

EXHIBIT H
CASE NOS. 10866-10867
Order No. R-2901-A

EAST EUMONT UNIT "North Segment"
WATERFLOOD PROJECT AREA

<u>EAST EUMONT</u> <u>UNIT WELL</u> <u>NUMBER</u>	<u>ORIGINAL OPERATOR, WELL</u> <u>NAME AND NUMBER</u>	<u>FOOTAGE</u> <u>LOCATION</u>	<u>UNIT</u>	<u>S-T-R</u>	<u>API NUMBER</u>	<u>INJECTION</u> <u>PERFORATIONS</u> <u>(FEET)</u>
1	2 Antweil Lowe State "B" Well No. 2	2310'FNL-1980'FEL	G	33-18S-37E	30-025-05527	3808-3993
2	4 Continental State "C-33" Well No. 3	1980'FSTWL	K	33-18S-37E	30-025-05534	3751-3940
3	6 Continental State "C-33" Well No. 1	1980'FSL-660'FEL	I	33-18S-37E	30-025-05531	3838-3999
4	7 Schermerhorn Linam "B" Well No. 1	880'FSL-660'FNL	M	33-18S-37E	30-025-05536	3716-3910
5	9 Aztec State "E-33-A" Well No. 2	660'FSL-1650'FEL	O	33-18S-37E	30-025-05530	3799-3962
6	11 Tidewater State "AH" Well No. 1	660'FSTWL	M	34-18S-37E	30-025-05538	3797-3970
7	12 Schermerhorn Linam "F" Well No. 1	273'FNL-2400'FNL	C	4-19S-37E	30-025-05551	3765-3950
8	14 Texaco Saunders Federal Well No. 1	660'FNL+EL	A	4-19S-37E	30-025-05557	3793-3958
9	16 Schermerhorn Linam Well No. 1	2144'FNL-589'FNL	E	4-19S-37E	30-025-05549	3720-3956
10	18 Atlantic Federal "A" Well No. 2	1837'FNL-1650'FEL	G	4-19S-37E	30-025-05547	3753-3916
11	20 Aztec State "E-3" Well No. 1	2064'FNL-660'FNL	E	3-19S-37E	30-025-09878	3775-3954
12	22 Texaco Z.A. McMillian "B" Well No. 2	1983'FSL-660'FEL	I	4-19S-37E	30-025-05553	3750-3919
13	25 Texaco Z.A. McMillian "A" Well No. 2	660'FSL-1980'FNL	M	3-19S-37E	30-025-05544	3748-3936
14	28 Tidewater State "AD" Well No. 1	660'FNL+EL	A	9-19S-37E	30-025-05583	3782-3954
15	30 Aztec State "E-10" Well No. 2	690'FNL-1950'FNL	C	10-19S-37E	30-025-05586	3768-3960
16	32 Gulf F.W. Kutter (NET-E) Well No. 2	1980'FNL-660'FNL	E	10-19S-37E	30-025-05588	3773-3940
17	35 Humble New Mexico State "E" Well No. 4	1980'FSTWL	K	10-19S-37E	30-025-05591	3835-4018
18	36 Humble New Mexico State "E" Well No. 2	660'FSTWL	M	10-19S-37E	30-025-05590	3781-3955
19	37 Continental State "KU-16" Well No. 3	660'FNL-990'FEL	A	16-19S-37E	30-025-05607	3765-3934
20	39 Tidewater State "AI" Well No. 4	660'FNL-1980'FNL	C	15-19S-37E	30-025-05602	3845-3998
21	41 Tidewater State "AI" Well No. 2	1980'FNL-660'FNL	E	15-19S-37E	30-025-05600	3784-3951
22	Proposed Well No. 133 Appears in Order No. R-2041 as "Proposed Inj. Well"	1980'FSTWL	K	3-19S-37E	30-025-00000	3700-4000

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 4th 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.

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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:

	Operator - Lease	Well No.	Unit	Location Section
<u>TOWNSHIP 18 SOUTH, RANGE 37 EAST, NMPM</u>				
①	Antweil Lowe State "B"	2	G	33
②	Continental State "C-33"	3	K	33
③	Continental State "C-33"	1	I	33
④	Schermerhorn Linam "B"	1	M	33
⑤	Aztec State "E-33-A"	2	O	33
⑥	Tidewater State "AH"	1	M	34

<u>TOWNSHIP 19 SOUTH, RANGE 37 EAST, NMPM</u>				
⑦	Schermerhorn Linam "F"	1	C	4
⑧	Texaco-Saunders Federal	1	A	4
⑨	Schermerhorn Linam	1	E	4
⑩	Atlantic Federal "A"	2	G	4
⑪	Aztec State "E-3"	4/	E	3
⑫	Texaco McMillan "B"	2	I	4
22 ↔	Proposed Inj. Well		K	3
⑬	Texaco McMillan "A"	2	M	3
⑭	Tidewater State "AD"	1	A	9
⑮	Aztec State "E-10"	2	C	10
⑯	Gulf Kutter NCT E	2	E	10
⑰	Humble State "E"	4	K	10
⑱	Humble State "E"	2	M	10
⑲	Continental State "KU"	3	A	16
⑳	Tidewater State "AI"	4	C	15
㉑	Tidewater State "AI"	2	E	15
	Continental State "KU"	1	I	16
	Tidewater Mobil State "Q"	3	K	15

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CASE No. 3234

Order No. R-2901

Operator - Lease	Well No.	Unit	Location Section
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TOWNSHIP 19 SOUTH, RANGE 37 EAST, NMPM (CONTINUED)

Continental State "KJ"	1	O	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	1	I	21
Proposed Injector		K	22
Amerada State EM "A"	2	M	22
Tidewater State "AM"	1	O	22
Aztec Burk	4	A	28
Gulf Kutter "NCTF"	3	C	27
Tidewater State "AJ"	4	A	27
Aztec Burk	3	E	27
Gulf Kutter "NCTF"	1	G	27
Humble New Mex.-St. "AT"	3	E	26
Aztec Maxwell State	1	K	27
Tidewater State "AJ"	1	I	27
Water Flood Assoc. St. "EB"	2	O	27
Gulf Hudson	1	M	26
Continental State "A-26-A"	1	O	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 EAST, NMPM

Gulf Orcutt "NCTE"	2	C	2
Tidewater State "AG"	3	A	2
Humble State "AG"	6	C	1
Tidewater State "AG"	2	G	2
Humble State "AG"	2	E	1
Schermerhorn Weir	1	G	1
Continental State "A-2-A"	2	I	2

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CASE No. 3234

Order No. R-2901

			Location	
Operator - Lease	Well No.	Unit	Section	
<u>TOWNSHIP 20 SOUTH, RANGE 37 EAST, NMPM (CONTINUED)</u>				

Proposed Injector		K	1
Continental State "A-2-A"	3	O	2
Humble State "AG"	1	M	1
Water Flood Assoc. Gulf St.	2	O	1
Texaco Weir "B"	3	A	11
Continental U.S.-Skaggs "B"	3	C	12
Texaco Weir "A"	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

S E A L

esr/

OIL CONSERVATION DIVISION

OIL CONSERVATION
RECEIVED

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

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

'93 JUL 12 AM 9 16

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Oxy USA, Inc.		Well API No. 30-025-05527
Address PO Box 50250, Midland, TX 79710		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain) JUNE		
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	Effective February JUNE 1, 1993
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
Change in Operator <input checked="" type="checkbox"/>		
If change of operator give name and address of previous operator <u>Sirgo Operating, Inc., PO Box 3531, Midland, TX 79702</u>		

II. DESCRIPTION OF WELL AND LEASE

Lease Name East Eumont Unit	Well No. 2	Pool Name, Including Formation Eumont Yates SR QN	Kind of Lease State, Federal or Fee	Lease No. E-7183
Location Unit Letter <u>G</u> : <u>2310</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>East</u> Line Section <u>33</u> Township <u>18S</u> Range <u>37E</u> , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Koch Oil Company	Address (Give address to which approved copy of this form is to be sent) PO Box 1558, Breckenridge, TX 76024					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Corp GPM	Address (Give address to which approved copy of this form is to be sent) PO Box 1589, Tulsa, OK 74102 4001 Penbrook, Odessa, TX 79762					
If well produces oil or liquids, give location of tanks.	Unit M	Sec. 3	Twp. 19S	Rge. 37E	Is gas actually connected? Yes	When? 1957

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

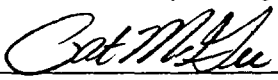
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

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

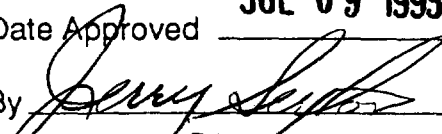
VI. OPERATOR CERTIFICATE OF COMPLIANCE

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


Signature Pat McGee Land Manager
Printed Name 6/8/93 Title 915/685-5600
Date Telephone No.

OIL CONSERVATION DIVISION

JUL 09 1993

Date Approved _____
By 
DISTRICT 1 SUPERVISOR
Title _____

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

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

ORIGINAL

NEW MEXICO OIL CONSERVATION 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
(Place)

11-23-56
(Date)

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)

Low State "B"
(Lease)

Well No. 2

G

The well is

located 2310' feet from the North line and 1980' feet from the

East Line

Line of Section 33, T. 18-S, R. 37-E, NMPM.

(GIVE LOCATION FROM SECTION LINE)

Eumart

Pool,

Lea

County

If State Land the Oil and Gas Lease is No. E-7183

If patented land the owner is

Address

We propose to drill well with drilling equipment as follows: Rotary Rig

The status of plugging bond is On File

Drilling Contractor Jennings Drilling Co.
Hobbs, New Mexico

We intend to complete this well in the Penrose Sand formation at an approximate depth of 4000' 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 1/4	8 5/8	32#	Second Hand	300'	150
7 7/8	5 1/2	15.5# J-55	Second Hand	4000'	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.....
Except as follows:

OIL CONSERVATION COMMISSION

By E. J. Fisher

Sincerely yours,

Morris R. Antweil

(Company or Operator)

By A. J. Davis

Position Geologist

Send Communications regarding well to

Name Morris R. Antweil

Hobbs, New Mexico

NEW MEXICO
OIL CONSERVATION COMMISSION

Form C-128

Well Location and/or Gas Proration Plat

Date 11-19-56

Operator Morris R. Antweil

Lease Lowe State "B"

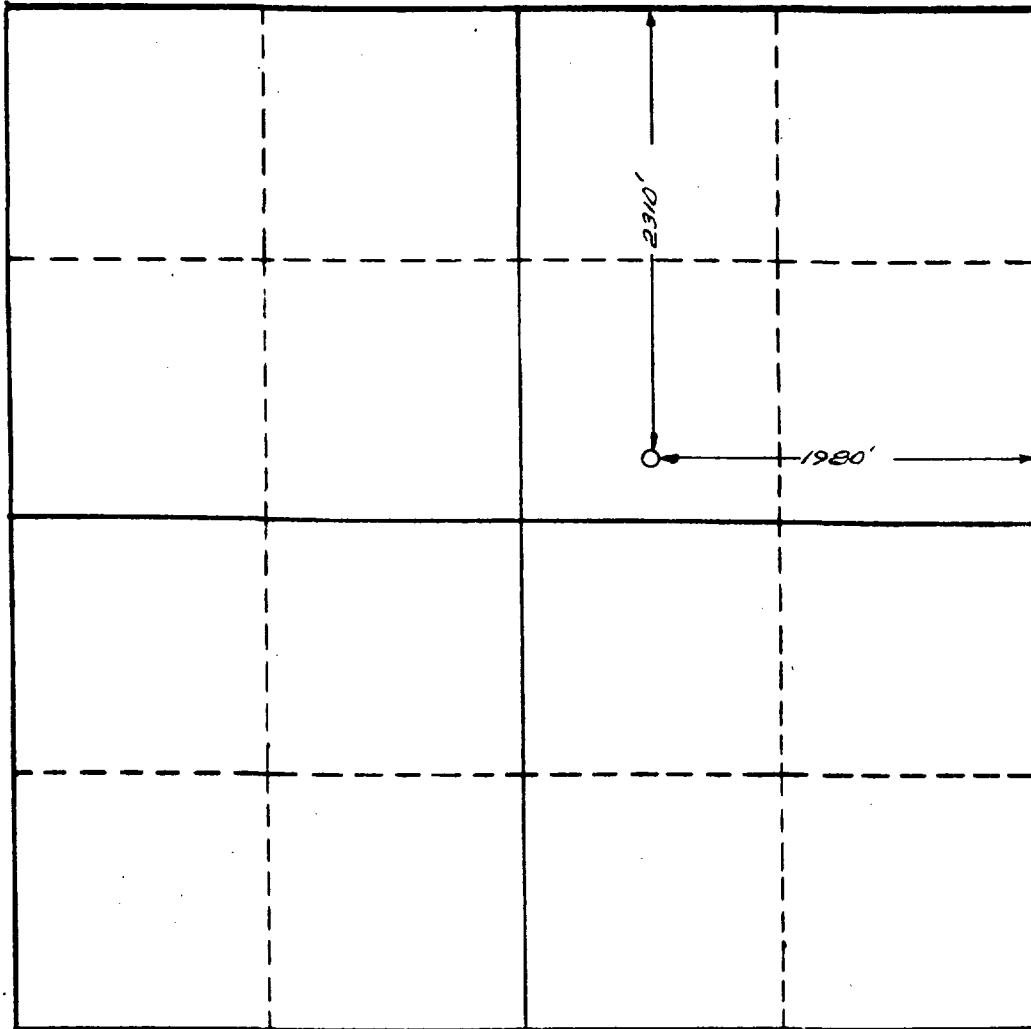
Well No. 2 Section 33 Township 18 South Range 37 East NMPM

Located 2310' Feet From North Line, 1980 Feet From East Line,

Lea County, New Mexico. G. L. Elevation 3699'

Name of Producing Formation _____ Pool _____ Dedicated Acreage _____

(Note: All distances must be from outer boundaries of Section)



NOTE

This section of
form is to be
used for gas
wells only.



SCALE: 1"=1000'

1. Is this Well a Dual Comp. ? Yes ___ No ___.
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 11-19-56

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

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

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

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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION
RECEIVED

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Oxy USA, Inc.	Well API No. 30-025- 05534
Address PO Box 50250, Midland, TX 79710	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain) JUNE	
New Well <input type="checkbox"/>	Change in Transporter of: <input type="checkbox"/> Effective February 1, 1993
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator <u>Sirgo Operating, Inc., PO Box 3531, Midland, TX 79702</u>	

II. DESCRIPTION OF WELL AND LEASE

Lease Name East Eumont Unit	Well No. 4	Pool Name, Including Formation Eumont Yates SR QN	Kind of Lease State, Federal or Fee	Lease No. B-153-1/2
Location Unit Letter <u>K</u> : <u>1980</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>West</u> Line Section <u>33</u> Township <u>18S</u> Range <u>37E</u> , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Koch Oil Company	Address (Give address to which approved copy of this form is to be sent) PO Box 1558, Breckenridge, TX 76024					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Corp GPM	Address (Give address to which approved copy of this form is to be sent) PO Box 1589, Tulsa, OK 74102 4001 Penbrook, Odessa, TX 79762					
If well produces oil or liquids, give location of tanks.	Unit M	Sec. 3	Twp. 19S	Rge. 37E	Is gas actually connected? Yes	When? 1957

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

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

GAS WELL

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

VI. OPERATOR CERTIFICATE OF COMPLIANCE

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

Signature Pat McGee Land Manager
Printed Name 6/8/93 Title
Date 915/685-5600 Telephone No.

OIL CONSERVATION DIVISION

Date Approved JUL 09 1993

By [Signature]
Title **DISTRICT 1 SUPERVISOR**

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.

ORIGINAL

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

(Form C-101)
(Revised 7/1/52)

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
(Place)

January 22, 1957
(Date)

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

Continental Oil Company

(Company or Operator)

State C-33
(Lease)

Well No. **3**, in **K** (Unit) The well is

located **1980** feet from the **South** line and **1980** feet from the

West line of Section **33**, T. **18S**, R. **37E**, NMPM.

(GIVE LOCATION FROM SECTION LINE)

Eumont Pool, **Lea** County

If State Land the Oil and Gas Lease is No. **B 1533½**

If patented land the owner is

Address

We propose to drill well with drilling equipment as follows: **Rotary**

The status of plugging bond is

Drilling Contractor **Roy H. Smith Drilling Company**
Wichita Falls, Texas

We intend to complete this well in the **Queen** formation at an approximate depth of **4000** 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
	8 5/8"	28#	New	300'	250
	5 1/2	14#	New	4000'	1300

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....., 19.....
Except as follows:

OIL CONSERVATION COMMISSION

By *E. J. Fischer*

Sincerely yours,

Continental Oil Company
(Company or Operator)

By *[Signature]*

Position **District Superintendent**

Send Communications regarding well to

Name **Continental Oil Company**

Box 427, Hobbs, New Mexico

NEW MEXICO
OIL CONSERVATION COMMISSION

Form C-128

Well Location and/or Gas Production Plat

Date 1-21-1957

Operator Continental Oil Company Lease 1957 State C-33

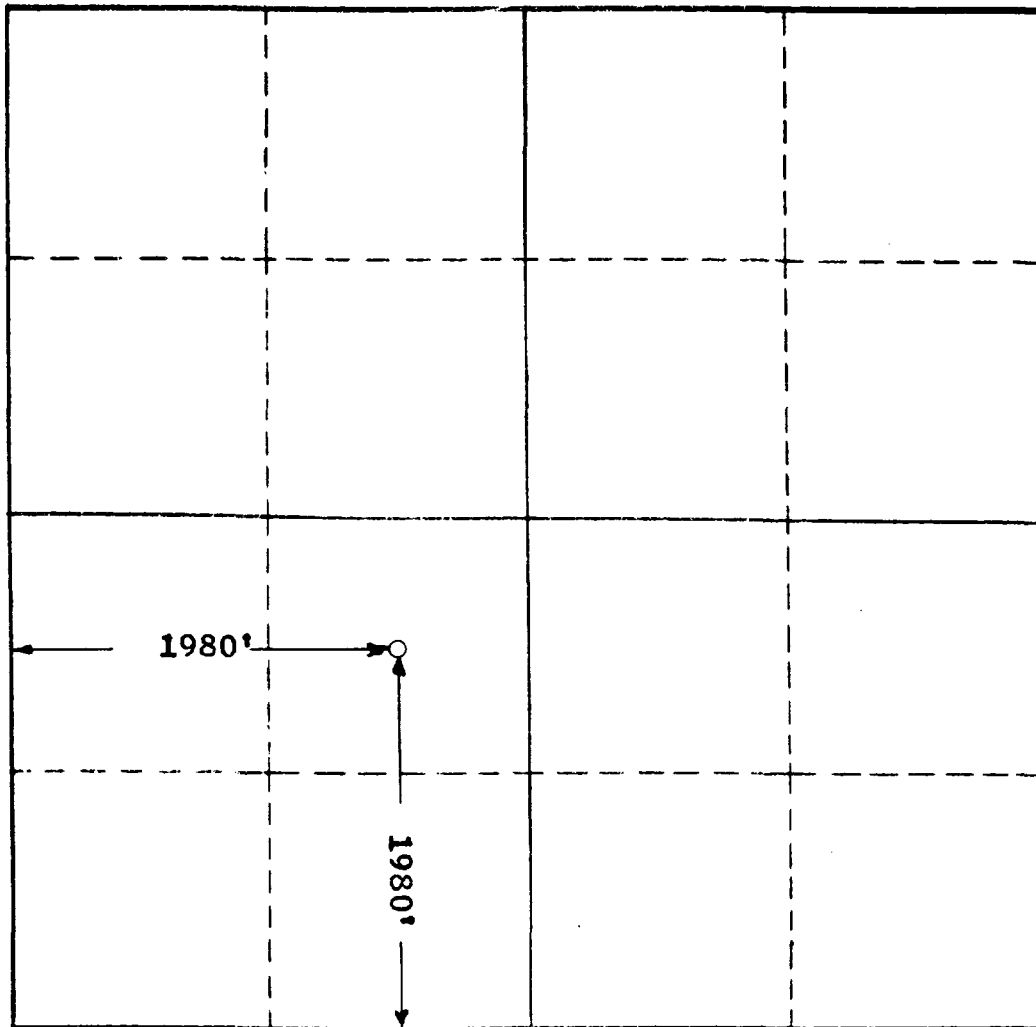
Well No. 3 Section 33 Township 18 South Range 37 East NMPM

Located 1980 Feet From South Line, 1980 Feet From West Line,

Lea County, New Mexico. G. L. Elevation _____

Name of Producing Formation _____ Pool _____ Dedicated Acreage _____

(Note: All distances must be from outer boundaries of Section)



SCALE: 1" = 1000'

1. Is this Well a Dual Comp.? Yes ___ No ___.
2. If the answer to Question 1 is yes, are there any other dually completed wells within the dedicated acreage? Yes ___ No ___.

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.

Name _____
Position _____
Representing _____
Address _____

Date Surveyed 1-21-1957
John W. West
Registered Professional Engineer and/or
Land Surveyor

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

(3)

Form C-103
Revised 1-1-89

District I

P.O. Box 1980, Hobbs, NM 88240

District II

P.O. Drawer DD, Artesia, NM 88210

District III

1000 Rio Brazos Rd. Aztec, NM 87410

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

OIL CONSERVATION DIVISION
RECEIVED
NOV 10 AM 9 20

WELL API NO.

30 - 025 - 05531

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

B-1533-1/2

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"
(FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well:

OIL
WELL ☐

GAS

WELL ☐

OTHER INJECTION

2. Name of Operator

OXY USA INC.

3. Address of Operator

P.O. Box 50250 Midland, TX 79710

7. Lease Name or Unit agreement Name

EAST EUMONT UNIT

8. Well No.

6

9. Pool name or Wildcat

EUMONT YATES SVN RVR QN

4. Well Location

Unit Letter I : 1,980 Feet From The SOUTH Line and 660 Feet From The EAST Line
Section 33 Township 18 S Range 37 E NMPM LEA County

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

3,694

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK

☒

PLUG AND ABANDON

☐

TEMPORARILY ABANDON

☐

CHANGE PLANS

☐

PULL OR ALTER CASING

☐

OTHER: CONVERT TO INJECTION

☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK

☐

ALTERING CASING

☐

COMMENCE DRILLING OPNS.

☐

PLUG AND ABANDONMENT

☐

CASING TEST AND CEMENT JOB

☐

OTHER:

☐

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

TD - 4000'

PBTD - 3999'

PERFS - 3838' - 3999'

SEE OTHER SIDE

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

SIGNATURE



TITLE

REGULATORY ANALYST

DATE 12 02 93

TYPE OR PRINT NAME

DAVID STEWART

TELEPHONE NO.

915 685-5717

(This space for State Use)

APPROVED BY



TITLE

DISTRICT 1 SUPERVISOR

DEC 06 1993

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 @ \pm 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 @ \pm 3770'. ND BCP, NU WH. Pressure test annulus to 500# and cut 30 min chart for NMOCD.

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

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

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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

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

OIL CONSERVATION
DIVISION
RECEIVED

'93 JUL 12 AM 9 16

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Oxy USA, Inc.	Well API No. 30-025-05531
Address PO Box 50250, Midland, TX 79710	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain) JUNE	
New Well <input type="checkbox"/>	Change in Transporter of: <input type="checkbox"/> Effective June 1, 1993
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator <u>Sirgo Operating, Inc., PO Box 3531, Midland, TX 79702</u>	

II. DESCRIPTION OF WELL AND LEASE

Lease Name East Eumont Unit	Well No. 6	Pool Name, Including Formation Eumont Yates SR QN	Kind of Lease State, Federal or Fee	Lease No. B-153-1/2
Location Unit Letter <u>I</u> : <u>1980</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>East</u> Line Section <u>33</u> Township <u>18S</u> Range <u>37E</u> , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Koch Oil Company	Address (Give address to which approved copy of this form is to be sent) PO Box 1558, Breckenridge, TX 76024			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Corp GPM	Address (Give address to which approved copy of this form is to be sent) PO Box 1589, Tulsa, OK 74112 4001 Penbrook, Odessa, TX 79762			
If well produces oil or liquids, give location of tanks.	Unit M	Sec. 3	Twp. 19S	Rge. 37E
Is gas actually connected?	When?			1957

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

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

GAS WELL

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

VI. OPERATOR CERTIFICATE OF COMPLIANCE

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

Signature Pat McGee Land Manager
Printed Name 6/8/93 Title 915/685-5600
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved JUL 09 1993
By [Signature]
Title DISTRICT 1 SUPERVISOR

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.

NEW MEXICO OIL CONSERVATION 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

(Place)

October 9, 1956

(Date)

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

Continental Oil Company

(Company or Operator)

State C-33

(Lease)

Well No. 1

in I

The well is

located 1980 feet from the South line and 660 feet from the

East line of Section 33, T. 18S, R. 37E, NMPM.

(GIVE LOCATION FROM SECTION LINE)

Eumont

Pool,

Lea

County

If State Land the Oil and Gas Lease is No. B 15332

If patented land the owner is

Address

We propose to drill well with drilling equipment as follows: Rotary

The status of plugging bond is

Drilling Contractor Cactus Drilling Company

San Angelo, Texas

We intend to complete this well in the Queen

formation at an approximate depth of 3950 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
	8 5/8"	24#	New	300'	250
	5 1/2"	14#	New	3950'	1100

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 1956

Approved....., 19.....
Except as follows:

OIL CONSERVATION COMMISSION

By.....

Sincerely yours,

Continental Oil Company

(Company or Operator)

By.....

Position District Superintendent

Send Communications regarding well to

Name Continental Oil Company

Address Box 427, Hobbs, N. M.

NEW MEXICO
OIL CONSERVATION COMMISSION

Form C-128

Well Location and/or Gas Proration Plat
~~HOBBS OFFICE OCC~~

Date 10-8-1956

Operator Continental Oil Company Lease State 9-33

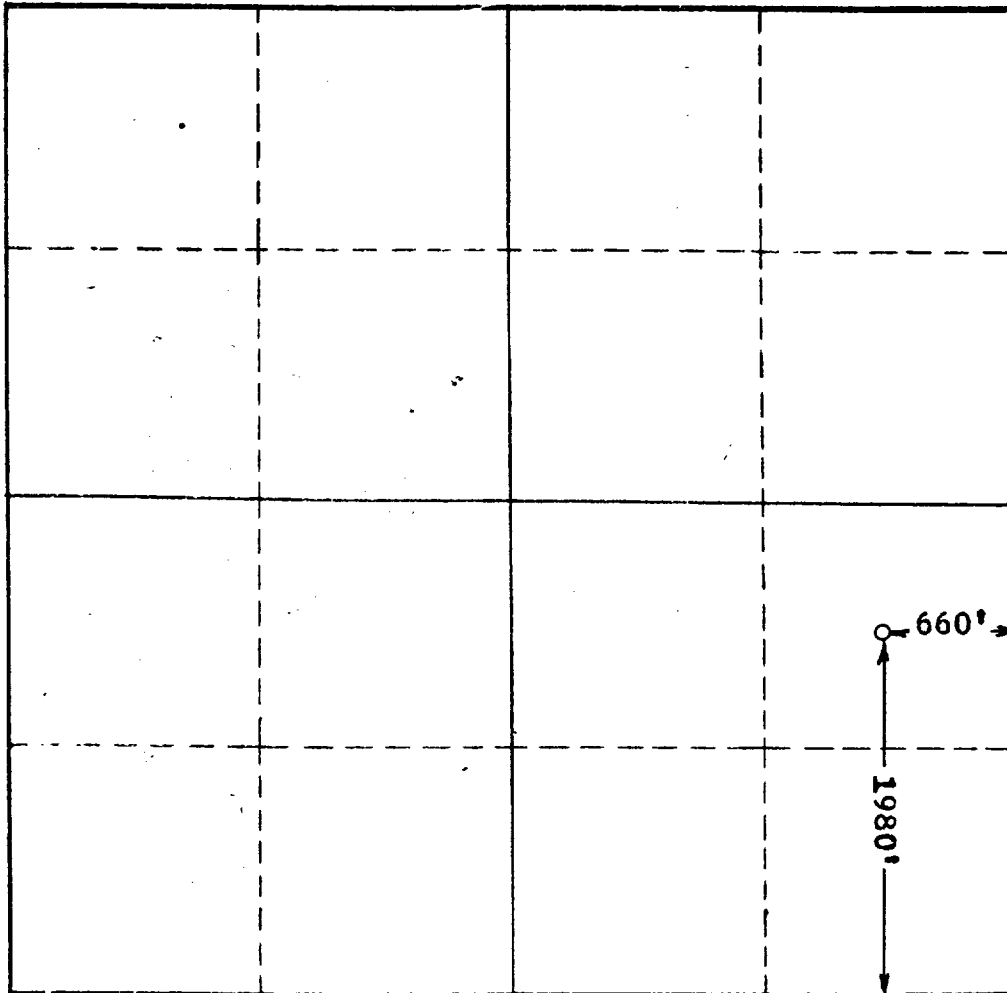
Well No. 1 Section 33 Township 13 South Range 37 East NMPM

Located 1980 Feet From South Line, 660 Feet From East Line,

Lea County, New Mexico. G. L. Elevation _____

Name of Producing Formation _____ Pool _____ Dedicated Acreage _____

(Note: All distances must be from outer boundaries of Section)



SCALE: 1"=1000'

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

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.

Name _____
Position _____
Representing _____
Address _____

Date Surveyed 10-8-1956
John W. West
Registered Professional Engineer and/or
Land Surveyor

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

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

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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

OIL CONSERVATION DIVISION
RECEIVED

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Oxy USA, Inc.	Well API No. 30-025- 05536
Address PO Box 50250, Midland, TX 79710	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain) JWE	
New Well <input type="checkbox"/>	Change in Transporter of: Effective February 1, 1993
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator Sirgo Operating, Inc., PO Box 3531, Midland, TX 79702	

II. DESCRIPTION OF WELL AND LEASE

Lease Name East Eumont Unit	Well No. 7	Pool Name, Including Formation Eumont Yates SR QN	Kind of Lease State, Federal or Fee Fee	Lease No. Fee
Location Unit Letter M : 880 Feet From The South Line and 660 Feet From The West Line Section 33 Township 18S Range 37E , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Koch Oil Company	Address (Give address to which approved copy of this form is to be sent) PO Box 1558, Breckenridge, TX 76024	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Corp	Address (Give address to which approved copy of this form is to be sent) PO Box 1589, Tulsa, OK 74102	
If well produces oil or liquids, give location of tanks.	Unit M	Sec. 3
	Twp. 19S	Rge. 37E
	Is gas actually connected? Yes	When? 1957

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

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

GAS WELL

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

VI. OPERATOR CERTIFICATE OF COMPLIANCE

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

Signature **Pat McGee** Land Manager
Printed Name **6/8/93** Title **915/685-5600**
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved **JUL 09 1993**
By **Jerry Sch**
Title **DISTRICT 1 SUPERVISOR**

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.

NEW MEXICO OIL CONSERVATION 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 **QUINTUPPLICATE**. One copy will be returned following approval. See additional instructions in Rules and Regulations of the Commission.

Hobbs, New Mexico
(Place)

January 17, 1956
(Date)

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

Schermerhorn Oil Corporation
(Company or Operator)

Linam
(Lease)

Well No. "B" #1, in M The well is
(Unit)

located 660 feet from the West line and 880 feet from the

South line of Section 33, R. 37E, NMPM.

(GIVE LOCATION FROM SECTION LINE) UNDESIGNATED Pool, Lea County

If State Land the Oil and Gas Lease is No.

If patented land the owner is Virgil Linam

Address Box 743, Hobbs, New Mexico

We propose to drill well with drilling equipment as follows: Rotary to total depth

The status of plugging bond is Approved

Drilling Contractor La Mance Drilling Company

We intend to complete this well in the Queen formation at an approximate depth of 4,000 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
<u>11"</u>	<u>8 5/8"</u>	<u>32#</u>	<u>New</u>	<u>1550'</u>	<u>Cement to surfac</u>
<u>7 7/8"</u>	<u>5 1/2"</u>	<u>14#</u>	<u>New</u>	<u>4000'</u>	<u>200</u>

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 18 1956

Approved....., 19.....
Except as follows:

OIL CONSERVATION COMMISSION

By [Signature]

Title Engineer District

Sincerely yours,

Schermerhorn Oil Corporation

(Company or Operator)

By [Signature]

Position Geologist

Send Communications regarding well to

Name Schermerhorn Oil Corporation

Address Box 1537

Hobbs, New Mexico

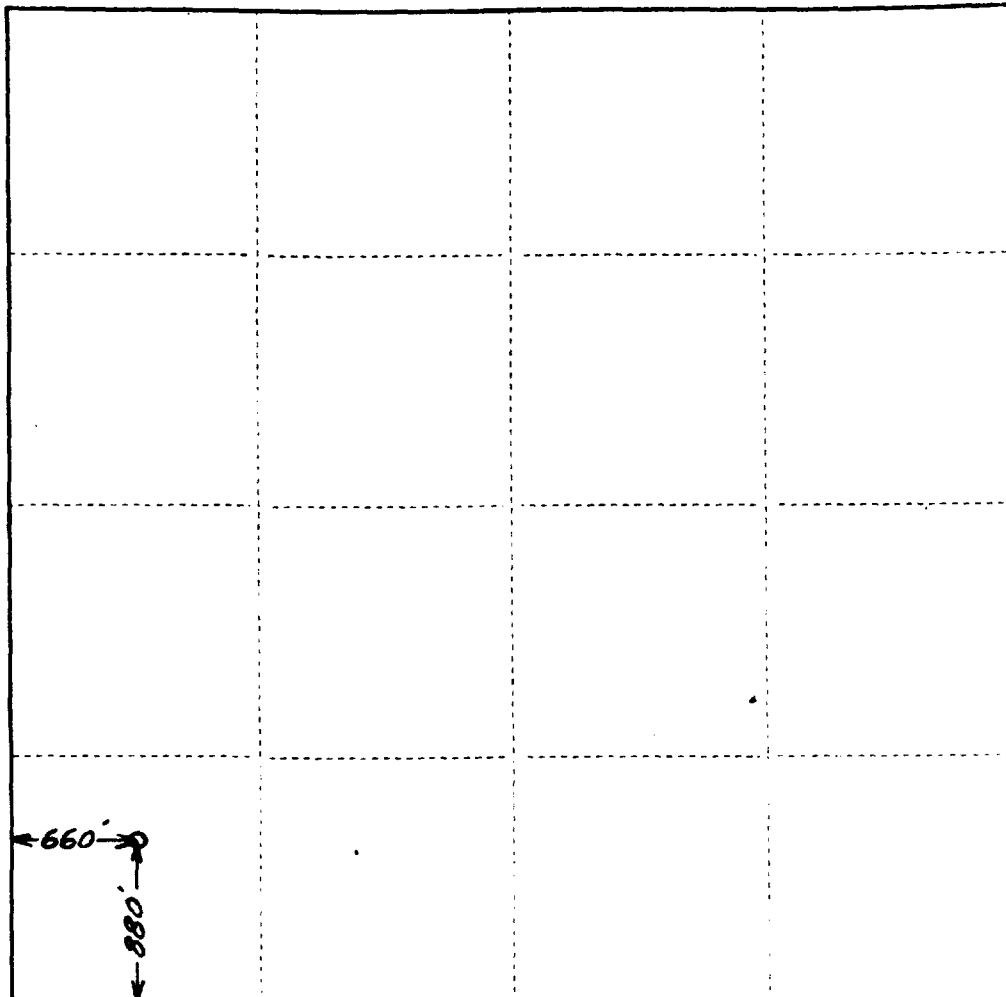
WELL LOCATION SURVEY PLAT

OPERATOR SCHERMERHORN OIL CORP.

LEASE LINAM "B"

WELL NO. 1

JAN 17 AM 8:54



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 W West

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

Submit 3 Copies
to Appropriate
District Office

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

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

District III
1000 Rio Brazos Rd. Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

Form C-103
Revised 1-1-89

WELL API NO. 30 - 025 - 05530

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.
E-8569

7. Lease Name or Unit agreement Name

EAST EUMONT UNIT

8. Well No.

9

9. Pool name or Wildcat

EUMONT YATES SVN RVR QN

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well:

OIL ☐

GAS

WELL ☐

OTHER INJECTION

2. Name of Operator

OXY USA INC.

3. Address of Operator

P.O. Box 50250 Midland, TX 79710

4. Well Location

Unit Letter O : 660 Feet From The SOUTH Line and 1,650 Feet From The EAST Line
Section 33 Township 18 S Range 37 E NMPM LEA County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3,705

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☒ PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐ CHANGE PLANS ☐

PULL OR ALTER CASING ☐

OTHER: CONVERT TO INJECTION ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: ☐

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

TD - 4096' PBDT - 4070' PERFS - 3912' - 3962'

SEE OTHER SIDE

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

SIGNATURE

TITLE

REGULATORY ANALYST

DATE 12 02 93

TYPE OR PRINT NAME

DAVID STEWART

TELEPHONE NO. 915 685-5717

(This space for State Use)

APPROVED BY

TITLE

DISTRICT 1 SUPERVISOR DEC 06 1993

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 PBTD @ 4070'. CO wellbore to 4000' if necessary. TOOH w/ RB, DC's and tbg.
- 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 @ \pm 3700'. Pressure test csg to 500#.
- 5.) RU acid company, pressure backside to 500#, Acidize Penrose perms (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 @ \pm 3730'. ND BOP, NU WH. Pressure test annulus to 500# and cut 30 min chart for NMOCD.

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

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

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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

OIL CONSERVATION DIVISION
RECEIVED

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

'93 JUL 12 AM 9 16

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Oxy USA, Inc.	Well API No. 30-025- 05530
Address PO Box 50250, Midland, TX 79710	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain) JWE	
New Well <input type="checkbox"/>	Change in Transporter of: <input type="checkbox"/> Dry Gas <input type="checkbox"/> Effective February 1, 1993
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Change in Operator <input checked="" type="checkbox"/>	
If change of operator give name and address of previous operator <u>Sirgo Operating, Inc., PO Box 3531, Midland, TX 79702</u>	

II. DESCRIPTION OF WELL AND LEASE

Lease Name East Eumont Unit	Well No. 9	Pool Name, Including Formation Eumont Yates SR QN	Kind of Lease State, Federal or Fee	Lease No. E-8569
Location Unit Letter <u>O</u> : <u>660</u> Feet From The <u>South</u> Line and <u>1650</u> Feet From The <u>East</u> Line Section <u>33</u> Township <u>18S</u> Range <u>37E</u> , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Koch Oil Company	Address (Give address to which approved copy of this form is to be sent) PO Box 1558, Breckenridge, TX 76024					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit M	Sec. 3	Twp. 19S	Rge. 37E	Is gas actually connected? No	When ?

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

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

GAS WELL

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

VI. OPERATOR CERTIFICATE OF COMPLIANCE

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

Signature Pat McGee Land Manager
Printed Name 6/8/93 Title
Date 915/685-5600 Telephone No.

OIL CONSERVATION DIVISION
JUL 09 1993

Date Approved

By

Title

DISTRICT 1 SUPERVISOR

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.

NEW MEXICO OIL CONSERVATION COMMISSION

Santa Fe, New Mexico

HOBBS OFFICE OCC

NOTICE OF INTENTION TO DRILL OR RECOMPLE

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

(Place)

Hobbs, New Mexico

May 31, 1956

(Date)

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

Aztec Oil and Gas Company

(Company or Operator)

State E-33-A

(Lease)

Well No. 2, in 0

located 660 feet from the South line and 16

East

line of Section 33, T. 18S, R. 37E

(GIVE LOCATION FROM SECTION LINE) Undesignated (Eumont) Pool, Lea

If State Land the Oil and Gas Lease is No. E-8567

If patented land the owner is "

Address "

We propose to drill well with drilling equipment as follows: Rotary

The status of plugging bond is Blanket Bond

Drilling Contractor Makin Drilling Co.

We intend to complete this well in the Carbon Formation formation at an approximate depth of 3950

D	C	B	A
E	F	G	H
L	K	J	I
M	N	O	P

Sec. 33-T18S-R37E

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
<u>11"</u>	<u>8-5/8"</u>	<u>24#</u>	<u>New</u>	<u>300'</u>
<u>7-7/8"</u>	<u>5-1/2"</u>	<u>14#</u>	<u>New</u>	<u>3950'</u>

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

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

OIL CONSERVATION COMMISSION

By "
Engineer District 1

Sincerely yours,

Aztec Oil & Gas Company

(Company or Operator)

By "

Position District Superintendent
Send Communications regarding

Name Aztec Oil and Gas Co.

Address PO Box 847, Hobbs, N.M.

NEW MEXICO
OIL CONSERVATION COMMISSION

Form "C-128"

Well Location and/or Gas Proration Plat
MAIN OFFICE OCC

Date 6-1-56

Operator AZTEC OIL & GAS CO.
1955 JUN 8 AM 9:10

Lease STATE E 33 A
HOBBS OFFICE OCC

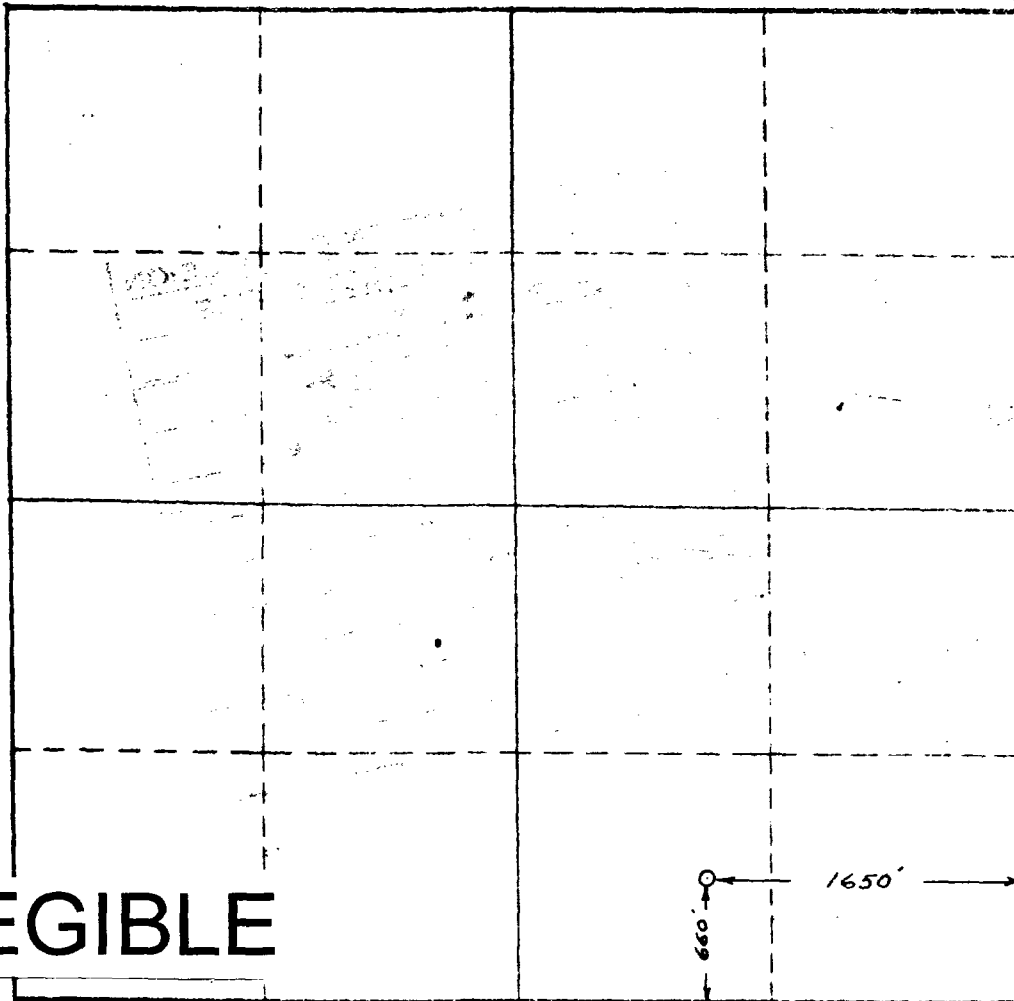
Well No. 2 Section 33 Township 15 N 15 E 37 NMPM
1956 JUN 15 PM 1:57

Located 1650 Feet From EAST Line, 660 Feet From SOUTH Line,

LEA County, New Mexico. G. L. Elevation 3695.2

Name of Producing Formation _____ Pool _____ Dedicated Acreage _____

(Note: All distances must be from outer boundaries of Section)



ILLEGIBLE

SCALE: 1" = 1000'

1. Is this Well a Dual Comp.? Yes ___ No ___
2. If the answer to Question 1 is yes, are there any other dually completed wells within the dedicated acreage? Yes ___ No ___

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.

Name _____
Position _____
Representing _____
Address _____

Date Surveyed 5-29-56
John W. West
Registered Professional Engineer and/or
Land Surveyor

Submit 3 Copies
to Appropriate
District Office

District I

P.O. Box 1980, Hobbs, NM 88240

District II

P.O. Drawer DD, Artesia, NM 88210

District III

1000 Rio Brazos Rd. Aztec, NM 87410

State of New Mexico

Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

Form C-103

Revised 1-1-89

WELL API NO.	30 - 025 - 05538
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	B-1651
7. Lease Name or Unit agreement Name	EAST EUMONT UNIT
8. Well No.	11
9. Pool name or Wildcat	EUMONT YATES SVN RVR QN

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

1. Type of Well: OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER INJECTION	2. Name of Operator OXY USA INC.
3. Address of Operator P.O. Box 50250 Midland, TX 79710	4. Well Location Unit Letter <u>M</u> : <u>660</u> Feet From The <u>SOUTH</u> Line and <u>660</u> Feet From The <u>WEST</u> Line Section <u>34</u> Township <u>18 S</u> Range <u>37 E</u> NMPM LEA County
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3,688	

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☒ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: CONVERT TO WATER INJECTION ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: ☐

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

TD - 4015' PBTD - 4005' PERFS - 3908'-3970'

SEE OTHER SIDE

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

SIGNATURE David Stewart TITLE REGULATORY ANALYST DATE 11 23 93
TYPE OR PRINT NAME DAVID STEWART TELEPHONE NO. 915 685-5717

(This space for State Use)

APPROVED BY Janey Lebo TITLE DISTRICT 1 SUPERVISOR DATE DEC 14 1993
CONDITIONS OF APPROVAL, IF ANY:

- 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 tbq.
- 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" tbq and set pkr @ \pm 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 ~~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 tbq. TIH w/ PC Guiberson G-6 pkr on 2 3/8" polyethylene lined tbq. Circ hole w/ pkr fluid, and set pkr @ \pm 3720'. ND BOP, NU WH. Pressure test annulus to 500# and cut 30 min chart for NMOCD.

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

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

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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

OIL CONSERVATION DIVISION
RECEIVED
JUL 12 AM 9 16
Form C-104
Revised 1-1-89
Instructions at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Oxy USA, Inc.	Well API No. 30-025- 05538
Address PO Box 50250, Midland, TX 79710	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain) JUNE	
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Effective January 1, 1993
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Change in Operator <input checked="" type="checkbox"/>	
If change of operator give name and address of previous operator Sirgo Operating, Inc., PO Box 3531, Midland, TX 79702	

II. DESCRIPTION OF WELL AND LEASE

Lease Name East Eumont Unit	Well No. 11	Pool Name, Including Formation Eumont Yates SR QN	Kind of Lease State, Federal or Fee	Lease No. B-1651
Location Unit Letter M : 660 Feet From The South Line and 660 Feet From The West Line Section 34 Township 18S Range 37E , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Koch Oil Company	Address (Give address to which approved copy of this form is to be sent) PO Box 1558, Breckenridge, TX 76024	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Corp	Address (Give address to which approved copy of this form is to be sent) PO Box 1589, Tulsa, OK 74102	
If well produces oil or liquids, give location of tanks.	Unit M	Sec. 3
	Twp. 19S	Rge. 37E
	Is gas actually connected? Yes	When? 1957

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

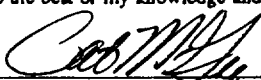
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF

GAS WELL

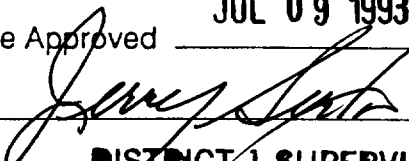
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

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

Signature 
Printed Name **Pat McGee** Land Manager
Title
Date **6/8/93** Telephone No. **915/685-5600**

OIL CONSERVATION DIVISION

Date Approved **JUL 09 1993**
By 
Title **DISTRICT 1 SUPERVISOR**

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.

ORIGINAL
NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

MAIN OFFICE O.C.C.

NOTICE OF INTENTION TO DRILL OR RECOMPLETE

1955 AUG 27
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 submitter. 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

Houston, Texas

(Place)

August 21, 1956

(Date)

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

Tidewater Oil Company

(Company or Operator)

State "AH"

(Lease)

Well No. 1, in "M"

(Unit)

located 660 feet from the West line and 660 feet from the

South line of Section 34, T 18-S, R 37-E, NMPM.

(GIVE LOCATION FROM SECTION LINE)

Eumont

Lea Pool,

If State Land the Oil and Gas Lease is No. B-1651

If patented land the owner is

Address

We propose to drill well with drilling equipment as follows: Rotary

The status of plugging bond is Blanket Bond dated November 30, with Saint Paul-Mercury Indemnity.

Drilling Contractor Contract not let

We intend to complete this well in the Queer 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 Hole	Size of Casing	Weight per Foot	New or Second Hand	Depth	Sacks Cement
11"	8-5/8"	32#	New	240	To surface
7-3/4"	5-1/2"	15.5#	New	4000	1000 Sacks

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.)

AUG 23 1956

Approved....., 19.....
Except as follows:

OIL CONSERVATION COMMISSION

By.....

Sincerely yours,

Tidewater Oil Company

(Company or Operator)

By.....

J. B. Holloway

Position..... Authorized Employee
Send Communications Regarding Well to

Name H. P. Shackelford

Address P. O. Box 547, Hobbs, New Mexico

**NEW MEXICO
OIL CONSERVATION COMMISSION**

Form C-128

Well Location and/or Gas Proration Plat

Operator Tidewater Oil Company

Lease State "AH"

Date Aug. 15, 1956

Well No. 1 Section 34 Township 18-S-33 Range 37-E NMPM

Located 660 Feet From South Line, 660 Feet From West Line,

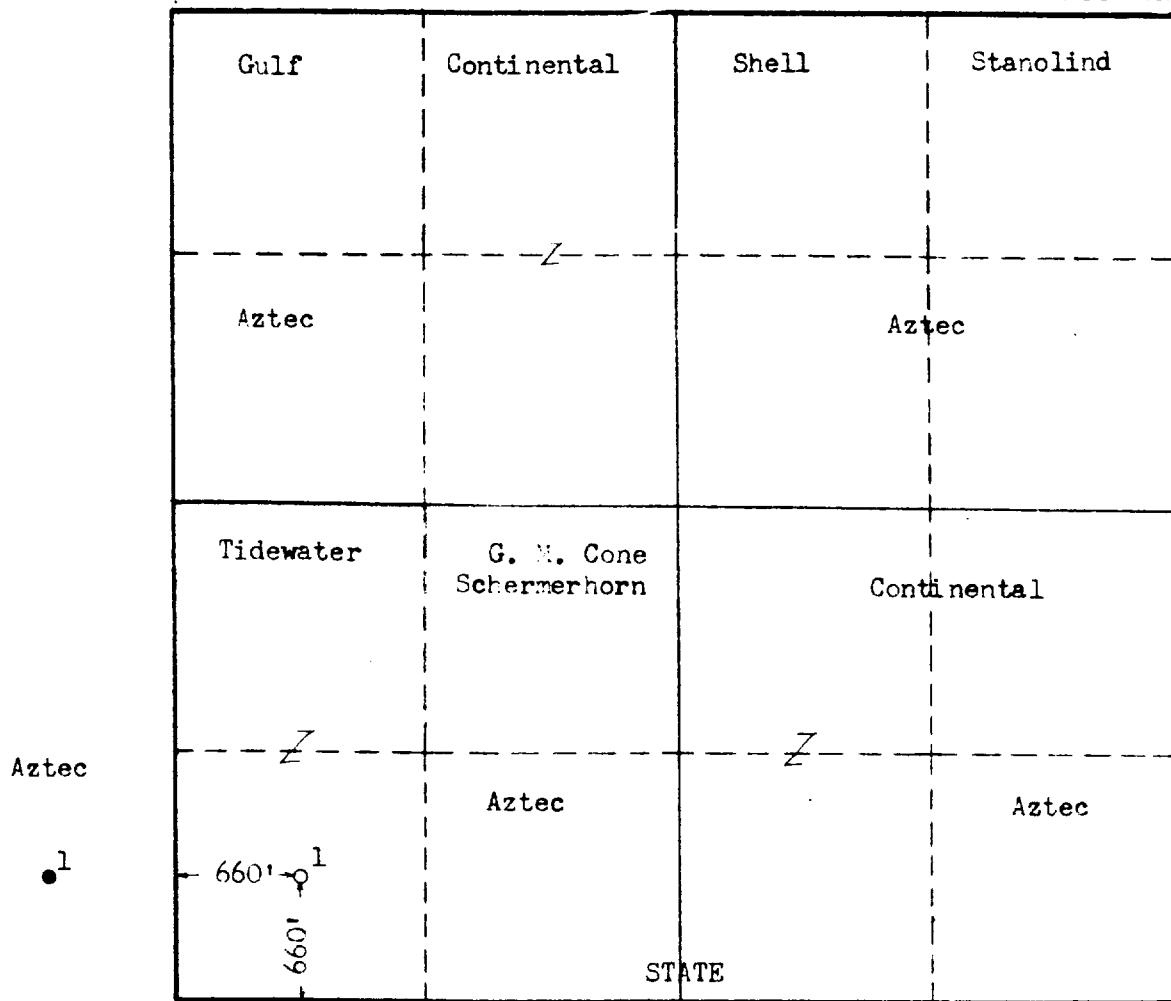
Lea County, New Mexico. G. L. Elevation To be run later

Name of Producing Formation Queens

Pool Common

Dedicated Acreage 40

(Note: All distances must be from outer boundaries of Section)



SCALE: 1" = 1000'

1. Is this Well a Dual Comp. ? Yes No x.
2. If the answer to Question 1 is yes, are there any other dually completed wells within the dedicated acreage ? Yes No .

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.

Name
Position
Representing
Address

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

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

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

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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

OIL CONSERVATION DIVISION
RECEIVED

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

'93 JUL 12 AM 9 16

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Oxy USA, Inc.	Well API No. 30-025-05551
Address PO Box 50250, Midland, TX 79710	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain) JUNE	
New Well <input type="checkbox"/>	Change in Transporter of: <input type="checkbox"/> Effective February 1, 1993
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator Sirgo Operating, Inc., PO Box 3531, Midland, TX 79702	

II. DESCRIPTION OF WELL AND LEASE

Lease Name East Eumont Unit	Well No. 12	Pool Name, Including Formation Eumont Yates SR QN	Kind of Lease State, Federal or Fee <input checked="" type="checkbox"/> Fee	Lease No. Fee
Location Unit Letter C : 273 Feet From The North Line and 2400.4 Feet From The West Line Section 4 Township 19S Range 37E , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Koch Oil Company	Address (Give address to which approved copy of this form is to be sent) PO Box 1558, Breckenridge, TX 76024					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Corp GPM	Address (Give address to which approved copy of this form is to be sent) PO Box 1589, Tulsa, OK 74102 4001 Penbrook, Odessa, TX 79762					
If well produces oil or liquids, give location of tanks.	Unit M	Sec. 3	Twp. 19S	Rge. 37E	Is gas actually connected? Yes	When? 1957

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

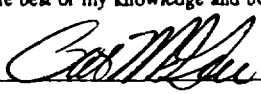
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

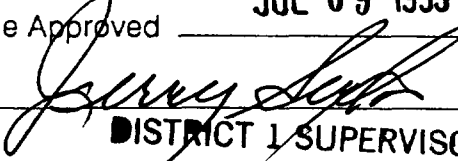
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

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

Signature 
Pat McGee Land Manager
Printed Name
Date **6/8/93** Title
Telephone No. **915/685-5600**

OIL CONSERVATION DIVISION

Date Approved **JUL 09 1993**
By 
DISTRICT 1 SUPERVISOR
Title

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

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

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

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE

Form C-104
Supersedes Old C-104 and C-105
Effective 1-1-65

AUTHORIZATION TO TRANSPORT OIL AND GAS

5-OCC
1-Midland
1-File

000
JUL 18 1965

7 32
JUL 18 1965

JUL 18 1965 AM '65

Operator Tidewater Oil Company	
Address Box 249, Hobbs, New Mexico	
Reason(s) for filing (Check proper box)	
New Well <input type="checkbox"/>	Change in Transporter of: <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain) Formerly Schermerhorn's Linam F #1	

If change of ownership give name and address of previous owner **Schermerhorn c/o Apco Oil Corp., Box 1841, Oklahoma City, Okla.**

II. DESCRIPTION OF WELL AND LEASE

Lease Name East Eumont Unit	Well No. 12	Pool Name, including Formation Eumont Queen	Kind of Lease State, Federal or Fee Fee
Location			
Unit Letter C ; 330 Feet From The North Line and 2310 Feet From The West			
Line of Section 4 , Township 19 S Range 37 E , NMPM, Lea County			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Texas New Mexico Pipe Line Company	Address (Give address to which approved copy of this form is to be sent) Box 1510, Midland, Texas		
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Corporation	Address (Give address to which approved copy of this form is to be sent) Monument, New Mexico		
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 4	Twp. 19
	Rge. 37	Is gas actually connected? Yes	When 1957

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Pool	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

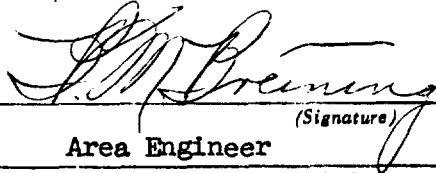
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

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

VI. CERTIFICATE OF COMPLIANCE

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


Area Engineer
July 13, 1965
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY _____
TITLE **Engineer**

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

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

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

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

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

NEW MEXICO OIL CONSERVATION COMMISSION
WELL LOCATION AND ACREAGE DEDICATION

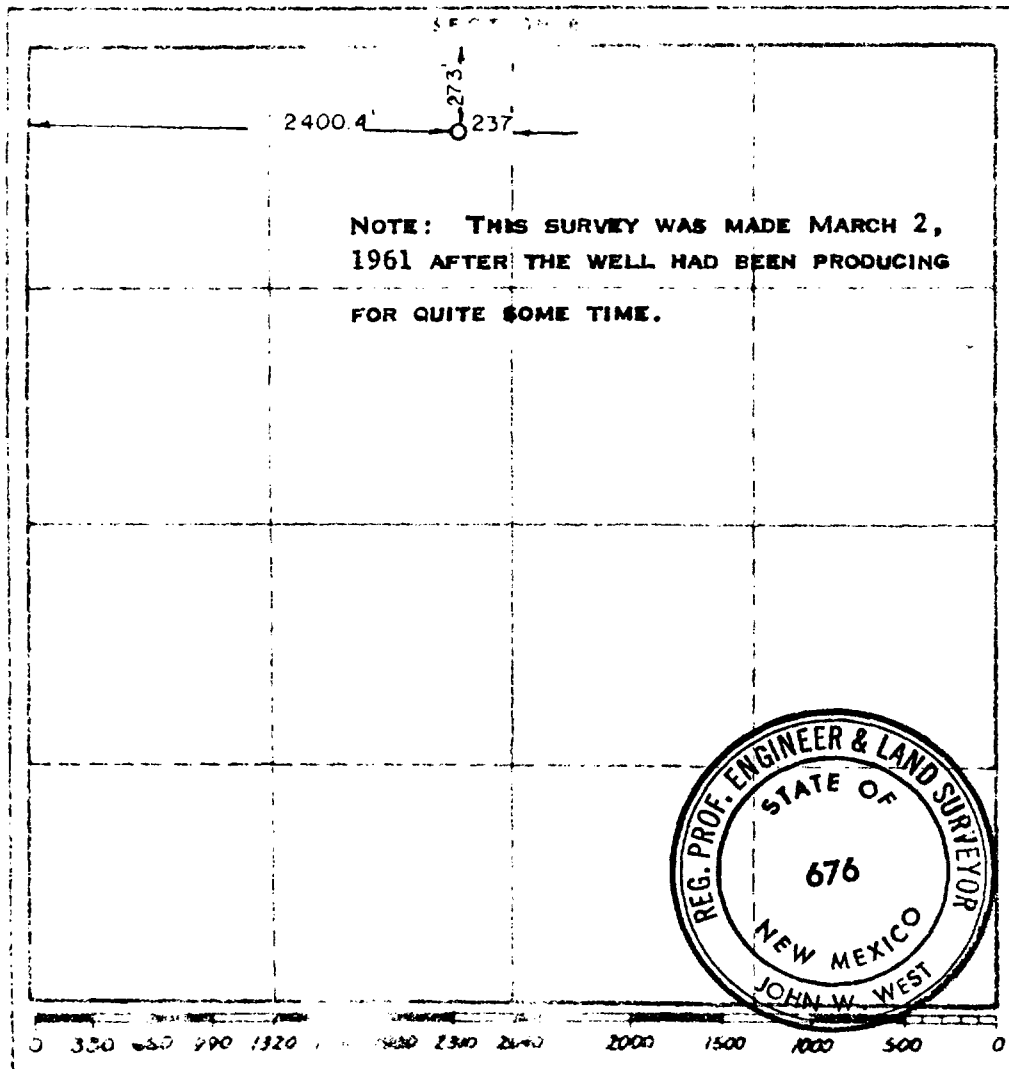
FORM C-128
 Revised 5/1/57

SEE INSTRUCTIONS FOR COMPLETING THIS FORM ON THE REVERSE SIDE

Operator SCHERMERHORN OIL CORP.		SECTION A 1961 JUN 6 AM 11:22		Well No. 1
Lease LINAM "F"				
Loc. # C	Section 34	Township 19 SOUTH	Range 37 EAST	County LEA
Actual Footage Location of Well: 2400.4 feet from the WEST line and 273 feet from the NORTH line				
Ground Level Elev.	Producing Formation	Pool	Dedicated Acreage Acres	

- Is the Operator the only owner in the dedicated acreage outlined on the plat below? YES _____ NO _____ "Owner" means the person who has the right to drill into and to produce from any pool and to appropriate the production either for himself or for himself and another. (N.M.S.A. 1958, § 3-2-2.)
- 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 _____
- If the answer to question two is "no," list all the owners and their respective interests below:

Owner	Land Description



CERTIFICATION

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

Name
Position
Company
Date

I hereby certify that the well location shown on the plat to 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 3-2-1961
Registered Professional Engineer and/or Land Surveyor, JOHN W. WEST
<i>John W. West</i>
Certificate No. N.M. - P.E. & L.S. NO. 676

NEW MEXICO OIL CONSERVATION COMMISSION

Santa Fe, New Mexico

ORIGINAL

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 the notice showing such changes will be returned to the sender. Submit this notice in QUINTUPPLICATE. 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)

September 13, 1956
(Date)

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

Schmerhorn Oil Corporation

(Company or Operator)

Linam "F"
(Lease)

Well No. 1

C

(Unit)

located 330' feet from the North line and 2,310 feet from the

West

Side of Section 4, T. 19 S, R. 37 E, NMPM.

(GIVE LOCATION FROM SECTION LINE) Eumont Pool, Lea County

If State Land the Oil and Gas Lease is No.

If patented land the owner is Virgil Linam

Address Box 743, Hobbs, New Mexico

We propose to drill well with drilling equipment as follows: Rotary to total depth

The status of plugging bond is Approved

Drilling Contractor LaMance Drilling Company

We intend to complete this well in the Queen formation at an approximate depth of 4,050 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
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.)

SEP 14 1956

Approved _____, 19_____
Except as follows:

OIL CONSERVATION COMMISSION

By _____

Sincerely yours,

Schmerhorn Oil Corporation
(Company or Operator)

By _____

Position Geologist

Send Communications regarding well to

Name Schmerhorn Oil Corporation

Address Box 1537, Hobbs, New Mexico

NEW MEXICO
OIL CONSERVATION COMMISSION

Form C-128

Well Location and/or Gas Proration Plat

Date 8-24-56

Operator Schermerhorn Oil Corp. Lease Linam "F"

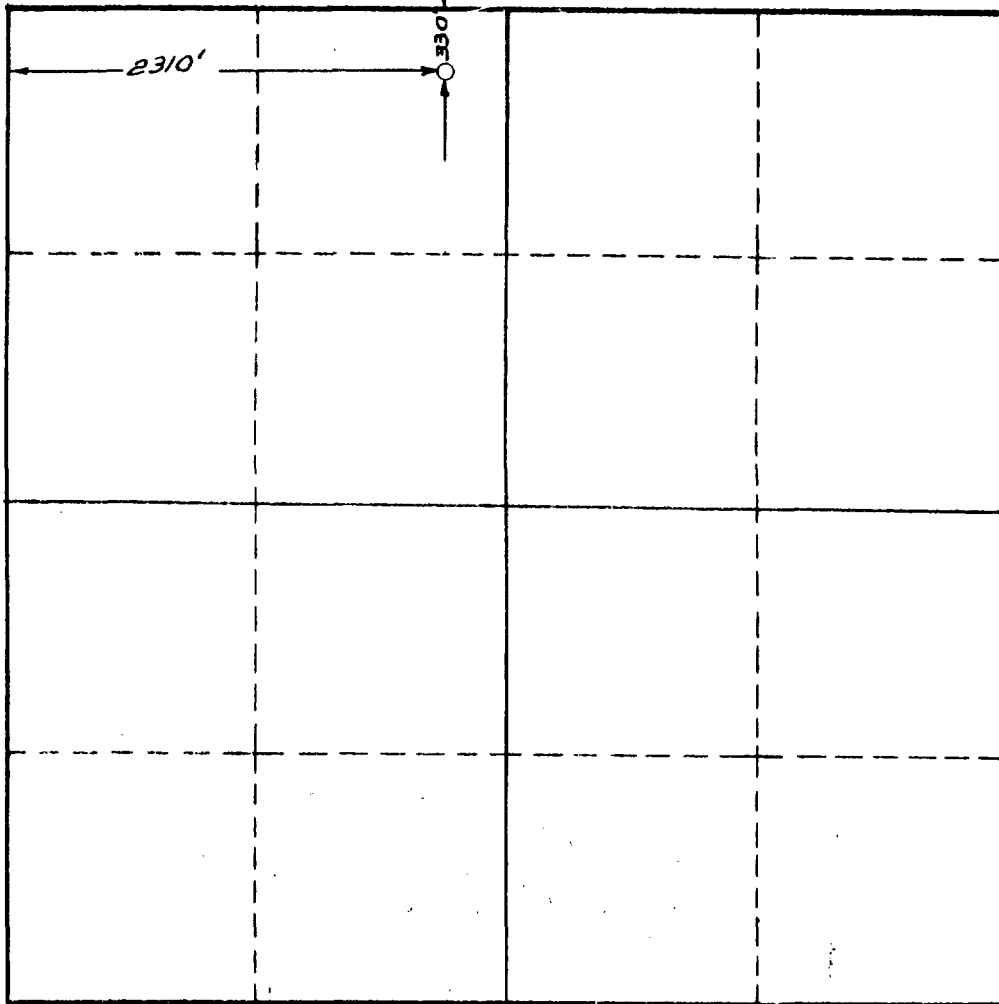
Well No. 1 Section 4 Township 19 S Range 37 E NMPM

Located 330 Feet From North Line, 2310 Feet From West Line,

Lea County, New Mexico. G. L. Elevation _____

Name of Producing Formation _____ Pool _____ Dedicated Acreage _____

(Note: All distances must be from outer boundaries of Section)



SCALE: 1" = 1000'

1. Is this Well a Dual Comp.? Yes ☐ No ☐.
2. If the answer to Question 1 is yes, are there any other dually completed wells within the dedicated acreage? Yes ☐ No ☐.

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.

Name _____
Position _____
Representing _____
Address _____

Date Surveyed 8-24-56
John W. West
Registered Professional Engineer and/or
Land Surveyor

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

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

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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Oxy USA, Inc.	Well API No. 30-025-05557
Address PO Box 50250, Midland, TX 79710	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain) JUNE	
New Well <input type="checkbox"/>	Change in Transporter of: Effective February 1, 1993
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator Sirgo Operating, Inc., PO Box 3531, Midland, TX 79702	

II. DESCRIPTION OF WELL AND LEASE

Lease Name East Eumont Unit	Well No. 14	Pool Name, Including Formation Eumont Yates SR QN	Kind of Lease State, Federal or Fee	Lease No. NM-02053
Location Unit Letter A : 660 Feet From The North Line and 660 Feet From The East Line Section 4 Township 19S Range 37E , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Koch Oil Company	Address (Give address to which approved copy of this form is to be sent) PO Box 1558, Breckenridge, TX 76024	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit M	Sec. 3
	Twp. 19S	Rge. 37E
	Is gas actually connected? NO	When ?

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		
TURNING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

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

GAS WELL

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

VI. OPERATOR CERTIFICATE OF COMPLIANCE

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

Signature **Pat McGee** Land Manager
Printed Name **6/8/93** Title
Date **915/685-5600** Telephone No.

OIL CONSERVATION DIVISION

Date Approved **JUL 09 1993**

By **J. [Signature]**

Title **DISTRICT 1 SUPERVISOR**

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

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

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

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

5-OCC
1-Midland
1-File

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

JUL 17 2 31 PM '65
MAIN FILE 00
JUL 23 AM 7 2
JUL 23 PM 1 65

I. Operator
Tidewater Oil Company

Address
Box 249, Hobbs, New Mexico

Reason(s) for filing (Check proper box)
New Well ☐
Recompletion ☐
Change in Ownership ☒

Change in Transporter of:
Oil ☐
Casinghead Gas ☐

Dry Gas ☐
Condensate ☐

Other (Please explain)
**Formerly Texaco's
Mrs. Jimmy Sanders Federal #1**

If change of ownership give name and address of previous owner
Texaco, Inc., Box 352, Midland, Texas

II. DESCRIPTION OF WELL AND LEASE

Lease Name East Eumont Unit	Well No. 13	Pool Name, Including Formation Eumont Queen	Kind of Lease State, Federal or Fee Federal
Location Unit Letter A ; 660 Feet From The North Line and 660 Feet From The East Line of Section 4 , Township 19 S Range 37 E , NMPM, Lea County			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Texas New Mexico Pipe Line Company	Address (Give address to which approved copy of this form is to be sent) Box 1510, Midland, Texas
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Company	Address (Give address to which approved copy of this form is to be sent) Box 6666, Odessa, Texas
If well produces oil or liquids, give location of tanks. Unit A Sec. 4 Twp. 19 Rge. 37	Is gas actually connected? Yes When

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res'tv.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Pool	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

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

GAS WELL

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

VI. CERTIFICATE OF COMPLIANCE

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



Area Engineer

July 14, 1965

(Title)

(Date)

OIL CONSERVATION COMMISSION

APPROVED **JUL 21 1965**, 19

BY **Engineer David J**

TITLE

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

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

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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 Proration Plat

Date 6-1-56

Operator The Texas Company Lease Mrs. Jimmie Saunders-Federal

Well No. 1 Section 4 Township 19-S Range 37-E NMPM

Located 660' Feet From North Line, 660 Feet From East Line,

Lea County, New Mexico. G. L. Elevation 3688.5

Name of Producing Formation Queen Sand Pool Eumont Dedicated Acreage 40

(Note: All distances must be from outer boundaries of Section)

G. M. Cone Lse.	TTCO. Lse. 85.21 Ac. 40 Ac.	Aztec Lse. State E-3-A O ²
Schermmerhorn Lse. Virgil Linn	Mrs. Jimmie Saunders-Fed. Mrs. Jimmie Saunders U.S.A.	Aztec Lse. State E-3 ●
Cities Service Lse.	TTCO. Lse.	(3) ●
State "AT"	Z. A. McMillan "B"	TTCO. Lse. Z.A. McMillan "A". O ²

(5)

NOTE

This section of form is to be used for gas wells only.



SCALE: 1" = 1000'

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

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 6/1/56
J. J. Vetter
Registered Professional Engineer and/or
Land Surveyor

Name
Position
Representing
Address

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

District I

P.O. Box 1980, Hobbs, NM 88240

District II

P.O. Drawer DD, Artesia, NM 88210

District III

1000 Rio Brazos Rd. Aztec, NM 87410

OIL CONSERVATION DIVISION

RECEIVED P.O. Box 2088

Santa Fe, New Mexico 87504-2088

93 DEC 11 AM 9 20

WELL API NO.	30 - 025 - 05549
5. Indicate Type of Lease	STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.	
7. Lease Name or Unit agreement Name	EAST EUMONT UNIT
8. Well No.	16
9. Pool name or Wildcat	EUMONT YATES SVN RVR QN

SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)	
1. Type of Well: OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER INJECTION	
2. Name of Operator OXY USA INC.	
3. Address of Operator P.O. Box 50250 Midland, TX 79710	
4. Well Location Unit Letter <u>E</u> : <u>2,144</u> Feet From The <u>NORTH</u> Line and <u>589</u> Feet From The <u>WEST</u> Line Section <u>4</u> Township <u>19 S</u> Range <u>37 E</u> NMPM LEA County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3,687	

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☒ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: CONVERT TO INJECTION ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: ☐

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

TD - 3956' PBTD - 3956' PERFS - 3805' - 3956'

SEE OTHER SIDE

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

SIGNATURE David Stewart TITLE REGULATORY ANALYST DATE 12 02 93
TYPE OR PRINT NAME DAVID STEWART TELEPHONE NO. 915 685-5717

(This space for State Use)

APPROVED BY [Signature] TITLE DISTRICT 1 SUPERVISOR DATE DEC 06 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 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 ~~Penrose~~ 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 @ \pm 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 @ \pm 3650'. ND BOP, NU WH. Pressure test annulus to 500# and cut 30 min chart for NMOCD.

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

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

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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

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

RECEIVED

93 JUL 12 AM 9 15

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Oxy USA, Inc.		Well API No. 30-025- 05549
Address PO Box 50250, Midland, TX 79710		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain) JUNE		
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	Effective February 1, 1993
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
Change in Operator <input checked="" type="checkbox"/>		
If change of operator give name and address of previous operator Sirgo Operating, Inc., PO Box 3531, Midland, TX 79702		

II. DESCRIPTION OF WELL AND LEASE

Lease Name East Eumont Unit	Well No. 16	Pool Name, Including Formation Eumont Yates SR QN	Kind of Lease State, Federal or Fee <input checked="" type="radio"/> Fee	Lease No.
Location Unit Letter <u>E</u> : <u>589</u> Feet From The <u>West</u> Line and <u>2144</u> Feet From The <u>North</u> Line Section <u>4</u> Township <u>19S</u> Range <u>37E</u> , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Koch Oil Company	Address (Give address to which approved copy of this form is to be sent) PO Box 1558, Breckenridge, TX 76024			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Corp GPM	Address (Give address to which approved copy of this form is to be sent) PO Box 1589, Tulsa, OK 74102 4001 Penbrook, Odessa, TX 79762			
If well produces oil or liquids, give location of tanks.	Unit M	Sec. 3 Twp. 19S Rge. 37E	Is gas actually connected? Yes	When ? 1957

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

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

GAS WELL

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

VI. OPERATOR CERTIFICATE OF COMPLIANCE

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

Signature Pat McGee Land Manager
Printed Name 6/8/93 Title 915/685-5600
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved JUL 09 1993

By [Signature]
Title DISTRICT 1 SUPERVISOR

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

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

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

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND

Form C-10,
Supersedes C-
Effective 1-1-64

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

5-OCC
1-Midland
1-File

000
7 32
JUL 30 AM '65
MAIN

JUL 16 7 46 AM '65

Operator Tidewater Oil Company	
Address Box 249, Hobbs, New Mexico	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Formerly Schermerhorn's Linam # 1
Recompletion <input type="checkbox"/>	
Change in Ownership <input checked="" type="checkbox"/>	
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of ownership give name and address of previous owner **Schermerhorn Oil Corporation c/o Apco Oil Corp., Box 1841, Okla. City, Okla.**

II. DESCRIPTION OF WELL AND LEASE

Lease Name East Emont Unit	Well No. 16	Pool Name, including Formation Emont Queen	Kind of Lease State, Federal or Fee Fee
Location Unit Letter E ; 589 Feet From The West Line and 2144 Feet From The North Line of Section 4 , Township 19 S Range 37 E , NMPM, Lea County			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Texas New Mexico Pipe Line Company	Address (Give address to which approved copy of this form is to be sent) Box 1510, Midland, Texas	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Permian Basin Pipe Line Company	Address (Give address to which approved copy of this form is to be sent) Box 2376, Hobbs, New Mexico	
If well produces oil or liquids, give location of tanks.	Unit E	Sec. 4
	Twp. 19	Rge. 37
	Is gas actually connected? Yes When 1957	

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Pool	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

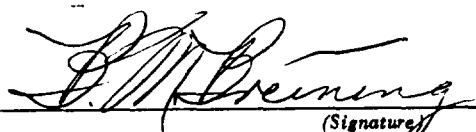
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

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

VI. CERTIFICATE OF COMPLIANCE

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


(Signature)

Area Engineer


(Title)


July 13, 1965

(Date)

OIL CONSERVATION COMMISSION

APPROVED  , 19

BY 

TITLE 

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

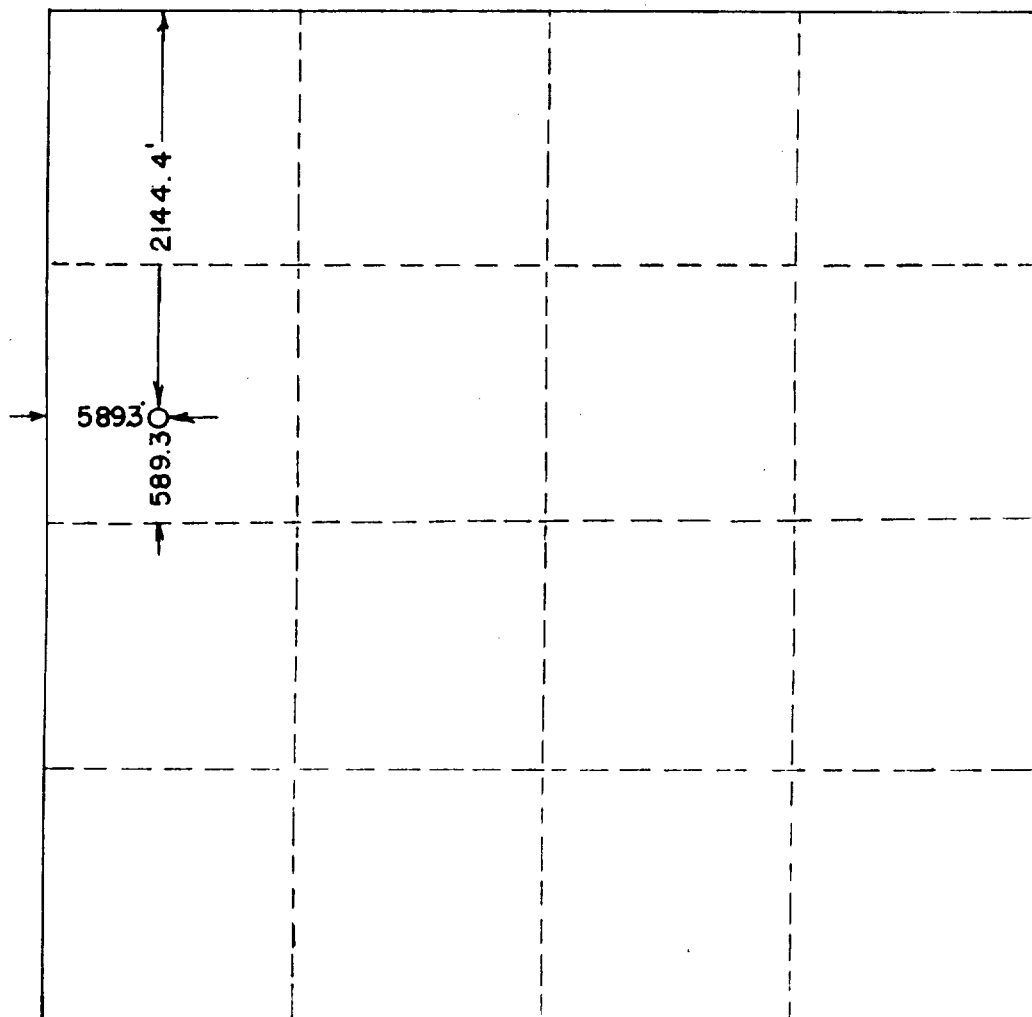
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

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

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

WELL LOCATION SURVEY PLAT

OPERATOR SCHERMERHORN OIL CORP.
LEASE VIRGIL LINAM
WELL NO. 1



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

JOHN W. WEST, PE & LS NO. 676

12-9-1953

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

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

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

State of New Mexico
Energy, Minerals and Natural Resources Department
OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

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

RECEIVED
'93 JUL 12 AM 9 15

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

Operator Oxy USA, Inc.		Well API No. 30-025- 05547
Address PO Box 50250, Midland, TX 79710		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain) JUNE		
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	Effective January 1, 1993
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
Change in Operator <input checked="" type="checkbox"/>		
If change of operator give name and address of previous operator Sirgo Operating, Inc., PO Box 3531, Midland, TX 79702		

II. DESCRIPTION OF WELL AND LEASE

Lease Name East Eumont Unit	Well No. 18	Pool Name, Including Formation Eumont Yates SR QN	Kind of Lease State, Federal or Fee	Lease No. NM-02814
Location Unit Letter G : 1837 Feet From The North Line and 1650 Feet From The East Line Section 4 Township 19S Range 37E , NM PM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Koch Oil Company	Address (Give address to which approved copy of this form is to be sent) PO Box 1558, Breckenridge, TX 76024					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Corp	Address (Give address to which approved copy of this form is to be sent) PO Box 1589, Tulsa, OK 74102 4001 Penbrook, Odessa, TX 79762					
If well produces oil or liquids, give location of tanks.	Unit M	Sec. 3	Twp. 19S	Rge. 37E	Is gas actually connected? No	When ?

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

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

GAS WELL

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

VI. OPERATOR CERTIFICATE OF COMPLIANCE

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

Signature *Pat McGee* Land Manager
Printed Name **Pat McGee** Title
Date **6/8/93** Telephone No. **915/685-5600**

OIL CONSERVATION DIVISION

Date Approved **JUL 09 1993**
By *Jerry S. [Signature]*
Title **DISTRICT 1 SUPERVISOR**

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

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

NO. OF COPIES RECEIVED		
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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND

Form C-104
Superseded
Effective

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
5-OCC
1-Midland
1-File

MAIN OFFICE

'65 AUG

JUL 23 1 45 PM '65

Operator Tidewater Oil Company	
Address Box 249, Hobbs, New Mexico	
Reason(s) for filing (Check proper box)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain) Formerly Atlantic's Federal "A" #2	

If change of ownership give name and address of previous owner **The Atlantic Refining Company, Box 1038, Denver City, Texas**

II. DESCRIPTION OF WELL AND LEASE

Lease Name East Emont Unit	Well No. 18	Pool Name, including Formation Emont Queen	Kind of Lease State, Federal or Fee Federal
Location Unit Letter G ; 1837 Feet From The North Line and 1650 Feet From The East Line of Section 4 , Township 19 S Range 37 E , NMPM, Lea County			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Temporarily abandoned 4-11-60

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	Twp.	Rge.
	Is gas actually connected?	When

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Pool	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)


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

GAS WELL

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

I. CERTIFICATE OF COMPLIANCE

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


(Signature)
Area Engineer
(Title)
July 23, 1965
(Date)

OIL CONSERVATION COMMISSION

APPROVED **JUL 30 1965**, 19_____
BY **Engineer Dennis J**
TITLE _____

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

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

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

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

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

NEW MEXICO
OIL CONSERVATION COMMISSION

Form C-

Well Location and/or Gas Proration Plat

Date Dec. 11, 1956

Operator The Atlantic Refining Company Lease Federal "A"

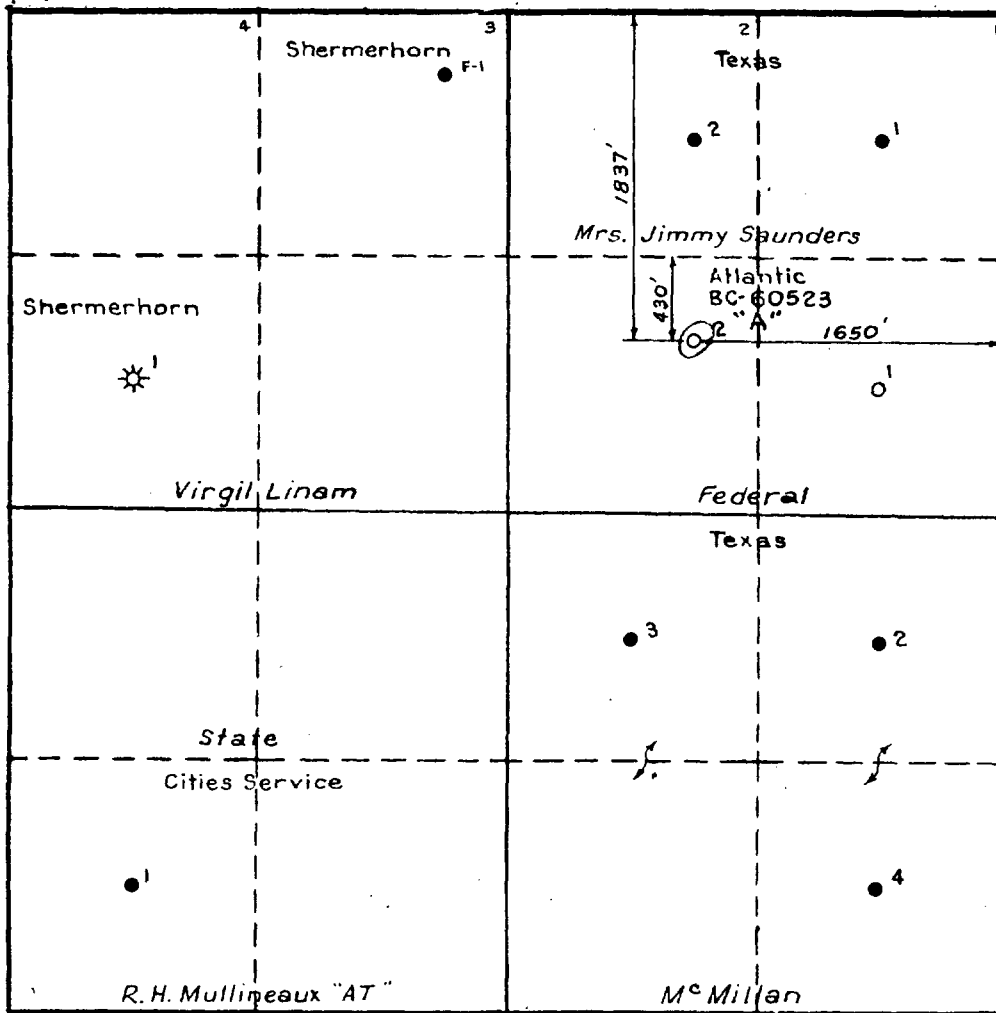
Well No. 2 Section 4 Township 19 South Range 37 East NMPM

Located 1837 Feet From North Line, 1650 Feet From East Line,

Lea County, New Mexico. G. L. Elevation _____

Name of Producing Formation Queen Pool Eumont Dedicated Acreage 40.0 Ac.

(Note: All distances must be from outer boundaries of Section)



RECEIVED

DEC 31 1956

U. S. GEOLOGICAL SURVEY
HOUSTON, TEXAS

1. Is this Well a Dual Comp. ? Yes No ☒ .

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

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.

Name M. L. Mills M. L. Mills
Position Regional Drilling Manager
Representing The Atlantic Refining Company
Address Box 871, Midland, Texas

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

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

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

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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

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

93 JUL 12 AM 9 16

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

Operator Oxy USA, Inc.		Well API No. 30-025-09878
Address PO Box 50250, Midland, TX 79710		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain) JUNE		
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	Effective February 1, 1993
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
Change in Operator <input checked="" type="checkbox"/>		
If change of operator give name and address of previous operator Sirgo Operating, Inc., PO Box 3531, Midland, TX 79702		

II. DESCRIPTION OF WELL AND LEASE

Lease Name East Eumont Unit	Well No. 20	Pool Name, including Formation Eumont Yates SR QN	Kind of Lease State, Federal or Fee	Lease No. E-9122
Location Unit Letter E : 2064 Feet From The North Line and 660 Feet From The West Line Section 3 Township 19S Range 37E , NMPM , Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Koch Oil Company	Address (Give address to which approved copy of this form is to be sent) PO Box 1558, Breckenridge, TX 76024	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Corp	Address (Give address to which approved copy of this form is to be sent) PO Box 1589, Tulsa, OK 74117	
If well produces oil or liquids, give location of tanks.	Unit M	Sec. 3
	Twp. 19S	Rge. 37E
	Is gas actually connected? Yes	
	When? 1957	

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

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

GAS WELL

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

VI. OPERATOR CERTIFICATE OF COMPLIANCE

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

Signature **Pat McGee** Land Manager
Printed Name **6/8/93** Title **915/685-5600**
Date Telephone No.

OIL CONSERVATION DIVISION

JUL 09 1993

Date Approved
By **Jerry Sexton**
Title **DISTRICT 1 SUPERVISOR**

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

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

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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104
Supersedes Old C-104 and C-105
Effective 1-1-65REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
5-OCC
1-Midland
1-File

JUL 20 3 45 PM '65

JUL 30 1965

Operator Tidewater Oil Company	
Address Box 249, Hobbs, New Mexico	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of: <input type="checkbox"/>
Recapitation <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Formerly Aztec's State E #3 Well No. 1	

If change of ownership give name and address of previous owner **Aztec Oil & Gas Company, Box 837, Hobbs, New Mexico**

II. DESCRIPTION OF WELL AND LEASE

Lease Name East Emont Unit	Well No. 20	Pool Name, Including Formation Emont Queen	Kind of Lease State, Federal or Fee State
Location Unit Letter E ; 2064 Feet From The North Line and 660 Feet From The West Line of Section 3 , Township 19 S Range 37 E , NMPM, Lea County			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Texas New Mexico Pipe Line Company	Address (Give address to which approved copy of this form is to be sent) Box 1510, Midland, Texas		
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Company	Address (Give address to which approved copy of this form is to be sent) Phillips Building, Odessa, Texas		
If well produces oil or liquids, give location of tanks.	Unit E	Sec. 3	Twsp. 19
			Rge. 37
	Is gas actually connected? Yes		When 1957

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

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res'tv.
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.					
Pool	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth					
Perforations		Depth Casing Shoe							
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

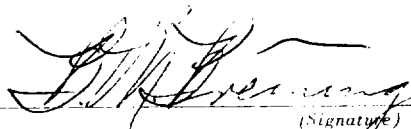
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

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

VI. CERTIFICATE OF COMPLIANCE

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



Area Engineer

(Title)

July 19, 1965

(Date)

OIL CONSERVATION COMMISSION

APPROVED

JUL 19

BY

TITLE

Engineer District

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

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

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

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

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

NEW MEXICO OIL CONSERVATION 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

(Place)

January 30, 1956

(Date)

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

Aztec Oil & Gas Company

(Company or Operator)

State E-3

(Lease)

Well No. 1

in E

The well is

located 2091 * feet from the North line and 660 feet from the

West line of Section 3 T. 19S, R. 37E, NMPM.

(GIVE LOCATION FROM SECTION LINE)

UNDESIGNATED

Pool, Lea County

If State Land the Oil and Gas Lease is No. E 9122

If patented land the owner is --

Address --

We propose to drill well with drilling equipment as follows: Rotary to T. D.

The status of plugging bond is Blanket

Drilling Contractor Makin Drilling Company

Hobbs, New Mexico

We intend to complete this well in the Queen Formation

formation at an approximate depth of 4000 feet.

D	C	B	A
●	F	G	H
L	K	J	I
M	N	O	P

Sec. 3- T 19S- R 37E

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	300'	300
7-7/8"	5-1/2"	14#	New	4000'	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.)

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

Approved JAN 31 1956, 19
Except as follows:

Sincerely yours,

Aztec Oil & Gas Company

(Company or Operator)

By

Position District Superintendent

Send Communications regarding well to

Name Aztec Oil & Gas Company

Address P. O. Box #847, Hobbs, New Mexico

By

OIL CONSERVATION COMMISSION

NEW MEXICO
OIL CONSERVATION COMMISSION

Form C-128

Well Location and/or Gas Proration Plat

Date January 31, 1956

Operator Aztec Oil & Gas Company Lease State

Well No. 1 Section 3 Township 19S Range 37E NMPM

Located 2064 Feet From North Line, 660 Feet From West Line,

Lea County, New Mexico. G. L. Elevation _____

Name of Producing Formation _____ Pool E Dedicated Acreage _____

(Note: All distances must be from outer boundaries of Section)

Aztec O. & G. Co o 1 State			

SCALE: 1" = 1000'

1. Is this Well a Dual Comp. ? Yes ___ No ___.
2. If the answer to Question 1 is yes, are there any other dually completed wells within the dedicated acreage? Yes ___ No ___.

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.

Name _____
Position _____
Representing _____
Address _____

Date Surveyed January 26, 1956
Charles P. Miller
Registered Professional Engineer and/or
Land Surveyor

Submit 3 Copies
to Appropriate
District Office

District I

P.O. Box 1980, Hobbs, NM 88240

District II

P.O. Drawer DD, Artesia, NM 88210

District III

1000 Hio Brazos Rd. Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

Form C-103
Revised 1-1-89

WELL API NO.	30 - 025 - 05553
5. Indicate Type of Lease	STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.	
7. Lease Name or Unit agreement Name	EAST EUMONT UNIT
8. Well No.	22
9. Pool name or Wildcat	EUMONT YATES SVN RVR QN

SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)	
1. Type of Well: OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER INJECTION	
2. Name of Operator OXY USA INC.	
3. Address of Operator P.O. Box 50250 Midland, TX 79710	
4. Well Location Unit Letter <u>I</u> : <u>1,983</u> Feet From The <u>SOUTH</u> Line and <u>660</u> Feet From The <u>EAST</u> Line Section <u>4</u> Township <u>19 S</u> Range <u>37 E</u> NMPM LEA County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3,672	

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

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

TD - 3950' PBDT - 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 knowledge and belief.

SIGNATURE David Stewart TITLE REGULATORY ANALYST DATE 11 30 93
TYPE OR PRINT NAME DAVID STEWART TELEPHONE NO. 915 685-5717

(This space for State Use)

APPROVED BY Jerry Smith TITLE DISTRICT 1 SUPERVISOR DATE DEC 06 1993
CONDITIONS OF APPROVAL, IF ANY:

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

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

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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

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

OIL CONSERVATION DIVISION
RECEIVED

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

'93 JUL 12 AM 9 15

Operator Oxy USA, Inc.	Well API No. 30-025- 05553
Address PO Box 50250, Midland, TX 79710	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain) JUNE	
New Well <input type="checkbox"/>	Change in Transporter of: <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Effective June 1, 1993
Change in Operator <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator Sirgo Operating, Inc., PO Box 3531, Midland, TX 79702	

II. DESCRIPTION OF WELL AND LEASE

Lease Name East Eumont Unit	Well No. 22	Pool Name, Including Formation Eumont Yates SR QN	Kind of Lease State, Federal or Fee	Lease No. Fee
Location Unit Letter I : 1983 Feet From The South Line and 660 Feet From The East Line Section 4 Township 19S Range 37E , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Koch Oil Company	Address (Give address to which approved copy of this form is to be sent) PO Box 1558, Breckenridge, TX 76024	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Corp	Address (Give address to which approved copy of this form is to be sent) PO Box 1589, Tulsa, OK 74102	
If well produces oil or liquids, give location of tanks.	Unit M	Sec. 3
	Twp. 19S	Rge. 37E
	Is gas actually connected? No When ?	

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

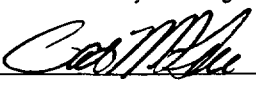
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF

GAS WELL

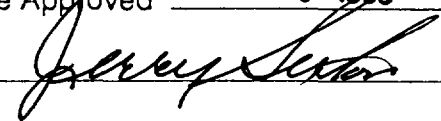
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

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

Signature 
Printed Name **Pat McGee** Land Manager
Date **6/8/93** Telephone No. **915/685-5600**

OIL CONSERVATION DIVISION

Date Approved **JUL 09 1993**
By 
Title **DISTRICT 1 SUPERVISOR**

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

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

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

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

5-OCC
1-Midland
1-File

MAIN OFFICE OCC

1965 JUL 23 AM 7 21

Form
Superv.
Effective

2 32 PM '65

I.

Operator Tidewater Oil Company	
Address Box 249, Hobbs, New Mexico	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Formerly Texaco's Z. A. McMillian B #2	
If change of ownership give name and address of previous owner Texaco, Inc., Box 352, Midland, Texas	

II. DESCRIPTION OF WELL AND LEASE

Lease Name East Eumont Unit	Well No. 22	Pool Name, Including Formation Eumont Queen	Kind of Lease State, Federal or Fee Fee
Location Unit Letter I , 1983 Feet From The South Line and 660 Feet From The East Line of Section 4 , Township 19 S Range 37 E , NMPM, Lea County			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Texas New Mexico Pipe Line Company	Address (Give address to which approved copy of this form is to be sent) Box 1510, Midland, Texas
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Company	Address (Give address to which approved copy of this form is to be sent) Box 6666, Odessa, Texas
If well produces oil or liquids, give location of tanks.	Unit I Sec. 4 Twp. 19 Rge. 37
Is gas actually connected?	Yes

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res'tv.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Pool	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

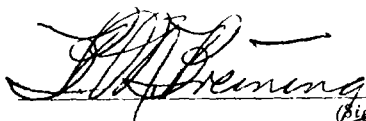
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

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

VI. CERTIFICATE OF COMPLIANCE

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



Area Engineer

(Title)

July 14, 1965

(Date)

OIL CONSERVATION COMMISSION

APPROVED

JUL 21 1965

, 19

BY

TITLE

Engineer

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

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

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

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

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

Form

Date 2-13-5

(Note: All distances must be from outer boundaries of Section)

SCALE: 1" = 1000'

- 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.

Registered Professional Engineer and/or
Land Surveyor

Submit 3 Copies
to Appropriate
District Office

District I

P.O. Box 1980, Hobbs, NM 88240

District II

P.O. Drawer DD, Artesia, NM 88210

District III

1000 Rio Brazos Rd. Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

Form C-103
Revised 1-1-89

WELL API NO.	30 - 025 - 05544
5. Indicate Type of Lease	STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
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.)	
1. Type of Well: OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER INJECTION	7. Lease Name or Unit agreement Name EAST EUMONT UNIT
2. Name of Operator OXY USA INC.	8. Well No. 25
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>M</u> : <u>660</u> Feet From The <u>SOUTH</u> Line and <u>660</u> Feet From The <u>WEST</u> Line Section <u>3</u> Township <u>19 S</u> Range <u>37 E</u> NMPM LEA County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3,663	

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

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

TD - 3950' PBTD - 3947' PERFS - 3876'-3936'

SEE OTHER SIDE

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

SIGNATURE David Stewart TITLE REGULATORY ANALYST DATE 11 23 93
TYPE OR PRINT NAME DAVID STEWART TELEPHONE NO. 915 685-5717

(This space for State Use)

APPROVED BY Jerry Searls TITLE DISTRICT 1 SUPERVISOR DATE JAN 18 1994
CONDITIONS OF APPROVAL, 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 @ \pm 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 ~~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 @ \pm 3680'. ND BOP, NU WH. Pressure test annulus to 500# and cut 30 min chart for NMOCD.

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

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

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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088 '93 JUL 12 AM 9 16

OIL CONSERVATION DIVISION

RECEIVED

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Oxy USA, Inc.	Well API No. 30-025-05544
Address PO Box 50250, Midland, TX 79710	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain) JUNE	
New Well <input type="checkbox"/>	Change in Transporter of: <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Effective February 1, 1993
Change in Operator <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator <u>Sirgo Operating, Inc., PO Box 3531, Midland, TX 79702</u>	

II. DESCRIPTION OF WELL AND LEASE

Lease Name East Eumont Unit	Well No. 25	Pool Name, Including Formation Eumont Yates SR QN	Kind of Lease State, Federal or Fee	Lease No. Fee
Location Unit Letter <u>M</u> : <u>660</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>West</u> Line Section <u>3</u> Township <u>19S</u> Range <u>37E</u> , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Koch Oil Company	Address (Give address to which approved copy of this form is to be sent) PO Box 1558, Breckenridge, TX 76024			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Corp GPM	Address (Give address to which approved copy of this form is to be sent) PO Box 1589, Tulsa, OK 74102 4001 Penbrook, Odessa, TX 79762			
If well produces oil or liquids, give location of tanks.	Unit M	Sec. 3	Twp. 19S	Rge. 37E
Is gas actually connected?		When ?		
Yes		1981		

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

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

GAS WELL

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

VI. OPERATOR CERTIFICATE OF COMPLIANCE

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

Signature Pat McGee Land Manager
Printed Name 6/8/93 Title 915/685-5600
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved JUL 09 1993

By [Signature]
Title DISTRICT 1 SUPERVISOR

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

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

NO. OF COPIES RECEIVED		
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FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION

REQUEST FOR ALLOWABLE

AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

5-OCC
1-Midland
1-FileForm C-104
Supersedes Old C-104 and C-
Effective 1-1-65

JUL 17 2 32 PM '65

I.

Operator Tidewater Oil Company	
Address Box 249, Hobbs, New Mexico	
Reason(s) for filing (Check proper box)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain) Formerly Texaco's Z. A. McMillian A #2	
If change of ownership give name and address of previous owner Texaco, Inc., Box 352, Midland, Texas	

II. DESCRIPTION OF WELL AND LEASE

Lease Name East Eumont Unit	Well No. 25	Pool Name, Including Formation Eumont Queen	Kind of Lease State, Federal or Fee Fee
Location Unit Letter M ; 660 Feet From The West Line and 660 Feet From The South			
Line of Section 3 , Township 19 S Range 37 E , NMPM, Lea County			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Texas New Mexico Pipe Line Company	Address (Give address to which approved copy of this form is to be sent) Box 1510, Midland, Texas	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Company	Address (Give address to which approved copy of this form is to be sent) Box 6666, Odessa, Texas	
If well produces oil or liquids, give location of tanks.	Unit M	Sec. 3
	Twp. 19	Rge. 37
	Is gas actually connected? Yes When	

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Pool	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

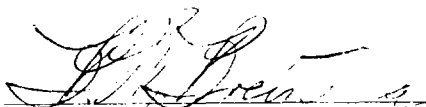
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

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

VI. CERTIFICATE OF COMPLIANCE

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



Area Engineer

July 14, 1965

(Signature)

(Title)

(Date)

OIL CONSERVATION COMMISSION

APPROVED

JUL 21 1965

, 19

BY

TITLE

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

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

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

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

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

Lease #65611

(Form C-101)
(Revised 7/1/52)

NEW MEXICO OIL CONSERVATION COMMISSION

Santa Fe, New Mexico.

ORIGINAL

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 Commission and approval obtained before drilling or recompletion begins. If changes in the proposed plan are considered advisable, a copy of the 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.

Fort Worth, Texas

(Place)

May 22, 1956

(Date)

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 asThe Texas Company

(Company or Operator)

Z. A. McMillan "A"

(Lease)

Well No. 2

in "M"

(Unit)

The well is

located 660 feet from the West line and 660 feet from theSouthline of Section 3, T. 19-S, R. 37-E, NMPM.

(GIVE LOCATION FROM SECTION LINE)

Eumont

Pool,

Lea

County

If State Land the Oil and Gas Lease is No. -If patented land the owner is Z. A. McMillanAddress Box 782, Hobbs, New MexicoWe propose to drill well with drilling equipment as follows: Rotary

The status of plugging bond is \$10,000 blanket surety bond of Maryland Casualty Co. has been filed with State Geologist.

Drilling Contractor Not known at this timeWe intend to complete this well in the Queenformation at an approximate depth of 3950 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
<u>11"</u>	<u>8-5/8"</u>	<u>24#</u>	<u>New</u>	<u>1660'</u>	<u>1000</u>
<u>6-3/4"</u>	<u>4-1/2"</u>	<u>11.60#</u>	<u>New</u>	<u>3950'</u>	<u>400</u>

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'
Top of Yates	2800'	Top of Penrose	3755'
Top of Seven Rivers	3080'	Total Depth	3950'

Approved MAY 25 1956, 19.....

Except as follows:

Sincerely yours,

THE TEXAS COMPANY

(Company or Operator)

By J. U. VeltenPosition Division Civil Engineer

Send Communications regarding well to

Name The Texas CompanyAddress P. O. Box 1720
Fort Worth, Texas

OIL CONSERVATION COMMISSION

By [Signature]

Engineer District I

Title _____

amm

ORIGINAL

NEW MEXICO
OIL CONSERVATION COMMISSION

Well Location and/or Gas Proration Plat

HOODS Form C-128

OFFICE OCC

Date May 18, 1956

Operator The Texas Company Lease No. 65611 Z. A. McMillan

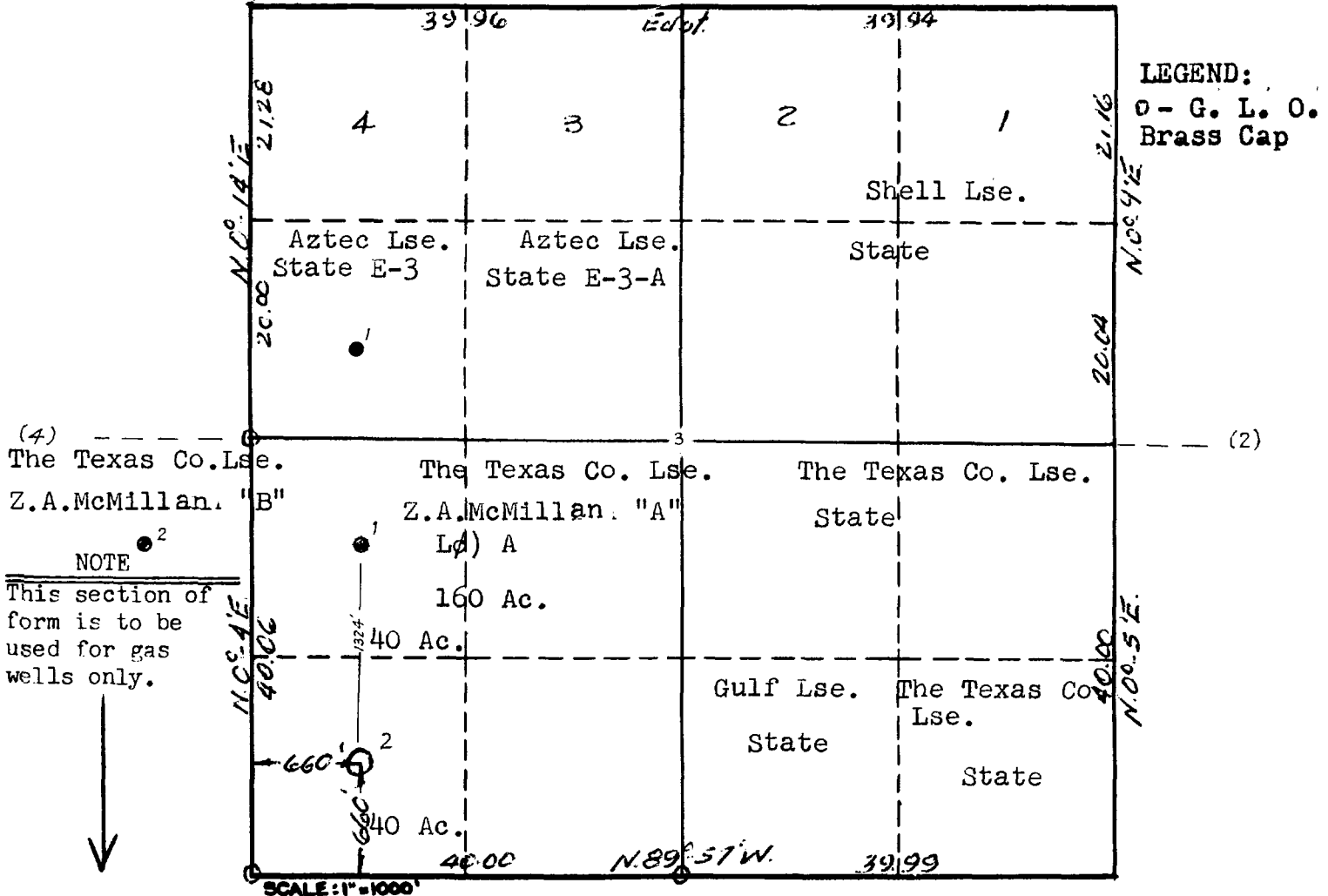
Well No. 2 Section 3 Township 19 South Range 37 East NMPM

Located 660 Feet From South Line, 660 Feet From West Line,

Lea County, New Mexico. G. L. Elevation 3665.0

Name of Producing Formation Queen Sand Pool Eumont Dedicated Acreage 40

(Note: All distances must be from outer boundaries of Section)



1. Is this Well a Dual Comp. ? Yes ___ No ___.

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

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.

Name _____
Position _____
Representing _____
Address _____

Date Surveyed May 18, 1956
John W. Pharr
Registered Professional Engineer and/or
Land Surveyor License No. 1559

Submit 3 Copies
to Appropriate
District Office
District I
P.O. Box 1980, Hobbs, NM 88240
District II
P.O. Drawer DD, Artesia, NM 88210
District III
1000 Rio Brazos Rd. Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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

WELL API NO. 30 - 025 - 05583

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.
B-2330

7. Lease Name or Unit agreement Name
EAST EUMONT UNIT

8. Well No. 28

9. Pool name or Wildcat
EUMONT YATES SVN RVR QN

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

1. Type of Well:
OIL ☐ GAS ☐ OTHER INJECTION ☐

2. Name of Operator
OXY USA INC.

3. Address of Operator
P.O. Box 50250 Midland, TX 79710

4. Well Location
Unit Letter A : 660 Feet From The NORTH Line and 660 Feet From The EAST Line
Section 9 Township 19 S Range 37 E NMPM LEA County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3,659

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☒ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: CONVERT TO INJECTION ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☒ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: CONVERT TO INJECTION ☒

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

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 OK, RDPD 10/28/93.

SHUT-IN PENDING WATER INJECTION LINE.

R-2901

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

SIGNATURE David Stewart TITLE REGULATORY ANALYST DATE 11 30 93
TYPE OR PRINT NAME DAVID STEWART TELEPHONE NO. 915 685-5717

(This space for State Use)

APPROVED BY [Signature] TITLE DISTRICT 1 SUPERVISOR DATE DEC 13 1993

CONDITIONS OF APPROVAL, IF ANY:

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

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

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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

OIL CONSERVATION DIVISION
RECEIVED

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

'93 JUL 12 AM

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Oxy USA, Inc.	Well API No. 30-025-05583
Address PO Box 50250, Midland, TX 79710	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain) JUNE	
New Well <input type="checkbox"/>	Change in Transporter of: Effective February 1, 1993
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator Sirgo Operating, Inc., PO Box 3531, Midland, TX 79702	

II. DESCRIPTION OF WELL AND LEASE

Lease Name East Eumont Unit	Well No. 28	Pool Name, Including Formation Eumont Yates SR QN	Kind of Lease State, Federal or Fee	Lease No. B-2330
Location Unit Letter A : 660 Feet From The North Line and 660 Feet From The East Line Section 9 Township 19S Range 37E , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Koch Oil Company	Address (Give address to which approved copy of this form is to be sent) PO Box 1558, Breckenridge, TX 76024					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Corp	Address (Give address to which approved copy of this form is to be sent) PO Box 1589, Tulsa, OK 74102 4001 Penbrook, Odessa, TX 79762					
If well produces oil or liquids, give location of tanks.	Unit M	Sec. 3	Twp. 19S	Rge. 37E	Is gas actually connected? No	When?

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

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

GAS WELL

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

VI. OPERATOR CERTIFICATE OF COMPLIANCE

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

Signature **Pat McGee** Land Manager
Printed Name **6/8/93** Title **915/685-5600**
Date Telephone No.

OIL CONSERVATION DIVISION
JUL 09 1993

Date Approved
By **[Signature]**
Title **DISTRICT 1 SUPERVISOR**

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

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

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

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
5-OCC
1-Midland
1-File

Operator Tidewater Oil Company	
Address Box 249, Hobbs, New Mexico	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Formerly Tidewater Oil Company State AD #1	

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name East Elmont Unit	Well No. 28	Pool Name, including Formation Elmont (Queen)	Kind of Lease State, Federal or Fee State
Location			
Unit Letter A ; 660 Feet From The North Line and 660 Feet From The East			
Line of Section 9 , Township 19S Range 37E , NMPM, Lea County			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Texas New Mexico Pipe Line Company	Address (Give address to which approved copy of this form is to be sent) Box 1510, Midland, Texas	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Company	Address (Give address to which approved copy of this form is to be sent) Phillips Building, Odessa, Texas	
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 9
	Twp. 19S	Rge. 37E
	Is gas actually connected? Yes	
	When	

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Pool	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

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

GAS WELL

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

VI. CERTIFICATE OF COMPLIANCE

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

C. L. Wade

(Signature)

Area Supt.

(Title)

July 6, 1965

(Date)

OIL CONSERVATION COMMISSION

APPROVED

JUL 9 1965

, 19

BY

TITLE

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

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

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

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

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

Form C.

Well Location and/or Gas Production Plot

DA February 11

Lease State "AD"

Well No. 1 Section 9 Township 19-S Range 37-E

Located 660' Feet from East Line, 660' Feet From North Line.

Lea County, New Mexico. G. L. Elevation To be run later

Name of Producing Formation	Queens	Pool	Undesignated Exempt	Dedicated Acreage
				40

(Note: All distances must be from outer boundaries of Section)

	TIDE WATER ASSOCIATED OIL COMPANY	660' 1 660'
		40 Ac. Unit
	GULF	
So. Pet. Expl.	GULF	HUMBLE
	STATE	

Scale: 1" = 1000'

1. Is this Well a Dual Comp.? Yes _____ No **X**

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

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 February 1, 1956

Registered Professional Engineer and
Land Surveyor

Land Surveyor

Submit 3 Copies
to Appropriate
District Office

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

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

District III
1000 Rio Brazos Rd. Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

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

Form C-103
Revised 1-1-89

WELL API NO. 30 - 025 - 05586

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.
E-6574

7. Lease Name or Unit agreement Name

EAST EUMONT UNIT

8. Well No. 30

9. Pool name or Wildcat
EUMONT YATES SVN RVR QN

SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)	
1. Type of Well: OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER INJECTION	
2. Name of Operator OXY USA INC.	
3. Address of Operator P.O. Box 50250 Midland, TX 79710	
4. Well Location Unit Letter C : 690 Feet From The NORTH Line and 1,950 Feet From The WEST Line Section 10 Township 19 S Range 37 E NMPM LEA County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3,660	

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

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

TD - 4096' PBDT - 4061' PERFS - 3896'-3940'

SEE OTHER SIDE

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

SIGNATURE David Stewart TITLE REGULATORY ANALYST DATE 11 23 93

TYPE OR PRINT NAME DAVID STEWART TELEPHONE NO. 915 685-5717

(This space for State Use)

APPROVED BY [Signature] TITLE DISTRICT 1 SUPERVISOR DATE DEC 13 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. Run GR/CCL log from new PBTD to minimum depth. Perforate Penrose formation (3768' - 3857') w/ premium charges 2 JSPF at the following depths (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 @ \pm 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 ~~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 @ \pm 3690'. ND BOP, NU WH. Pressure test annulus to 500# and cut 30 min chart for NMOCD.

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

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

DISTRICT III
1000 Rio Brazos Rd, Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

OIL CONSERVATION DIVISION
RECEIVED

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

'93 JUL 12 AM 9 15

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Oxy USA, Inc.		Well API No. 30-025- 05586
Address PO Box 50250, Midland, TX 79710		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain) JUNE		
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	Effective February JUNE 1, 1993
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
Change in Operator <input checked="" type="checkbox"/>		
If change of operator give name and address of previous operator Sirgo Operating, Inc., PO Box 3531, Midland, TX 79702		

II. DESCRIPTION OF WELL AND LEASE

Lease Name East Eumont Unit	Well No. 30	Pool Name, Including Formation Eumont Yates SR QN	Kind of Lease State, Federal or Fee	Lease No. E-6574
Location Unit Letter <u>C</u> : 690 Feet From The <u>North</u> Line and 1950 Feet From The <u>West</u> Line Section 10 Township 19S Range 37E, NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Koch Oil Company	Address (Give address to which approved copy of this form is to be sent) PO Box 1558, Breckenridge, TX 76024	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Corp GPM	Address (Give address to which approved copy of this form is to be sent) PO Box 1589, Tulsa, OK 74102 4001 Penbrook, Odessa, TX 79762	
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 10
	Twp. 19S	Rge. 37E
	Is gas actually connected? No When ?	

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

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

GAS WELL

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

VI. OPERATOR CERTIFICATE OF COMPLIANCE

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

Signature Pat McGee Land Manager
Printed Name Pat McGee Title
Date 6/8/93 Telephone No. 915/685-5600

OIL CONSERVATION DIVISION

JUL 09 1993

Date Approved

By

Title

DISTRICT 1 SUPERVISOR

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

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

NO. OF COPIES RECEIVED	
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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

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

Form
Superseded
Effective

5-OCC
1-Midland
1-File

Tidewater Oil Company

Box 249, Hobbs, New Mexico

Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

Formerly Aztec's State E-10- #2

If change of ownership give name and address of previous owner Aztec Oil & Gas Company, Box 837, Hobbs, New Mexico

I. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	State
East Emont Unit	30	Emont Queen	State, Federal or Fee	State
Location				
Unit Letter	C	690 Feet From The	North	Line and 1950 Feet From The
Line of Section	10	Township	19 S	Range 37 E, NMPM, Lea County

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Texas New Mexico Pipe Line Company	Box 1510, Midland, Texas					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Phillips Petroleum Company	Phillips Building, Odessa, Texas					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	C	10	19	37	Yes	1957

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

III. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res'tv.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Pool	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		

IV. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

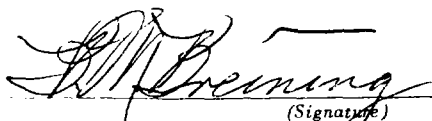
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbbls.	Water-Bbbls.	Gas-MCF

GAS WELL

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

V. CERTIFICATE OF COMPLIANCE

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



Area Engineer
(Title)

July 19, 1965
(Date)

OIL CONSERVATION COMMISSION

APPROVED 7 JUL 27 1965, 19
BY _____
TITLE _____

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

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

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

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

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

ORIGINAL

NEW MEXICO
OIL CONSERVATION COMMISSION

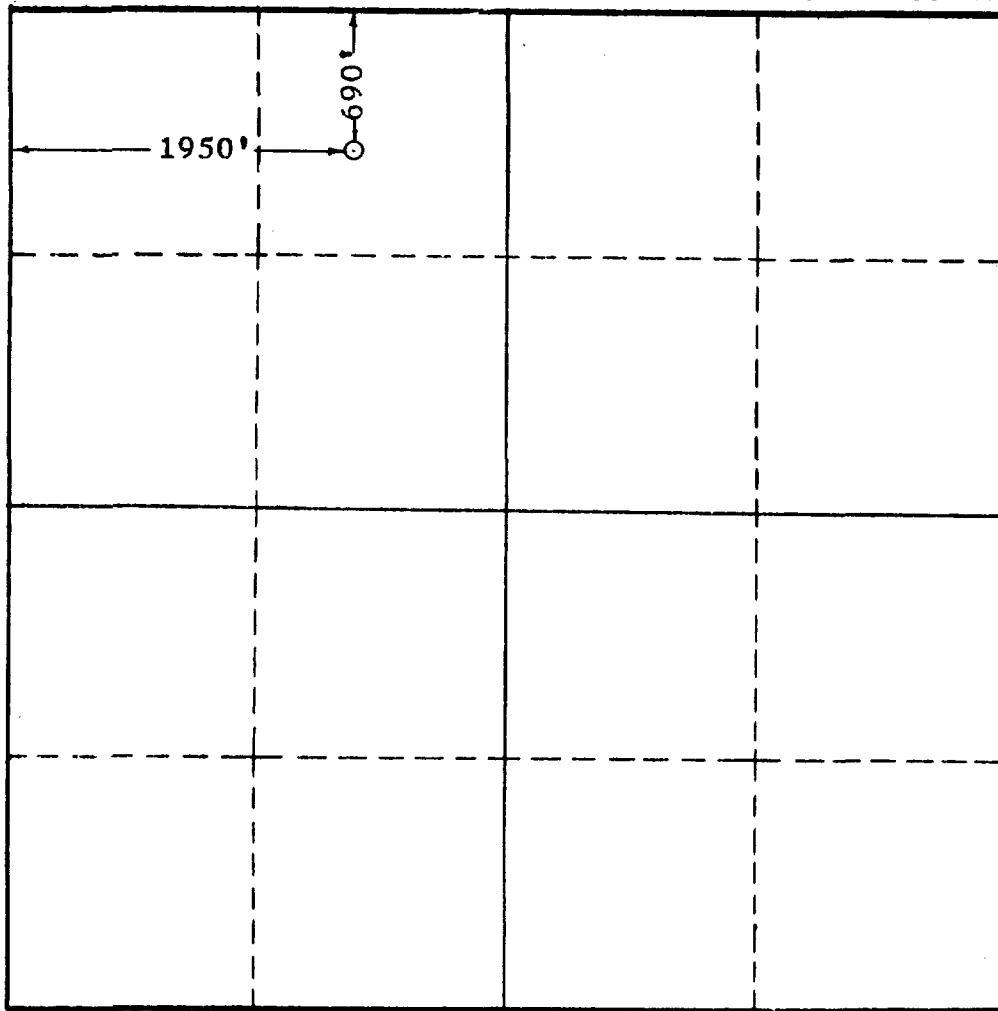
Well Location and/or Gas Proration Plat

Form

MAINTENANCE OCC 7-12-56

Operator Aztec Oil & Gas Company Lease State E 410
Well No. 2 Section 10 Township 19 South Range 37 East NMP
Located 1950 Feet From West Line, 690 Feet From North Line,
Lea County, New Mexico. G. L. Elevation 3652.6
Name of Producing Formation _____ Pool _____ Dedicated Acreage _____

(Note: All distances must be from outer boundaries of Section)



SCALE: 1" = 1000'

1. Is this Well a Dual Comp.? Yes ___ No ___.
2. If the answer to Question 1 is yes, are there any other dually completed wells within the dedicated acreage? Yes ___ No ___.

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.

Name _____
Position _____
Representing _____
Address _____

Date Surveyed 7-10-56
John W West
Registered Professional Engineer and/or
Land Surveyor

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

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

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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

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

93 JUL 12 AM 9 15

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Oxy USA, Inc.	Well API No. 30-025- 05588
Address PO Box 50250, Midland, TX 79710	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain) JUNE	
New Well <input type="checkbox"/>	Change in Transporter of: Effective February 1, 1993
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator Sirgo Operating, Inc., PO Box 3531, Midland, TX 79702	

II. DESCRIPTION OF WELL AND LEASE

Lease Name East Eumont Unit	Well No. 32	Pool Name, Including Formation Eumont Yates SR QN	Kind of Lease State, Federal or Fee	Lease No. E-6574
Location Unit Letter <u>E</u> : <u>1980</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>West</u> Line Section <u>10</u> Township <u>19S</u> Range <u>37E</u> , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Koch Oil Company	Address (Give address to which approved copy of this form is to be sent) PO Box 1558, Breckenridge, TX 76024					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Corp GPM	Address (Give address to which approved copy of this form is to be sent) PO Box 1589, Tulsa, OK 74112 4001 Penbrook, Odessa, TX 79762					
If well produces oil or liquids, give location of tanks.	Unit M	Sec. 3	Twp. 19S	Rge. 37E	Is gas actually connected? Yes	When? 1957

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

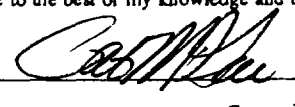
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF

GAS WELL

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

VI. OPERATOR CERTIFICATE OF COMPLIANCE

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

Signature 
Printed Name Pat McGee Land Manager
Date 6/8/93 Title 915/685-5600
Telephone No.

OIL CONSERVATION DIVISION

Date Approved JUL 09 1993

By 

DISTRICT 1 SUPERVISOR

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

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

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

NEW MEXICO OIL CONSERVATION COMMISSION

REQUEST FOR ALLOWABLE
ANDForm C-104
Supersedes Old
Effective 1-1-65

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

5-0CC
1-Midland
1-File

JUL 16 7 39 AM '65

I.

Operator Tidewater Oil Company	
Address Box 249, Hobbs, New Mexico	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Formerly Gulf's F. W. Kutter E #2	

If change of ownership give name and address of previous owner **Gulf Oil Company, Hobbs, New Mexico**

II. DESCRIPTION OF WELL AND LEASE

Lease Name East Eumont Unit	Well No. 32	Pool Name, including Formation Eumont Queen	Kind of Lease State, Federal or Fee Fee
Location Unit Letter E ; 1980 Feet From The North Line and 660 Feet From The West			
Line of Section 10 , Township 19 S Range 37 E , NMPM, Lea County			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Texas New Mexico Pipe Line Company	Address (Give address to which approved copy of this form is to be sent) Box 1510, Midland, Texas		
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Corporation	Address (Give address to which approved copy of this form is to be sent) Monument, New Mexico		
If well produces oil or liquids, give location of tanks.	Unit E	Sec. 10	Twp. 19
		Rge. 37	Is gas actually connected? Yes When 1957

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Pool	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)


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

GAS WELL

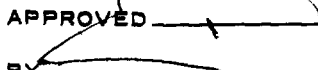

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size

VI. CERTIFICATE OF COMPLIANCE

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


(Signature)
Area Engineer
(Title)
July 13, 1965
(Date)

OIL CONSERVATION COMMISSION

APPROVED  , 19
BY 
TITLE **Engineer District**

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

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

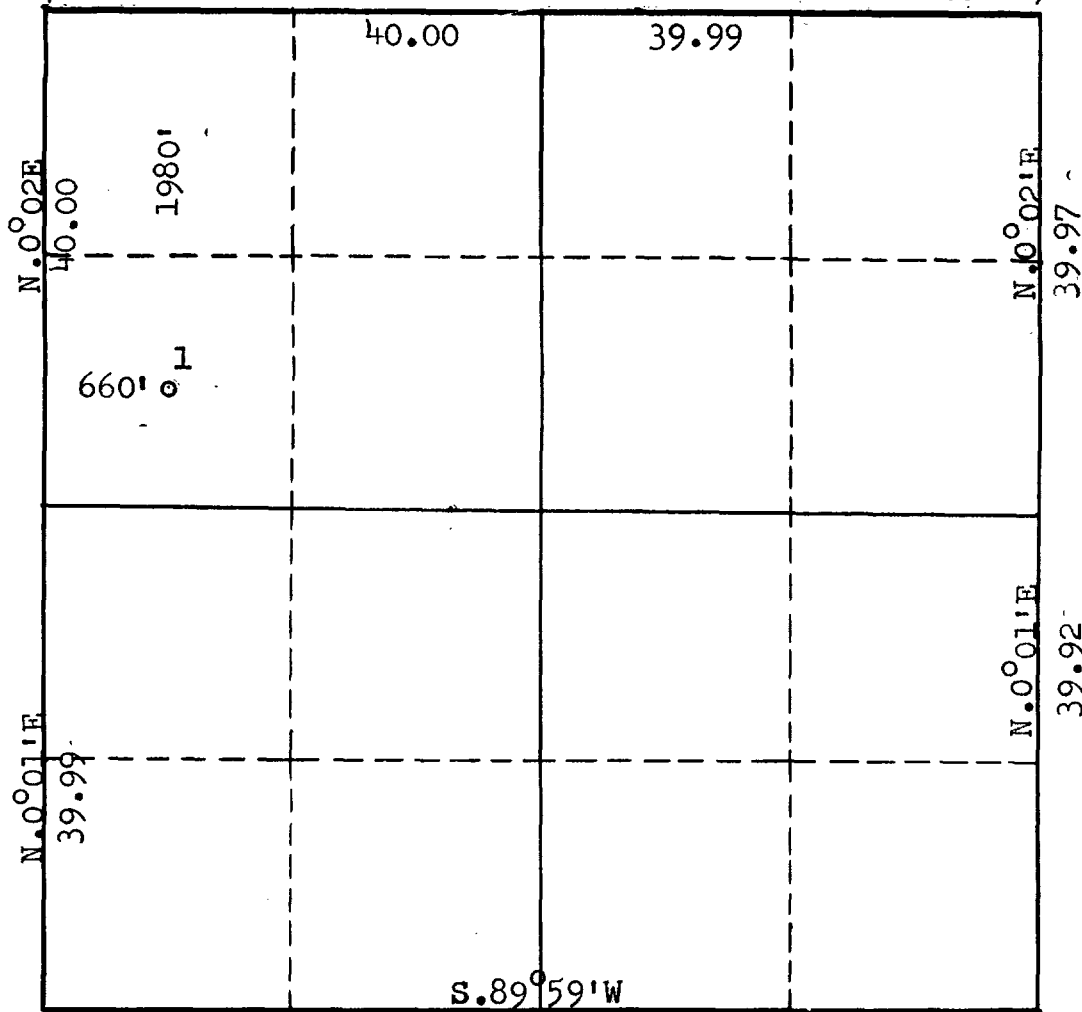
All sections of this form must be filled out completely for allowable on new and recompleted wells.

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

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

Form C-128

(Note: All distances must be from outer boundaries of Section)



SCALE: 1" = 1000'

1. Is this Well a Dual Comp. ? Yes ___ No x . 19.
2. If the answer to Question 1 is yes, are there any other dually completed wells within the dedicated acreage? Yes ___ No ___ .

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.

Name _____
Position _____
Representing _____
Address _____

Date Surveyed 4-12-56
 Registered Professional Engineer and/or
 Land Surveyor J. L. Bzant

~~Engineer District 1~~

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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

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

District III
1000 Rio Brazos Rd. Aztec, NM 87410

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

RECEIVED

'93 DEC 17 AM 8 59

WELL API NO. 30 - 025 - 05591

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.
B-2209

7. Lease Name or Unit agreement Name

EAST EUMONT UNIT

8. Well No. 35

9. Pool name or Wildcat
EUMONT YATES SVN RVR QN

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"
(FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well:
OIL ☐ GAS ☐ OTHER INJECTION

2. Name of Operator
OXY USA INC.

3. Address of Operator
P.O. Box 50250 Midland, TX 79710

4. Well Location
Unit Letter K : 1,980 Feet From The SOUTH Line and 1,980 Feet From The WEST Line
Section 10 Township 19 S Range 37 E NMPM LEA County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3,666

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☒ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: CONVERT TO INJECTION ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☒ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: CONVERT TO INJECTION ☒

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

TD - 4070' PBD - 4030' PERFS - 3835' - 4018'

MIRU PU, 10/19/93, NDWH NUBOP, RIH & TAG @ 4002'. CO TO 4030', CHC, TEST CSG TO 500#, HELD OK. PERF
ADD'L INTERVAL W/ 2JSPF @ 3835-38, 42-61, 70-79, 88-3891, 3901-17, 26-33, 41-50, 55-3961' TOTAL 160 HOLES.
ACIDIZE W/ 5000GAL 15% NEFE HCL ACID. POOH, RIH W/ GUIB G-6 PKR & 2-3/8" TBG & SET PKR @ 3791', NDBOP,
NUWH, CIRC W/ PKR FLUID, TEST CSG TO 560#, HELD OK, WITNESSED BY M. McWILLIAMS-NMOCD, RDPV 10/22/93.
SHUT-IN PENDING WATER INJECTION LINE.

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

SIGNATURE David Stewart TITLE REGULATORY ANALYST DATE 11 30 93

TYPE OR PRINT NAME DAVID STEWART TELEPHONE NO. 915 685-5717

(This space for State Use)

APPROVED BY [Signature] TITLE DISTRICT 1 SUPERVISOR DATE DEC 13 1993

CONDITIONS OF APPROVAL, IF ANY:

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

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

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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

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

OIL CONSERVATION DIVISION
RECEIVED
93 JUL 12 AM 9 15

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Oxy USA, Inc.		Well API No. 30-025- 05591
Address PO Box 50250, Midland, TX 79710		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain) JUNE		
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	Effective February 1, 1993
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
Change in Operator <input checked="" type="checkbox"/>		
If change of operator give name and address of previous operator Sirgo Operating, Inc., PO Box 3531, Midland, TX 79702		

II. DESCRIPTION OF WELL AND LEASE

Lease Name East Eumont Unit	Well No. 35	Pool Name, Including Formation Eumont Yates SR QN	Kind of Lease State, Federal or Fee	Lease No. B-2209
Location Unit Letter <u>K</u> : <u>1980</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>West</u> Line Section <u>10</u> Township <u>19S</u> Range <u>37E</u> , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Koch Oil Company	Address (Give address to which approved copy of this form is to be sent) PO Box 1558, Breckenridge, TX 76024				
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Corp GPM	Address (Give address to which approved copy of this form is to be sent) PO Box 1589, Tulsa, OK 74102 4001 Penbrook, Odessa, TX 79762				
If well produces oil or liquids, give location of tanks.	Unit M	Sec. 3	Twp. 19S	Rge. 37E	Is gas actually connected? When ? Yes NA

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

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

GAS WELL

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

VI. OPERATOR CERTIFICATE OF COMPLIANCE

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

Signature Pat McGee Land Manager
Printed Name 6/8/93 Title 915/685-5600
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved JUL 09 1993
By Jerry Smith
Title DISTRICT 1 SUPERVISOR

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

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

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

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE

Form C-104
Supersedes Old C-104 and C-105
Effective 1-1-65

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
5-OCC
1-Midland
1-File

MAILED
JUL 15 1965

JUL 20 4 03 PM '65

JUL 20 4 03 PM '65

I. Operator **Tidewater Oil Company**
Address **Box 249, Hobbs, New Mexico**
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of: ☐
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☒ Casinghead Gas ☐ Condensate ☐
Other (Please explain) **Formerly Humble's New Mexico 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 Eumont Unit	Well No. 35	Pool Name, Including Formation Eumont Queen	Kind of Lease State, Federal or Fee State
Location Unit Letter K , 1980 Feet From The South Line and 1980 Feet From The West Line of Section 10 , Township 19 S Range 37 E , NMPM, Lea County			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Texas New Mexico Pipe Line Company	Address (Give address to which approved copy of this form is to be sent) Box 1510, Midland, Texas
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Corporation	Address (Give address to which approved copy of this form is to be sent) Monument, New Mexico
If well produces oil or liquids, give location of tanks. M	Unit 10 Sec. 19 Twp. 37 Rge. Yes

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res'tv.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Pool	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

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

GAS WELL

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

VI. CERTIFICATE OF COMPLIANCE

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


Area Engineer
(Signature)

July 15, 1965
(Date)

OIL CONSERVATION COMMISSION

APPROVED: _____, 19

BY: _____

TITLE: _____

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

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

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

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

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

NEW MEXICO OIL CONSERVATION COMMISSION

Santa Fe, New Mexico

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

NOTICE OF INTENTION TO DRILL

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

Midland, Texas
(Place)

May 24, 1957
(Date)

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

Humble Oil & Refining Company

Co. Lease No. 53204

(Company or Operator)

New Mexico State "E"
(Lease)

Well No. 4

"K"
(Unit)

The well is located 1980 feet from the South line and 1980 feet from the West

line of Section 10, T -19-S, R. -37-E, NMPM.

(GIVE LOCATION FROM SECTION LINE) Eumont Pool, Lea County

If State Land the Oil and Gas Lease is No. B-2209

If patented land the owner is

Address

We propose to drill well with drilling equipment as follows: Rotary

The status of plugging bond is on file with Commission Office

Drilling Contractor Unknown

We intend to complete this well in the Queen

formation at an approximate depth of 4050 feet.

See Attached Plat

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	300'	150 sks. *
7 7/8"	5-1/2"	14#	New	4050'	600 sks. **

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, 19

Except as follows:

Sincerely yours,

Humble Oil & Refining Company

(Company or Operator)

By

Position Div. Chief Clerk

Send Communications regarding well to

Name R. R. McCarty

Address Box 1600 Midland, Texas

OIL CONSERVATION COMMISSION

By

NEW MEXICO OIL CONSERVATION COMMISSION
Well Location and Acreage Dedication Plat

Section A.

Date 5-21-57

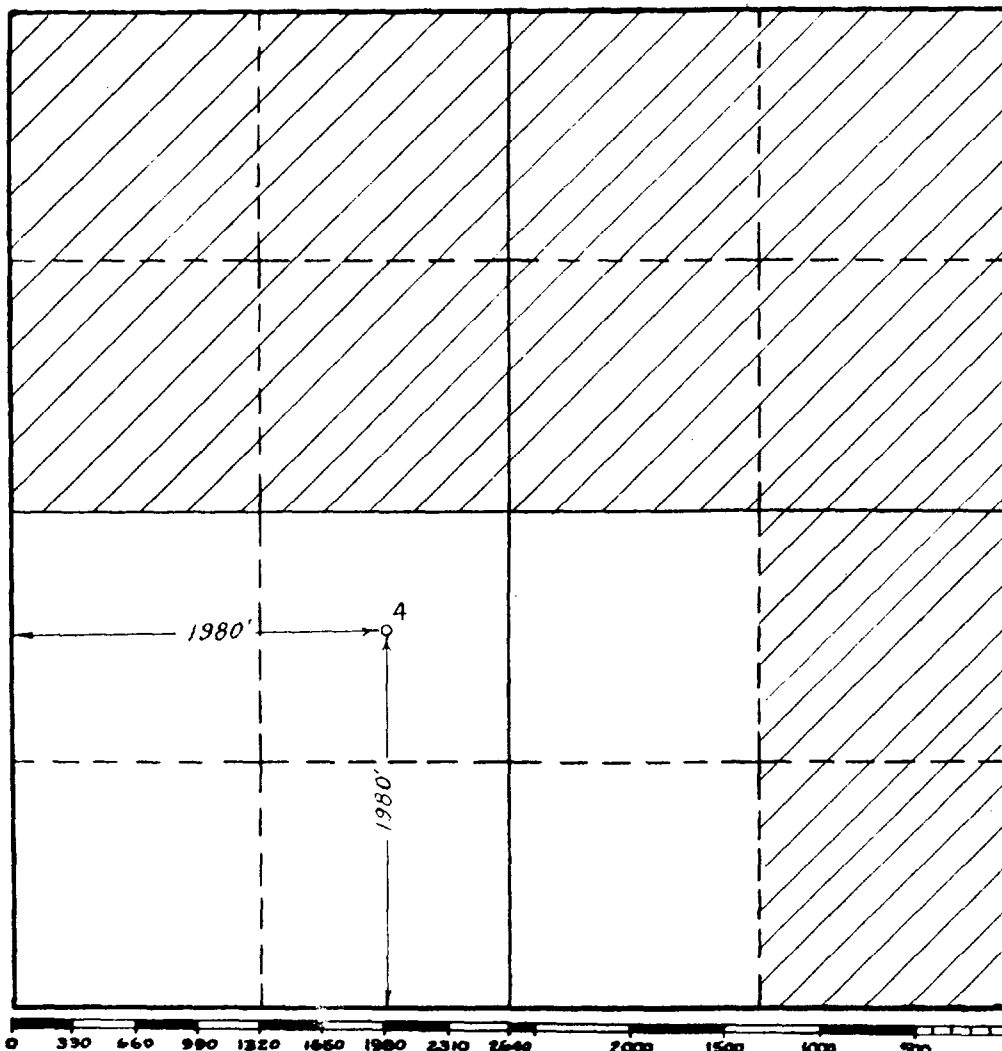
Operator HUMBLE OIL & REFINING CO. Lease NEW MEXICO STATE "E"
Well No. 4 Unit Letter K Section 10 Township 19-S Range 37-E NMPM
Located 1980 Feet From SOUTH Line, 1980 Feet From WEST Line
County LEA G. L. Elevation _____ Dedicated Acreage 40 Acres
Name of Producing Formation QUEEN Pool EUMONT

1. Is the Operator the only owner* in the dedicated acreage outlined on the plat below?
Yes L No _____.
2. 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:

Owner

Land Description

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)

Kenneth E. Meadows
(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

E. T. Shahan
Registered Professional
Engineer and/or Land Surveyor.

Certificate No. 15-13

18

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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

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

District III
1000 Rio Brazos Rd. Aztec, NM 87410

OIL CONSERVATION DIVISION

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

'93 DE: 17 AM 8 59

WELL API NO. 30 - 025 - 05590

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.
B-2209

7. Lease Name or Unit agreement Name

EAST EUMONT UNIT

8. Well No. 36

9. Pool name or Wildcat
EUMONT YATES SVN RVR QN

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"
(FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well:
OIL ☐ GAS ☐
WELL ☐ WELL ☐ OTHER INJECTION

2. Name of Operator
OXY USA INC.

3. Address of Operator
P.O. Box 50250 Midland, TX 79710

4. Well Location
Unit Letter M : 660 Feet From The SOUTH Line and 660 Feet From The WEST Line
Section 10 Township 19 S Range 37 E NMPM LEA County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3,662

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☒ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: CONVERT TO INJECTION ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☒ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: CONVERT TO INJECTION ☒

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

TD - 3989' PBTD - 3988' PERFS - 3781' - 3955'

MIRU PU, 10/13/93, NDWH NUBOP, RIH & TAG @ 3914'. CO TO 3988', CHC, TEST CSG TO 500#, HELD OK. PERF
ADD'L INTERVAL W/ 2JSPF @ 3781-84, 3787-3804, 12-20, 29-33, 42-55, 59-62, 65-66, 69-3872' TOTAL 118 HOLES.
ACIDIZE W/ 5000GAL 15% NEFE HCL ACID. POOH, RIH W/ GUIB G-6 PKR & 2-3/8" TBG & SET PKR @ 3705', NDBOP,
NUWH, CIRC W/ PKR FLUID, TEST CSG TO 520#, HELD OK, RDPV 10/19/93.
SHUT-IN PENDING WATER INJECTION LINE.

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

SIGNATURE David Stewart TITLE REGULATORY ANALYST DATE 11 30 93
TYPE OR PRINT NAME DAVID STEWART TELEPHONE NO. 915 685-5717

(This space for State Use)

APPROVED BY Geny Sexton TITLE DISTRICT 1 SUPERVISOR DATE DEC 13 1993
CONDITIONS OF APPROVAL, IF ANY:

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

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

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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Oxy USA, Inc.	Well API No. 30-025-05590
Address PO Box 50250, Midland, TX 79710	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain) JUNE	
New Well <input type="checkbox"/>	Change in Transporter of: <input type="checkbox"/> Effective February 1, 1993
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator Sirgo Operating, Inc., PO Box 3531, Midland, TX 79702	

II. DESCRIPTION OF WELL AND LEASE

Lease Name East Eumont Unit	Well No. 36	Pool Name, Including Formation Eumont Yates SR QN	Kind of Lease State, Federal or Fee	Lease No. B-2209
Location Unit Letter M : 660 Feet From The South Line and 660 Feet From The West Line Section 10 Township 19S Range 37E , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Koch Oil Company	Address (Give address to which approved copy of this form is to be sent) PO Box 1558, Breckenridge, TX 76024	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Corp	Address (Give address to which approved copy of this form is to be sent) PO Box 1589, Tulsa, OK 74102 4001 Penbrook, Odessa, TX 79762	
If well produces oil or liquids, give location of tanks.	Unit M	Sec. 3
	Tw. 19S	Rge. 37E
	Is gas actually connected? Yes When ? NA	

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

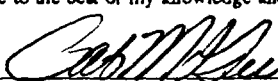
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF

GAS WELL

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

VI. OPERATOR CERTIFICATE OF COMPLIANCE

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

Signature 
Pat McGee Land Manager
Printed Name Title
Date **6/8/93** 915/685-5600
Telephone No.

OIL CONSERVATION DIVISION

Date Approved **JUL 12 1993**

By 
DISTRICT 1 SUPERVISOR

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

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

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

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

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

MAIN OFFICE

'65 JUL

5-000
1-Midland
1-File

JUL 20 4 03 PM '65

I. Operator
Tidewater Oil Company
Address
Box 249, Hobbs, New Mexico
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☒ Casinghead Gas ☐ Condensate ☐
Other (Please explain)
**Formerly Humble's
New Mexico State "E" #2**
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 Eumont Unit	Well No. 36	Pool Name, Including Formation Eumont Queen	Kind of Lease State, Federal or Fee State
Location Unit Letter M ; 660 Feet From The South Line and 660 Feet From The West Line of Section 10 , Township 19 S Range 37 E , NMPM, Lea County			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Texas New Mexico Pipe Line Company	Address (Give address to which approved copy of this form is to be sent) Box 1510, Midland, Texas
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Corporation	Address (Give address to which approved copy of this form is to be sent) Monument, New Mexico
If well produces oil or liquids, give location of tanks. M 10 19 37	Is gas actually connected? When Yes

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'ty.	Diff. Res'ty.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Pool	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations						Depth Casing Shoe		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)


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

GAS WELL

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

VI. CERTIFICATE OF COMPLIANCE

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


(Signature)

Area Engineer
(Title)

July 15, 1965
(Date)

OIL CONSERVATION COMMISSION

APPROVED

JUL 27 1965

BY

TITLE

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

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

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

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

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

NEW MEXICO OIL CONSERVATION COMMISSION

Santa Fe, New Mexico

HOBBS OFFICE OCC

NOTICE OF INTENTION TO DRILL ~~OR RECOMPLETION~~

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 QUINTUPPLICATE. One copy will be returned following approval. See additional instructions in Rules and Regulations of the Commission. If State Land submit 6 Copies

Midland, Texas
(Place)April 17, 1956
(Date)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

Humble Oil & Refining Company

(Co. Lse. #53204)

(Company or Operator)

New Mexico State "E"

(Lease)

Well No. 2, in "M" (Unit) The well is

located 660 feet from the South line and 660 feet from the West

Line of Section 10, T. -19-S, R. -37-E, NMPM.

(GIVE LOCATION FROM SECTION LINE) ~~UNDESIGNATED~~ Pool, Lea County

If State Land the Oil and Gas Lease is No. B-2209

If patented land the owner is --

Address

We propose to drill well with drilling equipment as follows: Rotary Rig

The status of plugging bond is on file with commission office.

Drilling Contractor Unknown

We intend to complete this well in the Queen formation at an approximate depth of 4000 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
11"	8-5/8"	24#	New	1600'	1000 sxs.*
7-7/8"	5-1/2"	14#	"	4000'	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 _____, 19____
Except as follows:

OIL CONSERVATION COMMISSION

By _____

Sincerely yours,

Humble Oil & Refining Company

(Company or Operator)

By _____

Position Assistant Division Superintendent

Send Communications regarding well to

Name J. W. House

Box 1600 Midland Texas

NEW MEXICO
OIL CONSERVATION COMMISSION

Well Location and/or Gas Proration Plat

Form C-128
HOBBS OFFICE OCC

Date 4-16-56

Operator HUMBLE OIL & REFINING CO. Lease NEW MEXICO STATE ^{1955 APR} ES ^{AM} 10:14

Well No. 2 Section 10 Township 19-S Range 37-E NMPM

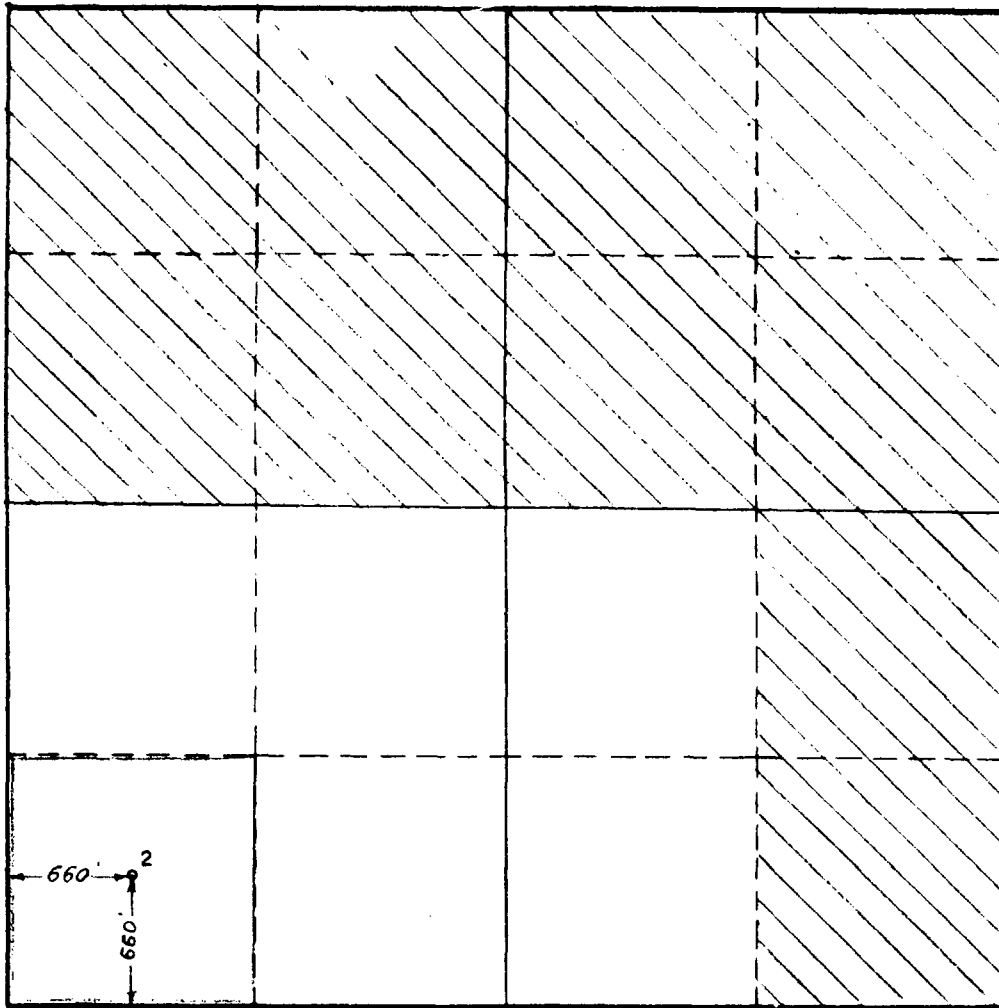
Located 660 Feet From SOUTH Line, 660 Feet From WEST Line,

LEA

County, New Mexico. G. L. Elevation _____

Name of Producing Formation QUEEN Pool UNDEVELOPED Dedicated Acreage 40

(Note: All distances must be from outer boundaries of Section)



SCALE: 1"=1000'

1. Is this Well a Dual Comp. ? Yes No _____.
2. If the answer to Question 1 is yes, are there any other dually completed wells within the dedicated acreage? Yes No _____.

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.

Name J. E. Herod
Position ASSISTANT DIVISION SUPERINTENDENT
Representing HUMBLE OIL & REFINING CO.
Address BOX 1600 MIDLAND, TEXAS

Date Surveyed 4-16-56
E. T. Shahan
Registered Professional Engineer and/or
Land Surveyor
LEASE NO 53204

W-A-211

Submit 3 Copies
to Appropriate
District Office

District I

P.O. Box 1980, Hobbs, NM 88240

District II

P.O. Drawer DD, Artesia, NM 88210

District III

1000 Rio Brazos Rd. Aztec, NM 87410

State of New Mexico

OIL CONSERVATION Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

Form C-103

Revised 1-1-89

WELL API NO.

30 - 025 - 05607

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

B-243

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"
(FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well:

OIL
WELL ☐

GAS
WELL ☐

OTHER INJECTION

2. Name of Operator

OXY USA INC.

3. Address of Operator

P.O. Box 50250 Midland, TX 79710

4. Well Location

Unit Letter A : 660 Feet From The NORTH Line and 990 Feet From The EAST Line

Section 16 Township 19 S Range 37 E NMPM LEA County

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

3,690

11.

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK

☒

PLUG AND ABANDON

☐

TEMPORARILY ABANDON

☐

CHANGE PLANS

☐

PULL OR ALTER CASING

☐

OTHER: CONVERT TO INJECTION

☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK

☒

ALTERING CASING

☐

COMMENCE DRILLING OPNS.

☐

PLUG AND ABANDONMENT

☐

CASING TEST AND CEMENT JOB

☐

OTHER: CONVERT TO INJECTION

☒

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

TD - 3950' PBTD - 3943' PERFS - 3765' - 3931'

MIRU PU, 10/15/93, NDWH NUBOP, RIH & TAG @ 3943'. CHC, TEST CSG TO 500#, HELD OK. PERF ADD'L INTERVAL W/ 2JSPF @ 3765-67, 77-85, 3797-3806, 25-31, 40-44, 52-64, 71-3883, 3909-3916' TOTAL 136 HOLES. ACIDIZE W/ 5000GAL 15% NEFE HCL ACID. POOH, RIH W/ GUIB G-6 PKR & 2-3/8" TBG & SET PKR @ 3707', NDBOP, NUWH, CIRC W/ PKR FLUID, TEST CSG TO 280#, HELD OK, RDPU 10/20/93.

SHUT-IN PENDING WATER INJECTION LINE.

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

SIGNATURE

David Stewart

TITLE

REGULATORY ANALYST

DATE 11 30 93

TYPE OR PRINT NAME

DAVID STEWART

TELEPHONE NO.

915 685-5717

(This space for State Use)

APPROVED BY

Jerry Septon

TITLE

DISTRICT 1 SUPERVISOR

DEC 13 1993

DATE

CONDITIONS OF APPROVAL, IF ANY:

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

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

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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Oxy USA, Inc.	Well API No. 30-025-05607
Address PO Box 50250, Midland, TX 79710	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain) JUNE	
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Effective February 1, 1993
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Change in Operator <input checked="" type="checkbox"/>	
If change of operator give name and address of previous operator Sirgo Operating, Inc., PO Box 3531, Midland, TX 79702	

II. DESCRIPTION OF WELL AND LEASE

Lease Name East Eumont Unit	Well No. 37	Pool Name, Including Formation Eumont Yates SR QN	Kind of Lease State, Federal or Fee	Lease No. B-243
Location Unit Letter A : 660 Feet From The North Line and 990 Feet From The East Line Section 16 Township 19S Range 37E , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Koch Oil Company	Address (Give address to which approved copy of this form is to be sent) PO Box 1558, Breckenridge, TX 76024	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Corp	Address (Give address to which approved copy of this form is to be sent) PO Box 1589, Tulsa, OK 74102	
If well produces oil or liquids, give location of tanks.	Unit M	Sec. 3
	Twp. 19S	Rge. 37E
	Is gas actually connected? Yes	When? 1956

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

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

GAS WELL

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

VI. OPERATOR CERTIFICATE OF COMPLIANCE

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

Signature **Pat McGee** Land Manager
Printed Name **6/8/93** Title
Date **915/685-5600** Telephone No.

OIL CONSERVATION DIVISION

Date Approved **JUL 12 1993**
By **Jerry Sexton**
Title **DISTRICT 1 SUPERVISOR**

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

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

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

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE

Form C-104
Supersedes Old C-104 and C-105
Effective 1-1-65

2 AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
5-OCC
1-Midland
1-File

JUL 29 1 46 PM '65

I. Operator
Tidewater Oil Company
Address
Box 249, Hobbs, New Mexico
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☒ Casinghead Gas ☐ Condensate ☐
Other (Please explain)
Formerly Continental's
State KU-16 Well #3
If change of ownership give name and address of previous owner
Continental Oil Company, Box 460, Hobbs, New Mexico

II. DESCRIPTION OF WELL AND LEASE

Lease Name East Eumont Unit	Well No. 37	Pool Name, Including Formation Eumont Queen	Kind of Lease State, Federal or Fee State
Location Unit Letter A ; 660 Feet From The North Line and 990 Feet From The East Line of Section 16 , Township 19 S Range 37 E , NMPM, Lea County			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Texas New Mexico Pipe Line Company	Address (Give address to which approved copy of this form is to be sent) Box 1510, Midland, Texas					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Corporation	Address (Give address to which approved copy of this form is to be sent) Monument, New Mexico					
If well produces oil or liquids, give location of tanks.	Unit H	Sec. 16	Twp. 19	Rge. 37	Is gas actually connected? Yes	When 12-4-56

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res'tv.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Pool	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

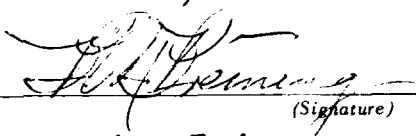
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

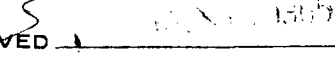
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size

VI. CERTIFICATE OF COMPLIANCE

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


(Signature)
Area Engineer
(Title)
July 23, 1965
(Date)

OIL CONSERVATION COMMISSION

APPROVED  , 19

BY 

TITLE 

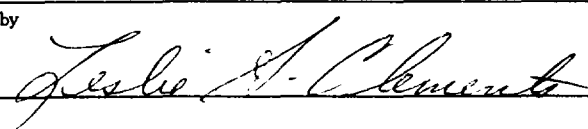
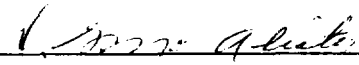
This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

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

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

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

NUMBER OF COPIES RECEIVED DISTRIBUTION SANTA FE FILE U.S.C. LAND OFFICE TRANSPORTER PRODUCTION OFFICE OPERATOR		NEW MEXICO OIL CONSERVATION COMMISSION SANTA FE, NEW MEXICO CERTIFICATE OF COMPLIANCE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS		FORM C-110 (Rev. 7-60)	
FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE					
Company or Operator Continental Oil Company			Lease 1961 JUN 15		Well No. AM 8 327
Unit Letter A	Section 16	Township 19S	Range 37E	County Lea	
Pool Eumont			Kind of Lease (State, Fed Fee) State		
If well produces oil or condensate give location of tanks		Unit Letter H	Section 16	Township 19S	Range 37E
Authorized transporter of oil <input checked="" type="checkbox"/> or condensate <input type="checkbox"/> Texas-New Mexico Pipe Line Company			Address (give address to which approved copy of this form is to be sent) Box 1510, Midland, Texas		
Is Gas Actually Connected? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
Authorized transporter of casing head gas <input checked="" type="checkbox"/> or dry gas <input type="checkbox"/>		Date Connected 5-10-57	Address (give address to which approved copy of this form is to be sent) 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 <input type="checkbox"/>		Change in Ownership <input checked="" type="checkbox"/>			
Change in Transporter (check one)		Other (explain below) X			
Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>		Redesignation of well name			
Casing head gas . <input type="checkbox"/> Condensate.. <input type="checkbox"/>					
Remarks 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-16" No. 3.					
The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.					
Executed this the 13th day of June , 19 61 .					
OIL CONSERVATION COMMISSION			By		
Approved by 					
Title Inspector			Title District Superintendent		
Date JUN 16 1961			Company Continental Oil Company		
			Address Box 427, Hobbs, New Mexico		

NEW MEXICO OIL CONSERVATION COMMISSION

Santa Fe, New Mexico

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

NOTICE OF INTENTION TO DRILL

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 C-101

Hobbs, New Mexico
(Place)April 19, 1957
(Date)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

John M. Kelly

(Company or Operator)

Gulf State B

(Lease)

Well No. 3, in A

(Unit)

located 660 feet from the North line and 990 feet from the

East

line of Section 16, T. 19, R. 37, NMPM.

(GIVE LOCATION FROM SECTION LINE)

Eumont

Pool, Lea County

If State Land the Oil and Gas Lease is No. B-243

If patented land the owner is

Address

We propose to drill well with drilling equipment as follows: Rotary from

surface to TD

The status of plugging bond is Blanket bond on file

Drilling Contractor

We intend to complete this well in the Queen

formation at an approximate depth of 3950 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
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.)

Approved _____, 19____
Except as follows:

Sincerely yours,

John M. Kelly

(Company or Operator)

By

Position: Production Superintendent

Send Communications regarding well to

Name: John M. Kelly

Address: Box 5671 Roswell, New Mexico

OIL CONSERVATION COMMISSION

By

E. Fischer

NEW MEXICO
OIL CONSERVATION COMMISSION

Form C-128

Well Location and/or Gas Proration Plat

Date 4/18/57

Operator JOHN M. KELLY Lease Gulf State, "B"

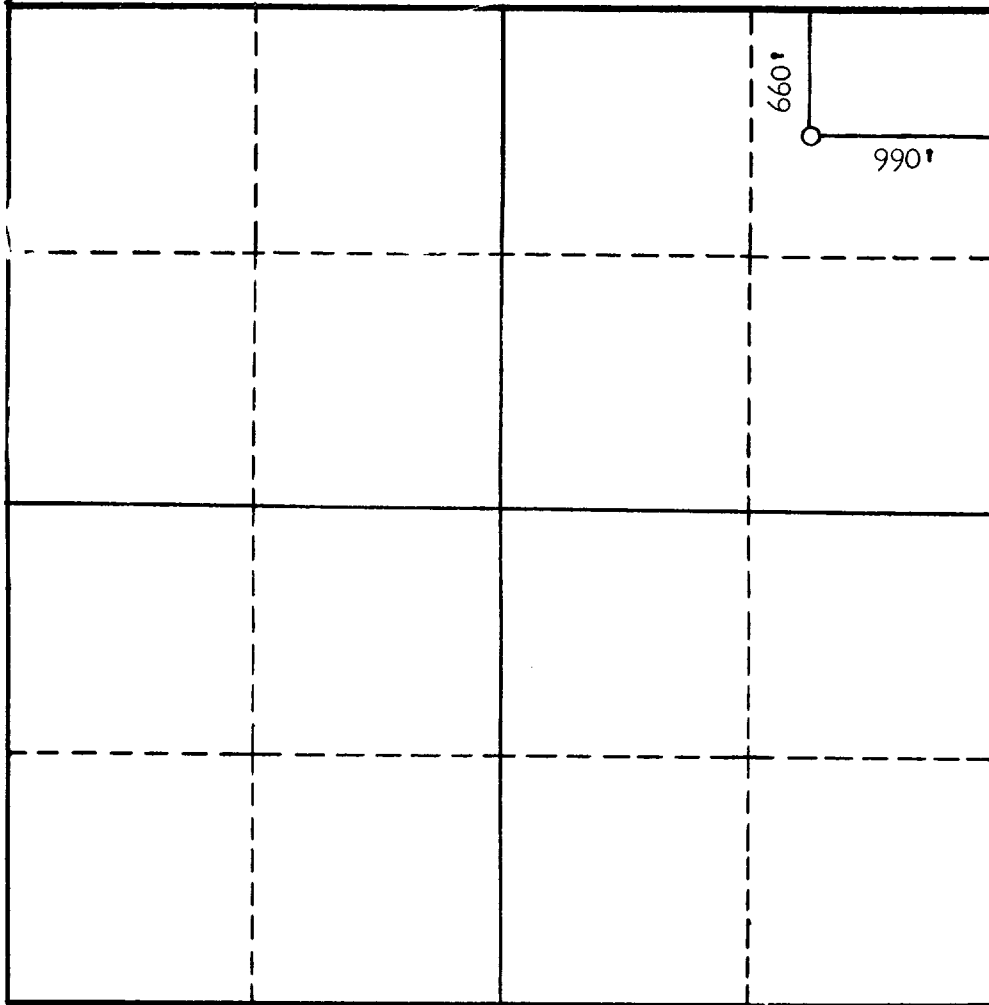
Well No. 3 Section 16 Township 19 S. Range 37 E. ^{3:04} NMPM

Located 660 Feet From North Line, 990 Feet From East Line,

Lea County, New Mexico. G. L. Elevation _____

Name of Producing Formation Queen Pool Eumont Dedicated Acreage 40

(Note: All distances must be from outer boundaries of Section)



NOTE

This section of
form is to be
used for gas
wells only.



SCALE: 1"=1000'

1. Is this Well a Dual Comp. ? Yes ___ No ___.
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 4/17/57
George H. Kincaid
Registered Professional Engineer and/or
Land Surveyor

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

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

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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

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

RECEIVED

'93 JUL 16 AM 9 11

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Oxy USA, Inc.	Well API No. 30-025-05602
Address PO Box 50250, Midland, TX 79710	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain) JUNE	
New Well <input type="checkbox"/>	Change in Transporter of: <input type="checkbox"/> Effective February 1, 1993
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator <u>Sirgo Operating, Inc., PO Box 3531, Midland, TX 79702</u>	

II. DESCRIPTION OF WELL AND LEASE

Lease Name East Eumont Unit	Well No. 39	Pool Name, Including Formation Eumont Yates SR QN	Kind of Lease State, Federal or Fee	Lease No. B-2330
Location Unit Letter <u>C</u> : <u>660</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>West</u> Line Section <u>15</u> Township <u>19S</u> Range <u>37E</u> , NMPM, <u>Lea</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Koch Oil Company	Address (Give address to which approved copy of this form is to be sent) PO Box 1558, Breckenridge, TX 76024			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Corp GPM	Address (Give address to which approved copy of this form is to be sent) PO Box 1589, Tulsa, OK 74102 4001 Penbrook, Odessa, TX 79762			
If well produces oil or liquids, give location of tanks.	Unit M	Sec. 3	Twp. 19S	Rge. 37E
Is gas actually connected?		When ?		
No				

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations							Depth Casing Shoe	
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL. (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

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

GAS WELL

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

VI. OPERATOR CERTIFICATE OF COMPLIANCE

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

Signature Pat McGee Land Manager
Printed Name Pat McGee Title
Date 6/8/93 Telephone No. 915/685-5600

OIL CONSERVATION DIVISION

Date Approved JUL 12 1993
By [Signature]
Title DISTRICT 1 SUPERVISOR

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

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

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

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

5-OCC
1-Midland
1-File

MAILED 11 12 1965

JUL 12 1965

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

Operator Tidewater Oil Company	
Address Box 249, Hobbs, New Mexico	
Reason(s) for filing (Check proper box)	
New Well <input type="checkbox"/>	Change in Transporter of:
Redemption <input type="checkbox"/>	Oil <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>
	Dry Gas <input type="checkbox"/>
	Condensate <input type="checkbox"/>
Other (Please explain) Formerly Tidewater Oil Company State AI Well #4	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name East Eumont Unit	Well No. 39	Pool Name, Including Formation Eumont (Queen)	Kind of Lease State, Federal or Fee State
Location			
Unit Letter C ; 660 Feet From The North Line and 1980 Feet From The West			
Line of Section 15 , Township 19 S Range 37 E , NMPM, Lea County			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Texas New Mexico Pipe Line Company	Address (Give address to which approved copy of this form is to be sent) Box 1510, Midland, Texas		
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Company	Address (Give address to which approved copy of this form is to be sent) Phillips Building, Odessa, Texas		
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 15	Twp. 19
		Rge. 37	Is gas actually connected? Yes
			When 1957

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res ^{ty} .	Diff. Res ^{ty} .
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Pool	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE
OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

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

GAS WELL

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

VI. CERTIFICATE OF COMPLIANCE

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

C. E. Wald

(Signature)

Area Supt.

(Title)

July 6, 1965

(Date)

OIL CONSERVATION COMMISSION

APPROVED JUL 9 1965, 19

BY *Joe R. Ramirez*
TITLE SUPERVISOR DISTRICT 1

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

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

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

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

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

NEW MEXICO OIL CONSERVATION COMMISSION
Well Location and Acreage Dedication Plat

Section A.

Date June 21, 1957

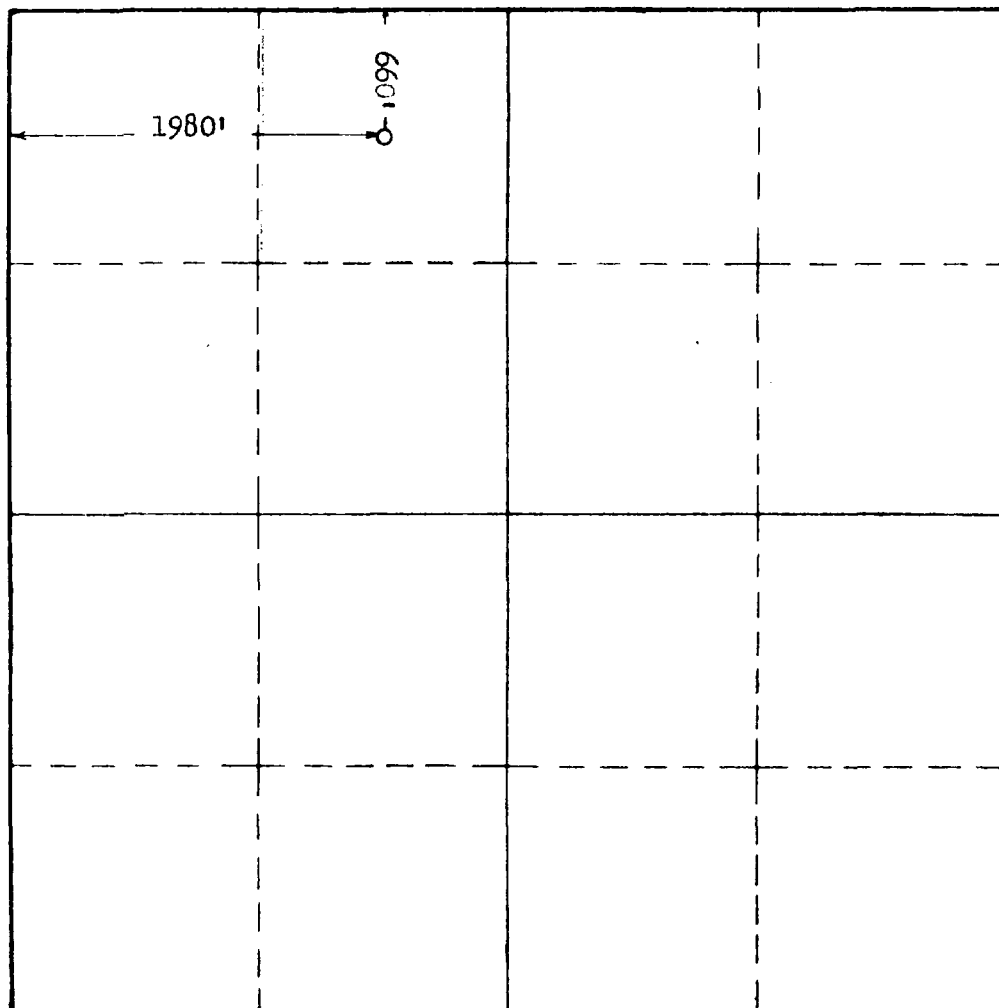
Operator Tidewater Oil Company Lease State "A"
Well No. 4 Unit Letter C Section 15 Township 19-S Range 37-E NMPM
Located 660 Feet From north Line, 1980 Feet From west Line
County Lea G. L. Elevation _____ Dedicated Acreage 40 Acres
Name of Producing Formation Queen Pool Eumont (Area)

1. Is the Operator the only owner* in the dedicated acreage outlined on the plat below?
Yes X No _____.
2. 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:

Owner

Land Description

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.

Tidewater Oil Company
(Operator)

[Signature]
(Representative)

Box 1231, 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 June 19, 1957

[Signature] (Company Employee)
Registered Professional
Engineer and/or Land Surveyor.

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

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

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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

21
OIL CONSERVATION DIVISION
Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page
93 JU 16 AM 9 11

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Oxy USA, Inc.		Well API No. 30-025-05600
Address PO Box 50250, Midland, TX 79710		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain) JUNE		
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	Effective February 1, 1993
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
Change in Operator <input checked="" type="checkbox"/>		
If change of operator give name and address of previous operator <u>Sirgo Operating, Inc., PO Box 3531, Midland, TX 79702</u>		

II. DESCRIPTION OF WELL AND LEASE

Lease Name East Eumont Unit	Well No. 41	Pool Name, Including Formation Eumont Yates SR QN	Kind of Lease State, Federal or Fee	Lease No. B-2330
Location Unit Letter <u>E</u> : <u>1980</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>West</u> Line Section <u>15</u> Township <u>19S</u> Range <u>37E</u> , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Koch Oil Company	Address (Give address to which approved copy of this form is to be sent) PO Box 1558, Breckenridge, TX 76024					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Corp	Address (Give address to which approved copy of this form is to be sent) PO Box 1589, Tulsa, OK 74102					
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 15	Twp. 19S	Rge. 37E	Is gas actually connected? No	When ?

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

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

GAS WELL

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

VI. OPERATOR CERTIFICATE OF COMPLIANCE

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

Signature Pat McGee Land Manager
Printed Name 6/8/93 Title 915/685-5600
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved JUL 12 1993
By Jerry Smith
Title DISTRICT 1 SUPERVISOR

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

NO. OF COPIES RECEIVED		
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FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PROBATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
5-OCC
1-Midland
1-File

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

MAILED
JUL 12 1965

Operator Tidewater Oil Company	
Address Box 249, Hobbs, New Mexico	
Reason(s) for filing (Check proper box)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain) Formerly Tidewater Oil Company State AI Well #2	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name East Emont Unit	Well No. 41	Pool Name, Including Formation Emont (Queen)	Kind of Lease State, Federal or Fee State
Location			
Unit Letter E	1980 Feet From The North Line and 660 Feet From The West		
Line of Section 15	Township 19 S	Range 37 E	NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Texas New Mexico Pipe Line Company	Address (Give address to which approved copy of this form is to be sent) Box 1510, Midland, Texas					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Company	Address (Give address to which approved copy of this form is to be sent) Phillips Building, Odessa, Texas					
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 15	Twp. 19S	Rge. 37E	Is gas actually connected? Yes	When 1957

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

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'y.	Diff. Res'y.
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.					
Pool	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth					
Perforations		Depth Casing Shoe							
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

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

GAS WELL

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

VI. CERTIFICATE OF COMPLIANCE

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

C. L. Wade
(Signature)

Area Supt.

(Title)

July 6, 1965

(Date)

OIL CONSERVATION COMMISSION

APPROVED *[Signature]*, 19

BY *[Signature]*

TITLE *[Signature]*

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

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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.

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NEW MEXICO
OIL CONSERVATION COMMISSION

Form C-128

Well Location and/or Gas Proration Plat

Date 12-5-56

Operator Tidewater Oil Co. Lease 7 State AL

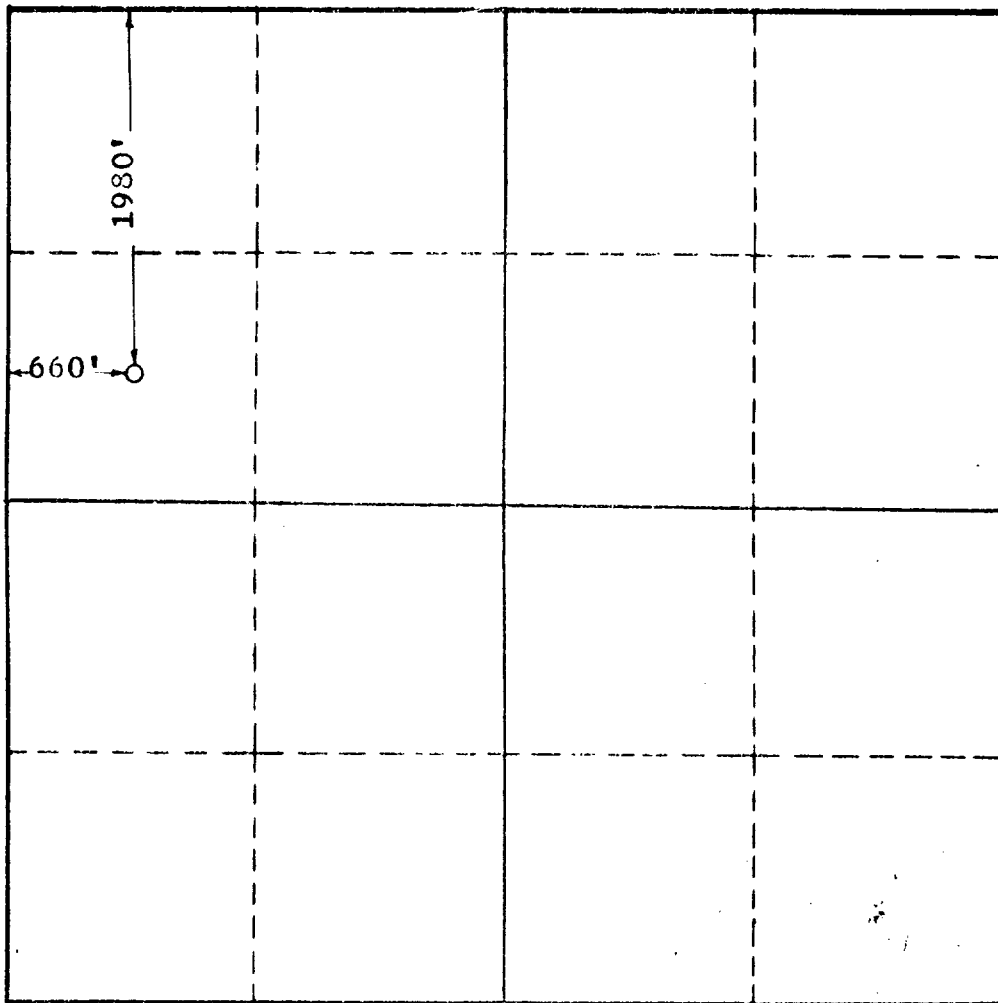
Well No. 2 Section 15 Township 19 South Range 37 East NMPM

Located 660 Feet From West Line, 1980 Feet From North Line,

Lea County, New Mexico. G. L. Elevation _____

Name of Producing Formation Queen Pool Eumont Dedicated Acreage 40

(Note: All distances must be from outer boundaries of Section)



SCALE: 1"=1000'

1. Is this Well a Dual Comp. ? Yes ☐ No ☐
2. If the answer to Question 1 is yes, are there any other dually completed wells within the dedicated acreage? Yes ☐ No ☐

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.

Name _____
Position _____
Representing _____
Address _____

Date Surveyed 12-5-56
John W. West
Registered Professional Engineer and/or
Land Surveyor

Mike:

OCD Case Nos 10866/10867
(OX4 USA Inc.)

At the 11/8 hearing you requested
OX4 to prepare a better plat showing Queen
wells, water wells, and offset operators. Attached
is OX4's map, together with a listing of
3 additional P+A wells, and an Affidavit
of Notice.

Please let me know if you want OX4 to
present a ~~w~~ witness tomorrow.

Jim Pence
982-4534