

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY  
N. M. OIL & GAS COMMISSION  
P. O. BOX 1983  
HOBBS, NEW MEXICO 88240

Form approved.  
Budget Bureau No. 42-R1424.  
5. LEASE DESIGNATION AND SERIAL NO.

L.C. 062178  
6. IF INDIAN, ALLOTTEE OR TRIBE NAME

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.  
Use "APPLICATION FOR PERMIT" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Lario Oil & Gas Company	8. FARM OR LEASE NAME Federal A
3. ADDRESS OF OPERATOR 5013 Andrews Highway, Odessa, Tex 79762	9. WELL NO. 1
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980 feet from South line and 1980 feet from East Line of Sec. SE/4 Sec. 14.	10. FIELD AND POOL, OR WILDCAT Milnesand Penn
14. PERMIT NO.	11. SEC., T., E., M., OR BLK. AND SURVEY OR AREA Sec. 14, 8-S, 34-E, J
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4287 ground level	12. COUNTY OR PARISH Roosevelt
	13. STATE New Mexico

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREAT

MULTIPLE COMPLETION

FRACTURE TREATMENT

ALTERING CASING

SHOOT OR ACIDIZE

ABANDON\*

SHOOTING OR ACIDIZING

ABANDONMENT\*

REPAIR WELL

CHANGE PLANS

(Other)

(Other) Evaluate well

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

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)\*

August 2, 1984 Pulled rods and pump. Attempted to pull tubing could not unseat tubing anchor. Ran rods without pump and shut well in.  
11-5-84 Pulled rods. 11-6-84 Installed B.O.P. Attempt to release Tubing Anchor Catcher, could not release. 11-7-84. Went in with Dia-Log Company Jet cutter and severed tubing at 6117.  
11-8-84- Pulled 197 full jts of tubing and 15.70 feet of the 198th joint. Removed B.O.P. and one joint of tubing and 4 foot sub in hole and connected up well head. Opened flow line to battery. Moved rods and tubing from location to prevent the loss of such during the time the Evaluation and AFE are being made up.

Tubing is cut at 6117 which is 15.70 feet above the Tubing Anchor Catcher.

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

SIGNED

*A. L. Jones*  
A. L. Jones

Area

TITLE Production Superintendent

DATE 12-10-84

(This space for Federal or State office use)

APPROVED BY  
CONDITIONS OF

ACCEPTED FOR RECORD

*W. CHESTER*  
W. CHESTER

TITLE

DATE

JAN 17 1985

\*See Instructions on Reverse Side



**LTR**



**Job separation sheet**

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	GAS	
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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-110  
Effective 1-1-65

I.

Operator <b>Lario Oil &amp; Gas Company</b>	
Address <b>Box 1209 Odessa, Texas 79760</b>	
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"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input checked="" type="checkbox"/>
	Dry 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 <b>Federal "A"</b>	Well No. <b>1</b>	Pool Name, including Formation <b>Milnesand Pennsylvanian</b>	Kind of Lease State, Federal or Fee <b>Federal</b>	Lease No. <b>L.C. 062178</b>
Location Unit Letter <b>J</b> ; <b>1980</b> Feet From The <b>South</b> <b>1980s</b> Line and <b>South</b> <b>1980</b> Feet From The <b>1980</b> <b>East</b> Line of Section <b>14</b> Township <b>8-S</b> Range <b>34# E</b> , NMPM, <b>Roosevelt</b> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

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 checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<b>Warren Petroleum Corporation</b>	<b>Box 1589, Tulsa, Oklahoma 74102</b>
If well produces oil or liquids, give location of tanks. <input checked="" type="checkbox"/>	Is gas actually connected, when
Unit <b>J</b> Sec. <b>14</b> Twp. <b>8-S</b> Rge. <b>34E</b>	<b>Yes</b> <b>Jan. 19, 1959</b>

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 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 (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.

**B Leuenberger**  
(Signature)  
**Assistant District Production Superintendent**  
(Title)  
**May 8, 1968**  
(Date)

OIL CONSERVATION COMMISSION

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY **John D. [Signature]**  
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 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.