

District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand, Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico

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HOBBSD

Form C-104
Revised June 10, 2003
Instructions on back
Submit to Appropriate District Office
5 Copies

AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

Operator Name and Address FULFER OIL & CATTLE LLC P.O. BOX 1224 JAL, NM 88252		OGRID Number 141402
		Reason for Filing Code/Effective Date Return to Production 2/2/10
API Number 30-025-26247	Pool Name Sioux Tansill-Yates-Seven Rivers	Pool Code 56610
Property Code 15023	Property Name Wilson 8 Federal	Well Number 001

II. Surface Location

UL or Lot	Section	Twship	Range	Lot ID	Feet from the	North/South Line	Feet from the	East/West Line	County
H	8	26S	36E		1980	North	660	East	Lea

Bottom Hole Location

UL or Lot	Section	Twship	Range	Lot ID	Feet from the	North/South Line	Feet from the	East/West Line	County
Lse Code F	Producing Method Code P	Gas Connection Date	C-129 Permit Number	C-129 Effective Date	C-129 Expiration Date				

III. Oil and Gas Transporters

Transporter OGRID 034053	Transporter Name and Address Plains Marketing	POD 844310	O/G O	POD ULSTR Location and Description H-8-26S-36E

IV. Produced Water

POD 844350	POD ULSTR Location and Description
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V. Well Completion Data

Spud Date 3/27/79	Ready Date 2/1/10	TD 3606	PBTD 3581	Perforations 3351-3564	DHC,MC
Hole Size 12 1/4"	Casing & Tubing Size 8 5/8"	Depth Set 1433	Sacks Cement 1150 SX		
7 7/8"	5 1/2"	3606	300 SX		
	2 3/8"	3232			

VI. Well Test Data

Date New Oil 2/1/10	Gas Delivery Date	Test Date 2/5/10	Test Length 24	Tbg. Pressure	Csg. Pressure
Choke Size	Oil 1	Water 12	Gas 0	AOF	Test Method Pump

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

Signature:

Debbie McKelvey

Printed name:

Debbie McKelvey

Title:

Agent for Greg Fulfer, Principal

Date

3/2/10

Phone:

505-392-3575

OIL CONSERVATION DIVISION

Approved by

Title:

PETROLEUM ENGINEER

Approval Date

MAR 08 2010

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

Previous Operator's Signature

Printed Name

Title

Date

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

COPY TO O.G.C.
SUBMIT IN DUPLICATE*

(See instructions on reverse side)

Form approved.
Budget Bureau No. 42-R355.5.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

1a. TYPE OF WELL: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> DRY <input type="checkbox"/> Other <input type="checkbox"/>										5. LEASE DESIGNATION AND SERIAL NO. NM 18644	
b. TYPE OF COMPLETION: NEW WELL <input checked="" type="checkbox"/> WORK OVER <input type="checkbox"/> DEEP-EN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> DIFF. RESEV. <input type="checkbox"/> Other <input type="checkbox"/>										6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
2. NAME OF OPERATOR HNG Oil Company										7. UNIT AGREEMENT NAME	
3. ADDRESS OF OPERATOR P.O. Box 2267, Midland, Texas - 79702										8. FARM OR LEASE NAME Wilson 8 Federal	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements) At surface 1980' FNL & 660' FEL Sec. 8										9. WELL NO. 1	
At top prod. interval reported below Same										10. FIELD AND POOL, OR WILDCAT Comanche Strateline Yates	
At total depth Same										11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA Sec. 8, T26S, R36E	
14. PERMIT NO.					DATE ISSUED 2-14-79					12. COUNTY OR PARISH Lea	
										13. STATE NM	
15. DATE SPUDDED 3-27-79		16. DATE T.D. REACHED 4-4-79		17. DATE COMPL. (Ready to prod.) 5-8-79		18. ELEVATIONS (DF, REB, RT, GR, ETC.)* 2972' GR		19. ELEV. CASINGHEAD 2972			
20. TOTAL DEPTH, MD & TVD 3606'		21. PLUG, BACK T.D., MD & TVD 3581		22. IF MULTIPLE COMPL., HOW MANY*		23. INTERVALS DRILLED BY X		ROTARY TOOLS		CABLE TOOLS	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 3351 - 3564 Yates										25. WAS DIRECTIONAL SURVEY MADE No	
26. TYPE ELECTRIC AND OTHER LOGS RUN Compensated Neutron										27. WAS WELL CORED No	
32. CASING RECORD (Report all strings set in well)											
CASINO SIZE		WEIGHT, LB./FT.		DEPTH SET (MD)		HOLE SIZE		CEMENTING RECORD		AMOUNT PULLED	
8-5/8"		23#		1433'		12-1/4"		900 sx HLW&250 sx ClC		Circ.	
5-1/2"		15.5#&17#		3606'		7-7/8"		50sx HLW&250 sx ClC			
33. LINER RECORD											
SIZE		TOP (MD)		BOTTOM (MD)		SACKS CEMENT*		SCREEN (MD)		30. TUBING RECORD	
										SIZE	
										DEPTH SET (MD)	
										PACKER SET (MD)	
										2-3/8	
										3232'	
31. PERFORATION RECORD (Interval, size and number)											
3351 - 3395 (4.40")											
3439 - 3499 (4.40")											
3524 - 3564 (10.40")											
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.											
DEPTH INTERVAL (MD)						AMOUNT AND KIND OF MATERIAL USED					
3351-3564						Frac w/40,000 gals					
						50# guar gum					
						42,000# 20-40 sand					
						40,000# 10-20 sand.					
33. PRODUCTION											
DATE FIRST PRODUCTION 6-20-79		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Pumping						WELL STATUS (Producing or shut-in) Producing			
DATE OF TEST 6-21-79		HOURS TESTED 24		CHOKE SIZE		PROD'N. FOR TEST PERIOD 83		OIL—BBL.		GAS—MCF.	
FLOW. TUBING PRESS.		CASING PRESSURE 30#		CALCULATED 24-HOUR RATE		OIL—BBL.		GAS—MCF.		WATER—BBL.	
										OIL GRAVITY-API (CORR.) 31.0	
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) Sold										TEST WITNESSED BY	
35. LIST OF ATTACHMENTS											
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records											
SIGNED Betty A. Gildon				TITLE Regulatory Clerk				DATE June 22, 1979			

*(See Instructions and Spaces for Additional Data on Reverse Side)

INSTRUCTIONS

General: This form is designed for submitting a complete and correct well completion report and log on all types of lands and leases to either a Federal agency or a State agency, or both, pursuant to applicable Federal and/or State laws and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office. See instructions on items 22 and 24, and 33, below regarding separate reports for separate completions.

If not filed prior to the time this summary record is submitted, copies of all currently available logs (drillers, geologists, sample and core analysis, all types electric, etc.), formation and pressure tests, and directional surveys, should be attached hereto, to the extent required by applicable Federal and/or State laws and regulations. All attachments should be listed on this form, see item 35.

Item 4: If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

Item 18: Indicate which elevation is used as reference (where not otherwise shown) for depth measurements given in other spaces on this form and in any attachments.

Items 22 and 24: If this well is completed for separate production from more than one interval zone (multiple completion), so state in item 22, and in item 24 show the producing interval, or intervals, top(s), bottom(s) and name(s) (if any) for only the interval reported in item 33. Submit a separate report (page) on this form, adequately identified, for each additional interval to be separately produced, showing the additional data pertinent to such interval.

Item 29: "Sacks Cement": Attached supplemental records for this well should show the details of any multiple stage cementing and the location of the cementing tool.

Item 33: Submit a separate completion report on this form for each interval to be separately produced. (See instruction for items 22 and 24 above.)

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37. SUMMARY OF POROUS ZONES:

SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF; CORED INTERVALS; AND ALL DRILL-STEM TESTS, INCLUDING DEPTH INTERVAL TESTED, CUSHION USED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES

FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.
Tansil Yates	3316 3520	3520 3606	Dolomite Sand

38. GEOLOGIC MARKERS

NAME	TOP	
	MEAS. DEPTH	TRUE VERT. DEPTH
Tansil Yates	3316 3520	

OPERATOR		
PRORATION OFFICE		

I.

Operator HNG Oil Company		
Address P.O. Box 2267, Midland, Texas 79702		
Reason(s) for filing (Check proper box)		Other (Please explain)
New Well <input checked="" 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"/>	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Wilson 8 Federal	Well No. 1	Pool Name, including Formation Under Comanche Subsurface Yates	Kind of Lease State, Federal or Fee Federal	Lease No. NM 18644
Location Unit Letter <u>H</u> : <u>1980</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>East</u>				
Line of Section <u>8</u> Township <u>26S</u> Range <u>36E</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"/>	Address (Give address to which approved copy of this form is to be sent)	
Basin, Inc.	Box 2297, Midland, TX 79702	
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)	
El Paso Natural Gas Co.	Box 1492, El Paso, TX 79978	
If well produces oil or liquids, give location of tanks.	Unit	Sec. Twp. Rge.
		Is gas actually connected? When
		yes 6-20-79

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

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>					
Date Spudded 3-27-79	Date Compl. Ready to Prod. 5-8-79		Total Depth 3606'		P.B.T.D. 3581'			
Elevations (DF, RKB, RT, GR, etc., 2972' GR	Name of Producing Formation Yates		Top Oil/Gas Pay 3351		Tubing Depth 3232			
Perforations					Depth Casing Shoe 3606			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8"	1433'	1150 sx
7-7/8"	5-1/2"	3606'	300sx
	2-3/8"	3232	

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 6-20-79	Date of Test 6-21-79	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hours	Tubing Pressure --	Casing Pressure 30#	Choke Size --
Actual Prod. During Test	Oil-Bbls. 83	Water-Bbls. 5	Gas-MCF 14

GAS WELL

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

VI. 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.

OIL CONSERVATION COMMISSION

APPROVED JUN 25 1979
BY [Signature]
TITLE SUPERVISOR DISTRICT 1