

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

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
 TO TRANSPORT OIL AND NATURAL GAS**

✓ I.

Operator MARK L. SHIDLER, INC.	Well API No. 30-025-22695
Address 911 WALKER, SUITE 565, HOUSTON, TEXAS 77002	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator _____	

✓ II.

DESCRIPTION OF WELL AND LEASE

Lease Name MCCALLISTER	Well No. 1	Pool Name, including Formation Blinnery Brunson, So. Drinkard ABO	Kind of Lease State, Federal or Fee	Lease No.
Location				
Unit Letter C	660	Feet From The N Line and 1980	Feet From The W Line	
Section 7	Township 22S	Range 38E	LEA	County

✓ III.

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate SUN REFINING & MKT CORP	<input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) 2415 E. HWY 80 MIDLAND, TX 79705
Name of Authorized Transporter of Casinghead Gas or Dry Gas Texaco Expl & Prod Inc.	<input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 7
	Twp. 22S	Rge. 38E
	Is gas actually connected?	When ?

If this production is commingled with that from any other lease or pool, give commingling order number: **DHC 727**

✓ 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 Tank	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.

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.

Mark L. Shidler
 Signature
MARK L. SHIDLER PRESIDENT
 Printed Name
3-5-93 (713) 222-9291
 Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved **MAR 16 1993**

By **ORIGINAL SIGNED BY JERRY DIXON**
 Title

- 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.

OIL CONSERVATION DIVISION

P.O. Box 2088
 Santa Fe, New Mexico 87504-2088

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

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

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
 TO TRANSPORT OIL AND NATURAL GAS**

✓ I.

Operator MARK L. SHIDLER, INC.	Well API No. 30-025-22695
Address 911 WALKER, SUITE 565, HOUSTON, TEXAS 77002	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator _____	

✓ II. DESCRIPTION OF WELL AND LEASE

Lease Name MCCALLISTER	Well No. 1	Pool Name, including Formation Blinn Brunson, So. Drinkard ABO	Kind of Lease State, Federal or Fee	Lease No.
Location				
Unit Letter C	660	Feet From The N Line and 1980	Feet From The W Line	
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"/> SUN REFINING & MKT CORP Co-loc R & M	Address (Give address to which approved copy of this form is to be sent) 2415 E. HWY 80 MIDLAND, TX 79705			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Tejaca Expl. & Prod. Inc.	Address (Give address to which approved copy of this form is to be sent)			
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 7	Twp. 22S	Rge. 38E
Is gas actually connected? <input type="checkbox"/> When ?				
If this production is commingled with that from any other lease or pool, give commingling order number: DHC 727				

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.)

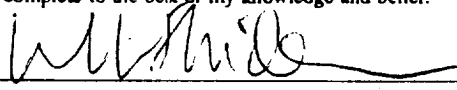
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF

GAS WELL

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

✓ 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.


 Signature **MARK L. SHIDLER** **PRESIDENT**
 Printed Name **3-5-93** Title **(713) 222-9291**
 Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved **MAR 16 1993**
 By **ORIGINAL FILED BY [unclear]**
 Title _____

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

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
 TO TRANSPORT OIL AND NATURAL GAS**

I.

Operator MARK L. SHIDLER, INC.	Well APN No. 3002522695
Address 911 WALKER, SUITE 565 HOUSTON, TEXAS 77002	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator AMERICAN EXPLORATION CO. OF HOUSTON, TEXAS	

II. DESCRIPTION OF WELL AND LEASE

Lease Name MCCALISTER	Well No. 1	Pool Name, including Formation BRUNSON, S. (DRINKARD ABO)	Kind of Lease State, Federal or <input checked="" type="radio"/> Fee	Lease No.
Location				
Unit Letter C	660	Feet From The NORTH	Line and 1980	Feet From The WEST
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"/> PHILLIPS 66 COMPANY	Address (Give address to which approved copy of this form is to be sent) 4001 PENBROOK, ODESSA, TX 79762	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> TEXACO, INC. Expl & Prod Inc	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 3000, TULSA, OK 74102	
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 7
	Twp. 22S	Rge. 38E
	Is gas actually connected?	When?

If this production is commingled with that from any other lease or pool, give commingling order number: **DAC 727**

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 10/31/88	Date Compl. Ready to Prod. 11/08/88	Total Depth 7300	P.B.T.D. 7249					
Elevations (DF, RKB, RT, GR, etc.) 3347.3	Name of Producing Formation BLINEBRY	Top Oil/Gas Pay 5818	Tubing Depth 6837					
Perforations 5818-6273	Depth Casing Shoe 7300							
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
13-3/4"	10-3/4"	850'	400					
9-3/4"	7-5/8"	7300	935					

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 Tank	Date of Test 10-15-91	Producing Method (Flow, pump, gas lift, etc.) PUMP	
Length of Test 24	Tubing Pressure 0	Casing Pressure 0	Choke Size
Actual Prod. During Test 13 BF	Oil - Bbls. 10	Water - Bbls. 3	Gas - MCF 40

GAS WELL

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

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.

Signature *Mark L. Shidler*
 Printed Name **MARK L. SHIDLER** Title **PRESIDENT**
 Telephone No. **(713) 222-9291**

OIL CONSERVATION DIVISION

Date Approved _____
 By _____
 Title _____

This form is to be filed in compliance with Rule 1104 for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 1104. This form is to be filled out for allowable on new and recompleted wells. For changes of operator, well name or number, transporter, or other such changes.

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

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

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

State of New Mexico
Energy, Minerals and Natural Resources Department

P.O. P-22177
Oklahoma City, OK 73123

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

ORIGINAL

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator <u>MARK L. SHIDLER, INC.</u>	Well API No. <u>30-025-22025</u>
Address <u>911 WALKER, STE 565 SAN JACINTO BUILDING HOUSTON TX</u>	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain) <u>77002</u>	
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Change of Operator
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of operator give name and address of previous operator American Exploration Company, 1331 Lamar, Suite 900, Houston Texas 77010-3088

II. DESCRIPTION OF WELL AND LEASE

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

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> <u>Phillips Petroleum Co. (Trucks)</u>	Address (Give address to which approved copy of this form is to be sent) <u>4001 Penbrook, Odessa, Texas 79762</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Texaco Producing, Inc.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 3000, Tulsa, Oklahoma 74102</u>
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When ? <u>C</u> <u>7</u> <u>22S</u> <u>38E</u>

If this production is commingled with that from any other lease or pool, give commingling order number: DHC 727

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 Tank	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. 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.

W.L. Shidler
Signature
MARK L. SHIDLER INC
Printed Name
MARK L. SHIDLER Title President
Date 5/13/92 Telephone No. 713 222 9291

OIL CONSERVATION DIVISION

Date Approved _____
By _____
Title _____

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

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1111 - 0A-0151