

SHAR-ALAN OIL COMPANY

1402 DENVER U. S. NATIONAL CENTER

DENVER 2, COLORADO

August 20, 1964

New Mexico Oil & Gas Commission
1000 Rio Brazos Road
Aztec, New Mexico

RE: #1 Northcutt
NW/4 Section 2 - 23N - 1W
Rio Arriba County, New Mexico

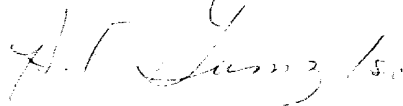
Gentlemen:

In view of your decision to consider the Torrejon Puerco formation as a part of the Pictured Cliffs producing zone, as set out in your letter dated July 28, 1964 addressed to our office, I re-submit herewith original and four copies each of your forms C-104 and C-110 covering the above captioned well, which should complete your files on said well.

If there is anything further you need relative to this well, please advise.

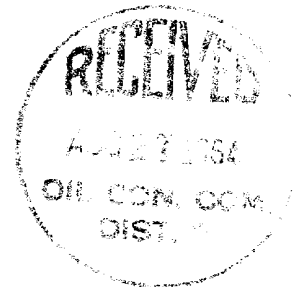
Very truly yours,

SHAR-ALAN OIL COMPANY



H. F. Gumz
Manager of Lands & Explorations

HFG/so
Enclosures



NUMBER OF COPIES RECEIVED	
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PRODUCTION 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.

Denver, Colorado August 20, 1964
(Place) (Date)

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

Shar-Alan Oil Company NORTH CUTT, Well No. 1, in NW 1/4, NW 1/4,
(Company or Operator) (Lease)

D, Sec. 2, T. 23N, R. 1W, NMPM., So. Blanco PC Pool
Unit Letter

Rio Arriba County. Date Spudded 10-11-63 Date Drilling Completed 10-14-63

Please indicate location:

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

Elevation GL 7256 Total Depth 2830' PBD

Top Gas Pay 2586' Name of Prod. Form. Pictured Cliffs

PRODUCING INTERVAL -

Perforations 2586'-2596'; 2640-2664' 2616-2621

Open Hole Depth Casing Shoe 2798' Depth Tubing 2621'

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 load oil used): bbls. oil, bbls. water in hrs, min. Size Choke

GAS WELL TEST -

Natural Prod. Test: MCF/Day; Hours flowed Choke Size

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

Test After Acid or Fracture Treatment: 1892 MCF/Day; Hours flowed 3 hr

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

Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 37,800 gallons water and 35,000# sand

Casing Tubing Date first new Press. 676 Press. oil run to tanks

Oil Transporter

Gas Transporter El Paso Natural Gas Company

Remarks: In addition to above frac. on 10-28-63, used 500 gal. mud acid thru perfe 2616-20; 10-30-63, fraced with 30,000# sand and 33,000 gal. water. On 11-8-63 Acid treated down tubing with 350 gal. mud acid

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

Approved AUG 27 1964, 19.

Shar-Alan Oil Company

(Company or Operator)

H. F. Gumz

By: (Signature)

OIL CONSERVATION COMMISSION

Original Signed Emery C. Arnold

By:

Title Supervisor Dist. # 3

Mgr. of Lands & Explorations

Title Send Communications regarding well to:

Name Shar-Alan Oil Company

Address 1402 Denver U. S. National C nter

Denver, Colorado 80202

NO. OF COPIES RECEIVED	21
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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

I.

Operator DYNA RAY OIL & GAS CO., INC.	
Address 4101 E Louisiana Ave., Denver, Colorado 80222	
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 **Shar-Alan Oil Co., 4101 E La. Ave., Denver, Colorado 80222**

II. DESCRIPTION OF WELL AND LEASE

Lease Name Northcutt	Well No. 1	Pool Name, Including Formation So Blanco Pc	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter D , 823 Feet From The North Line and 1015 Feet From The West Line of Section 2 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 Company	Box 990 Farmington, New Mexico 87401	
If well produces oil or liquids, give location of tanks.	Unit	Sec. Twp. Rge.
		Is gas actually connected? Yes 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)

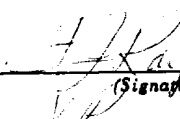
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

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


(Signature)
(Title)
November 30, 1968
(Date)

OIL CONSERVATION COMMISSION

APPROVED **DEC 4, 1968**
BY **Original Signed by Emery C. Arnold**
TITLE **SUPERVISOR DIST. #5**

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		5
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	GAS	1
OPERATOR		2
PROBATION 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 **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 ☐ Change in Transporter of: ☐ Dry Gas ☐
Recompletion ☐ Oil ☐ Condensate ☐
Change in Ownership ☐ Casinghead Gas ☐
**Corporate Name Change from
Dyna Ray Oil & Gas Co., Inc. to
Trans Delta Oil & Gas Co., Inc.**

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name NORTHCUTT	Well No. 1	Pool Name, Including Formation SO BLANCO PC	Kind of Lease State, Federal or Foreign <input checked="" type="checkbox"/>	Lease No.
Location Unit Letter D : 1525 823 Feet From The N Line and 1610 1015 Feet From The W Line of Section 2 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	EL PASO TX	
If well produces oil or liquids, give location of tanks.	Unit	Sec. Twp. Rge.
		Is gas actually connected? When
		1965

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 Restv.	Diff. Restv.
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)

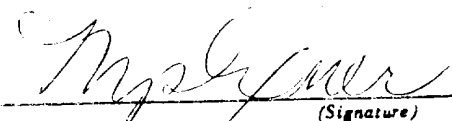
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

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.


(Signature)

CHIEF ACCT

(Title)

DEC 20 1972

(Date)

OIL CONSERVATION COMMISSION
APPROVED **JAN 29 1973**, 19_____
BY **Original Signed by Emery C. Ann**
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.

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES REQUIRED	
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LAND OFFICE	
TRANSPORTER	
OIL	
GAS	
OPERATOR	
PRODUCTION OFFICE	
Operator	

Petro Lewis Corporation

Address P. O. Box 937, Levelland, Texas 79336

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 Trans Delta Oil and Gas Co., Inc., 6300 Ridglea Place, Fort Worth, Tex. 76116

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Northeast	1	Blanco PC South	State, Federal or Free Fee	
Location	D 823	Feet From The North	Line and 1015	Feet From The West
Unit Letter				
Line of Section	2	Township	23 N	Range
			1 W	NMPM, Rio Arriba
				County

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.	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

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resv.	Diff. Resv.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DB, 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/MCF	Gravity of Condensate
Testing Method (piston, 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.

District Administrator

December 1, 1980

OIL CONSERVATION DIVISION

APPROVED _____, 19

BY _____ SUPERVISOR DISTRICT # 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 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 Form C-104 must be filed for each pool in multiple recompleted wells.

STATE		
FEDERAL		
U.S.		
OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION OFFICE		

U.S. DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-105
Effective 1-1-83

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Northcutt	Well No. 1	Pool Name, Including Formation Blanco Pictured Cliffs, S	Kind of Lease State, Federal or Fee FEE	Lease No.
Location Unit Letter D ; 823 Feet From The North Line and 1015 Feet From The West Line of Section 2 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.	Rge.	Is gas actually connected? YES	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
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, CR, 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/MCF	Gravity of Condensate
Testing Method (plot, 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.

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

OIL CONSERVATION COMMISSION

APPROVED MAY 14 1986
BY Frank J. [Signature]
TITLE SUPERVISOR DISTRICT #3

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviated tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allowables 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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Kerns Oil and Gas, Inc.		Well API No.
Address 2340 N. Niagara Lane, Suite #2, Plymouth, MN 55447		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> New Well <input type="checkbox"/> Change in Transporter of: <input type="checkbox"/> Recompletions <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> <input checked="" type="checkbox"/> Change in Operator <input checked="" type="checkbox"/> 12/1/89 <input type="checkbox"/> Casaghead Gas <input type="checkbox"/> Condensate <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 Northcutt	Well No. 1	Pool Name, including Formation Blanco Pictured Cliffs, S.	Kind of Lease State, Federal or Fee	Fee	Lease No.
Location Unit Letter D : 823 Feet From The North Line and 1015 Feet From The West Line Section 2 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 Casaghead 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.	Top	Rgs.	Is gas actually connected? YES	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/MMCF	Gravity of Condensate
Testing Method (piston, 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 *Shelby B. Kerns*
Shelby B. Kerns - President
Printed Name
Date **December 7, 1989** (612) 475-0893
Telephone No.

OIL CONSERVATION DIVISION

Date Approved **DEC 19 1989**

By *[Signature]*

Title **SUPERVISOR DISTRICT #2**

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

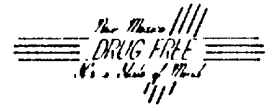
- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes 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.



STATE OF NEW MEXICO

ENERGY, MINERALS and NATURAL RESOURCES DEPARTMENT

OIL CONSERVATION DIVISION
AZTEC DISTRICT OFFICE



BRUCE KING
GOVERNOR

ANITA LOCKWOOD
CABINET SECRETARY

1000 RIO BRAZOS ROAD
AZTEC, NEW MEXICO 87410
(505) 334-6178

August 24, 1992

Kerns Oil and Gas, Inc.
2600 N. Fernbrook Lane, Suite 138
Plymouth, MN 55447

RE: Temporarily Abandoned Wells

To Whom It May Concern:

Thank you for responding to Memorandum (3-91-10) dated December 27, 1991, however, you failed to submit the plans to bring the attached list of wells into compliance that were to be in this office by June 30, 1992. These wells are still inactive and require P&A or TA approval under Rules 201, 202 and 203. Your failure to respond will result in violation of Rule 201. If you do not respond by October 1, 1992, we may assess fines or take other appropriate measures.

Sincerely,

Dianna K. Fairhurst

Dianna K. Fairhurst
Deputy Oil & Gas Inspector

XC: TA File
DKF File
Well File

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. 3003905193
Address 621 Seventeenth St., Suite 1800, Denver, CO 80293		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of: <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Change of operator effective 8/1/93
Change in Operator <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
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 Northcutt	Well No. 1	Pool Name, including Formations Blanco P.C. South	Kind of Lease State, Federal or Fee <input checked="" type="radio"/>	Lease No. N/A
Location				
Unit Letter D	823	Feet From The N	Line and 1015	Feet From The W
Section 2	Township 23N	Range 1W	NMPM	Rio Arriba

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 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 Company	P. O. Box 1492, El Paso, TX 79978	
If well produces oil or liquids, give location of tanks. N/A	Unit	Sec.
	Twp.	Rge.
		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.

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

OIL CONSERVATION DIVISION
SEP 14 1993

Date Approved

By
SUPERVISOR DISTRICT #2

Title

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
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

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

WELL API NO.

30-039-05193

5. Indicate Type of Lease

STATE ☐

FEE ☒

6. State Oil & Gas Lease No.

N/A

7. Lease Name or Unit Agreement Name

Northcutt

8. Well No.

#1

9. Pool name or Wildcat

Blanco Pictured Cliffs

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"
(FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well:

OIL
WELL ☐

GAS
WELL ☒

OTHER

2. Name of Operator

EOG (New Mexico) Inc.

3. Address of Operator

621 17th St., Suite 1800, Denver, CO. 80293

4. Well Location

Unit Letter **D** : **823** Feet From The **FNL** Line and **1015** Feet From The **FWL** Line

2 Section **23N**

Township **1W**

Range

NMPM

Rio Arriba

County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

11.

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☐

REMEDIAL WORK ☐

ALTERING CASING ☐

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

COMMENCE DRILLING OPNS. ☐

PLUG AND ABANDONMENT ☐

PULL OR ALTER CASING ☐

CASING TEST AND CEMENT JOB ☐

OTHER: **MIT Test** ☐

OTHER: ☐

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

- 1) EPNG locate gas lines
- 2) Set 4 anchors
- 3) MIRU PU
- 4) POH 2-3/8" tbq. LD on float
- 5) Notify NMOCC to witness
- 6) RIH 2-3/8" workstring & 4-1/2" Mod "R" packer
- 7) Set packer
- 8) Press test 4-1/2" x 2-3/8" annulus to NMOCC specs
- 9) POH 2-3/8" tbq & packer. LD on float
- 10) NU valve on casing
- 11) SI well. If needs repair, will repair later.

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

SIGNATURE

Conni Smith
Conni Smith

TITLE

Sr. Engineering Tech

DATE

5/6/94

TYPE OR PRINT NAME

TELEPHONE NO.

(This space for State Use)

APPROVED BY

ORIGINAL SIGNED BY ERNIE BUSCH

TITLE

DEPUTY OIL & GAS INSPECTOR

DATE

MAY 13 1994

CONDITIONS OF APPROVAL, IF ANY:

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

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

WELL API NO. 30-039-05193	
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>	
6. State Oil & Gas Lease No. N/A	
7. Lease Name or Unit Agreement Name Northcutt	
8. Well No. #1	
9. Pool name or Wildcat Blanco Pictured Cliffs	
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well: OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	2. Name of Operator EOG (New Mexico) Inc.
3. Address of Operator 621 17th St., Suite 1800, Denver, CO. 80293	4. Well Location Unit Letter D : 823 Feet From The FNL Line and 1015 Feet From The FWL Line

2 Section	23N Township	1W Range	NMPM	Rio Arriba	County
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11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: <u>Pull TBG</u> <input checked="" type="checkbox"/>

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

POH 82 jts = 2583' of 2-3/8" tbg.

Well TA'd.

2p @ 2605'

RECEIVED
NOV 21 1994
OIL CONSERVATION DIVISION
DIST. 3

I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
SIGNATURE <u>Conni Smith</u>	TITLE <u>Sr. Engineering Tech.</u>	DATE <u>11/17/94</u>
TYPE OR PRINT NAME <u>Conni Smith</u>		TELEPHONE NO. <u>303-293-9999</u>

(This space for State Use)

APPROVED BY <u>ORIGINAL SIGNED BY ERNIE BUSCH</u>	DEPUTY OIL & GAS INSPECTOR, DIST. #3	DATE <u>NOV 21 1994</u>
CONDITIONS OF APPROVAL, IF ANY:		

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

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

WELL API NO. 30-039-05193
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No. N/A
7. Lease Name or Unit Agreement Name Northcutt
8. Well No. #1
9. Pool name or Wildcat Blanco Pictured Cliffs

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"
(FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well: OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	2. Name of Operator EOG (New Mexico) Inc.
3. Address of Operator 621 17th St., Suite 1800, Denver, CO. 80293	4. Well Location Unit Letter D : 823 Feet From The FNL Line and 1015 Feet From The FWL Line 2 Section 23N Township 1W Range NMPM Rio Arriba County 10. Elevation (Show whether DF, RKB, RT, GR, etc.)

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: <input type="checkbox"/>

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

- 1) Calc top cmt 2013'. 7-7/8" hole size.
- 2) MIRU PU
- * 3) Run junk basket & ga ring to 2600' on WL.
- 4) Set WL CIBP @ 2500'.
- * 5) Dump 2 sx cmt on CIBP w/dump bailer.
- * 6) RIH 2-3/8" tbg. Spot 20 sx cmt plug @ 110'.
- 7) Spot 10 sx cmt plug @ surface.
- 8) Cut off 8-5/8" & 4-1/2" csg 3' below GL.
- 9) Restore location per landowner specs.

RECEIVED
APR 26 1995
OIL CON. DIV.
DMT 3

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

SIGNATURE Connie Smith TITLE Sr. Engineering Tech. DATE 4/24/95

TYPE OR PRINT NAME

TELEPHONE NO. (303) 293-9999

(This space for State Use)

APPROVED BY Johnny Robinson TITLE SENIOR OIL & GAS INSPECTOR DATE 4/25/95
CONDITIONS OF APPROVAL, IF ANY: * Verify CIBP @ 2634', Spot cement to 2322' to cover csg Alamo, Perforate @ 1150' plug inside + outside 4 1/2" 950-1150 to cover fresh water zone & perforate @ 151' + cement

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

OIL CONSERVATION DIVISION

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

WELL API NO.
30-039-05193

5. Indicate Type of Lease
STATE ☐ FEE ☒

6. State Oil & Gas Lease No.
N/S

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"
(FORM C-101) FOR SUCH PROPOSALS.)

7. Lease Name or Unit Agreement Name

Northcutt

1. Type of Well:

OIL
WELL ☐

GAS
WELL ☒

OTHER

2. Name of Operator

EOG (New Mexico) Inc.

8. Well No.

#1

3. Address of Operator

621 17th Street, Suite 1800, Denver, 80293

9. Pool name or Wildcat

South Blanco Pictured Cliffs

4. Well Location

Unit Letter D : 823 Feet From The FNL Line and 1015 Feet From The FWL Line

Section 2

Township 23N

Range 1W

NMPM Rio Arriba

County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

PULL OR ALTER CASING ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

Rescind P&A Intent

OTHER: MIT Test & TA Well ☒

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Please rescind prior P&A Intent approved by your office 4/26/95.

Set 4-1/2" WL CIBP @ 2550'. Dump 2 sx cmt on CIBP @ 2550' w/Dump Bailer.
Attempted to load 4-1/2" csg w/45 BW. Tested to 500 psi - leaked off.
Retest: Tested to 500 psi for 30 mins. - Final psi 470.
Passed MIT.

Verbal waiver from NMOCC to not witness test.
Well TA'd 6/16/95.

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

SIGNATURE

Conni Smith
Conni Smith

TITLE

Sr. Engineering Tech.

DATE

6/20/95

TYPE OR PRINT NAME

TELEPHONE NO. 393-293-9999

(This space for State Use)

APPROVED BY

Johnny Robinson

TITLE

DEPUTY OIL & GAS INSPECTOR, DIST. #3

DATE

JUN 22 1995

CONDITIONS OF APPROVAL, IF ANY:

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

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

WELL API NO.	30-039-05193
5. Indicate Type of Lease	STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.	NA
7. Lease Name or Unit Agreement Name	Northcutt
8. Well No.	#1
9. Pool name or Wildcat	So. Blanco Pictured Cliffs

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"
(FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well: OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	2. Name of Operator EOG (New Mexico) Inc.
3. Address of Operator 621 17th St., Ste. 1800, Den, CO 80293	4. Well Location Unit Letter <u>D</u> : <u>823</u> Feet From The <u>North</u> Line and <u>1015</u> Feet From The <u>West</u> Line Section <u>2</u> Township <u>23N</u> Range <u>1W</u> NMPM <u>Rio Arriba</u> County
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 7261' KB	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: <input type="checkbox"/>

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

EOG requests your approval to plug & abandon the subject well
according to the attached procedure.

RECEIVED
OCT 16 1995
OIL CON. DIV.
DIST. 3

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

SIGNATURE Will Hardin TITLE Consultant DATE 10-12-95

TYPE OR PRINT NAME Will Hardin TELEPHONE NO. (303) 293-9999

(This space for State Use)

APPROVED BY ORIGINAL SIGNED BY ERNIE BUSCH TITLE DEPUTY OIL & GAS INSPECTOR, DIST. #3 DATE OCT 1 1995

CONDITIONS OF APPROVAL, IF ANY:

* Notify OCD in time
to witness

PLUG AND ABANDONMENT PROCEDURE

10-6-95

Northcutt #1 (PC)
NW, Sec. 2, T23N, R1W
Rio Arriba County, New Mexico

- Note: All cement volumes use 100% excess outside pipe and 50' excess inside pipe. The stabilizing wellbore fluid will be 8.3 ppg, sufficient to balance all exposed formation pressures.
1. Install and test rig anchors. Prepare blow pit. Comply to all NMOCD, BLM and EOG safety rules and regulations.
 2. MOL and RU daylight pulling unit. Conduct safety meeting for all personnel on location. NU relief line to flow back tank. Blow well down; kill with water as necessary. ND wellhead and NU BOP and stripping head; test BOP.
 3. **Plug #1 (Ojo Alamo top, 2531' - 2265')**: PU 2" tubing workstring and RIH with open ended tubing. Tag CIBP at 2531' or as deep as possible. Pump 20 bbls water. Mix 34 sxs Class B cement and spot a balanced plug over Ojo Alamo top. While WOC, PU 4-1/2" casing scraper or wireline gauge ring and round-trip to 1092'. RIH and tag cement. Pull above cement and load well with water; circulate casing clean. Pressure test casing to 500#. POH with tubing.
 4. **Plug #2 (Nacimiento top, 1142' - 1042')**: Perforate 3 or 4 squeeze holes at 1142'. Establish rate into squeeze holes if casing tested. PU 4-1/2" cement retainer and RIH; set at 1092'. Pressure test tubing to 1000#. Establish rate into squeeze holes. Mix and pump 36 sxs Class B cement, squeeze 24 sxs cement outside casing and leave 12 sxs cement inside casing to cover Nacimiento top. POH and LD tubing and setting tool.
 5. **Plug #3 (Surface)**: Perforate 2 or 3 holes at 151'. Establish circulation out bradenhead valve. Mix approximately 32 sxs Class B cement and pump down 4-1/2" casing, circulate good cement out bradenhead valve. Shut in well and WOC.
 6. ND BOP and cut off well head below surface casing flange. Install P&A marker with cement to comply with regulations. RD, MOL and cut off anchors. Restore location.

Northcutt #1

CURRENT

Blanco Pictured Cliffs South

NW Section 2, T-23-N, R-1-W, Rio Arriba County, NM

Today's Date: 10/6/95

Spud:

10/11/63

Completed: 10/14/63

10-3/4" hole

8-5/8", 24.0#, Csg set @ 101'
Cmt w/ 60 sxs (Circulated to Surface)

Nacimiento @ 1092'

TOC @ 1869' (Calc, 75%)

Ojo Alamo @ 2200'

Kirtland @ 2434'

Fruitland @ 2498'

CIBP @ 2550' w/2 sxs cmt @ 2531'

Perforations:
2586' - 2596'

CIBP @ 2605'

Perforations:
2616' - 2621'

CIBP @ 2634'

Pictured Cliffs Perforations:
2640' - 2664'

Pictured Cliffs @ 2636'

PBTD 2768'

6-3/4" hole

TD 2830'

4-1/2" 9.5# Csg set @ 2825'
Cmt w/ 150 sxs

Northcutt #1

Proposed P & A

Blanco Pictured Cliffs South

NW Section 2, T-23-N, R-1-W, Rio Arriba County, NM

Today's Date: 10/6/95

Spud:

10/11/63

Completed: 10/14/63

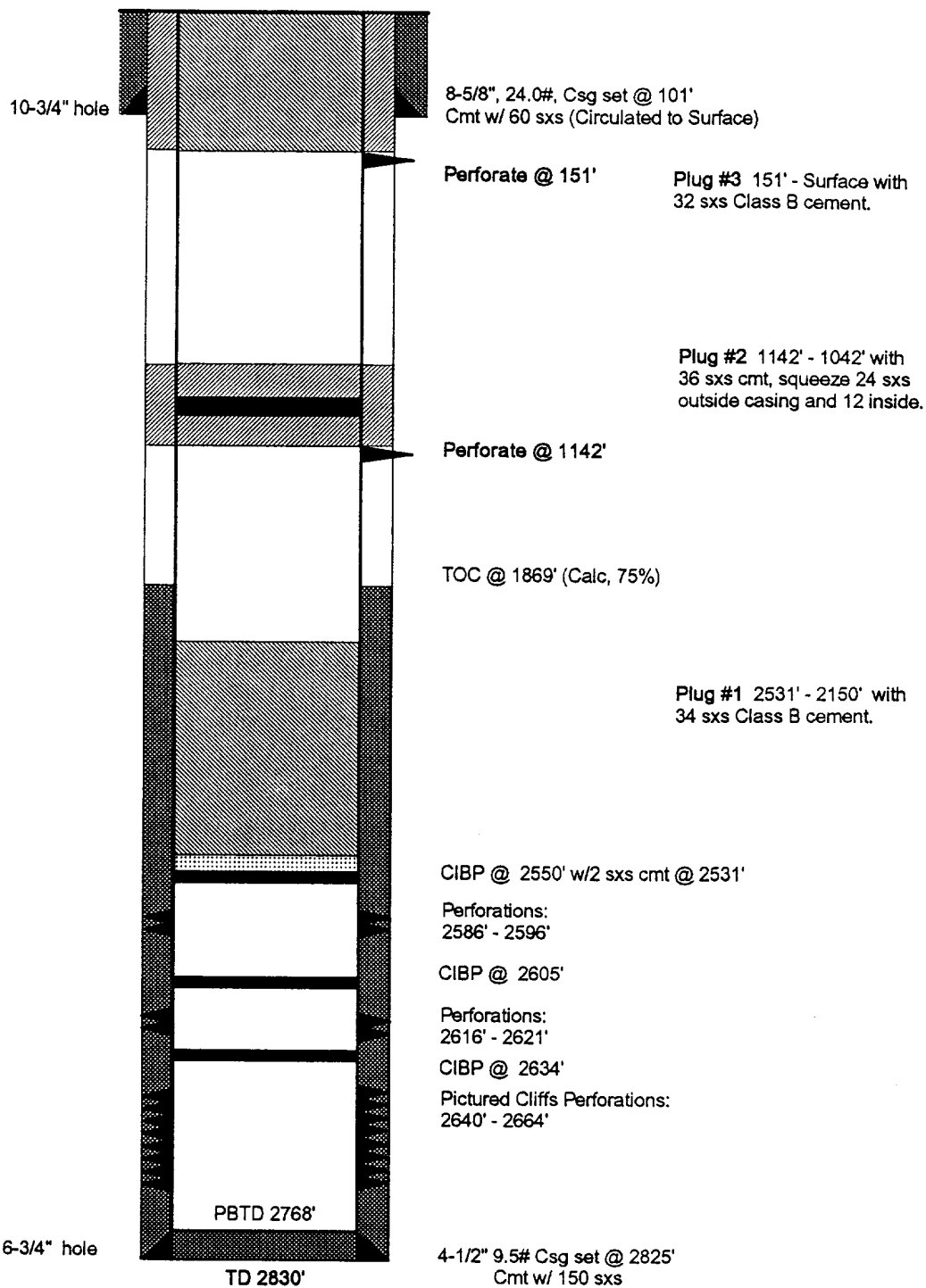
Nacimiento @ 1092'

Ojo Alamo @ 2200'

Kirtland @ 2434'

Fruitland @ 2498'

Pictured Cliffs @ 2636'



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

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

WELL API NO.	30-039-05193
5. Indicate Type of Lease	STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.	N/A
7. Lease Name or Unit Agreement Name	Northcutt
8. Well No.	#1
9. Pool name or Wildcat	South Blanco Pictured Cliffs
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	7261' KB

SUNDARY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"
(FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well:
OIL WELL ☐ GAS WELL ☒ OTHER

2. Name of Operator
EOG (New Mexico) Inc.

3. Address of Operator
621 17th St., Suite 1800, Denver, CO 80293

4. Well Location
Unit Letter D : 823 Feet From The North Line and 1015 Feet From The West Line

Section 2 Township 23N Range 1W NMPM Rio Arriba County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
7261' KB

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input checked="" type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input checked="" type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: <input type="checkbox"/>	

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Well was plugged and abandoned per attached summary.

RECEIVED
DEC 27 1995
OIL CON. DIV.
DIST. 2

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

SIGNATURE Janice A. Parker TITLE Engineering Tech II DATE 12/20/95
(303)
TYPE OR PRINT NAME Janice A. Parker TELEPHONE NO. 293-9999

(This space for State Use)

APPROVED BY Senet Cardona TITLE N.M.O.C.D. Deputy Oil & Gas Inspector DATE 2-20-96

CONDITIONS OF APPROVAL, IF ANY:

EOG (New Mexico) Inc.

November 13, 1995

Northcutt #1 (PC)

823' FNL, 1015' FWL, Sec. 2, T-23-N, R-1-W

Rio Arriba County, NM

Fee Lease

Plug & Abandonment Report

Cementing Summary:

Plug #1 with 30 sxs Class B cement from 2527' to 2134' inside casing over Ojo Alamo top.

Plug #2 with retainer at 1076', mix 36 sxs Class B cement, squeeze 28 sxs cement outside casing from 1142' to 1042' and leave 6 sxs cement inside casing to 992' over Nacimiento top.

Plug #3 with 52 sxs Class B cement from 151' to surface, circulate 1 bbl good cement returns out bradenhead.

Plugging Summary:

11-9-95 Held Safety Meeting. Load A-Plus' 2-3/8" tubing work string (120 joints) onto M&R float. Drive rig, equipment and float to location. RU rig and equipment. Spot float with workstring on location. NU BOP and test. RU floor. PU and tally in hole with 80 joints 2-3/8" tubing workstring and tag cement above CIBP at 2527'. Shut in well. SDFD.

11-10-95 Safety Meeting. Load casing with 20 bbls water. Pressure test casing to 1000#, held OK. Plug #1 with 30 sxs Class B cement from 2527' to 2134' inside casing over Ojo Alamo top. POH with tubing. RU A-Plus wireline truck. Perforate 3 HSC squeeze holes at 1142'. Establish rate into squeeze holes 1-1/2 bpm at 500#. PU 4-1/2" cement retainer and RIH; set at 1076'. Pressure test tubing to 1500#, held OK. Plug #2 with retainer at 1076', mix 36 sxs Class B cement, squeeze 28 sxs cement outside casing from 1142' to 1042' and leave 6 sxs cement inside casing to 992' over Nacimiento top. POH with tubing and LD stinger. Perforate 3 squeeze holes at 151'. Plug #3 with 52 sxs Class B cement from 151' to surface, circulate 1 bbl good cement returns out bradenhead. Shut in well and WOC. Dig out wellhead. Open up well. ND BOP. Cut wellhead off. Mix 10 sxs Class B cement and install P&A marker. Too windy to RD. Prepare to move off location. Notified BLM at 8:00 AM on 11-9-95. No BLM representative was on location.