STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

(Title)

11/9/88

| | E14 E.O | 1 | |
|--------------|---------|---|--|
| DISTRIBUTION | | | |
| SANTA FE | | Ī | |
| FILE | | | |
| U.S.G.8. | | | |
| LAND OFFICE | | | |
| TRANSPORTER | OIL | | |
| THE STORY | GAS | | |
| OPERATOR | | | |
| PROBATION 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

REQUEST FOR ALLOWABLE

| PROBATION OFFICE AUTHORIZATION TO TRANSP | |
|--|--|
| Smith & Marrs, Inc. | |
| P.O. Box 863, Kermit, TX 79745 | |
| Reason(s) for filing (Check proper box) | Other (Please explain) |
| New Well Change in Transporter of: | Change of Operator's name from Rickey |
| | Smith and Mayo Marrs to Smith & Marrs, |
| Change in Ownership Casinghead Gas Con | ndensate Inc. |
| If change of ownership give name and address of previous owner | |
| II. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Fo | rmation Kind of Lease Lease No. |
| Least itsiin | France Fordered on Ford Co |
| Jalmat Field Yates Sand Un 111 Jalmat Tansil | races on 1 beace 10 0022 |
| F 1980 North Line | 660 Feet From The West |
| Unit Letter E : 1900 Feet From the MOTER Cline | , dad |
| Line of Section 11 Township 22S Range 3 | SE , NMPM, Lea County |
| Name of Authorized Transporter of Oil and Natural Texas New Mexico Pipeline Co. Name of Authorized Transporter of Casinghead Gas or Dry Gas o | Address (Give address to which approved copy of this form is to be sent) P.O. Box 2528, Hobbs, NM 88241 Address (Give address to which approved copy of this form is to be sent) 292 4001 Penbrook, Odessa, TX 79761 [a gas actually connected? When |
| 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. | |
| VI. CERTIFICATE OF COMPLIANCE | OIL CONSERVATION DIVISION |
| 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 | APPROVED 4000 19 |
| my knowledge and belief. | BY ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR |
| Carelle Milana | This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or despensed well, this form must be accompanied by a tabulation of the deviation |
| Agent | tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allow- |

able on new and recompleted wells.

completed 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

STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

| DISTRIBUTION | | | |
|------------------|-----|--|--|
| SANTA FE | | | |
| FILE | | | |
| U.B.O.4, | | | |
| LAND OFFICE | | | |
| TRANSPORTER | OIL | | |
| THE REPORT EN | GAS | | |
| 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

| I. | ONT OF AND MATORIZE ONS | | | | |
|--|---|--|--|--|--|
| Operator | | | | | |
| Rickey Smith and Mayo Marrs | | | | | |
| Address | | | | | |
| P. O. Box 863, Kermit, Texas 79745 | | | | | |
| Reason(s) for filing (Check proper box) | Other (Please explain) | | | | |
| New Well Change in Transporter of: | Ownership change effective | | | | |
| | October 1, 1987 | | | | |
| X Change in Ownership Casinghead Gas Condensate | | | | | |
| Make a selection sive same | | | | | |
| If change of ownership give name Chevron U.S.A. Inc., P. and address of previous owner Chevron U.S.A. Inc., P. | O. Box 670, Hobbs, NM 88240 | | | | |
| | | | | | |
| II. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including F | ormation Kind of Lease Lease No. | | | | |
| |) | | | | |
| Jalmat Field Yates Sand Un /// Jalmat / Y | State E-8322 | | | | |
| Location 770.40 | 110 | | | | |
| Unit Letter : Peet From The 10th Lir | ne and <u>loloO</u> Feet From The <u>lOlot</u> | | | | |
| Line of Section // Township 225 Range | 35E, NMPM, Lea County | | | | |
| Line of Section // Township & Range | OC , NMFM, Dett start, | | | | |
| III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL | LGAS | | | | |
| Name of Authorized Transporter of Cil X or Condensate | Address (Give address to which approved copy of this form is to be sent) | | | | |
| Texas New Mexico Pipeline | P. O. Box 2528, Hobbs, NM 88240 | | | | |
| Name of Authorized Transporter of Casinghead Gas \(\) or Dry Gas \(\) Address (Give address to which approved copy of this form is to be sent) | | | | | |
| Phillips Petroloum 66 Natl Has 4001 Penbrook, Odessa, Tx 79761 | | | | | |
| If well produces oil or liquids, Unit Sec. Twp. Rgs. | is gas actually connected? When | | | | |
| give location of tanks. | yes unknown | | | | |
| 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. | | | | | |
| VI. CERTIFICATE OF COMPLIANCE | OIL CONSERVATION DIVISION | | | | |
| | 00T c 1007 | | | | |
| I hereby certify that the rules and regulations of the Oil Conservation Division have | APPROVED | | | | |
| been complied with and that the information given is true and complete to the best of my knowledge and belief. | | | | | |
| , | CALL SECTION SECTION | | | | |
| | TITLE | | | | |
| This form is to be filed in compliance with RULE 1104. | | | | | |
| If this is a request for allowable for a newly drilled or despens | | | | | |
| (Signature) 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 all | | | | | |
| able on new and recompleted wells. | | | | | |
| (Date) | 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. | | | | |

| IV. COMPLETION DATA | | | | | | | | |
|------------------------------------|--------------------------|--------------------------------|---------------------|----------------------------------|-------------------|----------------|----------------|---|
| Designate Type of Completi | on - (X) | Gas Well | New Well | Workover | Deepen | Plug Back | Same Restv. | Diff. Rest |
| Dete Spuddud | Date Compl. Ready to Pro | ×d. | Total Depti | <u> </u> | | P.B.T.D. | <u> </u> | <u>i </u> |
| Elevations (DF, RKB, RT, GR, ctc.) | Name of Producing Forma | tion | Top Oll/Gas Pay | | Tubing Depth | | | |
| Perforations | | | | | Depth Casing Shoe | | | |
| | TUBING, C. | ASING, AN | D CEMENTI | NG RECORE | | | | |
| HOLE SIZE | CASING & TUBING | | | DEPTH SE | | SACKS CEMENT | | |
| | <u> </u> | <u> </u> | - | | | | | |
| , | | | | | | + | | |
| V. TEST DATA AND REQUEST | FOR ALLOWABLE (Te | st must be a le for this de | fler recovery | of total volum full 24 hours) | e of load of | and must be eq | wal to or exce | ed top allo |
| Date First New Oil Hun To Tanks | Date of Test | | | sthod (Flow, | | (t, etc.) | | |
| Length of Test | Tubing Pressure | · | Casing Pres | daing Pleasure Chote Size | | | | |
| Actual Prod. During Test | Oil-Bhia, | | Water-Bble. Gas-MCF | | | | | |
| GAS WELL | 1 | | <u> </u> | | | 1 | ···· | |
| Actual Prod. Test-MCF/D | Length of Test | | Bbis. Condu | neute/MMCF | | Gravity of C | ondensate | |
| Testing Method (pitos, back pr.) | Tubing Pressure (Sint-in | 5) | Casing Pres | ema (Rpag- | in) | Choke Bize | | |
| | | | <u></u> | | | 1 . | | |



"STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT Form C-104 Revised 10-01-78 Format 05-01-83 DISTRIBUTION OIL CONSERVATION DIVISION SANTA PE P. O. BOX 2088 FILE SANTA FE, NEW MEXICO 87501 U.S.O.A. LAND OFFICE "" REQUEST FOR ALLOWABLE AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Operator CHEVRON U.S.A. INC Box_670 Hobbs Other (Please explain) Reason(s) for tiling (Check proper cox) New Well Name Change Effective 7-1-85 CII Dry Gas Change in Ownership Condensate If change of ownership give name Gulf Oil Corp., P. O. Box 670, Hobbs, NM 88240 and address of previous owner. Pool Name, including Formation Kind of Lease Lease No. State Federal or Fee وموجيته والمتاريخ County Line of Section TRANSPORTER OF OIL AND NATURAL GAS or Condensate i to be senti or Cry Gasi 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. DISTRICT 1 SUPERVISOR

Area Engineer

5-31-85

(Title)

(Dase)

This form is to be filed in compliance with MULE 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 AULI III.

All sections of this form must be filled out completely for allowable on new and recompleted walls.

Fill out only Sections I. II. III, and VI for changes of owner, well name or number, or transporter, or other auch change of condition.

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

| DISTRIBUTION SANTA FIE LLG LSIG-S. LENG OFFICE | NEW MEXICO OIL | CONSERVATION COMMISSION | Form C-103 Supersedes Old C-102 and C-103 Effective 1-1-65 Sa. Indicate Type of Lease State X Fee |
|--|--|--|--|
| CPERATOR | | | 5. State Oil & Gas Lease No. |
| SUNDI (30 NOT USE THIS FORM FOR PA (SI, **APPLICA | RY NOTICES AND REPORTS | S ON WELLS PLUG BACK TO A DIFFERENT RESERVOIR. OR SUCH PROPOSSALS.) | F-1625 |
| OIS WELL WY GAS WELL | OTHER- | Jal | 7. Unit Agreement Name mat Field Yates Sand Unit 8. Farm or Lease Name |
| C. If Oil Corporation | | | |
| Port 870, Hobbs, New Me | xico 88240 | | 9. Well No. |
| 4. Location of Well | | th LINE AND 660 FEET FR | 10. Field and Pool, or Wildcat |
| | ion 11 township 2 | | |
| | 15. Elevation (Show wh | nether DF, RT, GR, etc.) | 12. County |
| | | 3636' DF | Lea |
| | Appropriate Box To Indica | ate Nature of Notice, Report or C | Jther Data NT REPORT OF: |
| PERFORM REMEDIAL WORK TEMPORARILY ABANDON PULL OR ALTER CASING | PLUG AND ABANDON Change Plans | REMEDIAL WORK COMMENCE DRILLING OPNS. CASING TEST AND CEMENT JQB OTHER | ALTERING CASING PLUG AND ABANDONMENT |
| OTHER | | _ 🔲 | |
| 17. Describe Proposed or Completed C work) SEE RULE 1103. | perations (Clearly state all pertine | Cleaned out and acidint details, and give pertinent dates, include | zed ing estimated date of starting any proposed |
| and set at 4000'. Pum 3902' to 4024'. Flush | ped 750 gallons of 15 ed with 20 barrels of | l out with 2-7/8" bit to 4 %% NE acid down tubing ove oil. Maximum pressure 1 ap and returned well to pr | r 3-1/2" liner perforation 200#, ISIP 800#, after 15 |
| la. I hereby certify that the information | n above is true and complete to the | best of my knowledge and belief. | |
| SIGNED 3. 1. 1. 1/2 | 20-20le Title | Area Engineer | DATE September |
| | Offic Signed for Joe D. Borner | | , |

CONDITIONS OF APPROVAL, IF ANY: