

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN _____
(Other, Instruct _____
verse side)

Form approved
Budget Bureau No. 1004-1
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL

NM-14004

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Barbara Federal

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

W. Grama Ridge-Bone Spring

11. SEC., T., R., M., OR BLK. AND
SUBVY OR AREA

Sec. 6, T22S, R34E

12. COUNTY OR PARISH 13. STATE

Lea

NM

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 "APPLICATION FOR PERMIT" for such proposals.)

OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

C. W. Trainer

3. ADDRESS OF OPERATOR

c/o Oil Reports & Gas Services, Inc., Box 755, Hobbs, NM 88241

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below)
At surface

1980' FSL & 990' FEL Sec. 6, T22S, R34E

14. PERMIT NO

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3613 GR

16

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO

TEST WATER SHUT-OFF

FRACURE TREAT

ABANDON OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETION

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(NOTE: Report results of multiple completion on Well
Completion or Recombination Report and Log form.)

17. DESCRIBE PROMISED OR COMPLETED OPERATIONS (Fully 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.)

Work began 9/8/88. Pull tubing & packer. Ran tubing & bit, clean out to 10,424. Ran tubing & packer. Had communication with packer set at 10,300, 10,150, 10,000 & 9980. Set packer at 9680, no communication. Squeeze with 400 sacks class "H" cement .6% Halad 9 followed by 200 sacks class "H" .3% Halad 9. Maximum pressure 4500#. Ran temperature survey, top cement 9500. Ran tubing & bit, drilled out cement to 10,424. Perf 10,362 to 10,395 with 18 holes. Set packer at 10,302 & treat with 4500 gallons 15% NEFE acid. Ave rate 3.2 BPM, ave pressure 4000#. Casing pressure increased to 2850#. Moved packer to 10,053, pressure up on casing to 3500#, held O.K. Squeeze below packer set at 10,053 with 125 sacks class "H" .6% CF-9 & 75 sacks class "H" neat. Maximum pressure 4500#. Reversed 14 sacks to pit. Drilled out cement to 10,424, pressure test casing to 1500#, held O.K. Perf 10,394, 10,384, 10,375 & 10,365 with sand jet tool. Reverse out sand. Treat with 4500 gallons 15% NEFE acid plus 15 tons CO₂. Flowed & swab load. Ran tubing, rods & pump. 10/5/88 Pump 18 bbls oil, 53 bbls water, gas TSTM, 24 hours.

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

SIGNED

W. W. J. J.

TITLE Agent

DATE 10/11/88

(This space for Federal or State office use)

APPROVED BY

TITLE

ACCEPTED FOR RECORD

CONDITIONS OF APPROVAL, IF ANY:

DATE

*See Instructions on Reverse Side

SJS
CARLSBAD, NEW MEXICO

031 21 033

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STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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| LAND OFFICE | | |
| TRANSPORTER | OIL | |
| | GAS | |
| OPERATOR | | |
| PRODUCTION 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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
C. W. Trainer

Address
c/o Oil Reports & Gas Services, Inc., Box 755, Hobbs, NM 88241

Reason(s) for filing (Check proper box)

| | | |
|---|---|---|
| <input type="checkbox"/> New Well | Change in Transporter of: | Other (Please explain) Effective 9-1-88 |
| <input type="checkbox"/> Recompletion | <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas | |
| <input checked="" type="checkbox"/> Change in Ownership | <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate | |

If change of ownership give name and address of previous owner **Union Texas Pet. Corp., 4000 N. Big Spring, Midland, TX 79705**

II. DESCRIPTION OF WELL AND LEASE

NM-14004

| | | | | |
|--|----------------------|--|--|---------------------------|
| Lease Name Barbara Federal | Well No. 1 | Pool Name, including Formation W. Gama Ridge-Bone Spring | Kind of Lease State, Federal or Fee Federal | Lease No. Above |
| Location Unit Letter I ; 1980 Feet From The South Line and 990 Feet From The East Line of Section 6 Township 22S Range 34E , NMPM, Lea County | | | | |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

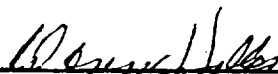
| | |
|--|---|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Navajo Refining Company | Address (Give address to which approved copy of this form is to be sent) P. O. Box 156, Artesia, NM 88210 |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> None | Address (Give address to which approved copy of this form is to be sent) |
| If well produces oil or liquids, give location of tanks. | Unit Sec. Twp. Rge. Is gas actually connected? When |
| | I 6 22S 34E No |

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

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.


(Signature)
Agent
(Title)
9-12-88
(Date)

OIL CONSERVATION DIVISION

APPROVED _____, 19____
BY **Paul Kautz**
TITLE **Geologist**

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 allowance 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.

RECEIVED

SEP 12 1988

CCO
NOBBS OFFICE