| Submit 3 Copies To Appropriate | | ate of New Mexico and Natural Resources Department | Form C-1 Revised 1-1- |
|---|--|---|--|
| District Office DISTRICT I | 0,, | and a second resources Department | |
| P.O. Box 1980, Hobbs, NM 88240 | OIL CONSE | DVATION DIVISION | WELL API NO. |
| DISTRICT II | OIL CONSERVATION DIVISION | | 30-025-34296 |
| 811 South First, Artesia NM 88210 | 2040 South Pacheco Santa Fe, NM 87505 | | 5. Indicate Type of Lease STATE FEE |
| DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 | | | 6. State Oil & Gas Lease No. |
| SUNDRY NOTIO | CES AND REPOR | TS ON WELLS | 7. Lease Name or Unit Agreemer |
| (DO NOT USE THIS FORM FOR PRO DIFFERENT RESERVOIR. USE "A | POSALS TO DRILL OR | TO DEEPEN OP PLUG PACK TO A | Name: |
| 1. Type of Well: Oil Well ■ | Gas Well | Other | Kyte |
| 2. Name of Operator | | Other | 8. Well No. |
| 3. Address of Operator | | | 8 |
| 8801 South Yale, Ste 150 Tulsa, OK 74137 | | | 9. Pool name or Wildcat E. Warren Tubb & Blinebry |
| 4. Well Location | | | |
| Unit letter <u>B</u> : 660 | feet from the | Northline and1980f | eet from theEastline |
| Section 23, Townshi | p20S Ra | nge 38E NMPM | Lea County |
| | 10. Elevation (Show w | hether DF, RKB, RT, GR, etc. 3572' GR | |
| the second se | | 5572 OK | |
| | IGE PLANS | COMMENCE DRILLING OPNS. | PLUG AND ABANDONMEN |
| PULL OR ALTER CASING | | CASING TEST AND CEMENT JOB | |
| OTHER: | | OTHER: <u>Decide not to commingle.</u> Blinebry | |
| 12. Describe proposed or completed opera proposed work). SEE RULE 1103. | tions. (Clearly state all p | ertinent details, and give pertinent dates, | including estimated date of starting an |
| 5/17/00 ML 0 DY | | | |
| 5/17/99 MI & RU 5/18/99 Lay down Tubb productio | n string shange well 1 | | |
| 5/19/99 Set CIBP at 6370' Dump | 2SX cement on top to | head to single string well head | |
| 5/20/99 Rod up Blinebry – put on | production as single Bl | inebry Completion | |
| CIDD -+ 71002 -1 +1 | | | |
| CIBP at 7100' – above Abo still in plac | e. | | |
| | | | |
| | | | |
| | | | |
| I hereby certify that the information above is | s true and complete to the | best of my knowledge and belief. | |
| SIGNATURE Levous Levous | - | | |
| Aliand dames | | IIILEManager of Operations | DATEFebruary 19, 2001_ |
| Type of print name Gerald Lucero | | Teleph | ione No(918) 488-8988 |
| (This space for State use) APPROVED BY | TITLE | | DATE MAO OI |
| BY Conditions of approval, if any: | | | DATE ••••• |
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