

Form 3160-5
(June 1990)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

M. Oil Cons. Division
1625 N. French Dr.
Hobbs, NM 88240

FORM APPROVED
Budget Bureau No. 1004-0133
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator

Circle Ridge Production Inc

3. Address and Telephone No.

300 E. North Side Drive, Ft. Worth, TX. 76106

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

Unit Letter B 330' FNL, 1980' FEL

Sec. 3, T 13-S, R-31-E

5. Lease Designation and Serial No.

NM 20968

6. If Indian, Altona or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

TAO Federal #1

9. API Well No.

30-005-20965

10. Field and Pool, or Exploratory Area

CAPROCK QUEEN

11. County or Parish, State

CHAVES County, N.M.

12. CHECK APPROPRIATE BOX(es) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

☒ Notice of Intent

☐ Subsequent Report

☐ Final Abandonment Notice

TYPE OF ACTION

☒ Abandonment

☐ Recompletion

☐ Plugging Back

☐ Casing Repair

☐ Altering Casing

☐ Other

☐ Change of Plans

☐ New Construction

☐ Non-Routine Fracturing

☐ Water Shut-Off

☐ Conversion to Injection

☐ Dispose Water

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

13. 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.)

1. Set CIBP @ 2900' - 35' cement on top

2. Spnt 30 SVS @ 2000' - 1800' - Tag

4. 3 Spot 20 SVS @ 616' - 516'

5. 4 Spot 10 SVS @ 50' - surface

Install Dry Hole Marker

Cir. 10# mud

3. Perforate @ 616' & Attempt To Squeeze 35 sacks

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

Signed

[Signature]

Title

Agent

Date

3-12-2000

(This space for Federal or State office use)

Approved by

(ORIG. SGD.) DAVID F. GLASS

Title

PETROLEUM ENGINEER

Date

APR 11 2000

Conditions of approval, if any:

SEE ATTACHED FOR
CONDITIONS OF APPROVAL

Title 18 (18 U.S.C. 1001) is hereby prohibited. No person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statement or representation as to any matter within its jurisdiction.

*See instruction on Reverse Side

RECEIVED
APR 04 2000
BLM
ROSNELL NMA



LTR



Job separation sheet

Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Circle Ridge Production, Inc.		Well API No. 30-005-20965
Address c/o Oil Reports & Gas Services, Inc., Box 755, Hobbs, NM 88241		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	Effective 10/1/89
Change in Operator <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator MR Oil Company, P.O. Box 685, Monahans, Texas 79756		

II. DESCRIPTION OF WELL AND LEASE

Lease Name TAO Federal	Well No. 1	Pool Name, Including Formation Caprock Queen	Kind of Lease State, Federal and/or	Lease No. NM-20968
Location Unit Letter B : 33C Feet From The North Line and 1980 Feet From The East Line Section 3 Township 13S Range 31E, NMPM, Chaves 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) P.O. Box 159, Artesia, New Mexico 88210					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 3	Twp. 13S	Rge. 31E	Is gas actually connected? No	When ?

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			
Performances					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 Tank	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 (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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

Signature Donna Holler Agent
Printed Name Donna Holler Title
Date 10/27/89 Telephone No. 505-393-2727

OIL CONSERVATION DIVISION

Date Approved OCT 31 1989

By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

Title

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- All sections of this form must be filled out for allowable on new and recompleted wells.
- Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- Separate Form C-104 must be filed for each pool in multiply completed wells.