

STATE OF NEW MEXICO
OIL AND MINERALS DEPARTMENT

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TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION 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 SHELL WESTERN E&P INC.		
Address P. O. BOX 576, HOUSTON, TX 77001 (WCK 4435)		
Reason(s) for filing (Check proper box)		Other (Please explain)
<input type="checkbox"/> New Well	Change in Transporter of:	The Harry Leonard NCT F well #12 in the Blinebry pool. Unitization R-8540
<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 **Chevron U.S.A., P.O. Box 670, Hobbs, NM 88240**

II. DESCRIPTION OF WELL AND LEASE

Lease Name NORTHEAST DRINKARD UNIT	Well No. 222	Pool Name, including Formation NORTH EUNICE BLINEBRY-TUBB-DRINKARD OIL & GAS	Kind of Lease State, Federal or Fee State	Lease No. B-1732
Well Letter I : 3534 Feet From The North Line and 990 Feet From The East				
Line of Section 2 Township 21S Range 37E , NMPM, LEA County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> Shell Pipeline Corporation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1910, Midland, TX 79702	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum/Texaco Producing	Address (Give address to which approved copy of this form is to be sent) Box 1589, Tulsa OK 74102/Box 3000 Tulsa	
If well produces oil or liquids, give location of tanks.	Unit I	Sec. 2
	Twp. 21S	Rge. 37E
	Is gas actually connected? NA	When OK 74102

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.

A. J. Fore

A. J. FORE

SUPERVISOR REGULATORY & PERMITTING

DEC 1 1987

OIL CONSERVATION DIVISION

APPROVED **JAN 11 1988**, 19

BY *Jerry S. Supton*
DISTRICT 1 SUPERVISOR

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)		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 Oil/Gas Pay			Tubing Depth			
Perforations						Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

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/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Ghat-in)	Casing Pressure (Ghat-in)	Choke Size

2411
10-1-83
10-1-83

NEW MEXICO OIL CONSERVATION COMMISSION
WELL LOCATION AND ACREAGE DEDICATION PLAT

Form C-102
Supersedes C-128
Effective 1-1-65

All distances must be from the outer boundaries of the Section.

Operator SHELL WESTERN E&P INC.			Lease NORTHEAST DRINKARD UNIT			Well No. 222		
Unit Letter I	Section 2	Township 21S	Range 37E	County LEA				
Actual Postage Location of Well: 3534 feet from the North line and 990 feet from the East line								
Ground Level Elev. 3501	Producing Formation		Pool NORTH EUNICE BLINEBRY-TUBB- DRINKARD OIL & GAS				Dedicated Acreage: 40 Acres	

1. Outline the acreage dedicated to the subject well by colored pencil or hachure marks on the plat below.
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
3. If more than one lease of different ownership is dedicated to the well, have the interests of all owners been consolidated by communitization, unitization, force-pooling, etc?

☒ Yes ☐ No If answer is "yes," type of consolidation UNITIZATION

If answer is "no," list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.)

No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interests, has been approved by the Commission.

CERTIFICATION

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

Name A. J. Fore A. J. FORE

Position
SUPV. REG. & PERMITTING

Company
SHELL WESTERN E&P INC.

Date
DEC 1 1987

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

Date Surveyed

Registered Professional Engineer
and/or Land Surveyor

Certificate No.

0 330 660 990 1320 1650 1980 2310 2640 2970 3300 3630 3960 4290 4620 4950 5280 5610 5940 6270 6600

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HOBBS OFFICE

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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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
CHEVRON U.S.A. INC.

Address
P. O. Box 670, Hobbs, NM 88240

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Condensate
<input checked="" type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinthead Gas	

Other (Please explain)
Name Change Effective 7-1-85

If change of ownership give name and address of previous owner
Gulf Oil Corp., P. O. Box 670, Hobbs, NM 88240

II. DESCRIPTION OF WELL AND LEASE

Lease Name <i>Harry Leonard (NCT-F)</i>	Well No. Pool Name, including Formation <i>12 Blinbury</i>	Kind of Lease <input checked="" type="radio"/> State, <input type="radio"/> Federal or Fee	Lease No. <i>B-1732</i>
Location Unit Letter <i>I</i> : <i>3534</i> Feet From The <i>North</i> Line and <i>990</i> Feet From The <i>East</i>			
Line of Section <i>2</i> Township <i>21S</i> Range <i>37E</i> , NMPM, <i>Lea</i> County			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> <i>Shell Pipeline Corp.</i>	Address (Give address to which approved copy of this form is to be sent) <i>Box 1910 Midland TX 79701</i>
Name of Authorized Transporter of Casinthead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <i>Warren Petroleum/Buttler Sales</i>	Address (Give address to which approved copy of this form is to be sent) <i>Box 1589 Tulsa OK 74100</i>
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When <i>Producing Gas</i>

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.

R.D. Pite
(Signature)

Area Engineer
(Title)

5-31-85
(Date)

OIL CONSERVATION DIVISION

APPROVED *1000* *1000* 19
BY *James H. [unclear]*
TITLE *DISTRICT 1 SUPERVISOR*

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.

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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 filled for each pool in multiply completed wells.

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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 ☒Fee ☐

5. State Oil & Gas Lease No.

B-1732

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 ☒GAS
WELL ☐

OTHER-

2. Name of Operator

Gulf Oil Corporation

3. Address of Operator

Box 670, Hobbs, New Mexico 88240

4. Location of Well

UNIT LETTER I, 3534 FEET FROM THE North LINE AND 990 FEET FROMTHE East LINE, SECTION 2 TOWNSHIP 21-S RANGE 37-E NMPM.

7. Unit Agreement Name

8. Farm or Lease Name

Harry Leonard (NCT-F)

9. Well No.

12

10. Field and Pool, or Wildcat

Terry Blinbry

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

3501' GL

12. County

Lea

16.

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐TEMPORARILY ABANDON ☐PULL OR ALTER CASING ☐PLUG AND ABANDON ☐CHANGE PLANS ☐OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐COMMENCE DRILLING OPNS. ☐CASING TEST AND CEMENT JOBS ☐OTHER ☐ALTERING CASING ☐PLUG AND ABANDONMENT ☐

Perforated and acidized

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.

5975' TD.

Pulled tubing, rods and pump. Perforated 5-1/2" casing with 4, 1/2" JHPF at 5701-03', 5718-20', 5753-55', 5772-74' and 5793-95'. Treated new perforations with 2500 gallons of 15% NE acid. Flushed with 30 barrels of brine water. ISIP on vacuum. AIR 3 bpm. Swabbed and cleaned up. Ran rods and pump and returned well to production.

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

SIGNED

TITLE Petroleum EngineerDATE January 31, 1972

APPROVED BY

TITLE

Geologist

DATE

FEB 1 1972

CONDITIONS OF APPROVAL, IF ANY:

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OIL CONSERVATION COMM.
HONOLULU, HI.

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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. <u>B-1732</u>
7. Unit Agreement Name
8. Farm or Lease Name <u>Harry Leonard (NCT-F)</u>
9. Well No. <u>12</u>
10. Field and Pool, or Wildcat <u>Terry Blinebry</u>
12. County <u>Lea</u>

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- 2. Name of Operator <u>Gulf Oil Corporation</u> 3. Address of Operator <u>P. O. Box 670, Hobbs, N.M. 88240</u> 4. Location of Well UNIT LETTER <u>I</u> <u>3534</u> FEET FROM THE <u>north</u> LINE AND <u>990'</u> FEET FROM THE <u>east</u> LINE, SECTION <u>2</u> TOWNSHIP <u>21S</u> RANGE <u>37E</u> NMPM.	15. Elevation (Show whether DF, RT, GR, etc.) <u>3501' GL</u>
---	--

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input checked="" type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <u>Perforate additional zone & acidize</u> <input checked="" type="checkbox"/>	CASING TEST AND CEMENT JOBS <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.

5975' TD. Pull tubing, rods and pump. Perforate 5-1/2" casing with 4, 1/2" JHPF at 5701-03', 5718-20', 5753-55', 5772-74' and 5793-95'. Treat new perforations with 2750 gallons of 15% NE acid. Flush with 30 barrels of brine water. Swab and test and return well to production.

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

ORIGINAL SIGNED BY SIGNED <u>C. F. KALTEYER</u>	TITLE <u>Area Engineer</u>	DATE <u>12-30-71</u>
Orig. Signed by <u>Joe D. Ramey</u> Dist. I, Supv.	TITLE _____	DATE <u>JAN - 3 1972</u>
APPROVED BY _____		

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APR 5 1971
OIL CONSERVATION COMM.
HOBBES, N. H.