

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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| TRANSPORTER            | OIL |
|                        | GAS |
| OPERATOR               |     |
| PRODUCTION OFFICE      |     |

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-01-78  
Format 06-01-83  
Page 1

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

|   |   |
|---|---|
| Operator<br><b>CHEVRON U.S.A. INC.</b>  |   |
| Address<br><b>P. O. Box 670, Hobbs, NM 88240</b>  |   |
| Reason(s) for filing (Check proper box)   | Other (Please explain)  |
| <input type="checkbox"/> New Well<br><input type="checkbox"/> Recompletion<br><input checked="" type="checkbox"/> Change in Ownership | Change in Transporter of:<br><input type="checkbox"/> Oil<br><input type="checkbox"/> Casinghead Gas<br><input type="checkbox"/> Dry Gas<br><input type="checkbox"/> Condensate<br>Name Change Effective 7-1-85 |

If change of ownership give name and address of previous owner **Gulf Oil Corp., P. O. Box 670, Hobbs, NM 88240**

II. DESCRIPTION OF WELL AND LEASE

|  |                       |   |   |           |
|--|-----------------------|---|---|-----------|
| Lease Name<br><b>A. I. Christmas (NET-C)</b>   | Well No.<br><b>10</b> | Pool Name, including Formation<br><b>Drinkard</b> | Kind of Lease<br>State, Federal or Fee <b>Fee</b> | Lease No. |
| Location<br>Unit Letter <b>F</b> : <b>1950</b> Feet From The <b>North</b> Line and <b>1845</b> Feet From The <b>West</b> |                       |   |   |           |
| Line of Section <b>18</b> Township <b>22S</b> Range <b>37E</b> , NMPM, <b>Lea</b> 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"/><br><b>Gettys Trading &amp; Transportation Co</b> | Address (Give address to which approved copy of this form is to be sent)<br><b>Box 1142, Midland Tx 79701</b> |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/><br><b>Warren Petroleum Corp</b>          | Address (Give address to which approved copy of this form is to be sent)<br><b>Box 1589, Tulsa, OK 74100</b>  |
| If well produces oil or liquids, give location of tanks.  | Unit Sec. Twp. Rge. Is gas actually connected? When   |
|   | <b>G 18 22S 37E YES 6-23-77</b>   |

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

NOTE: Complete Parts IV and V on reverse side if necessary.

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

**R. D. Pite**  
(Signature)

Area Engineer  
(Title)

5-31-85  
(Date)

OIL CONSERVATION DIVISION

APPROVED **AUG 14 1985**, 19  
BY **[Signature]**  
TITLE **DISTRICT 1 SUPERVISOR**

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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JUL 30 1985

C.C.D.  
HODDS OFFICE

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-103  
Revised 10-1-78

5a. Indicate Type of Lease

State ☐ For ☒

5. State Oil & Gas Lease No.

SUNDRY NOTICES AND REPORTS ON WELLS

DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO OPEN OR PLUG BACK TO A DIFFERENT RESERVOIR.  
USE APPLICATION FOR PERMIT (FORM C-101) FOR SUCH PROPOSALS.

1. ☒ OIL WELL ☐ GAS WELL ☐ OTHER

2. Name of Operator

Gulf Oil Corporation

3. Address of Operator

P. O. Box 670, Hobbs, NM 88240

4. Location of well

UNIT LETTER F 1950 FEET FROM THE North LINE AND 1845 FEET FROM  
THE West LINE, SECTION 18 TOWNSHIP 22S RANGE 37E NMPM.

7. Unit Agreement Name

8. Farm or Lease Name

A. L. Christmas (NCT-C)

9. Well No.

10

10. Field and Pool, or Wildcat

Drinkard

15. Elevation (Show whether DF, RT, GR, etc.)

3423' GL

12. County

Lea

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK ☐

TEMPORARILY ABANDON ☐

PULL OR ALTER CASING ☐

OTHER ☐

PLUG AND ABANDON ☐

CHANGE PLANS ☐

REMEDIAL WORK ☐

COMMENCE DRILLING OPS. ☐

CASING TEST AND CEMENT JOB ☐

OTHER Equip to Pump ☒

ALTERING CASING ☐

PLUG AND ABANDONMENT ☐

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.

Pump 1000 gals NEFE. POH with production equipment. GIH with 2-3/8" tubing, MA, perf sub, SN. GIH with new pump and rods, space out. Pumping 20 BO, 11 BW, 332 MCF gas. Before, flowed 10 BO, 0 BW, 210 MCF gas. Complete after equip to pump and acid job 5-9-83.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED

R.D. Pite

TITLE

Area Engineer

DATE

5-23-83

ORIGINAL SIGNED BY JERRY SEXTON

APPROVED BY

DAVID J. SUPERVISOR

TITLE

DATE MAY 25 1983

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED  
MAY 24 1983  
C.C.D.  
HOBBS OFFICE

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|                        | GAS |
| OPERATOR               |     |
| PRODUCTION OFFICE      |     |

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. OPERATOR

Gulf Oil Corporation

Address

P. O. Box 670, Hobbs, NM 88240

Reason(s) for filing (Check proper box)

New Well ☐ Change in Transporter of:

Recompletion ☐ Oil ☒ Dry Gas ☐

Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

Other (Please explain)

Change in Name of Transporter Effective 1-1-83

If change of ownership give name and address of previous owner

## II. DESCRIPTION OF WELL AND LEASE

|                         |          |   |                           |                 |
|-------------------------|----------|---|---------------------------|-----------------|
| Lease Name              | Well No. | Pool Name, including Formation                            | Kind of Lease             | Lease No.       |
| A. L. Christmas (NCT-C) | 10       | Drinkard  | State, Federal or Fee Fee |                 |
| Location                |          |   |                           |                 |
| Unit Letter             | F        | 1950 Feet From The North Line and 1845 Feet From The West |                           |                 |
| Line of Section         | 18       | Township 22S  | Range 37E                 | NMPM, Lea Count |

## III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|  |  |
|--|--|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>         | Address (Give address to which approved copy of this form is to be sent) |
| Getty Trading & Transportation Co.   | Box 1142, Midland, TX 79701  |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |
| Warren Petroleum Corp.   | Box 1589, Tulsa, OK 74100  |
| If well produces oil or liquids, give location of tanks.   | Unit Sec. Twp. Rge. Is gas actually connected? When                      |
| G 18 22S 37E   | Yes 6-23-77  |

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. Re. |
| Date Spudded                       | Date Compl. Ready to Prod.  | Total Depth     | P.B.T.D.          |          |        |           |             |           |
| Elevations (DF, RAB, 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 oil able for this depth or be for full 24 hours)

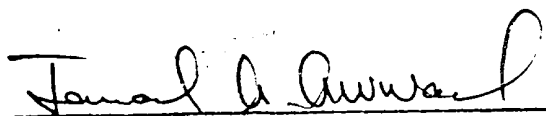
|                                 |                 |   |            |
|---------------------------------|-----------------|---|------------|
| Date First New Oil Run To Tanks | Date of Test    | Producing Method (Flow, pump, gas lift, etc.) |            |
| Length of Test                  | Tubing Pressure | 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 Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

  
(Signature)  
Area Engineer  
(Title)  
1-26-83  
(Date)

## OIL CONSERVATION DIVISION

APPROVED JAN 28 1983, 19  
ORIGINAL SIGNED BY  
BY EDDIE W. SEAY  
TITLE OIL & GAS INSPECTOR

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 deviate tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all 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 multi-completed wells.

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

Form C-103  
Revised 10-1-78

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5a. Indicate Type of Lease  
State ☐ Fee ☒  
5. State Oil & Gas Lease No.

SUNDRY NOTICES AND REPORTS ON WELLS  
(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.)

|   |  |
|---|--|
| 1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>  | 7. Unit Agreement Name                           |
| 2. Name of Operator<br>GULF OIL CORPORATION   | 8. Farm or Lease Name<br>A. L. Christmas (NCT-C) |
| 3. Address of Operator<br>P.O. Box 670, Hobbs, NM 88240   | 9. Well No.<br>10                                |
| 4. Location of Well<br>UNIT LETTER <u>F</u> , <u>1950</u> FEET FROM THE <u>North</u> LINE AND <u>1845</u> FEET FROM<br>THE <u>West</u> LINE, SECTION <u>18</u> TOWNSHIP <u>22S</u> RANGE <u>37E</u> NMPM. | 10. Field and Pool, or Wildcat<br>Drinkard       |
| 15. Elevation (Show whether DF, RT, GR, etc.)<br>3423' GL   | 12. County<br>Lea                                |

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data  
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

|  |   |   |   |
|--|---|---|---|
| PERFORM REMEDIAL WORK <input type="checkbox"/> | PLUG AND ABANDON <input type="checkbox"/> | REMEDIAL WORK <input type="checkbox"/>                | ALTERING CASING <input type="checkbox"/>  |
| TEMPORARILY ABANDON <input type="checkbox"/>   | CHANGE PLANS <input type="checkbox"/>     | COMMENCE DRILLING OPERATIONS <input type="checkbox"/> | PLUG AND ABANDONMENT <input type="checkbox"/>                                       |
| PULL OR ALTER CASING <input type="checkbox"/>  | OTHER <input type="checkbox"/>            | CASING TEST AND CEMENT JOBS <input type="checkbox"/>  | OTHER <u>Frac treated Drinkard perforations</u> <input checked="" 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 1105.

6710' TD. 6694' PB. Pres csg to 1000# - held OK. Frac Drinkard zone 6427' to 6603' using cross-linked gel + 1% KCl & FW in 6 equal stages, each stage consisting of:

- A. 500 gal pad
- B. 1500 gal pad w/3# 100 mesh SPG
- C. 500 gal pad
- D. 1500 gal pad w/1# 20-40 SPG
- E. 2000 gal pad w/2# 20-40 SPG
- F. 3000 gal pad w/3# 20-40 SPG

Dropped 16 RCNBs & 1000# RS. ISIP 1650#; after 5 min 1550#; 10 min 1550#; 15 min 1500#. Max treating pres 5800#; min 3300#; AIR 18 BPM. 27,000# 100 mesh & 87,000# 20-40 mesh sand in form. Swbd & tested. Returned well to production. Well flowed 10 BO, 4 BW & approx 259 MCF gas in 24 hrs prior to workover. Well flowed 59 BO, 24 BW & approx 385 MCF gas in 24 hrs after frac job.

Work performed 11-8-79 through 11-19-79.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED N. B. Sikes, Jr. TITLE Area Engineer DATE 11-21-79  
APPROVED BY [Signature] TITLE SUPERVISOR DATE NOV 26 1979  
CONDITIONS OF APPROVAL, IF ANY: