

District I  
PO Box 1980, Hobbs, NM 88241-1980  
District II  
811 South First, Artesia, NM 88210  
District III  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV  
2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico  
Energy, Minerals & Natural Resources Department

OIL CONSERVATION DIVISION  
2040 South Pacheco  
Santa Fe, NM 87505

Form C-104  
Revised October 18, 1994  
Instructions on back  
Submit to Appropriate District Office  
5 Copies

☐ AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

Operator name and Address Caprock Exploration, Inc. P.O. Box 7288 Odessa, Tex. 79760		OGRID Number 003675
		Reason for Filing Code CH 08/01/2000
API Number 30-0 25-29312	Pool Name Saunders Permo Upper Penn	Pool Code 55120
Property Code 23285 2669	Property Name Saunders 28 "B" State	Well Number #1

II. Surface Location

UL or lot no. L	Section 28	Township 14S	Range 33E	Lot Idn	Feet from the	North/South Line South	Feet from the	East/West line West	County Lea
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Bottom Hole Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
Lee Code	Producing Method Code	Gas Connection Date	C-129 Permit Number	C-129 Effective Date	C-129 Expiration Date				

III. Oil and Gas Transporters

Transporter OGRID	Transporter Name and Address	POD	O/G	POD ULSTR Location and Description
015694	Navajo Refinery P.O. Box 159 Artesia, NM 88210	1961310	O	
024650	Warren Petroleum P.O. Box 1589 Tulsa, OK 74102	1961330	G	
	Charles Gilispie P.O. Box 8 Midland, Tex. 79702	1961350	W	

IV. Produced Water

POD	POD ULSTR Location and Description
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V. Well Completion Data

Spud Date	Ready Date	TD	PBTD	Perforations	DHC, DC, MC
Hole Size	Casing & Tubing Size	Depth Set	Backs Cement		

VI. Well Test Data

Date New Oil	Gas Delivery Date	Test Date	Test Length	Tbg. Pressure	Csg. Pressure
Choke Size	Oil	Water	Gas	AOF	Test Method

I hereby certify that the rules 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: Joe Cook		OIL CONSERVATION DIVISION GARY HANKS FIELD REPRESENTATIVE	
Printed name: Joe Cook, Caprock Exploration, Inc.		Approved by:	
Title: President		Approval Date: 8/13/00	
Date: 09/13/00	Phone: 915-337-1975		

If this is a change of operator fill in the OGRID number and name of the previous operator			
Eclipse Oil & Gas 169386			
Previous Operator Signature Carter D. Copeland	Printed Name Carter D. Copeland	Title President/CEFO	Date 9/13/00

District I  
PO Box 1969, Hobbs, NM 88241-1960  
District II  
PO Drawer DD, Artesia, NM 88211-0719  
District III  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV  
PO Box 2088, Santa Fe, NM 87504-2088

State of New Mexico  
Energy, Minerals & Natural Resources Department

OIL CONSERVATION DIVISION  
PO Box 2088  
Santa Fe, NM 87504-2088

Form C-104  
Revised February 10, 1994  
Instructions on back  
Submit to Appropriate District Office  
5 Copies

☐ AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

Operator name and Address Eclipse Oil & Gas, Inc. P. O. Box 15122 Odessa, Texas 79768		OGRID Number 169386
		Reason for Filing Code CH 04-01-98
API Number 30 - 0 25-29312	Pool Name Saunders Permo Upper Penn	Pool Code 55120
Property Code 21669-23285	Property Name Saunders 28 "B" State	Well Number #1

II. Surface Location

UL or lot no. L	Section 28	Township 14S	Range 33E	Lot Idn	Feet from the 1980	North/South Line South	Feet from the 660	East/West line West	County Lea
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Bottom Hole Location

UL or lot no. L	Section 28	Township 14S	Range 33E	Lot Idn	Feet from the 1980	North/South line South	Feet from the 660	East/West line West	County Lea
Lea Code S	Producing Method Code P	Gas Connection Date	C-129 Permit Number	C-129 Effective Date	C-129 Expiration Date				

III. Oil and Gas Transporters

Transporter OGRID	Transporter Name and Address	POD	O/G	POD ULSTR Location and Description
007440	EOTT Energy P. O. Box 4666 Houston, TX 77210-4666	1961310	O	
024650	Warren Petroleum P. O. Box 1589 Tulsa, OK 74102	1961330	G	
	Charles Gilispie P. O. Box 8 Midland, TX 79702	1961350	W	

IV. Produced Water

POD	POD ULSTR Location and Description
-----	------------------------------------

V. Well Completion Data

Spud Date	Ready Date	TD	PBTD	Perforations
Hole Size	Casing & Tubing Size	Depth Set	Sacks Cement	

VI. Well Test Data

Date New Oil	Gas Delivery Date	Test Date	Test Length	Tbg. Pressure	Csg. Pressure
Choke Size	Oil	Water	Gas	AOF	Test Method

I hereby certify that the rules 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:

*Richard Beeson*

Printed name:

Richard Beeson, Eclipse Oil & Gas

Title:

President

Date:

4-14-98

Phone:

915/550-8818

OIL CONSERVATION DIVISION

Approved by:

Title:

Approval Date:

MAY 12 1998

If this is a change of operator fill in the OGRID number and name of the previous operator-

Caprock Exploration

003675

Previous Operator Signature

*Joe Cook*

Printed Name -  
Joe Cook

Title -  
President

Date -  
3/24/98

MP

IF THIS IS AN AMENDED REPORT, CHECK THE BOX LABELED "AMENDED REPORT" AT THE TOP OF THIS DOCUMENT

Report all gas volumes at 15.025 PSIA at 60°.  
Report all oil volumes to the nearest whole barrel.

A request for allowable for a newly drilled or deepened well must be accompanied by a tabulation of the deviation tests conducted in accordance with Rule 111.

All sections of this form must be filled out for allowable requests on new and recompleted wells.

Fill out only sections I, II, III, IV, and the operator certifications for changes of operator, property name, well number, transporter, or other such changes.

A separate C-104 must be filed for each pool in a multiple completion.

Improperly filled out or incomplete forms may be returned to operators unapproved.

1. Operator's name and address
2. Operator's OGRID number. If you do not have one it will be assigned and filled in by the District office.
3. Reason for filing code from the following table:  
NW New Well  
RC Recompletion  
CH Change of Operator  
AO Add oil/condensate transporter  
CO Change oil/condensate transporter  
AG Add gas transporter  
CG Change gas transporter  
RT Request for test allowable (include volume requested)  
If for any other reason write that reason in this box.
4. The API number of this well
5. The name of the pool for this completion
6. The pool code for this pool
7. The property code for this completion.
8. The property name (well name) for this completion
9. The well number for this completion
10. The surface location of this completion NOTE: If the United States government survey designates a Lot Number for this location use that number in the 'UL or lot no.' box. Otherwise use the OCD unit letter.
11. The bottom hole location of this completion
12. Lease code from the following table:  
F Federal  
S State  
P Fee  
J Jicarilla  
N Navajo  
U Ute Mountain Ute  
I Other Indian Tribe
13. The producing method code from the following table:  
F Flowing  
P Pumping or other artificial lift
14. MO/DA/YR that this completion was first connected to a gas transporter
15. The permit number from the District approved C-129 for this completion
16. MO/DA/YR of the C-129 approval for this completion
17. MO/DA/YR of the expiration of C-129 approval for this completion
18. The gas or oil transporter's OGRID number
19. Name and address of the transporter of the product
20. The number assigned to the POD from which this product will be transported by this transporter. If this is a new well or recompletion and this POD has no number the district office will assign a number and write it here.
21. Product code from the following table:  
O Oil  
G Gas

22. The ULSTR location of this POD if it is different from the well completion location and a short description of the POD (Example: "Battery A", "Jones CPD", etc.)
  23. The POD number of the storage from which water is moved from this property. If this is a new well or recompletion and this POD has no number the district office will assign number and write it here.
  24. The ULSTR location of this POD if it is different from the well completion location and a short description of the POD (Example: "Battery A Water Tank", "Jones CPD Water Tank", etc.)
  25. MO/DA/YR drilling commenced
  26. MO/DA/YR this completion was ready to produce
  27. Total vertical depth of the well
  28. Plugback vertical depth
  29. Top and bottom perforation in this completion or casing shoe and TD if openhole
  30. Inside diameter of the well bore
  31. Outside diameter of the casing and tubing
  32. Depth of casing and tubing. If a casing liner show top and bottom.
  33. Number of sacks of cement used per casing string
- The following test data is for an oil well it must be from a test conducted only after the total volume of load oil is recovered.
34. MO/DA/YR that new oil was first produced
  35. MO/DA/YR that gas was first produced into a pipeline
  36. MO/DA/YR that the following test was completed
  37. Length in hours of the test
  38. Flowing tubing pressure - oil wells  
Shut-in tubing pressure - gas wells
  39. Flowing casing pressure - oil wells  
Shut-in casing pressure - gas wells
  40. Diameter of the choke used in the test
  41. Barrels of oil produced during the test
  42. Barrels of water produced during the test
  43. MCF of gas produced during the test
  44. Gas well calculated absolute open flow in MCF/D
  45. The method used to test the well:  
F Flowing  
P Pumping  
S Swabbing  
If other method please write it in.
  46. The signature, printed name, and title of the person authorized to make this report, the date this report was signed, and the telephone number to call for questions about this report
  47. The previous operator's name, the signature, printed name and title of the previous operator's representative authorized to verify that the previous operator no longer operates this completion, and the date this report was signed by that person

District I  
PO Box 1980, Hobbs, NM 88241-1980  
District II  
811 South First, Artesia, NM 88210  
District III  
1000 Rio Brazos Rd., Amec, NM 87410  
District IV  
2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico  
Energy, Minerals & Natural Resources Dept.

Form C-104

Revised October 18, 1994

Instructions on back

Submit to Appropriate District Office

5 Copies

OIL CONSERVATION DIVISION  
2040 South Pacheco  
Santa Fe, NM 87505

☐ AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

Operator name and Address <b>Caprock Exploration, Inc. P.O. Box 7288 Odessa, Texas 79760</b>		OGRID Number <b>003675</b>
Reason for Filing Code <b>CH 10/01/97</b>		
API Number <b>30 - 0 25-29312</b>	Pool Name <b>Saunders Permo Upper Penn</b>	Pool Code <b>55120</b>
Property Code <b>21669</b>	Property Name <b>Saunders 28 "B" State</b>	Well Number <b>#1</b>

II. Surface Location

UL or lot no. <b>L</b>	Section <b>28</b>	Township <b>14S</b>	Range <b>33E</b>	Lot Idn	Feet from the <b>1980</b>	North/South Line <b>South</b>	Feet from the <b>660</b>	East/West line <b>West</b>	County <b>Lea</b>
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Bottom Hole Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
Lee Code <b>S</b>	Producing Method Code <b>P</b>	Gas Connection Date	C-129 Permit Number	C-129 Effective Date	C-129 Expiration Date				

III. Oil and Gas Transporters

Transporter OGRID	Transporter Name and Address	POD	O/G	POD ULSTR Location and Description
<b>007440</b>	<b>EOTT Energy P.O. Box 4666 Houston, Tex. 77210-4666</b>	<b>1961310</b>	<b>O</b>	
<b>024650</b>	<b>Warren Petroleum P.O. Box 1589 Tulsa, Ok. 74102</b>	<b>1961330</b>	<b>G</b>	
	<b>Charles Gilispie P.O. Box 8 Midland, Tx. 79702</b>	<b>1961350</b>	<b>W</b>	

IV. Produced Water

POD	POD ULSTR Location and Description
-----	------------------------------------

V. Well Completion Data

Spud Date	Ready Date	TD	FBTD	Perforations	DHC, DC, MC
Hole Size	Casing & Tubing Size	Depth Set	Sacks Cement		

VI. Well Test Data

Date New Oil	Gas Delivery Date	Test Date	Test Length	Tbg. Pressure	Cog. Pressure
Choke Size	Oil	Water	Gas	AOF	Test Method

"I hereby certify that the rules 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: Joe Cook Caprock Exploration

Printed name: Joe Cook Caprock Exploration

Title: President

Date: Phone: 915-337-1975

OIL CONSERVATION DIVISION

Approved by: ORIGINAL SIGNED BY CHRIS WILLIAMS  
DISTRICT I SUPERVISOR

Title:

Approval Date: 10/18/97

"If this is a change of operator fill in the OGRID number and name of the previous operator

MWJ Producing Co. 015439

Previous Operator Signature

Printed Name

Title

Date

William H. Martin

William H. Martin

V. President

10/6/97

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

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

## OIL CONSERVATION DIVISION

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

### REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator MWJ PRODUCING COMPANY		Well API No.
Address 400 W. ILLINOIS - SUITE 1100 MIDLAND, TEXAS 79701		
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 checked="" type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>

If change of operator give name  
and address of previous operator

#### II. DESCRIPTION OF WELL AND LEASE

Lease Name SAUNDERS 28 "B" State	Well No. 1	Pool Name, Including Formation SAUNDERS PERMO UPPER PENN	Kind of Lease State, Federal or Fee	Lease No. State V-251
Location Unit Letter L : 1980 Feet From The South Line and 660 Feet From The West Line Section 28 Township 14S Range 33E, NMPM, Lea County				

EOH Energy Operating LP

#### 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)
ENRON OIL TRADING & TRANSPORTATION	P. O. BOX 1188 HOUSTON, TEXAS 77251-1188
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)
WARREN PETROLEUM EOH Energy Corp.	P. O. BOX 1589 TULSA, OKLAHOMA 74102
If well produces oil or liquids, give location of tanks.	Unit Letter L   Township 28   Range 33E   Is gas actually connected? yes   When? 11/27/85

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		
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 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  
Pat Drexler Agent  
Printed Name  
12/8/89 (915) 682-5216  
Date  
Telephone No.

#### OIL CONSERVATION DIVISION

Date Approved DEC 26 1989  
By ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR  
Title

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

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

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 MWJ PRODUCING COMPANY		Well API No.
Address 400 W. ILLINOIS - SUITE 1100 MIDLAND, TEXAS 79701		
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"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name SAUNDERS 28 "B" State	Well No. 1	Pool Name, Including Formation SAUNDERS PERMO UPPER PENN	Kind of Lease State, Federal or Fee	Lease No. State V-251
Location Unit Letter L : 1980 Feet From The South Line and 660 Feet From The West Line Section 28 Township 14S Range 33E, 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)			
ENRON OIL TRADING & TRANSPORTATION	P. O. BOX 1188 HOUSTON, TEXAS 77251-1188			
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)			
WARREN PETROLEUM <del>EOI Energy Corp.</del>	P. O. BOX 1589 TULSA, OKLAHOMA 74102			
If well produces oil or liquids, give location of tanks.	Effective 1-1-93	Rgt.	Is gas actually connected?	When ?
L 28 14S 33E			yes	11/27/85

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		
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.)

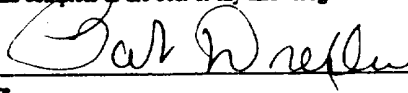
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF

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   
Pat Drexler Agent  
Printed Name 12/8/89 Title (915) 682-5216  
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved DEC 26 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.

NO. OF COPIES RECEIVED		
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SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
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

Operator MWJ PRODUCING COMPANY	
Address 1804 First National Bank Bldg Midland, Texas 79701	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <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 Saunders 28 "B" State	Well No. 1	Pool Name, Including Formation Saunders Permo Upper Penn	Kind of Lease State, Federal or Fee State	Lease No. V-251
Location Unit Letter <u>L</u> <u>1980</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>West</u> Line of Section <u>28</u> Township <u>14S</u> Range <u>33E</u> , NMFM, <u>Lea</u> 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"/> The Permian Corporation Permian (Eff. 1/1/87)	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1183 Houston, Texas 77001	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1589 Tulsa, Oklahoma 74102	
If well produces oil or liquids, give location of tanks.	Unit L	Sec. 28
	Twp. 14S	Rge. 33E
	Is gas actually connected? yes	When 11/27/85

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			
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)

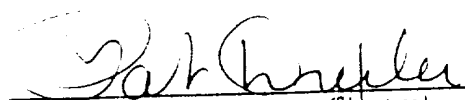
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (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.

  
(Signature)  
Pat Drexler - Agent  
(Title)  
12/2/85  
(Date)

OIL CONSERVATION COMMISSION

DEC 5 - 1985

APPROVED \_\_\_\_\_, 19\_\_\_\_  
ORIGINAL SIGNED BY NEFFY SEXTON  
BY \_\_\_\_\_ DISTRICT I SUPERVISOR  
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 multiply completed wells.

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Form C-105  
Revised 11-84

NEW MEXICO OIL CONSERVATION COMMISSION  
WELL COMPLETION OR RECOMPLETION REPORT AND LOG

5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. V-251

1a. TYPE OF WELL OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> DRY <input type="checkbox"/> OTHER <input type="checkbox"/>
b. TYPE OF COMPLETION NEW WELL <input checked="" type="checkbox"/> WORK OVER <input type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> DIFF. RESVR. <input type="checkbox"/> OTHER <input type="checkbox"/>

7. Unit Agreement Name
8. Farm or Lease Name Saunders 28 "B" State

2. Name of Operator MWJ PRODUCING COMPANY
--

9. Well No. 1
------------------

3. Address of Operator 1804 First National Bank Bldg Midland, Texas 79701
--

10. Field and Pool, or Wildcat Permo Upper Penn
--

4. Location of Well UNIT LETTER L LOCATED 1980 FEET FROM THE south LINE AND 660 FEET FROM THE west LINE OF SEC. 28 TWP. 14S RGE. 33E NMPM
--

11. County Lea
-------------------

15. Date Spudded 7/16/85	16. Date T.D. Reached 8/8/85	17. Date Compl. (Ready to Prod.) 10/09/85	18. Elevations (DF, RKB, RT, GR, etc.) 4216' GL
-----------------------------	---------------------------------	--	--

19. Elev. Casinghead
----------------------

20. Total Depth 10200'	21. Plug Back T.D. 10143'	22. If Multiple Compl., How Many No	23. Intervals Drilled By Rotary Tools 0-10200'
---------------------------	------------------------------	--	---

Cable Tools
-------------

24. Producing Interval(s), of this completion - Top, Bottom, Name 9954-9970' Bough "C"
---

25. Was Directional Survey Made No
---------------------------------------

26. Type Electric and Other Logs Run Dual Spaced Compensated Neutron
---

27. Was Well Cored No
--------------------------

28. CASING RECORD (Report all strings set in well)					
CASING SIZE	WEIGHT LB./FT.	DEPTH SET	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
13-3/8"	54#	430'	17-1/2"	450 sx "C"	none
8-5/8"	24# & 32#	4130'	11"	1300 sx Lite & 200 sx "C"	none
5-1/2"	15.5# & 17#	10200'	7-7/8"	300 sx "H"	none

29. LINER RECORD				30. TUBING RECORD		
SIZE	TOP	BOTTOM	SACKS CEMENT	SIZE	DEPTH SET	PACKER SET
N/A				2-3/8"	9921'	N/A

31. Perforation Record (Interval, size and number) 10110-10123' 2 SPF 4" 9954-9970' 2 SPF 4"	32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC. DEPTH INTERVAL 9954-9970' AMOUNT AND KIND MATERIAL USED 3000 gals 20% HCL ac & 25 BS
--	---

33. PRODUCTION							
Date First Production 10/10/85	Production Method (Flowing, gas lift, pumping - Size and type pump) Pumping 1 1/2" X 32'					Well Status (Prod. or Shut-in) Pumping	
Date of Test 10/17/85	Hours Tested 24	Choke Size --	Prod'n. For Test Period Oil - Bbl. 24	Gas - MCF 45	Water - Bbl. 135	Gas - Oil Ratio 1875:1	
Flow Tubing Press. ---	Casing Pressure ---	Calculated 24-Hour Rate Oil - Bbl. 24	Gas - MCF 45	Water - Bbl. 135	Oil Gravity - API (Corr.) 43		

34. Disposition of Gas (Sold, used for fuel, vented, etc.) Vented	Test Witnessed By Doug Crenshaw
--	------------------------------------

35. List of Attachments Inclination Report
---

36. I hereby certify that the information shown on both sides of this form is true and complete to the best of my knowledge and belief.		
SIGNED <i>Pat Drexler</i>	TITLE Pat Drexler - Agent	DATE 10/21/85

## INSTRUCTIONS

This form is to be filed with the appropriate District Office of the Commission not later than 7 days after the completion of any newly-drilled or deepened well. It shall be accompanied by one copy of all electrical and radio-activity logs run on the well and a summary of all spectral tests conducted, including full atom tests. All depths reported shall be measured depths. In the case of directionally drilled wells, true vertical depths shall also be reported. For multiple completions, Items 39 through 44 shall be reported for each zone. The form is to be filed in quintuplicate except on state land, where six copies are required. See Rule 1165.

## INDICATE FORMATION TOPS IN CONFORMANCE WITH GEOGRAPHICAL SECTION OF STATE

## Southeastern New Mexico

## Northwestern New Mexico

T. Anhy _____	T. Canyon _____	T. Ojo Alamo _____	T. Penn. "B" _____
T. Salt _____	T. Strawn _____	T. Kirtland-Fruitland _____	T. Penn. "C" _____
B. Salt _____	T. Atoka _____	T. Pictured Cliffs _____	T. Penn. "D" _____
T. Yates _____ 2634'	T. Miss _____	T. Cliff House _____	T. Leadville _____
T. 7 Rivers _____	T. Devonian _____	T. Menefee _____	T. Madison _____
T. Queen _____ 3522'	T. Silurian _____	T. Point Lookout _____	T. Elbert _____
T. Grayburg _____ 3792'	T. Montoya _____	T. Mancos _____	T. McCracken _____
T. San Andres _____ 4096'	T. Simpson _____	T. Gallup _____	T. Ignacio Qtzite _____
T. Glorieta _____ 5650'	T. McKee _____	Base Greenhorn _____	T. Granite _____
T. Paddock _____	T. Ellenburger _____	T. Dakota _____	T. _____
T. Blinbry _____	T. Gr. Wash _____	T. Morrison _____	T. _____
T. Tubb _____ 7012'	T. Granite _____	T. Todilto _____	T. _____
T. Drinkard _____	T. Delaware Sand _____	T. Entrada _____	T. _____
T. Abo _____ 7672'	T. Bone Springs _____	T. Wingate _____	T. _____
T. Wolfcamp _____ 9146'	T. _____	T. Chinle _____	T. _____
T. Penn. _____ 9334'	T. _____	T. Permian _____	T. _____
T. Cisco (Bough C) _____ 9948'	T. _____	T. Penn. "A" _____	T. _____

## OIL OR GAS SANDS OR ZONES

No. 1, from _____ 10110 _____ to _____ 10123'	No. 4, from _____ to _____
No. 2, from _____ 9954 _____ to _____ 9970'	No. 5, from _____ to _____
No. 3, from _____ to _____	No. 6, from _____ to _____

## IMPORTANT WATER SANDS

Include data on rate of water inflow and elevation to which water rose in hole.

No. 1, from _____ to _____ feet.	_____
No. 2, from _____ to _____ feet.	_____
No. 3, from _____ to _____ feet.	_____
No. 4, from _____ to _____ feet.	_____

## FORMATION RECORD (Attach additional sheets if necessary)

From	To	Thickness in Feet	Formation	From	To	Thickness in Feet	Formation
0	2920'	2920'	anhy & salt				
2920	4592'	1672'	lm & sh				
4592	6370	1778'	sd & lm				
6370	7145'	775'	sh & dolo				
7145	8050'	905'	dolo & sd				
8050	8445'	395'	dolo & sh				
8445	9565'	1120'	dolo, sh & sd				
9565	10200'	635'	lm				

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OCT 23 1985

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	GAS	
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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

Operator MWJ PRODUCING COMPANY	
Address 1804 First National Bank Bldg Midland, Texas 79701	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead 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 Saunders 28 "B" State	Well No. 1	Pool Name, including Formation Saunders Permo Upper Penn	Kind of Lease State, Federal or Fee	State	Lease No. V-251
Location					
Unit Letter <u>L</u> ; 1980 Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>west</u>					
Line of Section <u>28</u> Township <u>14S</u> Range <u>33E</u> , NMPM, <u>Lea</u> County					

I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1183 Houston, Texas 77001				
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1589 Tulsa, Oklahoma 74102				
If well produces oil or liquids, give location of tanks.	Unit L	Sec. 28	Twp. 14S	Rge. 33E	Is gas actually connected? When No

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

III. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 7/16/85	Date Compl. Ready to Prod. 10/9/85		Total Depth 10200'		P.B.T.D. 10143'			
Elevations (DF, RKB, RT, GR, etc.) 4216'	Name of Producing Formation Bough "C"		Top Oil/Gas Pay 9954'		Tubing Depth 9921'			
Perforations 9954-9970'					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2"	13-3/8"		430'		450 sx "C"			
11"	8-5/8"		4130'		1300 Lite & 200 sx "C"			
7-7/8"	5-1/2"		10200'		300 sx "H"			
5-1/2"	2-3/8"		9921'					

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 10/16/85	Date of Test 10/17/85	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs	Tubing Pressure ---	Casing Pressure ---	Choke Size ---
Actual Prod. During Test	Oil - Bbls. 24	Water - Bbls. 135	Gas - MCF 45

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.



Pat Drexler - Agent

(Signature)

10/21/85

(Title)

(Date)

OIL CONSERVATION COMMISSION

APPROVED OCT 24 1985, 19

BY ORIGINAL SIGNED BY JERRY SEXTON  
TITLE DISTRICT 1 SUPERVISOR

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