NO. OF COPIES RECEIVED		Form C-103 Supersedes Old
DISTRIBUTION		C-102 and C-103
SANTAFE	NEW MEXICO OIL CONSERVATION COMM	ISSION Effective 14-65
FILE		5a, Indicate Type of Lease
U.S.G.S.		State Fee X
LAND OFFICE		5. State Oil & Gas Lease No.
OPERATOR		
SUN (DO NOT USE THIS FORM FOR USE "APPLI	IDRY NOTICES AND REPORTS ON WELLS PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT P (CATION FOR PERMIT - " (FORM C-101) FOR SUCH PROPOSALS.)	
OIL GAS WELL	OTHER-	7. Unit Agreement Name
. Name of Operator		8. Farm or Lease Name
Armer Oil Compar	ıy	May
3. Address of Operator		9. Well No.
2110 Continental	l National Bank Bldg., Ft. Worth	76102 10, Field and Pool, or Wildcat
4. Location of Well	660 FEET FROM THE NORTH LINE AND 19	70102
	•	
THE East LINE, SE	ection 35 township 22S RANGE	B7E NMPM.
		12. County
	15. Elevation (Show whether DF, RT, GR, etc.) 3313 DF	Lea
	ck Appropriate Box To Indicate Nature of Notice	SUBSEQUENT REPORT OF:
	PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING
PERFORM REMEDIAL WORK	COMMENCE DRILLIN	☆
TEMPORARILY ABANDON	CHANGE PLANS CASING TEST AND C	
PULL OR ALTER CASING	OTHER	
OTHER		,
OTHER		
	d Operations (Clearly state all pertinent details, and give pertine	
Approval to plue office of the NI	g and abandon Armer Oil Company' MOCC on October 29, 1974.	s May #1 was given by the Hobb'
inside of 4-1/2 indicated; 2190- 3430-4000' - Goo	_	-3430' - No bonding indicated;
of the bond log pulled from this		, but casing could not be
pulled from this at 2170' across water mud place	1974, casing was shot off at a d s depth. Fifty sack cement plug 4-1/2" OD casing stub and at 13 d between plugs.	s were set in 9-3/8 OD casing 05' opposite top of salt. Salt
A 100' cement p pipe marker with is ready for fi	lug was placed in 9-5/8" OD casi h plugging operations completed nal inspection.	ng at surface with 4-1/2" OD on November 1, 1974. Location
18. I hereby certify that the informa	ation above is true and complete to the best of my knowledge and	belief.
SIGNED Ciri Stan	TITLE Agent	DATE 2/26/75
APPROVED BY WM W.	Kunyan TITLE Agent	DATE
CONDITIONS OF APPROVAL, IF		

	<i>*</i> —		
N OF COPIES RECEIVED DISTRIBUTION SA^ A FE	NEW MEXICO OIL CONSE	ERVATION COMMISSION	Form C-103 Supersedes Old C-102 and C-103 Effective 1-1-65
FILE U.S.G.S. LAND OFFICE			Sa. Indicate Type of Lease State Fee
OPERATOR]		5. State Oil & Gas Lease No.
SUNDI (DO NOT USE THIS FORM FOR PR USE "APPLICA	RY NOTICES AND REPORTS ON OPOSALS TO DRILL OR TO DEEPEN OR PLUG BATTON FOR PERMIT -" (FORM C-101) FOR SUCH	WELLS CK TO A DIFFERENT RESERVOIR.	7, Unit Agreement Name
1. OIL GAS WELL 2. Name of Operator	OTHER-		8. Farm or Lease Name
3. Address of Operator			9. well No.
	intional and wilday,		10. Field and Pool, or Wildcat
	FEET FROM THE		
THE LINE, SECT	TOWNSHIP 22		VIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII
	15. Elevation (Show whether	DF, RT, GR, etc.)	12. County
	Appropriate Box To Indicate N	ature of Notice, Report or O	ther Data
NOTICE OF	INTENTION TO:	SUBSEQUEN	T REPORT OF:
PERFORM REMEDIAL WORK TEMPORARILY ABANDON PULL OR ALTER CASING	PLUG AND ABANDON CHANGE PLANS	REMEDIAL WORK COMMENCE DRILLING OPNS. CASING TEST AND CEMENT JQB	ALTERING CASING PLUG AND ABANDONMENT
OTHER		OTHER	
17. Describe Proposed or Completed	Operations (Clearly state all pertinent dete	ails, and give pertinent dates, including	g estimated date of starting any proposed
work) SEE RULE 1103.	ాహాంగాందారా కూడా చారి.	ahandor this well -	is Collone:
(1) Fot briffer mi	um st proz <mark>o</mark> minstolv S	dura" in hi!" by capi	i3 to *
(a) Sut off his sersion stub.	entum above coment Laced to Cove	ond place 1901 co	of 96"
(2) -1.10+ 100' on	on to alum of surfac	with h-1/0" 00 min	 മാനു വൃഷധിദ്ദേശ വിശ്യാവും
/ Hote: Holt water will be loft	oud will be blaced in in blace from 2009 in	n hole between clues o surface.	ටෙනස් ඉංක්ර ^ණ ලනුස්ගෙන
Sandana Colored Services	od a subbookur pro odoenpik bro borrufe	n de din den jest d	
7 100' p/mg	y insido 95" a	+ top of sur	17 .

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

SIGNED CALLEST HOLY GLICK TITLE DATE TO THE DATE DATE

CONDITIONS APPROVAL, IF ANY

NO. OF COPIES RECE	IVED	
DISTRIBUTIO	N	
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
INANSPORTER	GAS	
OPERATOR		

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND

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

ļ	FILE	AUTHORIZATION TO TRAN	AND SECOND ON AND MATURAL	CAS	
ŀ	U.S.G.S.	AUTHURIZATION TO TRAN	ISPORT OIL AND NATURAL	<u>unu</u>	
t	IRANSPORTER OIL				
	GAS				
1.	PRORATION OFFICE				
	ARMER OIL COM				
		tional Bank Bldg., Fort	Worth, Texas 76102		
	Reason(s) for filing (Check proper box)	Change to Transporter of	Other (Please explain)	• • • • •	
	New Well Recompletion	Change in Transporter of: Oil Dry Gas	Shut in pendir	ng re-completion.	
	Change in Ownership	Casinghead Gas Condens	sate		
	If change of ownership give name Cand address of previous owner	ampbell and Hedrick,	P.O. Box 401, Midland	, Texas 79701	
II.		ESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Formation Kind of Lease Lease No.			
	Lease Name May	1 Blinebry	State, Fede	Tron I -	
	Location B 660	North	and 1980 Feet From	East	
	Unit Letter;;			T.ea	
	Line of Section 35 Town	nship 22S Range	, NMPM,	County	
111.	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GAS	S Address (Give address to which app	roved copy of this form is to be sent)	
	Name of Authorized Transporter of Oil The Permian Corporat		Box 3119, Midland,	Texas 79701	
	Name of Authorized Transporter of Casi	nghead Gas or Dry Gas	Address (Give address to which app	roved copy of this form is to be sent)	
	••	Unit Sec. Twp. Rge.	is gas actually dominated	Vhen	
	If well produces oil or liquids, give location of tanks.	B 35 22S 37E	No	-	
ĮV.	If this production is commingled with COMPLETION DATA			Plug Back Same Resty. Diff. Resty.	
_••	Designate Type of Completion	n - (X) Gas Well	New Well Workover Deepen	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
		Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Folimation	1.00 0.00 0.00		
	Perforations Depth Casing Shoe				
		TUBING, CASING, AND	CEMENTING RECORD		
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
			f and value of load	nil and must be equal to or exceed top allow-	
V	. TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a able for this de	epth or be for full 24 hours)	oil and must be equal to or exceed top allow-	
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	tijt, etc./	
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
		Oil - Bbls.	Water - Bbls.	Gas - MCF	
	Actual Prod. During Test	OII - DDIS.			
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
		Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
	Testing Method (pitot, back pr.)				
VI	. CERTIFICATE OF COMPLIAN	CE	1	VATION COMMISSION	
	I hereby carrify that the rules and t	regulations of the Oil Conservation	APPROVED		
	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.		BY		
			TITLE	The state of the s	
			This form is to be filed	in compliance with RULE 1104.	
	Al. man	acule) R.A. Massey	If this is a request for a	llowable for a newly drilled or deepened	
	Agent	atulé) K.A. Wassey	II AAAAA GADAA AA ING WELL III S	coordance with RULE 111. must be filled out completely for allow	
	/Ti	(tle)	able on new and recompleted	wells.	
	October 1, 197		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.		
	(D	ate)	Separate Forms C-104 completed wells.	must be filed for each pool in multiply	

NO. OF COPIES RECT	EIVED	İ	
DISTRIBUTIO	ОИ		
SANTA FE			
FILE			L
U.S.G.S.		Ĺ	<u> </u>
LAND OFFICE			<u> </u>
TRANSPORTER	OIL		<u> </u>
IRANSPORTER		<u>L</u> _	
OPERATOR			<u> </u>
PRORATION OF	FICE	1	l

7-30-73

(Date)

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104 Supercedes Old C-104 and C-110

L	SANTA FE	REQUEST I	FOR ALLOWABLE	Effective 1-1-6	a C-104 ana C-116 55	
	FILE		AND	DALCAC		
-	U.S.G.S.	AUTHORIZATION TO TRA	NSPURT OIL AND NATU	KAL GAS		
-	LAND OFFICE					
	TRANSPORTER CAS					
-	GAS	_				
٠,	OPERATOR					
₽. ↓	PRORATION OFFICE Operator					
	San Cil Sala	. W Y				
	ddress (17 17 1 17 1 17 1 17 1 17 1 17 17 17 17					
	Address (1.4) 4.10 104 46 2.7	and the second of the second o	**************************************			
ļ	Reason(s) for filing (Check proper b	ox)	Other (Please expla	in)		
	New We!I	Change in Transporter of:	and the second second		v y	
	Recompletion	Oil Dry Ga	s Site All Carrier and a second	11V LUCA 1, 197)	
	Change in Ownership	Casinghead Gas Conden	sate			
l		7 7 7		P 45 P 4 179		
	If change of ownership give name	, Clibil Hobisk, ad	401, 3 2 1 , 1 22			
	and address of previous owner	,				
Ú.	TOTAL OF WELL AND	DIEACE				
11.	DESCRIPTION OF WELL AN	Well No. Pool Name, Including Fo	ormation Kind	of Lease	Lease No.	
	Y. s. Y	1 BLIGSBRY		, Federal or Fee		
	1 and ton					
	Location B	.60 LCATH	1 9 %0	et From The		
	Unit Letter;;	Feet From TheLin				
	35	Township Range	37 , _{NMPM} ,	1	County	
	Line of Section	Township Hange	7			
	A TOTAL OF THE ANGRE	PREP OF OUT AND NATURAL CA	e and the	* J#		
II.	Name of Authorized Transporter of	ORTER OF OIL AND NATURAL GA	Address (Give address to whi	ch approved copy of this form is	to be sent)	
	Name of Manustred Transporter of					
	Name of Authorized Transporter of	Casinghead Gas or Dry Gas	Address (Give address to whi	ch approved copy of this form is	to be sent)	
	Name of Authorized Transporter by	Cashighed Cas o. 51, 010				
		Unit Sec. Twp. Rge.	Is gas actually connected?	When		
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	is gas actually sometime.	1		
	give location of tanks.					
	If this production is commingled	with that from any other lease or pool,	give commingling order num	ber:		
IV.	COMPLETION DATA				es'v. Diff. Res'v.	
	Designate Type of Comple		New Well Wolkover	i i i i i i i i i i i i i i i i i i i	1	
	Designate Type of Compre		Total Dooth	P.B.T.D.		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	7.8.1.5.		
			-	Tubing Depth		
	Elevations (DF, RKB, RT, GR, etc.	Name of Producing Formation	Top Oil/Gas Pay	rubing beptii		
				Depth Casing Shoe		
	Perforations			Bopin Gabing and		
			D CEMENTING RECORD	SACKS CE	MENT	
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CE	MENI	
			<u>i </u>			
1 7	TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be a	after recovery of total volume of	load oil and must be equal to o	r exceed top allou	
٧	OIL WELL	able for this d	epth or be for full 24 hours)			
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pur	np, gas tijt, etc.)		
				Total Constitution		
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas - MCF		
	CAS WELL					
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condense	it•	
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in	Choke Size		
	Tourne three factors					
		IANGE	OII CON	SERVATION COMMISSI	ON	
VI	. CERTIFICATE OF COMPL	IANCE		SERVATION COMMISSI		
				4.50	_ , 19	
		and regulations of the Oil Conservation				
		ed with and that the information given to the best of my knowledge and belief.	BY			
	SOOAC IS LINE SIM COMPLETE !	- -				
	1) 3 6	\mathcal{L}	13			
	1/1/h	DIA · lh	This form is to be	This form is to be filed in compliance with RULE 1104.		
	(1/X0 11/11)	Hed will	to the state of the second desiled or despend			
		(Signature)	well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.			
	from Thomas	-	tests taken on the west	s form must be filled out com	pletely for allow	
		(Title)	All sections of this	pleted wells.	-	
	6 00 8 3	(+ /	11	-		

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.