

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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| FILE                   |     |
| U.S.G.S.               |     |
| 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<br>MAXUS EXPLORATION COMPANY   |   |
| Address<br>P.O. Box 10397, Midland, TX 79702  |   |
| Reason(s) for filing (Check proper box)   | Other (Please explain)  |
| <input checked="" type="checkbox"/> New Well<br><input type="checkbox"/> Recompletion<br><input type="checkbox"/> Change in Ownership | Change in Transporter of:<br><input type="checkbox"/> Oil<br><input type="checkbox"/> Casinghead Gas<br><input type="checkbox"/> Dry Gas<br><input type="checkbox"/> Condensate |
| Test allowable for February, 1988 in the amount of 400 barrels of condensate  |   |

If change of ownership give name and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

|  |               |  |  |                    |
|--|---------------|--|--|--------------------|
| Lease Name<br>Federal 24-34  | Well No.<br>1 | Pool Name, including Formation<br>Antelope Ridge/Atoka | Kind of Lease<br>State, Federal or Fee Federal | Lease No.<br>19143 |
| Location<br>Unit Letter <u>N</u> : <u>990</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>West</u><br>Line of Section <u>34</u> Township <u>22-S</u> Range <u>34-E</u> , NMPM, Lea County |               |  |  |                    |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|   |  |
|---|--|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/><br>Scurlock Oil Company (915) 683-3052             | Address (Give address to which approved copy of this form is to be sent)<br>511 W. Ohio, Suite 200, Midland, TX 79701    |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/><br>Natural Gas Pipeline Company of America | Address (Give address to which approved copy of this form is to be sent)<br>P.O. Box 283/3050 Post Oak Blvd, Houston, TX |
| If well produces oil or liquids, give location of tanks.  | Is gas actually connected? <u>Yes</u> When <u>2-11-88</u>  |

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.

Greg Drwenski (Signature)  
Senior Production Engineer (Title)  
02-16-88 (Date)

OIL CONSERVATION DIVISION

APPROVED Feb 16 1988, 19 \_\_\_\_\_  
BY Paul Kautz Orig. Signed by  
Geologist  
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 completed wells.

# IV. COMPLETION DATA

Designate Type of Completion - (X)

Date Spudded

Date Compl. Ready to Prod.

Total Depth

P.B.T.D.

Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v. Diff. Res'v.

Elevations (D.F., RKB, RT, CR, etc.)

Name of Producing Formation

Top Oil/Gas Pay

Tubing Depth

Perforations

Depth Casing Shoe

HOLE SIZE

CASING & TUBING SIZE

DEPTH SET

SACKS CEMENT

## TUBING, CASING, AND CEMENTING RECORD

## 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 allow-

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/MCF

Gravity of Condensate

Testing Method (Pilot, back pr.)

Tubing Pressure (Shot-In)

Casing Pressure (Shot-In)

Choke Size

RECEIVED  
FEB 18 1988  
OCC OFFICE  
HOBBS

November 1983)  
formerly 9-331)

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

(Other instructions on re-  
verse side)

Expires August 31, 1985  
LEASE DESIGNATION AND SERIAL NO  
NM-19143

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.)

|   |  |   |  |
|---|--|---|--|
| 1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER   |  | 7. UNIT AGREEMENT NAME  |  |
| 2. NAME OF OPERATOR<br>MAXUS EXPLORATION COMPANY  |  | 8. FARM OR LEASE NAME<br>Federal 24-34                                  |  |
| 3. ADDRESS OF OPERATOR<br>P.O. Box 10397<br>Midland, TX 79702   |  | 9. WELL NO.<br>1  |  |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.<br>See also space 17 below.)<br>At surface<br>990' FWL <sup>S</sup> 1980' FWL SE/SW |  | 10. FIELD AND POOL, OR WILDCAT<br>Antelope Ridge                        |  |
| 14. PERMIT NO.  |  | 11. SEC., T., R., N., OR S.E. AND SURVEY OR AREA<br>Sec. 34, T22S, R34E |  |
| 15. ELEVATIONS (Show whether DF, ST, GR, etc.)<br>3396' GR  |  | 12. COUNTY OR PARISH<br>Lea   |  |
|   |  | 13. STATE<br>NM   |  |

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETION

ABANDON\*

CHANGE PLANE

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT\*

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

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.)\*

01-15-88 12 hr SITP 5550. Acidize Atoka zone by Halliburton with 6000 gals gelled 25% HCl acid containing 0.04% Lo Surf 300, 0.02% HAI-85, 2% FE-1A, 2% FE-2L, 1% SGA, 0.04% CLA-STA & 100 1.3 SP.GR. B.S. Ball out treatment to 10,000 psi. Disp. w/gelled 2% KCl water. ISIP 5500 15 min 5200. ATR 6.8 BPM. Min tr. 2.8 BPM. Max Tr. 7.6 BPM. ATP 8200 psi. Min. TP 7650 psi. Max TP 10,000 psi. TLTR 213 bbls. SI well 2 hrs. SITP 1400 psi. Flow well 7 hrs. Rec 84 bbls. Switch well to flare pit. Final FTP 1850 psi on a 26/64" ck. SDON.

01-16-88 12 hr SITP 6500 psi. Flow test well 7 hrs. Final FTP 2000 psi on a 20/64" ck.

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

SIGNED

Craig Mickieberry

TITLE

Sr. Drilling Engineer

DATE

02-01-88

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

DATE

FEB 4 1988

\*See Instructions on Reverse Side

CARLSBAD, NEW MEXICO

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.