

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. TYPE OF WORK DRILL <input checked="" type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. NM - 081208
b. TYPE OF WELL OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> SINGLE ZONE <input checked="" type="checkbox"/> MULTIPLE ZONE <input type="checkbox"/>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
2. NAME OF OPERATOR Tenneco Oil Company		7. UNIT AGREEMENT NAME South Hospah Unit
3. ADDRESS OF OPERATOR Suite 1200 Lincoln Tower Building, Denver, Colorado		8. FARM OR LEASE NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.)* At surface 330' FNL & 2650' FEL At proposed prod. zone		9. WELL NO. 24
14. DISTANCE IN MILES AND DIRECTION FROM NEAREST TOWN OR POST OFFICE*		10. FIELD AND POOL, OR WILDCAT Hospah, South (Upper Sand)
15. DISTANCE FROM PROPOSED* LOCATION TO NEAREST PROPERTY OR LEASE LINE, FT. (Also to nearest drlg. unit line, if any)		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 12, T-17-N, R-9-W
16. NO. OF ACRES IN LEASE 344		12. COUNTY OR PARISH McKinley
17. NO. OF ACRES ASSIGNED TO THIS WELL 40		13. STATE New Mexico
18. DISTANCE FROM PROPOSED LOCATION* TO NEAREST WELL, DRILLING, COMPLETED, OR APPLIED FOR, ON THIS LEASE, FT.		20. ROTARY OR CABLE TOOLS Rotary
19. PROPOSED DEPTH 1706		22. APPROX. DATE WORK WILL START* Upon Approval
21. ELEVATIONS (Show whether DF, RT, GR, etc.) 7029 GR		

23. PROPOSED CASING AND CEMENTING PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	QUANTITY OF CEMENT
9-7/8"	7-5/8	26#	60	Sufficient to circulate
6-3/4"	4-1/2	10.5#	1706	Sufficient to circulate

Above well will be a 1706' South Hospah (Upper Sand) development well.
If production is indicated, casing will be set at total depth, well will be perforated and treated as necessary to establish commercial production.



RECEIVED

JAN

U. S. GEOLOGICAL SURVEY

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>Larry M. Rogers</u>	TITLE <u>District Office Supervisor</u>	DATE <u>1-7-69</u>
(This space for Federal or State office use)		
PERMIT NO. <u>22</u>	APPROVAL DATE	
APPROVED BY	TITLE	DATE
CONDITIONS OF APPROVAL, IF ANY:		

*See Instructions On Reverse Side

**NEW MEXICO OIL CONSERVATION COMMISSION
WELL LOCATION AND ACERAGE DEDICATION PLAT**

All distances must be from the outer boundaries of the Section

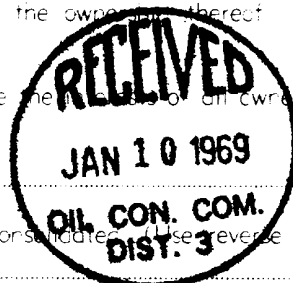
Operator TENNECO OIL COMPANY Lease HOSPAN Unit Well No. 24
Unit Letter B Section 12 Township 17 North Range 9 West County McKinley
Actual surface location of Well 330 feet from the North line and 2650 feet from the East line
Actual level Ungraded Acres 40
Dedicated Average Hospah Upper Sand Hospah, South (Upper Sand)

1. Outline the acreage dedicated to the subject well by colored pencil or hatchure 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 consolidated. (Use reverse side of this form if necessary.) _____

No allowable well production to the well until all interests have been consolidated (by communitization, unitization, force-pooling, or otherwise) or until a non-standard unit, eliminating such interests, has been approved by the Commission.



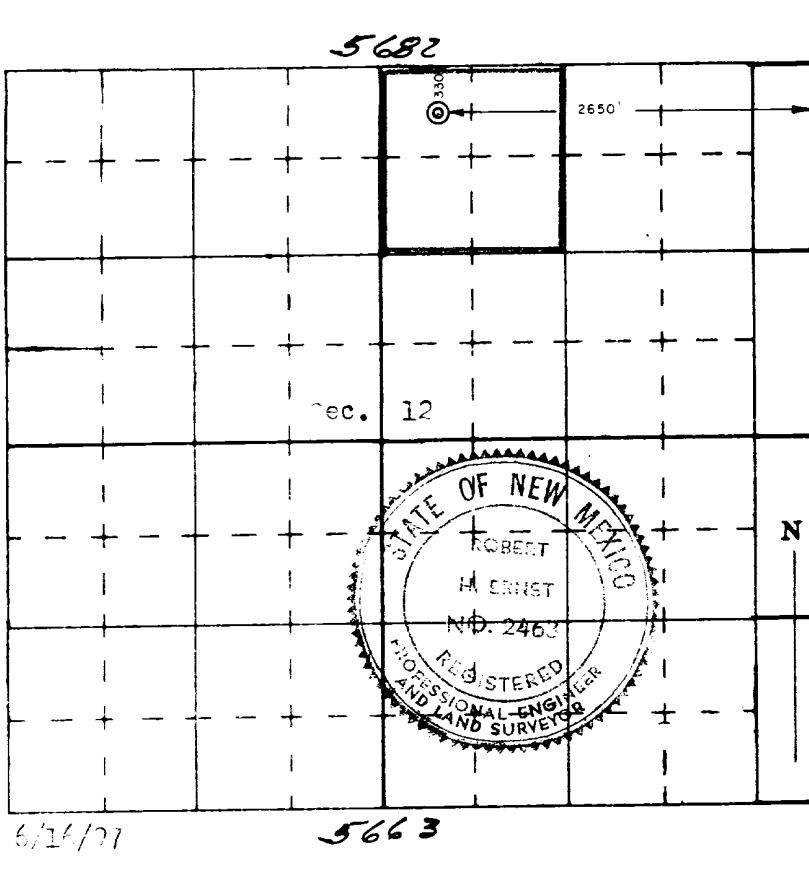
CERTIFICATION

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

Name Larry M. Riggs
Position District Office Supervisor
Company Tenneco Oil Company
Date January 7, 1969

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 20 December 1968
Registered Professional Engineer and/or Land Surveyor Robert H. Ernst
N. Mex. PE & LS 2563
Certificate No. _____



Ernst Engineering Co.
Durango, Colorado

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

(See other in-
structions on
reverse side)Form approved,
Budget Bureau No. 42-R355.5.

5. LEASE DESIGNATION AND SERIAL NO.

NM-081208

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

South Hospah Unit

8. FARM OR LEASE NAME

9. WELL NO.

24

10. FIELD AND POOL, OR WILDCAT

South Hospah Upper

11. SEC., T., R., M., OR BLOCK AND SURVEY
OR AREA

Sec. 12-T17N-R9W

12. COUNTY OR
PARISH

McKinley

13. STATE

New Mexico

1a. TYPE OF WELL:

OIL
WELL ☒GAS
WELL ☐DRY ☐Other ☐

b. TYPE OF COMPLETION:

NEW
WELL ☒WORK
OVER ☐DEEP-
EN ☐PLUG
BACK ☐DIFF.
RESVR. ☐Other ☐

2. NAME OF OPERATOR

Tenneco Oil Company

3. ADDRESS OF OPERATOR

1200 Lincoln Tower Building, Denver, Colorado 80202

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*

At surface 330' FNL & 2650' FEL

At top prod. interval reported below same

At total depth same

14. PERMIT NO.

DATE ISSUED

RECEIVED
APR 3 1969
OIL CON. COM.
DIST. 3

15. DATE SPUDDED

2/8/69

16. DATE T.D. REACHED

2/11/69

17. DATE COMPL. (Ready to prod.)

3/13/69

18. ELEVATIONS (DF, RKB, RT, GR, ETC.)*

7041' KB

19. ELEV. CASINGHEAD

7030' GR

20. TOTAL DEPTH, MD & TVD

1711'

21. PLUG, BACK T.D., MD & TVD

1684'

22. IF MULTIPLE COMPL.,
HOW MANY*

23. INTERVALS
DRILLED BY

--->

ROTARY TOOLS

Yes

CABLE TOOLS

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*

25. WAS DIRECTIONAL
SURVEY MADE

No

South Hospah, Upper 1574-1613

26. TYPE ELECTRIC AND OTHER LOGS RUN

CBL, FDC-GR, IES

27. WAS WELL CORED

No

28. CASING RECORD (Report all strings set in well)

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
8-5/8"	26#	51'	9-7/8"	40 sx Class A	---
4-1/2"	10.5#	1720'	6-3/4"	190 sx Class C	---

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
					238	1642	

31. PERFORATION RECORD (Interval, size and number)

1574-80, 1582-99, 1600-10, 1613
one shot/ft. each interval

32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
See Perfs.	500 gal. acid

33.* PRODUCTION

DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)				WELL STATUS (Producing or shut-in)	
3/11/69		Pumping, 1-1/2" Insert Rod Pump				Pumping	
DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—EBL.	GAS—MCF.	WATER—BEL.	GAS-OIL RATIO
3/13/69	24	---	→	55	TSTM	0	-100
FLOW, TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—EBL.	GAS—MCF.	WATER—BEL.	OIL GRAVITY-API (CORR.)	
---	---	→	55	TSTM	0	33.0	

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)

TEST WITNESSED BY

35. LIST OF ATTACHMENTS

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records

SIGNED

Don H. Cook

TITLE

Production Clerk

DATE

3/27/69

*(See Instructions and Spaces for Additional Data on Reverse Side)

INSTRUCTIONS

General: This form is designed for submitting a complete and correct well completion report and log on all types of lands and leases to either a Federal agency or a State agency, or both, pursuant to applicable Federal and/or State laws and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office. See instructions on items 22 and 24, and 33, below regarding separate reports for separate completions.

If not filed prior to the time this summary record is submitted, copies of all currently available logs (drillers, geologists, sample and core analysis, all types electric, etc.), formation and pressure tests, and directional surveys, should be attached hereto, to the extent required by applicable Federal and/or State laws and regulations. All attachments should be listed on this form, see item 35.

Item 4: If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

Item 16: Indicate which elevation is used as reference (where not otherwise shown) for depth measurements given in other spaces on this form and in any attachments.

Items 22 and 24: If this well is completed for separate production from more than one interval zone (multiple completion), so state in item 22, and in item 24 show the producing interval, or intervals, top(s), bottom(s) and name(s) (if any) for only the interval reported in item 33. Submit a separate report (page) on this form, adequately identified, for each additional interval to be separately produced, showing the additional data pertinent to such interval.

Item 29: "Seeds Concept": Attached supplemental records for this well should show the details of any multiple stage cementing and the location of the cementing tool.

Item 33: Submit a separate completion report on this form for each interval to be separately produced. (See instruction for items 22 and 24 above.)

37. SUMMARY OF POROUS ZONES: SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF; CORED INTERVALS; AND ALL DRILL-STEM TESTS, INCLUDING DEPTH INTERVAL, TESTED, CUSHION TEST, TIME TOOL, OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES				38. GEOLOGIC MARKERS		
FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	TOP MEAS. DEPTH	TRUE VERT. DEPTH
Pt. Look Out	495'	635'	oil (sand) oil (sand)	Pt. Look Out	495'	
Crevasse Canyon	860'	1030'		Mancos Shale	635'	
Upper Hospah	1574'	1614'		Crevasse Canyon	860'	
Lower Hospah	1640'	1725'		Upper Hospah	1574'	
				Lower Hospah	1640'	

TABULATION OF DEVIATION TESTS

TENNECO OIL COMPANY

HOSPAH NO. 24



DEPTH

INCLINATION

1706'

3/4°

A F F I D A V I T

THIS IS TO CERTIFY that to the best of my knowledge the above tabulation details the deviation test taken on TENNECO OIL COMPANY's HOSPAH NO. 24, South Hospah Upper Sand Field, located in Section 12, T-17-N, R-9-W, McKinley County, New Mexico.

Signed

Don H. Cook

Agent

THE STATE OF COLORADO)
)
CITY AND COUNTY OF DENVER)

BEFORE ME, the undersigned authority, on this day personally appeared Don H. Cook known to me to be an Agent for Tenneco Oil Company and to be the person whose name is subscribed to the above statement, who, being by me duly sworn on oath, states that he has knowledge of the facts stated herein and that said statement is true and correct.

SUBSCRIBED AND SWORN TO before me, a Notary Public in and for said County and State this 4th day of April, 1969.

Martha C. Hedin

My commission expires

My Commission expires Nov. 6, 1971

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FILE		1
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	1
	GAS	
OPERATOR		2
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-101 and C-110
Effective 1-1-65

I. Operator
Tenneco Oil Company
Address
1200 Lincoln Tower Building, Denver, Colorado 80203
Reason(s) for filing (Check proper box) Other (Please explain)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
FED. NM 081208

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.
South Hospah Unit	24	South Hospah Upper Sand	State, Federal or Fee FED NM	081208
Location				
Unit Letter B ; 330 Feet From The North Line and 2650 Feet From The East				
Line of Section 12 Township 17N Range 9W , NMPM, McKinley 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"/>	Address (Give address to which approved copy of this form is to be sent)					
Shell Oil Company	P. O. Box 1588 Farmington, New Mexico					
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)					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	f	12	17N	9W		

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	Deeper	Plug Back	Same Res'v.	Diff. Res'v.
	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>					
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.				
2/8/69	3/13/69	1711'		1684'				
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth				
7041' KB	South Hospah Upper	1574'		1642'				
Perforations				Depth Casing Shoe				
1574-80, 1582-99, 1600-10, 1613 - One shot each								
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
9-7/8	8-5/8		511		40 sx			
6-3/4	4-1/2		1720		190 sx			
-	2-3/8		1642		-			

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.)	
3/11/69	3/13/69	Pumping	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 Hrs.	-	-	-
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
	55 BO	0	

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

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.

Don H. Coch
(Signature)

Production Clerk

(Title)

March 27, 1969

(Date)

OIL CONSERVATION COMMISSION

APPROVED **APR 1 1969**

Original Signed by **Emery C. Arnold**

BY **SUPERVISOR DIST. #3**

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.

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. TYPE OF WORK

DRILL ☐DEEPEN ☒PLUG BACK ☐

b. TYPE OF WELL

OIL
WELL ☒GAS
WELL ☐

OTHER

SINGLE
ZONE ☒MULTIPLE
ZONE ☐

2. NAME OF OPERATOR

Tenneco Oil Company

3. ADDRESS OF OPERATOR

Suite 1200 Lincoln Tower Bldg., Denver, Colorado 80203

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.)*

At surface

330' FNL & 2650 FEL (NW/4 NE/4)

At proposed prod. zone

14. DISTANCE IN MILES AND DIRECTION FROM NEAREST TOWN OR POST OFFICE*

15. DISTANCE FROM PROPOSED*

LOCATION TO NEAREST
PROPERTY OR LEASE LINE, FT.
(Also to nearest drig. unit line, if any)

16. NO. OF ACRES IN LEASE

344

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.

19. PROPOSED DEPTH

1684

20. ROTARY OR CABLE TOOLS

Completion Rig

21. ELEVATIONS (Show whether DF, RT, GR, etc.)

7041 KB

22. APPROX. DATE WORK WILL START

Upon Approval

23.

PROPOSED CASING AND CEMENTING PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	QUANTITY OF CEMENT

Plans are to recomplete well from Upper Sand producer to Lower Sand producer as follows:

1. Pull rods and tubing.
2. Squeeze perms 8574-1613 in Upper Sand.
3. Clean out to 1684.
4. Perf Lower Sand 1642-62.
5. Acidize perms w/500 gal acid.
6. Conduct potential test and complete as oil well.

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

Larry M. Riggs

TITLE

District Office Supervisor

DATE

8-6-69

(This space for Federal or State office use)

PERMIT NO.

APPROVAL DATE

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions On Reverse Side

**NEW MEXICO OIL CONSERVATION COMMISSION
WELL LOCATION AND ACERAGE DEDICATION PLAT**

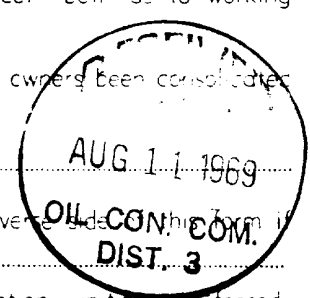
All distances must be from the outer boundaries of the Section

Operator TENNECO OIL COMPANY		Lease South HOSPAH Unit		Well No 24
Unit Letter B	Section 12	Township 17 North	Range 9 West	County McKinley
Actual Footage Location of Well 330 feet from the North line and 2650 feet from the East line				
Ground Level Elev. 7000' ungraded	Producing Formation HOSPAH LOWER SAND	Poc HOSPAH, SOUTH (LOWER SAND)	Dedicated Acreage 40	Acres

1. Outline the acreage dedicated to the subject well by colored pencil or hatchure 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 consolidated. (Use reverse side of this form if necessary) _____

No allowable well 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 Commission.



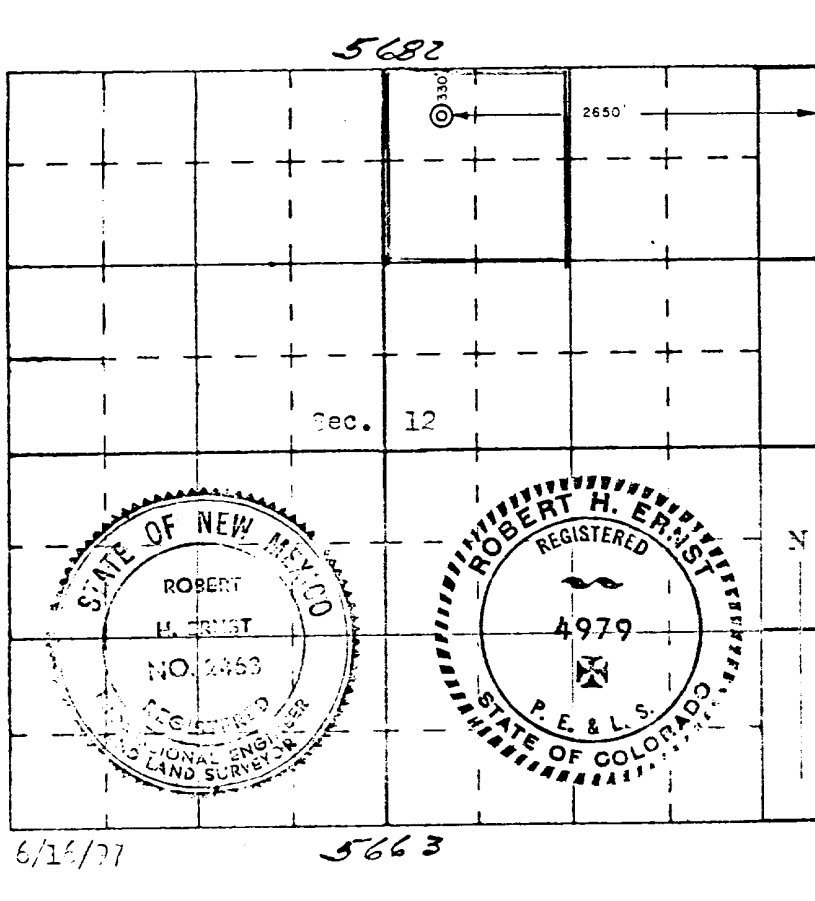
CERTIFICATION

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

Name **Larry M. Riggs**
LARRY M. RIGGS
 Position **DISTRICT OFFICE SUPERVISOR**
 Company **TENNECO OIL COMPANY**
 Date **8-6-69**

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 **20 December 1968**
Robert H. Ernst
 Registered Professional Engineer
 and/or Land Surveyor
Robert H. Ernst
N. Mex. P.E. & L.S. 2563
 Certificate No. _____



6/14/77

Ernst Engineering Co.
Durango, Colorado

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)Form approved.
Budget Bureau No. 42-R1424.

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—" for such proposals.)

1. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <u>Recompletion</u>		5. LEASE DESIGNATION AND SERIAL NO. <u>NM 8269</u>
2. NAME OF OPERATOR <u>Tenneco Oil Company</u>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR <u>Suite 1200 Lincoln Tower Building - Denver, Colorado 80203</u>		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <u>330' F/NL, 2650' F/EL (NE$\frac{1}{4}$, NE$\frac{1}{4}$)</u>		8. FARM OR LEASE NAME <u>Hospah</u>
14. PERMIT NO.		9. WELL NO. <u>24</u>
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <u>7041 KB</u>		10. FIELD AND POOL, OR WILDCAT <u>Hospah South (Lower Sand)</u>
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>Sec. 12, T-17-N, R-9-W</u>
		12. COUNTY OR PARISH <u>McKinley</u>
		13. STATE <u>New Mexico</u>

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

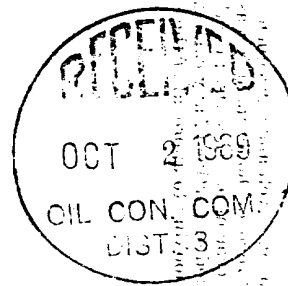
ABANDONMENT*

Recompletion

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

9-18-69 - Moved in Recompletion unit, squeezed perforations 1574' to 1613' w/50 sacks cement, tested to 500 #OK. Cleaned out to P.B.T.D. 1674'
Perforated 1642 - 1655' w/1 hole per foot, Acidized w/500 gals 15% spearhead swabbed. Ran 2-3/8" EUE tubing landed 1660' & ran 3/4" X 25' rods w/pump.
Well tested 9-25-69 222 Bbls oil & 5 Bbls water
Gas TSTM.



18. I hereby certify that the foregoing is true and correct

SIGNED

TITLE

Sr. Production Clerk

DATE

9-30-69

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

NO. OF COPIES RECEIVED		5
DISTRIBUTION		
SANTA FE		1
FILE		1
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	1
	GAS	
OPERATOR		2
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-101 and C-110
Effective 1-1-65

B.I.

TRANSPORTER CHANGED FROM SHELL
OIL COMPANY TO SHELL PIPE LINE
CORPORATION EFFECTIVE 12/31/69

Operator		Tenneco Oil Company	
Address			
Suite 1200 Lincoln Tower Building - Denver, Colorado 80203			
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well	<input type="checkbox"/>	Change in Transporter of:	
Recompletion	<input checked="" 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"/>

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Hospah	Well No.	24	Geol. Name including Formation	Hospah (Lower Sand)	Kind of Lease	State, Federal or Fee	Lease No.	NM-81208
Location									
Unit Letter	B		330	Feet From The	North	Line and	2650	Feet From The	East
Line of Section	12	Township	17N	Range	9W		NMPM,	McKinley	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"/>	Address (Give address to which approved copy of this form is to be sent)		
Shell Oil Company				P. O. Box 1588 - Farmington, New Mexico		
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)		
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	F	12	17N	9W		

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.
		X							X
Date Spudded	9-2-69	Date Compl. Ready to Prod.	9-23-69	Total Depth	1711'	P.B.T.D.	1674		
Elevations (DF, RKB, RT, GR, etc.)	7041 KB	Name of Producing Formation	South Hospah (Lower)	Top Oil/Gas Pay	1574	Tubing Depth	1660'		
Perforations							Depth Casing Shoe		
1642-1655 1 hole per foot									
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE			DEPTH SET		SACKS CEMENT		
							OCT 2 1969		
							OIL CON. COM.		

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be held to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	9-23-69	Date of Test	9-25-69	Producing Method (Flow, pump, gas lift, etc.)	
Pumping					
Length of Test		Tubing Pressure	-	Casing Pressure	-
Actual Prod. During Test	227	Oil-Bbls.	222	Water-Bbls.	5
				Gas-MCF	TSTM

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.

E. A. Ford
(Signature)

Sr. Production Clerk

(Title)

9-30-69

OIL CONSERVATION COMMISSION
OCT 2 1969

APPROVED
Original Signed by Emery C. Arnold

BY
SUPERVISOR DIST. #3

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.

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)Form approved
Bureau of Land Management, No. 42-R1424.
5. LEASE NO. AND SERIAL NO.

NM-211208

6. IF INDIAN, AGENCY OR TRIBE NAME

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—" for such proposals.)1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

Tenneco Oil Company

3. ADDRESS OF OPERATOR

1200 Lincoln Tower Bldg., Denver, Colorado 80203

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

7. UNIT AGREEMENT NAME

HOSPAH

8. FARM OR LEASE NAME

HOSPAH

9. WELL NO.

24

10. FIELD AND POOL, OR WILDCAT

Hospah Lower Sand

11. SEC., T., R., S., AND SURVEY OR

B-12-17-9

SEC 12 T12U R9W

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, CR, etc.)

12. COUNTY OR PARISH 13. STATE

MCKINLEY N.M.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐FRACTURE TREAT ☐SHOOT OR ACIDIZE ☐REPAIR WELL ☐(Other) ☐PULL OR ALTER CASING ☐MULTIPLE COMPLETE ☐ABANDON* ☐CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐FRACTURE TREATMENT ☐SHOOTING OR ACIDIZING ☐(Other) ☐REPAIRING WELL ☐ALTERING CASING ☐ABANDONMENT* ☐

X

(NOTE: Report results of multiple completion or Well
Completion or Recompletion Report and Log form.)17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any
proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones perti-
nent to this work.)*

STATUS OF WELL:

Producing

APPROXIMATE DATE THAT TEMP. ABAND. COMMENCED: NA

REASON FOR TEMP ABAND:

NA

FUTURE PLANS FOR WELL:

NA

APPROXIMATE DATE OF FUTURE W.O. OR PLUGGING: NA

18. I hereby certify that the foregoing is true and correct

SIGNED

D. D. Myers

TITLE

Division Production Manager

DATE

December 13, 1974

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

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	GAS
OPERATOR	
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-11
Effective 1-1-65

I. Operator
TENNECO OIL COMPANY
Address
Box 3249, Englewood, CO 80155
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)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lessee Name Hospah	Well No. 24	Pool Name, Including Formation South Hospah Lower Sand	Kind of Lease Federal	Lease No. NM-81208
Location Unit Letter B 330 Feet From The North Line and 2650 Feet From The East Line of Section 12 Township 17N Range 9W, NMPM, McKinley County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> CINIZA PIPELINE	Address (Give address to which approved copy of this form is to be sent) Box 1887, Bloomfield, NM 87413
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)
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When. F 12 17N 9W

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 - Bbls.

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.

Denise Wilson
(Signature)

Production Analyst

(Title)

November 18, 1982

(Date)

OIL CONSERVATION COMMISSION
NOV 29 1982

APPROVED _____, 19

BY _____ Original Signed by _____

TITLE _____ DEPUTY OIL & GAS INSPECTOR, DIST. #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.

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501Form C-104
Revised 10-1-78

NO. OF COPIES RECEIVED	
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FILE	
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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. OPERATOR
Citation Oil & Gas Corp.

Address
16800 Greenspoint Park Drive Suite 300 South Atrium
Houston, Texas 77060-2304

Reason(s) for filing (Check proper box) Other (Please explain)

New Well ☐ Change in Transporter of: ☐

Recompletion ☐ Oil: ☐ Dry Gas ☐

Change in Ownership ☒ Casinghead Gas ☐ Condensate ☐

If change of ownership give name and address of previous owner
Tenneco Oil Company, P.O. Box 3249, Englewood, CO 80155

II. DESCRIPTION OF WELL AND LEASE

Lease Name HOSPRAH Well No. 24 Pool Name, including Formation SOUTH HOSPRAH LOWER SAND Kind of Lease FEDERAL Lease No. NM-8269

Location
Unit Letter B : 330 Feet From The NORTH Line and 2650 Feet From The EAST

Line of Section 12 Township 17N Range 9W , NMPM, McKinley County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒ Address (Give address to which approved copy of this form is to be sent)
CINIZA PIPELINE BOX 1887, Bloomfield, NM 87413

Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐ 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 F Sec. 12 Twp. 17N Rge. 9W Is gas actually connected? ☐ 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 (puot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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.

Debra Harris
(Signature)

Debra Harris, Production Coordinator

(Title)

11/17/87: Effective Date 11/1/87

(Date)

OIL CONSERVATION DIVISION

NOV 20 1987

APPROVED

BY

TITLE

SUPERVISION 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.

Submit to Appropriate
District Office
State Lease - 4 copies
Fee Lease - 3 copies

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-102
Revised 1-1-89

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT I

P.O. Box 1980, Hobbs, NM 88240

DISTRICT II

P.O. Drawer DD, Artesia, NM 88210

DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410

WELL LOCATION AND ACREAGE DEDICATION PLAT

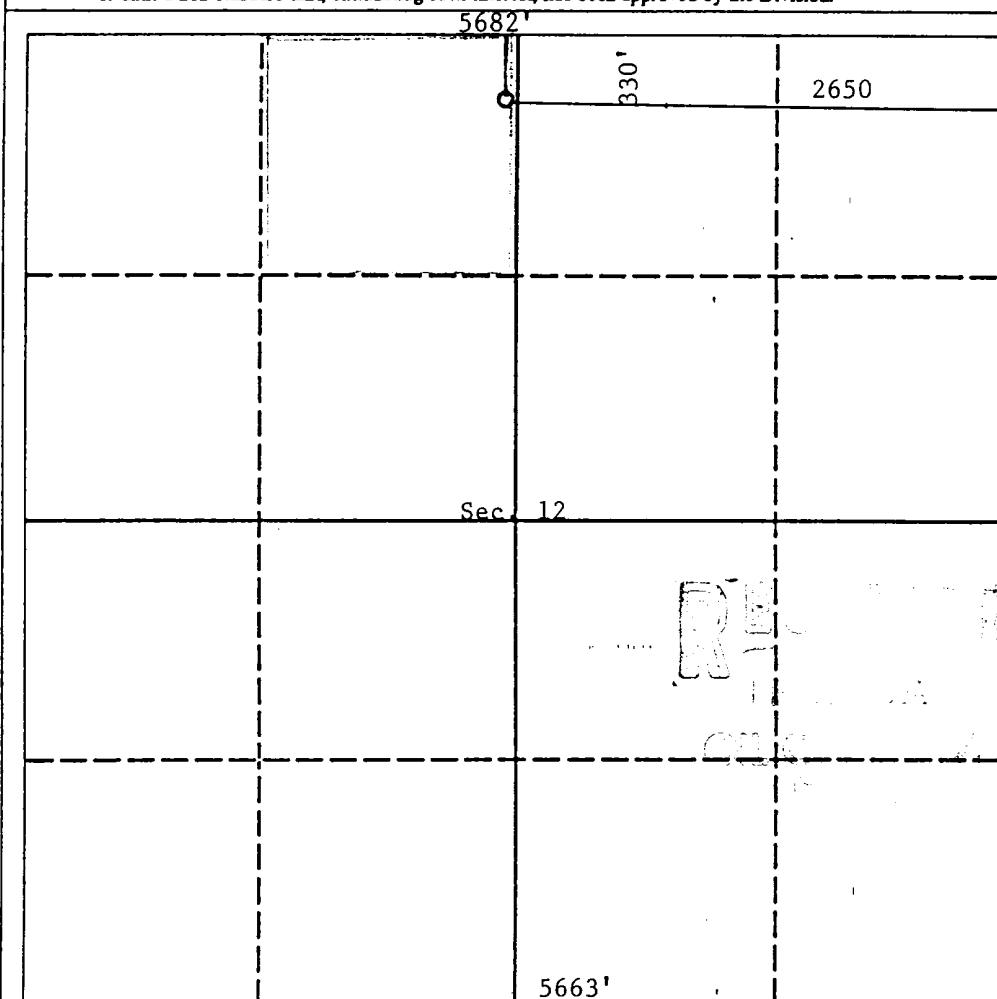
All Distances must be from the outer boundaries of the section

Operator Citation Oil & Gas Corp.			Lease South Hospah Unit		Well No. 24
Unit Letter B	Section 12	Township 17 N	Range 9 W	County NMPM McKinley	

Actual Footage Location of Well:

330 feet from the North line and	2650 feet from the East line
Ground level Elev. 7029'	Producing Formation Hospah Lower Sand
Pool South Hospah Lower Sand	Dedicated Acreage: 40 Acres

1. Outline the acreage dedicated to the subject well by colored pencil or hatchure 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 interest of all owners been consolidated by communization, 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 communization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interest, has been approved by the Division.



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

Signature
Sharon Ward
Printed Name
Sharon Ward
Position
Prod. Reg. Supv.
Citation Oil & Gas Corp.
Company
2-15-94
Date

SURVEYOR CERTIFICATION

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
Signature & Seal of Professional Surveyor
Certificate No.

0 330 660 990 1320 1650 1980 2310 2640 2000 1500 1000 500 0

Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Citation Oil & Gas Corp.		Well API No. 30-031-128991 20091
Address 8223 Willow Place S. Ste 250 Houston, Texas 77070		
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> Other (Please explain) <i>from Hospah</i>		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	To show correct well name
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of operator give name and address of previous operator _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name South Hospah Unit	Well No. 24	Pool Name, Including Formation South Hospah Lower Sand	Kind of Lease State Federal xxx	Lease No. 12335
Location Unit Letter <u>B</u> : <u>330</u> Feet From The <u>North</u> Line and <u>2650</u> Feet From The <u>East</u> Line 12 Section 17N Township 9W Range, NMPM, McKinley County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) Box 1887 Bloomfield, NM 87413
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)
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When ? F 12 17N 9W

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 Tank	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. OPERATOR 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.

Sharon Ward
Signature
Sharon Ward Prod. Reg. Supv.
Printed Name Title
2-15-94 713-469-9664
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved FEB 28 1994
By ORIGINAL SIGNED BY ERNIE BUSCH
Title DEPUTY OIL & GAS INSPECTOR, DIST. 85

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.