Appropriate District Office <u>DISTRICT I</u> P.O. Box 1980, Hobbs, NM 88240 <u>DISTRICT II</u> P.O. Drawer DD, Antesia, NM 88210	UIL (Minerals and Nat CONSERVA P.O. B	SION	Revised 1-1-89 See Instructions at Bottom of Page				
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	•	·	exico 87504-208					
√ <u>I.</u>			BLE AND AUTH L AND NATURA		N			
Operator MARK L. SHIDLE	R, INC.			W	ell API No. 30-025-22695			
Address 911 WALKER, SU	UITE 565, HO	DUSTON, TE	XAS 77002					
Keason(s) for Filing (Check proper box)	······································		Other (Plea	se explain)				
New Well Recompletion	Oil 🗌	In Transporter of:						
Change in Operator	Casinghead Gas	_] Condensate		<u></u>				
and address of previous operator				·····	******			
II. DESCRIPTION OF WELL Lease Name MCCALLISTER	AND LEASE Well No. 1		ing Formation 8/7		and of Lease No.			
Location C	. 660	Feet From The	N	1980	W			
7		200	Line and	······································	Feet From TheLine			
Section / Townsh		Range 38E		LEA	County			
III. DESIGNATION OF TRAN	- Or Conde	DIL AND NATU	RAL GAS	- to which owned	ived copy of this form is to be sent)			
SUN REFINING & MKE	CORP Co.	nc Rim	2415 E. H		MIDLAND, TX 79705			
Name of Authorized Transporter of Casin TEXACL Expl 4	Prote Anc.	or Dry Gas	Address (Give addre	ss to which appro	wed copy of this form is to be sent)			
If well produces oil or liquids, give location of tanks.	Unit Sec.		is gas actually conne	cted? W	hen ?			
If this production is commingled with that	from any other lease of	22S 38E		DHC	127			
IV. COMPLETION DATA								
Designate Type of Completion	Oil We	li Gas Weli	New Well Work	over Deepe	n 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 F	formation	Top Oil/Gas Pay	·····	Tubing Depth			
Perforations		······	l		Depth Casing Shoe			
	TUDDIO	CLOBIC LUD						
HOLE SIZE	CASING & T		CEMENTING RE		SACKS CEMENT			
V. TEST DATA AND REQUE	ST FOR ALLOW	ARLE		······································				
OIL WELL (Test must be after i			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 (F	low, pump, gas lý	fi, eic.)			
Length of Test	Tubing Pressure		Casing Pressure		Choke Size			
Actual Prod. During Test	Oil - Bbls.		Water - Bbis.		Gas- MCF			
GAS WELL Actual Prod. Test - MCF/D	Length of Test		Bhis Condensus A(1)					
Fasting Marked (Bbls. Condensate/MM		Gravity of Condensate			
Testing Method (pilot, back pr.)	Tubing Pressure (Shu	l-in)	Casing Pressure (Shut	-in)	Choke Size			
VI. OPERATOR CERTIFIC I hereby certify that the rules and regula Division have been complied with and r	ations of the Oil Conser that the information size	vation	OILC	ONSER	VATION DIVISION			
is true and complete to the best of my k	nowledge and belief.		Date Appr	oved	MAR 1 6 1903			
Signature		-	Ry and an	12.19.1				
Signature MARK L. SHIDLER	R PR	ESIDENT	Dy <u>020</u>	inal No.150 Brigge	AL ALLANDENTON			
Printed Name 3-5-93	(713)	Title 222-9291	Title					

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

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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 rgy, Minerals and Natural Resources Departn								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	REQUE											
<u> </u>					AND NAT			;	<u></u>			
Operator MARK L. SHIDLEF	R, INC.							Well A	.PIN₀. 30-025	-22695		
Address 911 WALKER, SUI	TE 565.	HOU	STON.	TE	KAS 77	002						
Reason(s) for Filing (Check proper box)							ise explain)	<u> </u>			
New Well	Ch Oil		`ransporter o Dry Gas	f:								
Change in Operator	Casinghead G		Condensate									
If change of operator give name and address of previous operator						-						
II. DESCRIPTION OF WELL AND LEASE												
Lease Name MCCALLISTER	W	ell No. 1			ng Formation 0. Drink				Kind of Lease Lease No. State, Federal of Fee			
Location Unit LetterC	. 660)	Feet From T	he	N Line	e and _	198) F•	Feet From The U			
Section 7 Townshi	, 229	7		38E		MPM,	L	EA			County	
III. DESIGNATION OF TRAN	SPORTER	<u>of oii</u>	L AND N	ATU	RAL GAS							
Name of Authorized Transporter of Oil SUN REFERENCE - OF MARKET	X or	Condens:		l	Address (Giv 2415				copy of this fo			
Name of Authorized Transporter of Casing	ghead Gas [or Dry Gas		· · · · · · · · · · · · · · · · · · ·				copy of this fo	· · · · · · · · · · · · · · · · · · ·		
If well produces oil or liquids,	Unit Sec. Twp. Rge. Is gas actually connected? When ?											
give location of tanks. If this production is commingled with that		7	225	38E	I	har		HC 72	7			
IV. COMPLETION DATA	<u>-</u>	•								Same Res'v	bigt Basis	
Designate Type of Completion	- (X)	Dil Well	Gas V	veli	New Well	won	cover	Deepen	Piug Back	Same Kes v	Diff Res'v	
Date Spudded	Date Compl. 1	Ready to 1	Prod.		Total Depth			·	P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth						h						
Perforations									Depth Casing Shoe			
											·	
HOLE SIZE	T		CASING		CEMENTING RECORD				SACKS CEMENT			
	CASIN		SING SIZE						3	ACKS CEME		
		<u>.</u>										
V. TEST DATA AND REQUES OIL WELL (Test must be after r							a. 18	11 1 11			,	
OIL WELL (Test must be after r Date First New Oil Run To Tank	Date of Test	volume oj	j 100a ou an	a musi	Producing M					or juli 24 nour:	<u>.</u>	
Length of Test	Tubing Pressu	re		<u>-</u>	Casing Pressure			Choke Size				
Actual Prod. During Test	Oil - Bbls.			· · · ·	Water - Bbis.				Gas- MCF			
	<u> </u>				İ					·····		
GAS WELL Actual Prod. Test - MCF/D	Length of Tes	t			Bbls. Conden	Sale/M	MCF		Gravity of C	ondensate		
							MCI			Ondenance		
Testing Method (puot, back pr.)	Tubing Pressu	re (Shut-i	n)		Casing Press	ure (Shi	ut-in)		Choke Size			
VI. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation					OIL CONSERVATION DIVISION							
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief. i + j + j + j + j + j + j + j + j + j +				Date Approved MARI 1 6 1903								
Simahur	MUMILO											
	Signature MARK L. SHIDLER PRESIDENT				By ORIGINAL N. INC. AND							
Printed Name <u>3-5-93</u> Date	(71	<u>13)</u> 2	Title 22-92 hone No	91	Title		:	····	· · · ·			
		ı elep	hone No.						e - 1			

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.

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Submit 5 Copics Appropriate District Office <u>DISTRICT 1</u> P.O. Box 1980, Hobbs, NM 88240	State of Energy, Minerals and	Form C-104 Revised 1-1-89 See Instructions							
DISTRICT II P.O. Drawer DD, Anesia, NM 88210	OIL CONSERVATION DIVISION P.O. Box 2088								
DISTRICT III 1000 Rio Brazos Rd., Azice, NM 874	Santa Fe, Nev	w Mexico 87504-2088							
I.	REQUEST FOR ALLOY	NABLE AND AUTHORIZA	TION						
Operator MARK L. SHID		ON THE INTOINE UND	Weil APINA						
Address			3002522695						
911 WALKER, S Reason(s) for Filing (Check proper bo	ux)	Other (Please explain)							
New Well Recompletion	Change in Transporter of: Oil Dry Gan								
Change in Operator	Casinghead Gas Condensate								
• • •	MERICAN EXPLORATION CO.	OF HOUSTON, TEXAS							
II. DESCRIPTION OF WEL		studing Formation	Kind of Lease Lease No.						
MCCALISTER	1 BRUNSON,	S. (DRINKARD ABO)	State, Federal or Fee						
Uus LetterC		NORTH Line and 1980	Feet From TheLine						
Scotion 7 Town	ship 225 Range 3	8E <u>, NMPM,</u>	LEA County						
III. DESIGNATION OF TRA Name of Authorized Transporter of Oil	ANSPORTER OF OIL AND NA	TURAL GAS							
PHILLIPS 66 COMPAN		Address (Give address to which a 4001 PENBROOK	pproved copy of this form is to be sent) QDESSA, TX 79762						
Name of Authonized Transporter of Car TEXACO, INC. Expl 4	singhead Oas X or Dry Gas Prod Inc	Address (Give address to which a P.O. BOX 3000, TU	DOFOVED COON of this form is to be seed						
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. R C 7 22S 3	When ?							
If this production is commingled with th IV. COMPLETION DATA	at from any other tease or pool, give commi		NHC 727						
Designate Type of Completio	n - (X) Oil Well Gus Well	New Well Workover De	sepen Plug Back Same Res'v Diff Res'v						
Due Spudded 10/31/88	Date Compl. Ready to Prod. 11/08/88	Total Depth 7 300	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						
	TUBING, CASING AN	D CEMENTING RECORD	7300						
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT						
9-3/4"	7-5/8"	<u> </u>	400						
			935						
V. TEST DATA AND REQUE	ST FOR ALLOWABLE								
Date Fina New Oil Run To Tank	recovery of total volume of load oil and mu Date of Test	Producing Method (Flow, pump, ga	for this depth or be for full 24 hours.)						
ength of Text	10-15-91	PUMP	₩ • • • • • • • • • • • • • • • • • • •						
24	Tubing Pressure	Casing Pressure	Choke Size						
Actual Prod. During Test 13 BF	Oil - Bhia. 10	Water - Bbis.	Gas- MCP						
GAS WELL	10	3	40						
Line Prod. Test - MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate						
esting Method (puor, back pr.)	Tubiag Pressure (Saut-in)	asing Pressure (Shui-In)	Choke Size						
I. OPERATOR CERTIFIC I hereby certify that the rules and regul Division have been complied with and	lations of the Oil Conservation	OIL CONSERVATION DIVISION							
is the and complete to the best of my	knowledge and belief.	Date Approved							
Signanure MARK		By							
MARK L. SHIDLER	R PRESIDENT	By							
41/42-	(713) 222-9291 Telephone Nu	Title	99 1991-1991 (1991) - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -						
This for	with the filled in the second structure								

This form is to be filed in compliance with Rule 1104. See for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance

* filled out for allowable on new and recompleted wells. Some changes of operator, well name or number, transporter, or other such changes

Submit 5 Copies Appropriate District Office DISTRICT I	State of New Mexico P.O. P. 22177 									
P.O. Box 1980, Hobbs, NM 88240 <u>DISTRICT II</u> P.O. Drawer DD, Artesia, NM 88210	OIL CONSERVATION DIVISION P.O. Box 2088							at Bottom of Page		
DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410			•		exico 875			ON	UIW	
I.						AUTHOR TURAL G				
Operator	hidle				,		Well	API No.	-2262	5
Address		,								
Reason(s) for Filing (Check proper box)	<u>ste 51</u>	05	Sp			t <u>O</u> BL et (Please exp		g A	oustor	X4, C
New Well	Ch Oil	hange in Tri Dr	insport y Gas	er of:	Chang	ge of O	perato	r		
Change in Operator	Casinghead G		ndens			1.0.0.1				
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 Lesse Name			ol Nan	ne, Includi	ng Formation	<u></u>	Kind	of Lease Fee	, L	ease No.
McCallister Location		1 .	Blìn	ebry	11:14	jas	State,	Federal or Fe	5	
Unit LetterC	_ :660	Fe	et From	n The _N_	<u>orth</u> Lin	e and <u>198</u>	0 Fe	et From The	West_	Line
Section 7 Townshi	p 22S	Ra	nge	38	e , N	MPM, I	Lea			County
III. DESIGNATION OF TRAN	SPORTER (OF OIL	AND	NATU	RAL GAS				-	
Name of Authorized Transporter of Oil	or or	Condensate Truck	, Г		Address (Giv	e address to w				·
Phillips Petroleu Name of Authorized Transporter of Casing	ghead Gas		Dry G		Address (Giv	enbroo waddress to w	hick approved	copy of this f	orm is to be se	nt)
Texaco Producing, If well produces oil or liquids,	Unit See	с. Тж	7D.	Rge.	P. O.	Box 30	00, Tu	-	clahoma	74102
give location of tanks.	C 7	22	s j	38E						
If this production is commingled with that IV. COMPLETION DATA	-		_				DHC	<u> </u>		
Designate Type of Completion	- (X) o	il Well	Gau I	s Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. R	leady to Pro	i.		Total Depth		- A	P.B.T.D.	L <u></u>	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas	Pay		Tubing Dept	h	
Perforations								Depth Casin	g Shoe	
					CEMENTI	NG RECOR	Ð			
HOLE SIZE	CASIN	G & TUBIN	ig siz	Έ		DEPTH SET	•	5	ACKS CEME	INT
V. TEST DATA AND REQUES OIL WELL (Test must be after ro				and must	be equal to or	exceed top all	owable for this	depth or be f	or full 24 hour	·s.)
Date First New Oil Run To Tank	Date of Test	-			<u> </u>	sthod (Flow, p				
Length of Test	Tubing Pressure	2			Casing Pressu	ire		Choke Size		
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF		
GAS WELL	· · ·				<u> </u>		· · · · · · · · · · · · · · · · · · ·	L		I
Actual Prod. Test - MCF/D	Length of Test	-			Bbls. Conden	nte/MMCF		Gravity of C	ondensate	
Testing Method (pitot, back pr.)	Tubing Pressure	e (Shut-in)			Casing Pressu	re (Shut-in)		Choke Size	·	
VI. OPERATOR CERTIFICATE OF COMPLIANCE							SERVI			J
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above					OIL CONSERVATION DIVISION					
is true and complete to the best of my in	nowledge and be	ener.			Date	Approve	d	· · ·		
Signature 1					By				1.194	
Signature MARK 1 SHIALEN IVC					Title.			an Transming Sin - Busharan		
MUTTHE SHIDLER Masides						, <u>, , , , _</u>			·····	
· · · · · · · · · · · · · · · · · · ·										
INSTRUCTIONS: This form	i is to be file	a in comp	blianc	e with R	lule 1104					

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