DISTRIBUTION  NEW MEXICO OIL CONSERVATION COMMISSION  NEW MEXICO OIL CONSERVATION COMMISSION  New MEXICO OIL CONSERVATION COMMISSION  Selected to the Locate Property of Linear Park  SUNDRY NOTICES AND REPORTS ON WELLS  SUNDRY NOTICES AND REPORTS ON WELLS  SUNDRY NOTICES AND REPORTS ON WELLS  TO COMMISSION  SUNDRY NOTICES AND REPORTS ON WELLS  TO COMMISSION  SUNDRY NOTICES AND REPORTS ON WELLS  TO COMMISSION  TO PERSON  TO COMMISSION  SUNDRY NOTICES AND REPORTS ON WELLS  TO COMMISSION  TO COMMISSION  TO SUNDRY NOTICES AND REPORTS ON WELLS  SUNDRY NOTICE OF SUNDRY NOTICES AND REPORTS ON WELLS  TO COMMISSION  TO COMMISSION  TO SUNDRY NOTICES AND REPORTS ON WELLS  TO COMMISSION  TO SUNDRY NOTICES AND REPORTS ON WELLS  TO COMMISSION  TO SUNDRY NOTICES AND REPORTS ON WELLS  TO COMMISSION  TO SUNDRY NOTICES AND REPORTS ON WELLS  TO COMMISSION  TO SUNDRY NOTICES AND REPORTS ON WELLS  TO SUNDRY NOTICES AND REPORTS ON WELLS  TO SUNDRY NOTICES AND REPORT ON WELLS  TO SUNDRY NOTICES AND REPORTS ON WELLS	DISTRIBUTION											
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Sunder Free Clear Corperator  Corperator  Sunday Notices and Reports on Wells  Corperator	SANTA FE		N	EW MEXICO O	IL CONSER	EVATION COMMIS	SION					
SUDDRY NOTICES AND REPORTS ON WELLS  SERVING CASHAGE  OPERATOR  SUDDRY NOTICES AND REPORTS ON WELLS  Constituted Triples Confirmed States and S	FILE											
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SUBSET OF MALE AND ADDRESS OF WELLS  SUBSET OF MALE AND ADDRESS OF WELLS  STATE CONTINUE CRACK  CO O'LL Reports & Gas Services, Box 763, Hobbs, New Mexico  CO O'LL Reports & Gas Services, Box 763, Hobbs, New Mexico  CO O'LL Reports & Gas Services, Box 763, Hobbs, New Mexico  10, voll Reports  Co O'DL Reports & Gas Services, Box 763, Hobbs, New Mexico  11, Change of Country  A 660 FEET FROM THE MORE TO THE MALE AND ADDRESS OF THE MALE ADDRESS OF T			1					5.	State Oil &	Gas L	ease No.	
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Spunded 6:00 PM 1/25/69. Brilled 12 1/4" hole to 225 feet and 11" hole to 1824 feet. Cemented 8 5/8" 214 J-55 casting at 1824, with 450 sacks 68 pl and 100 sacks 1800 for 30 minutes, test 0.K.    Cemented 5 1/2" 114 J-55 casing at 4523 with 575 Incor 85 gel and 100 sacks 1800 for 30 minutes, test 0.K.    Cemented 5 1/2" 114 J-55 casing at 4523 with 575 Incor 85 gel and 100 sacks 1800 incor neat 10K salt. Plug down 12:01 AM 2/5/69. Wol & hours and tested casing with 1000 for 30 minutes, test 0.K.		USE "APPLICAT	TON FOR PERMI	T _** (FORM C-10	() FOR SUCH F	ROPOSALS.)		7	Unit Agree	ment No	IIII	777,
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### Company of the property of	Corinne	GRACE								State	B	
4. Location of well  and Letter A 660  rest from Middet  Middet  17 108 RAMES 338 NAMEL  18. Elevation (Show whether Dr. RT. GR. etc.)  190 CR  Check Appropriate Box To Indicate Nature of Notice, Report or Other Data  NOTICE OF INTENTION TO:  REMEDIAL WORK  TELIFORMATIC ABANDON  CHANGE PLANS  CHANGE PLANS  CHANGE PLANS  SUBSEQUENT REPORT OF:  REMEDIAL WORK  TELIFORMATIC ABANDON  CHANGE PLANS  CHANGE PLANS  CHANGE PLANS  Spudded 6:00 PM 1/25/69. Drilled 12 1/4" hole to 225 feet  and 11" hole to 1824 feet. Cemented 8 5/6" 24# J-55  casing at 1824 with 450 scakes 6% gel and 100 sacks 2%  calcium chloride. Plug down 2:15 PM 1/27/69. Circulated  aut 50 sacks. WO 20-3/4 hours and tested easing with  800 for 30 minutes, test 0.1.  Cemented 5 1/2" Liff J-55 casing at 4523 with 575 Innor 8% gel  and 100 sakks Incor neat 10% salt. Plug down 12:01 AM  2/5/69. WOC 48 hours and tested casing with 1000 for 30  minutes, test 0.1.  18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.  19. I hereby certify that the information above is true and complete to the best of my knowledge and belief.  19. I hereby certify that the information above is true and complete to the best of my knowledge and belief.  19. I hereby certify that the information above is true and complete to the best of my knowledge and belief.  19. I hereby certify that the information above is true and complete to the best of my knowledge and belief.  2/11/69								9.	Well No.	_		
DRITLETTER  A 660  FEET FROM THE  LINE, SECTION 17  TOWNSHIP 108  BASE 33B  MAPPIN  12. Country  1490 GB  Check Appropriate Box To Indicate Nature of Notice, Report of Other Data NOTICE OF INTENTION TO:  SUBSEQUENT REPORT OF:  PERFORMABLY ABANDON  PULL OR ALTER FASING  CHANGE FLANS  CHANGE FLANS  CHANGE FLANS  Spudded 6:00 PM 1/25/69. Drilled 12 1/h" hole to 225 feet and 11" hole to 1824 feet. Cemented 8 5/8" 21# J-55  casing at 1824 with 450 sacks 6% gel and 100 sacks 2%  calcium chlorides. Flug down 2:15 PM 1/27/69. Circulated ant 50 sacks. 200 C20-3/4 hours and tested casing with  800# for 30 minutes, test 0.K.  Cemented 5 1/2" 1/# J-55 casing at 4523 with 575 Incor 8% gel and 100 sacks. 100 May 10	c/o 0il	Reports	k Gas Ser	rvices, Box	x 763, H	obbs, New M	ucico			1		
The East Line, SECTION 17 108 ARAGE 338 NAMES.  Check Appropriate Box To Indicate Nature of Notice, Report of Other Data NOTICE OF INTENTION TO:  **REMEDIAL WORK SUBSEQUENT REPORT OF:  **REMEDIAL WORK SUBSEQUENT REPORT OF OTHER OF SUBSEQUENT REPORT OF:  **REMEDIAL WORK SUBSEQUENT REPORT OF OTHER OF SUBSEQUENT REPORT OF:  **REMEDIAL WORK SUBSEQUENT REPORT OF OTHER OF SUBSEQUENT REPORT OF OTHER OTHER OF SUBSEQUENT REPORT OF OTHER	4. Location of Well		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					10			or Wildcat	
15. Elevation (Show whether DF, RT, GR, etc.)  12. County  14190 GR  1410 AND ABANDON  1410 AND ABANDON  1510 AND ABANDON  1		A	660		North	660	)		Wil	deat		
Check Appropriate Box To Indicate Nature of Notice, Report or Other Data  NOTICE OF INTENTION TO:  SUBSEQUENT REPORT OF:  PERFORM REMAINIA WORK TEMPORABLY ABANDON THE COMMENCE OF INTENTION TO:  PULL OR ALTER CASING OTHER  17. 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.  Spudded 6:00 PM 1/25/69. Brilled 12 1/4" hole to 225 feet and 11" hole to 1824 feet. Commented 8 5/8" 24# J-55 casing at 1324 with 450 sacks 6% gol and 100 sacks 2% calcium chloride. Plug down 2:15 PM 1/27/69. Circulated att 50 sacks. WOC 20-3/4 hours and tested casing with 800% for 30 minutes, test 0.K.  Commented 5 1/2" 14# J-55 casing at 4523 with 575 Incor 8% gol and 100 sakks Incor meat 10% salt. Plug down 12:01 AM 2/5/69. WOC 48 hours and tested casing with 1000% for 30 minutes, test 0.K.	UNIT LETTER	• • • • • • • • • • • • • • • • • • • •	FE	ET FROM THE		LINE AND	FEE	T FROM	77777	1111	77777	777
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NOTICE OF INTENTION TO:  SUBSEQUENT REPORT OF:  REMEDIAL WORK TEMPORARILY ABANDON PULL OR ALTER CASING OTHER  17. Describe Proposed or Completed Operations (Clearly state all persinent details, and give persinent dates, including estimated date of starting any proposed work) SEE RULE 1109.  Spudded 6:00 FM 1/25/69. Drilled 12 1/4" hole to 225 feet; and 11" hole to 1824 feet. Cemented 8 5/8" 21# J-55 casing at 1324 with 450 sacks 6% gel and 100 sacks 2% calcium chloride. Plug down 2:15 FM 1/27/69. Circulated aut 50 sacks. WOC 20-3/4 hours and tested casing with 800f for 30 minutes, test 0.K.  Cemented 5 1/2" 14# J-55 casing at 4523 with 575 Incor 8% gel and 100 sakks Incor neat 10% salt. Plug down 12:10 AM 2/5/69. WOC 48 hours and tested casing with 1000% for 30 minutes, test 0.K.	16.	Check	Appropriat	e Box To Inc	dicate Nat	ture of Notice.	Report of	or Other	Data			
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SIGNED Wonna Halles TITLE Agent DATE 2/11/69	OTHER		perations (Cle		· [] ·	CASING TEST AND CEN			imated date	of star	ting any pr	pposed
APPROVED BY 1112 OF STREET	OTHER	Spudded and 11" casing a calcium aut 50 s 800# for Cemented and 100 2/5/69.	6:00 PM I hole to I t 1824 whether the care works wo minutes 1/2" I sakks In WOC 48 h	arly state all per 1/25/69. Di 1824 feet. 1th 450 sa Plug dow C 20-3/4 h tes, test 14# J-55 c sor neat 1 ours and t	rilled 1 Cemente cks 6% g n 2:15 F ours and 0.K.	other  other  2 1/4" hole of 8 5/8" 24; gel and 100; tested cas: 4523 with Flug down	to 225  J-55 sacks 2 Circula ing wit	feet, ted in		of star	ting any pr	pposed
	OTHER  17. Describe Proposed work) SEE RULE 1	Spudded and 11" casing a calcium out 50 s 800# for Cemented and 100 2/5/69. minutes,	6:00 PM hole to hole acks. WO as minutes in hole 48 hole test 0.	arly state all per  1/25/69. Di 1824 feet. 1th 450 sa. Plug dow C 20-3/4 h tes, test  Liff J-55 c sor neat 1 ours and t k.	rilled I Cemente cks 6% gen 2:15 Feurs and O.K.	other  2 1/4" hole 3 5/8" 24; 3el and 100 1/27/69. 1 tested cas: 4523 with Flug down 1 sing with 1	to 225  J-55  sacks 2  circulating with  575 Inc.  12:01 fee	feet, ted in	gel_			pposed

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SANTA FE			
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LAND OFFICE			
TRANSPORTER	OIL		
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OPERATOR			
BROBATION GES	EICE		

Pebruary 11 1969

## NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

 $T_{\mathcal{L}^{\sharp}}$ 

Fill out only Sections I, II. III, and VI 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.

U.S.G.S.	AUTHORIZATION TO TRAI	NSPORT OIL AND NATURAL	L GAS	_
LAND OFFICE	-		L GAS	$\mathcal{G}$
TRANSPORTER GAS				
OPERATOR	-			
PRORATION OFFICE				
Operator				
Corinne Grace				
e/o Oil Reports & Gas	Services, Box 763, Hobbs			
Reason(s) for filing (Check proper bo		Other (Please explain)		
New Well	Change in Transporter of:		ting allowable	
Recompletion	Oil Dry Gas Casinghead Gas Conden	<b>=</b>		
Change in Ownership	Casinghead Gas Conden	sate		
If change of ownership give name and address of previous owner				
DESCRIPTION OF WELL AND	LEASE   Well No.   Pool Name, Including Fo	ormation Kind of L	ease	Lease No.
Lease Name <b>I P State</b>	l Wildeat San An	dres Stale, Fed	deral or Fee <b>State</b>	K-5470
Location				
۸ 66	O Feet From The North Line	e and <b>660</b> Fro Fr	cm The Rast	
Unit Letter;		· · · · · · · · · · · · · · · · · · ·	_	
Line of Section 17 T	ownship 10 S Range 3	, имрм,	Lea	County
. DESIGNATION OF TRANSPO	RTER OF OIL AND NATURAL GA	S	- I Cable form in	to be conti
Name of Authorized Transporter of O	il 🔛 or Condensate 🔙	Address (Give address to which ap		to be sent;
The Permian Corporat	ion	Box 3119, Midland, Address (Give address to which ap	nproved conv of this form is	to be sent)
Name of Authorized Transporter of C	asinghead Gas or Dry Gas	Address (Give address to witten a)		so be dom,
None	Unit Sec. Twp. Fge.	Is gas actually connected?	Wher.	
If well produces oil or liquids,	Unit Sec. Twp. Fige.  G 17 10 \$ 33 E	No		
give location of tanks.			<u> </u>	
	with that from any other lease or pool,	give commingling order number:		
. COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Re	s'v. Diff. Res'v
Designate Type of Complete	ion = (X)			!
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oll/Gas Pay	Tubing Depth	
		·		
Perforations			Depth Casing Shoe	
		n cruelying necons		
		D CEMENTING RECORD	SACKS CE	MENT
HOLE SIZE	CASING & TUBING SIZE	DEI 111 321		
. TEST DATA AND REQUEST	FOR ALLOWARIE. (Test must be a	after recovery of total volume of load	i oil and must be equal to or	exceed top allo
OIL WELL	able for this de	epth or be for full 24 hours)		
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, g	as lift, etc.)	
			Choke Size	
Length of Test	Tubing Pressure	Casing Pressure	CHOKA SIZE	
		Water - Bbls.	Gas - MCF	
Actual Frod. During Test	Oil-Bbls.	Water - Bore.		
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensat	
Actual Plog. 1881-MCP/D				
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
reacting totalion (prior) occur priy	,	·		
CERTIFICATE OF COMPLY	NCF	OIL CONSE	RVATION COMMISSION	ON
I. CERTIFICATE OF COMPLIA	NYCE		<u></u>	
I haraby contifue that the sules or	nd regulations of the Oil Conservation	APPROVED		, 19
a lanta basa baan samalisi	d with and that the iniormation given		Maria	
above is true and complete to	the best of my knowledge and belief.	BY_	7	
		TITLE	Ser markey V	
10	1.1	This form is to he files	d in compliance with RUI	E 1104.
Wonsia Hol	1/2 5		allowable for a newly dri	lied or deepen
	ignature)	well, this form must be acc tests taken on the well in	amaaniad by a tabulation	DI IUS GEATERY
-		tests taken on the well in	m must be filled out comp	ietelv for allo
	(Title)	All sections of this for able on new and recomplete	ed wells.	
	· · · · ·	II *** *** *** *** *** *** *** ***		