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OPERATOR	

# NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103  
Supersedes Old  
C-102 and C-103  
Effective 1-1-65

5a. Indicate Type of Lease	
State <input type="checkbox"/>	Fee <input checked="" type="checkbox"/>
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 <b>Bruce A. Wilbanks</b>		8. Farm or Lease Name <b>Baker</b>
3. Address of Operator <b>Box 763, Midland, Texas 79701</b>		9. Well No. <b>2</b>
4. Location of Well UNIT LETTER <b>A</b> , <b>330</b> FEET FROM THE <b>North</b> LINE AND <b>350</b> FEET FROM THE <b>East</b> LINE, SECTION <b>26</b> TOWNSHIP <b>22-S</b> RANGE <b>37-E</b> NMPM.		10. Field and Pool, or Wildcat <b>Wantz Granite Wash</b>
15. Elevation (Show whether DF, RT, GR, etc.) <b>3325 KB</b>		12. County <b>Lea</b>

## 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 ☐  
OTHER ☐

PLUG AND ABANDON ☐  
CHANGE PLANS ☐  
OTHER ☐

## SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐  
COMMENCE DRILLING OPNS. ☐  
CASING TEST AND CEMENT JOB ☐  
OTHER ☐  
ALTERING CASING ☐  
PLUG AND ABANDONMENT ☐

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.

I propose to pull tubing, set blanking plug in Otis packer at 7352'.  
Perforate one hole at: 7340', 7335', 7329', 7323', 7313', 7304', 7289',  
7276', 7258', 7251'. Acidize and Frac as necessary to obtain production.  
If successful, I plan to dual this zone with the existing, Drinkard,  
zone which was already completed from 6275' to 6418' by previous operator  
and shut in.

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

SIGNED Bruce A. Wilbanks TITLE Operator DATE 3/8/74

APPROVED BY Orig. Signed by TITLE  DATE   
CONDITIONS OF APPROVAL, IF ANY Joe D. Karmy  
Dist. L. Supv.

DISTRIBUTION			
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LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			

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-1  
Effective 1-1-65

I. OPERATOR

Operator Bruce A. Wilbanks

Address 3311 Etanclind, Midland, Texas 79701

Reason(s) for filing (Check proper box)

New Well	<input type="checkbox"/>	Change in Transporter of:		Other (Please explain)
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>	
Change in Ownership	<input checked="" type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>	
		Dry Gas	<input type="checkbox"/>	
		Condensate	<input type="checkbox"/>	

If change of ownership give name and address of previous owner Champlin Exploration, Inc., Box 763, Hobbs, N.M.

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Baker</u>	Well No. <u>2</u>	Pool Name, Including Formation <u>East Brunson Pool</u>	Kind of Lease State, Federal or Fee <u>CC</u>	Lease No.
Location				
Unit Letter <u>  </u>	<u>330</u> Feet From The <u>North</u> Line and <u>  </u> Feet From The <u>East</u> Line			
Line of Section <u>26</u>	Township <u>22</u>	Range <u>37</u>	NMPM, <u>  </u> 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)					
<u>Texas-New Mexico Pipe Line Company</u>	<u>Box 1510, Midland, Texas</u>					
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)					
<u>Skelly Oil Company</u>	<u>Box 1650, Tulsa, Oklahoma</u>					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
		<u>20</u>	<u>22</u>	<u>37</u>	<u>Yes</u>	<u>9/16/68</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'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.

Bruce A. Wilbanks  
(Signature)  
Owner-Operator  
(Title)  
12-20-73  
(Date)

OIL CONSERVATION COMMISSION

APPROVED   , 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.

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