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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

30-025-03035

5a. Indicate Type of Lease	State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.	E-5143

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO CLEAN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT TO DRILL" (FORM C-101) FOR SUCH PROPOSALS.)

1. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-	7. Unit Agreement Name
2. Name of Operator SOUTHWESTERN, INC.	8. Form of Lease Name STATE "VC" #1
3. Address of Operator P. O. Box 1116 (208 E. Washington), Lovington, NM 88260	9. Well No. 1
4. Location of Well UNIT LETTER <u>L</u> <u>2050.7'</u> FEET FROM THE <u>South</u> LINE AND <u>589.3'</u> FEET FROM THE <u>West</u> LINE, SECTION <u>36</u> TOWNSHIP <u>17S</u> RANGE <u>35E</u> NMPM.	10. Field and Pool, or Wildcat VACUUM ABO REEF
15. Elevation (Show whether DF, RT, CR, etc.) 3904" DF	12. County 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 type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	
		OTHER <u>Well (Bradenhead) Tests</u>	
		& Examination	

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 1503.

6/16/81

OCC tests of well-head-Bradenhead Survey 4# in Surface & 24# in Production Casing.
Well O.K. by Eddie of Hobbs' OCC Office.

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

SIGNED <u>DR Bell</u>	TITLE <u>Field Supt.</u>	DATE <u>6/16/81</u>
APPROVED BY <u>Eddie</u>	TITLE <u>OIL & GAS INSPECTOR</u>	DATE <u>6/16/81</u>
CONDITIONS OF APPROVAL, IF ANY:		

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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
Effective 1-1-65

I. Operator

Southwestern, Inc.

Address

P. O. Box 1116, Lovington, New Mexico 88260

Reason(s) for filing (Check proper box)

New Well ☐

Recompletion ☐

Change in Ownership ☒

Change in Transporter of:

Oil ☐

Casinghead Gas ☐

Dry Gas ☐

Condensate ☐

Other (Please explain)

If change of ownership give name and address of previous owner

Amerada-Hess Corp., P. O. Box 2040, Tulsa, Oklahoma 74102

II. DESCRIPTION OF WELL AND LEASE

Lease Name

State V C

Well No.

1

Pool Name, Including Formation

Vacuum Abo

Kind of Lease

State, Federal or Fee State

Lease No.

NM 1454

Location

Unit Letter

L

2050.7'

Feet From The

South

Line and

589.3'

Feet From The

West

Line of Section

36

Township

17S

Range

35E

NMPM,

Lea

County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐

Texas-New Mexico Pipeline Co.

Cities Service Oil Co. (Purchaser)

Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐

None

TLTT

Address (Give address to which approved copy of this form is to be sent)

P. O. Box 1510, Midland, Texas 79701

P. O. Box 272, Odessa, Texas 79760

If well produces oil or liquids, give location of tanks.

Unit

L

Sec.

36

Twp.

17S

Rge.

35E

Is gas actually connected?

No

When

IV. COMPLETION DATA

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

None

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.

SOUTHWESTERN, INC.

B. D. Chaffin

(Signature)

B. D. Chaffin, Vice-president

(Title)

October 30, 1972

(Date)

OIL CONSERVATION COMMISSION

APPROVED

10-30-72

19

BY

Orig. Signed by

Joe D. Roney

Dist. I, Supv.

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