

UNITED STATES
DEPARTMENT OF THE INTERIOR

GEOLOGICAL SURVEY

(Other instructions on reverse side)
COMMISSION

Las Cruces 064118

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. TYPE OF WORK DRILL <input type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input checked="" type="checkbox"/>			5. LEASE DESIGNATION AND SERIAL NO. Las Cruces 064118	
b. TYPE OF WELL OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>			16. IF INDIAN, ALLOTTEE OR TRIBE NAME	
2. NAME OF OPERATOR Carter Foundation Production Company			7. UNIT AGREEMENT NAME	
3. ADDRESS OF OPERATOR P. O. Box 900, Kermit, Texas 79745			8. FARM OR LEASE NAME E.C.Hill "M" Federal	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*) At surface 2131' FNL & 660' FEL Section 34, T-23S, R-37E, At proposed prod. zone Lea County, New Mexico Same			9. WELL NO. 1	
14. DISTANCE IN MILES AND DIRECTION FROM NEAREST TOWN OR POST OFFICE*			10. FIELD AND POOL, OR WILDCAT Teague Devonian	
15. DISTANCE FROM PROPOSED* LOCATION TO NEAREST PROPERTY OR LEASE LINE, FT. (Also to nearest drlg. unit line, if any) 660'			11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 34, T-23S, R-37E	
16. NO. OF ACRES IN LEASE 480			12. COUNTY OR PARISH 13. STATE Lea NM	
17. NO. OF ACRES ASSIGNED TO THIS WELL 40			18. DISTANCE FROM PROPOSED LOCATION* TO NEAREST WELL, DRILLING, COMPLETED, OR APPLIED FOR, ON THIS LEASE, FT. 1141'	
19. PROPOSED DEPTH 7290'			20. ROTARY OR CABLE TOOLS -	
21. ELEVATIONS (Show whether DF, RT, GR, etc.) 3263' GR, 3275' KB			22. APPROX. DATE WORK WILL START* Immediately	

PROPOSED CASING AND CEMENTING PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	QUANTITY OF CEMENT
17-1/2"	13-3/8"	48#	300'	300 sx-Circulated
12-1/4"	9-5/8"	32.30# & 36#	2900'	1400 sx-Top @ 70'
8-3/4"	7"	23# & 26#	9104'	650 sx-Top @ 5900'

Present Productive Zone - Prorated in Teague Simpson Field

T.D. - 9290' PBTD - 9284' 5" Liner from 9026' to 9289'

Perforations - 9114'-22', 9134'-40', 9162'-94', 9202'-28', 9234'-64' (102' with 408 holes).

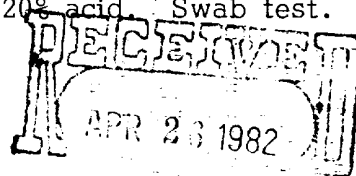
Well shut in because of high rate of water production with little oil.

Proposal - Recomplete in Devonian Zone

Set cement retainer at 8996' and cement McKee section with 200 sacks. Perforate interval from 7120' to 7290'. Acidize with 5,000 gallons 20% acid. Swab test.

Place on production.

Blow-out preventor to be installed.



IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: If proposal is to deepen or plug back, give data on present productive zone and proposed new productive zone. If proposal is to drill or deepen directionally, give pertinent data on subsurface locations and measured and true vertical depths. Give blowout preventer program, if any.

24. SIGNED <u>Robert D. Felling</u> TITLE <u>Agent</u> DATE <u>4-23-82</u>	
(This space for Federal or State office use)	
APPROVED	
PERMIT NO.	APPROVAL DATE
(Orig. Sgd.) PETER W. CHESTER	
APPROVED BY	TITLE
CONDITIONS OF APPROVAL, APR 27 1982	
FOR	DATE
JAMES A. GILLHAM	
DISTRICT SUPERVISOR	

*See Instructions On Reverse Side

AMENDED

OIL CONSERVATION DIVISION

AMENDED

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENTP. O. BOX 2088
SANTA FE, NEW MEXICO 87501Form C-102
Revised 10-1-78

All distances must be from the outer boundaries of the Section.

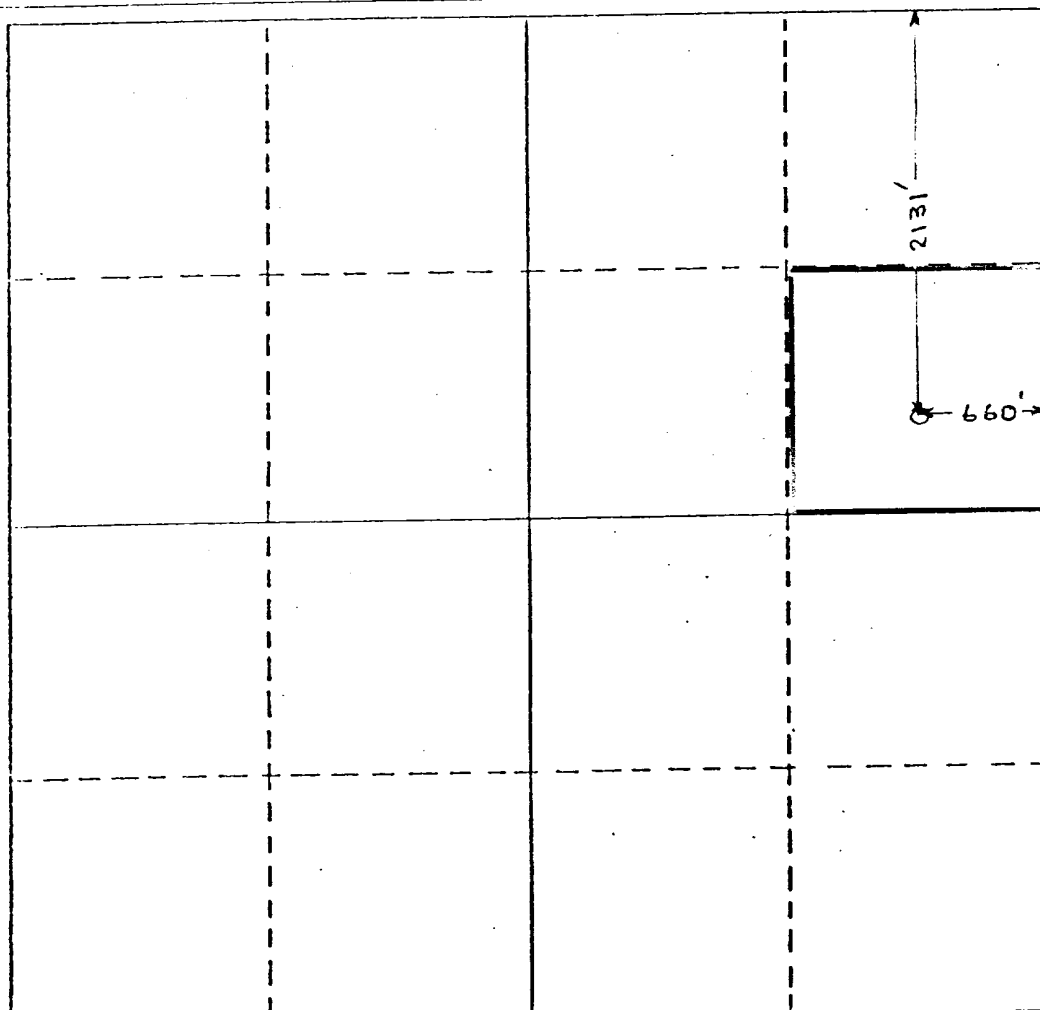
Operator Carter Foundation Production Company			Lease E. C. Hill "M" Federal		Well No. 1
Unit Letter H	Section 34	Township 23-S	Range 37-E	County Lea	
Actual Footage Location of Well:					
2131 feet from the North		line and 660 feet from the East		line	
Ground Level Elev. 3263'	Producing Formation Devonian		Pool Teague Devonian		Dedicated Acreage: 40 Acres

1. Outline the acreage dedicated to the subject well by colored pencil or hachure marks on the plat below.
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
3. If more than one lease of different ownership is dedicated to the well, have the interests of all owners been consolidated by communitization, unitization, force-pooling, etc?

☐ Yes ☐ No If answer is "yes," type of consolidation _____

If answer is "no," list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.) _____

No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interests, has been approved by the Division.



CERTIFICATION

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

Robert D. Fitting
Name
Robert D. Fitting

Position
Agent

Company Carter Foundation
Production Company

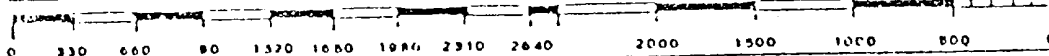
Date
4-23-82

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

Date Surveyed

Registered Professional Engineer
and/or Land Surveyor

Certificate No.



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TRANSPORTER	OIL	
	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
Effective 1-1-65 10

AUG 16 9 31 AM '65

ILLEGIBLE

I. Operator **Carter Foundation Production Company**

Address **P. O. Box 900, Kermit, Texas**

Reason(s) for filing (Check proper box)

New Well	<input type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)
**Formerly Hill 1-M
To Comply with Commission order.**

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name E. C. Hill "M"	Lease No. 064118	Well No. 1	Pool Name, Including Formation Teague - Nolan (slupee)	Kind of Lease State, Federal or Fee Federal
Location				
Unit Letter H	2131	Feet From The North	Line and 660	Feet From The East
Line of Section 34	Township 23-3	Range 37-E	, 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"/> Texas-New Mexico Pipe Line Company	Address (Give address to which approved copy of this form is to be sent) Jal, New Mexico			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) Jal, New Mexico			
If well produces oil or liquids, give location of tanks.	Unit H	Sec. 34	Twp. 23-3	Rge. 37-E
				Is gas actually connected? Yes
				When at Completion

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)

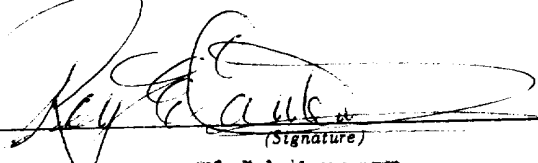
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	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)
Field Manager
(Title)
August 11th, 1965
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
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.