## STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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SANTA FE	
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LAND OFFICE	
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# OIL CONSERVATION DIVISION

Form C-103

DISTRIBUTION		P. O. BOX	2088	•	Revised 10-1-78
SANTA FE		SANTA FE, NEW	MEXICO 87501	·	
FILE				5a. Indicate Type	Foo X
U.S.O.S.				State	
LAND OFFICE	<del>   </del>			5. State Oil 6 Ga	ia Legae No.
OPERATOR					
			uri i e		
	SUNDRY NOTICES	AND REPURISON I	WELLS CK TO A DIFFERENT RESERVOIR. PROPOSALS.)		
(DO NOT USE THIS FORM	APPLICATION FOR PERMIT	(FORM C-101) FOR SUCH	PROPOSALS.)	7, Unit Agreeme	nt Name
1.					
WELL X	OTHER-			8. Farm or Leas	e Name
2. Name of Operator				Andrus 9	
Amerada He	ss Corporation			9. Well No.	
3. Address of Operator	<u>oo qor</u>			1	
	onument, New Me	xico 88265		10, Field and Po	ool or Wildcat
1. Lecution of work	107/	South	LINE AND 766 FEE	N.E. Loving	ton Penn
UNIT LETTER	,18/4FEI	T FROM THE	LIRE AND		
				~ ( ) ( ) ( ) ( )	
THE West LI	NE, SECTION9	TOWNSHIP LO	RANGE	- um.m. /////////////////////////////////	
		. Elevation (Show whether		12. County	
	111111111111111111111111111111111111111	, Elevation (Show whether	n 2022! CD	Lea _	
		842' KB, 3841' D			
16.	Check Appropriate	Box To Indicate N	ature of Notice, Report	or Other Data	
	E OF INTENTION	TO:	SUBSEC	QUENT REPORT OF	<b>:</b>
NOTIC	E OF INTENTION	10.			
	1	PLUG AND ABANDON	REMEDIAL WORK	ALTI	RING CASING
PERFORM REMEDIAL WORK	Į	PLUG AND ABANDON	COMMENCE DRILLING OPHS.		AND ABANDONMENT
TEMPORARILY ABANDON			CASING TEST AND CEMENT JOB	ភ	
PULL OR ALTER CASING	j	CHANGE PLANS	CASING TEST AND CEMENT JOB E	3	
			OTHER		
OTHER					
			ails, and give pertinent dates, in	cluding estimated date of	starting any proposed
17. Describe Proposed or Cor	mpleted Operations (Cle	arly state all pertinent det	aits, and give pertinent dates, on	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•
work) SEE RULE 1 103.	0.5/011	2011 EDIT C 2011 ET	W & 24/ ERW csg. se	+ 5084' Weste	m Co.
10-17-85 - Ran II	28 jts. 8-5/8	327 L'EN & 201 EI	- 11011 coment plue 7	# salt ner sk	and 1/4#
cemented 8-5/8"	csg. w/2000 sk:	3. Pacesetter III	te "C" cement plus 7	or sk Followe	∵ w/300 sks.
Drld cement ins	ide 8-5/8" csg	. fr. 5021' to 50	060' & tested w/1500	# press. 1/30 II	un. Berd OK.
pria. calcire ===					
	•				
4.					
		•			
		•			
		·			
	•	,			
-					
				<del></del>	
18. I hereby certify that the	information above is tru	e and complete to the best	of my knowledge and belief.		
	$\gamma$				- 0.00
C K 2	. Kas	<b>*171</b> #	Supv. Adm. Ser.	DATE	1-8-86
SIGHED UND SA	my				
					B
<b>E</b> ddie	W. Seav			DATE J	AN 1 0 1986

## STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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FILE	
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LAND OFFICE	
OPERATOR	

CONDITIONS OF APPROVAL, IF AN			TOTAL TOTAL
<sup>r</sup> Eddie W. S	eay ,		SATE JAN 1 0 1986
EB diskes	YITLE	Supv. Adm, Ser.	DATE 1-8-86
18. I hereby certify that the information	on above is true and complete to the best	of my knowledge and belief.	
	•		•
•			
manifold. Tested csg 445' to 470' & tested	. w/1000# press, f/30 mir csg. w/1000# f/30 min.	n. Held UK. Drid.ceme Held OK.	nt inside 13-3/8" csg. fr.
est. 150 sks. out. 8	hrs. WOC. 9-1/2 hrs.	Cut off 13-3/8" csg., i	nstalled BOP, hydril &
cemented w/530 sks. C	lass C cement plus 2% Ca(	Cl plus 1/4# cellophone :	flakes per sk. Slurry wt. 250# press. Cement circ.
Spudded 17-1/2" hole 1 10-7-85 - Ran 15 jts.	13-3/8" 54.5# J-55 & 48#	H-40 ST&C 8R csg. set	at 500'. Western Co.
work) SEE RULE 1103.		tails, and give pertinent dates, includi	ng estimated date of starting any proposed
OTHER			simulation of south sourced
PULL OR ALTER CASING		OTHER	
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
	NTENTION TO:		NT REPORT OF:
The Check	3842' KB, 3841' Appropriate Box To Indicate I	-	
	15. Elevation (Show whether		12. County Lea
THE West LINE, SECTI	16S TOWNSHIP	RANGE 37E NMP	
	1874 FEET FROM THE SOUTH		
4. Location of Well			10. Field and Pool, or Wildcat
3. Address of Operator	, New Mexico 88265		9. Well No.
Amerada Hess Con	poration		Andrus 9
OIL WELL WELL 2. Name of Operator	OTHER.		8. Farm or Lease Name
USE "APPLICAT	TION FOR PERMIT -" (FORM C-101) FOR SU	CH PROPOSALS.)	7. Unit Agreement Name
SUNDF	RY NOTICES AND REPORTS ON	I WELLS	
OPERATOR	]		5, State Oil & Gas Lease No.
U.S.G.S.			State Fee X
ZANTA FE	SANTA FE, NEW	MEXICO 87501	Sa. Indicate Type of Lease
DISTRIBUTION	Р. О. ВО	X TION DIVISION X 2088	Form C-103 · Revised 10-1-78

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JAN 1 0 1986

C.C.D. HOBBS OFFICE

### STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

(Title)

(Date)

1985

DISTRIBUTIO			
SANTA PE			
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U.\$.G.\$,			
LAND OFFICE			
TRANSPORTER	OIL		
INAMEPONIEN	GAS		
OPERATOR			
PROMATION OF			

## OIL CONSERVATION DIVISION P. O. BOX 2088 SANTA FE, NEW MEXICO 87501

Form C-104 Revised 10-01-78 Format 06-01-83 Page 1

TRANSPORTER GAS		REQUE	EST FO	R ALLOW	ABLE	_			
OPERATOR				AND					
PROMATION OFFICE	AUTHORIZ	OT NOITA	TRAN:	SPORT OIL	. AND NA	TURAL	GAS		
[ <u> </u>								<del></del>	
Operator						•			
Amerada Pess Corporation									
Address									
Reason(s) for filing (Check proper box)	<u>dico 8826</u>	5.5			Other (Ple	<del>,</del>			
Reason(s) for filing (Check proper box)							hhl. testir	a a 11 a za	h10
New Well	Change in T	'ransporter of			redues	الا الآياني . 🏲 🤅	i tina, testar	is almora	
Recompletion	∭ o⊓			Dry Gas					
Change in Ownership	Casing	head Gas		Condensate					
If change of ownership give name									
and address of previous owner									
II. DESCRIPTION OF WELL AND L	FASE								
Lease Name	Well No.   P	ooi Name, In	cluding	Formation			of Lease	_	Lease No.
Andrus 9	1 1	Mortheas	t Lov	vington	Penn.	State	, Federal or Fee	Fee	l
Location	1								
Unit Letter L : 1.874		- Sout	h.	76	.F	Fa	er From The T.Test	t	
Unit Letter L : 1.0/4	Feel From	The 1 Out	<del></del> L	ine and/_		· ` `			
	ip 165	9		37F	NI.	ирм.		Lea	County
Line of Section 9 Townsh	tb TC>		dige	371					
	emp or o	rr 4 3 TD 3 T	ATTID	AT CAS					
III. DESIGNATION OF TRANSPOR	TER OF OI	IL AND N	AIUR	Aggress	(Give addre	ess to wh	ich approved copy of	this form is to	be sent)
Name of Authorized Transporter of Oil A	, 3. 00			1			idge, Texas		
Koch Oil Company		or Cry Ga		Address	(Give addr	ess to wa	ich approved copy of	this form is to	be sent)
Name of Authorized Transporter of Casing.	nedd Gas	0; D; ; GG	. <b>.</b>	7.00.	1				
			15	12 - 22 2	ctually con	nected?	When		
If well produces oil or liquids,	ut , Sec.	Twp.	Rge.	1			1 }		
give location of tanks.	<u>.</u>		<u> </u>		· <sup>1</sup> O				
If this production is commingled with t	hat from any	other lease	or poo	l, give com	mingling o	order num	ber:		
NOTE: Complete Parts IV and V o	n reverse sia	te if necessi	ary.						
					Oll	L CONS	SERVATION DIV	VISION	
VI. CERTIFICATE OF COMPLIANC	Ł					DEC	2 - 1985	٠	
I hereby certify that the rules and regulations	of the Oil Cor	servation Div	ision hav	C APP	OVED_	DEC	1200	,	19
been complied with and that the information g	iven is true and	i complete to t	the best				n ny 1858y 6891	ton.	
my knowledge and belief.				BY			D BY JERRY SEXT	UN	
				-,-,		STRICE!	1 SUPERVISOR		
				TITL					
	7	1		1	his form	is to be	filed in complianc	e with RULE	1104.
Samuel W. L	!!	/		_    1	this is a	request	for allowable for a	s newly drille	d or deepens
(Signatur	1)			well,	this form	must be	accompanied by a in accordance will	th AULE 111	· · · · · · · · · · · · · · · · · · ·
District Superinte	endent			_    (****)	il section	s of this	form must be fille	d out comple	tely for allow

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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DEC 2- 1985

HOBES OFFICE