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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease	
State <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.	

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 -" (FORM C-101) 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 Wood & Locker, Inc.	8. Farm or Lease Name State "BL"
3. Address of Operator 200 Gihls Tower East, Midland, Texas 79701	9. Well No. 1
4. Location of Well UNIT LETTER C , 330 FEET FROM THE North LINE AND 1980 FEET FROM THE West LINE, SECTION 16 TOWNSHIP 13-S RANGE 32-E NMPM.	10. Field and Pool, or Wildcat Williams Penn North
15. Elevation (Show whether DF, RT, GR, etc.) 4346' GR 4358' REB	12. County Lee

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
OTHER <input type="checkbox"/>	OTHER RE-ENTRY <input checked="" type="checkbox"/>
	Humble Oil & Refining Co.
	New Mexico State "BL" No. 1

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.

7-14-75: MI & RU DA&S DD PU. Landed 8 5/8" casing and welded on 8 5/8" s/o x 8" 3000 casing flange. Landed 4 1/2" casing in 8" 3000 flange & nipples up 8" x 6" 3000 tbg. spool. Installed 6" 3000 BOP.

7-15-75 thru 7-23-75: Dril'd out cmt plugs & junk inside 4 1/2" casing to 11104' PBTD.

7-24-75 Perf'd Penn w/12 holes @ intervals from 10999' to 11071'. Ran & landed 2 3/8" tbg @ 10919' w/pkr @ 10915'. Acidized perfs w/500 gals Western Co. 15% DS-30 acid. Swabbed well to pit. Recovered 28 of 70 BLW.

7-25-75: Swabbed well to pit. Recovered 1 BNO + 48 of 70 BLW.

7-26-75: Acidized perfs w/5000 gals Western Co. 15% DS-30 acid. Swabbed well to frac tank. Recovered 46 of 205 BLW.

7-27-75 thru 7-29-75: Swabbed well to frac tank. Recovered 101 of 205 BLW + trace of oil. Released DA&S PU. Left flowing.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED *D. M. Johnson* TITLE **D. M. Johnson Drilling & Production Manager** DATE **12-2-75**

APPROVED BY *John S. Brown* TITLE *John S. Brown* DATE *12-2-75*

CONDITIONS OF APPROVAL, IF ANY:

1075

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OIL CONSERVATION COM.
HOEBS, R. E.

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	GAS		
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NEW MEXICO OIL CONSERVATION COMMIS. 4
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

Operator WOOD & LOCKER, INC.		CASINGHEAD GAS MUST NOT BE FLARED OR BURNED 1/1/76 EXEMPTION TO R-4870 IS OBTAINED.	
Address 200 Gihls Tower East, Midland, Texas 79701			
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	Re-entry & completion of well by Humble	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Oil & Refining Company - New Mexico	
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	State "BL" No. 1, State Lease No. E-6190	
	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 State "BL"	Well No. 1	Pool Name, including Formation Williams Penn North	Kind of Lease State, Federal or Fee State	Lease No. -
Location Unit Letter C ; 330 Feet From The North Line and 1980 Feet From The West Line of Section 16 Township 13-S Range 32-E , NMPM, Lea 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"/> Navajo Crude Oil Purchasing Co.	Address (Give address to which approved copy of this form is to be sent) P. O. Drawer 175, Artesia, New Mexico 88210	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> None	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 C	Sec. 16
	Twp. 13-S	Rge. 32-E
	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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 7-14-75	Date Compl. Ready to Prod. 7-24-75	Total Depth 12,497'	P.B.T.D. 11,104'					
Elevations (DF, RKB, RT, GR, etc.) 4346' GR, 4358' RKB	Name of Producing Formation Penn	Top Oil/Gas Pay 10,998'	Tubing Depth 10,919'					
Perforations 10,999' to 11,071' (32 holes)			Depth Casing Shoe 12,497'					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"	13 3/8" C		346		325 - Circulated			
11"	8 5/8" C		3,769		600 - Top @ 2900'			
7 7/8"	4 1/2" C		12,497		1810 - Top @ 3300'			
----	2 3/8" T		10,919		----			

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 7-25-75	Date of Test 10-17-75	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hrs.	Tubing Pressure 250 psi	Casing Pressure 0 psi	Choke Size 17/64"
Actual Prod. During Test 10-17-75	Oil - Bbls. 9 (50.4° API)	Water - Bbls. 0	Gas - MCF 140

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.

OIL CONSERVATION COMMISSION	
APPROVED	19
BY <u>Jerry Sexton</u>	
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 multiple

<u>W. M. Johnson</u>	(Signature)
Drilling & Production Manager	(Title)
11-20-75	(Date)