

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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

Form C-103  
Revised 10-1-78

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"/>		5a. Indicate Type of Lease State <input type="checkbox"/> Fee <input checked="" type="checkbox"/>
2. Name of Operator Mabee Petroleum Corp.		5. State Oil & Gas Lease No.
3. Address of Operator 901 Petroleum Building Midland, TX 79701		7. Unit Agreement Name
4. Location of Well UNIT LETTER M 660 FEET FROM THE south LINE AND 660 FEET FROM THE west LINE, SECTION 7 TOWNSHIP 22S RANGE 38E NMPM.		8. Farm or Lease Name Belcher
15. Elevation (Show whether DF, RT, GR, etc.) 3344 GL 3356.8 KB		9. Well No. 1
		10. Field and Pool, or Wildcat Tubb, Drinkard
		12. County Lea

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

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 JOBS <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.

Start of work - February 13, 1984.

1. Add Drinkard perforations at 6968, 6982, 6984, 6987, 7029, 7090 (1 JSPF).
2. Acidize with 4000 gals 15% NEFE HCL acid dropping ball sealers.
3. Frac Drinkard pay (6805-7129') down 3-1/2" tubing below packer with 39,000 gals gelled 2% KCL water with 30% CO<sub>2</sub> plus 18,000 lb. 20/40 mesh sand plus 39,000 lbs 10/20 mesh sand flushing with treated water with 30-50% CO<sub>2</sub>.
4. Recover load acid and obtain stabilized well test.

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

SIGNED W. T. Thomas TITLE Division Engineer DATE February 6, 1984  
ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT 1 SUPERVISOR  
APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE FEB 14 1984  
CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

FEB 13 1984

O.C.D.  
HOBBS OFFICE

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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 <b>Mabee Petroleum Corp.</b>		
Address <b>110-A Mid-America Bldg., Midland, Texas 79701</b>		
Reason(s) for filing (Check proper box)		Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>	<b>These zones commingled 2-11-70 Commission Order #MC-1804</b>
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>		

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Belcher</b>	Well No. <b>1</b>	Pool Name, Including Formation <b>Drinkard &amp; Tubb</b>	Kind of Lease State, Federal or Fee <b>Fee</b>	Lease No.
Location Unit Letter <b>M</b> <b>660</b> Feet From The <b>South</b> Line and <b>660</b> Feet From The <b>West</b> Line of Section <b>7</b> Township <b>22-S</b> Range <b>38-E</b> , NMPM, <b>Lea</b> 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"/> <b>Basin, Inc.</b>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. Box 1729, Midland, Texas 79701</b>					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>Warren Petroleum Corporation</b>	Address (Give address to which approved copy of this form is to be sent) <b>Box 1589, Tulsa, Oklahoma 74102</b>					
If well produces oil or liquids, give location of tanks.	Unit <b>M</b>	Sec. <b>7</b>	Twp. <b>22S</b>	Rge. <b>38E</b>	Is gas actually connected? <b>Yes</b>	When <b>July 25, 1968</b>

If this production is commingled with that from any other lease or pool, give commingling order number: **MC 1804**

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

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	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.

**Division Manager**

**September 14, 1977**

OIL CONSERVATION COMMISSION

APPROVED **SEP 19 1977**, 19  
BY  
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 well name or number, or transporter, or other such change of condition

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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. Operator Mabee Petroleum Corp.		
Address 110-A Mid-America Bldg., Midland, Texas 79701		
Reason(s) for filing (Check proper box)		Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>	These zones commingled 2-11-70 Commission Order MC-1804
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>		

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Belcher	Well No. 1	Pool Name, including Formation Drinkard & Tubb	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter M ; 660 Feet From The South Line and 660 Feet From The West Line of Section 7 Township 22-S Range 38-E, 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"/> Summit Gas Company	Address (Give address to which approved copy of this form is to be sent) 2510 W. Front, Midland, Texas 79701					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Corporation	Address (Give address to which approved copy of this form is to be sent) Box 1589, Tulsa, Oklahoma 74102					
If well produces oil or liquids, give location of tanks.	Unit M	Sec. 7	Twp. 22S	Rge. 38E	Is gas actually connected? Yes	When July 25, 1968

If this production is commingled with that from any other lease or pool, give commingling order number: MC 1804

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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)

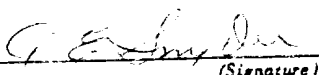
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	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)

Division Manager  
(Title)

December 1, 1976  
(Date)

OIL CONSERVATION COMMISSION

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY Jerry Eason Orig. Signed By  
TITLE Dist. L. Supv.

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 allow able 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

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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

I. Operator  
Mabee Petroleum Corp.  
Address  
201 First Savings Bldg., Midland, Texas 79701  
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)  
These zones commingled 2-11-70  
Commission Order #MC-1804

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Belcher	Well No. 1	Pool Name, including Formation Drinkard & Tubb	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter M ; 660 Feet From The South Line and 660 Feet From The West Line of Section 7 Township 22S Range 38E , 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"/> Tesoro Crude Oil Company	Address (Give address to which approved copy of this form is to be sent) 1515 First City East Bldg., Houston, Tex 77002					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Corporation	Address (Give address to which approved copy of this form is to be sent) Box 1589, Tulsa, Oklahoma 74102					
If well produces oil or liquids, give location of tanks.	Unit M	Sec. 7	Twp. 22S	Rge. 38E	Is gas actually connected? Yes	When July 25, 1968

If this production is commingled with that from any other lease or pool, give commingling order number: MC 1804

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		

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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, 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.

Curtis C. McFarland  
(Signature)  
Engineer - Curtis C. McFarland  
(Title)  
October 9, 1972  
(Date)

OIL CONSERVATION COMMISSION

APPROVED OCT 18 1972, 19  
BY Joe D. Ramey  
TITLE Dist. I, Supv.

This form is to be filed in compliance with RULE 1104.  
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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 Mabee Petroleum Corp.	
Address 201 First Savings Bldg., Midland, Texas 79701	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	These zones commingled 2-11-70 Commission Order #MC-1804
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of: Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Belcher	Well No. 1	Pool Name, including Formation Drinkard & Tubb	Kind of Lease State, Federal or Fee	Lease No. Fee
Location Unit Letter M ; 660 Feet From The South Line and 660 Feet From The West Line of Section 7 Township 22S Range 38E , 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"/> Tesoro Petr. Corp.	Address (Give address to which approved copy of this form is to be sent) 711 First City Natl. Bank Bldg., Houston, Tx 7700					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petr. Corp.	Address (Give address to which approved copy of this form is to be sent) Box 1589, Tulsa, Oklahoma 74102					
If well produces oil or liquids, give location of tanks.	Unit M	Sec. 7	Twp. 22S	Rge. 38E	Is gas actually connected? Yes	When July 25, 1968

If this production is commingled with that from any other lease or pool, give commingling order number: MC-1804

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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-Bble.	Water-Bble.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bble. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

OIL CONSERVATION COMMISSION

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.

APPROVED FEB 11 1972, 19  
BY Orig. Signed by  
Joe D. Ramey  
TITLE Dist. I, Supv.

Curtis C. McFarland  
(Signature)

Engineer (Curtis C. McFarland)  
(Title)

February 9, 1972  
(Date)

This form is to be filed in compliance with RULE 1104.  
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