DISTRIBUTION NEW MEXICO OIL CONSERVATION COM ION Form C-104 REQUEST FOR ALLOWABLE Supersedes Old C-104 and C-1 ILE Effective 1-1-65 AND 9.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS AND OFFICE OIL [RANSPORTER GAS OPERATOR PRORATION OFFICE Operator Potro-Lowis Corporation 401 Fort Worth Glas Saliding, Fort Worth, Texas 7810 Reason(s) for filing (Check proper box) Other (Flease explain) : ew Well Change in Transporter of: Recompletion Dry Gas 011 Change in Ownership X Casinghead Gas Condensate If change of ownership give name and address of previous owner ____ Wood, McShane & Thams 332, Ltd. Box 988, Monahans, Texas II. DESCRIPTION OF WELL AND LEASE ell No. Pool Name, Including Formation Kind of Lease Lease No. <u>Naw waxioo ka Stata</u> Eumont State, Federal or Fee 218 18 B - 934Feet From The South $_{ m Line~and}$ 1980Unit Letter ∴à St Feet From The Township 22-S 18 37-E Lea Range NMPM. County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil 🔀 Address (Give address to which approved copy of this form is to be sent) Texas New Mexico Pipe Line Company Box 1510, Midland, Texas Name of Authorized Transporter of Casinghead Gas or Dry Gas 🛣 Address (Give address to which approved copy of this form is to be sent) Box 1384, jal, New Mexico El Paso Natural Gas Unit Sec. P.ge. When If well produces oil or liquids, give location of tanks. Is gas actually connected? \mathbb{C} 22-S 37-E 29 Yes 15.63 If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Oil Well Gas Well New Well Plug Back Same Res'v. Diff. Res'v. Designate Type of Completion - (X) Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D. Elevations (DF, RKB, RT, CR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth 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	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.	Gae - 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

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.

	(Signature)	
Agent		
	(Title)	
1-1-74		

(Date)

OIL CONSERVATION COMMISSION

APPROVED	· *	19
BY	by	
•	mey	
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, name or number, or transporter, or other such change of condition.

Sangrata Forms C-10d must be filed for each and in multiple

DISTRIBUTION	
SANTA FE NEW MEXICO OIL CONSERVATION COMMISSION	Form C-103 Supersedes Old C-102 and C-103 Effective 1-1-65
FILE	5a. Indicate Type of Lease
U.S.G.S.	State X Fee
OPERATOR	5. State Oil & Gas Lease No.
	B-934
SUNDRY NOTICES AND REPORTS ON WELLS	
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.)	
OIL GAS OTHER-	7. Unit Agreement Name
, Name of Operator	8. Farm or Lease Name
Wood, McShane & Thams-692, Limited	New Mexico "M" State
P. O. Box 968, Monahans, Texas 79756	1
Location of Well	10. Field and Pool, or Wildcat
UNIT LETTER J 1980 FEET FROM THE SOUTH LINE AND 1980 FEET FROM	Eumont
Fast 18 22-S 37-E	
THE East LINE, SECTION 18 TOWNSHIP 22-S RANGE 37-E NAPPO	
15. Elevation (Show whether DF, RT, GR, etc.)	12. County
3421' (DF)	Lea
Check Appropriate Box To Indicate Nature of Notice, Report or O	ther Data
NOTICE OF INTENTION TO: SUBSEQUEN	T REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK COMMENCE DRILLING OFNS.	ALTERING CASING PLUG AND ABANDONMENT
TEMPORARILY ABANDON COMMENCE DRILLING OPNS. CHANGE PLANS CASING TEST AND CEMENT JQB	FEGG AND ABANDONMENT
OTHER	
Recomplete in new reservoir	
7. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, includin	g estimated date of starting any proposed
work) SEE RULE 1103.	
 Kill well and pull tubing. 	
2. Perforate Yates and 7-Rivers from 2650'-3185' with 2	4-3/8" holes.
3. Acidize with 1500 gals. acid.	
4. Frac perforated interval with 30,000 gals. gelled br 20-40 sand.	ine and 45,000 #
Place well back on production.	
5. Place well back on production.	
5. Place well back on production.	
5. Place well back on production.	
5. Place well back on production.	
5. Place well back on production.	
5. Place well back on production. 8. I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
8. I hereby certify that the information above is true and complete to the best of my knowledge and belief.	3-13-73
8. I hereby certify that the information above is true and complete to the best of my knowledge and belief. IGNEO TITLE Petroleum Engineer	DATE 3-13-73
8. I hereby certify that the information above is true and complete to the best of my knowledge and belief.	DATE 3-13-73

HO. OF COPIES REC	EIVED	į —	
DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
IRANSPORTER	OIL		
OPERATOR			
PROBATION OFFICE			

	SANTA FE		CONSERVATION COMMISSION FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-11
	FILE	-	CNA	Effective 1-1-65
	U.S.G.S.	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL	GAS
	LAND OFFICE	<u>.</u>		
	IRANSPORTER GAS			
T!	PRORATION OFFICE			
*•	Operator	<u> </u>	***	
	Wood, McShane & Th	ams 692, Ltd.		٠,
	P. O. Box 968, Mon	· · · · · · · · · · · · · · · · · · ·		
	Reason(s) for filing (Check proper box New Well	/ Change in Transporter of:	Other (Please explain)	
	Recompletion	Otl Dry Go	_	•
	Change in Ownership X	Casinghead Gas Conder	nsate	
	If change of ownership give name and address of previous owner	Wood, McShane & Tham	s - Colorado Boy	1980, Monahans, Texas
11.	DESCRIPTION OF WELL AND	DEASE Well No. Pool Name, Including F	ormation Kind of Lea	
	New Mexico M State			rai or Foo State B-934
	Location			,
	Unit Letter J : 198	O Feet From The South Lin	ne and 1980 Feet From	n The <u>East</u>
	Line of Section 18 Tov	wiship 22-S Range 3	7-E , NMPM,	Lea County
III.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	AS	·····
	Name of Authorized Transporter of Oil Texas New Mexico P		Address (Give address to which appr	
	Name of Authorized Transporter of Cas	singhead Gas or Dry Gas X	Box 1510 Miller de Address (Give adures, to which appr	roved copy of this form is to be sent)
	El Paso Natural Ga	s [']	Box 1384, 7-1, Ne	w Martico
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rgc. C 29 22-S 37-E		Then 1963
	If this production is commingled wit COMPLETION DATA	th that from any other lease or pool,		
	Designate Type of Completion	on - (X)	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.M.D.
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
	Perforations			Depth Casing Ship :
		THRING CASING AND	CEMENTING RECORD	
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	HOLE SIZE			
			<u>:</u>	
v.	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a	fter recovery of total volume of load of	il and must be equal to or exceed top allow-
•	OIL WELL Date First New Oil Run To Tanks	Date of Test	epth or be for full 24 hours) 1 Producing Mothod (Flow, pump, gas	life, ese.)
	Date First New Oil Aun .o . anze	Date of .est	, toddesing mounted to see a person p	
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas-MCF
		<u> </u>	<u> </u>	
	GAS WELL			
	Actual Prod. Test-MCF/D	Length of Test	Sbla. Condensate/MMCF	Gravity of Condensate
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shub-12)	Choke Stae
vi.	CERTIFICATE OF COMPLIAN	CE		NOISSIMMOD NO,TA
	I hereby certify that the rules and r	regulations of the Oil Concervation	APPROVED AUG 17	1 19/1
	I hereby certify that the rules and i Commission have been complied values is true and complete to the	with and that the information given	EY SHOW	& They
	above to title and complete to the		TITLE SUPERVISO	OK DISTRICT I

VI.

E Olive	Mod	
(5	Signature)	
Dozemnow		

July 1, 1971 (Title) (Suie)

TITLE SUPERVISOR DISTRICT If this is a request for allowable for a newly defiled or despende well, this form must be accompanied by a substitution of the deviation tests taken on the well in accordance with NULS 111.

All postions 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 transported or other such change of condition.

Soperate Forms C-104 must be filled for each pool in multiply

Ret Tray.

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AUG 21971 OIL CONSERVATION COMM. HOBBS, N. III.

NO. OF COPIES RECEIVED			
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U.\$.G.S.			
LAND OFFICE			
TRANSPORTER OIL			
GAS			
OPERATOR			
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NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65

1

Senarate Forms C-104 must be filed for each pool in multiply

	LAND OFFICE	AOTHORIZA	TION TO TRAI	NO OKT OIL AN	DINTIONAL	UAJ	
	TRANSPORTER OIL						
	GAS						
	OPERATOR PRORATION OFFICE	+					
I.	Operator			 			
		& Thams-Color	a cco				
	Address		70756	2			
		, Monahans, Te	xas 79756		ase explain)		
	Reason(s) for filing (Check proper New We!)	Change in Trans	porter of:	To co	rrect C-	104 filed Dec	ember
	Recompletion	Oil	Dry Gas	☐ 16. 1	.969 shew	ing a Transpo	rter
	Change in Ownership	Casinghead Gas	Condens	sate 🗌 of Oi	1, Well	is dry gas on	ly.
	If change of ownership give na and address of previous owner				· · · · · · · · · · · · · · · · · · ·		
	·						
11.	DESCRIPTION OF WELL A	Well No. Pool	Name, Including Fo	rmation	Kind of Lea	se	Lease No.
	New Mexico M Sta	te 1 E	umont	,	State, Feder	al or Fee State	B-934
	Location	1921	and the	1000		B	
	Unit Letter;	3000 Feet From The	Line	1980	Feet From	The East	
	18	_ 22-S	37	7-E	IPM, Les	L	County
	Line of Section	Township	Range	, 1410	IF M,		County
ш	DESIGNATION OF TRANS	PORTER OF OIL AND	NATURAL GAS	5			
	Name of Authorized Transporter	of Oil or Condens	ate	Address (Give addre	ss to which appr	oved copy of this form is t	o be sent)
	 		- 2	(6) - 41-		and carry of this form is t	o he sent!
	Name of Authorized Transporter	_	Dry Gas	Address (Give address to which approved copy of this form is to be sent) Box 1384, Jal, New Mexico			o de sem)
	El Paso Matural		Twp. Rge.	Is gas actually conn		hen	
	If well produces oil or liquids, give location of tanks.		22-S 37-E	Yes	į	1963	
	If this production is commingle	ed with that from any other	er lease or pool.	rive commingling o	rder number:		
	COMPLETION DATA					Plug Back Same Res	'v. Diff. Res'v.
	Designate Type of Com	pletion - (X)	Gas Well	New Well Workov	er Deepen	Plug Bdck Same Res	Din. Nes-V.
	Date Spudded	Date Compl. Ready t	o Prod.	Total Depth		P.B.T.D.	<u> </u>
	Date Spudded	Date compiler receipt		•			
	Elevations (DF, RKB, RT, GR, e	etc.; Name of Producing F	`ormation	Top Oll/Gas Pay		Tubing Depth	
	Perforations					Depth Casing Shoe	
		TIBLE	C CASING AND	CEMENTING REC	OPD		
	HOLE SIZE	CASING & TU		DEPT		SACKS CEN	ENT
	HOLE SIZE						
						 	
							wasad top allow-
V.	TEST DATA AND REQUES	ST FOR ALLOWABLE	(Test must be af able for this de	oth or be for full 24 h	ours)	l and must be equal to or e	
	Date First New Oil Run To Tank	ks Date of Test		Producing Method (I	low, pump, gas	lift, etc.)	
						Choke Size	
	Length of Test	Tubing Pressure		Casing Pressure		Choke Size	
	Annual Production Tool	Oil-Bbls.		Water - Bbls.		Gas - MCF	
	Actual Prod. During Test	0.1. 55.2.					
		<u> </u>					
	GAS WELL						
	Actual Prod. Test-MCF/D	Length of Test		Bbls. Condensate/N	MCF	Gravity of Condensate	
) Tubing Pressure (SI	hut-in)	Casing Pressure (S	hut-in)	Choke Size	
	Testing Method (pitot, back pr.)	1 22 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		,			
37	CERTIFICATE OF COMPI	LIANCE		01	L CONSERV	ATION COMMISSIO	N
VI.	CERTIFICATE OF COMP	LIANCE	-				
	I hereby certify that the rules	and regulations of the O	il Conservation	APPROVED	A 10		19
	Commission have been compabove is true and complete	liad with and that the if	icimation given	BY A	1/1/1/1	uld-	
	Spoke is rule and combiete	mj misma	-	7	1 -00		
				TYTLE	<u> </u>		
	R/10.	110				compliance with RUL	ed or deepened
	- Daring	(Signature)				owable for a newly drill panied by a tabulation of	IT file destroit
	Partner	(signature)		tests taken on t	he well in acc	OLGENCA MILL MARE IL	1.
	* G* PREY	(Title)		able on new an	q recombinated	nust be filled out compl wells.	
	January 21, 19	,	_ 		lu OMana T	II III and VI for cha	nges of owner,
	(Date)			well name or number, or transporter, or other such change of condition			