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LAND OFFICE		
OPERATOR		

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease	
State <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.	
B-1671	

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 -" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		7. Unit Agreement Name
2. Name of Operator ZIA ENERGY, INC.		8. Farm or Lease Name Atlantic State
3. Address of Operator P. O. Box 603, Hobbs, NM 88240		9. Well No. 3
4. Location of Well UNIT LETTER <u>I</u> <u>330</u> FEET FROM THE <u>East</u> LINE AND <u>2310</u> FEET FROM THE <u>South</u> LINE, SECTION <u>25</u> TOWNSHIP <u>21S</u> RANGE <u>35E</u> NMPM.		10. Field and Pool, or Wildcat Eumont
15. Elevation (Show whether DF, RT, GR, etc.) 3623' GR		12. County Lea

16.

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input checked="" type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER <input type="checkbox"/>	

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

1. Move in and rig up a pulling unit on 4/9/79.
2. Pull the 2 7/8" tubing, rods and pump.
3. Run 2 7/8" tubing with a packer. Set the packer at 3700'.
4. Fracture treat existing perforations from 3764' to 3890' using 20,000 gallons of gelled 2% KCL water plus 20,000 gallons of CO₂ plus 60,000# of sand.
5. Recover load water and test.
6. Pull 2 7/8" tubing and packer.
7. Perforate additional zones from 3550' to 3720'.
8. Rerun 2 7/8" tubing with a packer and bridge plug. Set the bridge plug at 3740' and set the packer at 3500'.
9. Breakdown the perforations using 1500 gallons of acid and ball sealers.
10. Fracture treat perforations from 3550' to 3720' using 20,000 gallons of gelled 2% KCL water plus 20,000 gallons of CO₂ plus 60,000# of sand.
11. Recover load water and test.
12. Pull 2 7/8" tubing, packer and bridge plug. Rerun 2 3/8" tubing, rods and pump.
13. Place well back on production.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED M J Nelson

TITLE Engineer

DATE 4/4/79

Orig. Signed by
Jerry Sexton

APPROVED BY Dist 1, Supv.

TITLE _____

DATE

APR 4 1979

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

APR 4 1979

OIL CONSERVATION COMM.
ROBBS. N. M.

ZIA ENERGY, INC.

P. O. Box 2463, Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well	<input type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership	<input checked="" type="checkbox"/>	Casinghead Gas	<input type="checkbox"/> Condensate <input type="checkbox"/>

if change of ownership give name
and address of previous owner Atlantic Richfield Company, Box 1710, Hobbs, N.M. 88240

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Atlantic State	3	Eumont Yates Seven Rivers	State, Federal or Fee State	B-1671
Location				
Unit Letter	I	330	Feet From The	East
			Line and	2310
			Feet From The	South
Line of Section	25	Township	21S	Range
				35E
				, 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"/>					Address (Give address to which approved copy of this form is to be sent)	
Texas New Mexico Pipe Line Company					P. O. Box 1510, Midland, Texas 79701	
Name of Authorized Transporter of Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>					Address (Give address to which approved copy of this form is to be sent)	
Phillips Petroleum Company					Room B-2, Phillips Bldg., Odessa, Tx.	
EFFECTIVE: February 1, 1992						
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	P	25	21S	35E	No	As soon as possible

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

IV. COMPLETION DATA

[illegible]

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after 100% of total volume of oil and must be equal to or less than 100% of total volume of oil allowed for this depth.)

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

CERTIFICATE OF COMPLIANCE

VI. 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. E. Nelson
(Signature)

Engineer

(Title)

6/24/77

(Date)

OIL CONSERVATION COMMISSION

APPROVED JUN 27 1977 19

SY _____ Orig. Signed by _____
Les Clements
TITLE _____ Oil & Gas Instr.

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 IV for changes of owner, weight, or number, or transporter, or other change of condition.

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JUN 2 1976

OIL CONSERVATION COMM,
HOBBS, N. M.