Submit 5 Copies
Anpropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

DISTRICT II P.O. Drawer DD, Antesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION

	ר	OTRAN	ISPORT (DIL A	ITAN DN	JRAL GA	S Well AP	I No			
erator Citation Oil and	tion		Well Ar								
dress 16800 Greenspoir				300	South.	Houston	, Texas	77060			
	- Fair	DITTE			Other	(Please expla	in)				
son(s) for Filing (Check proper box)		Change in T	ransporter of:					1000			
v Well	Oil		Ory Gas		XX Effe	ctive N	larch I	, 1989			
ompletion	Casinghea	_	Condensate [
ange of operator give name Mahe	o Potr	olaum (orn 4	00 k	J. Illin	ois, Sui	te 1500	, Midlar	nd, TX	<u> 79701 </u>	
address of previous operator	e reti	O reuin C	,01 p. 5 4	00	2	<u> </u>					
DESCRIPTION OF WELL A	IND LEA	ASE					Vind of	Lease (FO	1	ease No.	
ase Name Well No. Pool Name, including Po					runson Drinkard State, I			f Lease (Fee) Lease No.			
Belcher "A"]	linobry		o- Tubb	prinkaro	1				
ation						and 660) <u>-</u>	t From The _	snuth	_Line	
Unit LetterN	. ::	980	Feet From The	· WE	Line	and	J Fee	t From The _	3000.		
7	, 22	25	Range	38	BE .NM	_{IPM,} Le	а			County	
Section / Township	,		Kange								
DESIGNATION OF TRAN	SPORTE	R OF OI	L AND NA	TUR	AL GAS			6.11. 6	is to be		
me of Authorized Transporter of Oil	rΧX	or Condens	Sale	1	Audicos (OTTE	address to wi	hich approved	copy of thus jo	77251_1	100	
Enron Oil Trading	& Trans	sportat	ion Comp	any	P. 0.	Box 118	8, Houst	On, IX	1/201-1	rent)	
ame of Authorized Transporter of Casinghead Gas or Dry Gas A					Address (Give	Address (Give address to which approved c P. O. BOX 1589, Tulsa			0k 74102		
Warren Petroleum Co	rp.	·······					When				
well produces oil or liquids,	moduces on or rightes,					Is gas actually connected? When			9/11/68		
e location of tanks.	I N						2	HC R	.799	/	
nis production is commingled with that COMPLETION DATA	from any or	ner lease of j	poor, give com		дь отель						
. COMPLETION DATA		Oil Well	Gas W	ell	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	- (X)	Х	<u>i </u>				<u> </u>	<u> </u>	l		
ate Spudded	Date Con	npl. Ready to			Total Depth	72501		P.B.T.D.	121		
7/26/68	8/19/68				7350 ' Top Oil/Gas Pay			7292 Tubing Depth			
ountions (DE RKR RT GR. etc.)	Name of	Name of Floring Louising				·		7274'			
3346 GR Dr	inkard-S.Brunson Drinkand				0 ADO-1	5177-6321 (22 holes)		Depth Casing Shoe			
forations Blinebry: 5623	5742	(24 hol				21 (22 1	101637	739			
S.Brunson Drinkard	Abo: 6	530-725	59' (38	note	CEMENT	NG PECO	RD	1			
	TUBING, CASING AND			DEPTH SET				SACKS CEMENT			
HOLE SIZE		CASING & TUBING SIZE			1300'			470 sx			
12-1/4"		9-5/8"			7350'			1073 sx			
8-3/4"	1 /	2-3/8"				7274'					
		- 370									
. TEST DATA AND REQUE	ST FOR	ALLOW	ABLE						6.11 24 1	ours)	
. TEST DATA AND REQUE IL WELL (Test must be after	recovery of	total volume	of load oil an	d musi	be equal to o	r exceed top a	llowable for th	is depth or be	jor juli 24 r	1010 3.7	
ate First New Oil Run To Tank	Date of				Producing N	lethod (Flow,	pump, gas lift,	eic.j			
							Choke Size				
ngth of Test Tubing Pressure			Casing Pressure								
				Water - Bbls.			Gas- MCF				
ectual Prod. During Test	Oil - Bb	Oil - Bbls.			1,120, 20,	···= ···					
GAS WELL					This Cond	ensate/MMCF		Gravity of	Condensate		
Actual Prod. Test - MCF/D Length of Test					Bois. Cond	cusated (viivic)					
	Chui in				Casing Pres	sure (Shul-in)		Choke Si	ze		
esting Method (pitot, back pr.)	Lubing	Tubing Pressure (Shut-in)									
		OF CO.	DI IANO							NON	
VI. OPERATOR CERTIFI	CATE	OF COM	IPLIANC.	C		OIL CC)NSER	VATION	1 DIVIS	SION	
I hereby certify that the rules and reg Division have been complied with an	gulations of	ine Oil Cons	jven above			MAR 2 8 1989					
Division have been compiled with an is true and complete to the best of m	y knowledg	ge and belief.			Da	te Appro	ved	1417-11	· ~ U	<u> </u>	
					11						
Buthdy	in P	mes			۰۰۵		ORIGINAL	SIGNED B	Y JERRY	SEXTON	
			Coordina	+~~			DI:	STRICT I SU	JPERVISO	R	
Ruth Ann Hines -	- Produ	iction (COUPUINA	LUT	7:1	0					
Printed Name					H III	ピ					
	-	712/27/	- 9877		11						
3/21/89 Date		713/874 1	= 9877 Telephone No.								

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

I.

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Citation Oil ar	nd Gas Corporation		Well API No.				
Address	int Park Drive, Suite 300) South, Houston, T	exas 77060				
Reason(s) for Filing (Check proper box)		Other (Please explain)					
New Well	Change in Transporter of:	, ,					
, m	Oil Dry Gas	XX Effective Marc	ch 1, 1989				
Recompletion \square		AA Ziidaaiia					
0.11.6.10 - 1							
f change of operator give name address of previous operator Mab	ee Petroleum Corp., 400	W. Illinois, Suite	1500, Midland, TX 79701				
I. DESCRIPTION OF WELL			Lucy (E.)				
Lease Name	Well No. Pool Name, Includir	ng Formation	Kind of Lease Fee Lease No.				
Belcher "A"	1 Blincbry,S	Bruncon Drinkard	State, Federal of Fee				
Location		√bo -Tubb					
Unit Letter N	: 1980 Feet From The W	vest Line and 660	Feet From The South Line				
Section 7 Townshi	ip 22S Range 3	88E , _{NMPM} , Lea	County				
II. DESIGNATION OF TRAN	SPORTER OF OIL AND NATU	RAL GAS					
Name of Authorized Transporter of Oil	Or Condensate	Address (Give address to which a	pproved copy of this form is to be sent)				
-	Houston, TX 77251-1188						
Name of Authorized Transporter of Casin	& Transportation Company ghead Gas or Dry Gas		pproved copy of this form is to be sent)				
Warren Petroleum Co	•	P. o. Box 1589,					
		Is gas actually connected?	When ?				
If well produces oil or liquids,	Unit Sec. Twp. Rge.		•				
give location of tanks.	N 7 22S 38E	Yes	9/11/68				
If this production is commingled with that IV. COMPLETION DATA	from any other lease or pool, give commingl	ing order number:	HC R-7911				
Designate Type of Completion	Oil Well Gas Well	New Well Workover D	eepen Plug Back Same Res'v Diff Res'v				
		Taral Dark					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.				
7/26/68	8/19/68	7350'	7292'				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth				
3346 GR Dr	rinkard-S.Brunson Drinkar	∤d Abo-Tubb 6530					
Perforations Blinebry: 5623	3-5742 (24 holes). Tubb	6177-6321 (22 hole	S Depth Casing Shoe				
S.Brunson Drinkard	Abo: 6530-7259' (38 hole	(24	7350'				
3. DI UIISOII DI IIIKATA	TUBING, CASING AND		7000				
		1	SACKS CEMENT				
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET					
12-1/4"	9-5/8"	1300'	470 sx				
8-3/4"	7"	7350'	1073 sx				
	2-3/8"	7274'					
V. TEST DATA AND REQUE	ST FOR ALLOWABLE						
OIL WELL (Test must be after t	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 Tank	Date of Test	Producing Method (Flow, pump,	gas lýt, etc.)				
Length of Test	Tubing Pressure	Casing Pressure	Choke Size				
2426-1 01 100							
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF				
Actual Flod. During Test	Oil - Bois.						
CAS WELL							
GAS WELL	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate				
GAS WELL Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate				
Actual Prod. Test - MCF/D			Gravity of Condensate Choke Size				
Actual Prod. Test - MCF/D	Length of Test Tubing Pressure (Shut-in)	Bbls. Condensate/MMCF Casing Pressure (Shut-in)					
Actual Prod. Test - MCF/D Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size				
Actual Prod. Test - MCF/D Testing Method (pilot, back pr.) VI. OPERATOR CERTIFIC	Tubing Pressure (Shut-in) CATE OF COMPLIANCE	Casing Pressure (Shut-in)					
Actual Prod. Test - MCF/D Testing Method (pilot, back pr.) VI. OPERATOR CERTIFIC I hereby certify that the rules and regu	Tubing Pressure (Shut-in) CATE OF COMPLIANCE ulations of the Oil Conservation	Casing Pressure (Shut-in)	Choke Size ERVATION DIVISION				
Actual Prod. Test - MCF/D Testing Method (pitot, back pr.) VI. OPERATOR CERTIFIC I hereby certify that the rules and regulation have been complied with and	Tubing Pressure (Shut-in) CATE OF COMPLIANCE ulations of the Oil Conservation d that the information given above	Casing Pressure (Shut-in) OIL CONS	Choke Size ERVATION DIVISION MAR 2 8 1989				
Testing Method (pilot, back pr.) VI. OPERATOR CERTIFIC I hereby certify that the rules and regulation is true and complete to the best of my	Tubing Pressure (Shut-in) CATE OF COMPLIANCE ulations of the Oil Conservation d that the information given above to knowledge and belief.	Casing Pressure (Shut-in)	Choke Size ERVATION DIVISION MAR 2 8 1989				
Testing Method (pilot, back pr.) VI. OPERATOR CERTIFIC I hereby certify that the rules and regulation is true and complete to the best of my	Tubing Pressure (Shut-in) CATE OF COMPLIANCE ulations of the Oil Conservation d that the information given above to knowledge and belief.	Casing Pressure (Shut-in) OIL CONS Date Approved	ERVATION DIVISION MAR 2 8 1989				
Actual Prod. Test - MCF/D Testing Method (pitot, back pr.) VI. OPERATOR CERTIFIC I hereby certify that the rules and regulation have been complied with and	Tubing Pressure (Shut-in) CATE OF COMPLIANCE ulations of the Oil Conservation d that the information given above to knowledge and belief.	Casing Pressure (Shut-in) OIL CONS Date Approved	Choke Size ERVATION DIVISION MAR 2 8 1989 GINAL SIGNED BY JERRY SEXTON				
Testing Method (pitot, back pr.) VI. OPERATOR CERTIFIC I hereby certify that the rules and regularistion have been complied with and is true and complete to the best of my	Tubing Pressure (Shut-in) CATE OF COMPLIANCE ulations of the Oil Conservation d that the information given above to knowledge and belief.	Casing Pressure (Shut-in) OIL CONS Date Approved	Choke Size ERVATION DIVISION MAR 2 8 1989 GINAL SIGNED BY JERRY SEXTON				
Actual Prod. Test - MCF/D Testing Method (pitot, back pr.) VI. OPERATOR CERTIFIC I hereby certify that the rules and regulation have been complied with and is true and complete to the best of my Signature Ruth Ann Hines -	Tubing Pressure (Shut-in) CATE OF COMPLIANCE ulations of the Oil Conservation d that the information given above knowledge and belief. Production Coordinator	Casing Pressure (Shut-in) OIL CONS Date Approved ORI By	Choke Size ERVATION DIVISION MAR 2 8 1989 GINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR				
Actual Prod. Test - MCF/D Testing Method (pitot, back pr.) VI. OPERATOR CERTIFIC I hereby certify that the rules and regular points on have been complied with and is true and complete to the best of my Signature Ruth Ann Hines - Printed Name	Tubing Pressure (Shut-in) CATE OF COMPLIANCE ulations of the Oil Conservation d that the information given above v knowledge and belief. Production Coordinator Title	Casing Pressure (Shut-in) OIL CONS Date Approved ORI By	Choke Size ERVATION DIVISION MAR 2 8 1989 GINAL SIGNED BY JERRY SEXTON				
Testing Method (pilot, back pr.) VI. OPERATOR CERTIFIC I hereby certify that the rules and regulation is true and complete to the best of my Signature Ruth Ann Hines -	Tubing Pressure (Shut-in) CATE OF COMPLIANCE ulations of the Oil Conservation d that the information given above knowledge and belief. Production Coordinator	Casing Pressure (Shut-in) OIL CONS Date Approved ORI By	Choke Size ERVATION DIVISION MAR 2 8 1989 GINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR				

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

ubmit 5 Copies appropriate Listrict Office SISTRICT I O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department Revised 1-1-89 See Instructions at Bottom of Page

DISTRICT II 2.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Well API No. Operator Citation Oil and Gas Corporation 16800 Greenspoint Park Drive, Suite 300 South, Houston, Texas 77060 Address Other (Please explain) П Reason(s) for Filing (Check proper box) Change in Transporter of New Well XX Effective March 1, 1989 Dry Gas Oil Recompletion Casinghead Gas Condensate \mathbb{X} Change in Operator Mabee Petroleum Corp., 400 W. Illinois, Suite 1500, Midland, TX 79701 If change of operator give name and address of previous operator II. DESCRIPTION OF WELL AND LEASE Kind of Lease Fee State, Federal or Fee Lease No. Well No. | Pool Name, Including Formation Lease Name Blinebry, 9 Belcher "A" 1 Location Feet From The South 660 west Line and 1980 Feet From The . Unit Letter Lea County 38E , NMPM. 22S 7 Range Township Section III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) or Condensate Name of Authorized Transporter of Oil P. O. Box 1188, Houston, TX 77251-1188 & Transportation Company Enron Oil Trading Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas or Dry Gas P. o. Box 1589, Tulsa, Ok 74102 Warren Petroleum Corp. Is gas actually connected? When? Twp. Rg Rge. Unit If well produces oil or liquids, 9/11/68 Ye<u>s</u> 1 7 give location of tanks. Ν If this production is commingled with that from any other lease or pool, give commingling order number: DHC K-7911 IV. COMPLETION DATA Plug Back Same Res'v Diff Res'v New Well Workover Gas Well Oil Well Designate Type of Completion - (X) χ Total Depth P.B.T.D. Date Compl. Ready to Prod. Date Spudded 72921 7350' 7/26/68 8/19/68 Top Oil/Gas Pay Tubing Depth Name of Producing Formation Elevations (DF, RKB, RT, GR, etc.) 7274' 6530' Drinkard-S.Brunson Drinkard Abo-Tubb 3346 GR Depth Casing Shoe Perforations Blinebry: 5623-5742 (24 holes). Tubb 61 S.Brunson Drinkard Abo: 6530-7259' (38 holes) Tubb 6177-6321 (22 holes) 73501 TUBING, CASING AND CEMENTING RECORD SACKS CEMENT DEPTH SET CASING & TUBING SIZE HOLE SIZE 470 sx 1300' 9-5/8" 12-1/4 1073 sx 7350' 7" 8-3/4" 7274 2-3/8" V. TEST DATA AND REQUEST FOR ALLOWABLE (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.) OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date of Test Date First New Oil Run To Tank Choke Size Casing Pressure **Tubing Pressure** Length of Test Gas- MCF Water - Bbls. Oil - Bbls. Actual Prod. During Test **GAS WELL** Bbls. Condensate/MMCF Gravity of Condensate Actual Prod. Test - MCF/D Length of Test

VI. OPERATOR 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 above

is true and complete to the best of my knowledge and belief.

Testing Method (pitot, back pr.)

Signature Ruth Ann Hines - Production Coordinator Title

Printed Name -9877 <u>713/874</u> <u>3/21/89</u> Telephone No. Date

OIL CONSERVATION DIVISION MAR 28 1989 Date Approved

Choke Size

ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR

Title_

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Tubing Pressure (Shut-in)

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance

Casing Pressure (Shut-in)

- 2) All sections of this form must be filled out for allowable on new and recompleted wells. 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.