

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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AND OFFICE	
TRANSPORTER	OIL
	GAS
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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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator JG-20 Properties, Inc.
Address P.O. Box 796 - Monahans, W. 79756
Reason(s) for filing (Check proper box)
☐ New Well ☒ Change in Transporter of:
☐ Recompletion ☒ Oil ☐ Dry Gas
☐ Change in Ownership ☐ Casinghead Gas ☐ Condensate
Other (Please explain) Effective 10-1-90
Change of ownership give name and address of previous owner _____

DESCRIPTION OF WELL AND LEASE

Well Name <u>McCallister</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Blinded</u>	Kind of Lease State, Federal or Fee <u>Fee</u>	Lease No.
Location Unit Letter <u>E</u> : <u>1980</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>West</u>				
Line of Section <u>7</u> Township <u>22S</u> Range <u>38E</u> , NMPM, <u>Lea</u> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Narajo Refining</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 159 - Artesia, N.M. 88210</u>	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Exaco Producing, Inc.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 3000 - Tulsa, OK. 74102</u>	
Well produces oil or liquids, Give location of tanks. Unit <u>E</u> Sec. <u>7</u> Twp. <u>22S</u> Rge. <u>38E</u>	Is gas actually connected? <u>Yes</u>	When <u>NA</u>

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.

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.

Brenda N. Pool
(Signature)
Production Clerk
(Title)
10-11-90
(Date)

OIL CONSERVATION DIVISION

OCT 15 1990

APPROVED _____, 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 all wells on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of ownership, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiple completed wells.

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION

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REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator
J G 20 Properties, Inc.

Address
c/o Oil Reports & Gas Services, Inc., Box 755, Hobbs, NM 88241

Reason(s) for filing (Check proper box) Other (Please explain)

☐ New Well ☐ Change in Transporter of:

☒ Recompletion ☐ Oil ☐ Dry Gas

☐ Change in Ownership ☐ Casinghead Gas ☐ Condensate

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name McCallister	Well No. 1	Pool Name, Including Formation Blinbry	Kind of Lease State, Federal or Fee	Lease No. Fee
Location				
Unit Letter <u>E</u> : <u>1980</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>West</u>				
Line of Section <u>7</u> Township <u>22S</u> Range <u>38E</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)
Permian	P.O. Box 1183, Houston, Texas 77251-1183
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.	P. O. Box 3000, Tulsa, Oklahoma 74102
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit <u>E</u> Sec. <u>7</u> Twp. <u>20S</u> Rge. <u>38E</u>	Yes 10/31/66

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.

Donna Walker
(Signature)

Agent
(Title)

10-2-87
(Date)

OIL CONSERVATION DIVISION

OCT 6 1987

APPROVED _____, 19 _____

BY Eddie W. Seay

TITLE Oil & Gas Inspector

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)		Date Spudded work began		Date Compl. Ready to Prod.		Total Depth		P.B.T.D.		X	
Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Date				

9-24-87		9-30-87		7200		6170	
Elevations (D.F., RKB, RT, CR, etc.)		Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth	
3342 GR		Blindbry		5534		5422	
Perforations		5534-5810		Depth Casing Shoe		7192	

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT	
12		9 5/8"		1308		500	
7 7/8		4 1/2		7192		800	
		2 7/8		5422			

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 exceeding 24 hours)

Date First New Oil Run To Tanks		Date of Test		Producing Method (Flow, pump, gas lift, etc.)	
9-30=87		10-1-87		Flow	
Length of Test		Tubing Pressure		Casing Pressure	
24 hours		65#		Packer	
Actual Prod. During Test		Oil - Bbls.		Water - Bbls.	
		167		15	
				Gas - MCF	
				24/64	

GAS WELL

Actual Prod. Test - MCF/D		Length of Test		Bbls. Condensate/MMCF		Gravity of Condensate	
Testing Method (Plot, back pr.)		Tubing Pressure (Shut-In)		Casing Pressure (Shut-In)		Choke Size	

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Form C-103
Revised 10-1-78

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5a. Indicate Type of Lease
State ☐ Fee ☒

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. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator J G 20 Properties, Inc.	8. Farm or Lease Name McCallister
3. Address of Operator c/o Oil Reports & Gas Services, Inc., Box 755, Hobbs, NM 88241	9. Well No. 1
4. Location of Well UNIT LETTER <u>E</u> 1980 FEET FROM THE <u>North</u> LINE AND <u>660</u> FEET FROM THE <u>West</u> LINE, SECTION <u>7</u> TOWNSHIP <u>22S</u> RANGE <u>38E</u> NMPM.	10. Field and Pool, or Wildcat Tubb
15. Elevation (Show whether DF, RT, GR, etc.) 3342 GR	12. County Lea

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER <input type="checkbox"/>		OTHER <u>Perf & Test Blinebry</u> <input type="checkbox"/>	

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 1103.

Work began 9/24/87. Set cast iron bridge plug at 6170. Test plug 1500# for 10 minutes; test O.K. Perf Blinebry 5534, 35, 36, 38, 43, 45, 50, 58, 60, 62, 82, 85, 89, 92, 98.5, 99, 5619, 19.5, 98, 5703, 07, 32, 34, 36, 49, 50, 5809.5, 5810, with 28 shots. Treat with 3,000 gallons 15% NE acid, flush with 32 bbls KCl water. Swab load. Frac with 60,000 gallons crosslink gel, 153,000# 20/40 sand, 75 tons CO₂, flush with 31 bbls KCl water. Flowed load.
10/1/87 Flow 167 bbls oil, 15 bbls water, 233 MCF gas thru 24/64" choke, TP 65#.

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

SIGNED Eddie W. Seay TITLE Agent DATE 10-2-87

APPROVED BY Oil & Gas Inspector TITLE DATE OCT 6 1987

CONDITIONS OF APPROVAL, IF ANY:

E. A. Kibb

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OCT 2 1987

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Form C-103
Revised 10-1-78

5a. Indicate Type of Lease

State ☐Fee ☒

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.)

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15. Elevation (Show whether DF, RT, GR, etc.) 3342 GR	12. County Lea

16.

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 ☐

 PLUG AND ABANDON ☐
 CHANGE PLANS ☐
OTHER Perf & Test Blinebry ☐

SUBSEQUENT REPORT OF:

 REMEDIAL WORK ☐
 COMMENCE DRILLING OPNS. ☐
 CASING TEST AND CEMENT JOB ☐

 ALTERING CASING ☐
 PLUG AND ABANDONMENT ☐
OTHER ☐

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 1103.

In the event that work proposed 9-4-87 should prove non productive, it is proposed to set a cast iron bridge plug at 6180 & cap with 1 sack cement. Perf Blinebry 5534 to 5810 with 28 shots & treat with 4,000 gallons 15% NEFE acid, frac with 60,000 gallons crosslink gel, 190,000# 20/40 sand and 25% by volume CO₂. Swab & pump load. Test for potential.

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

SIGNED Eddie W. SeayTITLE AgentDATE 9-22-87APPROVED BY Eddie W. Seay
Oil & Gas InspectorTITLE DATE SEP 23 1987

CONDITIONS OF APPROVAL, IF ANY:

SEP 22 1981
OCC
HOBBS OFFICE

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

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LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease
State ☐ Fee ☒

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.)

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PERFORM REMEDIAL WORK <input checked="" type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <input type="checkbox"/>

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 1503.

To enhance production it is proposed to treat existing perfs 6221 to 6358 with 25 gallons Parasperce, flush with 10 barrels KCl water, followed with 250 gallons 15% NEFE acid, flush with 75 barrels KCl water. Return to pumping.

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

SIGNED Eddie W. Seay TITLE Agent DATE 9-4-87

APPROVED BY Eddie W. Seay
Oil & Gas Inspector
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

SEP 8 1987

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