

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPlicate  
(Other instruction  
verse side)

Form approved.  
Budget Bureau No. 1004-0135  
Expires August 31, 1985

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—" 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 Chaparral Energy, Inc.	8. FARM OR LEASE NAME Hodges Federal
3. ADDRESS OF OPERATOR 10701 N. Broadway Ext., Oklahoma City, Oklahoma 73114	9. WELL NO. 1
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface Unit Letter P: 330 ft. from the South line and 330 ft. from the East line Sec. 31-T20E-R39E	10. FIELD AND POOL, OR WILDCAT Sandhills Grayburg-San Andres
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 31-T20S-R39E
15. ELEVATIONS (Show whether DF, RT, OR, etc.) 3555' DF, 3566' KDB, 3562' BL	12. COUNTY OR PARISH Lea County
	18. STATE NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

☐  
☐  
☐  
☐  
☒

PULL OR ALTER CASING

☐  
☐  
☐  
☐  
☐

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON\*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

☐  
☐  
☐

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT\*

☒  
☐  
☐  
☐  
☐

(NOTE: Report results of multiple completion or Well Completion or Recompletion Report and Log form)

7. (If not proposed or completed operation) (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and spots pertinent to this work.) \*

09/25/90

TOOH w/rods, pump and tubing. Hydrostatic test tubing in hole, replacing 3 bad joints. Ran Rods and pump. Hang well on. Commence normal well operations.



RECEIVED  
MAY 21 1 40 PM '91  
DIST. 6 N.M.

We submitted this report to the State of New Mexico by mistake, therefore, accounting for the delay in filing this report on this well.

18. I hereby certify that the foregoing is true and correct

SIGNED

*Mark A. Fisch*

TITLE

President

DATE

May 17, 1991

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

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

NO. OF COPIES RECEIVED		
DISTRIBUTION		
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LAND OFFICE		
TRANSPORTER	OIL	
	NATURAL GAS	
OPERATOR		
PRORATION OFFICE		

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator  
Chaparral Energy, Inc.

Address  
1000 E. Memorial, Suite 106, Oklahoma City, Oklahoma 73131

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	
<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

Other (Please explain)

If change of ownership give name and address of previous owner Hadson Petroleum (USA) Inc., 921 W. Sanger, Hobbs, NM 88240

II. DESCRIPTION OF WELL AND LEASE

Lease Name Hodges Federal	Well No. 1	Pool Name, including Formation Sandhills Grayburg-San Andres	Kind of Lease State, Federal or Fee Federal	Lease No. NM 17814
Location Unit Letter <u>P</u> , <u>330</u> Feet From The <u>South</u> Line and <u>330</u> Feet From The <u>East</u> Line of Section <u>31</u> Township <u>20S</u> Range <u>39E</u> , 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)
Navajo Crude Oil Purchasing Co., Inc.	PO Box 175, Artesia, NM 88210
Name of Authorized Transporter of Casinghead 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)
Texaco Producing, Inc.	PO Box 3000, Tulsa, OK 74102
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit <u>P</u> Sec. <u>31</u> Twp. <u>20S</u> Rge. <u>39E</u>	No

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.

Joe K Hardy  
(Signature)  
Secretary  
10/10/88  
(Date)

OIL CONSERVATION DIVISION  
APPROVED FEB 02 1989, 19  
BY Paul Kautz  
Geologist  
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.

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

NO. OF COPIES RECEIVED		
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SANTA FE		
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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION OFFICE		

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator  
HADSON PETROLEUM (USA) Inc.

Address  
921 West Sanger, Hobbs, NM 88240

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	Other (Please explain)
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	
<input checked="" 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: MINERALS, INC., 921 W. Sanger, Hobbs, NM 88240

II. DESCRIPTION OF WELL AND LEASE

Lease Name Hodges Federal	Well No. 1	Pool Name, including Formation Sandhills Grayburg-San Andres	Kind of Lease State, Federal or Fee Federal	Lease No. NM-17814
Location				
Unit Letter P : 330 Feet From The South Line and 330 Feet From The East				
Line of Section 31 Township 20S Range 39E, 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"/> Navajo Crude Oil Purchasing Co.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 175, Artesia, NM 88210
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Texaco Producing, Inc.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 3000, Tulsa, OK 74102
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? when
P 31 20S 39E	NO

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.

C.M. Butler

(Signature)

Drilling & Production Engineer

(Title)

6-5-87

(Date)

OIL CONSERVATION DIVISION

APPROVED JUN 11 1987, 19

BY Orig. Signed by Paul Kauts Geologist

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.

NO. OF COPIES RECEIVED	
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LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PROBATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Superseded by OIL C-104 and C-105  
Effective 1-1-85

Operator Minerals, Inc.	
Address P. O. Box 1320, Hobbs, New Mexico 88241	
Reason(s) for filing (Check proper box)	
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Continued Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Hodges Federal	Well No. 1	Pool Name, including Formation Sandhills Grayburg-San Andres	Kind of Lease State, Federal or Fee Federal	Lease No. NM-17814
Location Unit Letter <u>P</u> ; <u>330</u> Feet From The <u>South</u> Line and <u>330</u> Feet From The <u>East</u> Line of Section <u>31</u> Township <u>20 South</u> Range <u>39 East</u> , NMPL, <u>Lea</u> 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"/> Navajo Refining Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 159, Artesia, NM 88210	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Getty Oil Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 3000, Tulsa, OK 74102	
If well produces oil or liquids, give location of tanks.	Unit P	Sec. 31
	Twp. 20S	Rge. 39E
	Is gas actually connected? <u>No.</u> When	

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Reac. <input type="checkbox"/>	Reil. Rec. <input type="checkbox"/>
Date Spudded 4-29-82	Date Compl. Ready to Prod. 6-2-82		Total Depth 4385'		P.B.T.D. 4365'			
Elevations (D.F., RKB, RT, GR, etc.) 3562 GL	Name of Producing Formation San Andres		Top Oil/Gas Pay 4342'		Testing Depth 4360'			
Perforations 4342' to 4358' w/4 JSPF				Depth Casing Shoe 4385'				
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE 12-1/4"	CASING & TUBING SIZE 8-5/8" O.D.		DEPTH SET 1647'		SACKS CEMENT 856 SX			
7-7/8"	5 1/2" O.D.		4385'		450 SX			

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 6-10-82	Date of Test 7-10-82	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hours	Tubing Pressure ---	Casing Pressure Open	Crack Size ---
Actual Prod. During Test ---	Oil - Bbls. 35	Water - Bbls. 79	Gas - MCF 15 (est.)

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Crack Size

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.

MINERALS, INC.

AT Kilaar

Vice President

*AT Kilaar*  
(Signature)

8-14-84  
(Date)

OIL CONSERVATION COMMISSION

APPROVED AUG 16 1984, 19  
BY ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR  
TITLE \_\_\_\_\_

This form is to be filed in compliance with RULE 1194.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a calculation of the estimated production on the well in accordance with RULE 111.

All sections of this form must be filled out and signed for all wells except those listed in Rule 111.

Fill out only Sections I, II, III, and VI for all wells of other well names or number, or transporter or other such change or condition.

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

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 Form 9-331-C for such proposals.)

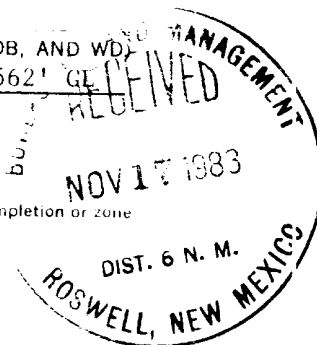
1. oil ☒ gas ☐ other ☐  
well well well
2. NAME OF OPERATOR  
Minerals, Inc.
3. ADDRESS OF OPERATOR  
P. O. Box 1320 - Hobbs, NM 88241
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: 330' FSL, 330' FEL, SEC. 31, T20S, R39E  
AT TOP PROD. INTERVAL: Same  
AT TOTAL DEPTH: Same
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF	<input type="checkbox"/>	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	<input checked="" type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>	<input type="checkbox"/>
CHANGE ZONES	<input type="checkbox"/>	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>	<input type="checkbox"/>
(other)	<input type="checkbox"/>	<input type="checkbox"/>

5. LEASE  
NM-17814
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME  
Hodges Federal
9. WELL NO.  
1
10. FIELD OR WILDCAT NAME  
Sandhills (Grayburg-San Andres)
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Sec. 31, T20S, R39E
12. COUNTY OR PARISH 13. STATE  
Lea NM
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)  
3555' DF, 3566' KDB, 3562' WD

(NOTE: Report results of multiple completion or zone change on Form 9-330.)



17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work)\*

Verbal approval for WO 9/16/83 per phone conversation with Pete Chester, Roswell, N.M.

9/7/83 - 9/13/83: Set RBP @ 4335' above original perf. 4342-58'. Spot 150 gals acid. Perf. 4299-4305', 4308-16', 4320-26' w/3 JSPP. Set treating pkr @ 4003' & acidized new perf. w/1000 gals. 15% HCL @ 4 BPM @ 0 psig. Frac new perf. w/ 13,500 gals. gelled 2% KCL wtr. containing 18,000# 20/40 sand & 10 ball sealers @ 7.5 BPM @ 4000 psig. Pulled pkr, RBP & cleaned out hole to 4365' (PBD). PPWO: 2 BO, 22 BW, 0 MCF (TSTM) 24 hrs. PAWO: 0 BO, 9 BW, 0 MCF (TSTM) 24 hrs.

Subsurface Safety Valve: Manu. and Type

Set @ Ft.

18. I hereby certify that the foregoing is true and correct

SIGNED M. A. Mear TITLE Vice President-Eng DATE 11-9-83

ACCEPTED FOR RECORDS (Leave space for Federal or State office use)

APPROVED BY SWP TITLE DATE

CONDITIONS OF APPROVAL, IF ANY

MAY 9 1984

Carlsbad, NEW MEXICO

\*See Instructions on Reverse Side

RECEIVED

MAY 11 1984

O.S.O.  
HOBBBS OFFICE