

District I  
PO Box 1980, Hobbs, NM 88241-1980  
District II  
PO Drawer DD, Artesia, NM 88211-0719  
District III  
1000 Rio Bravo 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

Revised February 10, 1994  
Instructions on back  
Submit to Appropriate District Office  
5 Copies

☐ AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

<sup>1</sup> Operator name and Address Vista Resources, Inc. d/b/a Vista Resources of Texas, Inc. 550 W. Texas Ave., Suite 700 Midland, Texas 79701		<sup>2</sup> OGRID Number 150758
		<sup>3</sup> Reason for Filing Code CH effective 7-1-96
<sup>4</sup> API Number 30 - 0 25-21147	<sup>5</sup> Pool Name SWD; Wolfcamp	<sup>6</sup> Pool Code 96135
<sup>7</sup> Property Code 22940	<sup>8</sup> Property Name Kemnitz SWD	<sup>9</sup> Well Number 1

II. <sup>10</sup> Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South Line	Feet from the	East/West line	County
E	27	16S	34E		1980'	north	660'	west	Lea

<sup>11</sup> 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
<sup>12</sup> Loc Code S	<sup>13</sup> Producing Method Code SWD	<sup>14</sup> Gas Connection Date		<sup>15</sup> C-129 Permit Number		<sup>16</sup> C-129 Effective Date		<sup>17</sup> C-129 Expiration Date	

III. Oil and Gas Transporters

<sup>18</sup> Transporter OGRID	<sup>19</sup> Transporter Name and Address	<sup>20</sup> POD	<sup>21</sup> O/G	<sup>22</sup> POD ULSTR Location and Description
		2809588	Ø	

IV. Produced Water

<sup>23</sup> POD	<sup>24</sup> POD ULSTR Location and Description

V. Well Completion Data

<sup>25</sup> Spud Date	<sup>26</sup> Ready Date	<sup>27</sup> TD	<sup>28</sup> PBDT	<sup>29</sup> Perforations
<sup>30</sup> Hole Size	<sup>31</sup> Casing & Tubing Size	<sup>32</sup> Depth Set	<sup>33</sup> Sacks Cement	

VI. Well Test Data

<sup>34</sup> Date New Oil	<sup>35</sup> Gas Delivery Date	<sup>36</sup> Test Date	<sup>37</sup> Test Length	<sup>38</sup> Tbg. Pressure	<sup>39</sup> Csg. Pressure
<sup>40</sup> Choke Size	<sup>41</sup> Oil	<sup>42</sup> Water	<sup>43</sup> Gas	<sup>44</sup> AOF	<sup>45</sup> Test Method

<sup>46</sup> 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:

Printed name: C. Randall Hill

Title: Chief Executive Officer

Date: 2/19/98

Phone: 915-570-5045

OIL CONSERVATION DIVISION

Approved by:  CHIEF SUPERVISOR

Title:

Approval Date:

<sup>47</sup> If this is a change of operator fill in the OGRID number and name of the previous operator



Fred Diem

Vice-President

2/19/98

Previous Operator Signature

Printed Name

Title

Date

Merit Energy Company

Ogrid #14591

S.C. Reg  
enter: 2/19/98  
file  
DP

New Mexico Oil Conservation Division  
C-104 Instructions

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 filling 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 a  
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  
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

**OIL CONSERVATION DIVISION**  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

WELL API NO. 30-025-21147
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. E-10160
7. Lease Name or Unit Agreement Name Kemnitz SWD
8. Well No. 1
9. Pool name or Wildcat SWD; Wolfcamp

**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. Type of Well:  
OIL WELL ☐ GAS WELL ☐ OTHER Salt water disposal

2. Name of Operator  
Merit Energy Company

3. Address of Operator  
12222 Merit Drive, Suite 1500, Dallas, Texas 75251

4. Well Location  
Unit Letter E : 1980 Feet From The North Line and 660 Feet From The West Line

Section 27 Township 16S Range 34E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)  
4090' GR

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

**NOTICE OF INTENTION TO:**

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐  
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐  
PULL OR ALTER CASING ☐  
OTHER: ☐

**SUBSEQUENT REPORT OF:**

REMEDIAL WORK ☒ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐  
CASING TEST AND CEMENT JOB ☐  
OTHER: ☐

12. 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.

Repaired hole in tubing. See attached report.

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

SIGNATURE Sheryl J. Carruth TITLE Regulatory Manager DATE 11-14-95

TYPE OR PRINT NAME Sheryl J. Carruth

TELEPHONE NO. 214-701-8377

(This space for State Use)

ORIGINAL SIGNED BY

APPROVED BY GARY WINK TITLE FIELD REP. II DATE 11-28-95

CONDITIONS OF APPROVAL, IF ANY:

Bonnie has chart

## Daily Operations Report

Well: **KEMNITZ #1 SWD**

Objective:

Field:

Job Type:

County: **LEA**

AFE #: **0**

State: **NM**

WI: **0.00%** AFE Amount: **\$0.00**

District: **West**

NRI: **0.00%** Cost To Date: **\$48,585.00**

Date **9/6/95** Daily Cost **\$12,380.00**

MIRU WSU. REMOVED WELL HEAD BOLT INSTALLED BOP. RELEASED ON & OFF TOOL. POOH W/TBG 5TH JTS HAD HOLE. LAID DN 281 JTS & ON & OFF TOOL. TOOH.

Date **9/8/95** Daily Cost **\$12,324.00**

LOADED TBG (272 JTS) PC. RIH W/ ON & OFF TOOL. TALLIED TBG - 270 JTS 15' IN. TESTED CASING TO 500#. TEST OK. RU WL RAN PLUG. PUMPED W/PKR FLUID. REMOVED BP, FLANGED UP. PSI UP. WAS LEAKING. SI SDON.

Date **9/9/95** Daily Cost **\$11,413.00**

RU PUMP TRUCK TO TEST. LOADED W /13 BBLS TO 400# PSI. BLED DN. RELEASED ON & OFF TOOL. REMOVED 24' SUB. LATCHED ON TO ON & OFF TOOL. FLANGED UP TEST LOST 200# IN 2 MINUTES. SI, SDON.

Date **9/11/95** Daily Cost **\$1,733.00**

POOH W/TBG. LEFT 21 STANDS TBG IN HOLE. RIH W/OVERSHOT. GRAPPLE ON TBG. LATCHED ON TO FISH. ATTEMPTED TO RELEASE ON & OFF TOOL. POOH W/TBG. LEFT OVERSHOT & ADDITIONAL 13 JTS OF 2 3/8" TBG IN WELL. SDON.

Date **9/12/95** Daily Cost **\$6,587.00**

RIH W/OVERSHOT. PU 2 3/8" & 2 7/8". W.S. LATCHED ONTO FISH. RELEASED ON & OFF TOOL. POOH W/COMPLETE FISH. RIH W/ W.S INC. SI, SDON.

Date **9/13/95** Daily Cost **\$4,148.00**

POOH LAYING DN. W.S. RIH W/OVERSHOT ON 2 3/8" SALTA PCID TBG. LATCHED ONTO PKR. PSI ANN OK. RELEASED ON & OFF TOOL. PUMPED PKR FLUID DN TBG. LATCHED ONTO PKR ND BOP. NUWH. RAN H-5 TEST @ 320# ON ANN. TEST OK. RD MOPU. FRW