

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

SUNDRY NOTICES AND REPORTS ON WELLS

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

| | | | |
|---|--|---|-------------------------|
| OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> | | 5. LEASE DESIGNATION AND SERIAL NO. Jic. Joint Venture | |
| 2. NAME OF OPERATOR El Paso Exploration Company | | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME Jicarilla Apache | |
| 3. ADDRESS OF OPERATOR Box 4289, Farmington, New Mexico 87499 | | 7. UNIT AGREEMENT NAME | |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1650'S, 1850'W | | 8. FARM OR LEASE NAME Jic. Joint Venture KD | |
| 14. PERMIT NO. | | 9. WELL NO. 8 | |
| 15. ELEVATIONS (Show whether of, to, or, etc.) 7201' GL | | 10. FIELD AND POOL, OR WILDCAT West Lindrith Gallup-Dakota | |
| | | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 4, T-23-N, R-3-W | |
| | | N.M.P.M. | |
| | | 12. COUNTY OR PARISH Rio Arriba | 13. STATE New Mexico |

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

| NOTICE OF INTENTION TO: | | SUBSEQUENT REPORT OF: | |
|--|---|---|--|
| TEST WATER SHUT-OFF <input type="checkbox"/> | PULL OR ALTER CASING <input type="checkbox"/> | WATER SHUT-OFF <input type="checkbox"/> | REPAIRING WELL <input type="checkbox"/> |
| FRACTURE TREAT <input type="checkbox"/> | MULTIPLE COMPLETE <input type="checkbox"/> | FRACTURE TREATMENT <input type="checkbox"/> | ALTERING CASING <input type="checkbox"/> |
| SHOOT OR ACIDIZE <input type="checkbox"/> | ABANDON* <input type="checkbox"/> | SHOOTING OR ACIDIZING <input type="checkbox"/> | ABANDONMENT* <input type="checkbox"/> |
| REPAIR WELL <input type="checkbox"/> | CHANGE PLANS <input type="checkbox"/> | (Other) <input type="checkbox"/> | |
| (Other) Change Pool Name <input checked="" type="checkbox"/> | | (NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) | |

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

This plat is reissued to show the corrected pool name since the Chacon Dakota Associated Pool has been abolished and the West Lindrith Gallup-Dakota Pool has been extended in Rio Arriba and Sandoval Counties. (Order R-7495).

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

SIGNED M. B. Duiso

TITLE Drilling Clerk

DATE June 1, 1984

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

ACCEPTED FOR RECORD

JUN 06 1984

NMOCC
*See Instructions on Reverse Side

FARMINGTON RESOURCE AREA

BV 6233

All distances must be from the corner boundaries of the Section.

| | | | | | |
|--|--------------------------------------|----------------------------|--|-----------------------------|--|
| Operator EL PASO EXPLORATION COMPANY | | | Lease JICARILLA JOINT VENTURES "XD" | | Well No. 8 |
| Unit Letter K | Section 4 | Township 23N | Range 3W | County Rio Arriba | |
| Actual Footage Location of Well: | | | | | |
| 1650 | | feet from the South | line end | 1850 | feet from the West |
| Ground Level Elev. 7201 | Producing Formation Dakota | | Pool West Lindrith Gallup Dakota Oil Pool | | Dedicated Acreage: 160 Acres |

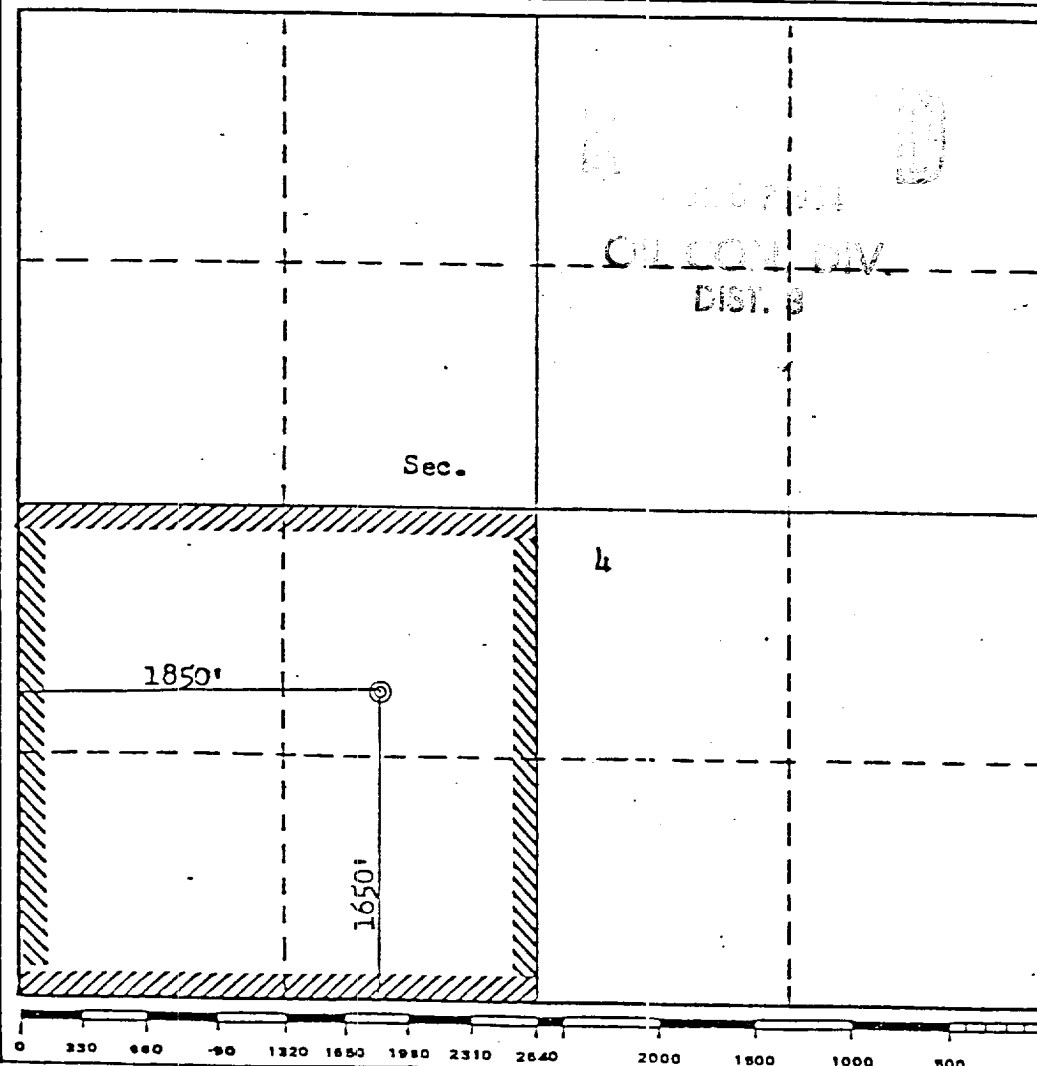
1. Outline the acreage dedicated to the subject well by colored pencil or hachure marks on the plat below.
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
3. If more than one lease of different ownership is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

☐ Yes ☐ No If answer is "yes," type of consolidation _____

If answer is "no," list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.) _____

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

NOTE: REISSUED TO SHOW POOL NAME CHANGE 5/30/1984



CERTIFICATION

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

A. P. Guisco

Name
Drilling Clerk
Position
El Paso Exploration Co.
Company
June 4, 1984
Date

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

Date Surveyed
August 10, 1984
Registered Professional Engineer
and/or Land Surveyor
Fred B. Kestner
Certificate No. 3950
3950

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

| | |
|------------------------|-----|
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| LAND OFFICE | |
| TRANSPORTER | OIL |
| | GAS |
| OPERATOR | |
| PROBATION OFFICE | |

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator EPX
Energy Production Company

Address
Box 4289, Farmington, New Mexico 87499

Reason(s) for filing (Check proper box)

| | | |
|--|---|------------------------|
| <input type="checkbox"/> New Well | Change in Transporter of: | Other (Please explain) |
| <input type="checkbox"/> Recompletion | <input type="checkbox"/> Oil | |
| <input type="checkbox"/> Change in Ownership | <input type="checkbox"/> Casinghead Gas | |

☐ Dry Gas
☐ Condensate

Change Pool Name

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

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|-------------------------------------|-----------------|---|--|---------------------------------|
| Lease Name Jic. Joint Venture KD | Well No. 8 | Pool Name, including Formation West Lindrith Gallup Dakota | Kind of Lease State, Federal or Private | Lease No. Jic. Joint Venture |
| Location | | | | |
| Unit Letter K | 1650 | Feet From The | South | Line and |
| 1850 | Feet From The | West | | |
| Line of Section 4 | Township 23N | Range 3W | 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 checked="" type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |
| Giant Refining Company | P. O. Box 256, Farmington, New Mexico 87401 |
| 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 4289, Farmington, New Mexico 87499 |
| If well produces oil or liquids, give location of tanks. | Unit Sec. Twip. Rge. |
| K 4 23N 3W | Is gas actually connected? When |

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.

A. G. Bures
(Signature)
Brilling Clerk
(Title)
June 12, 1984
(Date)

OIL CONSERVATION DIVISION

APPROVED JUN 12 1984, 19
BY Frank J. O'Leary
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 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 multiphase completed wells.

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 (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 |