STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

(Title)

(Date)

	£14 £0		
DISTRIBUTE	ON		
SANTA FE			
FILE	FILE		
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	TRAMPORTED OIL		
OPERATOR			
PROBATION OF	ICE		

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

DEDUEST FOR ALLOWARIE

OPERATOR		KEW		ALLUM	MDLL	•	
PROBATION OFFICE				AND		15.41 G.15	
T	AUTHOR	IZATION T	O TRANS	SPORT OIL	AND NATU	JRAL GAS	
Coperator				····			
	-						
Smith & Mar	rrs, Inc.						
Address							
P.O. Box 86	<u>63, Kermit</u>	<u>, TX 797</u>	45				
Reason(s) for filing (Check proper box	:)				Other (Pleas	, ,	
New Well	Change is	Transporter	ot:		Change o	of Operator's name from	n Rickey
Recompletion	O11		<u></u> :	Try Gas		nd Mayo Marrs to Smith	
Change in Ownership	Casi	nghead Gas		Condensate	Inc.	,	,
If change of ownership give name							
and address of previous owner							
H DECEDIMENTON OF WELL AN	ID TEASE						
II. DESCRIPTION OF WELL AN	Well No.	Pool Name,	including i	Formation		Kind of Lease	Lease No.
Jalmat Field Yates Sand				l Yates	SR	State, Federal or Fee State	E-8322
	1 011 102	Garnac	1011011				
Location							
Unit Letter P : 330	Feet Fro	m The Sout	hL	ne and <u>330</u>		Feet From TheEast	
	000			255		T	
Line of Section 3 To	waship 22S		Range	35E	, NMPI	u, Lea	County
III. DESIGNATION OF TRANS	PORTER OF	OIL AND I	NATURA	L GAS			
Name of Authorized Transporter of Of	or C	ondensate [Address	(Give address	to which approved copy of this form i	s to be sent)
Water Injection Well)							
Name of Authorized Transporter of Ca	singhead Gas	or Dry C	as 🗍	Address	(Give address	to which approved copy of this form i	s to be sent)
	Unit Sec	. Twp.	'Rge.	Is gas ac	tually connec	ted? When	
If well produces oil or liquids,	1		1	ĺ		1	
give location of tanks.				!			
If this production is commingled w	ith that from ar	y other leas	e or pool	, give comm	ningling orde	er number:	
NOTE: Complete Parts IV and	v on reverse s	tue ij neces	sary.	11			
CERTIFICATE OF COMPLIA	NICE				OIL 0	CONSERVATION DIVISION	
VI. CERTIFICATE OF COMPLIA	LINCE			ll l		MOV 2 2 1988	
I hereby certify that the rules and regulat	ions of the Oil C	onservation Di	ivision have	APPR	OVED		_, 19
peen complied with and that the informat	ion given is true a	nd complete to	the best of			ORIGINAL SIGNED BY JERRY	SEXTON
my knowledge and belief.				BY		DISTRICT I SUPERVISO	
	`	(1 _,_, _		pistical residential	
	1	, ,		TITLE			
	1.1.11	/	,,	Th	is form is t	o be filed in compliance with RU	LE 1104.
Diamille 1	600kb	(ci-116-2-	<u> </u>	11	this is a rec	quest for allowable for a newly dr	illed or deepens
(Sign	alwe)			well, ti	his form mu	it be accompanied by a tabulation	of the deviation
/ / /				II tests t	aken on the	well in accordance with BULE	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 completed wells.

RECEALED

NCV & 1983 OCO HOSSS OFFICE

STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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DISTRIBUTIO	DM		
SAMTA PE	SANTA FE		
PILE			
U.S.O.S.			
LAND OFFICE			
TRANSPORTER			
OPERATOR			
PROBATION OFFICE			

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

Separate Forms C-104 must be filed for each pool in multiply completed wells.

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

PROBATION OFFICE	AUTHORIZATI	ION TO TRANSI	PORT OIL	AND NATU	RAL GAS		
Operator							
Rickey Smith an	d Mayo Marr	<u>s</u>	: 			·	
P. O. Box 863,	Kermit, Tex	as 79 7 45		•			-
Reason(s) for filing (Check proper box)		 		Other (Please	explain)		
New Well	Change in Trans	sporter of:		0	1	_,	
Recompletion	O11	D ₇	y Gas		hip change effe	ctive	
X Change in Ownership	Casinghead	Gas C	ondensate	Octobe	r 1, 1987		
	Chevron U.S.	A. Inc., P.	O. Box	х 670, Но	bbs, NM 88240		
II. DESCRIPTION OF WELL AND	LEASE Well No Pool	Name, Including F	ormation		Kind of Lease		Legae No.
Lease Name	1/00	mat -Ty			State, Federal or Fee	State	E-8322
Jalmat Field Yates Sand U	m, OX Jan	mat /	-: \			State	E-0322
V 230)	Southern	ئ ک سمہ	330	Food From The	3 1	
Unit Letter;	Peet From The						
Line of Section 3 Towns	hip 225	Range	35E	, NMPM	•	Lea	County
III. DESIGNATION OF TRANSPORMS of Authorized Transporter of Oil Water Injector	RTER OF OIL A		GAS Address (Give address (so which approved copy o	f this form is t	o be sentj
Name of Authorized Transporter of Casing	jhead Gas Or	Dry Gas	Address (Give address	to which approved copy o	f this form is to	o be sent)
If well produces oil or liquids, give location of tanks.	init Sec.	Twp. Rge.	is gas ac	tually connecte	ed? When		
If this production is commingled with t	that from any other	er lease or pool,	give comm	ningling order	number:		
NOTE: Complete Parts IV and V o	on reverse side if		11		ONSERVATION DI	VICIONI	
VI. CERTIFICATE OF COMPLIANCE	CE			OIL C	ONSCHVATION DI	VISIUIV	
I hereby certify that the rules and regulations	of the Oil Conserva	tion Division have	APPR	OVED	<u> </u>	 ,	19
been complied with and that the information g my knowledge and belief.	given is true and com	plete to the best of	BY		Eddie W.	Seav	
my knowledge and benet.			=		Oil & Gas I	nemactor	
			TITLE			(Apocio)	
0-00 -0			77h	is form is to	be filed in compliance	with RULE	1104.
Picks fruits (Signature	e)		well, th	nis form must	deat for allowable for a t be accompanied by a well in accordance with	tabulation of	f the deviation
Taring (Title)		· · · · · · · · · · · · · · · · · · ·			this form must be fille completed wells.	d out comple	tely for allow-
(Date)			Fill well na	il out only 5 me or number	lections I, II, III, and r, or transporter, or othe	VI for chang	ges of owner, of condition.

Designate Tune of Complete	Oli Well Gas V	ell New Well W	orkover .	Doepen	Plug Buck	Same Resty.	Ditt Base
Designate Type of Complet	ion = (X)			1	1	come Mes.4.	Dill. Res
Date Spuddod	Date Compl. Ready to Prod.	Total Depth			P.B.T.D.	<u> </u>	<u> </u>
					ĺ		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oll/Gas P	ay		Tubing Dep	th	
Perforations					Depth Castr	ag Shoe	
						.,	
	TUBING, CASING	AND CEMENTING	RECORD				
HOLE SIZE	CASING & TUBING SIZE	DE	PTH SET	r	SA	CKS CEMEN	т
			·				
					 		 -
					+		
7. TEST DATA AND REQUEST OIL WELL	FOR ALLOWABLE (Test must able for the	be after recovery of soils depth or he for full	otal volume 24 hours)	of load oil	and must be eq	ual to or exce	ed top allow
Date First New Oil Run To Tanks	Date of Test	Producing Meth		pump, gas li	:, etc.)		
Length of Test	Tubing Pressure	Cosing Pressur	•		Choke Size		
Actual Prod. During Test	Oil-Bbis.	Water - Sbis.			6 165	·	
		77-101-2018.			Gan-MCF		
A C AWDELY		· · · · · · · · · · · · · · · · · · ·		····			
AS WELL							
Actual Prod. Tool-MCF/D	Length of Test	Bbls. Condenso	te/MMCF		Gravity of Co	ondensate	
Testing Method (pitot, back pr.)	Tubing Pressure (Sint-is)	Casing Pressure	/ Khue-11	a 1	Choke Lize		

STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT Form C-104 Revised 10-01-78 Formst 06-01-83 DISTRIBUTION OIL CONSERVATION DIVISION SANTA PE P. O. BOX 2088 FILE SANTA FE, NEW MEXICO 87501 U.S.G.A. LAND OFFICE " REQUEST FOR ALLOWABLE AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Operator CHEVRON U.S.A. Address Box 670 . Hobbs Other (Please explain) Reason(s) for tiling (Check proper box) Change in Transporter of: Name Change Effective 7-1-85 Cil Dry Gas Casinghead Gas Condensate Change in Ownership ... If change of ownership give name Gulf Oil Corp., P. O. Box 670, Hobbs, NM and address of previous owner Lease No. 11.00 NMPM. County Township Line of Section III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Cil or Condensate Andreas (Give address to which approved copy of this form is to be sent) المنته والمنته والمناوع Name of Authorized Transporter of Castaghedd Gas or Cry Gas Address (Give address to which approved copy of this form is to be sent) Sec. Is gas actually connected? If well produces oil or liquids, give location of tanks. If this production is commingled with that from any other lease or pool, give commingling order number: NOTE: Complete Parts IV and V on reverse side if necessary. OIL CONSERVATION DIVISION VI. 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 is true and complete to the best of my knowledge and belief.

Area Engineer

7 inter-

(Date)

APPROVED 19

BY NS.L1 NY TOTAL

TITLE DISTRICT 1 SUPERVISOR

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 completed wells.

ENERGY AND MIMERALS DEPARTMENT

DISTRIBUTION		
BANTA FE		
FILE		
U.1.0.1.		İ
LAND OFFICE		

CONDITIONS OF APPROVAL, IF ANY:

OIL CONSERVATION DIVISION

Form	C-	103	
Revis	• 1	10-	1 - 7

SANTA FE, NEW MEXICO 87501	Revised 10-1-7
U.S.O.S.	Sa. Indicate Type of Leuse
LAND OFFICE	State Fon
OPERATOR	5. State Oil 4 Gas Lease No.
SUNDRY NOTICES AND REPORTS ON WELLS	ministraturalis
(DO NOT USE THIS FORM FOR PROPOSALS TO MAILL OR TO DEFPEN OR PLUG BACK TO A DIFFERENT RESERVOIR, USE "APPLICATION FOR PERMIT _" (FORM C-101) FOR SUCH PROPOSALS.)	
I' on D well other Mater Injection	Jellinater Fieter, 4
12. Name of Operator	8 Farm of Lease Lame
Gulf Oil Corp.	
13. Address of Operator	9. Well No.
P. O. Box 670, Hobbs, NM 88240	10. Field and Pool, or Wildcat
UNIT LETTER P 380 PEET FROM THE SOUTH LINE AND 330 PEET FROM	Jalin at
THE East LINE, SECTION 3 TOWNSHIP 285 RANGE 35E	
THE COUNTRY ON TOWNSHIP ON BANGE SO C NAMED	
15. Elevation (Show whether DF, RT, GR, etc.)	12. County
Check Appropriate Box To Indicate Nature of Notice, Report or Oth	her Data
Sobsequent	. KEI OKT OT.
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING
- TEMPORARILY ABANDON COMMENCE DRILLING OPHS. COMMENCE DRILLING OPHS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING CHANGE PLANS CASING TEST AND CEMENT JQB	
OTHE#	
17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including work) SEE RULE 1103.	estimated date of starting any proposed
	4
POH if the Cot off replace 10" of had 5"/2" org ju	st aleque
brader krad Rolave 5/2 x 23/8 org they hanger. Des	t weld to 500#-
ok. Paro pro Unid da 5/12 csq. Let per. Hook up	to injection
system On water 24 hrs, 270 BW @ 2100 #TP OC	
Legister 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	4
18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
OPALE THE AREA ENGINEER	9 DATE 4-18-94
ORIGINAL SIGNED BY JERRY SEXTON	
DISTRICT I SUPERVISOR TITLE	APR 20 1984

APR 19 1984
HOSES OFFICE