| NO. OF COPIES RECEIVED | | | |
|---|---|--|--------------------------------|
| | | | Form C-103 Supersedes Old |
| SANTA FE | | | C-102 and C-103 |
| FILE | | SERVATION COMMISSION | Effective 1-1-65 |
| U.S.G.S. | | | Co. Indiante The Co. |
| | | | 5a. Indicate Type of Lease |
| OPERATOR | CORRECTED R | RPOR (2 | State Fee XX |
| | | | 5. State OII & Gas Lease No. |
| CDO NOT USE THIS FORM FOR FOR USE **APPLIC | DRY NOTICES AND REPORTS ON ROPOSALS TO DRILL OR TO DEEPEN OR PLUG ATION FOR PERMIT - " (FORM C-101) FOR SUC | WELLS Mack to a different reservoir. H proposals.) | |
| OIL GAS WELL WELL | OTHER- | | 7. Unit Agreement Name |
| 2. Name of Operator | | | 8. Farm or Lease Name |
| Imperial-American 1 | Management Company | | McCallistor |
| | - 73 2 141 23 3 - | | 9. Well No. |
| 4. Location of Well | s Bldg., Midland, Texas | 79701 | 1 |
| | | | 10. Field and Pool, or Wildcat |
| UNIT LETTER (, | 1930 FEET FROM THE West | LINE AND FEET FRO | Drinkard & Mantz Abo |
| North | | | |
| THENOT CII LINE, SECT | -10N7 TOWNSHIP22-5 | 5 RANGE 38-E NMPN | « ΔΗΗΗΗΗΗΗΗΗΗΗΗΗ |
| | 15. Elevation (Show whether | DE PT CD | |
| | | | 12. County |
| $\frac{1}{1}$ | 3347.3 | | Lee |
| Check | Appropriate Box To Indicate N | ature of Notice, Report or Of | ther Data |
| NOTICE OF | INTENTION TO: | | T REPORT OF: |
| PERFORM REMEDIAL WORK | PLUG AND ABANDON | REMEDIAL WORK | ALTERING CASING |
| TEMPORARILY ABANDON | | COMMENCE DRILLING OPNS. | PLUG AND ABANDONMENT |
| PULL OR ALTER CASING | CHANGE PLANS | CASING TEST AND CEMENT JOB | |
| | | OTHER Downhole Com | ningling as per XX |
| OTHER | | | |
| 17 Elescribe Eropored or Completed C | | <u>Administrativ</u> | re Order No. DHC-80 |

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.

<u>4-24-71</u> Pulled and laid down short string rods. Pulled hong string rods. Pulled and laid down short string tubing.

4-25-71 Pulled long string tubing *w*/Baker Lokset Packer. Ran tubing back to 7303' *w*/Baker tubing anchor. Ran rods & pump and put well back on production.

| 18. I hereby certify that the information above is true and complet | te to the best of my knowledge and belief. | |
|---|--|-----------------|
| SIGNED Autor Maney | TITLE Division Manager | DATE4-30-71 |
| APPROVED BY | SUPERVISOR DISTRICT | DATE MAY 3 1971 |

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. . . .

• • •

RECEIVED

MAY 3 1971 OIL CONSERVATION COMM. HOBBS. N. M.

| _ | | | | | |
|-------|---|--------------------------------------|---|------------------------------|--|
| L | NO. OF COPIES RECEIVED | | | | |
| L | DISTRIBUTION | | DNSERVATION COMM | SSION | Form C-104 Supersedes Old C-104 and C-110 |
| | SANTA FE | REQUEST B | FOR ALLOWABLE | | Effective 1-1-65 |
| | FILE | | AND | | |
| Γ | U.S.G.S. | AUTHORIZATION TO TRA | NSPORT OIL AND N | ATURAL GAS | |
| Γ | LAND OFFICE | | | | |
| | RANSPORTER OIL | | | | |
| | GAS | | | | |
| F | OPERATOR | | | | |
| 1. | PRORATION OFFICE | | | | |
| | Operator | | | | |
| | Imperial-Americ | an Management Company | | | |
| h | Address | | | | |
| | 507 Midalnd Sa | vings Bldg. Midland, Te | xas | | |
| ŀ | Reason(s) for filing (Check proper box) | | Other (Please | explain) | |
| 1 | New Well | Change in Transporter of: | _ | | |
| | Recompletion | Oil X Dry Ga | s <u> </u> | tive January | 1,1970 |
| | Change in Ownership | Casinghead Gas 📃 Conden | isate | | |
| | | | | | |
| 1 | f change of ownership give name | | | | |
| | and address of previous owner | | | | |
| | | | | | |
| п. | DESCRIPTION OF WELL AND L | Well No. Pool Name, Including Fi | ormation | Kind of Lease | Lease No. |
| Í | Lease Name | 1 Wantz Abo | | State, Federal or Fe | Fee |
| | Mc Callister | L Wantz ADO | | 1 | |
| | Location | in Marth | 1980 | | West |
| | Unit Letter ; 60 | 50 Feet From The North Lin | ne and | Feet From The | |
| | | | | . Lea | County |
| | Line of Section 7 Tow | nship 22-S Range 3 | 38-E , NMPN | <u>, 2000</u> | |
| | | | | | |
| ш. | DESIGNATION OF TRANSPORT | ER OF OIL AND NATURAL GA | IS | to which approved co | py of this form is to be sent) |
| | Name of Authorized Transporter of Oil | X or Condensate | | 9 Midland, | |
| | Permain Corporation | | Box 311 | 9 Milliana, | ppy of this form is to be sent) |
| | Name of Authorized Transporter of Cas | inghead Gas 👔 or Dry Gas | | | , |
| | Skelly Oil Company | | | Tulsa, Oklaho | |
| | If well produces oil or liquids, | Unit Sec. Twp. Rge. | Is gas actually connec | 100000 | TVE JANUARY 31, 1977, |
| | give location of tanks. | C 7 22-S 38-E | Yes | OTTITI | COMPANY MERCINE |
| | If this production is commingled wit | h that from any other lease or pool, | give commingling ord | er number: SNELL | GETTY OIL COMPANY. |
| T 1 7 | COMPLETION DATA | | | TINIO | g Back Same Res'v. Diff. Res'v. |
| 1. | | Oil Well Gas Well | New Well Workover | Deepen Piv | |
| | Designate Type of Completio | $n = (\lambda)$ | I I | | |
| | Date Spudded | Date Compl. Ready to Prod. | Total Depth | P.1 | 3.T.D. |
| | | | | | |
| | Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | Top Oil/Gas Pay | Tu | bing Depth |
| | | | | | ······································ |
| | Distantions | | | De | pth Casing Shoe |
| | Perforations | | | | |
| | | TUBING, CASING, AN | D CEMENTING RECO | RD | |
| | | CASING & TUBING SIZE | DEPTH | | SACKS CEMENT |
| | HOLE SIZE | | | | |
| | | | | | |
| | | | | | |
| | l L | 1 | | | |
| | | <u>1</u> | | lume of load all and | nust be equal to or exceed top allow |
| v | TEST DATA AND REQUEST F | OR ALLOWABLE (Test must be | after recovery of total vo depth or be for full 24 hos | une of toda ost and t rs) | |
| • | OIL WELL | | Producing Method (Fl | ow, pump, gas lift, et | c.) |
| | Date First New Oil Run To Tanks | Date of Test | | | |
| | | | Casing Pressure | CI | noke Size |
| | Length of Test | Tubing Pressure | Creting Linesome | | |
| | | | Water-Bbls. | G | an - MCF |
| | Actual Prod. During Test | Oil-Bbla. | Maret - Doter | | |
| | | | | · · · · | |
| | | | | | |
| | | | | | |
| | GAS WELL | | | | ravity of Condensate |
| | GAS WELL Actual Prod. Test-MCF/D | Length of Test | Bbls. Condensate/M | ICF G | ravity of Condensate |

| Actual Prod. Test-MCF/D | Length of Test | Bhis. Condensato, Maror | | |
|----------------------------------|--|---------------------------|--|--|
| Testing Method (pitot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size | |
| VI. CERTIFICATE OF COMPLIA | NCE | OIL CONSER | VATION COMMISSION | |
| | d regulations of the Oil Conservation with and that the information given the best of my knowledge and belief. | BY | DR DISTRICT | |
| Lee Bush | Z (gnaiwe) | This form is to be filed | in compliance with RULE 1104. Nowable for a newly drilled or deepened mpanied by a tabulation of the deviation coordance with RULE 111. | |

If this is a request for allowable for a newly drilled or despend 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.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

12-12-69 (Date)

(Title)

Agent

| NO. OF COPIES REC | EIVED | ן | | |
|---|--|---|--|---|
| DISTRIBUTI | 0N | | CONSERVATION COMMISSION | Form C-104 |
| SANTA FE | | | FOR ALLOWABLE | Supersedes Old C+104 and C+11 |
| FILE | | | AND | Effective 1-1-65 |
| U.S.G.S. | | AUTHORIZATION TO TR | ANSPORT OIL AND NATURAL GA | s |
| LAND OFFICE | | | | |
| | 01L | | | |
| TRANSPORTER | GAS | | | |
| OPERATOR | 1 | - | | |
| PROPATION OF | FICE | | | |
| Operator | | | | |
| Address | Midland Sav | an Management Company | Other (Please explain) | |
| New Well | | Change in Transporter of: | | |
| | H | OII X Dry G | as Effective Januar | v 1,1970 |
| Recompletion | \vdash | | | |
| Change in Ownershi | P[] | | | |
| If change of owners and address of pre- | vious owner | LEASE | | |
| Lease Name | | Well No. Pool Name, Including F | Formation Kind of Lease | Lease No. |
| 37-0-332 | A 14 | 1 Drinkard | State, Federal o | r Fee Fee |
| McCallist Location Unit Letter | er;66 | | ne and <u>1980</u> Feet From Th | eWest |
| Line of Section | 7 To | wnship 22-S Range | 38-Е , МИРМ, Lea | County |
| Line of Section | | | | ····· |
| If well produces oil give location of tan If this production i | Corporation Transporter of Car l Company or Hquids, ks. s commingled wi | | ski | om a |
| V. COMPLETION D | ATA | Oil Well Gas Well | New Well Workover Deepen | Plug Back Same Res'v. Diff. Res'v |
| Designate Ty | pe of Completio | | | · · · · · · · · · · · · · · · · · · · |
| Date Spudded | | Date Compl. Ready to Prod. | Total Depth | P.B.T.D. |
| Elevations (DF, RK | B RT CR ato | Name of Producing Formation | Top Oil/Gas Pay | Tubing Depth |
| | <i>D</i> , <i>N</i> , <i>O</i> , <i>eU</i> , | | | |
| Perforations | | | | Depth Casing Shoe |
| | | TUBING CASING AN | D CEMENTING RECORD | |
| | | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
| HOLE | SIZE | CR3ING & TUBING 3122 | | |
| | | | | |
| · | | | | |
| | | | | |
| | | | | |
| | | | | d must be equal to at exceed ton allow |
| | D REQUEST F | OR ALLOWABLE (Test must be able for this d | after recovery of total volume of load oil ar lepth or be for full 24 hours) | nd must be equal to or exceed top allow |
| OIL WELL | | able for this d | after recovery of total volume of load oil ar lepth or be for full 24 hours) Producing Method (Flow, pump, gas lift, | |
| | | OR ALLOWABLE (Test must be able for this d | lepth or be for full 24 hours) | |
| OIL WELL Date First New Oil | | able for this d | lepth or be for full 24 hours) Producing Method (Flow, pump, gas lift, | |
| OIL WELL | | able for this d | lepth or be for full 24 hours) | etc.) |
| OII. WEI.L Date First New Oil Length of Test | Run To Tanks | able for this d | lepth or be for full 24 hours) Producing Method (Flow, pump, gas lift, | etc.) |
| OIL WELL Date First New Oil | Run To Tanks | able for this d Date of Test Tubing Pressure | Producing Method (Flow, pump, gas lift, Casing Pressure | etc.) Choke Size |
| OII. WEI.L Date First New Oil Length of Test | Run To Tanks | able for this d Date of Test Tubing Pressure | Producing Method (Flow, pump, gas lift, Casing Pressure | etc.) Choke Size |
| OII, WEI.L Date First New Oil Length of Test Actual Prod. During | Run To Tanks | able for this d Date of Test Tubing Pressure | Producing Method (Flow, pump, gas lift, Casing Pressure | etc.) Choke Size |
| OII. WEI.L Date First New Oil Length of Test Actual Prod. During GAS WELL | Aun To Tanks | able for this d Date of Test Tubing Pressure | Producing Method (Flow, pump, gas lift, Casing Pressure | etc.) Choke Size |
| OIL WELL Date First New Oil Length of Test Actual Prod. During | Aun To Tanks | able for this d Date of Test Tubing Pressure Oil-Bbls. | lepth or be for full 24 hours) Producing Method (Flow, pump, gas lift, Casing Pressure Water-Bbls. | etc.) Choke Size Gas-MCF |
| Date First New Oil Length of Test Actual Prod. During GAS WELL | Run To Tanks Test MCF/D | able for this d Date of Test Tubing Pressure Oil-Bbls. | lepth or be for full 24 hours) Producing Method (Flow, pump, gas lift, Casing Pressure Water-Bbls. | etc.) Choke Size Gas-MCF |
| OII. WEI.L Date First New Oil Length of Test Actual Prod. During GAS WELL Actual Prod. Test- | Run To Tanks g Test MCF/D tot, back pr.) | able for this d Date of Test Tubing Pressure Oil-Bbls. Length of Test Tubing Pressure (Shut-in) | lepth or be for full 24 hours) Producing Method (Flow, pump, gas lift, Casing Pressure Water-Bbls. Bble. Condensate/MMCF Casing Pressure (Shut-in) | etc.) Choke Size Gas-MCF Gravity of Condensate |

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

W (Signature) Agent (Title) 12-12-69

(Date)

| APPROVED | DEC 1 1969 | |
|----------|------------|---|
| BY ALA | Haney | |
| TITLE | DISTRICT ! | _ |

Ì 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.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

| | · · · · · · · · · · · · · · · · · · · | | |
|---|---|--|---|
| DISTRIBUTION | REQUEST FO | ISERVATION COMMISSION DR ALLOWABLE | Form C+104 Supersedes Old C+104 and C+110 Effective 1+1+85 |
| FILE U.S.G.S. | | AND SPORT DIL AND NATURAL GAS | |
| LAND OFFICE | r | | |
| GAS OPERATOR | A | | |
| PRORATION OFFICE | | <u></u> | |
| IMIERIAL - AMERICAN MA | NAGEMENT COMPANY | | |
| 507 Midland Savings Bl Reason(s) for filing (Check proper box) | dg. Midland, Texas | Other (Please explain) | <u>.</u> |
| New Well | Change in Transporter oi: | | |
| Recompletion Change in Ownership X | Oil Dry Gas Casinghead Gas Condense | | |
| If change of ownership give name and address of previous owner | SOLAR OIL COMPANY B | ox 5596 Midland, Texas | |
| I. DESCRIPTION OF WELL AND L | EASE Well No. Pool Name, Including For | mation Kind of Lease | Lease No. |
| McCallister | l Drinkard | State, Federal or | Fee Fee |
| Location Unit Letter;660 | Feet From The North Line | and <u>1980</u> Feet From The | West |
| 7 | nship 22-S Range 38- | Е , ммрм, Lea | County |
| L DESIGNATION OF TRANSPORT | ER OF OIL AND NATURAL GAS | Address (Give address to which approved | conv of this form is to be sent) |
| Name of Authorized Transporter of Oil Admiral Crude Oil | K or Condensate | Address (Give address to which approved <u>Box 1713</u> <u>Midland</u> , Tex Address (Give address to which approved | |
| Name of Authorized Transporter of Cas | Inghead Gas 🙀 or Dry Gas 🚺 👘 | Address (Give address to which approved Box 1650 Tulsa, Oklah | |
| Skelly Oil Company | Unit Sec. Twp. Rge. C 7 22-S 38-E | Is gas actually connected? When Yes | 1 |
| give location of tanks. | h that from any other lease or pool, g | | |
| V. COMPLETION DATA | Oil Well Gas Well | | lug Back Same Res'v. Diff. Res'v. |
| Designate Type of Completio | 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 | Fubing Depth |
| Perforations | | | Depth Casing Shoe |
| Perforditions | TUBING CASING AND | CEMENTING RECORD | |
| HOLESIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
| | | | |
| | | | the second ten allow |
| V. TEST DATA AND REQUEST F | OR ALLOWABLE (Test must be a) able for this de | fter recovery of total volume of load oll an pth or be for full 24 hours) Producing Method (Flow, pump, gas lift, | |
| Date First New Oil Run To Tanks | Date of Test | | Choke Size |
| Longth of Test | Tubing Pressure | Casing Pressure | · |
| Actual Prod. During Test | Oll-Bble. | Water-Bble. | 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 |
| | NCE . | OIL CONSERVA | TION COMMISSION |
| VI. CERTIFICATE OF COMPLIAN | | ADDOVED | 3 1969 . 19 |
| I hereby certify that the rules and Commission have been compiled above is true and complete to t | i regulations of the Oil Conservation with and that the information given he best of my knowledge and belief. | BY | Elmer |
| | | TITLE This form is to be filed in c | ompliance with RULE 1104. |
| the control (SI | Di ancest | If this is a request for allow well, this form must be accompany | able for a newly drilled of despen- iled by a tabulation of the deviation income with RULE 111. |
| Area Manager | gnature) 🗸 | tests taken on the well in account | it be filled out completely for allow |
| Alea manage | | | |
| | Title) | Fill out only Sections I. II | . III, and VI for changes of owne er, or other such change of conditio be filed for each pool in multip |

| | - | | |
|--|---|---|---|
| NO. OF COFIES ACCEIVED DISTRIBUTION ANTA FE | NEW MEXICO OIL CONSE REQUEST FOR AN | ALLOWABLE | Form C-104 Supersedes Old C-104 and C-110 Elfoctive 1-1-85 |
| ILE J.S.G.S. | AUTHORIZATION TO TRANSP | | |
| TRANSPORTER OIL GAS | • | | |
| | | | |
| IMERIAL - AMERICAN MAN | AGEMENT COMPANY | | |
| 507 Midland Savings Bld | ig. Midland, Texas | Other (Please explain) | |
| eason(s) for filing (Check proper box) lew We!l | Change in Transporter of: | | |
| Recompletion | Oil Dry Gas Casinghead Gas Condensate | , | |
| Change in Ownership X | | x 5596 Midland, Texas | 1 |
| change of ownership give name nd address of previous owner | | | Lease No. |
| ESCRIPTION OF WELL AND LI | | ation Kind of Lease State, Federal or | |
| McCallister | 1 Wantz Abo | | |
| c 660 | Feet From The North Line or | nd <u>1980</u> Feet From The | <u>West</u> |
| Unit Letter 7 Towr | 22-5 Braze 38 | 3-Е , ммрм, Lea | County |
| Line of Section | | | to to be continued |
| ESIGNATION OF TRANSPORT | | address (Give address to which approved | |
| Al-impl Crude 011 | | Box 1713 Midland, Te Address (Give address to which approved | i copy of this form is to be think |
| Name of Authorized Transporter of Cast Skelly Oil Company | | Box 1650 Tulsa, Okla s gas actually connected? | homa |
| If well produces oil or liquids, | | Yes | |
| give location of tanks. | the that from any other lease or pool, gi | ve commingling order number: | |
| f this production is commingled with COMPLETION DATA | Oll Well Gas Well 1 | New Well Workover Deepen | Plug Back Same Res'v. Diff. Res'v. |
| Designate Type of Completic | on – (X) | Total Depth | P.B.T.D. |
| Date Spudded | Date Compl. Ready to Prod. | | Tubing Depth |
| Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | Top Oll/Gas Pay | |
| | | | Depth Casing Shoe |
| Perforations | TUBING, CASING, AND | CEMENTING RECORD | |
| | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
| HOLE SIZE | | 1 | |
| | | ····· | |
| | The must be a | fier recovery of total volume of load oil | and must be equal to or exceed top allo |
| TEST DATA AND REQUEST I | able for this ar | Producing Method (Flow, pump, gas li | ft, etc.) |
| Date First New Oil Run To Tanks | Date of Test | | Choke Size |
| Length of Test | Tubing Pressure | Casing Pressure | |
| | Oli-Bbis. | Water-Bbls. | Gae • MCF |
| Actual Prod. During Test | | | |
| · | | Bble. Condensate/MMCF | Gravity of Condensate |
| GAS WELL Actual Prod. Test-MCF/D | Length of Test | | Choke Size |
| Testing Method (pitot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | |
| | | OIL CONSERV | ATION COMMISSION |
| I. CERTIFICATE OF COMPLIA | | APPROVED | 19 |
| I hereby certify that the rules a Commission have been complie shove is true and complete to | nd regulations of the Oil Conservation ad with and that the information giver the best of my knowledge and belief | Val A | Maney |
| | | | n compliance with RULE 1104. |
| × 1 | K Cumay | request for all | lowable tor a tabulation of the devia |
| Reach | (Signature) | | cordance with RULE 111. must be filled out completely for al wells. |
| Area Manag | er | | |
| October 24 | • • • | Fill out only Sections I | , II, III, and VI for changes of one porter, or other such change of condi- nust be filed for each pool in mul- |
| | (Date) | Separate Forma C-104 n | NUST DE ILLOW IST CALL |

Separate Fo