



NEW MEXICO ENERGY, MINERALS  
& NATURAL RESOURCES DEPARTMENT

CONSERVATION DIVISION  
DISTRICT I HOBBS  
1625 N. French Drive, Hobbs, NM 88241  
(505) 393-6161  
FAX (505) 393-0720

Jennifer A. Salisbury  
CABINET SECRETARY

September 29, 1999

Kelly H. Baxter  
P O Box 11193  
Midland, Tx 79702

**RE: Speight SWD # 2**  
**Unit Letter H, Section 15, Township 13 South, Range 38 East**

Gentlemen:

Through routine inspection it has come to our attention that the above referenced wells have been shut in for an extended period of time. A review of our records show that this well has not been Temporarily Abandoned. To bring the well in to compliance with OCD rule 705.

The following options are available regarding the future disposition of this well:

1. Conduct NMOCD witnessed MIT and restore the well to disposal.
2. Set plug, conduct mechanical integrity test, and request temporary abandoned status.
3. Submit a proposal to plug and abandon the well, proceed with plugging on a timely basis after the proposal has been evaluated, amended and or approved.

To avoid further action, we request that you exercise one of the above options no later than December 29, 1999. We request that you notify this office 24 hours prior to any operation in order to witness the operation, either repair or plugging and pressure test upon completion of repairs or to request TXA status.

Very truly yours  
OIL CONSERVATION DIVISION

A handwritten signature in cursive script that reads "Billy E. Prichard".

Billy Prichard  
Deputy Inspector, District 1

Xc: Chris Williams  
Gary Wink  
File

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 KELLY H BAXTER	Well API No. <del>NEA</del> 30-025-29935
Address P O BOX 11193 MIDLAND TX 79702	
Reason(s) for Filing (Check proper box) 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 checked="" type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> <input checked="" type="checkbox"/> Other (Please explain) <u>add SWD to lease name</u>	
If change of operator give name and address of previous operator EARL R BRUNO P O BOX 590 MIDLAND TX 79702	

II. DESCRIPTION OF WELL AND LEASE

Lease Name SPEIGHT SWD	Well No. 2	Pool Name, Including Formation <del>BRONCO</del> DEVONIAN	Kind of Lease State, Federal or Fee	Lease No. N/A
Location Unit Letter <u>H</u> : <u>1650</u> Feet From The <u>NORTH</u> Line and <u>330</u> Feet From The <u>EAST</u> Line Section <u>15</u> Township <u>13S</u> Range <u>38E</u> , NMPM, LEA County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
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	Sec.	Twp.	Rge.	Is gas actually connected?	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 & PKR BAKER R 2 3/8" TBG&PKR@9483			
Perforations 9568-9576, 11851-11868, 11892-1193					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2	13 3/8		360		425 SX			
12 1/4	9 5/8		4562		1700 SX			
8 3/4	7		11892		300 SX			

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 Kelly H. Baxter  
Printed Name KELLY H BAXTER OWNER  
Date JUNE 28, 1991 Telephone No. 915-682-6191

OIL CONSERVATION DIVISION

Date Approved JUN 28 1991  
By Paul Kautz  
Title Geologist

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.