

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-71

| | | |
|------------------------|--|--|
| NO. OF COPIES RECEIVED | | |
| DISTRIBUTION | | |
| SANTA FE | | |
| FILE | | |
| U.S.G.S. | | |
| LAND OFFICE | | |
| OPERATOR | | |

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 RED MOUNTAIN ASSOCIATES L.P. | 8. Farm or Lease Name SANTA FE PACIFIC |
| 3. Address of Operator 1517 REISTERSTOWN ROAD, BALTIMORE, MARYLAND 21208 | 9. Well No. # 9 |
| 4. Location of Well UNIT LETTER <u>O</u> <u>110</u> FEET FROM THE <u>S</u> LINE AND <u>1910</u> FEET FROM THE <u>EAST</u> LINE, SECTION <u>20</u> TOWNSHIP <u>20N</u> RANGE <u>9W</u> NMPM. | 10. Field and Pool, or Wildcat RED MOUNTAIN MESAVERD |
| 15. Elevation (Show whether DF, RT, GR, etc.) <u>6398 6R</u> | 12. County McKINLEY |

16.

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐PLUG AND ABANDON ☐TEMPORARILY ABANDON ☒REMEDIAL WORK ☐ALTERING CASING ☐PULL OR ALTER CASING ☐CHANGE PLANS ☐COMMENCE DRILLING OPNS. ☐PLUG AND ABANDONMENT ☐CASING TEST AND CEMENT JOBS ☐OTHER ☐

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.

TEMPORARILY ABANDONED UNTIL FUTURE DEVELOPMENT PROGRAM IS ESTABLISHED

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

SIGNED Stephen F. MeszarosTITLE General PartnerDATE 3/19/82Original Operator

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

MAR 19 1982

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

| | |
|------------------------|-----|
| NO. OF COPIES RECEIVED | |
| DISTRIBUTION | |
| SANTA FE | |
| FILE | |
| U.S.G.S. | |
| LAND OFFICE | |
| TRANSPORTER | OIL |
| | GAS |
| OPERATOR | |
| PRODUCTION OFFICE | |

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

RECEIVED
FEB 22 1984
OIL CON. DIV.
DIST. 3

Form C-104
Revised 10-01-78
Format 08-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

| | |
|---|---|
| Operator <u>GEO ENGINEERING Inc</u> | |
| Address <u>P.O. BOX 2966 SANTA FE, NM 87504-2966</u> | |
| Reason(s) for filing (Check proper box) | Other (Please explain) |
| <input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input checked="" type="checkbox"/> Change in Ownership | Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate |

If change of ownership give name and address of previous owner Red Mountain Assoc. 2626 Holly St. Denver, CO 80207

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|---|----------------------|--|---|-----------|
| Lease Name <u>Santa Fe Pacific</u> | Well No. <u>9</u> | Pool Name, including Formation <u>Red Mountain M.V.</u> | Kind of Lease State, Federal or Fee <u>Fee</u> | Lease No. |
| Location | | | | |
| Unit Letter <u>O</u> : <u>110</u> Feet From The <u>South</u> Line and <u>1910</u> Feet From The <u>East</u> | | | | |
| Line of Section <u>20</u> Township <u>20 North</u> Range <u>9 West</u> , NMPM, <u>McKinley</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>Plataea</u> | Address (Give address to which approved copy of this form is to be sent) <u>1921 Bloomfield Ave Farmington NM</u> | |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>NA</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 | Sec. |
| | Twp. | Rge. |
| | Is gas actually connected? <u>No TSTM</u> | |
| | When | |

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

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.

J.M. Saw
(Signature)
Petroleum Engineer
(Title)
2/17/84
(Date)

OIL CONSERVATION DIVISION

APPROVED _____, 19____
BY Frank J. [Signature]
TITLE SUPERVISOR DISTRICT #3

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.

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

| | |
|------------------------|-----|
| NO. OF COPIES RECEIVED | |
| DISTRIBUTION | |
| SANTA FE | |
| FILE | |
| U.S.G.S. | |
| LAND OFFICE | |
| TRANSPORTER | OIL |
| OPERATOR | GAS |
| PROMOTION 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

I. Operator GEO ENGINEERING INC

Address PO BOX 2966, SANTA FE, NM 87504-2966

Reason(s) for filing (Check proper box)

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

Other (Please explain)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|---|----------------------|---|---|-----------|
| Lease Name <u>SANTA FE PACIFIC</u> | Well No. <u>9</u> | Pool Name, including Formation <u>RED MTN. M/V</u> | Kind of Lease State, Federal or Fee <u>FEE</u> | Lease No. |
| Location | | | | |
| Unit Letter <u>0</u> : <u>110</u> Feet From The <u>SOUTH</u> Line and <u>1910</u> Feet From The <u>EAST</u> | | | | |
| Line of Section <u>20</u> Township <u>20 N</u> Range <u>9 W</u> , NMPM, <u>MC KINLEY</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>GARY ENERGY CORP</u> | Address (Give address to which approved copy of this form is to be sent) <u>115 INVERNESS DR. E. ENGLEWOOD, COLO.</u> |
| Name of Authorized Transporter of Casinthead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>TSTM</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 Sec. Twp. Rge. Is gas actually connected? When |
| | <u>0 20 20N 9W NO</u> |

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.

J. M. Saw
(Signature)
PETR. ENGINEER
(Title)
6-19-86
(Date)

OIL CONSERVATION DIVISION

APPROVED 19
BY Frank J. [Signature]
TITLE SUPERVISOR DISTRICT 38 3

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.