR XRECOMPLEMEX
begins. If changes in the proposed plan a	re considered advisable, a copy of this notic E. One copy will be returned following appr	and approval obtained before drilling or recompletion e showing such changes will be returned to the sender. oval. See additional instructions in Rules and Regula-
Hobbs, New Mexico (Place)		January 30, 1956 (Date)
OIL CONSERVATION COMMISSION SANTA FE, NEW MEXICO		
Gentlemen:		
You are hereby notified that it is ou	r intention to commence the (Drilling) (Re	magnitudes) of a well to be known as
Aztec Oil & Gas Company		
Stata E-3	(Company or Operator)	l E municipality
JUALIC L-) (Lease)	, Well No	L
located 2091 * feet from the	North	line and 660 feet from the

OIL CONSERVATION SANTA FE, NEW MEX

Gentlemen:

You	are hereby	notified	that it is ou	r intention to commence the (Drilling) (R	complaine) of a we	l to be know	vn as
Aztec	.0 i1 .&(GasCon	npa ny	(Company or Operator)			
State	E-3		(1.00.00)	, Well No	<u>L</u> , in		E
		-		North			
(GIVE L	OCATION	I FROM	SECTION I	INE)			
				If State Land the Oil and Gas Lease is			
D	С	В	Α	If patented land the owner is			
				We propose to drill well with drilling e			
8	F	G	Н	The status of plugging bond isBla			
L	к	J	I	Drilling ContractorMakin Drill Hobbs, New	Ling Company Mexico		
м	N	о	Р	We intend to complete this well in the			
I	<u> </u>	l !		formation at an approximate depth of.	4000		

Sec. 3- T 19S- R 37E

CASING PROGRAM

We propose to use the following strings of Casing and to cement them as indicated:

Size of Hole	Size of Casing	Weight per Foot	New or Second Hand	Depth	Sacks Cement
ייןן	8-5/8"	2.4,#	New	300!	300
7-7/8"	5-1/2"	14#	New	40001	/400

If changes in the above plans become advisable we will notify you immediately.

ADDITIONAL INFORMATION (If recompletion give full details of proposed plan of work.)

Lot 4 of Sec. 3-19S-37E is 1430.88! long in a north-south direction. Lot 5 * Note: (Unit E) is a normal 1320' tract; hence, the well location is 660' from boundaries of Unit E.

....., 19...... Approved..... Except as follows: RVATION COMMISSION CONS By.....

Sincerely yours,

Gas. Company Aztec.Oil 8. Operator Rν

Position District Superintendent Send Communications regarding well to

Name___Aztec Oil & Gas Company__ Address P. O. Box #847, Hobbs, New Merico

			MEXICO ATION COMM	ISSION (a)	•
		OIL CONDLR		Form C	-128
	W	ell Location a nd	/or-Gas-Prora	tion Plat	
0			Longo	Date January	31, 1956
Operator <u>Aztec</u>	<u>Oil & Gas Compan</u>	<u>y</u>	Lease <u>State</u>		· · · · · · · · · · · · · · · · · · ·
Well No. 1 Section 3 Township 198 Range 37E NMPM Located 2064 Feet From North Line, 660 Feet From Line, Located 2064 Feet From North Line, 660 Feet From Line, Located 2064 Feet From North Line, 660 Feet From Line, Located 2064 Feet From North Line, 660 Feet From Line, Located County, New Mexico. G. L. Elevation					
Located 206	54Feet Fro				Line,
	Tea	_County, New 1	Mexico. G. L	. Elevation	
Name of Produc	ing Formation		Pool E	Dedicated Acr	eage
	(Note: All dista	nces must be f	rom outer boun	daries of Section)	
		}			
				i i	
	Aztec 0.& G. Co		+		
	ol				
	State				
		0	2		
			+	+	
1. Is this Well	SCALE: 1"=1000' a Dual Comp.?	YesNo		certify that the above rom field notes of act	-
2. If the answe		-	e made by m	ne or under my superv	vision and
-	lly completed we			me are true and corr	
dedicated acr	eage? Tes	_1NO	dest of my	knowledge and belief	
Name			Date Survé	yed January 26, 195	6
Position.			(Car	he Folieur	
Representing			-	Professional Engine	eer and/or
Address			Land Surve	eyor	

(12)	
Submit 3 Copies State of New Mexico to Appropriate Energy, Minerals and Natural Resources Department District Office N DIVISION	Form C-103 Revised 1-1-89
P.O. Box 1980, Hobbs, NM 88249 CONSERVATION DIVISION	WELL API NO. 30 - 025 - 05553
District.II P.O. Drawer DD, Artesia, NM 88210 District.III 93 DE 111 III 93 DE 111	5. Indicate Type of Lease
Pistrict III '93 DE : 111 HIT J 20	STATE FEE X
1000HioBrazos Rd.Aztec,NM87410	6. State Oil & Gas Lease No.
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"	7. Lease Name or Unit agreement Name
(FORM C-101) FOR SUCH PROPOSALS.)	
1. Type of Well: OIL GAS OTHER INJECTION	EAST EUMONT UNIT
2. Name of Operator OXY USA INC.	8. Well No. 22
3. Address of Operator P.O. Box 50250 Midland, TX 79710	9. Pool name or Wildcat
4. Well Location	EUMONT YATES SVN RVR QN
Unit Letter _ I	Feet From TheEAST Line
Section 4 Township 19 S Range 37 E	NMPM LEA County
10. Elevation <i>(Show whether DF, RKB, RT, GR, etc.)</i> 3,672	
11. Check Appropriate Box to Indicate Nature of Notice, Repor	t, or Other Data
NOTICE OF INTENTION TO: SUBSE	QUENT REPORT OF:
PERFORM REMEDIAL WORK X PLUG AND ABANDON REMEDIAL WORK	X ALTERING CASING
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING	OPNS.
PULL OR ALTER CASING	ENT JOB
OTHER: CONVERT TO INJECTION	

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

> TD - 3950' PBTD - 3942' PERFS - 3750' - 3919'

MIRU PU, 10/29/93, NDWH NUBOP, RIH & TAG @ 3942'. CHC, RIH & SET PKR @ 3811', TEST CSG TO 500#, HELD OK. PERF 2 SQZ HOLES @ 1657', RIH & SET RBP @ 2505' & CR @ 1565'. EIR @ 2BPM @ 500#, M&P 200sx CL C CMT TAILED BY 75sx CL C CMT + 2% CACL2, POOH, WOC. RUN TEMP SVY - TOC - 150', RIH & TAG @ 1565; DO & CO TO 1660', CHC, TEST SQZ HOLES TO 500#, HELD OK. REL RBP & PERF ADD'L INTERVAL W/ 2JSPF @ 3750-52, 55-70, 79-88, 3796-3800, 13-19, 39-49, 3899-3904, 11-3919' TOTAL 132 HOLES. ACIDIZE W/ 5000GAL 15% NEFE HCL ACID. POOH, RIH W/ GUIB G-6 PKR & 2-3/8" TBG & SET PKR @ 3714', NDBOP, NUWH, CIRC W/ PKR FLUID, TEST CSG TO 550#, HELD OK, RDPU 11/8/93.

SHUT-IN PENDING WATER INJECTION LINE.

I hereby certify that the information above is true and complete to the best of my know	vledge and beli	ef.	
SCHATUPE UNISCHA	TILE _	REGULATORY ANALYST	DATE 11 30 93
TYPE OR PRINT NAME DAVID STEWART		TBE	PHONE NO. 915 685-5717
(This space for State Use) APPROVED BY	TILE	DISTRICT 1 SUPERVIS	OR DEC 06 1993

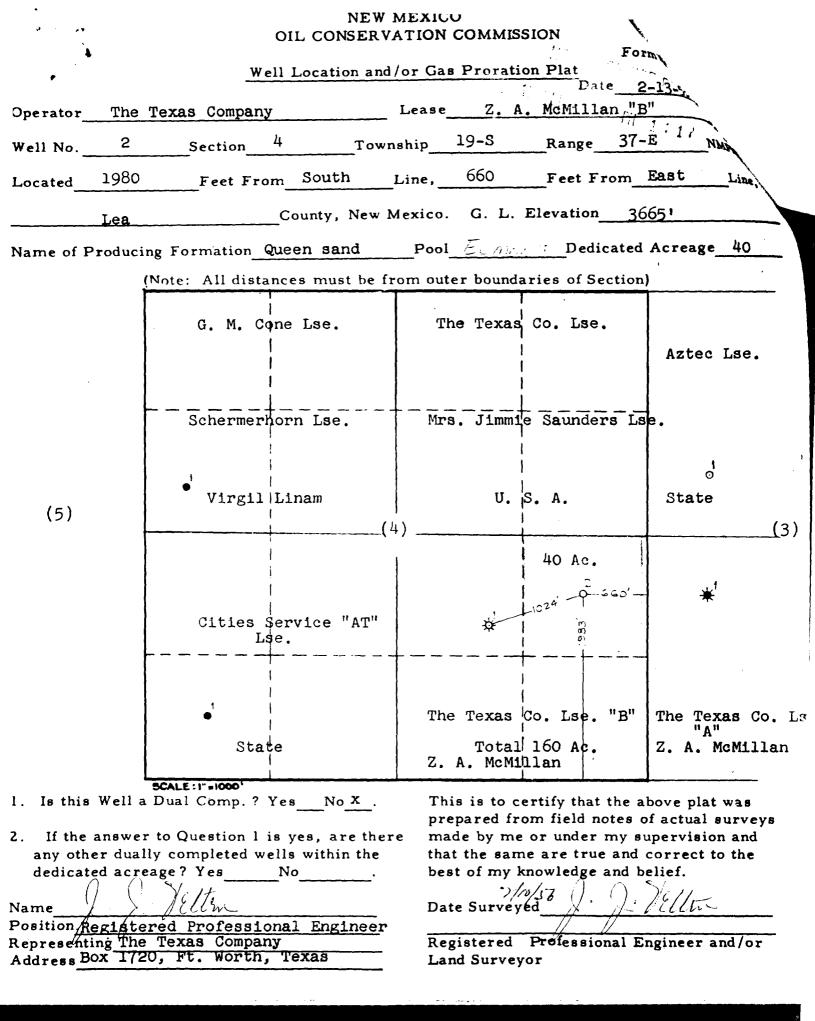
Submit 5 Copies Appropriate District Office DISTRICT I	Energ		New Mexico Itural Resources Departm	ent	Revi	n C-104 sed 1-1-89 Instructions
P.O. Box 1980, Hobbs, NM 88240 DISTRICT II P.O. Drawer DD, Artesia, NM 88210	ОП		ATION DIVISIO Box 2088	N	THE CONSER	
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410		•	1exico 87504-2088		'93 JU 12	ብጣ 9 15
I.			BLE AND AUTHORIZ L AND NATURAL GA	S		······
Operator Oxy USA, Inc.					API No.)-025-05553	
Address PO Box 50250,	Midland,	TX 79710				
Reason(s) for Filing (Check proper box) New Well	Chang	ge in Transporter of:	Other (Please expla Effectiv		UNE 1, 19	93
Recompletion Change in Operator	Oil Casinghead Gas	Dry Gas	Ellecti		<u> </u>	
If change of operator give name and address of previous operator <u>Si</u>	rgo Opera	ting, Inc.	, PO Box 3531,	Midla	and, TX 797	02
II. DESCRIPTION OF WELL Lesse Name East Eumont Unit		No. Pool Name, Includ	ing Formation Yates SR QN		of Lease Federal or Fee Fee	Lease No.
Location	. 1983			i	East	
Unit Letter	_ ·		Outh Line and 660		eet From The	Line
Section 4 Townshi	<u> </u>		; : \\\\;			County
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil			Address (Give address to whi			
Koch Oil Company	thead Gas X	or Dry Gas	PO BOX 1558, 1 Address (Give address to whi			
Name of Authorized Transporter of Casing Warren Petroleum	Corp		Address (Give address of whi PO BOX 1589 4001 Penbrook			2
If well produces oil or liquids, give location of tanks.	Unit Sec.	Twp. Rge. 195 37E	No	When		
If this production is commingled with that I IV. COMPLETION DATA	from any other lease	or pool, give commingl	ing order number:			
Designate Type of Completion		•	New Well Workover		Plug Back Same Res'v	Diff Res'v
Date Spudded	Date Compl. Read		Total Depth		P.B.T.D.	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing	Formation	Top Oil/Gas Pay		Tubing Depth	
Perforations	<u>i</u>		Į		Depth Casing Shoe	
			CEMENTING RECORD)	······································	
	CASING &	TUBING SIZE	DEPTH SET		SACKS CEN	MENT
V. TEST DATA AND REQUES					<u> </u>	
OIL WELL (Test must be after re Date First New Oil Run To Tank		ne of load oil and must	be equal to or exceed top allow Producing Method (Flow, pury			urs.)
	Date of Test			-, 500 191, 61		
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	······	Bbis, Condensate/MMCF		Gravity of Condensate	
Testing Method (pitol, back pr.)	Tubing Pressure (S	nut-m)	Casing Pressure (Shut-in)		Choke Size	
VI. OPERATOR CERTIFICA I hereby certify that the rules and regular			OIL CONS	SERVA	ATION DIVISIO	NC
Division have been complied with and the is true and complete to the best of my kn	hat the information g	piven above	Date Approved	JUL	091993	
Carth	Ŋ/				1.1	<u> </u>
Signanure Pat McGee	Land M	anager	By_gee	ujx	HATEr	
Printed Nume 6/8/93	915/68	Tille 5-5600	Title	ISTINC	T 1 SUPERVISO)R
Dale		elephone No.				

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.

Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
 Separate Form C-104 must be filed for each pool in multiply completed wells.

NO. OF COPIES RECEIVED DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OF FICE I RANSPORTER OPERATOR PRORATION OF FICE Coperation of Frice Coperation Tidewater Oil Address	REQUEST AUTHORIZATION TO TR, 5-OCC 1-Midland 1-File Company	CONSERVATION COMMISSION FOR ALLOWABLE CO AND ANSPORT OIL AND NATURA	Forma Superve Effective
Box 249, Hobbs Reason(s) for filing (Check proper box) New Well Hecompletion Change in Ownership X If change of ownership give name and address of previous owner	, New Mexico Change in Transporter of: Oil Dry Go Casinghead Gas Conder Texaco, Inc., Box 352		co's Z. A. McMillian B #2
II. DESCRIPTION OF WELL AND L. Lease Name East Ermont Unit Location Unit Letter I ; 1983 Line of Section 4 , Town	Lt Well No. Pool Na 22 Feet From The South	me, Including Formation Eumont Queen ne and <u>660</u> Feet F 37 E , NMPM,	Kind of Lease State, Federal or Fee Fee rom The Fast Lea County
III. DESIGNATION OF TRANSPORTI Name of Authorized Transporter of Oil Texas New Mexico Pipe I Name of Authorized Transporter of Casim Phillips Petroleum Comp If well produces oil or liquids, give location of tanks.	Image: Company ine Company ighead Gas Image: Company ighead Gas Image: Company Jnit Sec. T 4 19 37	Address (Give address to which a Box 1510, Midland, Te Address (Give address to which a Box 6666, Odessa, Tex Is gas actually connected? Yes	pproved copy of this form is to be sent)
IV. COMPLETION DATA Designate Type of Completion Date Spudded	Oil Well Gas Well	New Well Workover Deeper	Plug Back Same Res'v. Diff. Res'v. P.B.T.D. Tubing Depth Depth Casing Shoe
	TUBING, CASING, AND CASING & TUBING SIZE	D CEMENTING RECORD	SACKS CEMENT
	R ALLOWABLE (Test must be a) able for this de Date of Test	fter recovery of total volume of load pth or be for full 24 hours) Producing Method (Flow, pump, ga Casing Pressure	oil and must be equal to or exceed top allow- is lift, etc.) Choke Size
Actual Prod. During Test)il-Bbls.	Water - Bbls.	Gas-MCF
	ength of Test ubing Pressure	Bbls. Condensate/MMCF Casing Pressure	Gravity of Condensate Choke Size
VI. CERTIFICATE OF COMPLIANCE I hereby certify that the rules and reg Commission have been complied with above is true and complete to the b Manual Complete to the b Manua	ulations of the Oil Conservation h and that the information given est of my knowledge and belief. re)	APPROVED TITLE <u>Chypera</u> This form is to be filed If this is a request for al well, this form must be accom- tests taken on the well in ac All sections of this form able on new and recompleted Fill out Sections I, II, well name or number, or transp	in compliance with RULE 1104. lowable for a newly drilled or deepened npanied by a tabulation of the deviation cordance with RULE 111. must be filled out completely for allow-



Submit 3 Copies State of New Mexico 1000 to Appropriate Energy, Minerals and Natural Resources Department District Office Division	Form C-103 Revised 1-1-89
District I P.O. Box 1980, Hobbis, NM 88240 P.O. Box 2088	WELL APP NO. 30 - 025 - 05544
District II P.O.Drawer DD, Artesia, NM 88210 Santa Fe, New Mexico 87504-2088	5. Indicate Type of Lease
District III POUNT TITLE TITLE	STATE FEE X 6. State Oil & Gas Lease No.
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.)	7. Lease Name or Unit agreement Name
1. Type of Well: OIL GAS OTHER INJECTION	EAST EUMONT UNIT
WELL OTHER INJECTION 2. Name of Operator OXY USA INC. OXY USA INC.	8. Well No.
3. Address of Operator	25 9. Pool name or Wildcat
P.O. Box 50250 Midland, TX 79710	EUMONT YATES SVN RVR QN
Unit Letter <u>M</u> : <u>660</u> Feet From The <u>SOUTH</u> Line and <u>660</u>	Feet From TheWEST Line
Section 3 Township 19 S Range 37 E	NMPM LEA County
10. Elevation <i>(Show whether DF, AKB, RT, GR, etc.)</i> 3,663	
11. Check Appropriate Box to Indicate Nature of Notice, Repor	t, or Other Data
NOTICE OF INTENTION TO:	QUENT REPORT OF:
PERFORM REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING C	OPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING CASING TEST AND CEMI	ENT JOB
OTHER: CONVERT TO WATER INJECTION	
12.Describe Proposed orCompleted Operations (Clearly state all pertinent details, and give pertinent dates, not	iding estimated date of starting any proposed
work/ SEE RULE 1103.	
TD - 3950' PBTD - 3947' PERFS - 3876'-3	936
SEE OTHER SIDE	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
	NALYST DATE 11 23 93
TYPE OR PRINT NAME DAVID STEWART	TELEPHONE NO. 915 685-5717
(This space for State Use) DISTINCT 1	SUPERVISOR JAN 18 1994
CONDITIONS OF APPROVING, IF ANY:	
·	

1.) MIRU pulling unit. ND WH, NU BOP.

2.) TIH w/ overshot, BS, jars, and DC's on 2 3/8" tbg and fish 2 jts of tbg, 1 rod, and pump from well. TOOH w/ fish and tools. TIH w/ 3 3/4" RB and DC's on 2 3/8" tubing and tag PBTD @ 3947'. CO wellbore to PBTD of 3947' if necessary. TOOH w/ RB, DC's and tbg.

3.) RU wireline. Perforate Penrose formation (3748' - 3866') w/ premium charges 2 JSPF at the following depths (3748' - 67', 3775' - 83', 3790' - 95', 3801' - 04', 3810' - 15', 3827' - 31', 3838' - 48', 3854' - 3866'). Total of 148 shots. Depth reference log Lane Wells log Radioactivity log dated June 26, 1956.

- 4.) TIH w/ treating pkr on 2 3/8" tbg and set pkr @ ± 3650'. Pressure test csg to 500#.
- 5.) RU acid company, pressure backside to 500#, Acidize Penrose perfs (3748' - 3936') w/ 5000 gals 15% NE Fe HCl containing 2% AS-66 and utilizing tenzoic acid flakes and rock salt as block. Flush w/ 2% KCl water containing 1% AS-66.
- 6.) Swab test.
- 7.) TOOH w/ pkr and tbg. TIH w/ PC Guiberson G-6 pkr on 2 3/8" polyethylene lined tbg. Circ hole w/ pkr fluid, and set pkr @ ± 3680'. ND BOP, NU WH. Pressure test annulus to 500# and cut 30 min chart for NMOCD.

+	()			_
		lew Mexico tural Resources Departme	nt CONSERV- JN	Form C-104 DIVI Revised 1-1-89
DISTRICT 1 P.O. Box 1980, Hobbs, NM 88240	IL CONSERVA	on ATION DIVISIO	0 E C 1 1 C D	at Bottom of Page
DISTRICT II P.O. Drawer DD, Antesia, NM 88210	DO D	ox 2088 exico 87504-2088 '9		9 16
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410		BLE AND AUTHORIZ		•
		AND NATURAL GA		
Operator Oxy USA, Inc.			Well API No. 30-025-05	5544
Address	. TX 79710		···· I ·····	
PO Box 50250, Midland Resson(s) for Filing (Check proper box)	, 1. 79710	Other (Please explai	JUNE	· · · · · · · · · · · · · · · · · · ·
New Well Ch Recompletion Oil	ange in Transporter of:	Effectiv	e Beberdany	1, 1993
Change in Operator Casinghead G			_	
If change of operator give name and address of previous operator <u>Sirgo Oper</u>	rating, Inc.	PO Box 3531,	Midland, TX	79702
II. DESCRIPTION OF WELL AND LEASI				
	ell No. Pool Name, Includi 5 Eumont	ng Formation Yates SR QN	Kind of Lease State, Federal or Fe	Lease No. Fee
Location		with 660		West
Unit Letter <u>M</u> : <u>660</u>	Feet From The	outh Line and 660	Feet From The	Line
Section 3 Township 195	Range 37E	, NMPM, Lea	L	County
III. DESIGNATION OF TRANSPORTER (
Name of Authorized Transporter of Oil X or O Koch Oil Company	Condensate	Address (Give address to which PO BOX 1558, E		
	or Dry Gas	Address (Give address to which PO BOX 1589, which 4001 Penbrook		
GPM If well produces oil or liquids, Unit Sec	. Twp. Rge.	4001 Penbrook, Is gas actually connected?	<u>Odessa, TX</u> When?	
give location of tanks. <u>M</u> <u>3</u> If this production is commingled with that from any other le	يجيب فيتعالب فتشتق العباسية	Yes		1981
IV. COMPLETION DATA		ng order hamber.		
Designate Type of Completion - (X)	il Well Gas Well	New Well Workover	Deepen Plug Back	Same Res'v Diff Res'v
Date Spudded Date Compl. Re	eady to Prod.	Total Depth	P.B.T.D.	L
Elevations (DF, RKB, RT, GR, etc.) Name of Produc	cing Formation	Top Oil/Gas Pay	Tubing Dept	h
Perforations			Depth Casing	Shoe
	ING, CASING AND	CEMENTING RECORD DEPTH SET	s	ACKS CEMENT
V. TEST DATA AND REQUEST FOR ALL	OWARLE			
OIL WELL (Test must be after recovery of total vo		e equal to or exceed top allowa	ble for this depth or be fo	or full 24 hours.)
Date First New Oil Run To Tank Date of Test	i i	Producing Method (Flow, pump	, gas lýt, 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 Co	ondensate
Testing Method (pitot, back pr.) Tubing Pressure	(Shut-in)	Casing Pressure (Shut-in)	Choke Size	
Testing Method (pitol, back pr.) Tubing Pressure				
VI. OPERATOR CERTIFICATE OF CC	1	OIL CONS	ERVATION D	
I hereby certify that the rules and regulations of the Oil C Division have been complied with and that the informatio	on given above			
is true and complete to the best of my knowledge and bel	NCI.	Date Approved	.IIIL 0 9 199	y
Clos/12/a_		By line	1 Suth	
	Manager		TRICT 1 SUPE	RVISOR
Printed Name 6/8/93 915/6	Tille 585-5600	Title		
Date	Telephone No.			

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

)

2) All sections of this form must be filled out for allowable on new and recompleted wells.

3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.

4) Separate Form C-104 must be filed for each pool in multiply completed wells.

	NO. OF COPIES RECEIVED	_		
	DISTRIBUTION	NEW MEXICO OIL	CONSERVATION COMMISSION	Form C -104
	SANTA FE		FOR ALLOWABLE	Supersedes Old C-104 and C-
	FILE		ánd 🕶	Effective 1-1-65
	U.S.G.S.	AUTHORIZATION TO TR	ANSPORT OIL AND NATURAL	GAS
	LAND OFFICE	- 5-0CC	JUL 17 2	32 11 10
	IRANSPORTER OIL GAS	- 1-Midland - 1-File		-
I.	OPERATOR PRORATION OFFICE	-	 23	
	Tidewater Oi	1. Company		
		bs, New Merico		
	Reason(s) for filing (Check proper bo	ix)	Other (Please explain)	
	New Well	Change in Transporter of:	Formerly Texaco	's
	Recompletion Change in Ownership	Oil Dry G Casinghead Gas Conde	as Z. A. McMillian	A #2
11	If change of ownership give name and address of previous owner	Texaco, Inc., Box 3	52, Midland, Texas	
11.	DESCRIPTION OF WELL AND Lease Name East Eumont 1	Well No. Pool N	ame, Including Formation	Kind of Lease
		Unit 25	Eumont Queen	State, Federal or Fee Fee
	Unit Letter <u>M</u> ; <u>660</u>	OFeet From TheLi	ne and Feet From	TheSouth
	Line of Section 3, To	ownship 198 Range	37 е , ммрм,	Lea County
III.	DESIGNATION OF TRANSPOR	RTER OF OIL AND NATURAL GA	AS	
	Name of Authorized Transporter of O		Address (Give address to which appro	oved copy of this form is to be sent)
	Texas New Mexico Pipe		Box 1510, Midland, Tex	
	Name of Authorized Transporter of Co	•	Address (Give address to which appro	
	Phillips Petroleum Co		Box 6666, Odessa, Texa	
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Is gas actually connected? Where the second	iên
		ith that from any other lease or pool,	give commingling order number:	
1.	COMPLETION DATA Designate Type of Completi	on - (X)	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	Pool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
	Perforations			Depth Casing Shoe
		TUBING, CASING, AN	D CEMENTING RECORD	
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
V.	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a	fter recovery of total volume of load oil	and must be equal to or exceed top allow
	OIL WELL	able for this de	epth or be for full 24 hours)	
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas li	[t, etc.]
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas - MCF
	l	<u> </u>	<u></u>	<u> </u>
	GAS WELL			
	Artual Frod, Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
	resting Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size
v I.	CERTIFICATE OF COMPLIAN	UL		
	I horoby contifu that the fact of	regulations of the Oil Community	APPROVED JUL 21	1965
	Commission have been complied v	regulations of the Oil Conservation with and that the information given		,
		e best of my knowledge and belief.	BY	
	~~~Z~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		TITLE COORGAN CONTRACT	۱ ^۴ ۴ <u> </u>
	the the			
	MIL The	1		compliance with RULE 1104.
	(Sign	aquire)	well, this form must be accompa	vable for a newly drilled or deepened nied by a tabulation of the deviation
	Area Engineer	/	tests taken on the well in accor	dance with RULE 111.
	a see the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s	tle)	All sections of this form mu able on new and recompleted we	st be filled out completely for allow-
	Tuly 11 1065			

July 14, 1965 (Date) Fill out Sections I, II, III, and VI only for changes of owner, well name or number, or transporter, or other such change of condition. Separate Forms C-104 must be filed for each pool in multiply completed wells.

Lease #65611				(Form C-101) (Revised 7/1/52)
	KICO OIL CONSERVA	TION COMMISS	ION	(10000000 172)02
	Santa Fe, New M	lexico.		
	MAIN OFFICE	HORES O	FEDE ODD	
IT I NOTER OF IN	MAIN OFFICE TENTION TO D	DRIEL OR R	ECOMPLET	<b>TE</b>
Notice must be given to the District Office begins. If changes in the proposed plan are cons Submit this notice in QUINTUPLICATE. One	dered advisable, a copy of	the notice showing su	ch changes will be i	returned to the sender.
Submit this notice in QUINTUPLICATE. One tions of the Commission.	copy will be returned tollow	nng approval. See ade	itional instructions	in Rules and Regula-
Fort Worth, Texas		May	22, 1956	
(Place)			(Date)	
OIL CONSERVATION COMMISSION				
SANTA FE, NEW MEXICO				
Gentlemen:		, , , , , , , ,		
You are hereby notified that it is our intent	tion to commence the (Drill	ing) (Recompletion)	of a well to be know	n as
	Company or Opera			·····
Z. A. McMillan "A"	(Company or Opera	No. 2	"M"	The well is
(Lease) located	1.7 + · · ·	· •	(Uni	t)
South			,	•
(GIVE LOCATION FROM SECTION LINE)	Eumonti	Pool,	Lea	County
If	State Land the Oil and Gas 1	Lease is No		

Γ		1		1	If patented land the owner is Z. A. McMillan
	D	С	В	A	Address Box 782, Hobbs, New Mexico
					We propose to drill well with drilling equipment as follows: Rotary
	E	F	G	н	The status of plugging bond is \$10,000 blanket surety bond of
	L	к	J	I	Maryland Casualty Co.has been filed with State Geologist. Drilling Contractor Not known at this time
	М	N	0	Р	We intend to complete this well in the Queen

We intend to complete this well in the Queen

#### CASING PROGRAM

We propose to use the following strings of Casing and to cement them as indicated:

Size of Hole	Size of Casing	Weight per Foot	New or Second Hand	Depth	Sacks Cement
11"	8-5/8"	24#	New	1660 :	<u>` 1000</u>
6-3/4"	4-1/2"	11.60#	New	3950 *	400

If changes in the above plans become advisable we will notify you immediately.

ADDITIONAL INFORMATION (If recompletion give full details of proposed plan of work.)

FORMATIONS EXPECTED	
Top of Anhydrite 1600' Top of	Queen 3635'
	Penrose 3755'
Top of Seven Rivers 3080' Total D	epth 3950'
Approved MAY 25, 350 19	Sincerely yours,
Except as follows:	THE TEXAS COMPANY
$\cap$	By T T Trolton
$\cap $	
OIL CONSERVATION COMMISSION	Position Division Civil Engineer
	L. C.
By A. KALALA	Name The Texas Company Address P. O. Box 1720
Engineer District	Address F. U. DOX 1720 Fort Worth, Texas
Title	FOLC WORCH, TEXAS
amm	

CRICINAL NEW MEXICO OIL CONSERVATION COMMISSION HOLDS Form C-128 Well/128 chiffing Sangt/or Gas Provation Plat				
Operator The Texas Company	REAL LASS AND A	Lease No 6561	1 7 A Mon	18, 1956
Operator The Texas Company		-23° MO. 0901		
Well No. 2 Section	<u> </u>	ship 19 South	Range 37 H	CastNMPM
Located 660 Feet Fro		line, <u>660</u>	Feet From_	*
Lea	_County, New M	exico. G. L. I	Elevation3	65.0
Name of Producing Formation_	ueen Sand	Pool Eumont	Dedicated	l Acreage 40
(Note: All dista	ances must be fro	om outer bounda	ries of Section	n)
.39	96 Ed	1. 39	94	
977 4	Э	2	/	LEGEND: o-G.L.O. Brass Cap
Aztec Lse.	Aztec Lse.	· – – – – – – +	ell Lse.	N.0° 4'E
State E-3	State E-3-A	Stapt     		N.
Z.A.McMillan, "B" Z.A. NOTE C' Ly	Texas Co. Lse McMillan. "A" A) A O Ac.	e. The Tex State	as Co. Lse.	(2)
form is to be used for gas wells only.		State	he Texas Co Lse. State	10.00 N. 00-5 h
<b>SCALE: 1"=1000'</b> 1. Is this Well a Dual Comp.?	Yes_No	This is to ce prepared fro	rtify that the a m field notes	A above plat was of actual surveys
<ol> <li>If the answer to Question 1 any other dually completed w dedicated acreage? Yes</li> </ol>	-	that the same		upervision and correct to the belief.
Name		Date Survey	d May 18 7	956
Position.		Ehr in	1. phin	<u>1956</u>
Representing Address		Registered	Professional I or License No	Engineer and/or

(	14)			
State of New Mexico Energy, Minerals and Natural Resources Department				m C-103 ised 1-1-89
OIL CONSERVATION DIVISION P.O. Box 2088	WELL API NO.	30	- 025	- 05583
Santa Fe, New Mexico 87504-2088	5. Indicate Type of		τάτε 🗶	
	6. State Oil & Gas L B-2330	ease N	D.	

District I OIL CONSERVATION DIVISION	(
P.O. Box 1960, Hubbs, NH 60240	WELL API NO. 30 - 025 - 05583
District II	
	5. Indicate Type of Lease STATE X FEE
<u>District III</u>	
1000RioBrazos Rd.Aztec,NM87410	6. State Oil & Gas Lease No. B-2330
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"	7. Lease Name or Unit agreement Name
(FORM C-101) FOR SUCH PROPOSALS.)	
1. Type of Well:	EAST EUMONT UNIT
ÓIL GAS OTHER INJECTION	
2. Name of Operator OXY USA INC.	8. Well No. 28
3. Address of Operator	9. Pool name or Wildcat
P.O. Box 50250 Midland, TX 79710	EUMONT YATES SVN RVR QN
4. Well Location	
Unit Letter	Feet From TheEAST Line
Section 9 Township 19 S Range 37 E	NMPM LEA County
10. Bevation <i>(Show whether DF, RKB, RT, GR, etc.)</i> 3,659	
11. Check Appropriate Box to Indicate Nature of Notice, Repor	t, or Other Data
NOTICE OF INTENTION TO:   SUBSE	QUENT REPORT OF:
PERFORM REMEDIAL WORK X PLUG AND ABANDON PERFORM REMEDIAL WORK	X ALTERING CASING
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING (	OPNSPLUG AND ABANDONMENT
PULL OR ALTER CASING CASING TEST AND CEM	ENT JOB
OTHER: CONVERT TO INJECTION X OTHER: CONVERT TO	O INJECTION X

Submit 3 Copies

to Appropriate

**District Office** 

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

> TD - 3975' PBTD - 3969' PERFS - 3868' - 3954'

MIRU PU, 10/22/93, NDWH NUBOP, RIH & TAG @ 3969'. CHC, TEST CSG TO 500#, HELD OK. PERF ADD'L INTERVAL W/ 2JSPF @ 3782-3808, 13-21, 24-49, 84-3888' TOTAL 134 HOLES. ACIDIZE W/ 5000GAL 15% NEFE HCL ACID. POOH, RIH W/ GUIB G-6 PKR & 2-3/8" TBG & SET PKR @ 3715', NDBOP, NUWH, CIRC W/ PKR FLUID, TEST CSG TO 560#, HELD UK, RDPU 10/28/93.

SHUT-IN PENDING WATER INJECTION LINE.

			$(\cdot, \cdot)^{\circ}$	101
I hereby certily that the i SIGNATURE	nformation above is true and complete to the best of my l	mowledge and beli	REGULATORY ANALYST	DATE 11 30 93
TYPE OR PRINT NAME			TELEPHONE	^{ENO.} 915 685-5717
(This space for State Use APPROVED BY	Jensenton	TRE	DISTINCT 1 SUPERVISOR	DEC <b>1 3 1993</b>
CONDITIONS OF APT 10	IAL, IF ANY:			

1			IL CONSERVE JN DIVISION
Submus 5 Copies			Form C-104
Appropriate District Office DISTRICT I		atural Resources Department	Revised 121-89
P.O. Box 1980, Hobbs, NM 88240 DISTRICT II	OIL CONSERV	ATION DIVISION	93 JUL 12 III at Bottom of Page
P.O. Drawer DD, Artesia, NM 88210	1.0.1	Box 2088 Mexico 87504-2088	
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410			
I.	REQUEST FOR ALLOWA	ABLE AND AUTHORIZAT	ION
Operator		<u> </u>	Well API No.
OXY USA, Inc.		ų,	30-025- 05583
PO Box 50250,	Midland, TX 79710		
Reason(s) for Filing (Check proper box) New Well	Change in Transporter of:	Other (Please explain)	JUNE
Recompletion	Oil Dry Gas	Effective	-Folumenty 1, 1993
Change in Operator	Casinghead Gas 🗌 Condensate 🔲		
If change of operator give name and address of previous operator <u>Si</u>	rgo Operating, Inc.	, PO Box 3531, M	idland, TX 79702
II. DESCRIPTION OF WELL		· · · · · · · · · · · · · · · · · · ·	
Lease Name East Eumont Unit	Well No. Pool Name, Inclus 28 Eumont	ding Formation Yates SR QN	Kind of Lease Lease No. State, Federal or Fee B-2330
Location			
Unit Letter <u>A</u>		North Line and	Feet From TheLine
Section 9 Townshi	p 19S Range 37E	, NMPM, Lea	County
TI DESIGNATION OF TOAN	SPORTER OF OIL AND NATU	IRAL CAS	·····
Name of Authorized Transporter of Oil	SI OK IER OF OIL AND NAIL	Address (Give address to which ap	proved copy of this form is to be sent)
Koch Oil Company	ghead Gas X or Dry Gas		eckenridge, TX 76024
Name of Authorized Transporter of Casing Warren Petroleum	Corp	PO Box 1589, 111 4001 Penbrook, (	Dessa, TX 79762
If well produces oil or liquids, give location of tanks.	Unit  Sec.  Twp.   Rge.  M   3  19S  37E	. Is gas actually connected?	When?
If this production is commingled with that i	from any other lease or pool, give comming		
IV. COMPLETION DATA	Oil Well Gas Well	L New Well L Westerner L De	
Designate Type of Completion	- (X)	New Well Workover De	epen 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
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE	CEMENTING RECORD DEPTH SET	SACKS CEMENT
	CASING & TOBING SIZE		SACKS CEMENT
V. TEST DATA AND REQUES OIL WELL (Test must be after re	T FOR ALLOWABLE covery of total volume of load oil and must	he equal to an exceed ton allowable	for this doubt on he for full 24 hours )
Date First New Gil Rus To Task	Date of Test	Producing Method (Flow, pump, gas	
Length of Test	Tubing Description	Casing Pressure	Choke Size
Lengui or rem	Tubing Pressure	Casing Tressure	
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 (pitol, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
tesong Melliod (puol, odck pr.)	TUDING TICODUC (Sina-m)	Casing Prosone (Grae-in)	Close Size
VI. OPERATOR CERTIFICA			RVATION DIVISION
I hereby certify that the rules and regulat Division have been complied with and the			JUL 0 9 1993
is true and complete to the best of my kn		Date Approved	
( )Bbi	III in	D ( / 111.	Junk .
Signature Pat McGee	Land Manager	By By	x max
Printed Nature 6/8/93	Title	TitleBISTRICI	1 SUPERVISOR
Date 0/8/75	<u>915/685-5600</u> Telephone No.		
			البدير بمحملين بريمندا يجمعنه بالكريز المتكار بمانيا المناق

1) Request for allowable is 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.

Fill out only Sections I. II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
 Separate Form C-104 must be filed for each pool in multiply completed wells.

NO. OF COPIES RECEIVED DISTRIBUTION SANTA E FILE U.S.G.S. LAND OFFICE I RANSPORTER OIL GAS OPERATOR PRORATION OFFICE	REQUES	CONSERVATION COMMISSION T FOR ALLOWABLE AND ANSPORT OIL AND NATURAL	GAS
Operator Tidewa:	ter Oil Company		
Address	Hobbs, New Mexico		
Reason(s) for filing (Check proper between the proper between the proper between the proper between the proper between the proper between the proper between the proper between the proper between the proper between the proper between the proper between the proper between the proper between the proper between the proper between the proper between the proper between the proper between the proper between the proper between the proper between the proper between the proper between the proper between the proper between the proper between the proper between the proper between the proper between the proper between the proper between the proper between the proper between the proper between the proper between the proper between the proper between the proper between the proper between the proper between the proper between the proper between the proper between the proper between the proper between the proper between the proper between the proper between the proper between the proper between the proper between the proper between the proper between the proper between the proper between the proper between the proper between the proper between the proper between the proper between the proper between the proper between the proper between the proper between the proper between the proper between the proper between the proper between the proper between the proper between the proper between the proper between the proper between the proper between the proper between the proper between the proper between the proper between the proper between the proper between the proper between the proper between the proper between the proper between the proper between the proper between the proper between the proper between the proper between the proper between the proper between the proper between the proper between the proper between the proper between the proper between the proper between the proper between the proper between the proper between the proper between the proper between the proper between the proper betw	Change in Transporter of: Oil Dry (	Gas Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant	ater Oil Company
If change of ownership give name and address of previous owner			· · · · · · · · · · · · · · · · · · ·
DESCRIPTION OF WELL ANI	LEASE	ame, Including Formation	Kind of Lease
East Eumont Uni		nont (Queen)	State, Federal or Fee <b>State</b>
Location Unit Letter A ;	60 Feet From The North L	ine and660 Feet From	The Fast
omit Better (			
	ownship 198 Range	37Е, МАРМ,	Lea County
Name of Authorized Transporter of O		Address (Give address to which appr	
Texas New Mexico Pip	, <b>-</b> •	Box 1510, Midland, Te Address (Give address to which appro	
Phillips Petroleum (	Company	Phillips Building, Od	lessa, Texas
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. A 9 19S 37E		nen
	ith that from any other lease or pool		
COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Restv. Diff. Restv.
Designate Type of Complet	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
·			
Pool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations			Depth Casing Shoe
	TUBING, CASING, AN	D CEMENTING RECORD	
HOLESIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
FEST DATA AND REQUEST F		after recovery of total volume of load oil epth or be for full 24 hours)	and must be equal to or exceed top allow-
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas li	ft, etc.)
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas - MCF
GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size
ERTIFICATE OF COMPLIAN	CE	JUL 9 19	TION COMMISSION
	regulations of the Oil Conservation with and that the information given	APPROVED	, 19
	e best of my knowledge and belief.	BY DOC H	meg
		TTLE	<i>i</i>
C. L. Made		If this is a request for allow	compliance with RULE 1104. vable for a newly drilled or deepened
(Sign	ature)	well, this form must be accompa- tests taken on the well in accor	nied by a tabulation of the deviation dance with RULE 111.
	tle)	All sections of this form mu able on new and recompleted we	st be filled out completely for allow- ils.
July 6, 1965	nte)	Fill out Sections I, II, III, well name or number, or transport Separate Forms C-104 must	and VI only for changes of owner, er, or other such change of condition.

# UNIT CO

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OIL CONSERVATION CONSTRUCTION

ų,

				NGRHAALTOH	COLUMN 23 ION	For	m C.,
Operator	Tide Wat	We er Associated (			as Protion ase Sta	Da' Fe	bruary )
Well No.					19 <b>-</b> 5		<u>37-E</u>
Located _	6601	Feet r	rom East		Line, <u>660</u>	Feet From	North Line
	Lea		County,	, New M <b>ex</b> i	co. G. L. E	levation To be	run later
Name of P	roducing	Formation	Queens	Poo	Undesignat	Led Dedicated	d Acreage <u>40</u>
	~	(Note: All di	stances mus	st be from	outer bound	aries of Section	n)
		ŤIJ	DE WATER AS	SSOCIATED	DIL COMPANY	ی ا ل ل ل ل ا ل ا ا ا ا ا ا ا ا ا ا ا ا	· ·
	-		+	GULF		+	
		· .	r                   				
	2	So. Pet. Expl.			н и <b>м</b>		
	L		1	STAT	E	 	
2. If th there	is Well he answer e any oth n the ge	cale: 1" = 100 a Dual Comp.? • to (mestion 1 er dually comp dicated acreag	Yes No is yes, a leted well	re ma s th	epared from de by me or at the same	tify that the a field notes of under my superv are true and co wledge and beli	actual surveys islow and mreat to the
ame osition epresenti	ng				Y. M. C.	February 1,19	

Submit 3 Copies State of New Mexico to Appropriate Energy, Minerals and Natural Resources Department District Office Duri CION	Form C-103 Revised 1-1-89
District I P.O. Box 1980, Hobbs, NM 88240 P.O. Box 1980, Hobbs, NM 88240 P.O. Box 2088	WELL API NO. 30 - 025 - 05586
P.O. Drawer DD, Artesia, NM 88210 203 NF: 17 Santa Fe, New Mexico 87504-2088	5. Indicate Type of Lease STATE X FEE
District III JUDE 11 1000RioBrazos Rd.Aztec,NM87410	6. State Oil & Gas Lease No.
SUNDRY NOTICES AND REPORTS ON WELLS	E-6574
(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.)	7. Lease Name or Unit agreement Name
	EAST EUMONT UNIT
WELL         OTHER         INJECTION           2. Name of Operator         OXY USA INC.	8. Well No. 30
3. Address of Operator P.O. Box 50250 Midland, TX 79710	9. Pool name or Wildcat EUMONT YATES SVN RVR QN
4. Well Location	
Unit Letter <u>C</u> : <u>690</u> Feet From The <u>NORTH</u> Line and <u>1,950</u> Section 10 Township 19 S Range 37 E	
Section         IO         Iownship         IO         Range         IO         Lange           10. Elevation         /Show whether DF, RKB, RT, GR, etc.)         3,660	NMPM LEA County
11. Check Appropriate Box to Indicate Nature of Notice, Report	rt, or Other Data
PERFORM REMEDIAL WORK X PLUG AND ABANDON REMEDIAL WORK	
PULL OR ALTER CASING	
OTHER: CONVERT TO WATER INJECTION	
12.Describe Proposed orCompleted Operations (Cleanly state all pertinent details, and give pertinent dates, not	uding estimated date of starting any proposed
work) SEE RULE 1103.	
TD - 4096' PBTD - 4061' PERFS - 3896'-3	3940'
SEE OTHER SIDE	
I hereby cartily that the information above is true and complete to the best of my knowledge and belief.	
	ANALYST DATE 11 23 93
TYPE OR PRINT NAME DAVID STEWART	TELEPHONE NO. 915 685-5717
(This space for State Use)	
APPROVED BY Juny entry The DISTRIC	T 1 SUPERVISORDEC 1 3 1993
CONDITIONS OF APPROVAL, IF ANY:	



- 1.) MIRU pulling unit. ND WH, NU BOP.
- 2.) TIH w/ 4 7/8" RB and DC's on 2 7/8" tubing and tag CIBP @ 3754'. Drill out CIBP and CO wellbore to 4000'. TOOH w/ RB, DC's and tbg.
- 3.) RU wireline. Set CIBP @ 3970' and dump 2 sx cmt on top of CIBP. R u n GR/CCL log from new PBTD to minimum depth. Perforate Penrose formation (3768' 3857') w/ premium charges 2 JSPF at the following d e p t h s (3768' 71', 3778' 90', 3797' 3806', 3811' 17', 3822' 38', 3851' 3857') Total of 116 shots. Depth reference log Welex Radioactivity log dated August 2, 1956.
- 4.) TIH w/ treating pkr on 2 7/8" tbg and set pkr @ ± 3670'. Pressure test csg to 500#.
- 5.) RU acid company, pressure backside to 500#, Acidize Penrose perfs (3768' - 3960') w/ 5000 gals 15% NE Fe HCl containing 2% AS-66 and utilizing bensois acid flakes and rock salt as block. Flush w/ 2% KCl water containing 1% AS-66.
- 6.) Swab test.
- 7.) TOOH w/ pkr and tbg. TIH w/ PC Guiberson G-6 pkr on 2 3/8" polyethylene lined tbg. Circ hole w/ pkr fluid, and set pkr @ ± 3690'. ND BOP, NU WH. Pressure test annulus to 500# and cut 30 min chart for NMOCD.

Same and Relia Golias         Energy, Minerals and Natural Resources Department         Same and Resources Department         Same and Resources Department           FOL Ker Wa, Heba, NM 4820         DIL CONSERVATION DIVISION         GIL CONSERVATION DIVISION         REf::::::::::::::::::::::::::::::::::::			State of I	New Mexico					_
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PAD Rever DD Actes, MM 8100         PATTER TO Same FE, New Mexico 87504-2088         '93 JUL 12 fill 9 15           DISTICT II         Same FE, New Mexico 87504-2088         '93 JUL 12 fill 9 15           District II         TO TRANSPORT OL AND NATURAL GAS         Well AFTNO.           OXY USA, Inc.         Well AFTNO.         30-025-05586           JURIE III         OVER VUSA, Inc.         Well AFTNO.         30-025-05586           JURIE III         DO DO SO		OILC			DIVISIO	ON ^{GIL C}			n of Page
Build Construction         State         State <td>P.O. Drawer DD, Artesia, NM 88210</td> <td>Sa</td> <td></td> <td></td> <td>04-2088</td> <td>• • • •</td> <td>HE <b>T</b> 2</td> <td>മെ വ വ</td> <td>5</td>	P.O. Drawer DD, Artesia, NM 88210	Sa			04-2088	• • • •	HE <b>T</b> 2	മെ വ വ	5
I.         TO TRANSPORT OIL AND NATURAL GAS         Will AN No.           Owry USA, Inc.         30-025-05586           Addess         30-025-05586           DO BOX 30250, Midland, TX 79710         Own (f/trans explain)           New Wall         Charge to Transport of Charge to Owner water.         Effective Forwards           New Wall         Charge to Transport of Charge to Owner water.         Effective Forwards         Integeto Operation (f/trans explain)           Integeto Operation (f) Compare to Operating (f) Compare to Operating (f) Compare to Operating (f) Compare to Operating (f) Compare to Operating (f) Compare to Operating (f) Compare to Operating (f) Compare to Operating (f) Compare to Operating (f) Compare to Operating (f) Compare to Operating (f) Compare to Operating (f) Compare to Operating (f) Compare to Operating (f) Compare to Operating (f) Compare to Operating (f) Compare to Operating (f) Compare to Operating (f) Compare to Operating (f) Compare to Operating (f) Compare to Operating (f) Compare to Operating (f) Compare to Operating (f) Compare to Operating (f) Compare to Operating (f) Compare to Operating (f) Compare to Operating (f) Compare to Operating (f) Compare to Operating (f) Compare to Operating (f) Compare to Operating (f) Compare to Operating (f) Compare to Operating (f) Compare to Operating (f) Compare to Operating (f) Compare to Operating (f) Compare to Operating (f) Compare to Operating (f) Compare to Operating (f) Compare to Operating (f) Compare to Operating (f) Compare to Operating (f) Compare to Operating (f) Compare to Operating (f) Compare to Operating (f) Compare to Operating (f) Compare to Operating (f) Compare to Operating (f) Compare to Operating (f) Compare to Operating (f) Compare to Operating (f) Comp			·				JUEIZ		.0
Oxy_USA, Inc.         30-025-05586           Jones         Do Box 50250, Midland, TX 79710           Standing Fining Cut Approx New Will         Outer (Frianz explain)         Difference explain)           New Will         Cut Approx New Will         Outer (Frianz explain)         Difference explain)           New Will         Cut Approx New Will         Cut Approx New Will         Difference explain)         Difference explain)           New Will         Cut Approx New Will         Cut Approx New Will         Cut Approx New Will         Difference explain)           Description         Difference explain         Difference explain)         Difference explain)         Difference explain)           Description         Difference explain         Difference explain)         Difference explain)         Difference explain)           Description         Difference explain         Middland explain         Difference explain)         Difference explain)           Description         Difference explain)         Difference explain)         Difference explain)         Difference explain)           Description         Difference explain)         Difference explain)         Difference explain)         Difference explain)           Difference explain         Difference explain)         Difference explain)         Differencexplain)         Difference						AS			
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accompution         OI         Dry Can Depart Of Press         Effective Persentery 1, 1993           Transpir of generic give name         Sirgo Operating, Inc., PO Box 3531, Midland, TX 79702           II. DESCRIPTION OF WELL AND LEASE         East Name         Kind of Lase           Lease Near         Same, Federal or Fie         E-6574           Location         30         Eumont Yates SR QN         Kind of Lase           Design Of Press         690         Peer From The         North         Lise sof           Unit Liser C	Reason(s) for Filing (Check proper box)			<u> </u>	her (Please exp	lain)	UNE		
Constrained Spreader         Sirgo Opporting, Inc., PO Box 3531, Midland, TX 79702           IL DESCRIPTION OF WELL AND LEASE         Well No. Prod Name, lackding Formation         Same, Federal or Free         Lase No.           IL DESCRIPTION OF WELL AND LEASE         Build No. Prod Name, lackding Formation         Same, Federal or Free         E-6574           Lase No.         30         Federal or Free         E-6574         Lase No.           Location	Recompletion	oii 🗌	• •		Effecti	ive <del>Pe</del>	rubry 1	, 1993	
JL DESCRIPTION OF WELL AND LEASE       Well No.       Pool Name, lectuding formation       Kind of Laser       Laser No.         Lass T. Burnont. Unit       30       Eumont. Yates SR QN       Jaue, Kedenia or Fre       E-6574         Lease No.       Same, Kedenia or Fre       E-6574       E-6574         Lease No.       1950       Feet From The       West       Line No.         Lease No.       1950       Resp. 277       NMPM, Lica       County         III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS       1971       Address (for address to webch approved copy of his form to be state)         Nong of Autonized Transport of Comparing       County       Address (for address to webch approved copy of his form to be state)         Nong of Autonized Transport of Comparing       County       Address (for address to webch approved copy of his form to be state)         Nong of Autonized Transport of Comparing       County       Address (for address to webch approved copy of his form to be state)         Nong of Autonized Transport of Comparing       County       Res (Form Transport of his for the county)       None of the county         New of With Marcine aux other lass or pool, give committing to pool       Address (for address to webch approved copy of his form to be state)         New other web of the dup of the lass or pool, give committing to pool       None of Pooducing form auton       None of the county<									
Law Nome       Well No. Pool Name, Isoliding Formation       Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Numer of Numer of Number of Number of Number of Numer of	· · · · · · · · · · · · · · · · · · ·		ng, inc.	, ро вс	X 3531	Midia	ind, TX	/9/02	
Locator			Pool Name, Includ	ing Formation		Kind	of Lease		
Unit Letter C       :690       Feet From The NOrth Lise and 1950       Feet From The County         Sectors 10       Township       195       Range       37E       NMPM, Lea       County         III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS       [//]		30	Eumont	Yates	SR QN	State,	Federal or Fee	E-657	74
Sector         195         Range         37E         NMPM         Lea         County           III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS         [/.]         [/.]         Name of Auborized Total presenter of OIL         ar Condessate         [/.]         [/.]         [/.]         [/.]         [/.]         [/.]         [/.]         [/.]         [/.]         [/.]         [/.]         [/.]         [/.]         [/.]         [/.]         [/.]         [/.]         [/.]         [/.]         [/.]         [/.]         [/.]         [/.]         [/.]         [/.]         [/.]         [/.]         [/.]         [/.]         [/.]         [/.]         [/.]         [/.]         [/.]         [/.]         [/.]         [/.]         [/.]         [/.]         [/.]         [/.]         [/.]         [/.]         [/.]         [/.]         [/.]         [/.]         [/.]         [/.]         [/.]         [/.]         [/.]         [/.]         [/.]         [/.]         [/.]         [/.]         [/.]         [/.]         [/.]         [/.]         [/.]         [/.]         [/.]         [/.]         [/.]         [/.]         [/.]         [/.]         [/.]         [/.]         [/.]         [/.]         [/.]         [/.]	-	. 690	Feet From The	orth Li	e and	0 Fe	et From The	Vest	Line
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS       1 / 1         None of Auborized Tearget of OI       or Condetanate       Address (Give address is which approved copy of his form is to be send)         None of Auborized Tearget of Give address of the Condetanate       D Box 1558, Breckenridge, TX 76024         Why of Auborized Tearget of Give address of the Condetanate       Address (Give address of which approved copy of his form is to be send)         Geb Month       Geb Month       Use       TX 76024         Why of Auborized Tearget of Give address of the Condetanate       Address of the Auborized Tearget of Give address of the Condetanate         Geb Month       Use       Sender the Condetanate       TX 75762         If well produced to in liquid,       Use       Type T       No       TV 75762         If well produced to in liquid,       Use       Type T       No       TV 75762         If well produced to in liquid,       Use       Type T       No       TV 75762         Use produced to indust,       C 10       1553.37E       No       TV 75762         Use produced commingle with lat from any other laws produced produced produced produced produced produced produced produced produced produced produced produced produced produced produced produced produced produced produced produced produced produced produced produced produced produced produced produced produced produced produced produced produced produced produced produced produced produced		p 19S	275		MPM, Le				County
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prote backies in communication of task.       inclining 1975       1975       No         If this production is communicated with that from any other lease or pool, give communicating order number:       No         Designate Type of Completion - (X)       Oil Well       Gas Well       New Well       Workover       Deepes       Plug Back       Same Resv       Diff Resv         Date Specided       Date Completion - (X)       Oil Well       Gas Well       New Well       Workover       Deepes       Plug Back       Same Resv       Diff Resv         Date Specided       Date Completion - (X)       Name of Producing Formation       Top Oil/Gas Pay       Tubing Depth       Plug Back       Same Resv       Diff Resv         Perforations       TUBING, CASING AND CEMENTING RECORD       Depth Casing Shoe       Depth Casing Shoe       Depth Casing Shoe         ''''''''''''''''''''''''''''''''''''	<u>GPM</u>		4001 Penbrook, Odessa, TX 79762						
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Date Spadded       Date Compl. Ready to Prod.       Total Depth       P.B.T.D.         Elevations (DF, RKB, RT, GR, etc.)       Name of Producing Formation       Top Oll/Gat Pay       Tubing Depth         Perforationa       Depth Casing Shoe       TUBING, CASING AND CEMENTING RECORD       Depth Casing Shoe         HOLE SIZE       CASING & TUBING SIZE       DEPTH SET       SACKS CEMENT         V. TEST DATA AND REQUEST FOR ALLOWABLE       Dift WELL       (Test must be dper recovery of total volume of load oil and must be equal to or esceed top allowable for this depth or be for full 24 hours.)         Date First New Gil Rub To Taak       Date of Test       Producing Pressure       Choke Size         Casing Pressure       Choke Size       Casing Pressure       Choke Size         GAS WELL       Actual Prod. Test       Dising Pressure (Shut-In)       Choke Size         VI. OPERATOR CERTIFICATE OF COMPLIANCE       Intube and regulations of the Oil Coaservation       Diske Stae         Division Are bean compled with and that the information gives above is true and complete to the bean of my knowledge and belief.       OIL CONSERVATION DIVISION         Signature       File       Manager       Title       DISTRICT 1 SUPERVISOR	Designate Type of Completion	- (X)  Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back S	ime Res'v	Diff Res'v
Perforations       Depth Casing Shoe         TUBING, CASING AND CEMENTING RECORD         HOLE SIZE       CASING & TUBING SIZE         DEPTH SET       SACKS CEMENT         N. TEST DATA AND REQUEST FOR ALLOWABLE       DEPTH SET         Dill 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 of Test       Date of Test         Length of Test       Oil - Bbls.         GAS WELL       Contensate (Shut-la)         GAS WELL       Length of Test         GAS WELL       Length of Test         Gast-MCF/D       Length of Test         Bbls. Condensate/MMCF       Gravity of Condensate         Tubing Pressure (Shut-la)       Casing Pressure (Shut-la)         OIL CONSERVATION DIVISION       JUL 0 9 1993         Date Approved       Jule 0 9 1993         Date Approved       Suparature         Paid Manager       Thie         Fraid Name       Cast / AS - 5600			Prod.	Total Depth	I	I	P.B.T.D.	I	
Perforations       Depth Casing Shoe         TUBING, CASING AND CEMENTING RECORD         HOLE SIZE       CASING & TUBING SIZE       DEPTH SET       SACKS CEMENT         W. TEST DATA AND REQUEST FOR ALLOWABLE       DEPTH SET       SACKS CEMENT         V. TEST DATA AND REQUEST FOR ALLOWABLE       DIL 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 fail 24 hours.)         Date First New-Gil Run To Tank       Date of Test       Producing Method (Flow, pump, gar lift, etc.)         Length of Tes       Tubing Pressure       Casing Pressure       Choke Size         Actual Prod. During Test       Oil - Bbls.       Water - Bbls.       Gas- MCF         GAS WELL       Casing Pressure (Shui-in)       Casing Pressure (Shui-in)       Choke Size         VI. OPERATOR CERTIFICATE OF COMPLIANCE       Division have been complete to the best of my knowledge and belief.       OIL CONSERVATION DIVISION         VI. OPERATOR CERTIFICATE OF COMPLIANCE       OIL CONSERVATION DIVISION       JUL 0 9 1993         Date Approved       By       JUL 0 9 1993       Date Approved         Signature       Fat McGee       Land Manager       Title       WISTRICT 1 SUPERVISOR	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing For	mation	Top Oil/Gas	Pay		Tubing Depth		
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V. TEST DATA AND REQUEST FOR ALLOWABLE         ML 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 Gil Run To Taak       Date of Test         Producing Method (Flow, pump, gas lift, etc.)         Length of Test       Date of Test         Actual Prod. During Test       Oil - Bbls.         GAS WELL       Actual Prod. Test         Actual Prod. Test - MCF/D       Length of Test         Bbls. Condensate/MMCF       Gravity of Condensate         Gas WELL       Actual Prod. (picot, back pr.)         Tubing Pressure (Shut-in)       Casing Pressure (Shut-in)         Choke Size       Oil - Bbls.         VI. OPERATOR CERTIFICATE OF COMPLIANCE       Division have been complied with and that the information given above is true and complete to the best of my throwkedge and belief.         Supparture       Pat. McGee       Land Manager         Pat. McGee       Land Manager         Pat. McGee       Land Manager         Title       District 1 SUPERVISOR	HOLE SIZE	T		CEMENTI		D	SA		т
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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         resting Method (pilot, back pr.)       Tubing Pressure (Shut-in)       Casing Pressure (Shut-in)       Choke Size         VI. OPERATOR CERTIFICATE OF COMPLIANCE       Interpressure (Shut-in)       Choke Size       OIL CONSERVATION DIVISION         Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.       OIL CONSERVATION DIVISION         Sugnature       Pat MCGee       Land Manager         Printed Name       Title       DISTRICT 1 SUPERVISOR	OIL WELL (Test must be after re	covery of total volume of						full 24 hours.)	
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         Gass Well       Actual Prod. Test - MCF/D       Length of Test       Bbls. Condensate/MMCF       Gravity of Condensate         Gass Well       Actual Prod. Test - MCF/D       Length of Test       Bbls. Condensate/MMCF       Gravity of Condensate         Geting Method (pitor, back pr.)       Tubing Pressure (Shut-in)       Casing Pressure (Shut-in)       Choke Size         VI. OPERATOR CERTIFICATE OF COMPLIANCE       OIL CONSERVATION DIVISION       JUL 0 9 1993         Ihereby certify that the rules and regulations of the Oil Conservation       Division have been complete with and that the information given above is true and complete to the best of my knowledge and belief.       OIL CONSERVATION DIVISION         Signature       Pat McGee       Land Manager       Title         Printed Name       Title       DISTINCT 1 SUPERVISOR	· · · · · · · · · · · · · · · · · · ·	Date of Test				·····			
GAS WELL     Actual Prod. Test     Bbls. Condensate/MMCF     Gravity of Condensate       Sesting 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     Oil L CONSERVATION DIVISION       Division have been complete to the best of my knowledge and belief.     OIL CONSERVATION DIVISION       Signature     JUL 0 9 1993       Pat McGee     Land Manager       Finded Name     Title       District 1 SUPERVISOR	Length of Test	Tubing Pressure		Casing Pressu	re		Choke Size		
Actual Prod. Test - MCF/D       Length of Test       Bbls. Condensate/MMCF       Gravity of Condensate         Tubing Pressure (Shut-in)       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       OIL CONSERVATION DIVISION         Division have been complete to the best of my knowledge and belief.       JUL 0 9 1993         Signature       Date Approved         Pat McGee       Land Manager         Title       Title         915/685-5600       Title	Actual Prod. During Test	Oil - Bbls.		Water - Bbls.	<u> </u>		Gas- MCF	. <u></u>	
Actual Prod. Test - MCF/D       Length of Test       Bbls. Condensate/MMCF       Gravity of Condensate         Tubing Pressure (Shut-in)       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       OIL CONSERVATION DIVISION         Division have been complete to the best of my knowledge and belief.       JUL 0 9 1993         Signature       Date Approved         Pat McGee       Land Manager         Title       Title         915/685-5600       Title	GAS WELL	<u> </u>							
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 Pat McGee Printed Name 6/8/93 915/685-5600 OIL CONSERVATION DIVISION JUL 09 1993 Date Approved By Thile DISTNICT 1 SUPERVISOR	Actual Prod. Test - MCF/D	Length of Test		Bbis. Conden	sate/MMCF		Gravity of Cond	densale	
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. <u>JUL 09 1993</u> Date Approved By <u>JUL 09 1993</u> Date Approved By <u>JUL 09 1993</u> Date Approved By <u>JUL 09 1993</u> Date Approved By <u>JUL 09 1993</u> Date Approved Thile <u>JUL 09 1993</u> Date Approved By <u>JUL 09 1993</u> Date Approved <u>JUL 09 1993</u> <u>JUL 09 1993</u> Date Approved <u>JUL 09 1993</u> <u>JUL 09</u>	Testing Method (pilol, back pr.)	Tubing Pressure (Shut-i	n)	Casing Pressu	re (Shut-in)		Choke Size		
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. <u>JUL 09 1993</u> Date Approved By <u>JUL 09 1993</u> Date Approved By <u>JUL 09 1993</u> Date Approved By <u>JUL 09 1993</u> Date Approved By <u>JUL 09 1993</u> Date Approved Thile <u>JUL 09 1993</u> Date Approved By <u>JUL 09 1993</u> Date Approved <u>JUL 09 1993</u> <u>JUL 09 1993</u> Date Approved <u>JUL 09 1993</u> <u>JUL 09</u>			LANCE	ſ <u></u>	···· <u></u>				]
Signature     Date Approved       Pat McGee     Land Manager       Printed Name     Title       6/8/93     915/685-5600	I hereby certify that the rules and regula	tions of the Oil Conserva	tion		DIL CON			VISION	1
Signature     Dat McGee     Land Manager       Printed Name     Title       6/8/93     915/685-5600			adové	Date	Adarover	JUL O	9 1995	1	
Signature     Land Manager       Pat McGee     Land Manager       Title     Title       G/8/93     915/685-5600	(m)	Melan			1		1.4		
Printed Name Title The DISTRICT I SUPERVISOR		Land Man	ager	By C	27	PE	Ma		<u></u>
	Printed Name		Title	Thie.	TIS	TRICT	SUPERV	190K	
									المعنى يورن مو

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.

4) Separate Form C-104 must be filed for each pool in multiply completed wells.

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NO. OF COPIES RECEIVED		••• •••	
DISTRIBUTION SANTA FE			-
FILE		FOR ALLOWABLE	Supersed Effective 1.
U.S.G.S.	AUTHORIZATION TO TRA	ANSPORT OIL AND WATER	
LAND OFFICE		3 )-000	
IRANSPORTERGAS	- x :	23 1-Midland 1-File	
OPERATOR		T_tre	
PRORATION OFFICE			
Tidewate	er Oil Company		
Address Box 249,	Hobbs, New Mexico		
BOX 249, Reason(s) for filing (Check proper bo	•	Other (Please explain)	
Reason(s) for filing (Lheck proper bold       Hew Well	change in Transporter of:		
Recompletion	Oil Dry Ga		c's State E-10- #2
Change in Cwnership X	C <b>ff</b> singhead Gas Conden	nsate	
If change of ownership give name and address of previous owner	Arteo Mil & Gas (	Company, Box 837, Hobb	N N-winn
		MDAILY, LUA VILL,	IS, NEW MEXICO
DESCRIPTION OF WELL AND		ame, Including Formation	Kind of Lease
East Eumont Ur		Eumont Queen	Kind of Lease State, Federal or Fee <b>State</b>
Location			
Unit Letter ; 6	690 Feet From The North Line	ne and 1950 Feet F	From The West
Line of Section. <b>10</b> , To	Fownship <b>19 S</b> Range	37 E , NMPM,	Lea County
Line of section.	Swnsnip •2 ·		
DESIGNATION OF TRANSPOR	RTER OF OIL AND NATURAL GA		approved copy of this form is to be sent)
Name of Authorized Transporter of O Texas New Mexico Pip		Address (Give address to which a Box 1510, Midland,	· · · · · · · · · · · · · · · · · · ·
Name of Authorized Transporter of Co	Casinghead Gas 🔀 or Dry Gas 🛄	Address (Give address to which a	approved copy of this form is to be sent)
Phillips Petroleum (	Company	Phillips Building,	
If well produces oil or liquide, give location of tanks.	Unit Sec. Twp. Rge.	Is gas actually connected? Yes	^{When} 1957
	with that from any other lease or pool, a		
If this production is commingled w COMPLETION DATA			
Designate Type of Completi	tion - (X)	New Well Workover Deeper	en Plug Back Same Res'v, Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Fool	Name of Producing Formation	Top Cil/Gas Pay	Tubing Depth
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TEST DATA AND REQUEST F	TOP ALLOWARIE (Test must be a	final volume of loa	d oil and must be equal to or exceed top allow-
OIL WELL	able for this dep	epth or be for full 24 hours)	-
Date First New Oil Bun To Tanks	Date of Test	Producing Method (Flow, pump, ga	as lift, etc.)
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
		(	
Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas-MCF
		<u>I</u>	
GAS WELL			
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Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size
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CERTIFICATE OF COMPLIAN	₹CE	OIL CONSEF	RVATION COMMISSION
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Commission have been complied	I regulations of the Oil Conservation with and that the information given he best of my knowledge and belief		,,
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AMIN B			in compliance with RULE 1104.
Withemer (Sie	ng	well, this form must be accor	allowable for a newly drilled or deepened ompanied by a tabulation of the deviation
( (Sign Area Engineer	narufe)	tests taken on the well in ac	accordance with RULE 111.
(Ti	Title)	able on new and recompleted	
July 19, 1965		Fill out Sections I. II.	III. and VI only for changes of owner,
	Date)	well name or number, or trans-	sporter, or other such change of condition.

well name or number, or transporter, or other such change of condition. Separate Forms C-104 must be filed for each pool in multiply completed wells.

ORIU	ALLP	OIL CONSE	W MEXICO RVATION COM		Form
nerator Arts	ec Oil & Gas Co	minany	Lease St	ate EALO	1 07=12
				" 1555 JUL 11	9:11
'ell No. 2	Section	<u>10</u> To	ownship 19 Sou	th Range	37 East NMP
ocated 1950	Feet From	n <u>West</u>	Line,690	Feet Fro	om <u>North</u> Line,
Lea		County, Nev	w Mexico. G.	L. Elevation	3652.6
ame of Produc	ing Formation	<del></del>	Pool	Dedica	ated Acreage
	(Note: All distar	ices must be	e from outer boi	undaries of Sec	tion)
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If the answe any other dua	a Dual Comp. ? Y r to Question 1 is lly completed wel	yes, are th ls within the	prepared nere made by e that the s	l from field not me or under m same are true a	he above plat was es of actual surveys by supervision and and correct to the
dedicated acr	eage? Yes	No	best of m	ny knowledge ar	nd belief.
ıme			Date Surv	veyed 7-10-5	6
osition.				John W U	lest
epresenting ddress			_ Register Land Sur		l Engineer and/or

A DESCRIPTION OF A DESCRIPTION

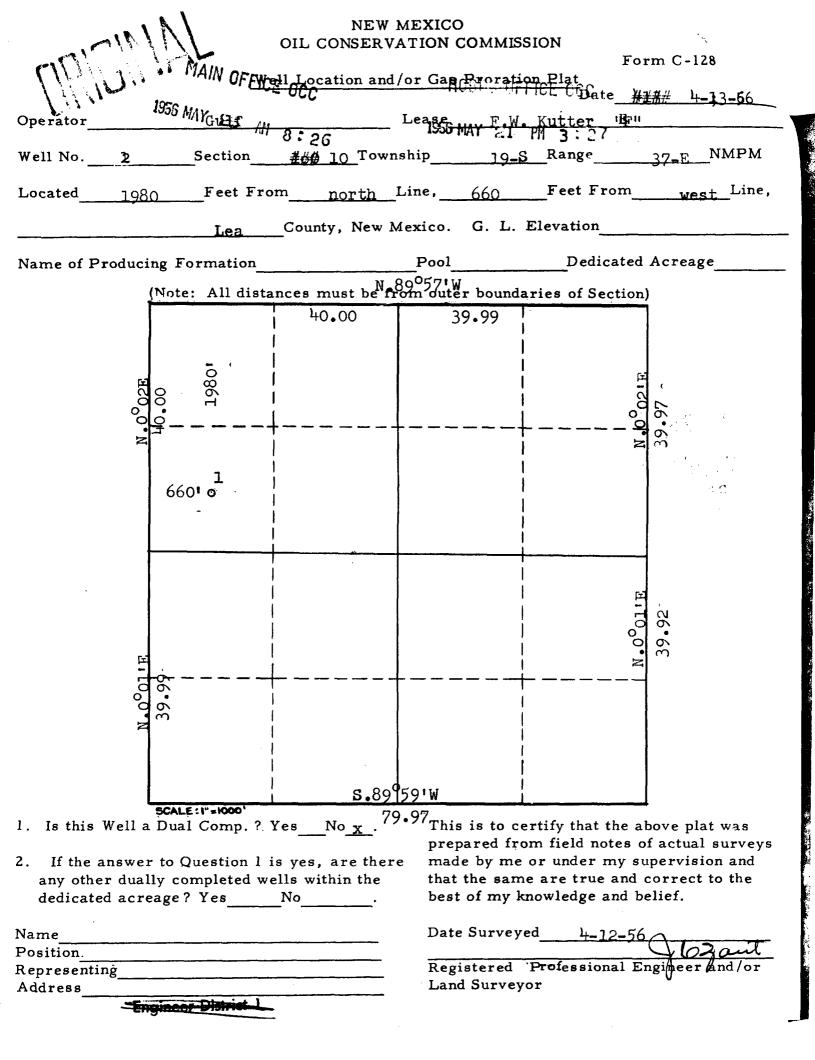
					(	16	$\mathcal{I}$			
Submi. 5 Copies Appropriate District Office		Energy, M	State of I inerals and Na	New Mexico Itural Resou		ment			Form	
<u>DİSTRICT I</u> P.O. Box 1980, Hobbs, NM 88240			ONGEDI				r co	NSERVA REC:	E Can I	nstructions attom of Page
DISTRICT II P.O. Drawer DD, Arlesia, NM 88210			ONSERV P.O. E Ita Fe, New M	30x 2088		)N ,,	az .1		NM 9	
DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410		JEST FO	RALLOWA	BLE AND	AUTHOR	IZATIO				
I. Operator			NSPORT OI	L AND NA	TUHALG		Well A	Pl No.		
Oxy USA, Inc. Address					······································		30-	-025-	05588	
PO Box 50250, Reason(s) for Filing (Check proper box)	Midlan	d, TX	79710		ner (Please exp	lain	-	-12	<u> </u>	
New Well	Oil		Transporter of: Dry Gas		Effecti			NE Mary	1, 19	93
Change in Operator	Casinghea		Condensate	······						
If change of operator give name and address of previous operator <u>Si</u>	rgo Op	<u>eratir</u>	ng, Inc.	<u>, PO BC</u>	x 3531	, Mić	dlar	nd, TX	797	02
II. DESCRIPTION OF WELL	AND LEA									<del></del>
East Eumont Unit		Well No. F 32	Eumont	-	SR QN		Kind of State, F	Lease ederal or Fe	• E-6	Lease No. 574
Unit LetterE	. 1980	) F	Seet From The $\underline{N}$	orth Li	e and 660		Fee	From The	West	Line
Section 10 Townshi	<u>p 195</u>	F	tange 37E	, N	MPM, Le	ea				County
III. DESIGNATION OF TRAN	SPORTE	R OF OIL	AND NATU	RAL GAS						
Name of Authorized Transporter of Oil		or Condensa		Address (Gi	e address to wi					
Koch Oil Company Name of Authonized Transporter of Casing Warren Petroleum	ghead Gas	X o	r Dry Gas		e address ip w					
<u>GPM</u>	······································				enbrook				7976	2
If well produces oil or liquids, give location of tanks.	Unit     M		wp.   Rge. 195  37E	ls gas actual Yes	y connected?		When?		1957	
If this production is commingled with that IV. COMPLETION DATA	from any othe	. <u></u>	ol, give comming	·	ber:			······································		
Designate Type of Completion	- (X)	Oil Well	Gas Well	New Well	Workover	Deep	en   	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl	. Ready to Pi	rod.	Total Depth	I	<b>I</b>	4	P.B.T.D.	L	
Elevations (DF, RKB, RT, GR, etc.)	Name of Pro	ducing Form	nation	Top Oil/Gas	Pay			Tubing Dep	h	
Perforations	L			<u> </u>			1	Depth Casin	g Shoe	
			ASING AND	CEMENTI		D	†-			
HOLE SIZE	CAS	NG & TUBI	NG SIZE		DEPTH SET			S	ACKS CEN	IENT
· · · · · · · · · · · · · · · · · · ·										
V. TEST DATA AND REQUES OIL WELL (Test must be after re	covery of sold								or full 24 hou	<i>urs.</i> )
Date First New Oil Run To Tank	Date of Test			Producing Me	thod (Flow, pw	mp, gas l	líft, elc.	)		
Length of Test	Tubing Pressure			Casing Pressure				Choke Size		
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.			C	las- MCF		
GAS WELL										
Actual Prod. Test - MCF/D	Length of Te	-si		Bbls. Conden	ale/MMCF		C	Gravity of C	ondensate	
Testing Method (pilol, back pr.)	Tubing Press	ure (Shut-in)		Casing Pressu	re (Shut-in)			hoke Size		
VI. OPERATOR CERTIFICA 1 hereby certify that the rules and regula				C	IL CON	SER	VA-		DIVISIO	DN
Division have been complied with and the is true and complete to the best of my ke	nat the inform	ation given a		   Date		4	JUI	0 9 19	02	
Can	ML							17	<b>&gt;</b>	
Signature	um.			By	John	up)	Ă	K/g	/	
Pat McGee		d Mana	ile.	Title		SPIRIC	×1	SUPE	RVISOR	• ·
6/8/93 Date	915	<u>/685-5</u> Telepho	<u>600</u> noe No.							- برجمی المحمد المحمد المحمد المحمد المحمد المحمد المحمد المحمد المحمد المحمد المحمد المحمد المحمد المحمد المحم

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 1, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.

4) Separate Form C-104 must be filed for each pool in multiply completed wells.

NO. OF COPIES RECEIVED		1				
DISTRIBUTION		·				
SANTA FE	H	EW MERCOOIL (	CONSERVATION COMM	ISSION	Form C-104 Supersodes ()	
FILE		REQUEST	FOR ALLOWABLE		Effective 1-1-	
U.\$.G.S.			ANSPORT OIL AND I	ATURAL GAS.		
LAND OFFICE	5-0CC =	3	JUL	6 7 39 AH	<b>'</b> 65	\
TRANSPORTER OIL	1-Midland	9				
GAS	- 1-File	· •				
PRORATION OFFICE	+					\
Operator mt 1	0.7			<u></u>		
Tildewater Address	Oil Company					
	Hobbs, New Mexic	:0				
Reason(s) for filing (Check prope	· · ·		Other (Please	explain)	······	
New Well	Change in Tran	nsporter of:				
Recompletion Change in Ownership	Oil	Dry Go		Gulf's F. W	1. Kutter E	#2
	Casinghead Ga	is Conde				
If change of ownership give name and address of previous owner		Company, Ho	bbs, New Mexico			
and address of previous owner.						
DESCRIPTION OF WELL A	ND LEASE	Wall Mark Press No.	ime, Including Formation		d of Lease	
East Eunor	nt Init		mont Queen		e, Federal or Fee	Fee
Location		<u> </u>	monto Queen			
Unit Letter <b>E</b> ;	<b>1980</b> Feet From The	e <u>North</u> Lir	ne and <u>660</u>	_ Feet From The _	West	
					······································	
Line of Section 10	, Township 19 S	Range	37 E , NMPM,		Lea	County
DESIGNATION OF TRANSP	PORTER OF OIL AND	) NATURAL G4	AS			
Name of Authorized Transporter o	of Oil 🚺 or Conden	isate 📃	Address (Give address t		py of this form is	to be sent)
Texas New Mexico Pi			Box 1510, Mid			
Warren Petroleum Co		or Dry Gas 🗍	Address (Give address t		py of this form is 1	to be sent)
}		Twp. Rge.	Monument, New			
If well produces oil or liquids, give location of tanks.	E 10	19 37	Yes	1	1957	
If this production is commingled			- <u>k</u>	number:		
COMPLETION DATA						
Designate Type of Compl	letion - (X)	ll Gas Well	New Well Workover	Deepen Plug	Back Same Res	s'v. ' Diff. Res'
Date Spudded	Date Compl. Ready	to Prod.	Total Depth	- Р.В.	.T.D.	i
-			-			
Pool	Name of Producing F	Formation	Top Oil/Gas Pay	Tub	ng Depth	
Destaurur			1		th Casing Shoe	
Perforations				Deb.	ar creating buoe	
	TUBIN	IG, CASING, AN	CEMENTING RECORD	)		
		UBING SIZE	DEPTH SE	т	SACKS CEN	IENT
HOLE SIZE	CASING & TU		1			
HOLE SIZE	CASING & TU					
HOLE SIZE					-	
HOLE SIZE						
HOLE SIZE		(Test must be aj	fter recovery of total volum		st be equal to or e	exceed top allow
TEST DATA AND REQUEST OIL WELL	Γ FOR ALLOWABLE	(Test must be aj	pth or be for full 24 hours)			exceed top allow
TEST DATA AND REQUEST	Γ FOR ALLOWABLE	(Test must be aj				exceed top allo
TEST DATA AND REQUEST OIL WELL	Γ FOR ALLOWABLE	(Test must be aj	pth or be for full 24 hours)	pump, gas líft, etc.		exceed top allo
TEST DATA AND REQUEST OIL WELL Date First New Oil Run To Tanks	T FOR ALLOWABLE	(Test must be aj	pth or be for full 24 hours) Producing Method (Flow,	pump, gas lift, etc.	) se Size	exceed top allo
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Submit 3 Copies to Appropriate District Office			<b></b>	erals and N		losources Department					C-103 Sed 1-1-8
<u>District I</u> P.O. Box 1980, H	lobbs, NH 882	ANSER DE		NSER	VATIO	ON DIVISION	WEL	API NO.	30	- 025	- 0559
<u>District II</u> P.O.Drawer DD,Ar		210		Fe, New		o 87504-2088	5. Indi	cate Type o	of Lease		
<u>District III</u> 1000RioBrazos R			7 AM 8	59				e Oil & Gas		TATE X	FEE
<u> </u>	SUNDRY	NOTIC	ES AND R	EPORTS	ON W	ELLS	B-22	209			·
(DO NOT USE T	DIFFERENT	RESERVO	OSALS TO DF DIR. USE "AP )1) FOR SUCI	PLICATION	I FOR PE	N OR PLUG BACK TO ERMIT"	A 7. Lea	se Name or	Unit agre	ement Nam	e
1. Type of Well: OIL WELL	G/			OTHEI	15.1.15	ECTION	EAS	T EUMOI	NT UN	Т	
2. Name of Operator							8. Wel		35		
3. Address of Opera		X 50250	) Midland,	TX 7971	 ງ	<u> </u>		name or W			
4. Well Location					-				ALES	SVN RVR	
Unit Letter	<u>K : 1</u>	,980	Feet From The	SOU			980	Feet From	The	WEST	
Section	10		тонпанир	19 S		ange 37 E	NMPM	l	LEA		County
			10. Ele	vation <i>(\$%</i> 3,666	ow whethe	er DF, RKB, RT, GR, etc.)					
11.	Che	ck Appr	<u></u>			ture of Notice, Re	port. or (	Other Da			
		νκνψμι	ropriate Bo	x to indic	cate Na	aure or nouce, ne	poid of		ala		
NO	TICE OF		•		ate Na		SEQUE			RT OF:	
	TICE OF		•	TO:			•		epof	RT OF: g casing	ſ
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Supmiu 5 Copies		New Mexico	Form C-104
Appropriate District Office DISTRICT I	Energy, Minerals and Na	atural Resources Department	Revised 1-1-89
P.O. Box 1980, Hobbs, NM 88240 DISTRICT II P.O. Drawer DD, Ariesia, NM 88210			CE JED
DISTRICT III		Aexico 87504-2088	2 AM 9 15
1000 Rio Brazos Rd., Aztec, NM 87410	REQUEST FOR ALLOWA	BLE AND AUTHORIZATION	
I. Operator	TOTRANSPORTO		I API No.
OXY USA, Inc.		3	0-025-05591
PO Box 50250,	Midland, TX 79710		
Reason(s) for Filing (Check proper box) New Well	Change in Transporter of:	Other (Please explain)	JUNE
Recompletion	Oil Dry Gas	Effective 🖶	<b>humhny</b> 1, 1993
If change of operator give name	Casinghead Gas Condensate	PO Box 3531 Midl	and, TX 79702
		, PO BOX 5551, MICI	
II. DESCRIPTION OF WELL Lease Name	Well No. Pool Name, Inclus		t of Lease No.
East Eumont Unit	35 Eumont	Yates SR QN 🥂 Suat	e, Federal or Fee B-2209
Location Unit LetterK	1980 Feet From The	South Line and 1980	Feet From TheLine
Section 10 Townshi	100 370		
	·/ ·····		County
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	SPORTER OF OIL AND NATL	Address (Give address to which approve	d copy of this form is to be sent)
Koch Oil Company		PO Box 1558, Breck	enridge, TX 76024
Name of Authorized Transporter of Casing Warren Petroleum GPM	ghead Gas X or Dry Gas C COLD	Address (Give address to which approve PO BOX 1589, 11153 4001 Penbrook, Ode	ssa, TX 79762
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. M 3 195 37E		
If this production is commingled with that : IV. COMPLETION DATA	from any other lease or pool, give comming	ling order number:	
	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v Diff Res'v
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 Oil/Gas Pay	Tubing Depth
Perforations	<u></u>	<u> </u>	Depth Casing Shoe
	TURNIC CASING AND	CEMENTING DECODD	
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
V. TEST DATA AND REQUES	T FOR ALLOWABLE		
OIL WELL (Test must be after re Date First New Gil Run To Jank	ecovery of total volume of load oil and must	be equal to or exceed top allowable for the Producing Method (Flow, pump, gas lift,	
Date First New Oil Rule To draik	Date of Test		
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbis.	Gas- MCF
GAS WELL	<u>.</u>	<u></u>	<u>. h </u>
Actual Prod. Test - MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate
Testing Method (pilol, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
VI. OPERATOR CERTIFIC	ATE OF COMPLIANCE		
I hereby certify that the rules and regula Division have been complied with and the	ations of the Oil Conservation		ATION DIVISION
is true and complete to the best of my k		Date Approved	9 1993
Call	Aller.	() and a	1. L
Signature Pat McGee	Land Manager	By BISTRICT	
Printed Name	Tille	Title	1 SUPERVISOR
6/8/93 Date	915/685-5600 Telephone No.		

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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.

NO. OF COPIES RECEIVED		) 	
DISTRIBUTION SANTA FE			
FILE		TFOR ALLOWABLE	Supersedes Old C-104 and C- Effective 1-1-65
U.S.G.S.	AUTHORIZATION TO TH	RANSPORT OIL AND N	TURAL GASIN PC
LAND OF FICE	5-0CC		J 4 03 M 63
TRANSPORTER GAS	- 5-OCC - 1-Midland -	<u> </u>	
OPERATOR	l-File		
I. PRORATION OFFICE			
Operator Mideumter	Oil Company		
Address			
Box 249,	Hobbs, New Mexico		
Reason(s) for filing (Check proper be		Other (Please e	. ,
New Well Recompletion	Change in Transporter of: Oil Dry (	Formerly	
Change in Ownership		lensate	o State "E" #4
If change of ownership give name and address of previous owner	Humble Oil & Refining	Company, Box 2100	, Hobbs, New Mexico
II. DESCRIPTION OF WELL AND	) LEASE		
Lease Name East Rumor		ame, Including Formation Eumont Queen	Kind of Lease
Location		Eunont queen	State, Federal or Fee State
Unit Letter K ; 196	BO Feet From The South L	ine and <b>1980</b>	Feet From The West
Line of Section 10 , T	ownship 198 Range	37 Е, ММРМ,	Lea County
III. DESIGNATION OF TRANSPOR	RTER OF OIL AND NATURAL G	AS	
Name of Authorized Transporter of O	il 🌠 🛛 or Condensate 🗌	Address (Give address to a	which approved copy of this form is to be sent)
Texas New Mexico Pipe	asinghead Gas X or Dry Gas		idland, Texas which approved copy of this form is to be sent)
Warren Petroleum Cor		Monument, N	
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected?	
give location of tanks.	M 10 19 37	Yes	I 
	vith that from any other lease or pool	, give commingling order n	umber:
IV. COMPLETION DATA	Oil Well Gas Well	New Well Workover	Deepen Plug Back Same Res'v, Diff. Res'v
Designate Type of Complet	ion - (X)		
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
['oo]	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
	Name of Producing Formation	Top On/Gus Pay	Tubing Depth
Perforations		··	Depth Casing Shoe
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
			SACKS CEMENT
			l
V. TEST DATA AND REQUEST F		after recovery of total volume lepth or be for full 24 hours)	of load oil and must be equal to or exceed top allou
Date First New Oil Hun To Tanks	Date of Test	Producing Method (Flow, p	ump, gas lift, etc.)
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Length of Test	Tubing Pressure	Cusing Plessure	Choke Size
Actual Prod, During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
GAS WELL			
Actual Frod, Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
iesting Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size
VI. CERTIFICATE OF COMPLIAN	(CE	OIL COI	NSERVATION COMMISSION
I hereby certify that the rules and	regulations of the Oil Conservation	APPROVED .	, 19
Commission have been complied	with and that the information given e best of my knowledge and belief.		
above to the and complete to th	of my mooredge and bellel.		<u> </u>
· JAD		TITLE	
AT MIP.	4		filed in compliance with RULE 1104.
(Sixi	nýture)	well, this form must be	t for allowable for a newly drilled or deepened accompanied by a tabulation of the deviation
Area Engineer	1	tests taken on the wel	l in accordance with RULE 111.
	iile)	All sections of thi able on new and recom	s form must be filled out completely for allow- pleted wells.
July 15, 1965			I, II, III, and VI only for changes of owner, transporter or other such change of condition
(1)	(ate)		r transporter, or other such change of condition

Fill out Sections I, II, III, and VI only for changes of owner, well name or number, or transporter, or other such change of condition. Separate Forms C-104 must be filed for each pool in multiply completed wells.

NEW MEXICO OIL CONSERVATION COMMISSION	Form C-101
Santa Fe, New Mexico (10)	Revised (12/1/55)
NOTICE OF INTENTION TO DRILL COO	

Notice must be given to the District Office of the Oil Conservation Commission and approval obtained before drilling or recompletion begins. If changes in the proposed plan are considered advisable, a copy of this notice showing such changes will be returned to the sender. Submit this notice in QUINTUPLICATE. One copy will be returned following approval. See additional distructions in Rules and Regula-tions of the Commission. If State Land submit 6 Copies Attach Form C- 128 in triplicate to first 3 copies of form C-101

Midland, Texas May 24, 1957 (Place)

OIL CONSERVATION COMMISSION SANTA FE, NEW MEXICO

Gentlemen:

You					iny		of a well to be Co. Lease	known as No. 53204		
	New	n Mexi	co State "	Eu	(Company or			, in	*'K''	
located	1980	f	cet from the	South				line and19	80	feet from the
	West				of Section	10	, _{T.} -19-S	, R37	-E , NM	(PM.
(GIVE I	LOCATION	FROM	SECTION LI	If State Lan	d the Oil and	Gas Leas	e is No	Lea B-2209		
D	C	В	A	Address				follows: Ro	•••••	
E	F	G	н	The status o				Commission		
٦ 	n K u	J	1	Drilling Con						
м	N	0	Р	We intend t	o complete th	nis well in	the Queen	4050		
	ttached		Nomina staines		CASING PE	ROGRAM				

ose to use the following strings of Casing and to cement them as indicated:

New	7001	
110 H	300*	150 sks. *
New	4050 <b>'</b>	600 sks. **
-	New	New 4050'

If changes in the above plans become advisable we will notify you immediately.

ADDITIONAL INFORMATION (If recompletion give full details of proposed plan of work.)

- * Circulate to surface. ** Circulate to 8 5/8" casing.

Approved	MAY 27 1957
Except as follows:	

	OIL CONSERVATION COMMISSION	
	Eff Shur	
By		

Sincerely yours,

H	umble Oil & Refining Company
By	(Coppapy for Operator)
Position	Div. Chief Clerk Send Communications regarding well to
Nama	R. R. McCarty
Name Address	Box 1600 Midland, Texas

Form C-128 Revised 5/1/57

## NEW MEXICO OIL CONSERVATION COMMISSION

## Well Location and Acreage Dedication Plat

Section A.

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Date 5-21-57

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Located 1980 Feet From SOUTH County <u>LEA</u> G. L. Elevati Name of Producing Formation <u>QUEEN</u> 1. Is the Operator the only owner* in Yes <u>No</u> . 2. If the answer to question one is "n consolidated by communitization agr "yes," Type of Consolidation	Lease <u>NEW MEXICO STATE "E"</u> n <u>10</u> Township <u>19-5</u> Range <u>37-E</u> NMPM <u>Line, 1980</u> Feet From <u>WEST</u> Line on <u>Dedicated Acreage 40</u> Acres <u>Pool EUMONT</u> the dedicated acreage outlined on the plat below? - no," have the interests of all the owners been reement or otherwise? Yes <u>No</u> . If answer is no," list all the owners and their respective interests <u>Land Description</u>
Section B	This is to certify that the information in Section A above is true and complete to the best of my knowledge and belief. HUMBLE OIL & REFINING CO. (Operator) Memory (Representative) Asst Division Superintendent
	BOX 1600 MIDLAND, TEXAS Address This is to certify that the well location shown on the plat in Section B was plotted from field notes of actual surveys made by me or under my supervision and that the same is true and correct to the best of my knowledge and belief. Date Surveyed 5-17-57 <u>Structure</u> Registered Professional Engineer and/or Land Surveyor. Certificate No. <u>15-13</u>

	J	$\left(10\right)$
District Office	State of New Mexico gy, Minerals and Natural Resources Department	Form C-103 Revised 1-1-89
District OIL CONS OIL P.O. Box 1980, Hobbs, NM 88240	CONSERVATION DIVISION P.O. Box 2088	WELL API NO. 30 - 025 - 05590
District II NEC P.O.Drawer DD, Artesia, NM 88210 District III '93 DE : 17	Santa Fe, New Mexico 87504-2088	5. Indicate Type of Lease STATE X FEE
1000RioBrazos Rd.Aztec,NM87410		6. State Oil & Gas Lease No. B-2209
	AND REPORTS ON WELLS	
DIFFERENT RESERVOIR. U	S TO DRILL OR TO DEEPEN OR PLUG BACK TO A JSE "APPLICATION FOR PERMIT" DR SUCH PROPOSALS.)	7. Lease Name or Unit agreement Name
1. Type of Well: OIL GAS GAS WELL WELL	OTHER INJECTION	EAST EUMONT UNIT
2. Name of Operator OXY USA INC.		8. Well No. 36
3. Address of Operator	· · · · · · · · · · · · · · · · · · ·	9. Pool name or Wildcat
P.O. Box 50250 Mi	dland, TX 79710	EUMONT YATES SVN RVR QN
4. Well Location Unit Letter 660 Feet F	rom The SOUTH Line and 660	Feet From The WEST Line
Section 10 Town	_{ship} 19 S _{Range} 37 E	NMPM LEA County
	10. Elevation <i>(Show whether DF, RKB, RT, GR, etc.)</i> 3,662	
11. Check Appropria	ate Box to Indicate Nature of Notice, Repo	ort, or Other Data
NOTICE OF INTENT	TION TO:   SUBSE	QUENT_REPORT OF:
PERFORM REMEDIAL WORK X PLUC	AND ABANDON REMEDIAL WORK	X ALTERING CASING
TEMPORARILY ABANDON		OPNS.
PULL OR ALTER CASING	CASING TEST AND CEI	MENT JOB
12.Describe Proposed orCompleted Operations (CA work) SEE RULE 1103.	early state all pertinent details, and give pertinent dates, no	luding estimated date of starting any proposed
TD - 3989	9' PBTD - 3988' PERFS - 3781'	- 3955'
ADD'L INTERVAL W/ 2JSPF @ 3781-84 ACIDIZE W/ 5000GAL 15% NEFE HCL NUWH, CIRC W/ PKR FLUID, TEST CS	H & TAG @ 3914'. CO TO 3988', CHC, TES I, 3787-3804, 12-20, 29-33, 42-55, 59-62, 65- ACID. POOH, RIH W/ GUIB G-6 PKR & 2-3/4 G TO 520#, HELD OK, RDPU 10/19/93. IN PENDING WATER INJECTION LINE.	66, 69-3872' TOTAL 118 HOLES.

			R-2901
I hereby certify that the information above is true and complete to the best of my kn	owledge and belie	f	· · · · · · · · · · · · · · · · · · ·
SCHATURE Dallat	m.e _	REGULATORY ANALYST	DATE 11 30 93
TYPEORPHINT NAME DAVID STEWART		TELEPHONE	NO. 915 685-5717
(This space for State Use)	MLE	DISTRICT 1 SUPERVISOR	DEC <b>1 3 1993</b>
CONDITIONS OF APPROVAL, IF ANY:			- UAIC

Submit 5 Copies Appropriate District Office	En	ergy, M		New Mexico Itural Resources De	partment	Form C. Revised	1-1-89
DISTRICT I P.O. Box 1980, Hobbs, NM 88240	O	IL CO	ONSERV	ATION DIVI	SIQN	ER. N DIVISION	ructions m of Page
DISTRICT II P.O. Drawer DD, Artesia, NM 88210		San	P.O. I ta Fe. New N	30x 2088 1exico 87504-208	38	見た合いした自	
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	REQUE	ST FO	R ALLOWA	BLE AND AUTH	IORIZATION	TH AM 9 10	
I. Operator	TC	D THAP	SPORT O	LAND NATURA	Wei	I API No.	
OXY USA, Inc. Address		<u></u>			3	0-025-05590	
PO Box 50250, Reason(s) for Filing (Check proper box,		, TX	79710	Other (Plea	se explain)	TUNE	
New Well	Ch	- m	ransporter of:		ctive 🏎	bruary 1, 1993	3
Recompletion Change in Operator	Oil Casinghead G	-	Ory Gas				
	irgo Opei	catir	ng, Inc.	, PO Box 35	31, Midl	and, TX 79702	2
II. DESCRIPTION OF WELL					······		
East Eumont Unit	3	J	ool Name, Includ Eumont	ling Formation Yates SR Q	1.	t, of Lease Le c, Federal or Fee $B-22$	ase No. 09
Location					┈┈╌╌╧═┺╦╤╴┑		
Unit Letter M	. 660	F	eet From The S	outh Line and _	560	Feet From The	Line
Section 10 Towns	hip 195	R	ange 37E	, NMPM,	Lea		County
III. DESIGNATION OF TRA Name of Authorized Transporter of Oil		OF OIL	and the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of t		s to which approve	d copy of this form is to be ser	
Koch Oil Company						enridge, TX 76	
Name of Authorized Transporter of Casi Warren Petroleum GPM	Corp -	 	Dry Gas			d copy of this form is to be sen ssa, TX 79762	4)
If well produces oil or liquids, give location of tanks.	Unit  Sec  M   3	•	wp.   Rge. 95  37E	Is gas actually connect Yes	led?   When	n ? NA	
f this production is commingled with that IV. COMPLETION DATA	t from any other le			ling order number:			
Designate Type of Completion		l Well	Gas Well	New Well   Worko	ver Deepen	Plug Back  Same Res'v	Diff Res'v 1
Date Spudded	Date Compl. Re	ady to Pr	od.	Total Depth		P.B.T.D.	<b>.</b>
Elevations (DF, RKB, RT, GR, etc.)	Name of Produc	ing Form	ation	Top Oil/Gas Pay		Tubing Depth	
Perforations				L		Depth Casing Shoe	
				CEMENTING RE	CORD		
HOLE SIZE	CASING	& TUBI	NG SIZE	DEPTH	SET	SACKS CEME	NT
	+	<u> </u>			·····		~
. TEST DATA AND REQUE				h			· <u> </u>
)IL WELL (Test must be after ) Date First New Oil Run To Tank	Date of Test	sturne of t	oad oil and must	be equal to or exceed to Producing Method (Flo	the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	is depth or be for full 24 hours etc.)	)
ength of Test	Tubing Pressure			Casing Pressure		Choke Size	
Actual Prod. During Test				Water - Bbls.		Gas- MCF	
Actual Flot During Test	Oil - Bbls.						
GAS WELL Actual Prod. Test - MCF/D	Length of Test	<u> </u>		Bbls, Condensate/MMC	5F	Gravity of Condensate	
esting Method (pitot, back pr.)	Tubing Pressure	(Shut-in)		Casing Pressure (Shut-i	n)	Choke Size	
/I. OPERATOR CERTIFIC		י זס <i>ו</i> עו	ANCE	<b></b>		1	
I hereby certify that the rules and regul	ations of the Oil C	onservatio	ba a	OILC	ONSERV	ATION DIVISION	1
Division have been complied with and is true and complete to the best of my			bove	Date Appro	wed JUL	1 2 1993	
(ABT	Mu					1.6	
Signature Pat McGee	Land	Mana	ger	By	lister	E 1 RIDEDWOOD	
Printed Name 6/ P/93	915/6		600	Title		1/SUPERVISOR	
Date		Telepho	de l'NO.		o .		

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.

Ι.	NO. OF COPIES RECEIVED DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE I RANSPORTER OIL GAS OPERATOR PRURATION OFFICE Coperator		CONSERVATION COMMISSION CONSERVATION COMMISSION CR ALLOWABLE AND ARSPORT OIL AND NATURAL 5-OCC JUL 20 4 03 1-Midland 3 1-File	Form C-104 Supersedes Old C-104 and C Effective 1-1-65 GAS PN '65
	Ad frees	lewater Oil Company		
	Box Reason(s) for filing (Check proper box New Well Hecompletion Change in Ownership	Change in Transporter of: Oil Dry Ga Casinghead Gas Conde		;e "E" #2
	and address of previous owner		Ampary Don Live, noted,	New Mexico
II.	DESCRIPTION OF WELL AND Lease Name East Eumon Location	Well No. Pool Na	ime, Including Formation <b>Fumont Queen</b>	Kind of Lease State, Federal or Fee <b>State</b>
	Unit Letter <u>M</u> ; <u>66</u>	60 Feet From The South Lir	ne and <u>660</u> Feet From	The West
	Line of Section 10 , To	wnship <b>19 S</b> Range	37 E , NMPM, I	County
III.	DESIGNATION OF TRANSPOR Name of Authorized Transporter of Oll Texas New Mexico Pipe Name of Authorized Transporter of Car Warren Petroleum Corp	singhead Gas X or Dry Gas	Address (Give address to which approx Box 1510, Midland, Address (Give address to which approx Monument, New Mexi	Texas wed copy of this form is to be sent) CO
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. M 10 19 37	Is gas actually connected? When <b>Yes</b>	en .
	It this production is commingled with COMPLETION DATA Designate Type of Completic Date Spudded	ith that from any other lease or pool,         on - (X)       Oil Well         Gas Well         Date Compl. Ready to Prod.	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v
	Pool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
	Perforations	TUBING, CASING, AND	CEMENTING RECORD	Depth Casing Shoe
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<b>v</b> .	TEST DATA AND REQUEST FO OIL WELL Date First New Oil Run To Tanks		fter recovery of total volume of load oil a pth or be for full 24 hours) Producing Method (Flow, pump, gas lif	
	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
ľ	i esting Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size
	<b>CERTIFICATE OF COMPLIANO</b> I hereby certify that the rules and r Commission have been complied w above is true and complete to the	regulations of the Oil Conservation vith and that the information given	OIL CONSERVA	TION COMMISSION JUL 27 1965, 19
	Area Engineer		This form is to be filed in c If this is a request for allow well, this form must be accompar tests taken on the well in accord	able for a newly drilled or deepened nied by a tabulation of the deviation dance with RULE 111.
-	Tit	tle)	All sections of this form mus able on new and recompleted we	t be filled out completely for allow- lls.

July 15, 1965 (Date)

Fill out Sections I, II, III, and VI only for changes of owner, well name or number, or transporter, or other such change of condition Separate Forms C-104 must be filed for each pool in multiply completed wells.

						ISSION	(Form Constant) (Revised 7/1/52)
			NEW	MEXICO OIL CONS	New Mexico		. 6.)
		,	R 1 1-4	the part of the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s		OBS OFFICE OC	9 111
	ma v 1° 4	NOT	ICE OF	INTENTION	O DRILL	RECOMPL	
bering Hele	hanges in hanges in	siven to the pro QUIN	the District posed plan an FUPLICATE	Office of the Oil Conservat e considered advisable, a co . One copy will be returned and submit 6 Copies	ion Commission and ap	Proval obtained befor	e ^d drilling or recompletion be returned to the sender.
		Midle	nd, Texa	Ş		April 17,	.1956
ALL CONS	SEDV'ATI		(Place) MMISSION			(Date)	
SANTA FE							
Gentlemen:							
You a	re hereby			r intention to commence th			
					or Operator)		
	Ne	w Mexi	LCO State	u.Eu	., Well No	2 ''M	" The well is Unit
located	660	£	-	South			,
In all d	Wes			'ine of Section			
(GIVE LO	CATION		SECTION L	INE) UNIONEIN	INAILD Pool.	Lea	County
				If State Land the Oil a	nd Gas Lease is No	B <b>-220</b> 9	·
			1	If patented land the ow	vner is		
D	С	В	А				
	i			We propose to drill wel	l with drilling equipment	as follows: Ro	tary Rig
Е	F	G	н			**1	- 0.01
		<u> </u>		The status of plugging	bond is OI ILE W	ith commission	office.
L	ĸ	J	I		Unknown		
		J		Drilling Contractor			•••••••••••••••••••••••••••••••••••••••
	1			•			
⁰ M ³	N	0	Р	We intend to complete	this well in the	<b>^</b>	
Se	e atta	ched n	))	•	imate depth of	4000	feet.
		oniou p		CASING 1	PROGRAM		
We pro	opose to u	se the fo	llowing string	s of Casing and to cement the	hem as indicated:	······	
Size o	of Hole		Size of Casing	Weight per Foot	New or Second Hand	Depth	Sacks Cement
11			8-5/8"	24 <u>#</u>	New	1600*	1000 sxs.*
	7-7/8"		5-1/2"	14#	81	40001	1600 sxs.**
							)

If changes in the above plans become advisable we will notify you immediately.

....

ADDITIONAL INFORMATION (If recompletion give full details of proposed plan of work.) Circulate to surface. Circulate to 8-5/8" casing.

×

**

Approved..... Except as follows: 

VATION COMMISSION QÍL G **DNSER** 

.

Sincerely yours,

Humble Oil & Refining Company (Company or Operator) Z By. Ċ æ -* Position......Assistant. Division Superintendent Send Communications regarding well to J. W. House Name..... Boy 1600 Midland Tevas . . .

By.....

	MEXICO VATION COMMISSION
	ATION COMMISSION HOBBS OFFICE OCC Date 4-16-56 OCC
Operator HUMBLE OIL & REFINING CO.	Lease NEW MEXICO STATE ES
	nship_ <u>19-5</u> _Range <u>37-E</u> _NMPM
Located 660 Feet From SOUTH	Line, <u>660</u> Feet From <u>WEST</u> Line, Mexico. G. L. Elevation
	PoolUNDENDI VA FEDicated Acreage 40
Name of Producing Formation <u>QUEEN</u>	rom outer boundaries of Section)
(Note: All distances must be in	rom outer boundaries of Section)
	$\sum_{i=1}^{n} \sum_{i=1}^{n} \sum_{i$
	$\frac{1}{2} - \frac{1}{2} - \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}$
	+ + - + - + - + - + - + - + - +
<b>9</b>	
SCALE : 1"=1000'	
1. Is this Well a Dual Comp. ? YesNo	This is to certify that the above plat was
2. If the answer to Question 1 is yes, are then	prepared from field notes of actual surveys re made by me or under my supervision and
any other dually completed wells within the dedicated acreage? Yes No	that the same are true and correct to the best of my knowledge and belief.
Name No Herole	Date Surveyed4 - 16 - 56
Position ASSISTANT DIVISION V SUPERINTENDENT	Registered Professional Engineer and/or
Representing HUMBLE OIL & REFINING CO. Address BOX 1600 MIDLAND, TEXAS	LEASE NO 53204 W-A-21

. . .

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Submit 3 Copies State of New Mexico	$\left(19\right)$	F 0 100
to Appropriate District Office 011_CONSERV_Energy,[]Minerat8)读nd Natural Resources Department	$\bigcirc$	Form C-103 Revised 1-1-89
District I P.O. Box 1980, Hobbs, NM 88240 District II	WELL API NO.	30 - 025 - 05607
District II Artesia, NM 882 10 17 AN 8 59 New Mexico 87504-2088	5. Indicate Type of Leas	STATE X FEE
<u>District III</u> 1000RioBrazos Rd.Aztec,NM87410	6. State Oil & Gas Lease	
SUNDRY NOTICES AND REPORTS ON WELLS	B-243	
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"	7. Lease Name or Unit a	greement Name
(FORM C-101) FOR SUCH PROPOSALS.)  1. Type of Well: OIL GAS GAS GAS GAS GAS GAS GAS GAS GAS GAS	EAST EUMONT U	INIT
WELL WELL OTHER INJECTION	8. Well No.	
OXY USA INC.	9. Pool name or Wildcat	
3. Address of Operator P.O. Box 50250 Midland, TX 79710	EUMONT YATE	
4. Well Location Unit Letter A	Feet From The	EAST Line
		County
10. Elevation <i>(Show whether DF, RKB, RT, GR, etc.)</i> 3,690		
11. Check Appropriate Box to Indicate Nature of Notice, Repor	t, or Other Data	<u> </u>
NOTICE OF INTENTION TO:	QUENT REPO	DRT OF:
PERFORM REMEDIAL WORK	XALTER	ING CASING
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING (	OPNS. PLUG A	ND ABANDONMENT
PULL OR ALTER CASING CASING TEST AND CEM	ENT JOB	
OTHER: CONVERT TO INJECTION X OTHER: CONVERT TO	O INJECTION	X
12.Describe Proposed orCompleted Operations (Clearly state all pertinent details, and give pertinent dates, note work) SEE RULE 1103.	iding estimated date of st	arting any proposed
TD - 3950' PBTD - 3943' PERFS - 3765' -	3931'	
MIRU PU, 10/15/93, NDWH NUBOP, RIH & TAG @ 3943'. CHC, TEST CSG TO 500# W/ 2JSPF @ 3765-67, 77-85, 3797-3806, 25-31, 40-44, 52-64, 71-3883, 3909-3916' T 5000GAL 15% NEFE HCL ACID. POOH, RIH W/ GUIB G-6 PKR & 2-3/8" TBG & SET W/ PKR FLUID, TEST CSG TO 280#, HELD OK, RDPU 10/20/93. SHUT-IN PENDING WATER INJECTION LINE.	OTAL 136 HOLES.	ACIDIZE W/
I hereby certily that the information above is true and complete to the best of my knowledge and belief.	<u>k-</u> >	964
	NALYST	DATE 11 30 93
TYPE OR PRINT NAME DAVID STEWART	TELEPHON	ENO. 915 685-5717
(This space for State Use)		
APPROVED BY DISTRICT 1	SUPERVISOR	DEC <b>1 3 1993</b>
CONDITIONS OF AUTODIVAL, IF ANY:		

Si brit 5 Copies A, ropriate District Office	Energy, N	State of 1 Minerals and Na	New Mexico Itural Resource	s Departn	nent		Form C Revised	
<u>DİSTRICT I</u> P.O. Box 1980, Hobbs, NM 88240				•		N DIVIS		ructions m of Page
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	OILC	CONSERVA P.O. E	ATTON D Box 2088	1 1 1 2 1 6	RECE			
DISTRICT III	Sa	nta Fe. New M	fexico 87504	-2088			11	
1000 Rio Brazos Rd., Aztec, NM 87410	REQUEST FO	OR ALLOWA	BLE AND A	UTHOR	ZATION	till a .		
I. Operator	TO TRA	NSPORT OI	L AND NAT	URAL G		API No.		
Oxy USA, Inc.					30	-025-0	5607	
Address PO Box 50250,	Midland, TX	79710						
Reason(s) for Filing (Check proper box) New Well	Change in	Transporter of:	Other	(Please exp	lain) <b>JU</b>	NE		
Recompletion		Dry Gas	E	ffecti	ve <del>Pek</del>	ruhry	1, 1993	3
Change in Operator X If change of operator give name	Casinghead Gas	Condensate						
and address of previous operator <u>S1</u>	<u>rqo Operati</u>	ng, Inc.	, PO Box	3531	Midla	ind, TX	79702	
II. DESCRIPTION OF WELL	· · · · · · · · · · · · · · · · · · ·	Pool Name, Includ	ing Formation		Kind	of Lease	L.	ase No.
East Eumont Unit	37		Yates S	R QN		Federal or Fee		
Location Unit Letter <u>A</u>	. 660	Feet From The $\underline{N}$	orth Line a	M 990	· r.	et From The _	East	Line
	ip 195	2 7 7		T -		~ rioni ine _		Line
	<u> </u>		, NMP	м, пс	<u></u>			County
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	SPORTER OF OI		RAL GAS Address (Give a	ddress to wi	hich approved	copy of this fo	rm is to be ser	u)
Koch Oil Company			PO Box	1558,	Brecke	nridge	, TX 76	5024
Name of Authonized Transporter of Casim Warren Petroleum GPM	shead Gas 🕅 Corp	or Dry Gas	Address (Give a PO BOX 4001 Pe	1589," I brook	urian and a second de second	copy of this for sa. TX	179762	<i>u)</i>
If well produces oil or liquids, give location of tanks.	• • •	Twp.   Rge. 195  37E	ls gas actually co Yes	onnected?	When		1956	
If this production is commingled with that IV. COMPLETION DATA	from any other lease or p	ool, give comming!	ing order number:	·····				_ <u>,,,,,</u>
Designate Type of Completion	Oil Well	Gas Well	New Well V	Vorkover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to 1	Prod.	Total Depth	<u> </u>	I	P.B.T.D.		L
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing For	mation	Top Oil/Gas Pay			Tubing Darth		
						Tubing Depth		
Perforations						Depth Casing	Shoe	
		CASING AND			D	! <u></u>		
HOLE SIZE	CASING & TUE	BING SIZE	DE	PTH SET		S/	ACKS CEME	NT
						· · · · · · · · · ·		
V. TEST DATA AND REQUES OIL WELL (Test must be after re	TFOR ALLOWA		he equal to or exc	eed ton allow	wable for this	denth or he fo	r full 24 hours	1
Date First New Oil Rus To Tank	Date of Test		Producing Metho				,	<u></u>
Length of Test	Tubing Pressure		Casing Pressure			Choke Size		
-			Water - Bbls.			Gas- MCF		
Actual Prod. During Test	Oil - Bbls.		TELOI - DUIS.					
GAS WELL						<u>.</u>		
Actual Prod. Test - MCF/D	Length of Test		Bbls. Condensate.	MMCF		Gravity of Co	ndensate	
Testing Method (pilol, back pr.)	Tubing Pressure (Shut-in	3)	Casing Pressure (	Shut-in)		Choke Size	· · · · ·	
VI. OPERATOR CERTIFICA		1						/
l hereby certify that the rules and regula Division have been complied with and th	hat the information given							N
is true and complete to the best of my lo	nowledge and belief.		Date Aj	prøvec	JUL	. 1 2 199	JJ ///////////////////////////////////	
(db)	11×1u		Ву	Liss	un ku	les for	×	
Signature Pat McGee	Land Man				CT X	BUPERVI		
Printed Name 6/ p/93	ت -915/685	iile 5600	Title					
Dale		none 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.

	00	8	
NO. OF COPIES RECEIVED	O	со С	
DISTRIBUTION	NEW MEXICO OIL	CONSERVATION COMMISSION	Form C-104
SANTA FE		FOR ALLOWABLE	Supersedes Old C-104 and C
FILE		∼ AND	Effective 1-1-65
LAND OFFICE	AUTHORIZATION TO TR		GASO I CONTRACT
IRANSPORTER OIL	5-0CC 💬 "		02 29 1 46 PH '65
GAS OPERATOR	l-File		
PRORATION OFFICE	1		
- 1-	er Oil Company		
Address			
	, Hobbs, New Mexico		
Reason(s) for filing (Check prope	•	Other (Please explain)	
Hew Well	Change in Transporter of: Oil Dry G	Formerly Contin	ental's
Change in Ownership		ensate State KU-16 Wel	
If change of ownership give na and address of previous owner	me Continental Oil Com	pany, Box 460, Hobbs, Ne	w Mexico
L. DESCRIPTION OF WELL A		ime, Including Formation	Kind of Lease
	mont Unit 37	Eumont Queen	State, Federal or Fee State
Location Unit Letter <b>A</b> ;	660Feet From TheNorthLi	990 Deat Deat	The East
			_
Line of Section 16	, Township 198 Range	37 E , NMPM,	Lea Count
	ORTER OF OIL AND NATURAL GA		
Name of Authorized Transporter o		Address (Give address to which appr	
Texas New Mexic Name of Authorized Transporter o	o Pipe Line Company	Box 1510, Midlan	-
Warren Petroleu		Monument, New Me	
If well produces oil or liquids,	Unit Sec. Twp. Rge.		hen
give location of tanks.	H 16 19 37	Yes	12-4-56
If this production is commingle	d with that from any other lease or pool.	give commingling order number:	
. COMPLETION DATA	Oll Well Gas Well		
Designate Type of Compl	letion – (X)	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	,		
Porl	Name of Producing Formation	Top Cil/Gas Pay	Tubing Depth
Perforations			Depth Casing Shoe
	TUBING CASING AN	D CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
L		i	
	<b>FOR ALLOWABLE</b> (Test must be a able for this de	fter recovery of total volume of load oil opth or be for full 24 hours)	and must be equal to or exceed top all
ON. WELL Date First New Oil Run To Tanks		Producing Method (Flow, pump, gas l	ift, etc.)
			,,,,
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
	<u>_</u>		
GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size
		 	<u> </u>
CERTIFICATE OF COMPLI	ANCE	OIL CONSERV	TION COMMISSION
The set of the short the subsection of	and completions of the Oil Concernation	APPROVED	. 150 ⁵ 7
Commission have been complie	and regulations of the Oil Conservation ed with and that the information given		, , ,
above is true and complete to	the best of my knowledge and belief.	BY	
7		TITLE	chice I
~ with-			compliance with RULE 1104.
Alt breme	a ser and a series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the seri	1	wable for a newly drilled or deepend
- Altreme-	Signature)	well, this form must be accompa	nied by a tabulation of the deviati
Area Enginee		tests taken on the well in acco	rdance with RULE 111. ist be filled out completely for allo
	(Title)	able on new and recompleted w	ells.
July 23, 196			and VI only for changes of owne ter, or other such change of conditio
	(Date)	ii werr name or number, or transpor	, or other shere enange of conuttion

rill out Sections I, II, III, and VI only for changes of owner, well name or number, or transporter, or other such change of condition. Separate Forms C-104 must be filed for each pool in multiply completed wells.

NUMBLA OF COPIES RECEIVED DISTRIBUTION BANTA FU PILE U.B.C.S		SANT	ſA FE,	NEW ME		FORM C-110 (Rev. 7-60)		
TRANSPORTON	TO TRAN	SPOR	TOIL	AND	AND AUTHORIZATI	ON 195 OFFICE OCC		
Company or Operator		<u>AND 4 CC</u>	OFILS #		Lease 1961 JU	N 15 AM 8 -2-		
Unit Letter Section	nental Oil Company Township	Range		]	State "KU-16"	M 115 AM 8 327		
A 16		Nange	37E		Lea			
Pool				ĸ	Kind of Lease (State, Fed Fee,	State		
If well produces oil or conc give location of tank		ection 16	Township 19S	Range 37E				
Authorized transporter of oil X or c	ondensate	<u> </u>	Address		ress to which approved copy of			
Texas-New Mexico Pipe	Line Company		Box	1510,	Midland, Texas			
	Is Gas Actually C	onnecter	1? Ye	s_X_!	No			
Authorized transporter of casing head	Authorized transporter of casing head gas X or dry gas Date Con- nected							
Warren Petroleum Corporation 5-10-57 Monument, New Mexico								
If gas is not being sold, give reasons and also explain its present disposition:								
REASON(S) FOR FILING (please check proper box)								
New Well								
	ansporter (check one)		Other (e	explain bei	low) X			
	ad gas. Condensate		Rede	signat	ion of well name			
· · ·								
Remarks		···			<u></u>			
	Continental Oil Company purchased interest of John M. Kelly et al in Gulf State "B" No. 3 on 6-1-61. This well has been redesignated as State "KU-							
The undersigned certifies that the	Rules and Regulations of th	e Oil Con	servatio	n Commi	ssion have been complied w	ith.		
Executed	this the day of	Jun	18		_, 19 <b>61</b> .			
OIL CONSERVAT	ION COMMISSION		By	1				
Approved by	1 1 1		/ Title	130	22. Alite			
_ Jeslie X	- Clement		Company		rict Superintendent	t		
Title (	⊨ Inspe <b>cto</b> ⊧				inental Oil Company	7		
Date	UN 16 1961		Address	Box	427, Hobbs, New Me	xico		

CC: NMOCC (6) SLO MAN SW File

NEW MEXICO OIL CONSERVATION COMMISSION Santa Fe, New Mexico Constants Company

Form C-101 Revised (12/1/55)

# NOTICE OF INTENTION AND DRILL COO

Notice must be given to the District Office of the Oil Conservation Commission and approval obtained before drilling or recompletion begins. If changes in the proposed plan are considered advisable, a copy of this notice showing such changes will be returned to the sender. Submit this notice in QUINTUPLICATE. One copy will be returned following approval. See additional instructions in Rules and Regulations of the Commission. If State Land submit 6 Copies Attach Form G- 128 in triplicate to first 3 copies of form G-101

## 

#### OIL CONSERVATION COMMISSION SANTA FE, NEW MEXICO

Gentlemen:

You are hereby notified that it is our intention to commence the Drilling of a well to be known as

	Company or	Operator)		•••••••
GulfStateB		Well No		
(Lease)	,	•	e en	it)
located	North		line and	feet from the
East	line of Section	16., т. 19	, R <b>3</b> .7	, NMPM.
(GIVE LOCATION FROM SECTION LINE)	Eumont		Lea	
If s	tate Land the Oil and	Gas Lease is No		

D	С	В	<b>*</b>
E	F	G	н
Ĺ	K	J	I
М	N	о	P

) Eumon	<b>t</b>	Pool,	Lea	
If State Land the Oi	l and Gas Lease	is NoE	-243	
If patented land the	owner is			
Address			·····	
			follows:Rotary	
	-		bond on file	
Drilling Contractor.				<u> </u>
			66n	
formation at an app		of	3950	

CASING PROGRAM

Size of Hole	Size of Casing	Weight per Foot	New or Second Hand	Depth	Sacks Cemen
11	8 5/8	24	New	350	200
7 7/8	5 1/2	15.5	New	3950	400

If changes in the above plans become advisable we will notify you immediately.

ADDITIONAL INFORMATION (If recompletion give full details of proposed plan of work.)

22 1957. Approved..... Except as follows:

EXERVATION COMMISSION By.....

Sincerely yours,

By..... Position Production Superintendent Send Communications regarding well to Name....John M. Kelly

Address. Box. 5671. Roswell, New Mexico

OIL CONSERVATION COMMISSION  Well Location and/or Gas Proration Plat Date 14/18 Operator_JOHN h. KELLY Lease_Gulf State, FBM Well No3 Section16 Township19 5. Range7 0.4, 7 E. Located600 Feet From_North Line,990 Feet From_EasCounty, New Mexico. G. L. Elevation Name of Producing Formation QueenPool_BumontDedicated Ac (Note: All distances must be from outer boundaries of Section)	<b>C-128</b> 8/57
Operator       JOHN L. KELLY       Lease       Gulf State, #B#         Well No.       3       Section       16       Township       19 S. Range       37 E.         Located       660       Feet From       North       Line,       990       Feet From       Ease	8/57
Well No.       3       Section       16       Township       19 S.       Range       04/37 E.         Located       660       Feet From       North       Line,       990       Feet From       Eas	
Located       660       Feet From       North       Line,       990       Feet From       Eas	NMPM
Name of Producing Formation Queen Pool <u>Bumont</u> Dedicated Ac (Note: All distances must be from outer boundaries of Section) 990' 990' 990' NOTE his section of	
NOTE NOTE his section of	_,_,
NOTE his section of	reage <u>40</u>
NOTE his section of	
NOTE his section of	
NOTE his section of	
his section of	
his section of	
his section of	
his section of	
his section of	
his section of	
his section of	
his section of	
ised for gas	
ells only.	
SCALE : 1" = 1000'	
<ol> <li>Is this Well a Dual Comp.? Yes No</li></ol>	ctual survey rvision and rect to the
Name Date Surveyed 4/17/57	
Position. Leage #. Hinchels	
Representing       Registered Professional Engin         Address       Land Surveyor	

									D	)	
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		OIL C	Mineral: CONS Inta Fe,	ERV P.O. E New M	New Mexico Aural Resound ATION Box 2088 Iexico 875	Irces De DIVI 504-208	SIO 38	<b>N</b> 93 JU	REC: VE	N DIVRSHIP See In D at Bot	C-104 武 1-1-89 structions tom of Page
1000 Rio Brazos Rd., Azzec, NM 87410					BLE AND L AND N/			\S	API No.	)	
Operator OXY USA, Inc.						<b>_</b> p		30	-025-	05602	
Address PO Box 50250, Reason(s) for Filing (Check proper box) New Well Recompletion Change in Operator If change of operator give name	Oil Casinghea	Change in	Transpor Dry Gar Conden	sate 🗌		ther (Plea Effe	ecti	ve <b>Fe</b> l	JUNE	1, 199 x 7970	
and address of previous operator <u></u> II. DESCRIPTION OF WELL			ng,	Inc.	, PO Bo	<u>JX 55</u>	,121	MIULO	ind, 12	<u> </u>	
Lesse Name East Eumont Unit					ing Formation Yates		<u></u> N		of Lease Federal or Fe		Lease No. 330
Location	. 660		L		orth Li		1980	<u>(</u>	· <u> </u>	West	· · · · · · · · · · · · · · · · · · ·
Unit Letter <u>C</u>				m The <u></u> 37E		DC 100	Le		et From The		Line
Section 15 Townshi			Range		f	impm,		u			County
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil Koch Oil Company	<u>ن</u>	or Condens			Address (Gi PO BO)	ve addres. c 155	8, 1	Brecke	enridge	form is to be s e, TX 7	6024
Name of Authorized Transporter of Casing Warren Petroleum CPM	head Gas COTP		or Dry G	ias	Address (Gi PO BO) 4001 F	enbr	ook	iursa Jursa Odes	copy of this 2 sa, TY	pymize bes 79762	ent)
If well produces oil or liquids, give location of tanks.	Unit M		Twp. 195	Rge. 37E	Is gas actual	ly connect NO	ted?	When			
If this production is commingled with that f IV. COMPLETION DATA	rom any othe	er lease or p	ool, give	commingl	ing order num	iber:					
Designate Type of Completion -	 (X)	Oil Well	Ga	s Well	New Well	Worko	ver	Deepea	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Comp	I. Ready to I	Prod.	,, <u></u>	Total Depth	A	L		P.B.T.D.	A	
Elevations (DF, RKB, RT, GR, etc.)	Name of Pr	oducing For	mation		Top Oil/Gas	Pay		<del>, , , ,,  .</del> .	Tubing Dep	th	
Perforations									Depth Casin	g Shoe	
	T	UBING, C	CASIN	G AND	CEMENTI	NG RE	CORD	)			
HOLE SIZE	CAS	ING & TUE	BING SIZ	<u>2E</u>	· · · · · · · ·	DEPTH	SET		5	SACKS CEMI	ENT
					·						
V. TEST DATA AND REQUES OIL WELL (Test must be after re					·					· · · · · · · · · · · · · · · · · · ·	
	Date of Test		1000 04		Producing Mo					or jui 24 nour	3.)
Length of Tea	Tubing Press	sure			Casing Pressu	.re			Choke Size		
Actual Prod. During Test	Oil - Bbls.				Water - Bbis.				Gas- MCF	, <u> </u>	
GAS WELL Actual Prod. Test - MCF/D	Length of Te	25l		····	Bbls. Conden	sate/MM(	CF		Gravity of C	ondensate	
Testing Method (pilor, back pr.)	Tubing Press	aure (Shut-in	1)		Casing Pressu	re (Shut-i	n)		Choke Size	-,,	
VI. OPERATOR CERTIFICA I hereby certify that the rules and regular Division have been complied with and th is true and complete to the best of my kn	ions of the O at the inform	il Conservat ation given	tion	E		Appre			TION [ 121	DIVISIO 993	] N
Signature Pat McGee Printed Neme 6/8/93 Date		/685-	ïtle		Tine.		IST	NCT 1	SUPER	VISOR	
	<i>5</i> 4										وفندوا المحجم

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.

T	ND. OF COPIES RECEIVED DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OF FICE I RANSPORTER GAS OP ERATOR PRORATION OF FICE	REQUEST	CONSERVATION CONTINUES ION FOR ALLOWABLE, AND ANSPORT OF AND ATUR	Form C-104 Supersedes Old C-104 and Effective 1-1-65 AL GAS
1.	Cperator Tidewater Oil Co	mpany		
	Address Box 249, Hobbs,			
	Reason(s) for filing (Check proper box Low Well Recompletion Change in Ownership		s State AI We	idewater Oil Company
	If change of ownership give name and address of previous owner			
11.	DESCRIPTION OF WELL AND	Well Nc. Fool Na	me, Including Formation	Kind of Lease State, Federal or Fee <b>State</b>
	Location Unit Letter C ; 6	60_Feet From The_North_Lir	ne and 1980 Feet F	Trom The West
	16		37 E , NMPM,	Тея
111.	DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oil Texas New Mexico Pipe Name of Authorized Transporter of Cas Phillips Petroleum Com	TER OF OIL AND NATURAL GA         Image: Strain of Condensate         Inne Company         Singhead Gas Image: Strain of Dry Gas Image: Strain of Dry Gas Image: Strain of Dry Gas Image: Strain of Dry Gas Image: Strain of Dry Gas Image: Strain of Dry Gas Image: Strain of Dry Gas Image: Strain of Dry Gas Image: Strain of Dry Gas Image: Strain of Dry Gas Image: Strain of Dry Gas Image: Strain of Dry Gas Image: Strain of Dry Gas Image: Strain of Dry Gas Image: Strain of Dry Gas Image: Strain of Dry Gas Image: Strain of Dry Gas Image: Strain of Dry Gas Image: Strain of Dry Gas Image: Strain of Dry Gas Image: Strain of Dry Gas Image: Strain of Dry Gas Image: Strain of Dry Gas Image: Strain of Dry Gas Image: Strain of Dry Gas Image: Strain of Dry Gas Image: Strain of Dry Gas Image: Strain of Dry Gas Image: Strain of Dry Gas Image: Strain of Dry Gas Image: Strain of Dry Gas Image: Strain of Dry Gas Image: Strain of Dry Gas Image: Strain of Dry Gas Image: Strain of Dry Gas Image: Strain of Dry Gas Image: Strain of Dry Gas Image: Strain of Dry Gas Image: Strain of Dry Gas Image: Strain of Dry Gas Image: Strain of Dry Gas Image: Strain of Dry Gas Image: Strain of Dry Gas Image: Strain of Dry Gas Image: Strain of Dry Gas Image: Strain of Dry Gas Image: Strain of Dry Gas Image: Strain of Dry Gas Image: Strain of Dry Gas Image: Strain of Dry Gas Image: Strain of Dry Gas Image: Strain of Dry Gas Image: Strain of Dry Gas Image: Strain of Dry Gas Image: Strain of Dry Gas Image: Strain of Dry Gas Image: Strain of Dry Gas Image: Strain of Dry Gas Image: Strain of Dry Gas Image: Strain of Dry Gas Image: Strain of Dry Gas Image: Strain of Dry Gas Image: Strain of Dry Gas Image: Strain of Dry Gas Image: Strain of Dry Gas Image: Strain of Dry Gas Image: Strain of Dry Gas Image: Strain of Dry Gas Image: Strain of Dry Gas Image: Strain of Dry Gas Image: Strain of Dry Gas Image: Strain of Dry Gas Image: Strain of Dry Gas Image: S	Address (Give address to which a Box 1510, Midle Address (Give address to which a	approved copy of this form is to be sent) and, Texas approved copy of this form is to be sent) .ng, Odessa, Texas
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. D 15 19 37	Is gas actually connected? Yes	When 1957
	COMPLETION DATA Designate Type of Completic Date Spudded Pool Perforations	Oil Well Gas Well Date Compl. Ready to Prod.	New Well Workover Deepe Total Depth Top Oil/Gas Pay	n Plug Back Same Res ¹ v. Diff. Res ¹ P.B.T.D. Tubing Depth Depth Casing Shoe
	HOLESIZE	TUBING, CASING, AND CASING & TUBING SIZE	CEMENTING RECORD	SACKS CEMENT
V.	TEST DATA AND REQUEST FO OIL WELL Tatter Forst New Cil Hun To Tanks	DR ALLOWABLE (Test must be af able for this de Date of Test	ter recovery of total volume of load pth or be for full 24 hours) Producing Method (Flow, pump, go	l oil and must be equal to or exceed top allow as lift, etc.)
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
	GAS WELL Actual Prod, Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
	Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size
VI.	CERTIFICATE OF COMPLIANC	CE	OIL CONSER	RVATION COMMISSION
	I hereby certify that the rules and ro Commission have been complied w above is true and complete to the	ith and that the information given		965 , 19 Kaney SIRICT 1 in compliance with RULE 1104.
	C.R. Wad	ture)		Ilowable for a newly drilled or deepene mpanied by a tabulation of the deviation coordance with BULE 111.
	Area Supt.	le)		must be filled out completely for allow
	July 6, 1965	'с)	Fill out Sections I, II, well name or number, or trans	III, and VI only for changes of owner porter, or other such change of condition

Form C-.28 Revised 5 1/57

### NEW MEXICO OIL CONSERVATION COMMISSION

### Well Location and Acreage Dedication Plat

Section A.

HODE OF Date June 21, 1957

	Tidewat	er Oil Comoa	ny	Lea		State	"AT"				
ell No.	<u>1</u>	Init Letter	C Secti	.on ി	5 <u>83   </u>   Tow	nship	19 <b>-</b> S	Ran	ge3'	7-E	NMEN
located_	660	Feet From	north	Line,_	1980	Feet	From	west			_Line
County	Lea	G.	L. Elevet	ion	De	dicated	Acreag	je 40	0		Acres
tume of	Producing	Formation	Queen		Po	ol <u> </u>	Eunont	(Area)			
1. Is t	he Operat	or the only	owner* in	the ded	icated acre	age out	lined c	on the	plat	below?	
Yes	XN	io .									

Yes X No_____. 1. If the answer to question one is "no," have the interests of all the owners been consolidated by communitization agreement or otherwise? Yes____No____. If answer is "yes," Type of Consolidation______.

3. If the answer to question two is "no," list all the owners and their respective interests below:

<u>Owner</u>

Land Description

.

Section B 660 This is to certify that the information in Section A 1980 above is true and complete to the best of my knowledge and belief. Tidewater Oil Company (Operator) Mill Cr (Representative) Box 1231, Fidland, Texas Address This is to certify that the well location shown on the plat in Section B was plotted from field notes of actual surveys made by me or under my supervision and that the same is true and correct to the best of my knowledge and belief. June 19, 1957 Date Surveyed (Company Employee) Registered Professional Engineer and/or Land Surveyor. 500 2000 1000 . 5129 and 1.65

	V	(21)			
Submit 5 Copies Appropriate District Office <u>DISTRICT 1</u> P.O. Box 1980, Hobbs, NM 88240	Energy, Minerals and N	New Mexico latural Resources Department (	CNSERY IN DIVISION - CONSERY IN DIVISION - REC: VED Revised 1-1-89 See Instructions C at Bedutom of Page		
P.O. Box 1980, Hobbs, NM 88240 DISTRICT II P.O. Drawer DD, Artesia, NM 88210 P.O. Drawer DD, Artesia, NM 88210 P.O. Box 2088 Santa Fe, New Mexico 87504-2088					
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 8741	REQUEST FOR ALLOW	ABLE AND AUTHORIZAT	ION		
I. Operator Oxy USA, Inc.	TOTHANSPORTC	DIL AND NATURAL GAS	Well API No. 30-025-05600		
Address PO Box 50250,	Midland, TX 79710				
Reason(s) for Filing (Check proper box New Well Recompletion Change in Operator		Other (Please explain) Effective	<b>JUNE</b> <b>Echange</b> 1, 1993		
If change of operator give name and address of previous operatorS	irgo Operating, Inc.	, PO Box 3531, M	idland, TX 79702		
II. DESCRIPTION OF WEL	L AND LEASE Well No. Pool Name, Inclu	ding Formation	Kind of Lease No.		
East Eumont Unit		: Yates SR QN	Sizie, Federal or Fee $B-2330$		
Location Unit Letter <u>E</u>		North Lipe and 660	Feet From The Une		
Section 15 Towns	ship 195 Range 37E	. , _{NMPM,} Lea	County		
	NSPORTER OF OIL AND NAT	URAL GAS 17)			
Name of Authorized Transporter of Oil Koch Oil Company	X or Condensale		pproved copy of this form is to be sent) eckenridge, TX 76024		
Name of Authonized Transporter of Cas Warren Petroleum			proved copy of this formize be sens)		
If well produces oil or liquids, give location of tanks.		. Is gas actually connected?	When ?		
If this production is commingled with the	D 15 19S 37E at from any other lease or pool, give commin	gling order number:			
IV. COMPLETION DATA	Oil Well Gas Well	New Well   Workover   Dee	epen   Plug Back   Same Res'v   Diff Res'v		
Designate Type of Completion Date Spudded	n - (X) 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 REQUE	ST FOR ALLOWABLE				
	recovery of total volume of load oil and mus Date of Test	be equal to or exceed top allowable j Producing Method (Flow, pump, gas			
Leogth of Test	Tubing Pressure	Casing Pressure	Choke Size		
Actual Frod. During Test	Oil - Bbls.	Waler - Bbis.	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 (Shu-in)	Casing Pressure (Shut-in)	Choke Size		
VI. OPERATOR CERTIFIC I hereby certify that the rules and regu Division have been complied with and is true and complete to the best of my	lations of the Oil Conservation I that the information given above		RVATION DIVISION		
	Mal		, <del>    _ 1.92 1993</del>		
Signature Pat McGee Printed Name 6/8/93	Land Manager Tile 915/685-5600	, The part of the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon	CT 1 SUPERVISOR		
Date	Telephone No.				
INSTRUCTIONS. This for	in is to be filed in compliance with	Rule 1104			

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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. C1 15----1.1.1.1.1 .

I RANSPORTER	AUTHO 5-OCO 1-Mid 1-Fil	REQUEST RIZATION TO TR. Land	CONSERVATION COMMI FOR ALLOWABLE AND COMMI ANSPORT OIL AND	Supersed Effectiv	des Old C-104 and (
Atiress	9, Hobbs, New Mexic	Transporter of:	¹⁵ State.	^{explain)} Ly Tidewater Oil Cc AI Well #2	mpany.
If change of ownershi and address of previo					
II. DESCRIPTION OF Lease Lame East E	WELL AND LEASE		me, Including Formation ont (Queen)	Kind of Lease State, Federal of	· Fee State
Location Unit Letter <b>E</b>	; <b>1980</b> Feet From	The North	and <u>660</u>	Feet From The West	
Line of Section	15 , Township 19	S Range	37 Е , ММРМ,	Lea	County
Name of Authorized Tra Texas New Mex Name of Authorized Tra	cico Pipe Line Compensionsporter of Casinghead Gas [X] roleum Company	ndensate any or Dry Gas Twp. Rge.	Address (Give address to Box 1510, Address (Give address to	which approved copy of this for Midland, Texas which approved copy of this for Building, Odessa, Tu ? When	m is to be sent)
give location of tanks.			Yes	1957	
IV. COMPLETION DAT	Oi	Well Gas Well	New Well Workover		e Res'v. Diff. Res'
Designate Type Date Spudded	of Completion – (X) Date Compl. Re	ady to Prod.	Total Depth	P.B.T.D.	l 1
Pool	Name of Produc	ing Formation	Top Oil/Gas Pay	Tubing Depth	
Perforations	l			Depth Casing Sho	)Ê
			CEMENTING RECORD	·	<u> </u>
HOLE SI	ZE CASING	& TUBING SIZE	DEPTH SET	SACKS	CEMENT
		······································			
V. TEST DATA AND R OIL WELL Drite First New Cil Hun	To Tanks Date of Test		ter recovery of total volume oth or be for full 24 hours) Producing Method (Flow, 1	of load oil and must be equal to oump, gas lift, etc.)	) or exceed top allow
Length of Test	Tubing Pressure		Casing Pressure	Choke Size	
Actual Prod. During Te	st Oil-Bbls.		Water-Bbls.	Gas - MCF	
I					
GAS WELL Actual Frod. Test-MOI	7/D Length of Test		Bbls. Condensate/MMCF	Gravity of Conder	isate
Testing Method (pitot, 6	<i>back pr.)</i> Tubing Pressure		Casing Pressure	Choke Size	
VI. CERTIFICATE OF				NSERVATION COMMIS	SION
I hereby certify that the Commission have bee above is true and con	ne rules and regulations of th n complied with and that th mplete to the best of my kn	e information given	APPROVED 4	e filed in compliance with F	, 19
l. L. U	(Signature)		If this is a reques	t for allowable for a newly e accompanied by a tabulati	drilled or deepene
Area S			tests taken on the we	11 in accordance with RULE is form must be filled out co	. 111.

July 6, 1965 (Date)

able on new and recompleted wells. Fill out Sections I, II, III, and VI only for changes of owner well name or number, or transporter, or other such change of condition Separate Forms C-104 must be filed for each pool in multiply completed wells.

		NEW	MEXICO						
	OIL CONSERVATION COMMISSION								
	Form C-128 Well Location and/or Gas Provation-Rlat								
			1	C.t. t.t.	Date 1	.2-5-56			
Operator Tidev	vater 011 Co.		Lease	, State	<del>А<u></u></del>				
Well No. 2	Section	<u>15</u> Tou	nship 19	South	Range <u>37</u>	EastNMPM			
Located 660	Feet From	n <u>West</u>	_Line,	1980	Feet From_	North Line,			
Lea	****	County, New	Mexico.	GL.E	levation				
Name of Produc:	ing Formation	Queen	Pool <u>I</u>	Eumont	Dedicated	Acreage_40			
	(Note: All distar	ices must be :	from outer	boundar:	ies of Sectior	1)			
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	SCALE : 1" = 1000'			I					
1. Is this Well a	a Dual Comp. ? Y	esNo				bove plat was			
2. If the answe	r to Question 1 is	s yes, are the				of actual surveys upervision and			
•	lly completed we eage? Acs				are true and wledge and b	correct to the belief.			
Name			Date S	Surveyed	12-5-56				
Position					John U	Mest Engineer and/or			
Address			-	Surveyor	/	mgineer anu/or			

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OCD Gase Nos 10866/10867 (0x4 451 Zm.) Mike: At the 11/18 hearing you requested 0x4 to prepare a better plat skaring Queen wells, water wells, and Afset garatars. Attached is Oxy, smap, together with a listing of 3 additional PrA. Levello, and an Attridavit 57 Notice.

Please let me know if you wont oxy to Wetent a purchess pomorrow.

