SUBMIT IN TRIPLICATE*

(Other instructions on

Form approved. Budget Bureau No. 42-R1425.

UNITED STATES

reverse side) DEPARTMENT OF THE INTERIOR 5. LEASE DESIGNATION AND SERIAL NO. **nm 08120**3 **GEOLOGICAL SURVEY** 6. IF INDIAN, ALLOTTEE OR TRIBE NAME APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK La. TYPE OF WORK 7. UNIT AGREEMENT NAME DEEPEN X PLUG BACK [DRILL [b. TYPE OF WELL MULTIPLE ZONE SINGLE 8. FARM OR LEASE NAME X OIL WELL T OTHER Hospah Un 2. NAME OF OPERATOR 9. WELL NO. Tenneco Oil Company 3. ADDRESS OF OPERATOR Suite 1200 Lincoln Tower Bldg., Denver, Colorado 80203 10. FIELD AND POOL, OR WILDCAT 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*) Hospah, South (Lower Sand) At surface 11. SEC., T., B., M., OR BLK. AND SURVEY OR AREA 330' FNL & 1505' FEL (NE/4 NE/4) Sec. 12,T-17-N R-9-W At proposed prod. zone 12. COUNTY OR PARISH 14. DISTANCE IN MILES AND DIRECTION FROM NEAREST TOWN OR POST OFFICE* New Mexico McKinley 17. NO. OF ACRES ASSIGNED TO THIS WELL 16. 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 19. PROPOSED DEPTH 20. ROTARY OR CABLE TOOLS 18. DISTANCE FROY PROPOSED LOCATION*
TO NEAREST WELL, DRILLING, COMPLETED,
OR APPLIED FOR, ON THIS LEASE, FT. 1650 Completion Rig 22. APPROX. DATE WORK WILL START* 21. ELEVATIONS (Show whether DF, RT, GR, etc.) Upon Approval 6996 KB 23. PROPOSED CASING AND CEMENTING PROGRAM QUANTITY OF CEMENT WEIGHT PER FOOT SETTING DEPTH SIZE OF CASING SIZE OF HOLI

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

- 1. Pull rods and tubing.
- Squeeze perfs 1550-84 in Upper Sand.
- Clean out to 1650. 3.
- Perf Lower Sand 1611-28.
- Acidize perfs w/500 gal acid.
- Conduct potential test and complete as oil well.

AUG 1 1 1969

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

ar SIGNED

District Office Supervisor TITLE

APPROVAL DATE

8-6-69

(This space for Federal or State office use)

PERMIT NO. .

APPROVED BY CONDITIONS OF APPROVAL, IF ANY: DATE

*See Instructions On Reverse Side

1, 4.11505

NEW MEXICO OIL CONSERVATION COMMISSION WELL LOCATION AND ACERAGE DEDICATION PLAT

All distances must be from the outer boundaries of the Section

Operator				Legse 0		•/-	We'l No	· —
T.	TIMESO CIL SO	YEAR		Sou	the HOSPAH 7	Unit		25
Unit Letter A	Section 12		17 North	Ronge 9 1	County est	rcrinley	••	
320				1505	feet from the	Fast	iine	
orion teor te 67841 ungr	ariautra aried Hospa	Formation H LOWER	2 SAND	Hospan, S	CUTH (LOWER	SAND)	Dedicated Avereage	Z Karel
1 Outline ti	he a cerage dedicat	red to the sub	ject well by co	lorea sencil d	r hachure marks	on the plat be	low.	1
2 If more interest and	than one lease is royalty),	desicates to	the well, out!	ine each and	identify the ow	mership there	of aboth as to	working
	rhan one lease of tization, unit zatio			cated to the	well, have the in	terests of oil o	RLUEITE	D icotei:
	1 - No U						AUG 1 1 1969	
If answer is necessary .	"no," list the own	ers and tract	cescriptions v	vhich have a	stually consolida	tea (Use R	L _S CON. COM DIST. 3	s form if
	s will be assigned to therwise or until i							, forced-

I Sec. 12 OF_NEW ROBERT H. ERNST NO. 2463 5663 6/16/97

Errat Theineering Sc. Paranto, Scierado

CERTIFICATION

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

LARRY M. RIGGS
DISTRICT OFFICE Superviser

TENNECO DIL COMPANY

8-6-69

I hereby certify that the well location shown on this plat was platted 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.

20 December 1768

Robert H. Trrst M. Mex. DE & IS 2563

Certificate No.

9-7/8"

6-3/4"

7-5/8"

SUBMIT IN TRIPLICATE*

(Other instructions on reverse side)

Form approved.

	Budget		No.	42-R	142
	03/				
n -	454	1	200	90	

UNITED STATES DEPARTMENT OF THE INTERIOR

5.	LEASE	DESIG	MATION	AND	SERIAL NO	٠.
1			•			
i	NM -	- 08	1208			

GEOLOGICAL S	URVFY	mr 001000
GEOEGGIONE C		NM - 081208
APPLICATION FOR PERMIT TO DRI	LL, DEEPEN, OR PLUG	BACK 6. IF INDIAN, ALLOTTEE OR TRIBE NAME
1a. TYPE OF WORK		
DRILL X DEE	PEN 🗌 PLUG BA	CK 7. UNIT AGBEEMENT NAME
b. TYPE OF WELL		South Hospah Unit
OIL X GAS WELL OTHER	SINGLE Z MULTI	8. FARM OR LEASE NAME
2. NAME OF OPERATOR		
Tenneco Oil Company		9. WELL NO.
3. ADDRESS OF OPERATOR		25
Suite 1200 Lincoln Tower Bldg., I	enver, Colorado	10. FIELD AND POOL, OR WILDCAT
4. LOCATION OF WILL (Report location clearly and in accorda At surface		Hospah South (Upper Sand
330' FNL & 1505' FEL		AND SURVEY OR AREA
At proposed prod. zone	· ·	Sec. 12, T-17-N, R-9-W
14. DISTANCE IN HILES AND DIRECTION FROM NEAREST TOWN	OR POST OFFICE®	12. COUNTY OR PARISH 13. STATE
		McKinley New Mexico
15. DISTANCE FROM PROPOSED® LOCATION TO PEAREST	16. NO. OF ACRES IN LEASE	17. NO. OF ACRES ASSIGNED TO THIS WELL
PROPERTY OR LEASE LINE, FT. (Also to nearest drlg. unit line, if any)	344	52
18. DISTANCE FROM PROPOSED LOCATION®	19. PROPOSED DEPTH	20. BOTARY OR CABLE TOOLS
TO NEAREST WELL, DRILLING, COMPLETED, OR APPLIED FOR, ON THIS LEASE, FT.	1697	Rotary
21. ELEVATIONS (Show whether DF, RT, GR, etc.)		1 22. APPROX. DATE WORK WILL START*
	6984 GR	Upon Approval
PROPOSED	CASING AND CEMENTING PROGR	RAM
MIZE OF HOLE SIZE OF CASING WEIGH	T PER FOOT SETTING DEPTH	QUANTITY OF CEMENT

60

1697

Above well will be a 1697' South Hospah (Upper Sand) development well. production is indicated, casing will be set at total depth, well will be perforated and treated as necessary to establish commercial production.

26#

10.5#



Sufficient to circulate

Sufficient to circulate

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

eventer program, m any.		
BIGNED Larry M. Siggs	District Office	Supervisor DATE 1-7-69
(This space for Federal or State office use)		
PERMIT NO.	APPROVAL DATE	
CONDITIONS OF APPROVAL. IF ANY:	TITLE	DATE

NEW MEXICO OIL CONSERVATION COMMISSION WELL LOCATION AND ACERAGE DEDICATION PLAT

		All diste	nces must be f	rom the outer bo	unduries of the Se	tion		
gergriff	FOX CIL O	ONE! ΜΑ		Leas e	HCSPAH U	ייא די י די	——— We The 25	
ut Letter		· · · · ·	- · 	Range	County	MT.		
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		Torth	- ine on i	1505	teet tram the	Fast	ine De tik ateal. Averende	
aties Fei Notain <mark>an</mark> née					outh (Upper	Sand)	52	A ···
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Terestor (1900) Terestor (1900)		e telecated to	the weil, out	tline each and	plentify the p	whership th	ereuf both on to w	grang.
e de la companya de l La companya de la companya de		f different cwn Func force-book	ership is dec mg. etc?	icates to the	well, have the in	iterests of c	all cwhers been and	dfer i
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1		1		1		Jan	uary 7, 1969	
		Sec. 12			+			
				****			certify that the well location	
!		,	OF I	NEW] ,		s platted from field note	
	- + - ·	+ - + -,			N	•	by me or under my supe	
1		· • • • • • • • • • • • • • • • • • • •	ROBI	ERT FE			e is true and correct to the	e best of n
			H. EQ	101	1-11	knowledge an	id belief.	
			NO. 2	'I I▶		20 Decer	mber_1962	
		' 3	3/2			Dare Survey	1/ July	
- + -	_ + -	+ - + -	15 C ST	REAL	1	Kal	10 cm	
			1000	RVEYO	/	Registered P	rciessional Engineer	
			7000	***		and/or Land		
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\$/16/0 7		3663	-					
		.*			ī	Cert hilate N	ic.	

Ermst Ingir wering Go. Durenge, Gliomado

Form 9-330									/	
(Rev. 5-63)		UNI	TED S	STATES	SUBMI	T IN DUPLI	CATE* e other in-	1	Form a Budget	approved. : Bureau No. 42-R355.5.
	DEPAR'	TMEN	T OF	THE IN	reriof	? str	uctions on erse side)		ESIGNA	TION AND SERIAL NO.
		GEOL	OGICAL	. SURVEY				NM-081	1208	
WELL COA	MPLETION	OR F	RECOMF	PLETION R	EPORT .	AND LC)G*			OTTEE OR TRIBE NAME
1a. TYPE OF WELL	: OIL WE	LL X	WELL	DRY [Other			7. UNIT AGE	EEMEN	T NAME
b. TYPE OF COMP	VETION: WORK DEF	EP-	PLUG BACK	DIFF. RESVR.	Other			South Ho		
2. NAME OF OPERATO)R]		
Tenneco (il			····		POFI	IM		9. WELL NO		
3. ADDRESS OF OPER			Ŧ.	2.2	otisi	747/		25 10. FIELD A	ND POO	DL, OR WILDCAT
1200 Lincol 4. LOCATION OF WEL	n Tower B	uildir	ng, Denv	ver, Color ordance with an	State requir	ements)*	 	_		ah Upper
At surface 33	0' FNL &	1505	FEL			3 1969	}	11. SEC., T.,	R., M.,	OR BLOCK AND SURVEY
At top prod. inte	rval reported be	elow Sa	eme	1	W1 17		<i> </i>	or area		
				/	OIL CON	L COM.	·	Sec13	-T17	N-R9W
At total depth	same		ī.	14. PERMIT NO.	DIST	DATE PRIED		12. COUNTY	OR	13. STATE
				14. ILLUIT NO.		33,500.20		McKinle		New Mexi
5. DATE SPUDDED	16. DATE T.D. I	REACHED	17. DATE C	OMPL. (Ready to	prod.) 18	ELEVATIONS	(DF, RKB,	RT, GR, ETC.)*		ELEV. CASINGHEAD
2/8/69	2/15/69)	3/15	/69		6996' К	В		6	985' GR
0. TOTAL DEPTH, MD &			D., MD & TVD		TIPLE COMPL.		TERVALS RILLED BY	ROTARY TO	OLS	CABLE TOOLS
1702'		50'					>	Yes		5. WAS DIRECTIONAL
4. PRODUCING INTER- ath Upper Fos			10 х—тор, в	OTTOM, NAME (X	B AND TVD)*	•				SURVEY MADE NO
6. TYPE ELECTRIC A	ND OTHER LOGS	RUN	<u> </u>						27. V	WAS WELL CORED
CBL, FDC-GF	R. IES									No
:8.	-2	· · · · · · · · · · · · · · · · · · ·	CASING	RECORD (Rep	ort all strings	set in well)				•
CASING SIZE	WEIGHT, LB.	/FT. I	DEPTH SET (E SIZE		EMENTING			AMOUNT PULLED
8-5/8"	36#	, _	51'		9-7/E''		sx Cla			
4-1/2"	9.5#		1683'		o - 3/4''	240	sx Cl	ass C		
29.		LINER	RECORD			30.		TUBING REC	ORD	
SIZE	TOP (MD)	воттом	(MD) SA	CKS CEMENT*	SCREEN (M	· 1		DEPTH SET ((D)	PACKER SET (MD)
						2-3	/8"	1593 '		en en po
1. PERFORATION HEC	ORD (Interval, 8	ize and n	umber)		32.			TURE, CEMEN	·	
3550 51: 35	-(0 ((7.5	-(0 F)	1506	01,		TERVAL (MD)				MATERIAL USED
1550-54, 15	=		, TO (O-	04	See Pe	ris	_ <u> -500</u>	<u>gal.ac</u>	<u>1a</u>	
one shot/:it	. each int	cerval		-			_			
33.*				DDCT	OUCTION				 	
DATE FIRST PRODUCTI	ON PROD	UCTION M	ETHOD (Flo	wing, gas lift, p		and type of p	ump)			s (Producing or
3/11/69	Pu	moing	1-1/2"	Insert Ro	d Pump			sh.	ut-in) Pr	oducing
DATE OF TEST	HOURS TESTED		KE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS-		WATER-EB	L.	GAS-OIL RATIO
3/15/69	24			>	4	TST		1 0		-100
WIOW THEING PRESS	CASING PRESSU	DE L CAL	CULATED	OILBBL.	GAS	MCF.	WATER	-BBL.	I OIL (GRAVITY-API (CORR.)

35. LIST OF ATTACHMENTS

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 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 procdures 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 in 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.

ftem 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.

Hems 13: 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. Hems 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, or intervals, to possible of this form, adequately identified, for each additional interval to be separately produced, showing the additional data perturent to such interval.

Item 29: "Nacks Cement": Attached supplemental records for this well should show the details of any multiple stage cementing and the location of the cementing tool. Hem 33: Submit a separate completion report on this form for each interval to be separately produced. (See instruction for items 22 and 24 above.)

TOP	BOTTOM BOTTOM	DEFTH INTERVAL TESTED, CUSHION UND, TIME TOOL OPEN, FLOWING AND SHOT-IN PRESSURES, AND RECOVERIES REMATION TOP BOTTOM DESCRIPTION, CONTENTS, ETC.	
FORMATION TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NANE
	5201		Pt. Look Out
yon 845'	1010'		Mancos Shale
1550!	1584		Crevasse Canyor
1610'	1700'		Upper Hospah
			Hower Hospey
	-		
		•	
			:

TABULATION OF DEVIATION TESTS

TENNECO OIL COMPANY

HOSPAH NO. 25

DEPTH

INCLINATION

1702'

3/4°

APR 7 1969
OIL CON. COM.
DIST. 3

AFFIDAVIT

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. 25, South Hospah Upper Sand Field, located in Section 13, T-17-N, R-9-W, McKinley County, New Mexico.

/ 2

Signed Dan V. Cook

THE STATE OF CCLORADO

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 3rd day of April, 1969

Martha C. Gedin

My commission ϵ :xpires

My Commission expires Nov. 6, 1971

				• 1
	NO. OF COPIES RECEIVED			
-	DISTRIBUTION /		ONSERVATION COMMISSION FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-110
-	FILE	REGULSTI	AND	Effective 1-1-65
	U.S.G.S.	AUTHORIZATION TO TRAI	NSPORT OIL AND NATURAL G	as 21.
-	LAND OFFICE			
	TRANSPORTER GAS	-	THE OWNER FROM SHELL	
<u> </u>	OPERATOR 2	ALL ON COM	ORTER CHANGED FROM SHELL WPANY TO SHELL PIPE LINE	
8 · L_	PRORATION OFFICE Derator	CORPOR	ATION EFFECTIVE 12/31/69	4,
	Tenneco Oil Company			
1	Address	- Pudlding Donwor Colo	80203	TON OUNT A
F	Reason(s) for filing (Check proper box)	r Building, Denver, Colo	Other (Please explain)	
	Vew Well	Change in Transporter of:		
l l	Recompletion Change in Ownership	Oil Dry Gas Casinghead Gas Condens	=	
L	nange in Ownership	Cdshighedd Gds [Gonden.		
	change of ownership give name and address of previous owner	<u>, </u>		
	•	D. 60		
	ESCRIPTION OF WELL AND I	Well No. Pool Name, Including Fo		1 - 1
	South Hospah Unit	25 S. Hospah Upper	Sand State, Federal	or Fee Fed NM 081208
Ī	_ocation	Ol North	and 1505' Feet From T	Fact
	Unit Letter A; 33	Feet From The North Line	e and 1505' Feet From T	he East
	Line of Section 12 Tow	nship 17N Range	9W , NMPM, MCKir	nley County
	,	TOP OF OUR AND NAMED AT CA	c c	
III. D	ESIGNATION OF TRANSPORT Name of Authorized Transporter of Oil	TER OF OIL AND NATURAL GAS or Condensate	Address (Give address to which approv	ed copy of this form is to be sent)
i i	Shell Oil Company		P. O. Box 1588, Farming	gton, N. Mex.
	Name of Authorized Transporter of Cas.	inghead Gas or Dry Gas	Address (Give address to which approv	ed copy of this form is to be sent!
-		Unit Sec. Twp. Rge.	Is gas actually connected? Whe	n ·
	If well produces oil or licuids, give location of tanks.	F 12 17W 9W		
If	this production is commingled wit	h that from any other lease or pool,	give commingling order number:	
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.
	Designate Type of Completio	$\mathbf{r} = (\mathbf{X})$	X	
ħ	Date Spudded	Date Compl. Ready to Prod.	Total Depth 1702 *	P.B.T.D. 1650'
	2-8-69 Elevations (DF, RKB, RT, GR, etc.)	2-15-69 Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
	6996 KB	S. Hospah Upper	1550'	1593'
	Perforations	1560 7/ 1576 9/		Depth Casing Shoe
-	1550 - 54, 1560 - 66,		CEMENTING RECORD	
-	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	9-7/8"	8-5/8"	51'	4051
	6-3/4	4-1/2"	16831	24051
-		2-3/8"	1593'	
V. 3	TEST DATA AND REQUEST FO			and must be equal to or exceed top allow-
(OIL WELL Date First New Oil Run To Tanks	able for this de	pth or be for full 24 hours) Producing Method (Flow, pump, gas lif	t, etc.)
	3/11/69	3/15/69	Pumping	
-	Length of Test	Tubing Pressure	Casing Pressure	Choke Size
-	24 grs, Actual Prod. During Tes:	Oil-Bbls.	Water-Bbls.	Gas-MCF
	Actual Prod. During .es.	. 4	0	TSTM
١.	· · · · · · · · · · · · · · · · · · ·	524		
-	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
	Actual Prod. 1est-MCF /D	Length of Fest		
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
¥1.	CERTIFICATE OF COMPLIAN	CE		TION COMMISSION APR 1 1963
,	I hereby certify that the tules and I	regulations of the Oil Conservation	APPROVED	, 19
	Commission have been complied t	with and that the information given best of my knowledge and belief.	BY Original Signed by	Emery C. Arnold
•	mooks to time aim combiete to the			SUPERVISOR DIST. #9
			TITLE	compliance with RULE 1104.
	1 201 17	oah	To this is a sequest for allow	rable for a newly drilled or deepened
-	, -	ature)	well, this form must be accompatests taken on the well in accompa	nied by a tabulation of the divisition
	Production Clerk	.1.	All sections of this form mu	st be filled out completely for allow-
	March 28, 1969	tle)	able on new and recompleted we Fill out only Sections I, I	I III. and VI for changes of owner,
		ate)	well name or number, or transpor	ter or other andu change of colours.
			Separate Forms C-104 mus completed wells.	t be filed for each pool in multiply

SUBMIT IN DUPLICATE. UNITED STATES

DEPARTMENT OF THE INTERIOR

(See other in-structions on reverse side)

Form approved. Budget Bureau No. 42-R355.5.

5. LEASE DESIGNATION AND SERIAL NO. NM-12335

•• •	(SEOL	OGIC	AL SI	JRVEY	٠ .	1.	;		,	NM-123	35	
WELL CON	MPLETION	OR I	RECO	MPLE	TION I	REPOR	T /	N	D LOC) *	6. IF INDIAN,	ALLO	MAN SSIRT HO BETT
In. TYPE OF WELL			GAS WELL		DRY .				 	-	7. UNIT AGRE	EMEN	T NAME :
L TYPE OF COMP			******			Other						1	
MET	WORK DEE		PLUG BACK	Di	ESVR.	Other	.:				S. FARM OR I		
2. NAME OF OPERATO							-1	: 4	Ţij		Hospah		
Tenneco Oi						!	3.				25		
	oln, Suite	1200	. Denv	ver.	Colorad	do802	295						DL, OR WILDCAT
4. LOCATION OF WEL	L (Report location	m clearly	y and in	accordan	ice with an	y State re	quire	meni	*)*		Lower	Hos	pah
At surface	330' FI	NL an	d 1509	5' FE	L						11. BEC., T., P OR AREA	" У.,	OR BLOCK AND SURVEY
At top prod. inte	erval reported be	0₩					į	:	i i				T17N, R9W
At total depth							\	:			300. I	e> ⊹:	
				14.	PERMIT NO.	,	D	ATE	ISSUED		12. COUNTY C) () ()	13 STATE
									- :		<u> McKinle</u>	y	New Mexico
15. DATE SPUDDED	16. DATE T.D. B		i			o proa.)	18.		- 6996 [†]		RT, GR, ETC.)*		6985 GR
2/8/69	2/15/6		.D., MD &	/15/6	9 22. IF MUL	TIPLE COM	PL.,		0930 23. INTE		ROTARY TOO		CABLE TOOLS
1702'	ı	1650'			HOW M	IANT*			DRIL	LED BY	Yes		None
24. PRODUCING INTER			rion—tol	P, BOTTO	M, NAME (1	MD AND TV	D)*		 		1 1	7	25, WAS DIRECTIONAL BURYEY MADS
	d Upper Ho				ted in	Lower	Но	spa	ih				다 중독성장소리
	Hospah = 1		- 163	0'					1 1		1 - 1 - 1	27 1	NO WAS WELL CORED
26. TYPE ELECTRIC A	NI OTHER LOGS	LUN										-	No
23.					CORD (Res		ings	set i		m North C	RECORD		· · · · · · · · · · · · · · · · · · ·
CASING SIZE	WEIGHT, LB./	FT.	DEPTH SI			7/8"			<u> </u>		 		None
8-5/8" 4-1/2"	9.5#					7/8 3/4"							
4-1/2	- 9.3#		10			3/ 1			- -1	10 34	CK3		None
			· · · · · · · · · · · · · · · · · · ·		_		—					.`	
29.		LINER	RECORD	,					30.		TUBING RECO	RD	
SIZB	TOP (MD)	BOTTO	(MD)	BACKS	CEMENT*	BCREEN	(MD)	81ZE	,	DEPTH SET (M	D)	PACKER SET (MD)
						<u> </u>			2-3/8'		1640'		None
31. PERFORATION REC	Osp (Interval, si	ze and t	iumber)	<u> </u>	······································	32.		AC	ID, SHOT,	FRAC	TURE, CEMENT	r sqi	JEEZE, ETC.
Perf'd 4 JS	PI ⁼ from 16	10' -	1630	'in	the				L (MD)	A3	COUNT AND KIN	D OF	MATERIAL USED-
lower Hospa	h zone.					1610	_	16	530'				50 gallons of
Plugged Upp	er Hospah	perfs	from	1550)' -					15%	MCA acid		
1584'												<u> </u>	
33.*					PRG	DUCTION				ļ	· · · · · · · · · · · · · · · · · · ·		
DATE FIRST PRODUCT	1011 PROD	CTION I	ETHOD (Flowing	, gas lift, p			ind t	ype of pun	np)			UB (Producing or
6-14-77		1-1/2	" ins	ert p	ump						•//-	*-(n) P	roducing
DATE OF TEST	HOURS TESTED	CB	OKR SIZE		D'N. FOR	OIL—BE		٠.	M—BAD		WATER—BBL		GAS-OIL RATIO
7-9-77	24	 	None	- 077	BBL.	45	8	4CF	-0-	WATER-	3/0 	SIL.	-[]- SEAMETY-API (CORE.)
O	0		BOUR RA		45			0-	1		70		FIVEU
34. DISPOSITION OF G		fuel, ve	nted, etc.)							TEST WITH		2 8 1 977
35. LIST OF ATTACH	MINTS					<u> </u>					U. S. GE		Ň.
36. I hereby certify	that the foregol	ng and s	ttached !	informat	tion is com	plete and	corre	ct a	determin	ed from			
SIGNED	10 /m	سيديرن			TITLE D							, <u> </u>	7-28-27
	_ <i></i>					 							# DI-

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

NSTRUCTIONS

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 and/or State laws and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be and/or State laws and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be and/or State laws and incentives on 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.

If not filed prior to the time this summary record is submitted by applicable Federal and/or State laws and regulations. All attachments should be listed on this form 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.

If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult is submit as sparate production from more than one interval zone (multiple completion), so state in item 24 and name(s) (if any) for only the interval reported in item 33. Submit a separate completion report on this form for each interval in the separate completion for the separately produced. (See instruction for items 22 and 24 above.)

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(A)	Point Lookout Mancos Upper Hospah Lower Hospah	
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SUN	Point Mancos Upper	
37.	Mai Mai Lov	

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Form 9-331 (May 1962)	UNITED STATE DEPARTMENT OF THE GEOLOGICAL SUI	INTERIO	SUBMIT IN TRIPLICATE (Other Instructions on recorder)	5. LEASE DESIGNAT NM-81208	urenu No. 42 R1424. ION AND SERIAL NO.
(Do not us	SUNDRY NOTICES AND REP See this form for proposals to drill or to deeper Use "APPLICATION FOR PERMIT"	ORTS O	N WELLS ck to a different reservoir, posals.)		
Tenneco 0 3. ADDRESS OF OF	Oil Company Coln St., Suite 1200, Denver	e with any S	80295 tate requirements.•	7. UNIT AGREEMENT 8. FARM OR LEASE HOSPAN 9. WELL NO. 25 10. FIELD AND POOL Upper Hos 11. SEC., T., R., M., SURVEY OR A	NAME L, OK WILDCAT DAh OR BLK. AND
14, PERMIT NO.	15. ELEVATIONS (Show		RT, GR. etc.)	Sec. 12, T	
nent to this	MULTIPLE COMPLETE ABANDON* CHANGE PLANS COMPLETE OPERATIONS (Clearly state or c. If well is directionally drilled, give subs	X X X all pertinent surface location	WATER SHUT-OFF FRACTURE TREATMENT SHOOTING OR ACIDIZING (Other) (Note: Report resul Completion or Recom details, and give pertinent date ons and measured and true verti	ts of multiple complet apietion Report and Logical depths for all man	lon on Well g form.) date of starting any ckers and zones perti-
Hospah zo 1. MIRUP 2. Set R 3. Squee Neat 4. Relea 5. Press 6. Perfo 7. Stimu 8. Place	to perforate this well into one as follows: Pl, Pull rods & pump, and in RITS packer and establish pure temper Hospah perfs from cement with 2% CaCL ₂ . Asse packer, reverse out, POH sure test casing to 500 psion at the lower Hospah from 1610 prate lower Hospah from 1610 production. The location of all debris.	nstall Bump in ra 1550' - I, and wa	OP. ate into Upper Hospa 1584' with 50 sacks ait on cement. O' w/ 2 JSPF.	ah.	

JUN 1 P 19//

18. I hereby certify that the foregoing is true and correct TITLE Div. Production Manager (This space for Federal or Store CONDITIONS OF APPROVAIS 11977 : DATE ____

*See Instructions on Reverse Side

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FILE			
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8-10-77

(Date)

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND

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

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form 9-331 (May 1963)	UNITED STATES	SUBMIT IN TRIPLICAT	Form approved. Form approved. Budget Bureau No. 42-R1424
	MENT OF THE INTER GEOLOGICAL SURVEY	IOR verse side)	5. LEASE DESIGNATION AND SERIAL NO.
	ICES AND REPORTS	ON WELLS	6. IF INDIAN, ALLOTTER OR TRIBE NAME
(Do not use this form for propos	sals to drill or to deepen or plug ATION FOR PERMIT—" for such p	back to a different reservoir.	
1.	for such p	Proposals,)	7. UNIT AGREEMENT NAME
WELL GAS OTHER			TO SHIT ROBLESHENT NAME.
Z. NAME OF OPERATOR Tenneco Oil Company			8. FARM OR LEASE NAME
3. Address of Operator			Hospah
1860 Lircoln St., Suit	ce 1200, Denver, Colo	orado 80295	25 A 4 4 5 5 5 5
4. LOCATION OF WELL (Report location of See also space 17 below.) At surface	learly and in accordance with any	State requirements.*	10. FIELD AND POOL, OR WILDCAT
	nd 1505' FEL		EUpper Hospahi 3
			11. SEC., T., R., M., OB BLX. AND SURVEY OR AREA
14. PERMIT NO.	I IE PERMANENCE (CL.		Sec 12, 117N, R9W
	15. ELEVATIONS (Show whether DF	, RT, GR, etc.)	12. COUNTY OF PARISH 13. STATE
16. Chark An		1	McKinley New Mex
NOTICE OF INTEN	propriate Box To Indicate N		실무용 이 이 기뻐지다.
	PULL OR ALTER CASING	ĺ	EQUENT REPORT OF
TRACEURE TO A CO.	IULTIPLE COMPLETE	WATER SHUT-OFF FRACTURE TREATMENT	REPAIRING WELL
8HOOT OR ACIDIZE	BANDON*	SHOOTING OR ACIDIZING	ABANDONMENT*
REPAIR WELL C	HANGE PLANS	(Other) Complete	n lower Hospah X
17 DESCRIPE PROPERTY OF COMPUTATION	RATIONS (Clearly state all pertinent	Completion of Recon	ipietion Report and Log form.)
nent to this work.) *	ally drilled, give subsurface location	ions and measured and true vert	es, including estimated date of starting any ical depths for all markers and zones perti-
for 18 hours. 3. Drilled out cement 4. Perf'd lower Hospa	s & pump; and install pah with 10 sacks of and pressure tested with 4 JSPF from 16 gallons of 15% MCA action. f all debris. REC	led BOP. cement. Waited on to 800 psi. Held 0	dani Il June pendad Il June pendad Il June pendad In June
18. I hereby certify that the foregoing is t	rue and correct	·	
SIGNED Z Z Inn	TITLE Div	. General Manager	DATE 6 23-00
(This space for Federal or State office	use)		
APPROVED BY	TITLE		
CONDITIONS OF APPROVAL, IF ANY	Y:		DATE TO SEE
	*See Instructions o	on Reverse Side	(1955년 - R. 1955년 - 1967년 - R. 1967년 - 1967년 - R. 1967년 - R. 1967년 - R. 1967년

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 multiply

Form 9-331 Dec. 1973

Form Approved.

UNITED STATES DEPARTMENT OF THE INTERIOR

		Budge	et Bureau	No. 42-R1	424
	5. LEASE NM - 12335			:	
	6. IF INDIAN, ALI	LOTTEE	OR TRI	BE NAME	
	7. UNIT AGREEM	IENT N	AME		
_	8. FARM OR LEA Hospah	SE NAM	IE :	7 4	
	9. WELL NO.				
_	25 10. FIELD OR WIL		IAME_	2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
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	Sec. 12, 1				
	12. COUNTY OR F	PARISH		TATE w Mexic	0
_	14. API NO.		# 7	and the	
	15. ELEVATIONS 6985 GR	(SHOW	DF, K	DB, AND	WD)
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GEOLOGICAL SURVEY 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 Form 9–331–C for such proposals.) **1.** oil gas well X well other 2. NAME OF OPERATOR Tenneco Oil Company 3. ADDRESS OF OPERATOR 720 So. Colo. Blvd., Denver, Co. 80222 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 AT SURFACE: 330' FNL & 1505' FEL, Unit B AT TOP PROD. INTERVAL: AT TOTAL DEPTH: 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA SUBSEQUENT REPORT OF: REQUEST FOR APPROVAL TO: TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL PULL OR ALTER CASING MULTIPLE COMPLETE CHANGE ZONES ABANDON* (other) 17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly sta including estimated date of starting any proposed work. If well is measured and true vertical depths for all markers and zones pertine The perforations for this well are partially via the following procedure: MIRUPU. Pull tbg, and RIH with Baker Model perfs @ 1610'-1630' w/850 gal 15% MCA. & rods, and place well on production. Versal approval per Phil McGrath on 4/12/79. Subsurface Safety Valve: Manu. and Type 18. I hereby dertify that the foregoing is tylue and correct TITLE Admin. Super SIGNED . (This space for Federal or State of APPROVED BY mett modification controls mid evods mid evods procedures CONDITIONS OF APPROVAL, IF ANY: 170 170

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General: This form is designed for submitting proposals to perform certain well operations, and reports of such operations when completed, as indicated, on Federal and regulations, and, if approved or accepted by any State, on all lands, in such State, pursuant to applicable State law and procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office. 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 or specific instructions. Item 7: Proposals to abandon a well and subsequent reports of abandonment should include such special information as is required by local Federal and/or State offices. In addition, such proposals and reports should include reasons for the abandonment; data on any former or present productive zones, or other zones with present significant above plugs; amount, size, method of parting of any casing, liner or tubing pulled and the depth to top of any left in the hole; method of closing top of well; and date well site conditioned for final inspection looking to approval of the abandonment.	# ownerbrent of the character of the cha	PART NOTICE OF THE CONTROL OF THE CO	ps. DESCRIBE PROPOSED OR COM- involute estimate date of star measured and true various deprivations for the following processor are following processors for the following processors are place well the processors are place well
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General: Thi ndian lands purs egulations. Any procedures and p ltem 4: If th tate or Federal or ltem 17: Pro n addition, such luid contents nol bove plugs; amo	flice use,	(Ins space for Foderal or State o	APER SYED BY CONSITIONS OF APPROVAL IF ANY:

Form 9–131 Dec. 1973	Form Approved. Budget Bureau No. 42–R1424
UNITED STATES DEPARTMENT OF THE INTERIOR	5. LEASE NM-12335
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE 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	7. UNIT AGREEMENT NAME
reservoir Use Form 9–331–C for such proposals.)	8. FARM OR LEASE NAME
1. oil gas cother	# Hospah # # # # # # # # # # # # # # # # # # #
2. NAME OF OPERATOR	<u>25 ਹਿੰਦੀ ਹੈ ਹੈ ਗੁਰੂ ਵੱ</u>
Tenneco Oil Company 3. ADDRESS OF OPERATOR	10. FIELD OR WILDCAT NAME Lower Hospah
720 So. Colorado Blvd., Denver, CO. 80222 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 12, T-17-N, R-9-W-5
AT SURFACE: 330' FNL & 1505' FEL, Unit B AT TOP PROD. INTERVAL: AT TOTAL DEPTH:	12. COUNTY OR PARISH New Mexico
16. CHIECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	14. API NO. 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
REPORT, OR OTHER DATA REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	15. ELEVATIONS (SHOW DF, KDB, AND WD) 6985 GR
TEST WATER SHUT-OFF	(NOTE: Report results of multiple completion or zone change on Form of the delication of the change on Form of the change of t
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state inc uding estimated date of starting any proposed work. If well is di measured and true vertical depths for all markers and zones pertinent	rectionally drilled, give subsurface locations and
5/17/79 - 5/18/79 MIRUPU. POOH w/tbg & rods. RIH w/4½" scrape circulating washer and set @ 1640'. Spotted to 1000 psi. Acidized perf's from 1610' - 16 Formation broke down @ 900 psi. Well went on	acid to tool & pressured tool 30' w/1076 gal 15% MCA acid: vacuum. Swabbed back load
POOH w/circulating washer and ran pump, tbg, on production.	& rods. RDMOPU. pp Placed well limited and second wel
	imdue tot ben kil kisched eit enderwichen eit end eit ere in ere eit e
Subsurface Safety Valve: Manu. and Type	Set @ Ft.
18. I hereby certify that the foregoing is true and correct	The state of the s
SIGNED CARLY Mattheward Admin. Superv	isor date 5/34/79
(This space for Federal or State office	ce use) 기계
APPROVED BY TITLE TITLE	DATE

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1 NO. OF COPIES RECEIVED 3	1		
DISTRIBUTION			
SANTA FE		CONSERVATION COMMISSION	Form C-104
FILE	KEGUES!	FOR ALLOWABLE	/ Supersedes Old C-104 and C- Effective 1-1-65
<u> </u>		AND	
U.S.G.S.	AUTHORIZATION TO TR	ANSPORT OIL AND NATURAL O	AS
CIL	 		•
TRANSPORTER CAS			
OPERATOR			
PRORATION OFFICE			
Operator			
TENNECO ()IL COMP	PANY		
Address			
Box 3249, Engley	wood, CO 80155		
Reason(s) for Isling (Check proper	box)	Other (Please explain)	
New Well	Change in Transporter of:	_1	
Recompletion	Oil Dry G	Gas	
Change in Ownership	Casinghead Gas Conde	ensate X	
If change of ownership give name and address of previous owner	P	-	
DESCRIPTION OF WELL AN	D LEASE	Formation Kind of Leas	Talama III.
Lease Name	Well No. Pool Name, Including		T Caciai 2000
Hospah	25 South Hospah	Lower Sand State, Federa	1 or Fee NM-12335
Location			
Unit Letter A ; 3:	30 Feet From The North L	ine and 1505 Feet From	_{The} East
Onit Letter 1.			
Line of Section 12	Township 17N Range	9W , nmpm,	McKinley County
DESIGNATION OF TRANSPO	RTER OF OIL AND NATURAL G	AS	
Name of Authorized Trimsporter of	Oil or Condensate	Address (Give address to which appro-	red copy of this form is to be sent)
CINIZA PIPELINE		Box 1887, Bloomfield, I	NM 87413
Name of Authorized Transporter of	Casinghead Gas or Dry Gas	Address (Give address to which appro	ved copy of this form is to be sent)
		j	
	Unit Sec. Twp. Fige.	Is gas actually connected? Wh	er.
If well produces oil or iquids, give location of tanks.	F 12 17N 9W	1	
<u></u>			
If this production is commingled	with that from any other lease or pool	, give comminging order number:	
COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Flug Back Same Res'v. Diff. Res
Designate Type of Comple	etion - (X)	1 1 1	
	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Date Spudded	Date Compi. Reddy to Piod.	10.41 201	
		To CU (Can Day)	Tubing Depth
Elevations (DF, RKB, RT, GR, etc	., Name of Producing Formation	Top Oil/Gas Pay	rating beptin
			Depth Casing Shoe
Perforations			Depth Casing Shoe
			<u> </u>
	TUBING, CASING, AN	ND CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
			<u>i</u>
	FOR ALLOWARIE (Tout	after recovery of total volume of load oil	and must be equal to or exceed too al
TEST DATA AND REQUEST	able for this	depth or be for full 24 hours)	
OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas li	fi, etc.)
Data Little Han On Hall to Laws		<u> </u>	
	Tubing Pressure	Casing Pressure	Choke Size
Length of Test		, -	1.

Oil-Bble.

Length of Test

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.

(Title)

(Date)

Tubing Pressure (Shut-is)

Actual Prod. During Test

GAS WELL
Actual Prod. Teet-MCF/D

Testing Method (pitot, back pr.)

VI. CERTIFICATE OF COMPLIANCE

Production Analyst

November 18, 1982

Choke Size
God-MD
God-Mb
Gravity of Condensate
Choke Size
TON COMMISSION
32
11.0 1.0 1.0 M
CTOR, DIST. #?
mpliance with RULE 1104. ble for a newly drilled or deepened ed by a tabulation of the deviation ance with RULE 111. be filled out completely for allow- s. III, and VI for changes of owner, or other such change of condition- be filled for each pool in multiply

----DISTRIBUTION SANTA FE FILE U.1.6.1. LAND OFFICE TRAMSPORTER GAS OPERATOR

OIL CONSERVATION DIVISION P. O. BOX 2088

SANTA FE, NEW MEXICO 87501 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS PROBATION OFFICE Operator Citation Oil & Gas Corp. Aggress 16800 Greenspoint Park Drive Suite 300 South Atrium Houston Texas
Reason(s) for filing (Check proper box) <u>77060-2304</u> Other (Please explain) Change in Transporter of: Dry Gas Recompletion Condensate Casinghead Gas Change in Ownership If change of ownership give name Tenneco Oil Company, P.O. Box 3249, Englewood, CO 80155 and address of previous owner. I. DESCRIPTION OF WELL AND LEASE Lease No. vell No.; Pool Name, including Formation King of Lease FIDERAL SOUTH HOSPAH LOWER SAND _ State, Federal or Fee Lecation 1505 EAST Feet From The MORTH Line and 330 Feet From The Unit Letter 9W McKinley. 12 17N Range , NMPM, County Township Address (Give address to which approved copy of this form is to be sent) BOX 1887, Bloomfield, NM 87413 CINIZA PIPELINE Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casingheda Gas or Dry Gas Sec. ls gas actually connected? Twp. Fige If well produces oil or liquids, give location of tanks. 17N 9h 1/2 If this production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA Same Resty, Diff. Resty Pluc Back 1 O11 Well Gas Well Designate Type of Completion -(X)P.B.T.D. Total Depth Date Compi. Ready to Pros. Top OL/Gas Pay Tuping Depth Elevations (DF, RKE, R'T, GR, etc.) | Name of Producing Formation Depth Casing Shoe Periorations TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT CASING & TUBING SIZE DEPTH SET HOLE SIZE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allabie for this depth or be for full 24 hours) TEST DATA AND REQUEST FOR ALLOWABLE Producing Method (Flow, pump, gas lift, Date First New Oil Run To Tanks Casing Pressure uping Pressure ength of Test weger - Bbis. Oli - Bbls. Actual Prod. During Tee GAS WELL Gravity of Concensate Bbis. Condensate/MMCF Actual Prod. Test-MCF, D Length of Test Cosing Pressure (Shwt-in) Chose Size Testing Method (puot, buck pr.) Tubing Pressure (Shat-12) OIL CONSERVATION DIVISION CERTIFICATE OF COMPLIANCE NOV 2 0 1987, APPROVED_ I hereby certify that the rules and regulations of the Oll Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief. BY. SUPERVISION DISTRICT # 3 TITLE This form is to be filed in compliance with RULE 1104. Deline Naires If this is a request for allowable for a newly drilled or deep

Debra Harris. Production Coordinator

(Tutle)

11/17/87; Effective Date 11/1/87

(Date)

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

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

P.O. Box 1980, Hobbs, NM 88240

WELL LOCATION AND ACREAGE DEDICATION PLAT 1000 Rio Brazos Rd., Aziec, NM 87410 All Distances must be from the outer boundaries of the section Wall No. Operator 25 Hospah Unit Citation Oil & Gas Corp South County Township Section Unit Letter 9W McKinley 12 **NMPM** 17N Actual Footage Location of Well: East line feet from the 330 , feet from the North line and Dedicated Acreage: Ground level Elev. Producing Formation 40 LowerSand Acres South Hospah 6984 Lower Sand Bouth Hospah 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 interest of all owners been consolidated by communitization, unitization, force-pooling, etc.? If answer is "yes" type of consolidation Yes N₀ If answer is "110" list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if neccessary. 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 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 browledge and belief. 1505 Karam Signature Sharon Ward Printed Name Prod. Reg. Supv Position Citation Oil & Gas Corp Company 2-15-94 Date SURVEYOR CERTIFICATION 12 Sec 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 supervison, 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. 500 0 1980 2310 2640 2000 1500 1000 1650 660 990 1320

Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

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

DISTRICT II P.O. Drawer DD, Anesia, NM 88210 OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Az.ec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.	TO TRA	NSPORT OIL	AND NATURAL GAS		
Operator			•	Well API No.	200
Citation Oil & Gas	Corp.			30-031- 200	192
Address	- 050 "	_	77070		
8223 Willow Place S	S. Ste 250 Hou	ston, Texas	S //U/U N Other (Please explain)	1 .	1
Reason(s) for Filing (Ch:ck proper box New Well	Change in	Transporter of:	CA COICE IT REAL CAPACITY	from 1	tospah
Recompletion		Dry Gas	To show correc	t well name	
Change in Operator	Casinghead Gas	Condensale		c work name	
If change of operator give name					
and address of previous operator					
II. DESCRIPTION OF WEL					
Lease Name	1	Pool Name, Includi		Kind of Lease States Federal on Fer	Lease No. NM-12335
South Hospah Unit	25	South Hosp	ah Lower Sand	Statist Length of Ke	NFI-12555
Location Unit Letter A	330	Feet From The N	orth Line and 150	5 Feet From The	East Line
12 Section 17N Town	ship 9W	Range	, NMPM,	<u>N</u>	1cKinley County
III. DESIGNATION OF TRA		cale	RAL GAS Address (Give address 10 which	approved some of this f	orm is to be sent)
Name of Authorized Transporter of Oil	or Conden				
Ciniza Pipeline	ringhead Gas	or Dry Gas	BOX 1887 Bloomfie Address (Give address to which		
Name of Authorized Transporter of Cas	anducen car	o. Diy Gas	Aumos (Olve aum ess 10 which	approved copy of this fe	UITTE W DE SETAJ
If well produces oil or licuids, give location of tanks.	Unit	Twp. Rge. 17N 9W	Is gas actually connected?	When?	
If this production is commingled with th			ing order number:		
IV. COMPLETION DATA					
D :	Oil Well	Gas Well	New Well Workover 1	Deepen Plug Back	Same Res'v Diff Res'v
Designate Type of Completic			T-11 D-15		
Date Spudded	Date Compl. Ready to	Prod.	Total Depth	P.B.T.D.	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Fo	rmation	Top Oil/Gas Pay	Tubing Dept	th
Perforzuons				Depth Casin	g Shoe
	TUBING	CASING AND	CEMENTING RECORD		
HOLE SIZE	CASING & TU		DEPTH SET		SACKS CEMENT
	DO A DOD A LA CITA	71.5			
V. TEST DATA AND REQUI			to a set or an amount on all amount	hie far this death as he t	for full 24 hours
OIL WELL (Test must be after Date First New Oil Run To Tank	Date of Test	j loga ou ana musi	be equal to or exceed top allowal Producing Method (Flow, pump,		or jul 14 hows.j
Date I have on Roll to Talk	Date of Itea		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Length of Test	Tubing Pressure		Casing Pressure	Choke Size	
•			A KIPS		
Actual Prod. During Test	Oil - Bbls.		Water - H	GL-NCF	
				<u> </u>	
GAS WELL			FEB28	1994.	
Actual Prod. Test - MCF/D	Length of Test		Bbls. Condensate/MMCE	of C	Condensate
			OIL CON	90 70 60	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-	(a)	Casing Pressure (Shw-in)	Choke Size	
			•	- (3	
VI. OPERATOR CERTIFI	CATE OF COMP	LIANCE	011 00110		DIVICION
I hereby certify that the rules and reg			OIL CONS	ERVATION I	NOIOIVI
Division have been complied with an	_	a above		FER 2 S	1664
is true and complete to the best of my	A A		Date Approved	FEB 2 8	1774
Sharan i	bod				
Signature V	wax		By ORIGINAL	SIGNED BY ERNIE	BUSCH
Sharon Ward	Prod. Reg. S	upv.		s cas morecies, i	DIST. 41 3
Printed Name		Tiue	Title DEPUTY OIL	S ලමුව නිවේ යිවේමිම -	NO. B.
2-15-94	713-469-966				
Date	i elep	hone No.	11		

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.

District I PO Box 1980, H District II	lobbe, Ni	M 88241-198	0	Energy, N	State of	New N	/ Mexico ourous Departme	met)	Form C
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1000 Rio Brazos District IV	Rd., Az	dec, NM 874	10	San	ita Fe, N	NM 875	504-20 8	\;	A real of I	5)	}	5 C
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Title:

Approval Date:

Printed Name

Sharon Ward

SUPERVISOR DISTRICT #3

SEP - \$ 1994

Title

Prod. Reg. Supv.

Date

8-1-94

Printed name:

004544

Title:

Donnie Hill

Phone: 505-392-7681

of If this is a change of operator fill in the OGRID number and name of the previous operator

Citation Oil & Gas Corp.

President

Previous Operator Signature

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