STATE OF HEW MEYECO

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BANTAFE				
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LAND OFFICE				
TRANSPORTER	DAL			
OPPRATOR.				
PROBATION OFF	FC €	اا	L	_
Contillat				

OIL CONSERVATION DIVISION P. O. DOX 2088 SANTA FE, NEW MEXICO 87501

	FILE U S.O.S. LAND OFFICE	REQUEST FOR ALLOWABLE								
	TRANSPORTER OAS OPERATOR PAGNATION OFFICE	^	AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS							
•.	Amoco Production Co	ompany								
	Address	-bb- NM 00240								
	P. O. BOX 68 HO Reason(s) for litting (Check proper box	obbs, NM 88240	Other (Please explain)	300A41						
	New Well	Change in Transporter of:	Request tempo	rary approval to						
	Recompletion Change in Ownership	OII Dry G Casinghead Gas Conde		nebry & Drinkard						
	If change of ownership give name and address of previous owner									
11.	DESCRIPTION OF WELL AND	LEASE. Well No. Pool Name, Including F	Formation Kind of Leas	e Lease No.						
	McQuatters	4 Hardy Bline	State Forder	al or Fee Fee						
	Unit Letter A : 86	60 Feel From The North Lil	ne and 810 Feet From	Th• <u>East</u>						
	Line of Section 11 Tox	wnship 21-S Range	36-E , NMPM, Lea	County						
11.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL G	AS Address (Give address to which appro	and copy of the form is to be seed.						
	None of Authorized Transporter of Cil	ation Permian (Eff. 9 / 1 /87)								
	Name of Authorized Transporter of Cas	singhead Gas X or Dry Gas	P. O. Box 1183, Houston Address (Give address to which appro	ved copy of this form is to be sent)						
	Getty Oil Company		P. O. Box 1137, Eunic	e, NM						
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. A 11 21 36	Yes Yes	12-3-79						
	If this production is commingled wit COMPLETION DATA	th that from any other lease or pool,	give commingling order number:							
٠.	Designate Type of Completic	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Dill, Hes'v						
	Date Spudded	Date Campl. Ready to Prod.	Total Depth	P.B.T.D.						
	Elevations (DF, RKB, RT, GR, etc.)	Mame of Producing Formation	Top Oil/Gas Pay	Tubing Depth						
	Zievations (DF, KKB, KT, GR, etc.)			Depth Casing Shoe						
	Perforations									
			D CEMENTING RECORD	SACKS CEMENT						
	HOLE SIZE	CASING & TUBING SIZE	Der Tri de l'							
V .	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a	after recovery of total volume of load oil epth or be for full 24 hours)	and must be equal to or exceed top allow						
į	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Fiow, pump, gas I	ifi, eic.)						
	Length of Test	Tubing Pressure	Casing Pressure	Chore Sire						
	Actual Pred. During Test	Oil-Bbia.	Water - Bbls.	Gas-MCF						
1										
ſ	GAS WELL Actual Frod. Test-MCF/D	Length of Test	Bbls. Condensate/ABACF	Gravity of Condensate						
		Tubing Pressure (Shut-in)	Coming Pressure (Ehut-in)	Choie Size						
	Testing Method (pitot, back pr.)	Tubing Free wat (Baue-2x)								
	CERTIFICATE OF COMPLIANC		OIL CONSERVA	100 DIVISION 2 10 00						
	I hereby certify that the rules and r Division have been complied with above is true and complete to the	and that the information given	D.42, 51	gned by						
	0+4-NMOCD, H 1-H		Jerry Se	Supv						
	/l-W. Stafford الم		This form is to be filed in	compliance with mule 1104,						
	BARK	avrs	Il	wable for a newly drilled or deepen-						
•	(Signa	•	Il tagts taken on the well in acco	MANUE MILL MOLE LITE						
	Administrati (Ti		All sections of this form me	urt be filled out completely for allow allow						
	8-20	•		or litt and 17 for changes of owne						
•	(Da		well name or number, or transpor	ter, or other such change of condition						

Separate Forms C-104 must be filed for each pool in multiple completed wells.

(Date)

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NERGY AND MIREFIALS DEPARTMENT	
	OIL CONSERVATION DIVIS
Distribution	P. O. BOX 2088
SANTA FE	SANTA FE, NEW MEXICO 8750
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u 1.u.t.	
LAND OFFICE	PROUEST COD ALLOWARIE

	OIL CONSERVA	THOM DIVISIO	314				
THE THINK TON	P. O. BO						
711.0	SMATA LETATA	W MEXICO 87501					
LAND OFFICE	DECUEST CO	2.41.05.451.5					
TRANSPORTER OIL		R ALLOWABLE ND					
OPERATOR	AUTHORIZATION TO TRANS		IRAL GAS				
CARTON OFFICE							
Amoco Production C	ompany						
Address D. O. Doy 60. U	abba NM 99240						
P. O. Box 68 H	obbs, NM 88240	Other (Pleas	t exclain)				
New Well X	Change in Transporter of:	Poguest	tompowan	y approval to	//		
Recompletion	OII Dry Go		y and Dri		Committigle		
Change in Ownership	Casinghead Gas Conder	nsale []					
If change of ownership give name							
and address of previous owner			· · · · · · · · · · · · · · · · · · ·				
DESCRIPTION OF WELL AND	I.EASE Well No. Pool Name, Including F	ormallon	Kind of Leas		Lease lie		
Lease Name			1	ler Fee Fee	20000		
McQuatters Locallon	1 4 Hardy Drinka	ira	.1	100			
Unit Letter A :	860 Feet From The North Lin	e and 810	Feet From	rh• <u>East</u>			
11 _	wmahip 21-S Range 36-	E	. 102		County		
Line of Section To	wmship 21-S Range 36-	- <u>C</u> , NMPh	. Lea		County		
DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	is					
Name of Authorized Transporter of Cit		Address (Give address			is to be sent)		
The Permian Corpor		P. O. Box 118 Address (Give address	5 HO	uston, TX ved copy of this form	is to be sent)		
Getty Oil Company		P. O. Box 1137 Eunice, NM					
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connect	ed? Wh	en			
give location of tanks.	A 11 21 36	l No					
	th that from any other lease or pool,	give commingling orde	r number:	·			
COMPLETION DATA	Oil Well Gas Well	New Well Workever	Deepen	Plug Back Same	Resty. Diff. Resty		
Designate Type of Completion		Total Death		P.B.T.D.			
Date Spudded	Date Compl. Ready to Prod.	Total Depth		1.2			
Elevations (DF, RKB, RT, GR, etc.)	*'ame of Producing Formation	Top Oil/Gas Pay	·	Tubing Depth			
				Depth Casing Shoe			
Perforations				Lepin Casing since			
	TUBING, CASING, AND	CEMENTING RECOR	₹D				
HOLE SIZE	CASING & TUBING SIZE	DEPTHS		SACKS	CEMENT		
							
		1		<u> </u>			
TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a)	fier recovery of total value	ime of load oil	end must be equal to	or exceed top alla		
OIL WELL Date First New Oil Hun To Tanks	Date of Test	pth or be for full 24 hours Producing Method (Flow	v, pump, gas li	(i, eic.)			
Date First New Oil Non 10 1 dinz							
Length of Test	Tubing Pressure	Casing Pressure		Chore Size			
	00. 9514	Water - Bbis.		Ges-MCF			
Actual Prod. During Test	Oil-Bbis.	mater BBIE					
		<u> </u>					
GAS WELL		1		Gravity of Condens			
Actual Fred. Test-MCF/D	Length of Test	Bbls. Condensate/AMC	r	Grovity or condens			
Teeting Method (pitol, back pr.)	Tubing Presewe (Shut-in)	Casing Pressure (Shut	-in)	Choke Size			
	·			1			
CERTIFICATE OF COMPLIANC	CE	DIL C	PNSERVAT	TON DIVISION	•		
		APPROVED					
hereby certify that the rules and r Division have been compiled with		Deto. Sig	ned by				
bove is true and complete to the	best of my knowledge and belisf.	Jerry Sexion					
0+4-NMOCD, H 1-	Ном 1-Susp 1-LBG	TITLE	•				
1-W. Stafford, Hou		This form is to	be filed in	compliance with n	ULE 1104.		
500	cars	If this is a req well, this form mus	sent for allow	vable for a newly d	mileo or despend on of the devisor		
15:	Three I						

•	0+4-	NMOCD, H	1-Ho, u ,	1-Sus
	1-W.	Stafford.	Hou (•
		50	thou a	MA
			(Signature)	
		۱ ماست		Anna I.

Administrative Analyst

(Tirle) 8**-**20-80

(Date)

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 condities

Separate Forms C-104 must be filed for each pool in multiple completed wells.

STATE OF NEW	MEXICO							H 2 V 1	seq 10-1-/a
CNERGY AND MINERALS	DEPARTMENT	OU (CONSERVA	TION DI	VISIO	N	Gailte	odicaia 1	Type of Lease
	P. O. BOX 2088						tate	Fee XX	
DISTRIBUTION SANTA FE		AR	ITA FE, NEW	MEXICO	87501		5. 80	अंट ो। ह	Gas Lease No.
FILE									
U.S.G.S.	WEL	L COMPLE	TION OR RECO.	MPLETION	1 REPOR	T AND	roc ////	1111	
OPERATOR									
Id. TYPE OF WELL							7, 0	nit Agree	ment Name
	014 WELL [GA5 WELL	DRY	OTHER					
b. TYPE OF COMPLET									ease Name
WELL OVER	DEEPEN	PLUG BACA	DIFF. RESVA.	OTHER				McQuat	ters
2. Name of Operator							9. "	en No. A	
	ction Company	<u>/</u>					10 1	Tield und	i Pool, or Wildoot
7. Address of Operator	- 0 11 1 1 -	NM 000/					1		Hardy Drinkard
P. O. Box 68	8 Hobbs	, INIM 8824	+U					1777	mmim
1. Location of Well									
A A	861	1	Nort	h	810	FF F Y			
SOUT LETTER	LOCATED	FEET FO	TOM THETOT C	TITTI	77777	TITI	11/2/27	County	
THE East LINE OF S	. 17	21_5 %	- 36_F NUPL					ea	
15. Date Spudded	15. Dat : T.D. Read	hed 17, Date	Compl. (Ready to P	rod.) 18. E	Clevations (DF, RKB	, RT, GR, etc	c./ 19. E	Elev. Cashinghead
4-4-80			9-80		3533	3.2 GL			
20. Total Depth	21. Plug B	ack T.D.	22. If Multipl Many	e Compl., Ho	w 23. Jr	tervais	, fiotary Toe	ls	Cable Tools
6900'		6870')ual		-	 		1
4. Producing Interval(s), of this completion	— Top, Botton	, Name					2:	 Was Directional Survey Made
6494'-6716'								127 WG	ns Well Cored
.5. Type Electric and O	ther Logs Run							127	
			11.12 D.550.DD. (D.	. 11					
19.			ING RECORD (Rep				G RECORD		AMOUNT PULLED
CASING SIZE	WEIGHT LB./F		sting casing	was not			- NECOND		
			string custing	1100	a roer ex				
									
29.	LINI	ER RECORD			30.		TUBIN	G RECC)RD
SIZE	TOP	воттом	SACKS CEMENT	SCREEN	s	126	DEPTH	SET	PACKER SET
			·						<u></u>
il. Perforation Report (Interval, size and n	imber) -		32.	ACID, SHO	T, FRAC			JEEZE, ETC.
t					INTERVAL				D MA CERIAL USED
	/ 2 1CDE			6494	'-6716'	119	500 gal.	15%_1	HUL acid
6494'-6714'	W/ Z JSPF								
! :									
			9800	-UCTION					
are l'Irat Production	Producti	on Method (Flu	wing, gas lift, pump		ad type pum	p.!	W :	II Status	(Prod. or Shut-in)
4-12-80	Flow	_						Sh	ut-in
Late of Test	Hows Tested	Choke Size	Pred'n. For	Oil - bbl.	Gas -	- MCF	Water - I	Ъ1.	Gas - Oil Ratio
5-9-80	24	25/64	Test Pertod	15	İ	1000	36		66,666
i low Tubing Press.	Cosing Pressure		4- Oil - Isti.	Ges -		4	- Bbl.	011	Gravity - API (Corr.)
-		Horr hate	15		1000		36		
14. Disposition of Gen (Sola, used for fuel,	vented, etc.)					Test With	ressed B	у
To Be Sold						<u>.</u>			
35, List of Attachments									
!							Landa I		
56. I hereby ceruly that	the information she	um on both sid	es of this form is th	ie ond comple	rie to the bi	est of my	knowledge an	ia venej.	-
		۸ د د		Admin.	Analys+				6-6-80
SIGNED	00000	ww_	TITLE	AUIIIII.	niia i y s t		DA	TE	
0+4-NMOCD, H	1-	Hou	1-Susp		1-BD				

INSTRUCTIONS

This form 1, to be filed with the appropriate 14 and Office of the Division and later how 20 days after the completion of any newly-diffied or deepened will. It is all be accompanied by one copy of all electrical and end security by a run on the well and a name by of all special tests conducted, including drill stem tests. All depths as not shall be accommed depths, in the case of directionally drilled wells, true vertical depths shall also be reported. For earlied exceptations, them 2 is through 34 shall be reported for as 5 zone. The form to be filed in quintuplicate except an wide ideal, where six copies see required. For Hole 1105.

INDICATE FORMATION TOPS IN CONFORMANCE WITH GEOGRAPHICAL SECTION OF STATE

Northwestern New Mexico

Southeastern New Mexico

T. Anhy			T. Canyon	т	Ojo A	Lanxi		т.	Penn. "B"	
	Same as Previously Reported									
			·		T. Pictured Cliffs		*			
T. Yate	s		T. Miss	т.	T. Cliff House		Т.	Leadville		
T. 7 Riv	vers		T. Devonian	Т.				Т.	Madison	
T. Quee	r		T. Silurian	Т.	T. Point Doukout			Т.	Elbert	
T. Gray!	burg		T. Montoys	Т.	Manco	os		T.	McCracken	
			T. Simpson						**	
			T. McKee							
			T. Ellenburger							
			T. Gr. Wash							
			T. Granite							
			T. Delaware Sand							
			T. Bone Springs							
			т							
			T							
T Cisco	(Bough	C;						1.		
		6/0//		OR GAS SA						
No. 1, Iron	m	9424	to 67.16!	IYo). 4, iro	ta	• • • • • • • • • • • • • • • • • • • •	••••••	to	•••••
No. 2, from	rs	******	to	No	. 5, fro	ര			10	
No 3 from	m		to	No	6 fm	TIL.			to.	
		••••••••••			. 0, 113	**************		·····		*********
			IM	PORTANT !	/ATER	SANDS				
Include da	its on ra	te of water	inflow and elevation to which	water rose in l	iole.					
							_			
No. 1, from	n	NOTIE	toto	••••••	•••••		feet.	***********		** • • • • • • • • • • • • • • • • • •
No. 2, from	m		to	•••••			feet.	•	······································	
No. 5, from	.1		c1				feet +			
									***************************************	••••••
No. 4, Imi	m	•••••••	to							•••••
			FORMATION RECOR	D (Attach add	litional	sheets i	f necessar	y)		
From	То	Thickness in Feet	Formation		From	To	Thickness in Feet		Formation	
			_							
			Same as previously	reported		[[
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		£54	er Space (1881)							
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STATE OF NEW MOXICO PERGY AND MILERALS DEPARTMENT OBTAINATION FANTA FE FILE U & U.S.

JIL CONSERVATION DIVISIC P. O. BOX 2088 SANTA FE, NEW MEXICO 87501

LAND OFFICE		OR ALLOWABLE AND	
OPERATOR		SPORT OIL AND NATURAL G	AS
Amoco Production Com	pany	CAMENIA (PA)	GAS MUST NOT W
Address		Unerst and	EXCEPTION TO R-4070
P. O. Box 68 Hob		Other (Please explain	<u> </u>
New Well Recompletion X	Change in Transporter of: Oil Dry C	Dual complet	cion;
Change In Ownership	Casinghead Gas Cond	enadie 🗍 Hardy Blinet	ory & Hardy Drinkard
If change of ownership give name and address of previous owner		·	
I. DESCRIPTION OF WELL AN	D LEASE. Well No. Pool Name, Including	Formation Kind of	Lease No.
McQuatters	4 Und. Hardy Dr		Foderal or Foo Fee
Location	000	07.0	
	860 Feel From The North L Township 2]-S Range	36-F , NMPM,	From The East. Lea County
Cine of Section 1			160
I. DESIGNATION OF TRANSPO Name of Authorized Transporter of C	RTER OF OIL AND NATURAL G	AS Address (Give address to which	approved copy of this form is to be sent)
The Permian Corporat	ion	P. O. Box 1183	Houston, IX approved copy of this form is so be sent)
Rame of Authorized Transporter of C Getty Oil Company	casindreda Gas (X) 0. 2.7 Gas [_]	P. O. Box 1137	Eunice. NM
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected?	, When
give location of tanks.	A 111 21 36		r:
COMPLETION DATA	Oil Well Gas Well	New Well Workover Deep	
Designate Type of Comple			
Dam Spudded OC	Date Compl. Ready to Prod. 5-9-80	Total Depth 6900'	P.B.T.D.
4-4-80 Elevations (DF, RKB, RT, CR, etc.,		Top Oil/Gas Pay	Tubing Depth
Perforations	<u>Drinkard</u>	6494'	Depth Casing Shoe
6494'-6716'			6898!
HOLE SIZE	TUBING, CASING, AN	ID CEMENTING RECORD DEPTH SET	SACKS CEMENT
HOUZ 31ZC	Existing casing was	not altered	
. TEST DATA AND REQUEST OIL WELL	FOR ALLOWABLE (Test must be able for this a	lepth or be for full 24 hours)	ad oil and must be equal to or exceed top allo
Date First New Oll Run To Tenks	Date of Test	Producing Method (Flow, pump,	gar lift, etc.)
4-12-80 Length of Test	5-9-80 Tubing Pronoute	Flowing Casing Pressure	Choke Size
24 hrs.	Oil-Bbis.	Water-Bbis.	25/64 Ges-MCF
Actual Prod. During Test 51	15	36	1000
Actual Frod. Tool-MCF/D	Length of Test	Bble. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back fr.)	Tubing Process (Shut-in)	Cosing Pressure (Shut-in)	Choke Sixe
CERTIFICATE OF COMPLIA	NCE	DIL CONSEI	RVATION DIVISION
I hereby certify that the rules and	fregulations of the Oil Conservation	APPROVED	, 19
rivision have been complied wi	th and that the information given he best of my knowledge and belief.	BY AMIN	Maria
0+4-NMOCD, H 1-HA	u 1-Susp 1-BD	VITLE CHELLVE	SON DIDUNION
1-G. Ethridge		This form is to be file	d in compliance with MULE 1104.
BOO XX	2016 noture)	II is as a second more than we're	allowable for a newly drilled or despendent of the deviation of the deviation
Admin, Analys	·	tests taken on the well in	accordance with RULE 111.
	ule)	able on new and recomplet	ed wells.
6-6-80	Jule)	well name or number, or trac	us boiter or other sact cusules or contain.
		Separate Forms C-104 completed wells.	must be filed for each pool in multip