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Form C-105
Revised 11-1-76

NEW MEXICO OIL CONSERVATION COMMISSION WELL COMPLETION OR RECOMPLETION REPORT AND LOG

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

1a. TYPE OF WELL										7. Unit Agreement Name					
OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> DRY <input type="checkbox"/> OTHER <input type="checkbox"/>										8. Form or Lease Name					
b. TYPE OF COMPLETION										9. Well No.					
NEW WELL <input type="checkbox"/> WORK OVER <input type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input checked="" type="checkbox"/> DIFF. RESVR. <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>										Ollie J. Boyd					
2. Name of Operator										10. Field and Pool, or Wildcat					
Atlantic Richfield Company										Blinebry Gas					
3. Address of Operator															
P. O. Box 1710, Hobbs, New Mexico 88240															
4. Location of Well															
UNIT LETTER <u>D</u> LOCATED <u>330</u> FEET FROM THE <u>North</u> LINE AND <u>400</u> FEET FROM															
THE <u>West</u> LINE OF SEC. <u>23</u> TWP. <u>22S</u> RGE. <u>37E</u> NEARBY <u>Lea</u>															
15. Date xxxx W.O. commenced <u>7/12/77</u>		16. Date T.D. Reached		17. Date Compl. (Ready to Prod.) <u>7/18/77</u>		18. Elevations (DF, RKB, RT, GR, etc.) <u>3349' DF</u>		19. Elev. Casinghead							
20. Total Depth <u>6460'</u>		21. Plug Back T.D. <u>5736'</u>		22. If Multiple Compl., How Many		23. Intervals Drilled By <u>Rotary Tools</u>		Cable Tools							
24. Producing Intervals, of this completion — Top, Bottom, Name										25. Was Directional Survey Made					
5368-5680' Blinebry Gas															
26. Type Electric and Other Logs Run										27. Was Well Cored					
28. CASING RECORD (Report all strings set in well)															
CASING SIZE		WEIGHT LB. FT.		DEPTH SET		HOLE SIZE		CEMENTING RECORD		AMOUNT PULLED					
No change in casing															
29. LINER RECORD						30. TUBING RECORD									
SIZE		TOP		BOTTOM		SACKS CEMENT		SCREEN		SIZE		DEPTH SET		PACKER SET	
										2-7/8" OD		5289'		5289'	
31. Perforation Record (Interval, size and number)										32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.					
5368, 72, 95, 5405, 19, 27, 36, 43, 48, 74, 5512, 26, 29, 80, 89, 98, 5605, 22, 27, 56, 69 & 80' = 22 - .39" holes										DEPTH INTERVAL		AMOUNT AND KIND MATERIAL USED			
										5368-5680'		3000 gals 15% NE acid			
										5368-5680'		30,000 gal 2% gelled KCL wtr & 50,000# sd flushed w/32 bbls KCL wtr.			
33. PRODUCTION															
Date First Production <u>7/14/77</u>				Production Method (Flowing, gas lift, pumping — Size and type pump) <u>Flowing</u>				Well Status (Prod. or Shut-in) <u>Prod</u>							
Date of Test <u>7/26/77</u>		Hours Tested <u>24</u>		Coke Size <u>64/64"</u>		Prodn. Per Test Period <u>0</u>		Oil — Bbl. <u>0</u>		Gas — MCF <u>2212</u>		Water — Bbl. <u>0</u>		Gas — Oil Ratio	
Flow Tubing Press. <u>230#</u>		Casing Pressure <u>Pkr</u>		Calculated 24-Hour Rate <u>0</u>		Oil — Bbl. <u>0</u>		Gas — MCF <u>2212</u>		Water — Bbl. <u>-</u>		Oil Gravity — API (Corr.)			
34. Disposition of Gas (Sold, used for fuel, vented, etc.) <u>Sold</u>										Test Witnessed By <u>J. J. Ballard</u>					
35. List of Attachments <u>None</u>															
36. I hereby certify that the information shown on both sides of this form is true and complete to the best of my knowledge and belief.															
SIGNED <u>[Signature]</u>						TITLE <u>Dist. Drlg. Supt.</u>			DATE <u>7/27/77</u>						

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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

Operator Atlantic Richfield Company	
Address P. O. Box 1710, Hobbs, New Mexico 88240	
Reason(s) for filing (Check proper box)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain)	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Ollie J. Boyd	Well No. 2	Pool Name, Including Formation Blinebry Oil & Gas	Kind of Lease State, Federal or Fee	Fee
Location				
Unit Letter <u>D</u> ; <u>330</u> Feet From The <u>North</u> Line and <u>400</u> Feet From The <u>West</u>				
Line of Section <u>23</u> , Township <u>22S</u> Range <u>37E</u> , NMPM, <u>Lea</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Texas New Mexico Pipeline	Box 1510, Midland, Texas					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
El Paso Natural Gas Co.	Box 1384, Jal, New Mexico					
If well produces oil or liquids, give location of tanks.	Unit <u>D</u>	Sec. <u>23</u>	Twp. <u>22S</u>	Rge. <u>37E</u>	Is gas actually connected? <u>Yes</u>	When <u>7/18/77</u>

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res'tv.
		<u>X</u>				<u>X</u>		<u>X</u>
Date Spaced W.O. Commenced <u>7/12/77</u>	Date Compl. Ready to Prod. <u>7/18/77</u>		Total Depth <u>6460'</u>		P.B.T.D. <u>5736'</u>			
Pool <u>Blinebry Oil & Gas</u>	Name of Producing Formation <u>Blinebry Gas</u>		Top Oil/Gas Pay <u>5368'</u>		Tubing Depth <u>5289'</u>			
Perforations <u>5368, 72, 95, 5405, 19, 27, 36, 43, 48, 74, 5512, 26, 29, 80, 89, 98, 5605, 22, 27, 56, 69, 80'</u>					Depth Casing Shoe <u>6460'</u>			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<u>No change in casing</u>	<u>2-7/8" OD</u>		<u>5289'</u>					

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(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 <u>2212</u>	Length of Test <u>24 hrs</u>	Bbls. Condensate/MMCF <u>0</u>	Gravity of Condensate <u>-</u>
Testing Method (pitot, back pr.) <u>back pr.</u>	Tubing Pressure <u>230#</u>	Casing Pressure <u>Pkr</u>	Choke Size <u>64/64"</u>

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.

A. L. Shackelford
(Signature)

Accountant I

(Title)

7/27/77

(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____

BY [Signature]

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 Sections I, II, III, and VI only 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