

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIP
(Other instructions
verse side)

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Form approved.
Budget Bureau No. 42-R1424.

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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER	7. UNIT AGREEMENT NAME -----
2.	NAME OF OPERATOR	8. FARM OR LEASE NAME FARM NO. 1234
3.	ADDRESS OF OPERATOR 1100 N. 1st St. St. Paul, Minn.	9. WELL NO. 2
4.	LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 100' W. of NW corner of Sec. 12, T. 18N., R. 18E., S. 1R.	10. FIELD AND POOL, OR WILDCAT Oilfield or Lease
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 12, T. 18N., R. 18E., S. 1R.
14. PERMIT NO.	15. ELEVATION (Show whether DF, RT, GR, etc.) 3,200 ft.	12. COUNTY OR PARISH Dodge Co.
		13. STATE Iowa

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

NOTICE OF INTENTION TO :		SUBSEQUENT REPORT OF :	
TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)		(Other)	

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

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

SIGNED [Signature]

TITLE 1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 21. 22. 23. 24. 25. 26. 27. 28. 29. 30. 31. 32. 33. 34. 35. 36. 37. 38. 39. 40. 41. 42. 43. 44. 45. 46. 47. 48. 49. 50. 51. 52. 53. 54. 55. 56. 57. 58. 59. 60. 61. 62. 63. 64. 65. 66. 67. 68. 69. 70. 71. 72. 73. 74. 75. 76. 77. 78. 79. 80. 81. 82. 83. 84. 85. 86. 87. 88. 89. 90. 91. 92. 93. 94. 95. 96. 97. 98. 99. 100. 101. 102. 103. 104. 105. 106. 107. 108. 109. 110. 111. 112. 113. 114. 115. 116. 117. 118. 119. 120. 121. 122. 123. 124. 125. 126. 127. 128. 129. 130. 131. 132. 133. 134. 135. 136. 137. 138. 139. 140. 141. 142. 143. 144. 145. 146. 147. 148. 149. 150. 151. 152. 153. 154. 155. 156. 157. 158. 159. 160. 161. 162. 163. 164. 165. 166. 167. 168. 169. 170. 171. 172. 173. 174. 175. 176. 177. 178. 179. 180. 181. 182. 183. 184. 185. 186. 187. 188. 189. 190. 191. 192. 193. 194. 195. 196. 197. 198. 199. 200. 201. 202. 203. 204. 205. 206. 207. 208. 209. 210. 211. 212. 213. 214. 215. 216. 217. 218. 219. 220. 221. 222. 223. 224. 225. 226. 227. 228. 229. 230. 231. 232. 233. 234. 235. 236. 237. 238. 239. 240. 241. 242. 243. 244. 245. 246. 247. 248. 249. 250. 251. 252. 253. 254. 255. 256. 257. 258. 259. 260. 261. 262. 263. 264. 265. 266. 267. 268. 269. 270. 271. 272. 273. 274. 275. 276. 277. 278. 279. 280. 281. 282. 283. 284. 285. 286. 287. 288. 289. 290. 291. 292. 293. 294. 295. 296. 297. 298. 299. 300. 301. 302. 303. 304. 305. 306. 307. 308. 309. 310. 311. 312. 313. 314. 315. 316. 317. 318. 319. 320. 321. 322. 323. 324. 325. 326. 327. 328. 329. 330. 331. 332. 333. 334. 335. 336. 337. 338. 339. 340. 341. 342. 343. 344. 345. 346. 347. 348. 349. 350. 351. 352. 353. 354. 355. 356. 357. 358. 359. 360. 361. 362. 363. 364. 365. 366. 367. 368. 369. 370. 371. 372. 373. 374. 375. 376. 377. 378. 379. 380. 381. 382. 383. 384. 385. 386. 387. 388. 389. 390. 391. 392. 393. 394. 395. 396. 397. 398. 399. 400. 401. 402. 403. 404. 405. 406. 407. 408. 409. 410. 411. 412. 413. 414. 415. 416. 417. 418. 419. 420. 421. 422. 423. 424. 425. 426. 427. 428. 429. 430. 431. 432. 433. 434. 435. 436. 437. 438. 439. 440. 441. 442. 443. 444. 445. 446. 447. 448. 449. 450. 451. 452. 453. 454. 455. 456. 457. 458. 459. 460. 461. 462. 463. 464. 465. 466. 467. 468. 469. 470. 471. 472. 473. 474. 475. 476. 477. 478. 479. 480. 481. 482. 483. 484. 485. 486. 487. 488. 489. 490. 491. 492. 493. 494. 495. 496. 497. 498. 499. 500. 501. 502. 503. 504. 505. 506. 507. 508. 509. 510. 511. 512. 513. 514. 515. 516. 517. 518. 519. 520. 521. 522. 523. 524. 525. 526. 527. 528. 529. 530. 531. 532. 533. 534. 535. 536. 537. 538. 539. 540. 541. 542. 543. 544. 545. 546. 547. 548. 549. 550. 551. 552. 553. 554. 555. 556. 557. 558. 559. 560. 561. 562. 563. 564. 565. 566. 567. 568. 569. 570. 571. 572. 573. 574. 575. 576. 577. 578. 579. 580. 581. 582. 583. 584. 585. 586. 587. 588. 589. 590. 591. 592. 593. 594. 595. 596. 597. 598. 599. 600. 601. 602. 603. 604. 605. 606. 607. 608. 609. 610. 611. 612. 613. 614. 615. 616. 617. 618. 619. 620. 621. 622. 623. 624. 625. 626. 627. 628. 629. 630. 631. 632. 633. 634. 635. 636. 637. 638. 639. 640. 641. 642. 643. 644. 645. 646. 647. 648. 649. 650. 651. 652. 653. 654. 655. 656. 657. 658. 659. 660. 661. 662. 663. 664. 665. 666. 667. 668. 669. 670. 671. 672. 673. 674. 675. 676. 677. 678. 679. 680. 681. 682. 683. 684. 685. 686. 687. 688. 689. 690. 691. 692. 693. 694. 695. 696. 697. 698. 699. 700. 701. 702. 703. 704. 705. 706. 707. 708. 709. 710. 711. 712. 713. 714. 715. 716. 717. 718. 719. 720. 721. 722. 723. 724. 725. 726. 727. 728. 729. 730. 731. 732. 733. 734. 735. 736. 737. 738. 739. 740. 741. 742. 743. 744. 745. 746. 747. 748. 749. 750. 751. 752. 753. 754. 755. 756. 757. 758. 759. 760. 761. 762. 763. 764. 765. 766. 767. 768. 769. 770. 771. 772. 773. 774. 775. 776. 777. 778. 779. 780. 781. 782. 783. 784. 785. 786. 787. 788. 789. 790. 791. 792. 793. 794. 795. 796. 797. 798. 799. 800. 801. 802. 803. 804. 805. 806. 807. 808. 809. 810. 811. 812. 813. 814. 815. 816. 817. 818. 819. 820. 821. 822. 823. 824. 825. 826. 827. 828. 829. 830. 831. 832. 833. 834. 835. 836. 837. 838. 839. 840

DATE 2-27-64

(This space for Federal or State office use)

APPROVED

APPROVED BY

TITLE

DATE _____

CONDITIONS OF APPROVAL, IF ANY:

FEB 2 1964

***See Instructions on Reverse Side**

J L GORDON
ACTING DISTRICT ENGINEER

LIB

Instructions

proposals to perform certain well operations, and reports of such operations when completed, as indicated, on Federal law and regulations; and, if approved or accepted by any State, on all lands in such State, pursuant to applicable instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to whether are shown below or will be issued by, or may be obtained from, the local Federal and/or State office.

ments, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local

ment reports of abandonment should include such special information as is required by local Federal and/or State offices. Reasons for the abandonment; data on any former or present productive zones, or other zones with present significant depths (top and bottom) and method of placement of cement plugs; mud or other material placed below, between and casing, liner or tubing pulled and the depth to top of any left in the hole; method of closing top of well; and date well site the abandonment.

NO. OF COPIES RECEIVED	
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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

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

I. Operator
Operator W. Eugene Earls
Address 3802 Lee Parkway Dallas, Texas 75219
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)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Baetz Federal</u>	Well No. <u>2</u>	Pool Name, Including Formation <u>L. Bluit (San Andres)</u>	Kind of Lease State, Federal or Fee <u>Federal</u>	Lease No. <u>36044216</u>
Location <u>Blair-San Andres Associated R-1620 I</u>				
Unit Letter <u>K</u>	<u>1980</u>	Feet From The F.L. <u>1980</u>	Line and <u>1980</u>	Feet From The F.L. <u>1980</u>
Line of Section <u>13</u>	Township <u>8S</u>	Range <u>37E</u>	NMPM, <u>Roosevelt</u>	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> <u>Mobil Oil Corp. (Trucks)</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 725 Hobbs, NM</u>			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <u>Citric Service</u>	Address (Give address to which approved copy of this form is to be sent) <u>Citric Service 1101 Alameda, NM</u>			
If well produces oil or liquids, give location of tanks.	Unit <u>13</u>	Sec. <u>8</u>	Twp. <u>37E</u>	Is gas actually connected? When <u>Approx. May 1 69</u>

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 <u>2-4-69</u>	Date Compl. Ready to Prod. <u>2-26-69</u>	Total Depth <u>4800' 11"</u>	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.) <u>3,997.50r.</u>	Name of Producing Formation <u>San Andres 12 zone</u>	Top Oil/Gas Pay <u>P2 1521'</u>	Tubing Depth <u>4720' 11"</u>					
Perforations <u>4623, 45, 28, 34, 35, 42, 43, 48, 52, 53</u>	TUBING, CASING, AND CEMENTING RECORD		Depth Casing Shoe <u>4786' 6"</u>					
HOLE SIZE <u>7 1/2"</u>	CASING & TUBING SIZE <u>8 5/8"</u>	DEPTH SET <u>4786'</u>	SACKS CEMENT <u>150</u>					
			<u>200</u>					
			<u>4563</u>					

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 <u>2-26-69</u>	Date of Test <u>2-26-69</u>	Producing Method (Flow, pump, gas lift, etc.) <u>11- Packer in Hole</u>	
Length of Test <u>24 Hours</u>	Tubing Pressure <u>110 PSI</u>	Casing Pressure <u>11- Packer in Hole</u>	Choke Size <u>28/64</u>
Actual Prod. During Test <u>330</u>	Oil - Bbls. <u>330</u>	Water - Bbls. <u>239</u>	Gas - MCF <u>239</u>

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.

Eddie J. Selwich
(Signature)
Production Superintendent
(Title)
2-27-69
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY [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.