### STATE OF NEW MEXICO

<b>00. 0</b> 0 tables set	lives .	
DISTRIBUTIO	) W	
ANTA FE		
ice.		
.5.0 .5.		
AND OFFICE		
MANSPORTER	OIL	
	O AS	
PERATOR		

# OIL CONSERVATION DIVISION P. O. BOX 2088 SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 05-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

G-20 Properties Inc.	
P.O. Box 796 - Monaha	ns N. 79756
Span(s) for filing (Check proper box)  Change in Transporter of:	Other (Please explain)
	ndensate Effective 10-1-90
hange of ownership give name address of previous owner	
DESCRIPTION OF WELL AND LEASE	The same was to be a great that the first first of the same of the
Meli No. Poul Name, including Fo	State, Federal or Fee 400
Unit Letter <u>F</u> : 1980 Feet From The <u>North</u> Line	and 660 Feel From The West
Line of Section 7 Township 225 Range	38E, NMPM, Lea County
DESIGNATION OF TRANSPORTER OF OIL AND NATURAL	
ame of Authorized Transporter of Oil D or Condensate   Para o Relining	P.D. Box 159= attention N.M. 88212
Duala Producing Inc	PO. Boy 3000 - Vilsa OK. 74102
well produces all or liquids.  Unit f. Sec. Twp. Rge.  F. J. 235 38E	Is gas actually connected? When NA
his production is commingled with that from any other lease or pool,	give commingling order number:
OTE: Complete Parts IV and V on reverse side if necessary.	OIL CONSERVATION DIVISION
CERTIFICATE OF COMPLIANCE  Steppy certify that the rules and regulations of the Oil Conservation Division have	APPROVED 0CT 1 5 1990 19
n complied with and that the information given is true and complete to the best of knowledge and belief.	BY ORIGINAL SIGNED BY JERRY SEXTON
	TITLE
Denda n. Pool	This form is to be filed in compliance with RULE 1104.  If this is a request for allowable for a newly drilled or deepen well, this form must be accompanied by a tabulation of the deviati
Production (leik)	All sections of this form must be filled out completely for allo able on new and recompleted wells.
10-11-90 (Date)	Fill out only Sections I. II. III. and VI for changes of owns well name or number, or transporter or other such change of condition
	Separate Forms C-104 must be filed for each pool in multip completed wells.

#### STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

(Date)

	1.
DISTRIBUTION	
BANTA PE	
FILE	
U.S.G.4.	
LAND OFFICE	
TRANSPORTER OIL	
Q AS	
OPERATOR	
PROBATION OFFICE	

#### OIL CONSERVATION DIVISION P. O. BOX 2086 SANTA FE, NEW MEXICO 87501

Form C-104 Revised 10-01-78 Format 06-01-83 Page 1

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.

# REQUEST FOR ALLOWABLE

PROBATION OFFICE	ALITUO		ND BODT OU AND MATU	DAL CAS	
I.	AUTHOR	CIZATION TO TRANS	PORT OIL AND NATU	RAL GAS	
Operator					
J G 20 Properties, Inc.					
Address					
c/o Oil Reports & Gas Serv	vices,	Inc., Box 755,	Hobbs, NM 882	41	
Reason(s) for filing (Check proper box)			Other (Please	r explain)	
New Well	Change i	n Transporter of:			
XX Recompletion	닏애		ry Gas		
Change in Ownership	Cest	nghead Gas C	ondensate		
If change of ownership give name					
and address of previous owner				·	
II. DESCRIPTION OF WELL AND LE	ASE Well No	Pool Name, Including F	ormation	Kind of Lease	Lease No.
Lease Name			<b>41</b>	State, Federal or Fee Fee	
McCallister	_1	Blinebry		166	.1
Location					
Unit Letter E : 1980	Feet Fro	om The <u>North</u> Lin	• and <u>660</u>	Feet From TheWest	
7 -	220		20E MMDM	T o o	County
Line of Section / Township	<u> 22S</u>	Range	38E , NMPM	· Lea	County
III. DESIGNATION OF TRANSPORT	TD OF	OIT AND NATIDAT	GAS		
Name of Authorized Transporter of Oil XX		ondensate	Address (Give address )	to which approved copy of this form is to	o be sent)
Permian		<del></del>	P 0 Box 1183	Houston, Texas 77251-	1183
Name of Authorized Transporter of Casinghe	ad Gas 🔯	or Dry Gas	Address (Give address	to which approved copy of this form is to	o be sens)
Texaco Producing Inc.	***	_	P 0 Box 3000	. Tulsa, Oklahoma 74102	,
Unit	Sec	. Twp. Rge.	Is gas actually connecte	<del></del>	
If well produces oil or liquids, give location of tanks.	! 7	20S : 38E	Yes	10/31/66	
If this production is commingled with the	t from an				
-					
NOTE: Complete Parts IV and V on	reverse s	ide if necessary.			
			ا مالاد	ONSERVATION DIVISION	
VI. CERTIFICATE OF COMPLIANCE				NCT 6 1007	
I hereby certify that the rules and regulations of	the Oil Co	onservation Division have	APPROVED	1307	19
been complied with and that the information give	n is true at	nd complete to the best of		- 1 1 2 2 2	
my knowledge and belief.			BY	- Eddie W. Seay	
			TITLEO	il & Gas Inspector	
10			This form is to	be filed in compliance with RULE	1104.
Worns John	7		If this is a requ	est for allowable for a newly drille	d or despensed
(Signature)			well, this form must	be accompanied by a tabulation of veil in accordance with RULE 111	the deviation
Agent				this form must be filled out comple	
(Title)			able on new and rec	completed wells.	, 10. 2110
10-2-87	7		Fill out only 9	ections I. II. III. and VI for chan-	ges of owner.

RECEIVED

RECEIVED

RECEIVED

RECEIVED

RECEIVED

Cyoke SIE

Gravity of Condensate

	$\Gamma$ ELL		

cetting Method (pitot, back pr.)

Actual Prod. Teet-MCF/D

			V2 MEIT
733	51	191	
GG=+MCF	Water - Bbis.	OII-Bbis.	feeling Prod, During Teet
79/77	Packer	#59	57 yonks
Choke Size	Costng Pressus	Tubing Pressure	seaT to digne.
	Wolf	78-1-01	∠8=0£−6
les lift, etc.)	Producing Method (Flow, pump,	Date of Teet	exing Title Mew 110 well fail of etec
doll and must be equal to or exceeding	lepth or be for full 24 hours)	FOR ALLOWABLE (Test must be able for this a	. TEST DATA AND REQUEST
<u></u>	2242	8/ <i>L</i> 7	
008	7192	7/1 7	8/L L
005	1308	.,8/5 6	IS
SACKS CEMENT	T32 HT930	CASING & TUBING SIZE	HOLE SIZE
	AD CEMENTING RECORD	TUBING, CASING, AI	
7192			0185-7855
Depth Castng Shoe			Perforations
275	<del>7</del> 888	Blinebry	3342 GR
Tubing Depth	Top OU/Gom Pay	Name of Producting Formation	Elevations (DF, RKB, RT, GR, etc.)
0219	7200	78-0E-6	L8-77-6
X	Total Depth	Date Compl. Ready to Prod.	Date Spudded WOrk began
	New Well Workover Deep	XXX (X) — uc	Designate Type of Completic

( al-3mds ) emesers paiduT

Length of Test

Costng Pressure (Shut-12)

Bbie. Condensate/MMCF

#### ENERGY AND MINERALS DEPARTMENT

THE PROTECTION OF		
we. er terice Acceives		
DISTRIBUTION		
SANTA FE		
FILE	T	
U.S.G.S.	T	
LAND OFFICE	Ι.	
OPERATOR		

we. of torico Acceives	OIL CONSERV	ATION DIVISION	
DISTRIBUTION	P. O. I	BOX 2088	Form C-103
SANTA FE	SANTA FE NI	EW MEXICO 87501	Revised 10-1-78
FILE		-11 11/1/100 07501	5a, Indicate Type of Lease
U.S.G.S.			C
LAND OFFICE			
OPERATOR			5. State Oil & Gas Lease No.
SUNDR'	Y NOTICES AND REPORTS ( POSALS TO DRILL OR TO DEEPEN OR PLL ON FOR FERMIT - " (FORM C-101) FOR	ON WELLS  US BACK TO A DIFFERENT RESERVOIR.  BUCH PROPOSALS.)	
I. OIL XX GAS WELL XX	OTHER-		7. Unit Agreement Name
2. Name of Operator			8. Farm or Lease Name
J G 20 Properties, Inc.			McCallister
3. Address of Operator			9. Well No.
c/o Oil Reports & Gas Se	ervices, Inc., Box 755,	, Hobbs,NM 88241	1
4. Location of Well			10. Field and Pool, or Wildcat
E I	.980 Nort	th LINE AND 660	Tubb
		S RANGE 38E NMPM	MINIMA
THE LINE, SECTIO	N TOWNSHIP	RANGEHMPM	
mmmmmm	15. Elevation (Show wheth	her DF. RT. GR. etc.)	12. County
	3342 GF		Lea
16. Check A	Appropriate Box To Indicate	Nature of Notice, Report or Ot	her Data
NOTICE OF IN	•••	· •	T REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK COMMENCE DRILLING OPHS.	ALTERING CASING  PLUG AND ABANDONMENT
PULL OR ALTER CASING	CHANGE PLANS	casing test and cement JQB	nebry
OTHER			
17. Describe Proposed or Completed Openpark) SEE RULE 1103.	erations (Clearly state all pertinent o	details, and give pertinent dates, including	estimated date of starting any proposed

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  $CO_2$ , 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#.

	•					
14. I hereby c	ertify that the information above is true and com	plete to the best of				<del>*</del>
#16H(D	A greath Jolles		Agent	DATE_	10-2-87	
	Eddie W. Seay				ogt 6	<b>1</b> 98/
WPPROVED BY _	OF APPROVAL, IF ANY:	YITLE		EA D	ibl	

RECEIVED

OCT 2 1987

OCD

HOBBS OFFICE

### ENERGY AND MINERALS DEPARTMENT

40. 07 COPIES SECEIVES	T	
DISTRIBUTION	1	
BANTA FE	1	
FILE	T	
U.S.G.S.	T	
LAND OFFICE	7	
0040.4500	7	

### OIL CONSERVATION DIVISION

DISTRIBUTION SANTA FE		P. O. BO				Form C-1 Revised	
FILE	- SANTA	L FE, NEW	MEXICO 8	7501			
U.S.O.S.	-				5a. Indicate Typ		
LAND OFFICE	4				State	Fe	•• XX
OPERATOR	j				5. State Oil 6 G	as Lease No.	
SUNDI	RY NOTICES AND RE	PORTS ON	WELLS		mille	ımın.	TTT.
(DO NOT USE THIS FORM FOR PR USE "APPLICA"	OPOSALS TO DRILL OR TO DEI	EPEN OR PLUG B C-101) FOR BUC	ACK TO A DIFFER	ENT RESERVOIR.			71111
1. OIL XX GAB WELL X	OTHER-				7. Unit Agreeme		
2. Name of Operator					8. Farm or Leas	e Name	
J G 20 Properties, Inc	•				McCallis	ter	
3. Address of Operator		D 766	77 11 277	000/1	9. Well No.		
c/o Oil Reports & Gas	Services, Inc.,	BOX /33,	HODDS, NM	88241	1 10, Field and P	ool or Wilden	<del></del>
	980	North		660	Tubb	sor, or writed	'
UNIT LETTERE	FEET FROM THE	HOTEH	LINE AND	FEET FROM	milini)	ama	TTTT
THE West LINE, SECT	10N 7 TOWNS	228	RANGE	38E NMPM			
	15. Elevation (	Show whether	DF. RT. GR. etc		12. County	4444	444
			3342 GR		Lea		
16. Check	Appropriate Box To	Indicate N	ature of Not	ice Report of Ot	<del>1</del>		77777
	NTENTION TO:		uture of Mot	• • • • • • • • • • • • • • • • • • •	REPORT OF	:	
PERFORM REMEDIAL WORK	PLUG AND	ABANDON	REMEDIAL WORK		ALTE	RING CASING	
TEMPORARILY ASANDON	,		COMMENCE DRIL	=======================================		AND ABANDONMI	ENT
PULL OR ALTER CASING	CHANGE PL	ANS	CASING TEST AN	<del> </del>			<b></b>
			OTHER				[]
OTHER Perf & Test Bli	nebry						
17. Describe Proposed or Completed O	perations (Clearly state all	pertinent deta	ils, and give per	tinent dates, including	estimated date of	starting any p	roposed
work) SEE RULE 1103.	,						
In	the event that wo	ork propo	sed 9-4-87	should prove	non		
	ductive, it is pr						
plu	g at 6180 & cap w	vith l ਤੌੜੇ	ck cement.	Perf Blinebry			
	4 to 5810 with 28						
	NEFE acid, frac						
	,000# 20/40 sand						
	d. Test for poter			2			
	i						
16. I hereby certify that the information	above is true and complete	to the best of	my knowledge a	and belief.			
11. 11 10	ý					. 07	
HENED MONING Doll	°4'	TITLE	Agent		DATE 9-22	2-87	
Eddie W. Se	av						
Oil & Gas Insp	er Octor	TITLE			DATE SET	0 3 3 13	tti.

SEP 22 TOIL

AFESY.	750 Marchalla (5.4)	EPLA	$\mathbb{R}^2$
**.	41 (D+168 BECCIVED	1	
	DISTRIBUTION		ì
BAN	TAFE		
FILE	<u> </u>		
U.S.	0.1.		
LAH	DOFFICE		

## OIL CONSERVATION DIVIGIO

	OIL CONSE	WAN LOW DIAISIO	)N		
DISTRIBUTION	P.	O. BOX 2088		Form C-103	
SANTA FE	SANTA FF	, NEW MEXICO 87501		<b>Revised 10-1-7</b> 8	
FILE	7	, HEW MEXICO 87301			
U.\$.O.\$.	7			ate Type of Leuse	
LAND OFFICE	7		State	Fee XX	
OPERATOR	J		5, State (	Dil & Gas Lease No.	
SUND	RY NOTICES AND REPOR	TS ON WELLS	CRVOIR.		
I. OIL XX GAB WELL		FOR BUCH PROPOSALS.)		greament Name	
2. Name of Operator			8, Farm o	or Lease Name	
J G 20 Properties, Inc.				McCallister	
3. Address of Operator				9. Well No.	
c/o Oil Reports & Gas Services, Inc., Box 755, Hobbs,NM 88241					
4. Location of Well				and Pool, or Wildcat	
UNIT LETTER E 1980 FEET FROM THE NORTH LINE AND 660 FEET FROM			Tubb	·	
	10H TOWNSHIP				
15. Elevation (Show whether DF, RT, GR, etc.) 3342 GR			12, Count Lea		
Check	Appropriate Box To India	cate Nature of Notice, R	eport or Other Data		
	NTENTION TO:		UBSEQUENT REPOR	T OF:	
PERFORM REMEDIAL WORK XX	PLUC AND ABAND	REMEDIAL WORK COMMENCE DRILLING OP		ALTERING CASING PLUG AND ABANDONMENT	
PULL OR ALTER CASING	CHANGE PLANS	CASING TEST AND CEMER			
OTHER					
17. Describe Proposed or Completed C work) SEE RULE 1703.	perations (Clearly state all pertin	ent details, and give pertinent a	lates, including estimated d	ate of starting any proposed	

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 barrles 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.

Eddie W. Seay CONDITIONS OF APPROVAL, IF ANY

RECEIVED
SEP A 1987
SEP A 1987
HOBBS OFFICE