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NEW MEXICO OIL CONSERVATION COMMISSION

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

APR 29

3a. Indicate Type of Lease State <u>169</u> Fee <input checked="" type="checkbox"/>	
5. State Oil & Gas Lease No. None	
7. Unit Agreement Name None	
8. Name of Lessee H. H. Harris	
9. Well No. 1	
10. Field and Pool, or Wildcat Bronco (Wolfcamp)	
12. County Lea	

SUNDARY 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"/>	
2. Name of Operator TEXACO Inc.	
3. Address of Operator P. O. Box 728, Hobbs, New Mexico 88240	
4. Location of Well UNIT LETTER <u>N</u> <u>1980</u> FEET FROM THE <u>West</u> LINE AND <u>330</u> FEET FROM THE <u>South</u> LINE, SECTION <u>35</u> TOWNSHIP <u>12-S</u> RANGE <u>38-E</u> NMPM.	
15. Elevation (Show whether DF, RT, GR, etc.) 3806' (D. F.)	

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <input type="checkbox"/>

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.

THE FOLLOWING WORK HAS BEEN COMPLETED ON SUBJECT WELL:

1. Pulled production tubing.
2. Ran tubing W/ Packer and set @ 8938'.
3. Acidized casing perforations 9040' to 9075' W/5000 gals. 28% NE Acid in 2-2000 gal. stages W/100# Unibeads between stages, followed W/1000 gals. treated water. Third stage treatment - 1000 gals. acid followed W/1000 gals. treated water.
4. Flushed W/40 Bbls. Oil.
5. Install producing equipment, test and return to production.

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

SIGNED <u>[Signature]</u>	TITLE <u>Assistant District Superintendent</u>	DATE <u>April 28, 1969</u>
APPROVED BY <u>[Signature]</u>	TITLE <u>SUPERVISOR DISTRICT 1</u>	DATE <u>APR 29 1969</u>
CONDITIONS OF APPROVAL, IF ANY:		

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	GAS	
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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
MAR 5 3 10 PM '65

Operator TEXACO Inc.	
Address P. O. Box 728 - Hobbs, New Mexico	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Filed to show Sinclair Oil & Gas Company as Casinghead Gas transporter.
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of:	
Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Casinghead Gas <input checked="" 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 H. H. Harris	Well No. 2/	Pool Name, Including Formation Bronco Wolfcamp	Kind of Lease State, Federal or Fee	Fee
Location				
Unit Letter N	330	Feet From The South	Line and 1980	Feet From The West
Line of Section 35	Township 12-S	Range 38-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"/>	Address (Give address to which approved copy of this form is to be sent)			
Phillips Petroleum Company (Trucks)	P. O. Box 791 - Midland, Texas			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)			
Sinclair Oil & Gas Company	Sinclair Building Box 1589 Juba, Okla. Broadmoor Shopping Center - Hobbs, New Mexico			
If well produces oil or liquids, give location of tanks.	Unit N	Sec. 35	Twp. 12-S	Rge. 38-E
	Is gas actually connected?		When	
	YES		January 1, 1965	

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.			
Pool	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					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 Tanks	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 (pitot, back pr.)	Tubing Pressure	Casing Pressure	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.

E. H. Scott (Signature)
District Accountant

March 5, 1965

(Title)

(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19 _____

BY _____

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 Sections I, II, III, and VI only 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.