

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

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LAND OFFICE	
OPERATOR	

API #30-025-

5a. Indicate Type of Lease	
State <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.	
B 9680-1	

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.)

OIL WELL <input checked="" type="checkbox"/>	GAS WELL <input type="checkbox"/>	OTHER <input type="checkbox"/>	7. Unit Agreement Name
Name of Operator			8. Farm or Lease Name
Phillips Petroleum Company			Chem State
Address of Operator			9. Well No.
Room 401, 4001 Penbrook St., Odessa, TX 79762			7
Location of Well			10. Field and Pool, or WHdcat
UNIT LETTER <u>P</u> <u>660</u> FEET FROM THE <u>south</u> LINE AND <u>660</u> FEET FROM			Tulk Wolfcamp
THE <u>east</u> LINE, SECTION <u>3</u> TOWNSHIP <u>15-S</u> RANGE <u>32-E</u> N.M.P.M.			
15. Elevation (Show whether DF, RT, GR, etc.)			12. County
4304' RKB			Lea

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input checked="" type="checkbox"/> Attempt Wolfcamp completion	CASING TEST AND CEMENT JOBS <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.

(Acquired well bore from Santa Fe Energy Company-formerly identified as the State NM 3 No. 1)
Prepare to squeeze Atoka/Morrow perfs 11842-11853; perforate Wolfcamp 9847-9861'. Test,
acidize w/1500 gallons 15% NEFE HCL acid, test and complete.

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

SIGNED W. J. Mueller TITLE Senior Engineering Specialist DATE 11-22-83
ORIGINAL SIGNED BY EDDIE SEAY
APPROVED BY OIL & GAS INSPECTOR TITLE _____ DATE NOV 30 1983
CONDITIONS OF APPROVAL, IF ANY:

NEI EXICO OIL CONSERVATION COMMISSION
WELL LOCATION AND ACREAGE DEDICATION PLAT

Form C-102
Supersedes C-128
Effective 1-1-65

All distances must be from the outer boundaries of the Section.

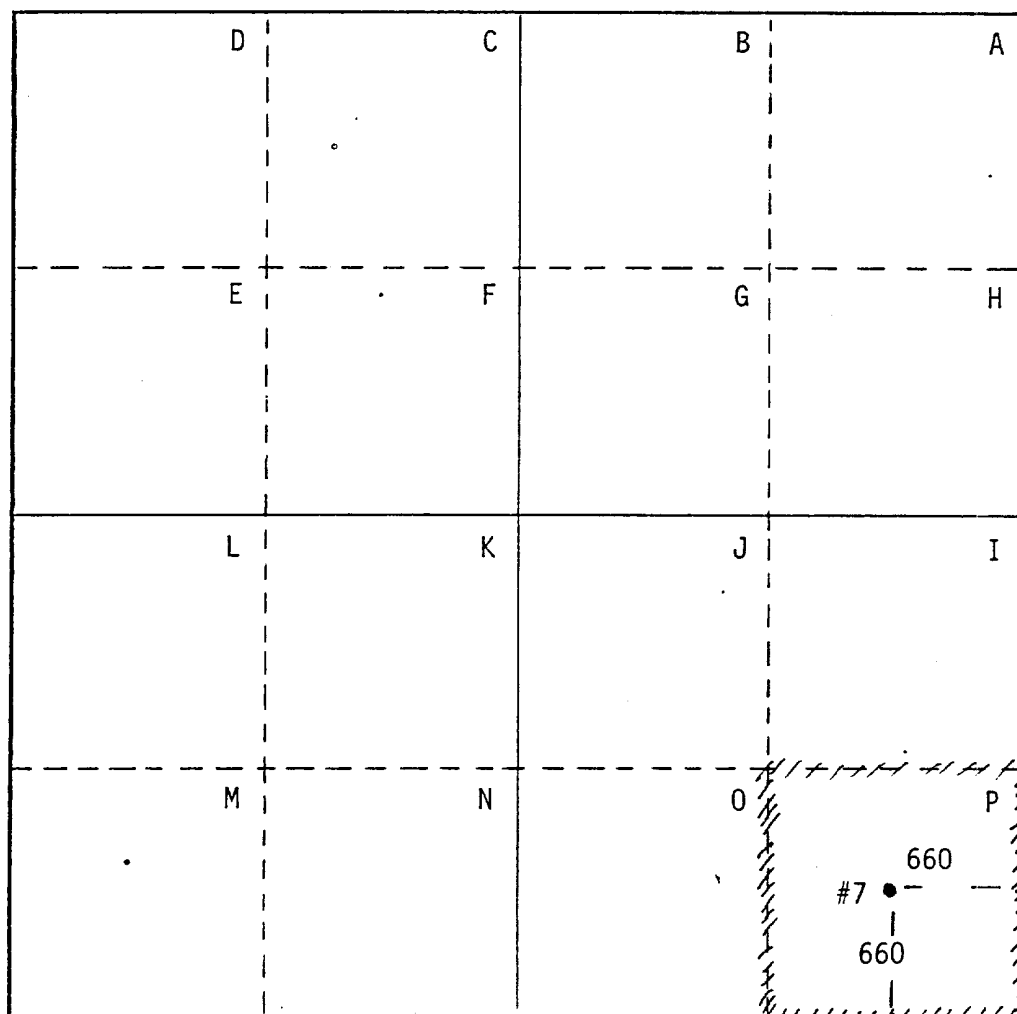
Operator Phillips Petroleum Company			Lease Chem State		Well No. 7
Unit Letter P	Section 3	Township 15-S	Range 32-E	County Lea	
Actual Footage Location of Well: 660 feet from the south line and 660 feet from the east line					
Ground Level Elev. 4287'	Producing Formation Wolfcamp		Pool Tulk Wolfcamp		Dedicated Acreage: 40 Acres

1. Outline the acreage dedicated to the subject well by colored pencil or hachure marks on the plat below.
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
3. If more than one lease of different ownership is dedicated to the well, have the interests of all owners been consolidated by communitization, unitization, force-pooling, etc?

☐ Yes ☐ No If answer is "yes," type of consolidation _____

If answer is "no," list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.) _____

No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interests, has been approved by the Commission.



CERTIFICATION

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

Name W. J. Mueller
Position Senior Engineering Specialist
Company Phillips Petroleum Company
Date November 22, 1983

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

Date Surveyed February 13, 1980
Registered Professional Engineer and/or Land Surveyor

John W. West

Certificate No.

676

0 330 660 990 1320 1650 1980 2310 2640 2000 1500 1000 500 0

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OPERATOR	
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Operator	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

API #30-025-

Phillips Petroleum Company

Address

Room 401, 4001 Penbrook St., Odessa, Texas 79762

Reason(s) for filing (Check proper box)

New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☒ and name Casinghead Gas ☐ Condensate ☐

Other (Please explain)

Formerly identified as Santa Fe Energy
State NM 3 No. 1. Also change
pool name.

If change of ownership give name and address of previous owner Santa Fe Energy Company

DESCRIPTION OF WELL AND LEASE

Lease Name Chem State	Well No. 7	Pool Name, Including Formation Tulk (Wolfcamp)	Kind of Lease State, Recovery of Ex	Lease No. B 9680-1
Location				
Unit Letter <u>P</u> ; <u>660</u> Feet From The <u>south</u> Line and <u>660</u> Feet From The <u>east</u>				
Line of Section <u>3</u> Township <u>15S</u> Range <u>32E</u> , NMPM, <u>Lea</u> County				

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:

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas well	New Well	Workover	Deepen	Plug Back	Same Restv.	Diff. Restv.
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

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 (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

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.

W. J. Mueller
(Signature)

Senior Engineering Specialist

11-22-83

(Date)

OIL CONSERVATION DIVISION

NOV 30 1983

APPROVED

ORIGINAL SIGNED BY EDDIE SEAY

BY

OIL & GAS INSPECTOR

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 deviated 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 Form C-104 must be filed for each pool in multiple.

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HOBBS