

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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 Form 9-331-C for such proposals.)

1. oil well ☒ gas well ☒ other ☐
2. NAME OF OPERATOR
Zia Energy, Inc.
3. ADDRESS OF OPERATOR
P. O. Box 603, Hobbs, NM 88240
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE:
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH: 2310' FSL & 330' FWL
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF
FRACTURE TREAT
SHOOT OR ACIDIZE
REPAIR WELL
PULL OR ALTER CASING
MULTIPLE COMPLETE
CHANGE ZONES
ABANDON*

(other):

XXXXXXXXXX

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

(See attached sheet)

5. LEASE
LC-030132(b)
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Cities Federal
9. WELL NO.
1
10. FIELD OR WILDCAT NAME
Jalmat Gas
11. SEC., T., R., M., OR BLK. AND SURVEY OR
AREA
Sec. 20, T22S, R36E
12. COUNTY OR PARISH 13. STATE
Lea NM
14. API NO.
15. ELEVATIONS (SHOW DF, KDB. AND WD)
3587' DF

(NOTE: Report results of multiple completion of zone change on Form 9-330.)

RESULTS OF MULTIPLE COMPLETION ZONE
FORM 330

RECEIVED
OCT 12 1979

U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

Subsurface Safety Valve: Manu. and Type

Set @ Ft.

18. I hereby certify that the foregoing is true and correct

SIGNED

Mr Nelson

TITLE Engineer

DATE _____

10/9/79

APPROVED BY _____
CONDITIONS OF APPROVAL IF ANY _____

TITLE

DATE _____

*See Instructions on Reverse Side

ACCEPTED FOR RECORD

JAN 6 1981

U.S. GEOLOGICAL SURVEY
ROSWELL, NEW MEXICO

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-110
Effective 1-1-65

NAME	
ADDRESS	
OFFICE	
INTER	OIL
	GAS
ATOR	
RATION OFFICE	

Zia Energy, Inc.

P. O. Box 603, Hobbs, N. M. 88240

Reason(s) for filing (Check proper box)

New Well

☐

Recompletion

☐

Change in Ownership

☒

Change in Transporter of:

Oil

☐

Dry Gas

☐

Casinghead Gas

☐

Condensate

☐

Other (Please explain)

Name change only for gas transporter

If change of ownership give name
and address of previous owner

Grace Petroleum Corp., 6501 N. Broadway, Oklahoma City, Okla. 73116

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Cities Federal	1	Jalmat Gas, Yates seven Rivers	State, Federal or Fee	Fed. LC-030 132 (b)
Location				
Unit Letter	2310	Feet From The South	Line and 330	Feet From The West
Line of Section	20	Township	22S	Range 36E, NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which approved copy of this form is to be sent)
XXXXXXXXXX None		
Name of Authorized Transporter of Casinghead Gas	or Dry Gas	Address (Give address to which approved copy of this form is to be sent)
Petro-Lewis		P. O. Box 2250, Denver, Colo. 80201
If well produces oil or liquids, give location of tanks.	Unit	Sec.
None		
	Twp.	Rge.
Is gas actually connected?	When	
Yes		Not available

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

IV. COMPLETION DATA

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 of Producing Pay	Tubing Depth					
Perforations	Depth Casing Shoe							
TUBING, CASING, AND CEMENT RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after a cleanup of total well and must be equivalent to or exceed top allowable for this depth or for full depth.)

Date First New Oil Run To Tanks	Date of Test	Production Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing 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

I. 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.

M. J. Nelson
(Signature)

Engineer

(Title)

7/6/79

(Date)

OIL CONSERVATION COMMISSION

APPROVED

JUL 10 1979

, 19

BY

Orig. Signed by

Jerry Sinton

TITLE

Dist 1, Supv.

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 V for changes of owner, well name or number, or transporter or other changes of condition.