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If well produces oil or liquids, Unit Sec. Twp. Rge. Is gas actually connected? When	Citize Coming		P.O. Box 300	Tulsa, OK 7	74102
If well produces oil or liquids,					
give location of tanks. N 31 75 32E Yes 3-8-84	If well produces oil or liquids,				
	give location of tanks.	<u>N 31 75 32</u>	<u>res</u>	3-8-84	

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.

VICE PRESIDENT

11-30-88

(Date)

(Tule)

OIL CONSERVATION DISES	
APPROVED	19

ORIGINAL SIGAND BY JENEY SEXTOR DISTRICT I SUPERVISOR

TITLE

BY

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 MULE 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.

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DEC 1S 1998

Form 9-880		_					NM OIL	CONS.	COMMISSIO
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				Unit Z					
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			14. PERMIT NO.		DATE ISSUED		12. COUNTY PARISH	_	13. STATE
15. DATE SPUDDED	16. DATE T.D. RE.	ACHED 17. DATE	COMPL. (Ready t	o prod.) 18	ELEVATIONS		Rooseve		NM IV. CASINGHEAD
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4130 - 69'	(16 holes)			4071 -		2000	gal. 20%	DS-30	0
	-			4130 -			00 gal. 20% DS-30		
4204 - 56	(14 holes)			4204 -	58'	2000	0 gal. 20% DS-30		
33.•				UCTION		<u> </u>			
ATE FIRST PRODUCT	1	TION METHOD (Flo			and type of pu	mp)	WELL 4 shut		Producing or
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2/25/84			TEST PERIOD		GASM	.	WATER-BBL.	GAS	B-OIL RATIO
LOW. TUBING PRESS.	CASING PRESSURE	20/64 CALCULATED	OIL-BBL.	<u>648</u>		A WATER-	10 BBL.	OIL GRAV	NA ITT-API (CORR.)
<u> </u>	125	24-HOUR BATE	80 1	N.4	TED FOR REC	ap 10		23	3
4. DISPOSITION OF G	AB (Sold, used for fi	iel, vented, etc.)				~	TEST WITNES		<u> </u>
5. LIST OF ATTACH	MENTS			PETER	W. CHES	TER			
Deviation				AP	R 9 198	4			
6. I hereby certify	that the foregoing	and attached info	rmation is compl				ll available re	cords	
\checkmark	bel le	anto		· · · · · ·		•			(
SIGNED		- A	TITLEO	perator	<u> </u>		DATE	_3/9/	84
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*(See Instructions and Spaces for Additional Data on Reverse Side) *



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RECEIVED

APR 1 7 1984

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.

or Federal office for specific instructions. 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

Hem 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.
Hems 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.
Hem 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.)

37. SUMMARY OF POR SHOW ALL IMPOR DEPTH INTERVAL	OUS ZONES: TANT ZONES OF PORTESTED, CUSHION I	SITY AND CONTENT SED, TIME TOOL OF	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	38. GEOLOG	GEOLOGIC MARKERS	
FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.		TOP	Ŧ
i 				7 4 51	MEAS. DEPTH	TRUS VART. DEPTH
Red Bed	Surf.	1316	No DST's			
Anhydrite	1316	2205		Salt	1756	
Dolomite	2205	2873		Yates	2172	
Lime	2873	3660		San Andres	3330	
Lime .	3660	3890-		Pi Marker	3882	
				P-1	4034	
				P-2	4118	
	-			P-3	4225	
					~	
		-			`	
		.				-

*GPO 782-929

O.C.D. HOBBS OFFICE

APR 1 7 1984

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February 23, 1984



MorOilCo., Inc. Drawer I Artesia, NM 88210

Re: Gallina Fed. #2

Gentlemen:

The following is a Deviation Survey on the above well located in Roosevelt County, New Mexico.

486' - 1/2 937' - 1/2 1426' - 1/2 1723' - 1 2207' - 3/4

2703' - 3/4 3202' - 3/4 3362' - 3/4 3854' - 1 4294' - 1/2 T.D.

Yours very truly,

WER DRILLING_CO., INC.

Arnold Newkirk

STATE OF NEW MEXCIO)) COUNTY OF CHAVES)

The foregoing was acknowledged before me this <u>J3</u>RD day of <u>FEREDARY</u> 1984 by Arnold Newkirk.

Bringette Hickelle Stancur

MY COMMISSION EXPIRES:

4-8

RECEIVED BY
APR 12 1984
O. C. D.
ARTESIA, OFFICE

 $(x,y) \in \mathbb{Z}^{n} \setminus \{y\}$

APR 17 1584

en. Notes

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