

(SUBMIT IN TRIPLICATE)

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYBudget Bureau No. 42-R358.4.
Approval expires 12-31-60.Land Office Santa Fe
Lease No. 31 000345
Unit Doubtful-Federal

SUNDRY NOTICES AND REPORTS ON WELLS

NOTICE OF INTENTION TO DRILL.....	SUBSEQUENT REPORT OF WATER SHUT-OFF.....
NOTICE OF INTENTION TO CHANGE PLANS.....	SUBSEQUENT REPORT OF SHOOTING OR ACIDIZING.....
NOTICE OF INTENTION TO TEST WATER SHUT-OFF.....	SUBSEQUENT REPORT OF ALTERING CASING.....
NOTICE OF INTENTION TO RE-DRILL OR REPAIR WELL.....	SUBSEQUENT REPORT OF RE-DRILLING OR REPAIR.....
NOTICE OF INTENTION TO SHOOT OR ACIDIZE.....	SUBSEQUENT REPORT OF ABANDONMENT.....
NOTICE OF INTENTION TO PULL OR ALTER CASING.....	SUPPLEMENTARY WELL HISTORY.....
NOTICE OF INTENTION TO ABANDON WELL.....	

(INDICATE ABOVE BY CHECK MARK NATURE OF REPORT, NOTICE, OR OTHER DATA)

Well No. 1 is located 990 ft. from N line and 990 ft. from E line of sec. 5
NE 1/4 Sec. 5 23N 1W 105W
(1/4 Sec. and Sec. No.) (Twp.) (Range) (Meridian)
Undesignated Rio Arriba New Mexico
(Field) (County or Subdivision) (State or Territory)

The elevation of the derrick floor above sea level is 7381 ft.

DETAILS OF WORK

(State names of and expected depths to objective sands; show sizes, weights, and lengths of proposed casings; indicate mudding jobs, cementing points, and all other important proposed work)

Propose to drill the above located well to a total depth of approximately 3300' with rotary tools.

CASING PATTERN:Set approximately 350' of 8-5/8" cas., cement w/200 sks. cement
Set approximately 3300' of 4-1/2" cas., cement w/150 sks. cementPropose to complete in the Undesignated Pictured Cliffs formation at approximately 3200'. Propose to test any other zone that appears productive of oil or gas.
Propose to sand oil free for completion.

I understand that this plan of work must receive approval in writing by the Geological Survey before operations may be commenced.

Company Maguilla Petroleum CompanyAddress Box 2406
Albuquerque, New MexicoBy [Signature]
Title District Superintendent

NEW MEXICO OIL CONSERVATION COMMISSION

Well Location and Acreage Dedication Plat

Section A.

Date July 27, 1959

Operator MAGNOLIA PETROLEUM COMPANY Lease DOUTHIT-FEDERAL
Well No. 1 Unit Letter A Section 5 Township 23N Range 1W NMPM
Located 990 Feet From North Line, 990 Feet From East Line
County Elizabetta G. L. Elevation 7381 Dedicated Acreage 160 Acres
Name of Producing Formation Pictured Cliffs Pool Undesignated

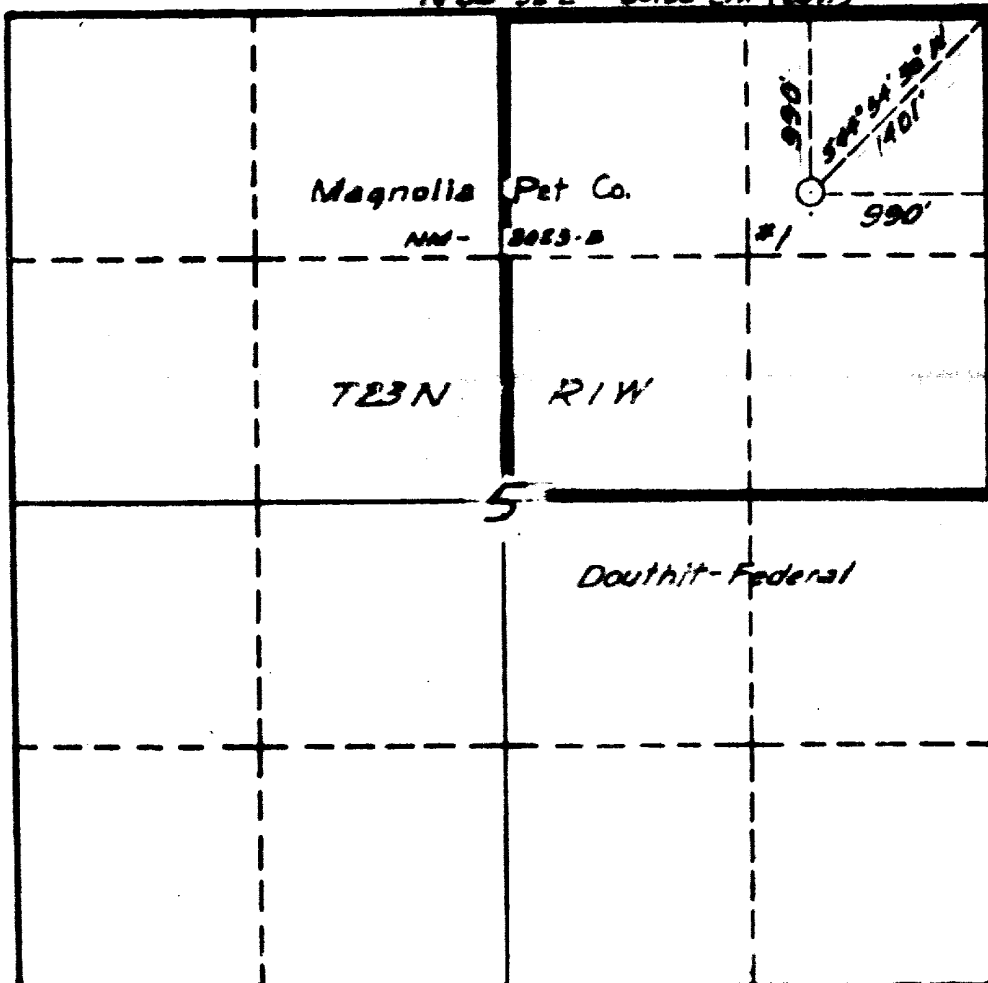
1. Is the Operator the only owner in the dedicated acreage outlined on the plat below?
Yes ✓ No .
2. If the answer to question one is "no," have the interests of all the owners been consolidated by communitization agreement or otherwise? Yes No . If answer is "yes," Type of Consolidation
3. If the answer to question two is "no," list all the owners and their respective interests below:

Owner

Land Description

Section B.

N 89° 52' E - 80.80 CH. (211)



This is to certify that the information in Section A above is true and complete to the best of my knowledge and belief.

MAGNOLIA PETROLEUM COMPANY

(Operator)

Representative

BOX 2406, HOBBS, NEW MEXICO

Address

This is to certify that the well location shown on the plat in Section B 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 July 27, 1959

Carl E. Turner
Registered Professional
Engineer and/or Land Surveyor.

Certificate No. 2406

2016-10-20

1. The first part of the report is a summary of the work done during the period.

2. The second part is a detailed account of the work done during the period.

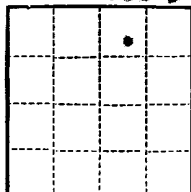
3. The third part is a summary of the work done during the period.

4. The fourth part is a summary of the work done during the period.

5. The fifth part is a summary of the work done during the period.

6. The sixth part is a summary of the work done during the period.

7. The seventh part is a summary of the work done during the period.



(SUBMIT IN TRIPLICATE)

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYLand Office _____
Lease No. **SF 080345**
Unit **Douthitt-Federal**

SUNDRY NOTICES AND REPORTS ON WELLS

NOTICE OF INTENTION TO DRILL.....	SUBSEQUENT REPORT OF WATER SHUT-OFF.....	X
NOTICE OF INTENTION TO CHANGE PLANS.....	SUBSEQUENT REPORT OF SHOOTING OR ACIDIZING.....	
NOTICE OF INTENTION TO TEST WATER SHUT-OFF.....	SUBSEQUENT REPORT OF ALTERING CASING.....	
NOTICE OF INTENTION TO RE-DRILL OR REPAIR WELL.....	SUBSEQUENT REPORT OF RE-DRILLING OR REPAIR.....	
NOTICE OF INTENTION TO SHOOT OR ACIDIZE.....	SUBSEQUENT REPORT OF ABANDONMENT.....	
NOTICE OF INTENTION TO PULL OR ALTER CASING.....	SUPPLEMENTARY WELL HISTORY.....	
NOTICE OF INTENTION TO ABANDON WELL.....		

(INDICATE ABOVE BY CHECK MARK NATURE OF REPORT, NOTICE, OR OTHER DATA)

September 15, 1959

Well No. 1 is located 990 ft. from N line and 990 ft. from E line of sec. 5
NE/4 Sec. 5 23N 1W NMPM
(1/4 Sec. and Sec. No.) (Twp.) (Range) (Meridian)
Undesignated Rio Arriba New Mexico
(Field) (County or Subdivision) (State or Territory)

G. L.
The elevation of the ~~derick floor~~ above sea level is 7381 ft.

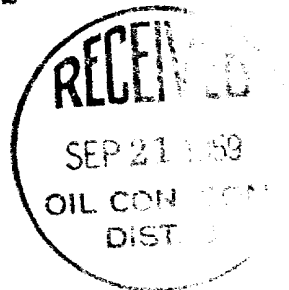
DETAILS OF WORK

(State names of and expected depths to objective sands; show sizes, weights, and lengths of proposed casings; indicate mudlogging jobs, cementing points, and all other important proposed work)

Spudded 9-13-59

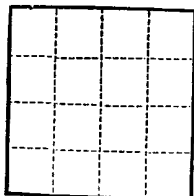
Ran 7 jts 138' 8 5/8" cas at 151' w/110 lbs 2 1/2" Casl₂. Cement Circulated.
9 P. M. 9-13-59.

Test 8 5/8" casing 800' for 30 minutes. Held OK.



I understand that this plan of work must receive approval in writing by the Geological Survey before operations may be commenced.

Company Magnolia Petroleum Company
Address Box 2406
Hobbs, New Mexico
By [Signature]
Title District Superintendent



(SUBMIT IN TRIPLICATE)

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYLand Office Santa FeLease No. SP 000345Unit Southwest-Federal

SUNDRY NOTICES AND REPORTS ON WELLS

NOTICE OF INTENTION TO DRILL	SUBSEQUENT REPORT OF WATER SHUT-OFF	<input checked="" type="checkbox"/>
NOTICE OF INTENTION TO CHANGE PLANS	SUBSEQUENT REPORT OF SHOOTING OR ACIDIZING	
NOTICE OF INTENTION TO TEST WATER SHUT-OFF	SUBSEQUENT REPORT OF ALTERING CASING	
NOTICE OF INTENTION TO RE-DRILL OR REPAIR WELL	SUBSEQUENT REPORT OF RE-DRILLING OR REPAIR	
NOTICE OF INTENTION TO SHOOT OR ACIDIZE	SUBSEQUENT REPORT OF ABANDONMENT	
NOTICE OF INTENTION TO PULL OR ALTER CASING	SUPPLEMENTARY WELL HISTORY	
NOTICE OF INTENTION TO ABANDON WELL		

(INDICATE ABOVE BY CHECK MARK NATURE OF REPORT, NOTICE, OR OTHER DATA)

September 22, 1959

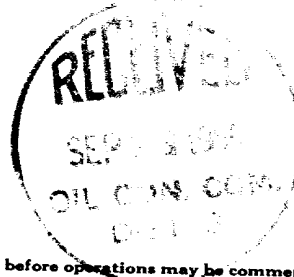
Well No. 1 is located 990 ft. from N line and 990 ft. from E line of sec. 5
NE 1/4 Sec. 5 23N 1W 107W
(1/4 Sec. and Sec. No.) (Twp.) (Range) (Meridian)
Undesignated Elizabethtown New Mexico
(Field) (County or Subdivision) (State or Territory)

The elevation of the derrick floor above sea level is 7361 ft.

DETAILS OF WORK

(State names of and expected depths to objective sands; show sizes, weights, and lengths of proposed casings; indicate mudding jobs, cementing points, and all other important proposed work)

Set 100 jts (3133') of 4 1/2" 9.5# J-55 csg to 3145 w/50 sks neat 9-20-59.
Centralizers @ 2955, 3051, 3130. Metal Petal Baskets @ 3022 + 3069. Tested
4 1/2" csg. w/1800#, 10 min, OK. Run temperature survey. Top csg @ 3067.
Perf 4 1/2" csg. @ 3067' w/2 jet shots, cement w/50 sks neat. Good circulation.
1:00 PM 9-21-59.



I understand that this plan of work must receive approval in writing by the Geological Survey before operations may be commenced.

Company Magnolia Petroleum CompanyAddress Box 2406Hobbs, New Mexico

By

Title District Superintendent

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-122

Revised 12-1-55

MULTI-POINT BACK PRESSURE TEST FOR GAS WELLS

Pool Undesignated Formation Pictured Cliffs County Rio Arriba
Initial X Annual — Special — Date of Test 10/8/59
Company Mobil Oil Company Lease Douthitt Federal Well No. 1
Unit A Sec. 5 Twp. 23N Rge. 1W Purchaser Not Connected
Casing 4 1/2" Wt. 9.5# I.D. 4.090" Set at 3133' Perf. 3067' To 3086'
Tubing 1 1/2" Wt. 2.9# I.D. 1.610" Set at 3092' Perf. — To —
Gas Pay: From 3067' To 3086' L 3076 xG 0.680 -GL 2092 Bar.Press. 12 psi
Producing Thru: Casing X Tubing — Type Well Single
Single-Bradenhead-G. G. or G.O. Dual
Date of Completion: 9/24/59 Packer None Reservoir Temp. 94° F

OBSERVED DATA

Tested Through (~~Pressure~~) (Choke) (~~Master~~) Type Taps —

No.	Flow Data					Tubing Data		Casing Data		Duration of Flow Hr.
	(Pressure) (Line) Size	(Choke) (Pressure) Size	Press. psig	Diff. h _w	Temp. °F.	Press. psig	Temp. °F.	Press. psig	Temp. °F.	
SI						792		792		
1.	1.5	3/4"	180	—	60	238	60	180	60	3
2.										
3.										
4.										
5.										

FLOW CALCULATIONS

No.	Coefficient (24-Hour)	$\sqrt{h_w P_f}$	Pressure psia	Flow Temp. Factor F _t	Gravity Factor F _g	Compress. Factor F _{pv}	Rate of Flow Q-MCFPD @ 15.025 psia
1.	12.365	—	250	1.000	.9393	1.022	2968
2.							
3.							
4.							
5.							

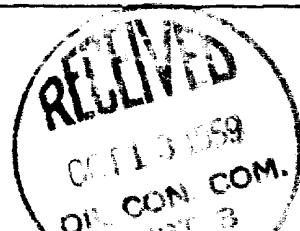
PRESSURE CALCULATIONS

Gas Liquid Hydrocarbon Ratio — cf/bbl.
Gravity of Liquid Hydrocarbons — deg.
P_c — (1-e^{-s})
Specific Gravity Separator Gas —
Specific Gravity Flowing Fluid 0.680
P_c 804 P_c 646

No.	P _w Bar (psia)	P _t ²	F _c Q	(F _c Q) ²	(F _c Q) ² (1-e ^{-s})	P _w ²	P _c ² -P _w ²	Cal. P _w	P _w / P _c
1.	250	—	—	—	—	62.5	583.5	—	—
2.									
3.									
4.									
5.									

Absolute Potential: 3236 MCFPD; n .85COMPANY MOBIL OIL COMPANYADDRESS P. O. Box 2406, Hobbs, New MexicoAGENT and TITLE H. J. Dvoracek, Jr. Gas EngineerWITNESSED —COMPANY —

REMARKS



INSTRUCTIONS

This form is to be used for reporting multi-point back pressure tests on gas wells in the State, except those on which special orders are applicable. Three copies of this form and the back pressure curve shall be filed with the Commission at Box 871, Santa Fe.

The log log paper used for plotting the back pressure curve shall be of at least three inch cycles.

NOMENCLATURE

- Q = Actual rate of flow at end of flow period at W. H. working pressure (P_w).
MCF/da. @ 15.025 psia and 60° F.
- P_c = 72 hour wellhead shut-in casing (or tubing) pressure whichever is greater.
psia
- P_w = Static wellhead working pressure as determined at the end of flow period.
(Casing if flowing thru tubing, tubing if flowing thru casing.) psia
- P_t = Flowing wellhead pressure (tubing if flowing through tubing, casing if
flowing through casing.) psia
- P_f = Meter pressure, psia.
- h_w = Differential meter pressure, inches water.
- F_g = Gravity correction factor.
- F_t = Flowing temperature correction factor.
- F_{pv} = Supercompressibility factor.
- n = Slope of back pressure curve.

Note: If P_w cannot be taken because of manner of completion or condition of well, then P_w must be calculated by adding the pressure drop due to friction within the flow string to P_t .


OIL CONSERVATION COMMISSION		
AZTEC DISTRICT OFFICE		
No. Copies Received <u>3</u>		
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Operations Office		
State Land Office		
U. S. G. S.	1	
Transporter		
File	1	

NEW MEXICO OIL CONSERVATION COMMISSION

FORM C-103
(Rev 3-55)

MISCELLANEOUS REPORTS ON WELLS

(Submit to appropriate District Office as per Commission Rule 1106)

Name of Company Socony Mobil Oil Company, Inc.				Address Box 2406, Hobbs, New Mexico			
Lease Douthit Federal		Well No. 1	Unit Letter A	Section 5	Township 23N	Range 1W	
Date Work Performed October 1, 1959		Pool <i>Undesignated</i> Pictured Cliffs			County Rio Arriba		
THIS IS A REPORT OF: (Check appropriate block)							
<input type="checkbox"/> Beginning Drilling Operations		<input type="checkbox"/> Casing Test and Cement Job		<input checked="" type="checkbox"/> Other (Explain): Change name of Operator.			
<input type="checkbox"/> Plugging		<input type="checkbox"/> Remedial Work					
Detailed account of work done, nature and quantity of materials used, and results obtained.							
 Drilling Well Change name of operator from Magnolia Petroleum Company effective October 1, 1959. <div style="text-align: right;"></div>							
Witnessed by			Position		Company		
FILL IN BELOW FOR REMEDIAL WORK REPORTS ONLY							
ORIGINAL WELL DATA							
D F Elev.		T D		P B T D		Producing Interval	
Completion Date							
Tubing Diameter		Tubing Depth		Oil String Diameter		Oil String Depth	
Perforated Interval(s)							
Open Hole Interval				Producing Formation(s)			
RESULTS OF WORKOVER							
Test	Date of Test	Oil Production BPD	Gas Production MCFPD	Water Production BPD	GOR Cubic feet/Bbl	Gas Well Potential MCFPD	
Before Workover							
After Workover							
OIL CONSERVATION COMMISSION				I hereby certify that the information given above is true and complete to the best of my knowledge.			
Approved by Original Signed Emery C. Arnold				Name <i>Emery C. Arnold</i>			
Title Supervisor Dist. # 3				Position District Superintendent			
Date OCT 5 1959				Company Socony Mobil Oil Company, Inc.			

Approved by BOAC Staff

Approved by PRO (M) 1/1/11

Signature

Signature

Signature

Signature

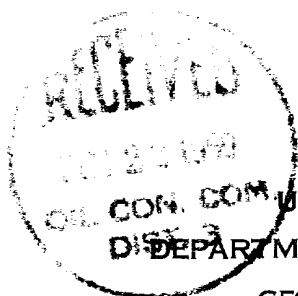
OIL CONSERVATION COMMISSION		
AZTEC DISTRICT OFFICE		
No. Copies: 2		
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Operator	1	
Santa Fe	1	
Production Office		
Land Office		
U. S. G. S.		
Transporter		
File	1	<input checked="" type="checkbox"/>

Form 9-330

Sec. 5

1

LOCATE WELL CORRECTLY



U. S. LAND OFFICE Santa Fe
SERIAL NUMBER SE 000345
LEASE OR PERMIT TO PROSPECT Donut Federal

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

LOG OF OIL OR GAS WELL

Company Socony Mobil Oil Company, Inc. Address Box 2406, Hobbs, New Mexico
Lessor or Tract Douthitt Federal Field Und. Pictured Cliffs State New Mexico
Well No. 1 Sec. 5 T. 23N R. 1W Meridian NMPM County Mio Arriba
Location 990 ft. S of N. Line and 990 ft. W of E. Line of Sec. 5 Elevation 7394
(Check box relative to location)

The information given herewith is a complete and correct record of the well and all work done thereon so far as can be determined from all available records.

Signed _____ *E. Young, Jr.*

Date October 14, 1959 Title District Superintendent

The summary on this page is for the condition of the well at above date.

Commenced drilling ----- 9-13 -----, 1959 Finished drilling ----- 9-16 -----, 1959

OIL OR GAS SANDS OR ZONES

(Denote gas by G)

No. 1, from 3067 to 3086 No. 4, from _____ to _____
 No. 2, from _____ to _____ No. 5, from _____ to _____
 No. 3, from _____ to _____ No. 6, from _____ to _____

IMPORTANT WATER SANDS

No. 1, from _____ to _____

No. 2, from _____ to _____

No. 3, from _____ to _____

No. 4, from _____ to _____

CASING RECORD

[illegible]

MUDDING AND CEMENTING RECORD

Size casing	Where set	Number sacks of cement	Method used	Mud gravity	Amount of mud used
8 5/8	151	110	Pump & plug		
4 1/2	3145	150	Pump & plug		

PLUGS AND ADAPTERS

Heaving plug—Material ----- Length ----- Depth set -----
Adapters—Material ----- Size -----

SHOOTING RECORD

[illegible]

TOOLS USED

Rotary tools were used from 0 feet to 314.5 feet, and from _____ feet to _____ feet.

Cable tools were used from _____ feet to _____ feet, and from _____ feet to _____ feet.

DATES

-----10-8-----, 19-59 Put to producing -----10-8-----, 19-59
The production for the first 24 hours was ----- barrels of fluid of which ----- % was oil; ----- %
emulsion: ----- % water; and ----- % sediment. Gravity, °Bé. -----

If gas well, cu. ft. per 24 hours 2730 Gallons gasoline per 1,000 cu. ft. of gas _____

Rock pressure, lbs. per sq. in. ~~41-238#~~ ~~CP-100#~~. CAOF 3236

EMPLOYEES

_____, Driller _____, Driller
_____, Driller _____, Driller

FORMATION RECORD

FROM--	TO--	TOTAL FEET	FORMATION
			<u>FORMATION SUMMARY</u>
<u>Formation</u>	<u>Top</u>		
Ojo Alamo	2898		
Kirtland Fruitland	2960		
Pictured Cliffs	3066		
			<u>PERFORATIONS</u>
			Walex perf 4 1/2" csg 3067-3086 w/38 jet shots, 2 SPF.
			<u>ACIDIZING</u>
			Dowell sand water frac w/57,000 gals wtr + 26500# 10-20 mesh sand, break down 1300#, max treat 2000#, min treat 1700#, 28000 gals + 14250# + 15 rubber balls 1800-1900# + 20 gals G-2 w/lost part treatment & flush, 12:45 a.m. 9-24-59. 5 min SI VAC.

FORMATION RECORD—Continued[illegible]

HISTORY OF OIL OR GAS WELL

It is of the greatest importance to have a complete history of the well. Please state in detail the dates of redrilling, together with the reasons for the work and its results. If there were any changes made in the casing, state fully, and if any casing was "sidetracked" or left in the well, give its size and location. If the well has been dynamited, give date, size, position, and number of shots. If plugs or bridges were put in to test for water, state kind of material used, position, and results of pumping or bailing.

SUMMARY OF OPERATIONS

7-19-59 Location staked
9-13-59 Commenced drilling operations (spud date)
9-13-59 Ran 8 5/8" csg
9-17-59 Lost 100% circ @ 3024-3094. Attempt to restore cotton seed hulls, fiber and aspen wood.
9-18-59 Reached total depth. Drill 3094-3145 w/50%-70% returns
9-18-59 Schl ran induction-Electrical log
9-19-59 Schl ran Sonic-Gamma Ray
9-20-59 Ran 4 1/2" csg, did not circulate
9-21-59 Welox ran temperature log & correlation log
9-21-59 Rig released. Welox perf 5 1/2" csg & recemented csg.
9-22-59 Moved in S.S. Reames pull unit
9-23-59 Drld plug & cem to 3116' PBTD
9-24-59 Welox perf 4 1/2" csg & Dowell sand oil frac perf
9-24-59 Ran 2" tbq
9-25-59 Released S. S. Reames Pull Unit
10-1-59 Shut in for potential
10-8-59 Potential test completed.

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PRORATION OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

(Form C-104)
Revised 7/1/57

Santa Fe, New Mexico

REQUEST FOR (Oil) - (GAS) ALLOWABLE

New Well
Recompletion

This form shall be submitted by the operator before an initial allowable will be assigned to any completed Oil or Gas well. Form C-104 is to be submitted in QUADRUPLICATE to the same District Office to which Form C-101 was sent. The allowable will be assigned effective 7:00 A.M. on date of completion or recompletion, provided this form is filed during calendar month of completion or recompletion. The completion date shall be that date in the case of an oil well when new oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

Durango, Colorado October 12, 1961
(Place) (Date)

WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS:

Shar-Alan Oil Company Douthitt-Federal Well No. 1, in NE 1/4 NE 1/4,
(Company or Operator) (Lease)

A Sec. 5 T23 North, R. 1 West, NMPM., Undesignated Pool
Unit Letter

Rio Arriba County Date Spudded 9-13-59 Date Drilling Completed 9-18-59
Elevation 7394 Total Depth 3145 PSTD 3116

Please indicate location:

D	C	B	A
E	F	G	H
L	K	J	I
M	N	O	P

Top Oil/Gas Pay 3067 Name of Prod. Form. Pictured Cliffs

PRODUCING INTERVAL -

Perforations 3067 - 3086
Open Hole Depth Casing Shoe 3145 Depth Tubing 3102

OIL WELL TEST -

Natural Prod. Test: bbls. oil, bbls water in hrs, min. Size Choke

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of Choke load oil used): bbls. oil, bbls water in hrs, min. Size

GAS WELL TEST -

Natural Prod. Test: None MCF/Day; Hours flowed Choke Size

Method of Testing (pitot, back pressure, etc.):

Test After Acid or Fracture Treatment: 2230 MCF/Day; Hours flowed 3

Choke Size 3/4" Method of Testing: Back Pressure

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 57,000 gallons water - 28,500 sand.

Casing Tubing Date first new
Press. 792# Press. 792# oil run to tanks

Oil Transporter

Gas Transporter El Paso Natural Gas Company

Remarks:

Subject well and others in same area have been shut-in, no pipeline.

Received Gas Purchase Contract from El Paso 10-5-61. Hookup to start soon.

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

Approved October 12 NOV 1 1961, 19 61

OIL CONSERVATION COMMISSION

Original Signed By

By: A. R. KENDRICK

Title PETROLEUM ENGINEER DIST. NO. 3

SHAR-ALAN OIL COMPANY
(Company or Operator)

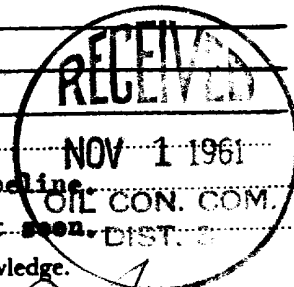
By: Richard S. Hunt
(Signature)

Title Manager of Lands and Exploration
Send Communications regarding well to:

Name Shar-Alan Oil Company

Box 1428, Durango, Colorado

Address



STATE OF NEW MEXICO	
OIL CONSERVATION COMMISSION	
NATURAL GAS DIVISION	
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TRANSPORTER	OIL
PRODUCTION OFFICE	G.S.

OIL CONSERVATION COMMISSION

BOX 697

120 EAST CHACO

AZTEC, NEW MEXICO

NOTICE OF GAS CONNECTION

DATE June 1, 1962

THIS IS TO NOTIFY THE OIL CONSERVATION COMMISSION THAT CONNECTION FOR THE PURCHASE OF GAS FROM

THE Shar Alan Oil Company
OPERATOR

Douthitt Federal #1
LEASE

"A"
WELL UNIT

5-23-1
S-T-R

South Blanco Pictured Cliffs
POOL

El Paso Natural Gas Company
NAME OF PURCHASER

WAS MADE ON May 25, 1962
DATE

, FIRST DELIVERY May 31, 1962
DATE

7-16-62

Choke 2,230
AOF 3,236
INITIAL POTENTIAL

El Paso Natural Gas Company
PURCHASER

H. C. Kellerman
REPRESENTATIVE

Assistant Chief Dispatcher
TITLE

CC: TO OPERATOR Durango
OIL CONSERVATION COMMISSION - SANTA FE
F. N. WOODRUFF - EL PASO
B. D. ADAMS

FILE



OIL CONSERVATION COMMISSION
P. O. BOX 871
SANTA FE, NEW MEXICO

DATE September 4, 1962

FP

Re: Operator Shar Alan Oil Company

Lease Douthit Federal

Well # 1 Unit Letter A S 5 T 23

R 1, Pool South Blanco PC



CURTAILMENT NOTICE

Re: Shut-In Notice No. _____ Dated _____

The production for the above well for the month of _____ as reflected by _____ shows the curtailment volume to be _____ MCF as of the end of _____. Since your _____ allowable is in excess of the curtailment volume, you are hereby authorized to produce _____ MCF during the month of _____, but in no event shall the well's production exceed that amount.



CANCELLATION OF SHUT-IN NOTICE


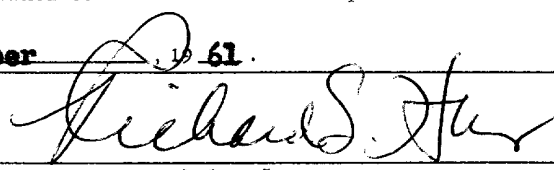
No. Letter Dated August 6, 1962

June C-115's received August 21, 1962.

The production for the above well for the month of _____ as reflected by _____ shows that the curtailment volume shown on the Shut-In Notice has been made up.

You are hereby authorized to resume production of the above referenced well.

OIL CONSERVATION COMMISSION
ORIGINAL SIGNED
BY FRED MARES
GAS ^{BY} PROPRATION SECTION _____

NUMBER OF COPIES RECEIVED DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE TRANSPORTER OIL GAS PRORATION OFFICE OPERATOR		NEW MEXICO OIL CONSERVATION COMMISSION SANTA FE, NEW MEXICO CERTIFICATE OF COMPLIANCE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS		FORM C-110 (Rev. 7-60)	
FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE					
Company or Operator SHAR-ALAN OIL COMPANY			Lease Douthit-Federal		Well No. 1
Unit Letter A	Section 5	Township 23 North	Range 1 West	County Rio Arriba	
Pool Undesignated			Kind of Lease (State, Fed, Fee) Federal		
If well produces oil or condensate give location of tanks None		Unit Letter	Section	Township	Range
Authorized transporter of oil <input type="checkbox"/> or condensate <input type="checkbox"/>			Address (give address to which approved copy of this form is to be sent)		
Is Gas Actually Connected? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
Authorized transporter of casing head gas <input type="checkbox"/> or dry gas <input type="checkbox"/> None		Date Connected	Address (give address to which approved copy of this form is to be sent) El Paso Natural Gas Company El Paso, Texas		
If gas is not being sold, give reasons and also explain its present disposition: Well shut-in. El Paso Natural Gas has presented a contract for purchase of gas. Surveying for pipeline and gathering system completed. Purchase of right-of-way presently being done. F.P.C. certificate applied for.					
REASON(S) FOR FILING (please check proper box)					
New Well <input type="checkbox"/>		Change in Ownership <input checked="" type="checkbox"/>			
Change in Transporter (check one)		Other (explain below)			
Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>					
Casing head gas <input type="checkbox"/> Condensate <input type="checkbox"/>					
					
Remarks Production purchased from Socony Mobil Oil Company under date of September 28, 1961. Well name and location same, only change will be Operator's name.					
The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.					
Executed this the <u>8th</u> day of <u>November</u> , 19 <u>61</u> .					
OIL CONSERVATION COMMISSION			By 		
Approved by Original Signed By A. R. KENDRICK			Title Richard S. Hunt Manager of Lands and Exploration		
Title PETROLEUM ENGINEER DIST. NO. 3			Company SHAR-ALAN OIL COMPANY		
Date NOV 10 1961			Address Box 1428, Durango, Colorado		

STATE OF NEW MEXICO		
OIL CONSERVATION COMMISSION		
ALBUQUERQUE DISTRICT OFFICE		
NUMBER OF COPIES RECEIVED		3
DISTRIBUTION		
SANTA FE		2
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TRANSPORTER	OIL	
	GAS	
PRODUCTION OFFICE		
OPERATOR		2

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	GAS	1
OPERATOR		1
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

I. Operator **Dyna Ray Oil & Gas Co., Inc.**

Address **4101 E. Louisiana Ave., Denver, Colorado 80222**

Reason(s) for filing (Check proper box)

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

Other (Please explain)

If change of ownership give name and address of previous owner **Irving Pasternak, dba Shar-Alan Oil Co., 4101 E. Louisiana Ave., Denver, Colorado 80222**

II. DESCRIPTION OF WELL AND LEASE

Lease Name Douthit-Federal	Well No. 1	Producing Formation S. Blaine	Kind of Lease State Federal	Lease No. SE 080345
Location Unit Letter A ; 990 Feet From The North Line and 990 Feet From The East Line of Section 5 Township 23N Range 1W , NMPM, Rio Arriba County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
El Paso Natural Gas Co.	Box 1492, El Paso Texas 79999	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	Twp.	Rge.
	Is gas actually connected? yes When November 1961	

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'tv.	Diff. Res'tv.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

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

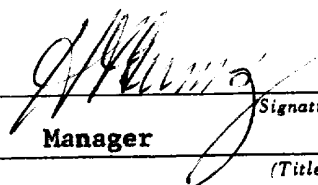
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (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.



Manager

(Title)

(Date)

OIL CONSERVATION COMMISSION

APPROVED MAR 10 1963

BY Original Signed by Emery C. Arnold

SUPERVISOR DIST. #3

TITLE _____

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

NO. OF COPIES RECEIVED		
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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

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

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

Operator	TRANS DELTA OIL & GAS CO., INC.		
Address	1330 LEYDEN STREET SUITE 131 DENVER, COLORADO 80220		
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well	<input type="checkbox"/>	Change in Transporter of:	Corporate Name Change from Dyna Ray Oil & Gas Co., Inc. to Trans Delta Oil & Gas Co., Inc.
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"/>	
If change of ownership give name and address of previous owner			

I. DESCRIPTION OF WELL AND LEASE			
Lease Name	Well No.	Pool Name, including Formation	Kind of Lease
DOUTHIT FEDERAL	1	SO BLANCO PC	State, <input checked="" type="checkbox"/> Federal or Fee
Location			
Unit Letter	A	990 Feet From The NORTH Line and 990 Feet From The EAST	
Line of Section	5	Township 23N Range 1W, NMPM, RIO ARRIBA	County

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS			
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)		
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)		
EL PASO NATURAL GAS CO	EL PASO TX		
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.
			Rge.
			Is gas actually connected? 1962
			When

If this production is commingled with that from any other lease or pool, give commingling order numbers.							
III. COMPLETION DATA							
Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover and Deepen	Plug Back	Same Reservoir	Other
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

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)			
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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.	
<div>Mr. J. L. McCall</div> <div>CHIEF ACCT</div> <div>DEC 20 1972</div> <div>(Signature)</div> <div>(Title)</div> <div>(Date)</div>	

OIL CONSERVATION COMMISSION	
JAN 12 1973	
APPROVED	
BY Original Signed by Emery C. Arnold	
TITLE SUPERVISOR 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.	

NO. OF EXPLORATION PERMITS	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.D.A.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	
Operator	

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Petro Lewis Corporation
Address P. O. Box 937, Levelland, Texas 79336

Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	
Recompletion <input type="checkbox"/>	
Change in Ownership <input checked="" type="checkbox"/>	
Change in Transporter of:	
Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner Trans Delta Oil and Gas Co., Inc., 6300 Ridglea Place, Fort Worth, Tex. 76116

DESCRIPTION OF WELL AND LEASE		Well No.	Pool Name, including Formation	Kind of Lease	Federal	Lease No.
Lease Name		1	Blanco PC South	State, Federal or Fee		SF 080845
Location						
Unit Letter	A	990	Feet From The	North	Line and	990
						Feet From The
						East
Line of Section	5	Township	23 N	Range	1 W	NMPM, Rio Arriba
						County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Oil <input type="checkbox"/>	or Condensate <input type="checkbox"/>		
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/>	or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
El Paso Natural Gas Co.		P. O. Box 1492, El Paso, Texas 79978	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.
			Rge.
			Is gas actually connected? When
			Yes

If this production is commingled with that from any other lease or pool, give commingling order number: _____

COMPLETION DATA		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'ty.	Diff. Res'ty
Designate Type of Completion - (X)									
Date Sounded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.					
Elevations (DE, RKS, 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

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 (prod, 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.
George J. Amaro
(Signature)
District Administrator
December 1, 1980
(Date)

OIL CONSERVATION DIVISION	
APPROVED	DEC 8 1980
BY	GEORGE J. AMARO
SUPERVISOR DISTRICT #3	
TITLE	
This form is to be filled 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 deviate 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 recompleted wells.	

TYPE		
F.		
E.		
O.S.		
D OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Supersedes Old C-104 and C-105
Effective 1-1-85

Operator Graham Royalty, Ltd.	
Address 1675 Larimer St., Suite 400, Denver, CO 80202	
Reason(s) for filing (Check proper box)	
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Change in Ownership <input checked="" type="checkbox"/> 05/01/86	
If change of ownership give name and address of previous owner Petro-Lewis Corp., P.O. Box 90500, Houston, TX 77290	

1. DESCRIPTION OF WELL AND LEASE

Lease Name Douthitt Federal	Well No. 1	Pool Name, including Formation Blanco Pictured Cliffs, S.	Kind of Lease State, Federal or Fee Fed.	Lease No. SF 080345
Location				
Unit Letter A, 990 Feet From The North Line and 990 Feet From The East				
Line of Section 5 Township 23N Range 1W, NMPM, Rio Arriba County				

1. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> NA	Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1492, El Paso, TX 79978	
If well produces oil or liquids, give location of tanks. NA	Unit NA	Sec. NA
Twp. NA	Pge. NA	Is gas actually connected? YES
When		

If this production is commingled with that from any other lease or pool, give commingling order number:

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res
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 full volume of lead oil and must be equal to or exceed top allowable for this depth or be for full depth)

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. 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. 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.

<u>T. G. Robbins</u> (Signature)
Prod. Acctg. Super. (Title)
May 12, 1986 (Date)

OIL CONSERVATION COMMISSION

MAY 12 1986

APPROVED	<u>Frank J. [Signature]</u>
BY	
TITLE	SUPERVISOR DISTRICT #

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 deviated 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.

Submit 3 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

RECEIVED
DEC 19 1989
See Instructions
at Bottom of Page

OIL CON. DIV.
DIST. 3

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator Kerns Oil and Gas, Inc.		Well API No. 3003905186
Address 2340 N. Niagara Lane, Suite #2, Plymouth, MN 55447		
Reason(s) for Filing (Check a proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change is Transporter of: <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Condensate <input type="checkbox"/>
Change is Operator <input checked="" type="checkbox"/> 12/1/89	Casinghead Gas <input type="checkbox"/>	
If change of operator give name and address of previous operator Graham Royalty, Ltd., 1675 Larimer St., Suite #400, Denver, CO 80202		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Douthitt Federal	Well No. 1	Pool Name, including Formation Blanco Pictured Cliffs, S	Kind of Lease Fed. State, Federal or Fee SF 080345
Location Unit Letter A : 990 Feet From The North Line and 990 Feet From The East Line Section 5 Township 23N Range 1W, NMPM, Rio Arriba County			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> NA	Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1492, El Paso, TX 79978					
If well produces oil or liquids, give location of tanks. NA	Unit	Sec.	Twp.	Rgn.	Is gas actually connected? YES	When?

If this production is commingled with that from any other leases 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 (pump, beach 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.

Signature
Shelby B. Kerns - President
Printed Name
December 7, 1989 (612) 475-0893
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved DEC 19 1989
By
Title SUPERVISOR DISTRICT 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.

OIL CONSERVATION DIVISION

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator	EOG (New Mexico) Inc.	Well API No.	300390518600S1
Address	621 Seventeenth St., Suite 1800, Denver, CO 80293		
Reason(s) for Filing (Check proper box)	<input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input checked="" type="checkbox"/> Change in Operator <input type="checkbox"/> Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Gashead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate <input type="checkbox"/> Other (Please explain): Change of operator effective 8/1/93		
If change of operator give name and address of previous operator	Kerns Oil & Gas, Inc. 2600 N. Fernbrook Ln. #138, Plymouth, MN 55447		

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Douthitt Federal	1	Blanco P.C. South	State, Federal or Fee	SF 080345
Location	Unit Letter A : 990 Feet From The N Line and 990 Feet From The E Line			
Secuog	5	Township	23N	Range 1W, NMPM, Rio Arriba County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
N/A	N/A					
Name of Authorized Transporter of Gashead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
El Paso Natural Gas Company	P. O. Box 1492, El Paso, TX 79978					
If well produces oil or liquids, give location of leaks.	Unit	Sec.	Trp.	Rge.	Is gas actually connected?	When?
N/A						

If this production is commingled with that from any other leases 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.)	Choke Size
Length of Test	Tubing Pressure	Casing Pressure	Oil - Bbls.
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/M/MCF	Gravity of Condensate
Testing Method (pump, 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.

Signature Laura Zinn
Printed Name Laura Zinn Title V.P. - Administration
Date SEP 09 1993 Telephone No. (303) 293-9999

OIL CONSERVATION DIVISION

SEP 14 1993

Date Approved _____
By Bruce D. Cherry
Title SUPERVISOR DISTRICT #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.

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well <input type="checkbox"/> Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other	5. Lease Designation and Serial No. SF 080345
2. Name of Operator Texaco Exploration & Production Inc.	6. If Indian, Allottee or Tribe Name -----
3. Address and Telephone No. 3300 N. Butler, Farmington N.M. 87401 (505)325-4397	7. If Unit or CA, Agreement Designation -----
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 1650' FSL & 1650' FEL Unit J, Sec. 5, T23N, R1W	8. Well Name and No. Douthit Browning #1
	9. API Well No. 30-039-21096
	10. Field and Pool, or Exploratory Area South Blanco P.C.
	11. County or Parish, State Rio Arriba, NM

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION	
<input type="checkbox"/> Notice of Intent	<input checked="" type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input checked="" type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Other _____	<input type="checkbox"/> Dispose Water

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

13. 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.)*

Texaco E. & P. Inc. has Plugged and Abandoned the subject well. The following procedure was followed :

7-05-93. MIRUSU. TOO H with production equipment. RIH with cement retainer @ 2909'. Squeezed perms with 60 sxs cement. Stung out and spotted 72 sxs of pozmix up to 1500'. RU and perfed two squeeze holes @ 1500'. Tried to pump cement, but would not circulate. RU and perfed two squeeze holes @ 150'. Broke circulation. RIH with cement retainer and set @ 1459'. Squeezed holes with 25 sxs cement and pressure jumped to 1000 psi. Stung out of retainer and spotted 66 sxs of cement to 150'. Broke circulation through holes @ 150'. Pumped 35 sxs when it bridged off. Pressure went to 2000#, tried to bring it around, but could not move again. Alan White with BLM witnessed the job. Notified Robert Kent with BLM that cement did not circulate. Approved the well to be abandoned as is. RDMOL. Cleaned up location.

7-14-93. Plugged and Abandoned.

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

Signed <u>Hector A. Villalobos</u>	Title Area Manager	Date 7/21/93
(This space for Federal or State office use)		
Approved by <u>(Original Signed) HECTOR A. VILLALOBOS</u>	Title AREA MANAGER	Date NOV 17 1993
Conditions of approval, if any:	RIO PUERCO RESOURCE AREA	

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

*See Instruction on Reverse Side

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

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Use "APPLICATION FOR PERMIT—" for such proposals

5. Lease Designation and Serial No.

NMSF080345

6. If Indian, Allottee or Tribe Name

N/A

7. If Unit or CA, Agreement Designation

N/A

8. Well Name and No.

Douthit Federal #1

9. API Well No.

30-039-05186

10. Field and Pool, or Exploratory Area

S Blanco Pictured Cliffs

11. County or Parish, State

Rio Arriba Co., NM

SUBMIT IN TRIPLICATE

1. Type of Well

☐ Oil Well ☒ Gas Well ☐ Other

2. Name of Operator

EOG (New Mexico) Inc.

3. Address and Telephone No.

621 17th St #1800, Denver, CO 80293 (303) 293-9999

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

990' FNL & 990' FEL
NENE Section 5, T23N-R1W

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

- ☒ Notice of Intent
☐ Subsequent Report
☐ Final Abandonment Notice

TYPE OF ACTION

- ☐ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☐ Other _____
☐ Change of Plans
☒ New Construction
☐ Non-Routine Fracturing
☐ Water Shut-Off
☐ Conversion to Injection
☐ Dispose Water

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

13. 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.)*

Estimated start date of proposed work: 11/22/93

Install 30 HP, 2 stage wellhead compressor
AOF @ 100 PSI - 279 M

RECEIVED
NOV 23 1993
OIL CON. DIV.
DIST. 3

cc: NMOC

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

Signed Connie Smith

Title Sr. Engineering Technician

Date 11/12/93

(This space for Federal or State office use)

(Original Signed) HECTOR A. VILLALOBOS

Approved by _____
Conditions of approval, if any:

Title AREA MANAGER
NEW MEXICO RESOURCE AREA

Date NOV 22 1993

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

*See Instruction on Reverse Side

NMOCD