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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"/>
5b. State Oil & Gas Lease No.	

SUNDRY NOTICES AND REPORTS ON WELLS <small>(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.)</small>		
1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name	
2. Name of Operator Imperial-American Management Co.	8. Name of Lease Name L. B. Jones	
3. Address of Operator 507 Midland Savings Bldg., Midland, Texas 79701	9. Well No. 2	
4. Location of Well UNIT LETTER <u>K</u> <u>2310</u> FEET FROM THE <u>West</u> LINE AND <u>1650</u> FEET FROM <u>South</u> LINE, SECTION <u>6</u> TOWNSHIP <u>22-S</u> RANGE <u>38-E</u> N.M.P.M.	10. Field and Pool, or Wildcat Drinkard	
15. Elevation (Show whether DF, RT, GR, etc.) 3346.6 GR	12. County Lea	

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input checked="" type="checkbox"/> REMEDIAL WORK <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> OTHER <input type="checkbox"/> CASING TEST AND CEMENT JOBS <input type="checkbox"/> OTHER <input type="checkbox"/>	SUBSEQUENT REPORT OF: ALTERING CASING <input type="checkbox"/> PLUG AND ABANDONMENT <input type="checkbox"/> OTHER <input type="checkbox"/>

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.

We propose to plug and abandon this well as follows:

1. Load hole w/9.5# mud.
2. Set 25 sx cement plug in 5½" csg. - 6280-6500'.
3. Shoot off 5½" csg at free point, estimate 2400', pull 5½" csg.
4. Set 100' cement plug at base of salt section from 2650-2750'.
5. Set 100' cement plug at top of salt section from 1470-1570'.
6. Set 50 sx cement plug 815-915', half in-half-out of 9-5/8" csg.
7. Set 10 sx cement plug 0-20'.
8. Set surface marker and clean up location.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
SIGNED <u>Barclay K. Blaney</u>	TITLE <u>Division Manager</u>	DATE <u>3-17-71</u>
APPROVED BY <u>[Signature]</u>	TITLE <u>SUPERVISOR DISTRICT</u>	DATE <u>Mar 18 1971</u>
CONDITIONS OF APPROVAL, IF ANY:		

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MAR 10 1971
OIL CONSERVATION COMM.
HOBBS, N. M.

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	GAS	
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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-110
Effective 1-1-65

I. Operator Imperial-American Management Company
Address 507 Midland Savings Bldg.-Midland, Texas
Reason(s) for filing (Check proper box) Other (Please explain)
New Well ☐ Change in Transporter of ☒ Effective January 1, 1970
Recompletion ☐ Oil ☒ Dry Gas ☐
Change in Ownership ☒ Casinghead Gas ☐ Condensate ☐

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>L.B. Jones</u>	Well No. <u>2</u>	Pool Name, including Formation <u>Drinkard</u>	Kind of Lease State, Federal or Fee <u>Fee</u>	Lease No.
Location Unit Letter <u>K</u> ; <u>2310</u> Feet From The <u>West</u> Line and <u>1650</u> Feet From The <u>South</u> Line of Section <u>6</u> Township <u>22-S</u> Range <u>38-E</u> , NMPM, <u>Lea</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"/> <u>Permian Corporation</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 3119-Midland, Texas</u>					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>None</u>	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 <u>E</u>	Sec. <u>6</u>	Twp. <u>22-S</u>	Rge. <u>38-E</u>	Is gas actually connected? <u>No</u>	When

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 (pilot, 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.

Lee B. Bight
(Signature)
Agent

12-12-69
(Date)

OIL CONSERVATION COMMISSION

APPROVED

DEC 15 1969

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 multiply completed wells.

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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-110
Effective 1-1-65

Operator IMIERIAL - AMERICAN MANAGEMENT COMPANY	
Address 507 Midland Savings Bldg. Midland, Texas	
Reason(s) for filing (Check proper box)	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 Ownership <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner SOLAR OIL COMPANY Box 5596 Midland, Texas

DESCRIPTION OF WELL AND LEASE		Kind of Lease	Lease No.
Lease Name L. B. Jones	Well No. 2	State, Federal or Fee Fee	
Pool Name, including Formation Drinkard			
Location Unit Letter <u>K</u> : <u>2310</u> Feet From The <u>West</u> Line and <u>1650</u> Feet From The <u>South</u>			
Line of Section <u>6</u> Township <u>22-S</u> Range <u>38-E</u> , NMPM, <u>Lea</u> County			

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>		<u>Box 1713 Midland, Texas</u>	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)	
<u>None</u>			
If well produces oil or liquids, give location of tanks.	Unit E	Sec. 6	Twp. 22-S
		Pge. 38-E	Is gas actually connected? <u>No</u> When

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

COMPLETION DATA		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Designate Type of Completion - (X)									
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		Bbls. Condensate/MMCF	Gravity of Condensate
Actual Prod. Test-MCF/D	Length of Test		
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.

(Signature)
Area Manager
(Title)
October 24, 1969
(Date)

OIL CONSERVATION COMMISSION	
APPROVED	3 1969
BY	
TITLE	SUPERVISOR DISTRICT
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.	
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