

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-103
Revised 10-1-77

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

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. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER		7. Unit Agreement Name	
2. Name of Operator AMOCO PRODUCTION COMPANY		8. Farm or Lease Name McQuatters	
3. Address of Operator P. O. Box 68, Hobbs, NM 88240		9. Well No. 3	
4. Location of Well UNIT LETTER <u>B</u> <u>700</u> FEET FROM THE <u>North</u> LINE AND <u>2230</u> FEET FROM THE <u>East</u> LINE, SECTION <u>11</u> TOWNSHIP <u>21-S</u> RANGE <u>36-E</u> NMPM.		10. Field and Pool, or Wildcat Hardy Blinebry	
15. Elevation (Show whether DF, RT, GR, etc.) 3538' GR		12. County Lea	

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 ☐
OTHER ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐
OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING CONS. ☐
CASING TEST AND CEMENT JOBS ☐
OTHER status update ☒

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 1105.

Moved in service unit 2-9-84 and pulled rods and pump. RQn rods and pump and moved out service unit. Pump tested 4 days and recovered 25 BO, 77 BW, and 189 MCF. Moved in service unit 4-10-84 and POH. RIH and tagged fill at 6414'. Load well with 90 bbls brine water and wash to 6430'. Circulated clean and latched onto RBP and POH. RIH with Guiberson Uni VI RBP, retrieving tool, and Uni V packer. **RBP** set at 6428'. Fraced lower Blinebry intervals in 3 stages. Pumped 3500 gal gelled 2% KCL fresh water and 1500 gal CO2. Pumped first stage 2100 gal gelled fresh water, 900 gal CO2, and 3000# 20/40 sand. Pump second stage 2100 gal gelled fresh water, 900 gals CO2, and 6000# 20/40 sand. Pumped third stage 3500 gal gelled fresh water, 1500 gals CO2, and 12500# 20/40 sand. Flushed with 1470 gal gelled fresh water and 630 gal CO2. Shut-in 2 hrs. Opened well and flowed for 9 hrs. Recovered apx. 135 BLW. Swabbed 9 hrs and recovered 30 BLW, and 19 BO. Released packer and wash sand from 6415' to 6428'. Release RBP and reset at 5873'. Set packer at 5614'. Fractured Upper Blinebry intervals in 4 stages. Pumped 3500 gal gelled 2% KCL fresh water and 1500 gal CO2. Pumped first stage: 2100 gal gelled fresh water, 900 gals CO2, and 3000# 20/40 sand. Pumped second stage: 2100 gal gelled fresh water, 900 gal CO2, and 6000# sand. Pumped third stage: 2100 gal gelled fresh water, 900 gal CO2, and 7500# sand. Pumped fourth stage: 1400 gal gelled fresh water, 600 gals CO2, and 6000# sand. Flushed with 1414 gal gelled fresh water and 600 gal CO2. Opened well and flowed 23-1/2 hrs. Recovered 153 (over) 0+5-NMOC, H 1-J. R. Barnett, HOU Rm. 21.156 1-F. J. Nash, HOU Rm. 4.206 1-CMH

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

SIGNED Charles M. Xerruis TITLE Administrative Analyst DATE 4-27-84

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE MAY 2 1984

CONDITIONS OF APPROVAL, IF ANY:

BLW and 64 B0. Released packer and washed sand from 5858'-5873'. Released RBP and lowered to 6420'. Set RBP. POH. RIH with retrieving tool, seating nipple, tubing anchor and tubing. Seating nipple landed at 6380'. Ran rods and pump. Moved out service unit 4-19-84. Currently, pump testing.

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MAY 1 1984

O.C.D.
HOBBS OFFICE

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

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TRANSPORTER	OIL	
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REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
AMOCO PRODUCTION COMPANY

Address
P. O. Box 68, Hobbs, NM 88240

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	Other (Please explain) Request 1000 bbl testing allowable
<input checked="" type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	
	<input type="checkbox"/> Dry Gas	
	<input type="checkbox"/> Condensate	

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name McQuatters	Well No. 3	Pool Name, including Formation Hardy Blinébry	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter <u>B</u> : <u>700</u> Feet From The <u>North</u> Line and <u>2230</u> Feet From The <u>East</u> Line of Section <u>11</u> Township <u>21-S</u> Range <u>36-E</u> , N.M.P.M. 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"/> The Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1183, Houston, TX
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Northern Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 2300, Midland, TX
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. is gas actually connected? When B 11 21-S 36-E Yes 4-17-84

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.

Mary C. Clark
(Signature)

Assist. Admin. Analyst

(Title)
4-25-84

(Date)

OIL CONSERVATION DIVISION

APPROVED APR 27 1984, 19

BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

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)		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 (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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APR 26 1984
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