

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. TYPE OF WORK DRILL <input type="checkbox"/> DEEPEN <input checked="" type="checkbox"/> PLUG BACK <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. NM 081200		
b. TYPE OF WELL OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <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 Bldg., Denver, Colorado 80203		8. FARM OR LEASE NAME		
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.)* At surface 330' FNL & 1505' FEL (NE/4 NE/4) At proposed prod. zone		9. WELL NO. 25		
14. DISTANCE IN MILES AND DIRECTION FROM NEAREST TOWN OR POST OFFICE*		10. FIELD AND POOL, OR WILDCAT Hospah, South (Lower Sand)		
16. 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		
18. DISTANCE FROM PROPOSED LOCATION* TO NEAREST WELL, DRILLING, COMPLETED, OR APPLIED FOR, ON THIS LEASE, FT.		12. COUNTY OR PARISH McKinley		
21. ELEVATIONS (Show whether DF, RT, GR, etc.) 6996 KB		13. STATE New Mexico		
16. NO. OF ACRES IN LEASE 344		17. NO. OF ACRES ASSIGNED TO THIS WELL 52		
19. PROPOSED DEPTH 1650		20. ROTARY OR CABLE TOOLS Completion Rig		
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 perfs 1550-84 in Upper Sand.
3. Clean out to 1650.
4. Perf Lower Sand 1611-28.
5. Acidize perfs w/500 gal acid.
6. Conduct potential test and complete as oil well.

U. S. GEOLOGICAL SURVEY
FARMINGTON, N. M.RECEIVED
AUG 11 1969

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. Lipp 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

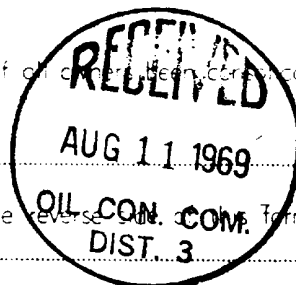
Operator TENNECO OIL COMPANY Lease South HOSPAH Unit Well No. 25
Unit Letter A Section 12 Township 17 North Range 9 West County McKinley
Approx. Forage Location of Well
330 feet from the North line and 1505 feet from the East line
Drill Level Elev. 6284' ungraded Producing Formation HOSPAH LOWER SAND Pos. HOSPAH, SOUTH (LOWER SAND) Dedicated Average 52 *feet*

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

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



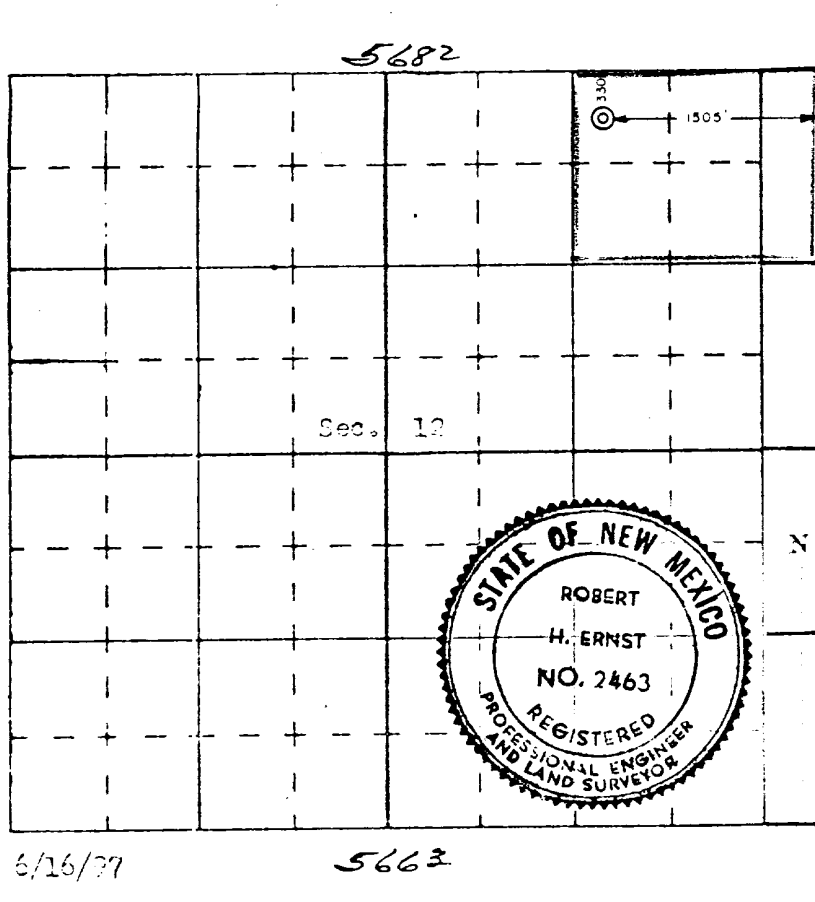
CERTIFICATION

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 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
Professional Engineer
and/or Land Surveyor
Robert H. Ernst
N. Mex. PE & LS 2562
Certificate No. _____



6/16/77

5663

Ernst Engineering Co.
Durango, Colorado

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

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

At surface

330' FNL & 1505' FEL

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 drlg. unit line, if any)

16. NO. OF ACRES IN LEASE

344

17. NO. OF ACRES ASSIGNED
TO THIS WELL

52

18. DISTANCE FROM PROPOSED LOCATION*
TO NEAREST WELL, DRILLING, COMPLETED,
OR APPLIED FOR, ON THIS LEASE, FT.

19. PROPOSED DEPTH

1697

20. ROTARY OR CABLE TOOLS

Rotary

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

6984 GR

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
9-7/8"	7-5/8"	26#	60	Sufficient to circulate
6-3/4"	4-1/2"	10.5#	1697	Sufficient to circulate

Above well will be a 1697' 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.



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. Lipp

TITLE

District Office Supervisor

DATE

1-7-69

(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 HOSPASH UNIT Well No. 25
Unit Corner 4 Section 12 Township 17 North Range 9 West County McKinley
Acres of Lease 330 Section 12 Township 17 North Range 9 West County McKinley
Dedicated Acreage 52
60641 ungraded Hospash Upper Sand Hospash South (Upper Sand)

Outline the acreage dedicated to the subject well by colored pencil or hatchure marks on the plat below.

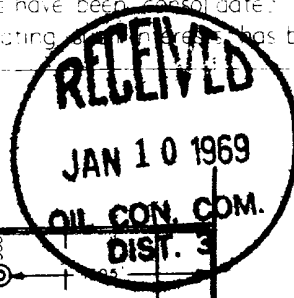
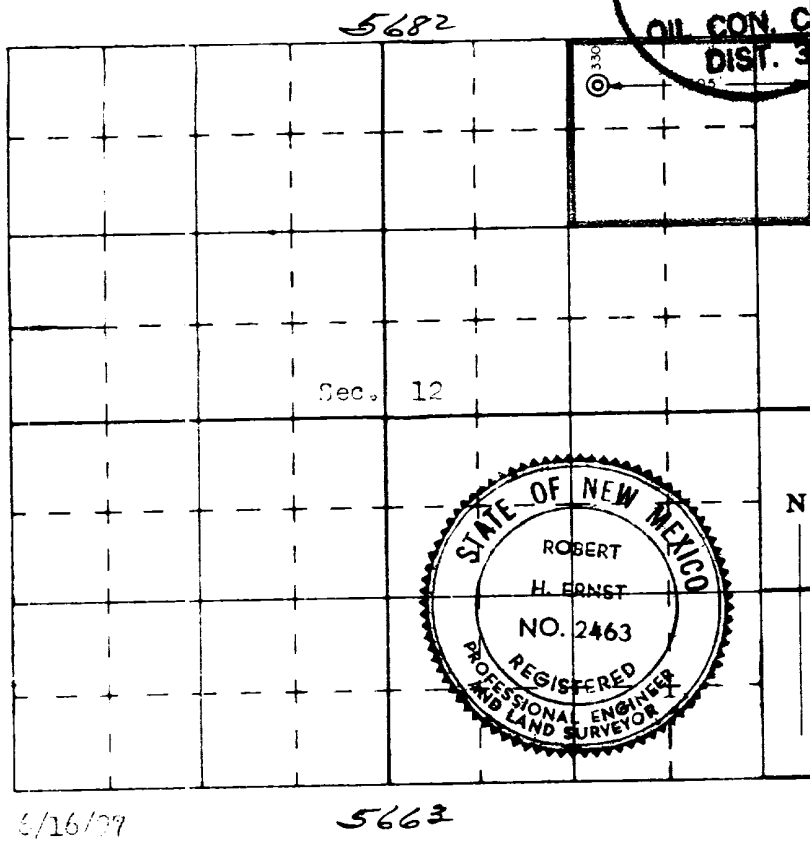
If more than one lease is dedicated to the well, outline each and identify the ownership thereof both as to working interest and royalty.

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?

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. of wells will be drilled to the well unit if all interests have been consolidated by communitization, unitization, force-pooling or otherwise prior to a non-random unit, eliminating all 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 20 December 1968
Signature Robert H. Ernst
Registered Professional Engineer and/or Land Surveyor
Robert H. Ernst
N. Mex. PE & LS 2562
Certificate No. _____

1/16/79
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.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG*

1a. TYPE OF WELL: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> DRY <input type="checkbox"/> Other _____		5. LEASE DESIGNATION AND SERIAL NO. NM-081208	
b. TYPE OF COMPLETION: NEW WELL <input checked="" type="checkbox"/> WORK OVER <input type="checkbox"/> DEEP-EN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> DIFF. RESVR. <input type="checkbox"/> Other _____		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 1200 Lincoln Tower Building, Denver, Colorado 80203		8. FARM OR LEASE NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 330' FNL & 1505' FEL At top prod. interval reported below same At total depth same		9. WELL NO. 25	
14. PERMIT NO. _____ DATE ISSUED _____		10. FIELD AND POOL, OR WILDCAT South Hospah Upper	
15. DATE SPUDDED 2/8/69		11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA Sec. 12-13-T17N-R9W	
16. DATE T.D. REACHED 2/15/69		12. COUNTY OR PARISH McKinley	
17. DATE COMPL. (Ready to prod.) 3/15/69		13. STATE New Mexico	
18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 6996' KB		19. ELEV. CASINGHEAD 6985' GR	
20. TOTAL DEPTH, MD & TVD 1702'		21. PLUG, BACK T.D., MD & TVD 1650'	
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)* South Upper Hospah 1550-1584		25. WAS DIRECTIONAL SURVEY MADE No	
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
8-5/8"	36#	51'	9-7/8"
4-1/2"	9.5#	1683'	6-3/4"
29. LINER RECORD			
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*
30. TUBING RECORD			
SIZE	DEPTH SET (MD)	PACKER SET (MD)	
2-3/8"	1593'	---	
31. PERFORATION RECORD (Interval, size and number)			
1550-54, 1560-66, 1568-74, 1576-84 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 3/11/69		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Pumping 1-1/2" Insert Rod Pump	
WELL STATUS (Producing or shut-in) Producing			
DATE OF TEST 3/15/69	HOURS TESTED 24	CHOKE SIZE ---	PROD'N. FOR TEST PERIOD ---
FLOW. TUBING PRESS. ---	CASING PRESSURE ---	CALCULATED 24-HOUR RATE ---	OIL—BBL. 4
GAS—MCF. TSTM		WATER—BBL. 0	
OIL GRAVITY-API (CORR.) 33.0			
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) ---			
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 <u>D. A. C. C.</u>		TITLE <u>Production Clerk</u>	
DATE <u>3/27/69</u>			

*(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 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.

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 27: "Secks General": 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 FORMER ZONES:			38. GEOLOGIC MARKERS			
SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF; CORED INTERVALS; AND ALL DRILL-STEM TESTS, INCLUDING DEPTH INTERVAL, TESTED, CUSHION LENO, TIME TOOL, OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES						
FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	MEAS. DEPTH	TRUE VERT. DEPTH
Pt. Look Out	300'	520'		Pt. Look Out	300'	
Crevasse Canyon	845'	1010'		Mancos Shale	520'	
Upper Hospah	1550'	1584		Crevasse Canyon	845'	
Lower Hospah	1610'	1700'		Upper Hospah	1550'	
				Lower Hospah	1610'	

TABULATION OF DEVIATION TESTS

TENNECO OIL COMPANY

HOSPAH NO. 25

DEPTH

1702'

INCLINATION

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

12

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 3rd day of April, 1969

Martha C. Hedin

My commission expires

My Commission expires Nov. 6, 1971

NO. OF COPIES RECEIVED		5
DISTRIBUTION		
SANTA FE		1
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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-104 and C-110
Effective 1-1-65

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

I.

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

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name South Hospah Unit	Well No. 25	Pool Name, Including Formation S. Hospah Upper Sand	Kind of Lease State, Federal or Fee Fed NM	Lease No. 081208
Location				
Unit Letter A	330'	Feet From The North	Line and 1505'	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, N. Mex.					
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 F	Sec. 12	Twp. 17W	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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res'tv.
Date Spudded 2-8-69	Date Compl. Ready to Prod. 2-15-69	Total Depth 1702'	P.B.T.D. 1650'					
Elevations (DF, RKB, RT, GR, etc.) 6996' KB	Name of Producing Formation S. Hospah Upper	Top Oil/Gas Pay 1550'	Tubing Depth 1593'					
Perforations 1550 - 54, 1560 - 66, 1568 - 74, 1576 - 84			Depth Casing Shoe					
TUBING, CASING, AND 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"	1683'	24051					
--	2-3/8"	1593'						

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 3/11/69	Date of Test 3/15/69	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 grs,	Tubing Pressure --	Casing Pressure --	Choke Size --
Actual Prod. During Test	Oil-Bbls. 4	Water-Bbls. 0	Gas-MCF TSTM

524

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.

OIL CONSERVATION COMMISSION

APR 1 1963

APPROVED
BY **Original Signed by Emery C. Arnold**
SUPERVISOR DIST. #9
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.

Production Clerk

(Title)

March 28, 1969

(Date)

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

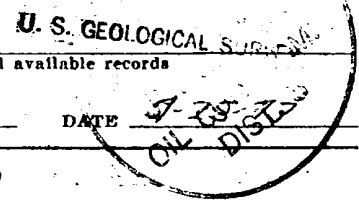
SUBMIT IN DUPLICATE*

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

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

1a. TYPE OF WELL: OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> DRY <input type="checkbox"/> Other _____				5. LEASE DESIGNATION AND SERIAL NO. NM-12335	
b. TYPE OF COMPLETION: NEW WELL <input type="checkbox"/> WORK OVER <input type="checkbox"/> DEEP-EN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> DIFF. RESV. <input checked="" type="checkbox"/> Other _____				6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
2. NAME OF OPERATOR Tenneco Oil Company				7. UNIT AGREEMENT NAME	
3. ADDRESS OF OPERATOR 1860 Lincoln, Suite 1200, Denver, Colorado 80295				8. FARM OR LEASE NAME Hospah	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 330' FNL and 1505' FEL At top prod. interval reported below At total depth				9. WELL NO. 25	
14. PERMIT NO. _____ DATE ISSUED _____				10. FIELD AND POOL, OR WILDCAT Lower Hospah	
15. DATE SPUDDED 2/8/69				11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA Sec. 12, T17N, R9W	
16. DATE T.D. REACHED 2/15/69				12. COUNTY OR PARISH McKinley	
17. DATE COMPL. (Ready to prod.) 3/15/69				13. STATE New Mexico	
18. ELEVATIONS (OF, RKB, RT, OR, ETC.)* 6996' KB				19. ELEV. CASINGHEAD 6985' GR	
20. TOTAL DEPTH, MD & TVD 1702'		21. PLUG, BACK T.D., MD & TVD 1650'		22. IF MULTIPLE COMPL., HOW MANY* _____	
23. INTERVALS DRILLED BY _____ ROTARY TOOLS _____ CABLE TOOLS _____				24. WAS DIRECTIONAL SURVEY MADE No	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* Plugged Upper Hospah and completed in Lower Hospah Lower Hospah = 1610' - 1630'				25. WAS WELL CORRED No	
26. TYPE ELECTRIC AND OTHER LOGS RUN				27. WAS WELL CORRED No	
28. CASING RECORD (Report all strings set in well)					
CASINO SIZE		WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD
8-5/8"		36#	51'	9-7/8"	40 sacks
4-1/2"		9.5#	1683'	6-3/4"	240 sacks
29. LINER RECORD					
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	
30. TUBING RECORD					
SIZE	DEPTH SET (MD)	PACKER SET (MD)			
2-3/8"	1640'	None			
31. PERFORATION RECORD (Interval, size and number)					
Perf'd 4 JSPI from 1610' - 1630' in the lower Hospah zone. Plugged Upper Hospah perfs from 1550' - 1584'					
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.					
DEPTH INTERVAL (MD)		AMOUNT AND KIND OF MATERIAL USED			
1610' - 1630'		Acidized with 750 gallons of 15% MCA acid			
33. PRODUCTION					
DATE FIRST PRODUCTION: 6-14-77		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) 1-1/2" insert pump			WELL STATUS (Producing or shut-in) Producing
DATE OF TEST 7-9-77	HOURS TESTED 24	CHOKE SIZE None	PROD'N. FOR TEST PERIOD →	OIL—BBL. 45	GAS—MCF. -0-
WATER—BBL. 370	GAS-OIL RATIO -0-				
FLOW. TUBING PRESS. 0	CASING PRESSURE 0	CALCULATED 24-HOUR RATE →	OIL—BBL. 45	GAS—MCF. -0-	WATER—BBL. 370
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)					
TEST WITNESSED BY JUL 28 1977					
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 <u>R. H. Myers</u>		TITLE <u>Div. Production Manager</u>		DATE <u>7-28-77</u>	

*(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 18: 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: "Sacks Cement": 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 USED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES				38. GEOLOGIC MARKERS		
FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	MEAS. DEPTH	TRUE VERT. DEPTH
Point Lookout	300	520	Sand			
Mancos	520	845	Shale			
Upper Hospah	1550	1610	Sand			
Lower Hospah	1610		Sand, oil			

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPPLICATE*
(Other instructions on the
reverse side)Form approved.
Budget Bureau No. 42-R1421.
5. LEASE DESIGNATION AND SERIAL NO.

NM-81208

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Hospah

9. WELL NO.

25

10. FIELD AND POOL, OR WILDCAT

Upper Hospah

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

Sec. 12, T17N, R9W

12. COUNTY OR PARISH
McKinley13. STATE
New Mexico

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
1860 Lincoln St., Suite 1200, Denver, Colo. 80295
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface
A 330' FNL and 1505' FEL, Unit

14. PERMIT NO.

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

6996' KB

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 COMPLETION ☐ABANDON* ☒CHANGE PLANS ☐Complete in lower Hospah ☒

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐FRACTURE TREATMENT ☐SHOOTING OR ACIDIZING ☐

(Other)

REPAIRING WELL ☐ALTERING CASING ☐ABANDONMENT* ☐(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.)*

We plan to perforate this well into the lower Hospah zone and abandon the Upper Hospah zone as follows:

1. MIRUPL, Pull rods & pump, and install BOP.
2. Set RITS packer and establish pump in rate into Upper Hospah.
3. Squeeze Upper Hospah perms from 1550' - 1584' with 50 sacks of Class "B" Neat cement with 2% CaCl₂.
4. Release packer, reverse out, POH, and wait on cement.
5. Pressure test casing to 500 psi.
6. Perforate lower Hospah from 1610' - 1630' w/ 2 JSPF.
7. Stimulate as necessary to establish commercial production.
8. Place well on production.
9. Clean location of all debris.

JUN 16 1977

U. S. GEOLOGICAL SURVEY

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

SIGNED

H. A. Myers

TITLE Div. Production Manager

DATE 6-9-77

(This space for Federal or State office use)

APPROVED

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL

JUN 16 1977

*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-104 and C-110
Effective 1-1-65

B.K.

Form 9-331
(May 1963)

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 42-R1424.
LEASE DESIGNATION AND SERIAL NO.

NM-81208

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Hospah

9. WELL NO.

25

10. FIELD AND POOL, OR WILDCAT

Upper Hospah

11. SEC. T. R. M. OR BLM. AND

SURVEY OR AREA

Sec. 12, T17N, R9W

12. COUNTY OR PARISH

McKinley

13. STATE

New Mexico

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
1860 Lincoln St., Suite 1200, Denver, Colorado 80295

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

330' FNL and 1505' FEL

14. PERMIT NO.

15. ELEVATIONS (Show whether DP, RT, GR, etc.)

6996' KB

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TRIAL

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) Complete in lower Hospah

REPAIRING WELL

ALTERING CASING

ABANDONMENT

(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 perti-
nent to this work.)*

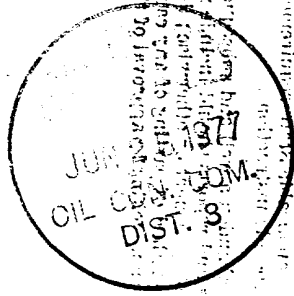
We have plugged the Upper Hospah zone and completed in the Lower Hospah
zone in this well as follows:

1. MIRUPU; pulled rods & pump; and installed BOP.
2. Squeezed Upper Hospah with 10 sacks of cement. Waited on cement
for 18 hours.
3. Drilled out cement and pressure tested to 800 psi. Held OK
4. Perf'd lower Hospah with 4 JSPF from 1610' - 1630'.
5. Acidized with 750 gallons of 15% MCA acid.
6. Placed well on production.
7. Cleared location of all debris.

RECEIVED

JUN 27 1977

GEOLOGICAL SURVEY



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

SIGNED

(This space for Federal or State office use)

TITLE Div. General Manager

DATE

DATE

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

*See Instructions on Reverse Side

(Title)

8-10-77

(Date)

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
completed wells.

UNITED STATES
DEPARTMENT OF THE INTERIOR
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 well ☒ gas well ☐ other ☐
2. NAME OF OPERATOR
Tenrieco Oil Company
3. ADDRESS OF OPERATOR
720 So. Colo. Blvd., Denver, Co. 80222
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
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

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) _____

SUBSEQUENT REPORT OF:

☐
☐
☐
☐
☐
☐
☐
☐

5. LEASE
NM - 12335
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Hospah
9. WELL NO.
25
10. FIELD OR WILDCAT NAME
Lower Hospah
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 12, T-17-N, R-9-W
12. COUNTY OR PARISH
McKinley
13. STATE
New Mexico
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
6985' GR

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

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.)*

The perforations for this well are partially plugged. We propose to acidize via the following procedure:
MIRUPU. Pull tbg, and RIH with Baker Model "E" circulating washer. Acidize perfs @ 1610'-1630' w/850 gal 15% MCA. Swab back load, POOH, run tbg, pump, & rods, and place well on production.

Verbal approval per Phil McGrath on 4/12/79.

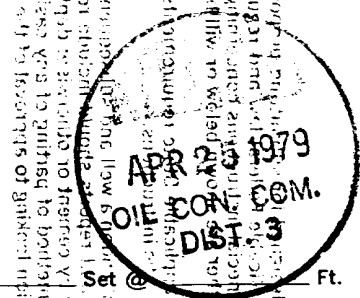
Subsurface Safety Valve: Manu. and Type _____

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

SIGNED Carley Statham TITLE Admin. Supervisor DATE 4/20/79

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:



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 Indian lands pursuant to applicable Federal law and regulations, and, if approved or accepted by any State, on all lands in such State, pursuant to applicable State law 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.

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 17: 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 fluid contents not sealed off by cement or otherwise; depths (top and bottom) and method of placement of cement plugs; mud or other material placed below, between and 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.

12. ELEVATION 1000
13. AREA 1000
14. COORDINATE 1000
15. DATE 1000
16. TIME 1000
17. LOCATION 1000
18. DISTANCE 1000
19. DIRECTION 1000
20. SPEED 1000
21. ALTITUDE 1000
22. TEMPERATURE 1000
23. HUMIDITY 1000
24. WIND SPEED 1000
25. WIND DIRECTION 1000
26. CLOUD COVER 1000
27. VISIBILITY 1000
28. PRECIPITATION 1000
29. SURFACE TYPE 1000
30. SURFACE CONDITION 1000
31. SURFACE TEMPERATURE 1000
32. SURFACE HUMIDITY 1000
33. SURFACE WIND SPEED 1000
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39. SURFACE SURFACE CONDITION 1000
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94. SURFACE SURFACE SURFACE SURFACE SURFACE SURFACE SURFACE SURFACE TEMPERATURE 1000
95. SURFACE SURFACE SURFACE SURFACE SURFACE SURFACE SURFACE SURFACE HUMIDITY 1000
96. SURFACE SURFACE SURFACE SURFACE SURFACE SURFACE SURFACE SURFACE WIND SPEED 1000
97. SURFACE SURFACE SURFACE SURFACE SURFACE SURFACE SURFACE SURFACE WIND DIRECTION 1000
98. SURFACE SURFACE SURFACE SURFACE SURFACE SURFACE SURFACE SURFACE CLOUD COVER 1000
99. SURFACE SURFACE SURFACE SURFACE SURFACE SURFACE SURFACE SURFACE VISIBILITY 1000
100. SURFACE SURFACE SURFACE SURFACE SURFACE SURFACE SURFACE SURFACE PRECIPITATION 1000

[illegible]

SUBSEQUENT REPORT ON:

(U)
 ARABIAN
 CRACKED ZONES
 WOULD BE COMPLETE
 PUT OFF AFTER CASING
 BEING MADE
 SHOWED NO ACIDINE
 PROBABLY TREAT
 TEST WATER SHUT-OFF
 REQUEST FOR APPROVAL TO

The performance for this well are partially hindered by the following procedure:

INPUT: 1000 and 1000 with label "1" circuit
1000-1000 WOOD for 1000. Swap back load.
1000-1000 WOOD for 1000. Swap back load.
1000-1000 WOOD for 1000. Swap back load.

.0512772 no later than 1967 was favorable factor?

APPROVED BY _____
CONDITIONS OF APPROVAL IF ANY:
_____ TITLE _____
DATE _____
(This space for Federal or State office use)
SIGNED _____
18. I hereby certify that the foregoing is true and correct.
Specialty Safety Valve Mount and Type _____

UNITED STATES
DEPARTMENT OF THE INTERIOR
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 ☒ well gas ☐ well other ☐
2. NAME OF OPERATOR
Tenneco Oil Company
3. ADDRESS OF OPERATOR
720 So. Colorado Blvd., Denver, CO. 80222
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
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

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) ☐

SUBSEQUENT REPORT OF:

☐
☒
☐
☐
☐
☐
☐
☐

5. LEASE
NM-12335
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Hospah
9. WELL NO.
25
10. FIELD OR WILDCAT NAME
Lower Hospah
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 12, T-17-N, R-9-W
12. COUNTY OR PARISH
McKinley 13. STATE
New Mexico
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
6985' GR

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

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.)*

5/17/79 - 5/18/79

MIRUPU. POOH w/tbg & rods. RIH w/4 1/2" scraper. POOH. RIH w/4 1/2" Baker circulating washer and set @ 1640'. Spotted acid to tool & pressured tool to 1000 psi. Acidized perf's from 1610' - 1630' w/1076 gal 15% MCA acid. Formation broke down @ 900 psi. Well went on vacuum. Swabbed back load. POOH w/circulating washer and ran pump, tbg, & rods. RDMOPU. Placed well on production.

Subsurface Safety Valve: Manu. and Type _____

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

SIGNED Carly Statten TITLE Admin. Supervisor DATE 5/31/79

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

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 Indian lands pursuant to applicable Federal law and regulations, and, if approved or accepted by any State, on all lands in such State, pursuant to applicable State law 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.

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 17: 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 fluid contents not sealed off by cement or otherwise; depths (top and bottom) and method of placement of cement plugs; mud or other material placed below, between and 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.

[illegible]

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

Operator TENNECO OIL COMPANY	
Address Box 3249, Englewood, CO 80155	
Reason(s) for filing (Check proper box)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input checked="" type="checkbox"/>

If change of ownership, give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Hospah	Well No. 25	Pool Name, including Formation South Hospah Lower Sand	Kind of Lease Federal	Lease No. NM-12335
Location				
Unit Letter A	330	Feet From The North	Line and 1505	Feet From The East
Line of Section 12	Township 17N	Range 9W	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)					
CINIZA PIPELINE	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 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 (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
APPROVED NOV 29 1982, 19____
BY Denise Wilson
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 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

1.

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

If change of ownership give name
and address of previous owner

Tenneco Oil Company, P.O. Box 3249, Englewood, CO 80155

1. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
HOSPRAH	25	SOUTH HOSPRAH LOWER SAND	FEDERAL State, Federal or Fee	NM-12325
Location	Unit Letter <u>A</u> : <u>330</u> Feet From The <u>NORTH</u> Line and <u>1505</u> Feet From The <u>EAST</u>			
Line of Section	12	Township	17N	Range
			9W	NMPM,
				McKinley
				County

1. 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)					
CINIZA PIPELINE	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:

2. 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 Comp. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKE, R", 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			

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 (pilot, 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

APPROVED

NOV 20 1987

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 allow-
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
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. 25
Unit Letter A	Section 12	Township 17N	Range 9W	County NMPM	McKinley
Actual Footage Location of Well: 330 feet from the North line and 1505 feet from the East line					
Ground level Elev. 6984	Producing Formation South Hospah Lower Sand		Pool South Hospah Lower Sand		Dedicated Acreage: 40 Acres

- Outline the acreage dedicated to the subject well by colored pencil or hatchure marks on the plat below.
- If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
- 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.?
☐ Yes ☐ No If answer is "yes" type of consolidation _____
If answer is "no" list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary). _____
No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interest, has been approved by the Division.

OPERATOR CERTIFICATION

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

Sharon Ward
Signature

Sharon Ward
Printed Name

Prod. Reg. Supv
Position

Citation Oil & Gas Corp.
Company

2-15-94
Date

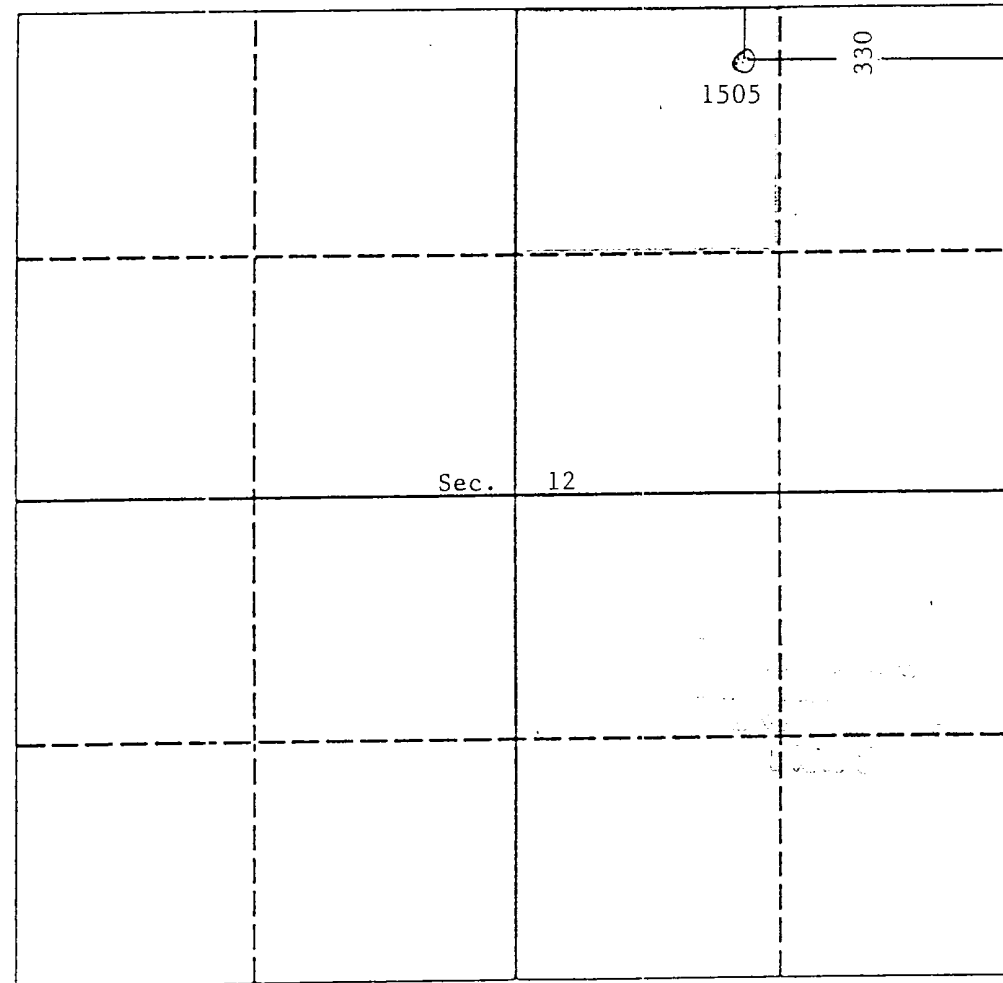
SURVEYOR CERTIFICATION

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

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

OIL CONSERVATION DIVISION

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Citation Oil & Gas Corp.		Well API No. 30-031- 20092
Address 8223 Willow Place S. Ste 250 Houston, Texas 77070		
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> Other (Please explain) <u>from Hospah</u>		
New Well <input type="checkbox"/>	Change in Transporter of: <input type="checkbox"/> Dry Gas <input type="checkbox"/> To show correct well name	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	
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. 25	Pool Name, including Formation South Hospah Lower Sand	Kind of Lease State Federal or Free	Lease No. NM-12335
Location Unit Letter <u>A</u> : <u>330</u> Feet From The <u>North</u> Line and <u>1505</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) Ciniza Pipeline B0x 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 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 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/MCF	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
Printed Name
2-15-94
Date
Prod. Reg. Supv.
Title
713-469-9664
Telephone No.

OIL CONSERVATION DIVISION

Date Approved FEB 26 1994

By ORIGINAL SIGNED BY ERNIE BUSCH

Title DEPUTY OIL & GAS INSPECTOR, DIST. #3

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, Hobbs, NM 88241-1980
District II
PO Drawer DD, Artesia, NM 88211-0719
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
PO Box 2088, Santa Fe, NM 87504-2088

State of New Mexico
Energy, Minerals & Natural Resources Department

OIL CONSERVATION DIVISION
PO Box 2088
Santa Fe, NM 87504-2088

Form C-10-
Revised February 10, 1994
Instructions on back
Submit to Appropriate District Office
5 Copies

SEP - 6 1994

☐ AMENDED REPORT

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

Operator name and Address BC & D Operating, Inc. P.O. Box 837 Hobbs, NM 88241-0837		OIL CON. DIV. DIST. 3 AUG - 1 1994		OGRID Number 025670
Reason for Filing Code CH				
API Number 30 - 031-20092	Pool Name South Hospah Lower Sand		Pool Code 33070	
Property Code 002837-15670	Property Name South Hospah Unit		Well Number 25	

II. Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South Line	Feet from the	East/West Line	County
A	12	17N	9W	-	330	North	1505	East	McKinley

Bottom Hole Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
A	12	17N	9W	-	330	North	1505	East	McKinley
Lee Code F	Producing Method Code P	Gas Connection Date		C-129 Permit Number		C-129 Effective Date		C-129 Expiration Date	

III. Oil and Gas Transporters

Transporter OGRID	Transporter Name and Address	POD	O/G	POD ULSTR Location and Description
004502	Ciniza Pipeline Inc.	0746510	0	A 12 17N 09W

IV. Produced Water

POD	POD ULSTR Location and Description
0746550	A 12 17N 09W

V. Well Completion Data

Spud Date	Ready Date	TD	PBTD	Perforations
Hole Size		Casing & Tubing Size	Depth Set	Sacks Cement

VI. Well Test Data

Date New Oil	Gas Delivery Date	Test Date	Test Length	Tbg. Pressure	Csg. Pressure
Choke Size	Oil	Water			

District I
PO Box 1980, Hobbs, NM 88241-1980
District II
PO Drawer DD, Artesia, NM 88211-0719
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1000 Rio Brazos Rd., Aztec, NM 87410
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PO Box 2088, Santa Fe, NM 87504-2088

State of New Mexico
Energy, Minerals & Natural Resources Department

OIL CONSERVATION DIVISION
PO Box 2088
Santa Fe, NM 87504-2088

Form C-10
Revised February 10, 1991

Instructions on back

Submit to Appropriate District Office

5 Copies

SEP - 6 1994

☐ AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

Operator name and Address BC & D Operating, Inc. P.O. Box 837 Hobbs, NM 88241-0837		OIL CON. DIV. DIST. 3 AUG - 1 1994	OGRID Number 025670
Reason for Filing Code CH			
API Number 30 - 031-20092	Pool Name South Hospah Lower Sand	Pool Code 33070	
Property Code 002837-15670	Property Name South Hospah Unit	Well Number 25	

II. Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South Line	Feet from the	East/West Line	County
A	12	17N	9W	-	330	North	1505	East	McKinley

Bottom Hole Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South Line	Feet from the	East/West Line	County
A	12	17N	9W	-	330	North	1505	East	McKinley
Lee Code F	Producing Method Code P	Gas Connection Date		C-129 Permit Number		C-129 Effective Date		C-129 Expiration Date	

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004502	Ciniza Pipeline Inc.	0746510	0	A 12 17N 09W

IV. Produced Water

POD	POD ULSTR Location and Description
0746550	A 12 17N 09W

V. Well Completion Data

Spud Date	Ready Date	TD	PBTD	Perforations
Hole Size	Casing & Tubing Size	Depth Set	Sacks Cement	

VI. Well Test Data

Date New Oil	Gas Delivery Date	Test Date	Test Length	Tbg. Pressure	Csg. Pressure
Choke Size	Oil	Water	Gas	AOF	Test Method

I hereby certify that the rules of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature:

Printed name:

Title:

Date:

Donnie Hill

President

8-1-94

Phone: 505-392-7681

OIL CONSERVATION DIVISION

Approved by:

Title:

Approval Date:

SUPERVISOR DISTRICT #3

SEP - 6 1994

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

004544

Citation Oil & Gas Corp.

Previous Operator Signature

Printed Name

Title

Date

Sharon Ward

Sharon Ward

Prod. Reg. Supv. 8-1-94