NEW ME COOIL CONSERVATION COMESSION SANTA FE, NEW MEXICO

Form C-110 Revised 7/1/55

(File the original and 4 copies with the appropriate district office)

CERTIFICATE OF COMPLIANCE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS 7 51

Company or Operator Harvey L. Hurley	Lease Atlantic State "A"
Well No. 1 Unit Letter M S 27 T 14	R 33 Pool Saunders
County Lea Kind of Lease (State	e. Fed or Patented) State
If well produces oil or condensate, give location of	
Authorized Transporter of Oil or Condensate	
Address (Give address to which approved copy	Box 337 Midland, Texas
Authorized Transporter of C	of this form is to be sent)
Address Temporter of Gas	Warren Pet. Corp.
Address Lovington, New Mexi (Give address to which approved copy	co Date Connected 2/1/59
Reasons for Filing:(Please check proper box)	New Well ()
Change in Transporter of (Check One): Oil () Dr	y Gas () C'head () Condensate ()
Change in Ownership() Oth	er Change in Lease Name & Well No.
Remarks:	(Give explanation below)
Filed to show change in lease name and well	number. (This was formerly the
"Atlantic State #2 well)	
The undersigned certifies that the Rules and Regula mission have been complied with.	ations of the Oil Conservation Com-
Executed this the 5th day of February 19 59	- For p
В	Vela de L
	tle Agent
OIL CONSERVATION COMMISSION CO	mpany
A Charleng frank Ac	dress 1012 Midland Nat'l Bank Bldg.
Title	Midland, Texas

NEW ME. OOIL CONSERVATION COMI SANTA FE, NEW MEXICO

Form C-110 Revised 7/1/55

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(File the original and 4 copies with the appropriate district office)

CERTIFICATE OF COMPLIANCE AND AUTHORIZATION 51 TO TRANSPORT OIL AND NATURATEGIAS N. 7 51

Company o	r Opera	tor_Harvey I	Hurley				Lease Atl	antic State
Well No.	2	Unit Lette:	rM_S	27 _T	14 S R_	33E Pool	Sa	inders
County	Lea		Kind of L	ease	(State,	Fed. or	Patented) S	tate
If well prod	duces oi	l or condens	– sate, give :	locati	on of t	anks:Unit	N S 27	T 14 R 33
Authorized	Transp	orter of Oil	or Conden	sate_	Ser	vice Pipe	Line Co.	
Address					Box	337 Midle	and, Texas	
	(Give a	address to w	which appro	oved o	copy of	this forn	is to be se	nt)
Authorized	Transp	orter of Gas	. W	arren	Pet. C	orp.		· · · · · · · · · · · · · · · · · · ·
Address		address to w	L	oving	ton, N.	M. Date	Connected	Feb. 1st
Reasons fo	r Filing	:(Please che	ck proper	box)	Ne	w Well		()
Change in T	Γranspo	rter of (Chec	ck One): C	oil () Dry	Gas () (C'head () (Condensate (
Change in (Ownersh	ip		()	Other			()
Remarks:		uip				\Give	explanatio	n below)
	Filed	to give tran	asporter of		new co	nnection		
The unders nission hav	igned ce ve been	ertifies that complied wi	the Rules a	and R	legulat:	ion s o f th	e Oil Conse	rvation Com-
Executed th	nis the 2	nd day of	February	1	9 59	191	\mathcal{L}	
					By_	·	Ouce	*/
Approved			19_		Titl	e Agent		······································
OH C	ONGED							
OIL	ONSER	VATION CO	MMISSION		Con	npany Har	vey L. Hurle	у
OIL C	ONSER	VATION CO	MMISSION					y t'l Bank Bldg

Santa Fe, New Mexico

REQUES FOR (OIL) - (GAS) ALLOY BLE

New Well Recompletion

Form C-104 is able will be a	s to be subm ssigned effec	nisted in QU stive 7:00 A	ADRUPLICATE to the same District Office to which Form C001 was sens. The allow- LADRUPLICATE to the same District Office to which Form C001 was sens. The allow- LAM, on date of completion or recompletion, provided this form is filed during calendar on. The completion date shall be that date in the case of an oil well when new oil is deliv- be reported on 15.025 psia at 60° Fabrual C00 January 26, 1959
· · · into the	SHER R. CALLES	. .	(1)
		~ · · · · · · · · · · · · · · · · · · ·	AN ALLOWARIE FOR A WELL KNOWN AS
WE ARE HE	Y	れい トラッチ	G AN ALLOWABLE FOR A WELL KNOWN AS Lic State Well No. 2
Com	pany or Oper	resor	T 14S (Lease) Saunders Pool
M Date Late	, Sec	~ (T, NMPM.,
Lea			County Date Spudded 12/3/58 Date Drilling Completed 1/10/59 Local De County Date Spudded 12/3/58 Date Drilling Completed 10,003 PRID 10,002
Please	indicate lo		County Date Spudded Total Death 10,003 PRTD 10,002 Elevation 4214 DF Total Death 10,003 Wolfcamp Top 011/Gas Pay 9868 Name of Prod. Form. Wolfcamp
DO) B	A	
			PRODUCING INTERVAL - Ferforations 9868-71;9876-79;9882-85;9911-37 Perforations Death Octob
E I	r G	H	Open Hole Casing Sice 10,002 Depth 7838
			CIL WELL TEST =
L	K J	Ī	Cit Well TEST - Choke 24/64 Natural Fr d. Test: 243 bbis.oil, O only water in 24 hrs, min. Size 24/64
			Test After acid or Fracture Treatment (after secovery of volume of oil equas to volume of Choke
M	N 0	P	coad oil used): bhla,oil, cois water in firs, min. Size
X			GAS WELL TEST -
			Natural Pron. Test: MCF/Dav: Hours flowed Choke Size
Subing Cast	ing and Come	nting Record	Method of Testing (pitot, back pressure, etc.):
Sure	Feet	Sax	Test After Acid or Fracture Treatment: MCF/Cay; Hours flowed
13-3/8	313'	325	Choke Size Method of Testings
8-5/8"	 	1950	Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and
	 		sand): 1000 gal MA
5-1/2 ^M	99921	500	Press. Press oil run to tanks
2-3/8	tbg set	at 9838	Oli Fransporter Service Fipe Line Company
2-5/6	155 550	1333	Ges Transporter None
	Test af	ter acid	est perforations were washed with 1000 gallons of Mud Acid- wash was the same
I herel			matter gives above is true and complete to the best of my knowledge.
Approved		**	Harvey L. Hurley (Company or Operator)
0	IL, CONSE	RVATION	COMMISSION By: Helen Smith, (Signature) Agent
By	k.j.,	[
Title	********		Name Harvey L. Hurley -1012 Midland Nat'l Bar
	.,		Midland, Texas

NEW ME: OOIL CONSERVATION COME SION SANTA FE, NEW MEXICO

Form C-110 Revised 7/1/55

(File the original and 4 copies with the appropriate district office)

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CERTIFICATE OF COMPLIANON AND AUTHOBIZE ION TO TRANSPORT OIL AND NATURAL GAS

Company or Operator Harvey L. Hurley	Lease Atlantic-State
Well No Unit Letter M S 27 T 14	S R 33E Pool Saunders
County Lea Kind of Lease (St	ate, Fed. or Patented) State
If well produces oil or condensate, give location	of tanks: Unit N S 27 T 14 R 33
Authorized Transporter of Oil or Condensate	Service Pipe Line Company
Address	Box 337 Midoand, Texas
(Give address to which approved co	py of this form is to be sent)
Authorized Transporter of Gas None	_
Address	Date Connected
(Give address to which approved co	py of this form is to be sent)
If Gas is not being sold, give reasons and also e	explain its present disposition:
Gas is now being flared, Warren will	make connection and new C-110 will
be filed when connection is made	
Reasons for Filing:(Please check proper box)	New Well (7)
Change in Transporter of (Check One): Oil ()	Dry Gas () C'head () Condensate ()
Change in Ownership () ((Give explanation below)
Remarks:	(Give explanation below)
The undersigned certifies that the Rules and Remission have been complied with.	gulations of the Oil Conservation Com-
Executed this the 26thday of January 195	59
	By Harvey L. Hurley
Approved19	Title Dela Smit
OIL CONSERVATION COMMISSION	Company Harvey L. Hurley
By Markache	Address 1012 Midland Nat*1 Bank
Title	Midland, Texas