

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

30-043-20087

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. TYPE OF WORK

DRILL ☒DEEPEN ☐PLUG BACK ☐

b. TYPE OF WELL

OIL
WELL ☒GAS
WELL ☐

OTHER

SINGLE
ZONE ☐MULTIPLE
ZONE ☐

2. NAME OF OPERATOR

Fluid Power Pump Company

3. ADDRESS OF OPERATOR

900 Bank of New Mexico Building, Albuquerque, New Mexico 87101

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

At surface

1650' FSL, 330' FSL

At proposed prod. zone 1650' FSL, 330' FSL

14. DISTANCE IN MILES AND DIRECTION FROM NEAREST TOWN OR POST OFFICE*

15 mi southwest of Cuba, New Mexico

15. DISTANCE FROM PROPOSED*

LOCATION TO NEAREST
PROPERTY OR LEASE LINE, FT.
(Also to nearest drig. unit line, if any)

330

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

750'

16. NO. OF ACRES IN LEASE

80

19. PROPOSED DEPTH

5300'

17. NO. OF ACRES ASSIGNED
TO THIS WELL

3) 40

20. ROTARY OR CABLE TOOLS

Rotary

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

6807' GR

22. APPROX. DATE WORK WILL START*

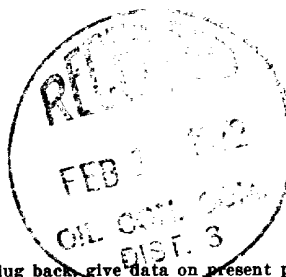
February 20, 1972

23.

PROPOSED CASING AND CEMENTING PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	QUANTITY OF CEMENT
15"	10-3/4"	40#	200'	200 sz, circulated
8-3/4"	7"	28#	5350'	500 sz reg cement

Plan to drill to approximately 5300' to test Entrada. Will log well and if production is indicated in the Entrada sandstone, will set 7" casing to total depth and complete by selective perforation.



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FEB 12 1972

U. S. GEOLOGICAL SURVEY
DURANGO, COLO.

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

24.

SIGNED

TITLE

Consulting Geologist

DATE

February 7, 1972

(This space for Federal or State office use)

PERMIT NO.

APPROVAL DATE

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions On Reverse Side

JF

Instructions

General: This form is designed for submitting proposals to perform certain well operations, as indicated, on all types of lands and leases for appropriate action by either a Federal or a State agency, or both, pursuant to applicable Federal and/or State laws and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office.

Item 1: If the proposal is to redrill to the same reservoir at a different subsurface location or to a new reservoir, use this form with appropriate notations. Consult applicable State or Federal regulations concerning subsequent work proposals or reports on the well.

Item 4: If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

Item 14: Needed only when location of well cannot readily be found by road from the land or lease description. A plat, or plats, separate or on this reverse side, showing the roads to, and the surveyed location of, the well, and any other required information, should be furnished when required by Federal or State agency offices.

Items 15 and 18: If well is to be, or has been directionally drilled, give distances for subsurface location of hole in any present or objective production zone.

Item 22: Consult applicable Federal or State regulations, or appropriate officials, concerning approval of the proposal before operations are started.

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LA 12012

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Fluid Power Pump

9. WELL NO.

3

10. FIELD AND POOL, OR WILDCAT

Fedra Entrada

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

Sec 15-T19N-R3W, NMP

12. COUNTY OR PARISH

Sandoval

13. STATE

New Mexico

1. **X**

OIL WELL ☐ GAS WELL ☐ OTHER

2. NAME OF OPERATOR

Fluid Power Pump Company

3. ADDRESS OF OPERATOR

900 Bank of New Mexico Building, Albuquerque, New Mexico

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

At surface
1650' TEL, 330' TEL

14. PERMIT NO.

UCGS

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

6007' CR

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

(Other) ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

ABANDON* ☐

CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

FRACTURE TREATMENT ☐

SHOOTING OR ACIDIZING ☐

(Other) ☐

Supplemental

REPAIRING WELL ☐

ALTERING CASING ☐

ABANDONMENT* ☐

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

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

Spudded well @ 10:30 P.M. February 18, 1972. Drilled to 215'. Ran 6 jts (193.95') of 10-3/4" 32.75% casing, set at 207.55'. Cemented w/140 sx Class A cement with 3% calcium chloride. Plug on bottom 8:20 A.M. 2/19/72.



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

SIGNED

W. R. Kuer

TITLE

Consulting Geologist

DATE

March 1, 1972

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

Instructions

General: This form is designed for submitting proposals to perform certain well operations, and reports of such operations when completed, as indicated, on Federal and Indian lands pursuant to applicable Federal law and regulations, and, if approved or accepted by any State, on all lands in such State, pursuant to applicable State law and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office.

Item 4: If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

Item 17: Proposals to abandon a well and subsequent reports of abandonment should include such special information as is required by local Federal and/or State offices. In addition, such proposals and reports should include reasons for the abandonment; data on any former or present productive zones, or other zones with present significant fluid contents not sealed off by cement or otherwise; depths (top and bottom) and method of placement of cement plugs; mud or other material placed below, between and above plugs; amount, size, method of parting of any casing, liner or tubing pulled and the depth to top of any left in the hole; method of closing top of well; and date well site conditioned for final inspection pending to approval of the abandonment.

**NEW MEXICO OIL CONSERVATION COMMISSION
WELL LOCATION AND ACREAGE DEDICATION PLAT**

Form C-102
Supersedes C-128
Effective 1-1-65

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

Operator Fluid Power Pump Company			Lease Fluid Power Pump Co.		Well No. 3
Unit Letter I	Section 15	Township 19 North	Range 3 West	County Sandoval	
Actual Footage Location of Well: 1650 feet from the South line and 330 feet from the East line					
Ground Level Elev. 6807	Producing Formation Entrada	Pool Media Entrada		Dedicated Acreage: 160 Acres	
<p>1. Outline the acreage dedicated to the subject well by colored pencil or hachure marks on the plat below.</p> <p>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). Leases outlined and numbered below. Ownership on reverse.</p> <p>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?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No If answer is "yes," type of consolidation _____</p> <p>If answer is "no," list the owners and tract descriptions which have actually been consolidated on the reverse side of this form if necessary.) _____</p> <p>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.</p>					

	CERTIFICATION
	I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.
	<i>Val R. Reese</i> Name VAL R. REESE
	Position Consulting Geologist
	Company Fluid Power Pump Company
	Date March 13, 1972
<p>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.</p>	
Date Surveyed	
Registered Professional Engineer and/or Land Surveyor	
Certificate No.	

12

OWNERSHIP:

Lease No. NM 12012 - NE $\frac{1}{4}$ SE $\frac{1}{4}$ Section 15, Township 19 North, Range 3 West, N.M.P.M.

Royalty Interest:	United States Geological Survey	.1250000*
Overriding Royalty:	Butler & Colberg, a partnership composed of Wycliffe V. Butler and Malcolm G. Colberg	.0050000
	Val R. Reese	.0200000
	Malcolm G. Colberg, Trustee	.1400000
Working Interest:	Fluid Power Pump Company	.7100000

* Note: This lease subject to sliding scale royalty to the United States Geological Survey and a proportionate reduction in the overriding royalty to Malcolm G. Colberg, Trustee.

Lease No. NM 043286 - NW $\frac{1}{4}$ SE $\frac{1}{4}$ Section 15, Township 19 North, Range 3 West, N.M.P.M.

Royalty Interest:	United States Geological Survey	.1250000
Overriding Royalty:	Bruce Anderson and wife, Jacqueline Anderson	.0500000
	Malcolm G. Colberg, Trustee	.1050000
	Val R. Reese	.0100000
Working Interest:	Fluid Power Pump Company	.7100000

Lease No. NM 043286 - SE $\frac{1}{4}$ NE $\frac{1}{4}$ Section 15, Township 19 North, Range 3 West, N.M.P.M.

Royalty Interest:	United States Geological Survey	.1250000
Overriding Royalty:	Beard Oil Company, John M. Beard, and Bruce Anderson	.1250000
	Malcolm Colberg, Trustee	.0500000
Working Interest:	Fluid Power Pump Company	.7000000

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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

Form approved.
Budget Bureau No. 42-R/424.

5. LEASE DESIGNATION AND SERIAL NO.

NE 12012

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Fluid Power Pump

9. WELL NO.

3

10. FIELD AND POOL, OR WILDCAT

Padia Entrada

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

Sec 15-T19N-R3E, NMP

12. COUNTY OR PARISH

Sandoval

13. STATE

New Mexico

SUNDRY NOTICES AND REPORTS ON WELLS

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

1.

OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

FLUID POWER PUMP COMPANY

3. ADDRESS OF OPERATOR

300 Bank of New Mexico Building, Albuquerque, New Mexico 87101

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

At surface

1650' FSL, 330' FLL

14. PERMIT NO.

USG 7

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

6807' CR

16.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

(Other) ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

ABANDON* ☐

CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

FRACTURE TREATMENT ☐

SHOOTING OR ACIDIZING ☐

(Other) ☐

REPAIRING WELL ☐

ALTERING CASING ☐

ABANDONMENT* ☐

☒

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

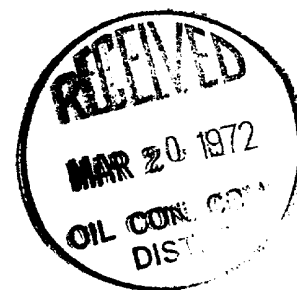
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to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

Total depth of 5320' reached at 8:00 p.m., February 29, 1972. Ran induction electrical and gamma ray density logs. Ran 164 jts (5306.40') of 7" production casing. Set at 5320' with 350 sacks 50/50 Pozmix with 2% calcium chloride. Plug on bottom at 9:00 p.m. March 1, 1972.

RECEIVED

MAR 17 1972

U. S. GEOLOGICAL SURVEY
DURANGO, COLO.



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

SIGNED

Val R. Perry

TITLE

Consulting Geologist

DATE

March 13, 1972

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

24

Instructions

General: This form is designed for submitting proposals to perform certain well operations, and reports of such operations when completed, as indicated, on Federal and Indian lands pursuant to applicable Federal law and regulations, and, if approved or accepted by any State, on all lands in such State, pursuant to applicable State law and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office.

Item 4: If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

Item 17: Proposals to abandon a well and subsequent reports of abandonment should include such special information as is required by local Federal and/or State offices. In addition, such proposals and reports should include reasons for the abandonment; data on any former or present productive zones, or other zones with present significant fluid contents not sealed off by cement or otherwise; depths (top and bottom) and method of placement of cement plugs; mud or other material placed below, between and above plugs; amount, size, method of parting of any casing, liner or tubing pulled and the depth to top of any left in the hole; method of closing top of well; and date well site conditioned for final inspection looking to approval of the abandonment.

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

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

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

1a. TYPE OF WELL: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> DRY <input type="checkbox"/> Other _____		5. LEASE DESIGNATION AND SERIAL NO. 12-12	
b. TYPE OF COMPLETION: NEW WELL <input type="checkbox"/> WORK OVER <input type="checkbox"/> DEEP-EN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> DIFF. RESVR. <input type="checkbox"/> Other _____		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
2. NAME OF OPERATOR Piedra Power Corp.		7. UNIT AGREEMENT NAME	
3. ADDRESS OF OPERATOR 1000 Santa Fe Building, Albuquerque, New Mexico		8. FARM OR LEASE NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 1050' FSL, 330' FSL At top prod. interval reported below 1050' FSL, 330' FSL At total depth 1650' FSL, 330' FSL		9. WELL NO. 3	
14. PERMIT NO. USGS		DATE ISSUED 2-17-72	
15. DATE SPUDDED 2-10-72	16. DATE T.D. REACHED 4-14-72	17. DATE COMPL. (Ready to prod.) 3-11-72	18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 6407 ft., 662.5' FSL
20. TOTAL DEPTH, MD & TVD 5320'	21. PLUG, BACK T.D., MD & TVD	22. IF MULTIPLE COMPL., HOW MANY*	23. INTERVALS DRILLED BY ROTARY TOOLS CABLE TOOLS
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 5213' - 5240' Prod. the strata for oil			25. WAS DIRECTIONAL SURVEY MADE 10500
26. TYPE ELECTRIC AND OTHER LOGS RUN Induction Electric Log and Locality Log			27. WAS DIRECTIONAL SURVEY MADE
28. CASING RECORD (Report all strings set in well)			
CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE
10-3/4"	22.7	521.50'	21-3/4"
7"	21.4 and 23.4	5320'	21-3/4"
CEMENTING RECORD		AMOUNT PULLED APR 10 1972 OIL CON. COM. DIST. 3	
29. LINER RECORD		30. TUBING RECORD	
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*
		5002	
31. PERFORATION RECORD (Interval, size and number)		32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.	
5213' - 5240' w/2 per ft		DEPTH INTERVAL (MD)	
		5213' - 5240'	
		AMOUNT AND KIND OF MATERIAL USED	
		1000 gal 15% mud acid	
33. PRODUCTION			
DATE FIRST PRODUCTION 3-11-72		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Pumping	
WELL STATUS (Producing or shut-in) Producing			
DATE OF TEST 4-17-72	HOURS TESTED 24	CHOKE SIZE 2"	PROD'N. FOR TEST PERIOD →
FLOW. TUBING PRESS. 10#	CASING PRESSURE 10#	CALCULATED 24-HOUR RATE →	OIL—BBL. 438
GAS—MCF. No TSTN		WATER—BBL. 1320	
OIL GRAVITY-API (CORR.) 32.5°			
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) No Gas		TEST WITNESSED BY Morris Jones	
35. LIST OF ATTACHMENTS Logs previously furnished - No attachments			
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records			
SIGNED Val R. Peck		TITLE Consulting Geologist	
DATE April 3, 1972			

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

INSTRUCTIONS

General: This form is designed for submitting a complete and correct well completion report and log on all types of lands and leases to either a Federal agency or a State agency, or both, pursuant to applicable Federal and/or State laws and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office. See instructions on items 22 and 24, and 33, below regarding separate reports for separate completions.

If not filed prior to the time this summary record is submitted, copies of all currently available logs (drillers, geologists, sample and core analysis, all types electric, etc.), formation and pressure tests, and directional surveys, should be attached hereto, to the extent required by applicable Federal and/or State laws and regulations. All attachments should be listed on this form, see item 35.

Item 4: If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

Item 18: Indicate which elevation is used as reference (where not otherwise shown) for depth measurements given in other spaces on this form and in any attachments. **Items 22 and 24:** If this well is completed for separate production from more than one interval zone (multiple completion), so state in item 22, and in item 24 show the producing interval, or intervals, top(s), bottom(s) and name(s) (if any) for only the interval reported in item 33. Submit a separate report (page) on this form, adequately identified, for each additional interval to be separately produced, showing the additional data pertinent to such interval.

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

NO CORES OR TESTS.

37. SUMMARY OF POROUS ZONES:

SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF: CORED INTERVALS; AND ALL DRILL-STEM TESTS, INCLUDING DEPTH INTERVAL TESTED, CUSHION USED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES

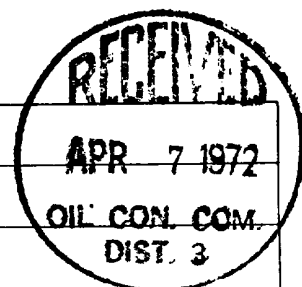
38. GEOLOGIC MARKERS

FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	GEOLOGIC MARKERS		
				NAME	MEAS. DEPTH	TRUE VERT. DEPTH
Lewis shale	0'	350'	Hard gray shale	Point Lookout	1966'	1966'
Kearns	350'	1100'	Gray sandstone with some shale and coals	Point Lookout	2750'	2750'
Kearns	1100'	1966'	Gray shale, coals, and sandstone	Lakota "A"	4170'	4170'
Point Lookout	1966'	2032'	Porous gray sandstone	Lakota "B"	5218'	5218'
Kearns	2032'	2760'	Sandy gray shale			
Gallup	2760'	3450'	Light gray sandstone and shale			
Lower Kansas	3450'	4000'	Dark gray shale with some sand			
Graneros Lakota	4000'	4170'	Dark gray sandstone			
Lakota "A"	4170'	4278'	Porous gray sandstone			
Lakota "B"	4278'	4434'	Porous gray sandstone			
Kearns	4434'	5194'	Variegated red to green shale, some sandstone			
Teddlito	5194'	5218'	Argillite and tan sandstone			
Lakota	5218'	5320'	Porous gray sandstone, oil stained			

NO. OF COPIES RECEIVED	5
DISTRIBUTION	
SANTA FE	1
FILE	1
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL 1 GAS
OPERATOR	2
PRORATION OFFICE	

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

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



Operator
FLUID POWER PUMP COMPANY

Address
900 Bank of New Mexico Building, Albuquerque, New Mexico 87101

Reason(s) for filing (Check proper box)

New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Fluid Power Pump Co.	Well No. 3	Pool Name, Including Formation Media Entrada	Kind of Lease Federal State, Federal or Fee	Lease No. NE 12012
Location Unit Letter I ; 1650 Feet From The South Line and 330 Feet From The East Line of Section 15 Township 19 North Range 3 West , NMPM, Sandoval County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> The Permian Corporation	Address (Give address to which approved copy of this form is to be sent) 200-B Petroleum Plaza, Farmington, New Mexico	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> None	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit L	Sec. 14
	Twp. 19N	Rge. 3W
	Is gas actually connected? No gas When	

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 2-18-72	Date Compl. Ready to Prod. 3-11-72	Total Depth 5320'	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.) 6807 GR, 6620.5' KB	Name of Producing Formation Entrada	Top Oil/Gas Pay 5218'	Tubing Depth 2000'					
Perforations 5218' - 5240' w/2 per ft			Depth Casing Shoe 5320'					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE 13-3/4" 8-3/4"	CASING & TUBING SIZE 10-3/4" 7" 3 1/2"	DEPTH SET 207.55' 5320' 2000'	SACKS CEMENT 140 sx C1 A w/3% cc 350 sx 50/50 Pozmix w/2% cc, circulated					

V. TEST DATA AND REQUEST FOR ALLOWABLE
OIL WELL

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

Date First New Oil Run To Tanks 3-11-72	Date of Test 4-1-72	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs	Tubing Pressure 10#	Casing Pressure 10#	Choke Size 2"
Actual Prod. During Test 1758 bbls	Oil - Bbls. 438	Water - Bbls. 1320	Gas - MCF TSTM

GAS WELL

Actual Prod. Test-MCF/D No gas	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.

W. H. Perry
(Signature)
Consulting Geologist

(Title)

April 3, 1972

(Date)

OIL CONSERVATION COMMISSION

APPROVED APR 7 1972, 19

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.

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)Form approved.
Budget Bureau No. 42-R1421

SUNDRY NOTICES AND REPORTS ON WELLS

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

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. NW 12012	
2. NAME OF OPERATOR PETRO-LEWIS CORPORATION, c/o MINERALS MANAGEMENT INC.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P. O. BOX 2919, CASPER, WYOMING, 82601		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' FSL, 330' FEL, SEC. 15, T19N-R3W		8. FARM OR LEASE NAME FLUID POWER PUMP CO.	
14. PERMIT NO.		9. WELL NO. #3	
15. ELEVATIONS (Show whether DF, RT, GR, etc.)		10. FIELD AND POOL, OR WILDCAT MEDIA ENTRADA	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SEC. 15, T19N-R3W	
		12. COUNTY OR PARISH SANDOVAL	
		13. STATE NEW MEXICO	

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) RE-PERF., CMT SQUEEZE, RE-COMPL XX

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

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

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

Pulled tubing and pump. Ran Temperature log and Cement Bond Log. Tagged bottom at 5226'. Ran retrievable bridge plug and set at 3630'. Pulled 27 stands tbgs. and set double packer at 1962'. Perforated 2200' K.B. with 2 - 11/16" aluminum jets. Set packer at 1960'. Broke circulation down tbgs. and out surface pipe with 4 bbls. per minute with water. Cemented with 300 sxs. regular cement with .6% Flac. Displaced cement with 14 bbls. salt water. Shut down, waited 10 mins., displaced 2 bbls cement. Waited 10 mins., displaced 1 bbl. cement at 500#, waited 10 mins. Displaced 1 bbl. cement at 650#. Unseated and pulled packer, ran 6-1/4" bit and csg. scraper, tagged cement at 2150'. Drilled cement from 2150'-2325'. Circulated hole clean. Ran tbgs. and bit to 3620', drilled 2' cement. Pulled tubing, laid down 6-1/4" bit and scraper. Ran overshot, released bridge plug and pulled same. Ran tubing back in hole, ran 120 H.P. Reda pump on January 4, 1974.



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

Original Signed By
SIGNED Bruce L. BumnerBRUCE L. BUMNER.
TITLE PRODUCTION MANAGERDATE 1-18-74

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

*See Instructions on Reverse Side

Handwritten signature

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE*
(Other instructions on reverse side)

Form approved
Budget Bureau No. 42-21494

SUNDRY NOTICES AND REPORTS ON WELLS

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

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	5. LEASE DESIGNATION AND SERIAL NO. NM 12012
2. NAME OF OPERATOR Petro-Lewis Corporation	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 1600 Broadway Denver, Colorado 80202	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' FSL, 330' FEL	8. FARM OR LEASE NAME Fluid Power Pump Co.
14. PERMIT NO. USGS	9. WELL NO. 3
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6807' Gr	10. FIELD AND POOL, OR FIELD CAT Media Entada
	11. SEC. T. R. M. OR OTHER SURVEY OR AREA NMPM
	12. COUNTY OR PARISH 13. STATE Sandoval New Mexico

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	PULL OR ALTER CASING
FRACTURE TREAT	MULTIPLE COMPLETE
SHOOT OR ACIDIZE	ABANDON*
REPAIR WELL	CHANGE PLANS
(Other)	

SUBSEQUENT REPORT OF:

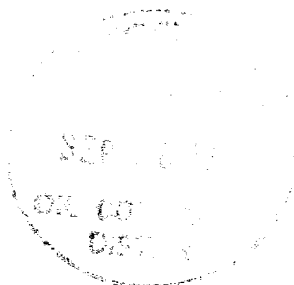
WATER SHUT-OFF	REPAIRING WELL
FRACTURE TREATMENT	ALTERING CASING
SHOOTING OR ACIDIZING	ABANDONMENT*
(Other) Reda Test	X

(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.)*

100hp G59E Reda installed on Fluid Power Pump #3 well
August 9th, 1973. Well currently producing from 133-147 BOPD
and 3065 BWP. Average 140 BOPD, cut 4.6% oil.

Before installation of Reda well pumping 30-50 BOPD and
1350 BWP. Average 40 BOPD, cut 3% oil.



RECEIVED
SEP 17 1973
U. S. GEOLOGICAL SURVEY
DENVER, COLO.

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

SIGNED [Signature]
(This space for Federal or State office use)

TITLE Consulting Eng. - MMI DATE Sept. 14, 1973

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____ DATE _____

*See Instructions on Reverse Side

[Signature]

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM 12012

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Fluid Power

9. WELL NO.

#3

10. FIELD AND POOL, OR WILDCAT

Nedra Entrada

11. SEC., T., R., M., OR BLK. AND
OR AREA

Sec-15-T19N-R3W

12. COUNTY OR PARISH

Sandoval

13. STATE

New Mexico

SUNDRY NOTICES AND REPORTS ON WELLS

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

1.

OIL ☒ WELL GAS ☐ WELL OTHER ☐

2. NAME OF OPERATOR

Petro-Lewis Corporation

3. ADDRESS OF OPERATOR

1600 Broadway Denver, Colorado 80202

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

1650' FSL, 330' FEL

14. PERMIT NO.

USGS

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

6307' Gr

16.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

(Other) ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

ABANDON* ☐

CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

FRACTURE TREATMENT ☐

SHOOTING OR ACIDIZING ☐

(Other) ☐

REPAIRING WELL ☐

ALTERING CASING ☐

ABANDONMENT* ☒

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

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

100hp G59E Reda installed on Fluid Power Pump #3 well
August 9th, 1973. Well currently producing from 133-147 BOPD
and 3065 BWPD. Average 140 BOPD, cut 4.6% oil.

Before installation of Reda well pumping 30-50 BOPD and
1350 BWPD. Average 40 BOPD, cut 3% oil.



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

SIGNED

Sam R. Smith

TITLE

Consulting Eng. - MMI

DATE

Sept. 14, 1973

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side

Instructions

General: This form is designed for submitting proposals to perform certain well operations, and reports of such operations when completed, as indicated, on Federal and Indian lands pursuant to applicable Federal law and regulations, and, if approved or accepted by any State, on all lands in such State, pursuant to applicable State law and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office.

Item 4: If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

Item 17: Proposals to abandon a well and subsequent reports of abandonment should include such special information as is required by local Federal and/or State offices. In addition, such proposals and reports should include reasons for the abandonment; data on any former or present productive zones, or other zones with present significant fluid contents not sealed off by cement or otherwise; depths (top and bottom) and method of placement of cement plugs; mud or other material placed below, between and above plugs; amount, size, method of parting of any casing, liner or tubing pulled and the depth to top of any left in the hole; method of closing top of well; and date well site conditioned for final inspection looking to approval of the abandonment.

NO. OF COPIES RECEIVED		4
DISTRIBUTION		
SANTA FE		1
FILE		1
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	1
	GAS	
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

1. Operator
Petro-Lewis Corporation, c/o Minerals Management Inc.

Address
P. O. Box 2919, Casper, Wyoming, 82601

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 **Fluid Power Pump Co., 1420 Carlisle, NE, Albuquerque, N.M.**

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Fluid Power Pump Co.	3	Media Entrada	State, Federal or Fee Fed	

Location

Unit Letter **I**; **1650** Feet From The **South** Line and **330** Feet From The **East**

Line of Section **15** Township **19N** Range **3W**, NMPM, **Sandoval** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
The Permian Corporation	Box 1702, Farmington, N.M., 87401	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	I	15
		19N
		3W

Is gas actually connected? When

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke
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 Gas
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.

Original Signed By
Bruce Bummer

(Signature)

Production Manager

(Title)

July 13, 1973

(Date)

OIL CONSERVATION COMMISSION

APPROVED **JUL 19 1973**

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.

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

SUNDRY NOTICES AND REPORTS ON WELLS

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

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. NM 12012
2. NAME OF OPERATOR Petro-Lewis Corporation		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 1600 Broadway Denver, Colorado 80202		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' FSL, 330' FEL		8. FARM OR LEASE NAME Fluid Power
14. PERMIT NO. USGS	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6807' Gr	9. WELL NO. #3
		10. FIELD AND POOL, OR WILDCAT Media Entrada
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA NMPM Sec15-T19N-R3W
		12. COUNTY OR PARISH Sandoval
		13. STATE New Mexico

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

(Other)

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

ABANDON* ☐

CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

FRACTURE TREATMENT ☐

SHOOTING OR ACIDIZING ☐

(Other)

REPAIRING WELL ☒

ALTERING CASING ☐

ABANDONMENT* ☐

Repair Casing & Run Reda X

(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.)*

Well shut in July 5th, 1973 - producing 50 BOPD and 1350 BWPD from Entrada zone with 4-3/4" casing pump when leak developed in casing head and casing. Propose pulling pump and tubing, locate leak, and repair same. Propose running 100 hp G59E Reda for high volume lift and increased oil production. Will submit supplemental report on production by Reda after testing.



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

SIGNED

Walter A. White

TITLE **Consulting Eng. - MMI**

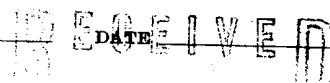
DATE **July 16, 1973**

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE



JUL 18 1973

*See Instructions on Reverse Side

U. S. GEOLOGICAL SURVEY
WASHINGTON, D. C.

Instructions

General: This form is designed for submitting proposals to perform certain well operations, and reports of such operations when completed, as indicated, on Federal and Indian lands pursuant to applicable Federal law and regulations, and, if approved or accepted by any State, on all lands in such State, pursuant to applicable State law and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office.

Item 4: If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

Item 17: Proposals to abandon a well and subsequent reports of abandonment should include such special information as is required by local Federal and/or State offices. In addition, such proposals and reports should include reasons for the abandonment; data on any former or present productive zones, or other zones with present significant fluid contents not sealed off by cement or otherwise; depths (top and bottom) and method of placement of cement plugs; mud or other material placed below, between and above plugs; amount, size, method of parting of any casing, liner or tubing pulled and the depth to top of any left in the hole; method of closing top of well; and date well site conditioned for final inspection looking to approval of the abandonment.

BEFORE THE OIL CONSERVATION COMMISSION
OF THE STATE OF NEW MEXICO

IN THE MATTER OF THE HEARING
CALLED BY THE OIL CONSERVATION
COMMISSION OF NEW MEXICO FOR
THE PURPOSE OF CONSIDERING:

CASE No. 4673
Order No. R-4274

APPLICATION OF FLUID POWER PUMP
COMPANY FOR TWO NON-STANDARD OIL
PRORATION UNITS, SANDOVAL COUNTY,
NEW MEXICO.

ORDER OF THE COMMISSION

BY THE COMMISSION:

This cause came on for hearing at 9 a.m. on March 1, 1972,
at Santa Fe, New Mexico, before Examiner Richard L. Stamets.

NOW, on this 15th day of March, 1972, the Commission, a
quorum being present, having considered the testimony, the record,
and the recommendations of the Examiner, and being fully advised
in the premises,

FINDS:

(1) That due public notice having been given as required by
law, the Commission has jurisdiction of this cause and the subject
matter thereof.

(2) That the applicant, Fluid Power Pump Company, seeks
the establishment of two non-standard oil proration units in
the Media-Entrada Oil Pool, described as follows:

- (a) S/2 NW/4 and N/2 SW/4 of Section 14,
Township 19 North, Range 3 West, NMPM,
Sandoval County, New Mexico, comprising
160 acres, to be dedicated initially
to its Fluid Power Well No. 1, located
1980 feet from the South line and 330
feet from the West line of said Sec-
tion 14.

- (b) S/2 NE/4 and N/2 SE/4 of Section 15, Township 19 North, Range 3 West, NMPM, Sandoval County, New Mexico, comprising 160 acres, to be dedicated initially to its Fluid Power Well No. 3, located 1650 feet from the South line and 330 feet from the East line of said Section 15.

(3) That each of the proposed non-standard proration units described above can be efficiently and economically drained and developed by said wells.

(4) That the applicant has filed an application for two companion 160-acre non-standard proration units described as follows:

- (a) S/2 SW/4 of Section 14 and N/2 NW/4 of Section 23, Township 19 North, Range 3 West, NMPM, Sandoval County, New Mexico, which it proposes to dedicate to its Federal Media Well No. 1, located 990 feet from the South line and 660 feet from the West line of said Section 14.

- (b) S/2 SE/4 of Section 15 and N/2 NE/4 of Section 22, Township 19 North, Range 3 West, NMPM, Sandoval County, New Mexico, which it proposes to dedicate to its Federal Media Well No. 2, located 940 feet from the South line and 330 feet from the East line of said Section 15.

(5) That approval of the subject application will not cause waste and will not impair correlative rights.

IT IS THEREFORE ORDERED:

(1) That the following-described non-standard oil proration units in the Media-Entrada Oil Pool, Sandoval County, New Mexico, are hereby established:

- (a) S/2 NW/4 and N/2 SW/4 of Section 14, Township 19 North, Range 3 West, NMPM,

*Not
a
Applicable*

-3-

CASE No. 4673

Order No. R-4274

Sandoval County, New Mexico, comprising 160 acres, dedicated initially to the Fluid Power Pump Company Well No. 1, located 1980 feet from the South line and 330 feet from the West line of said Section 14.

- (b) S/2 NE/4 and N/2 SE/4 of Section 15, Township 19 North, Range 3 West, NMPM, Sandoval County, New Mexico, comprising 160 acres, dedicated initially to the Fluid Power Pump Company Well No. 3, located 1650 feet from the South line and 330 feet from the West line of said Section 15.

(2) That jurisdiction of this cause is retained for the entry of such further orders as the Commission may deem necessary.

DONE at Santa Fe, New Mexico, on the day and year hereinabove designated.

STATE OF NEW MEXICO
OIL CONSERVATION COMMISSION

BRUCE KING, Chairman

ALEX J. ARMIJO, Member

A. L. PORTER, Jr., Member & Secretary

S E A L

esr/

Oil/Gas/Mining

Val R. Reese, C.P.G.

Geological Consultant
900 Bank of New Mexico Building
Albuquerque, New Mexico 87101

Office: Phone 243-0665
Home: Phone 255-9749

April 3, 1972

Mr. Emery C. Arnold, District Engineer
New Mexico Oil & Gas Conservation Commission
1000 Rio Brazos Road
Aztec, New Mexico 87410

Re: Fluid Power Pump Company
No. 3 Fluid Power Pump well
Section 15, Township 19 North,
Range 3 West, N.M.P.M., Sandoval
County, New Mexico

Dear Emery:

The No. 3 Fluid Power Pump well, located 1650' from the south line and 330' from the east line in Section 15 of Township 19 North, Range 3 West, N.M.P.M., Sandoval County, New Mexico, was drilled to a total depth of 5320' and the following vertical deviations, Totco Surveys, were taken from the drilling log:

240'	1/2°
730'	3/4°
1230'	1
2510'	1/2°
3000'	1
3760'	3/4°
4030'	1/4°
4530'	1-1/2°
5035'	1-1/4°

I certify that the above surveys are true and correct information from the drilling log in regard to vertical hole deviations on the No. 3 Fluid Power Pump well.

Val R. Reese

VAL R. REESE, Consulting Geologist

STATE OF NEW MEXICO :
COUNTY OF BERNALILLO :

Subscribed and sworn to before me this 3rd day of April, 1972.

Margaret Bunting
Notary Public

My commission expires 9-25-73.



NEW MEXICO OIL CONSERVATION COMMISSION
WELL LOCATION AND ACREAGE DEDICATION PLAT

Form C-102
Supersedes C-128
Effective 1-1-65

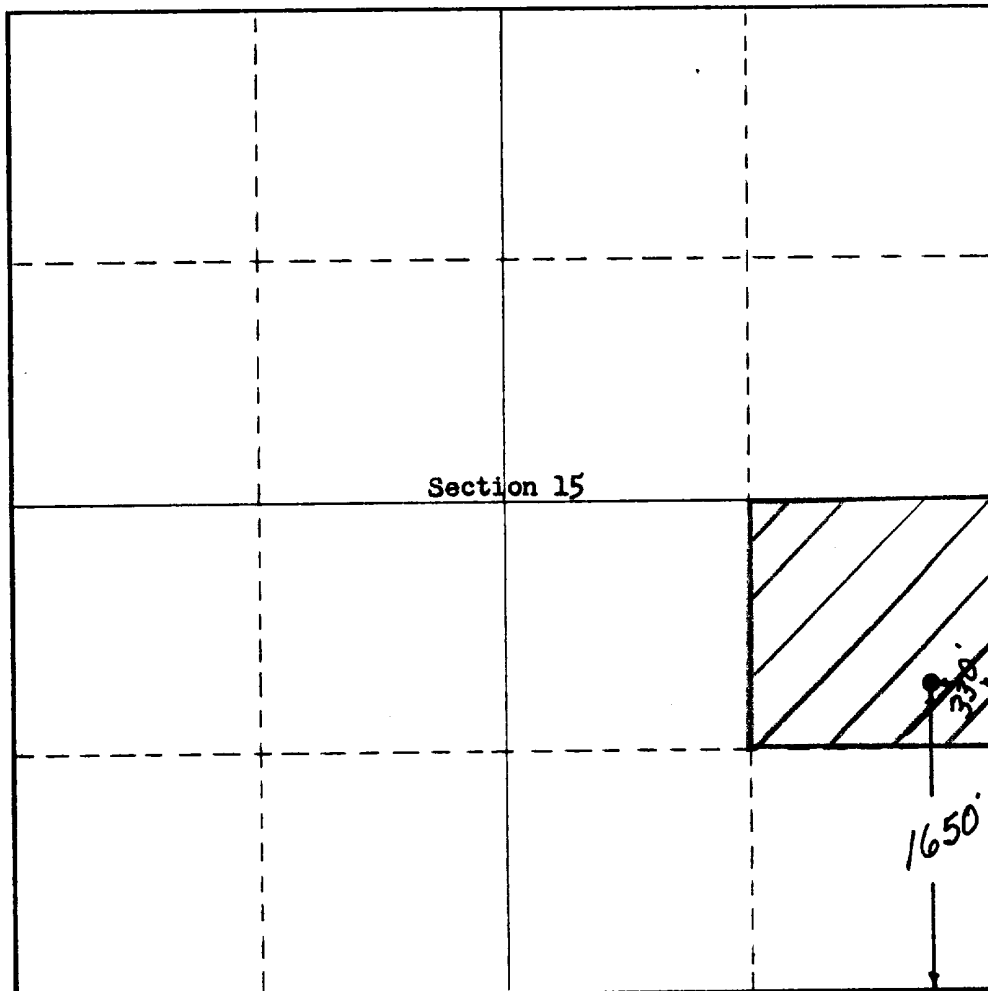
All distances must be from the outer boundaries of the Section.

Operator Fluid Power Pump Company			Lease N. M. 12012		Fluid Power pump		Well No. 3
Unit Letter I	Section 15	Township 19 North	Range 3 West	County Sandoval			
Actual Footage Location of Well: 1650 feet from the South line and 330 feet from the East line							
Ground Level Elev. 6807	Producing Formation Entrada		Pool Media		Dedicated Acreage: 40 Acres		

- Outline the acreage dedicated to the subject well by colored pencil or hachure marks on the plat below.
 - If more than one lease is dedicated to the well, outline each and identify the ownership thereof (as to working interest and royalty). **ONE LEASE ONLY**
 - 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? **ONE LEASE ONLY**
- ☐ 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.



CERTIFICATION

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

Val R. Reese

Name
Val R. Reese

Position
Consulting Geologist

Company
Fluid Power Pump Company

February 7, 1972

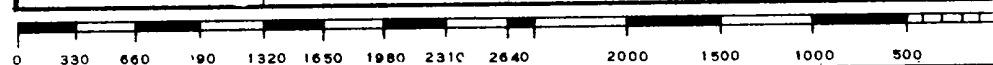
I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

Date Surveyed
February 3, 1972

Registered Professional Engineer and Land Surveyor

L. Pate

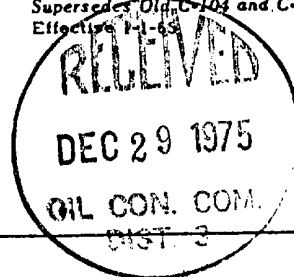
Certificate No. **3084**



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OPERATOR	1
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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
Petro-Lewis Corporation
Address
P.O. Box 2250, Denver, CO 80202
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)
Change of well name from:
Fluid Power Pump #3 to
Media Entrada Unit #2

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Media Entrada Unit	Well No. 2	Pool Name, Including Formation Media Entrada	Kind of Lease State, Federal or Fee Federal	Lease No.
Location Unit Letter 1 ; 1650 Feet From The South Line and 330 Feet From The East Line of Section 15 Township 19N Range 3W , NMPM, Sandoval County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> The Permian Corporation	Address (Give address to which approved copy of this form is to be sent) Box 1702, Farmington, New Mexico 87401	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit 1	Sec. 15
	Twp. 19N	Rge. 3W
Is gas actually connected?		When

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations						Depth Casing Shoe		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

V. TEST DATA AND REQUEST FOR ALLOWABLE
OIL WELL

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

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

GAS WELL

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

VI. CERTIFICATE OF COMPLIANCE

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

(Signature)
Manager/Production Administration

(Title)
December 23, 1975

(Date)

OIL CONSERVATION COMMISSION

APPROVED DEC 29 1975, 19

BY Original Signed by A. R. Kendrick

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

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501Form C-104
Revised 10-1-78REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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OPERATOR	
PROMOTION OFFICE	

I. OPERATOR
PETRO LEWIS CORPORATIONAddress
Box 16200 Lubbock, Texas 79490

Reason(s) for filing (Check proper box)

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name MEDIA ENTRADA UNIT	Well No. 2	Pool Name, including Formation MEDIA ENTRADA	Kind of Lease State, Federal or Fee FEDERAL	Lease No. NM0432867
Location Unit Letter <u>I</u> : <u>1650</u> Feet From The <u>South</u> Line and <u>330</u> Feet From The <u>East</u> Line of Section <u>15</u> Township <u>19 N</u> Range <u>3 W</u> . NMPM, Sandoval County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> GIANT REFINING COMPANY	Address (Give address to which approved copy of this form is to be sent) 7227 N. 16th St. Phoenix, Arizona 85020	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit 1	Sec. 15
	Twp. 19N	Rge. 3W
	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't.	Diff. Res't.
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)

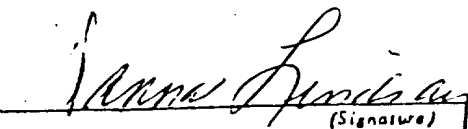
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/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 Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.


(Signature)Production / Revenue Supervisor
(Title)March 22, 1983
(Date)

OIL CONSERVATION DIVISION

MAR 25 1983

APPROVED

BY

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 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 multiple completed wells.

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use Form 9-331-C for such proposals.)

1. oil ☒ well ☐ gas well ☐ other

2. NAME OF OPERATOR

Petro-Lewis Corporation

3. ADDRESS OF OPERATOR

P.O. Box 16200 Lubbock, TX 79490

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: 1650' FSL & 330' FEL

AT TOP PROD. INTERVAL: same

AT TOTAL DEPTH: same

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐
(other) status update ☐

SUBSEQUENT REPORT OF:

☐
☐
☐
☐
☐
☐
☐
☐
☐
☐

5. LEASE

NM 12012

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

Media Entrada Unit

8. FARM OR LEASE NAME

9. WELL NO.

2

10. FIELD OR WILDCAT NAME

Media Entrada

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

Sec. 15 T19N R3W

12. COUNTY OR PARISH

Sandoval

13. STATE

New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
6807-GR

(NOTE: Report results of multiple completion or zone change on Form 9-338)

AUG 4 1983

AUG 29 1983

OIL CON. DIV.
DIST. 3

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 well is presently temporarily abandoned. Petro-Lewis plans on returning this well to production as soon as adequate disposal capacity is obtained.

Subsurface Safety Valve: Manu. and Type

Set @ Ft.

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

SIGNED

William D. Fulton

TITLE Sr. Pet. Engr.

DATE July 28, 1983

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

ACCEPTED FOR RECORD

AUG 25 1983

NMOCC

FARMINGTON RESOURCE AREA

BY

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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NATURAL GAS	
OPERATOR	
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I. Operator
Petro-Lewis Corporation

Address
P.O. Box 16200 Lubbock, TX 79490

Reason(s) for filing (Check proper box)

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Media Entrada Unit	Well No. 2	Pool Name, including Formation Media Entrada	Kind of Lease State, Federal or Fee Federal	Lease No. NMO43280
Location Unit Letter I : 1650 Feet From The South Line and 330 Feet From The East Line of Section 15 Township 19N Range 3W, NMPM, Sandoval Count				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1183 Houston, TX 77001
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. I 15 19N 3W
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 Rest.	Drill. Re-
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (SF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Perforations							Depth Casing Shoe	
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					

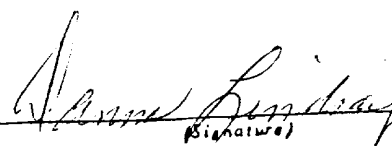
V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

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

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

VI. CERTIFICATE OF COMPLIANCE

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


Accounting/Revenue Production Supervisor
(Title)
2/28/84
(Date)

OIL CONSERVATION DIVISION
APPROVED MAR 05 1984
BY Original Signed by FRANK T. CHAVEZ
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 deeper 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 all able on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporter, or other such change of condition.
Separate Forms C-104 must be filed for each pool in multi-completed wells.

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

Form C-104
Revised 10-01-78
Format 08-01-83
Page 1

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OPERATOR		
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REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator Kirby Exploration Company of Texas
Address P. O. Box 1745 Houston, Texas 77251
Reason(s) for filing (Check proper box)
☐ New Well ☐ Change in Transporter of:
☐ Recompletion ☐ Oil ☐ Dry Gas
☒ Change in Ownership ☐ Casinghead Gas ☐ Condensate
Other (Please explain)
If change of ownership give name and address of previous owner Petro-Lewis Corporation P. O. Box 2250 Denver, Colorado 80201

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Media Entrada Unit</u>	Well No. <u>2</u>	Pool Name, including Formation <u>Media Entrada</u>	Kind of Lease State, Federal or Fee <u>Federal</u>	Lease No. <u>NM-043286A</u>
Location Unit Letter <u>I</u> <u>1650</u> Feet From The <u>South</u> Line and <u>330</u> Feet From The <u>East</u> Line of Section <u>15</u> Township <u>19N</u> Range <u>3W</u> <u>NMPM</u> <u>Sandoval</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Permian Corporation Permian (Eff. 9/1/87)</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 1183 Houston, Texas 77001</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <u></u>	Address (Give address to which approved copy of this form is to be sent) <u></u>
If well produces oil or liquids, give location of tanks. Unit <u>I</u> Sec. <u>15</u> Twp. <u>19N</u> Rge. <u>3N</u>	Is gas actually connected? <u>When</u> <u>DEC 17 1984</u>

If this production is commingled with that from any other lease or pool, give commingling order number: OIL CON. DIV. DIST. 3
NOTE: Complete Parts IV and V on reverse side if necessary.

IV. 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.

[Signature]
(Signature)
Production Supervisor
(Title)
12-1-84
(Date)

OIL CONSERVATION DIVISION

APPROVED [Signature] DEC 17 1984
BY [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 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.

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STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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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

Rec
JAN 07 1988

Operator <u>Merrion Oil & Gas Corp.</u>	
Address <u>P. O. Box 840, Farmington, New Mexico 87499</u>	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate Change of Operator

If change of ownership give name and address of previous owner Kirby Exploration, P. O. Box 1745, Houston, Texas 77251

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Media Entrada Unit</u>	Well No. <u>2</u>	Pool Name, including Formation <u>Media Entrada</u>	Kind of Lease State, Federal or Fee	Lease No. <u>8910142690</u>
Location Unit Letter <u>I</u> : <u>1650</u> Feet From The <u>South</u> Line and <u>330</u> Feet From The <u>East</u> Line of Section <u>15</u> Township <u>19N</u> Range <u>3W</u> , NMPM, <u>Sandoval</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Permian Corp.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 1702, Farmington, New Mexico 87499</u>	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	Twp.	Rge.
Is gas actually connected?	When	

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.

T. Greg Merrion
T. Greg Merrion (Signature)
Production Engineer
(Title)
12/31/87
(Date)

OIL CONSERVATION DIVISION **JAN 07 1988**

APPROVED _____, 19____
BY Frank J. [Signature]
TITLE SUPERVISOR DISTRICT 14

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.
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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.
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STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OPERATOR	GAS
PRODUCTION OFFICE	

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

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

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SEP 27 1988

OIL CON. DIV.
DIST. 3

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
Merrion Oil & Gas Corporation

Address
P. O. Box 840, Farmington, New Mexico 87499

Reason(s) for filing (Check proper box)

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

Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Media Entrada Unit.	Well No. 2	Pool Name, including Formation Media Entrada	Kind of Lease State, Federal or Fee Federal	Lease No. NM-043286A
Location Unit Letter <u>I</u> ; <u>1650</u> Feet From The <u>South</u> Line and <u>330</u> Feet From The <u>East</u> Line of Section <u>15</u> Township <u>19N</u> Range <u>3W</u> , NMPM, <u>Sandoval</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Conoco Transportation, Inc.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1429, Bloomfield, NM 87413					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit <u>I</u>	Sec. <u>15</u>	Twp. <u>19N</u>	Rge. <u>3N</u>	Is gas actually connected? <input type="checkbox"/>	When <u> </u>

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.

T. Greg Merrion
(Signature)
Production Engineer
(Title)
9/26/88
(Date)

OIL CONSERVATION DIVISION

SEP 27 1988

APPROVED _____, 19

BY James D. Chung

TITLE SUPERVISION DISTRICT # 3

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

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

All sections of this form must be filled out completely for 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.

Submit 5 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 MERRION OIL & GAS CORPORATION		Well API No.
Address P. O. BOX 840, Farmington, New Mexico 87499		
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"/> Effective 3/1/90	
Recompletion <input type="checkbox"/>	Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Media Entrada Unit	Well No. 2	Pool Name, Including Formation Media Entrada	Kind of Lease State, Federal or Fee	Lease No. NM-043286A
Location Unit Letter I : 1650 Feet From The South Line and 330 Feet From The East Line Section 15 Township 19N Range 3W, NMPM, Sandoval County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Meridian Oil, Inc.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 4289, Farmington, New Mexico 87499	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit I	Sec. 15
	Twp. 19N	Rge. 3W
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 WELL

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

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
Steven S. Dunn Operations Manager
Printed Name
Date 2-26-90
Telephone No. (505) 327-9801

OIL CONSERVATION DIVISION
FEB 28 1990

Date Approved
By Supervisor District #3
Title

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule III.
- 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

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

Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL

~~NM-0013786A~~

NM12012

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

SUNDRY NOTICES AND REPORTS ON WELLS

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

1. ☐ OIL WELL ☒ GAS WELL ☐ OTHER

2. NAME OF OPERATOR
Merrion Oil & Gas Corporation

3. ADDRESS OF OPERATOR
P. O. Box 840, Farmington, New Mexico 874(9)

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface
1650' FSL & 330' FEL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
6807' GR 6621' K5

7. UNIT AGREEMENT NAME
Media Entrada Unit

8. FARM OR LEASE NAME
Media Entrada Unit

9. WELL NO.
2

10. FIELD AND POOL OR WILDCAT
Media Entrada

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Section 15,

12. COUNTY OR PARISH
Sandoval

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 checked="" 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"/>		

(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.)*

The well is currently an uneconomic shut-in Entrada well. Attached is a plugging procedure for your approval. We plan to conduct the P&A in June of this year.

RECEIVED
JUN 4 1990
OIL CON. DIV.
DIST. 3

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

SIGNED George F. Sharpe

TITLE Reservoir Engineer

DATE 5-2-90

(This space for Federal or State office use)

APPROVED BY [Signature]
CONDITIONS OF APPROVAL, IF ANY:

AREA MANAGER
RIO PUERCO RESOURCE AREA

DATE MAY 31 1990

NMOCD

*See Instructions on Reverse Side

MERRION OIL & GAS CORPORATION

MEDIA ENTRADA UNIT NO. 2

PLUG & ABANDON PROCEDURE

LOCATION: 1650' FSL & 330' FEL ELEVATION: 6621' KB
Section 15, T19N, R3W 6807' GL
Sandoval County, New Mexico

PREPARED BY: George F. Sharpe *GFS* DATE: 4/30/90

1. MIRU. ND WH. Nipple up BOPs.
2. RIH with workstring to PBTD at \pm 5290'. Roll hole with 9.0 ppg mud.
3. Spot cement plug across Entrada from 5290' to 5117' with 25 sx cement. WOC. Tag cement top.
4. Pull up to 4484'. Spot cement plug across Morrison top from 4484' to 4311' with 25 sx.
5. Pull up to 4220'. Spot cement plug across Dakota top from 4220' to 4047' with 25 sx.
6. Pull up to 2810'. Spot cement plug across Gallup top from 2810' to 2637' with 25 sx.
7. Pull up to 400'. Spot plug across Mesaverde top and casing shoe from 400' to 158' with 35 sx.
8. Pull up to 50'. Spot plug to surface with 7 sx.
9. Bullhead 10 sx (60') into 7" - 10-3/4" annulus. Cut off casing and install P&A marker. Restore location.

* All cement to be Class "G" with ^{50/50} 50% Poz; yield = 1.57 ft³/sack.
; 6% gel

GFS/eg
4/30/90

APPROVED: *[Signature]*

DATE: 5-9-90

MEDIA ENTRADA UNIT # 2
(FLUID POWER PUMP #3)

MEDIA ENTRACA FIELD
(FLUID POWER PUMP COMPANY)

LOCATION I 1650' FSL & 330' FEL SECTION 15 BLOCK

SURVEY T-19-N & R-3-W COUNTY SANDOVAL, NEW MEXICO

DATUM 6620.5' (DF) G.L. ELEV. 6807' TD 5320' PSTD ± 5226' (Ant & Full)

CASING RECORD *CALCULATED AT 50% EFFICIENCY						LOGGING RECORD			
SIZE	WT.	DEPTH	CMT.	TOC	HOLE SIZE	DATE	CO.	TYPE	INTERVAL
10 ^{3/4"}	32.75#	207.5'	140SX	.	13 ^{3/4"}			FDC	
7"	28 [#] 23#	5320'	350SX	GRC	.8 ^{3/4"}			IES	
						12-18-73	BUEJEFF	TEMP LOG	5226'-400'
						12-18-73	"	BOND LOG	5226'-1700'
LOG TOPS					PERFORATIONS AND/OR OPEN HOLE * NOT OPEN NOW				
ZONE	TOP	SUBSEA	DATE	ZONE	DEPTHS	DENS & SIZE			
Packer	1966'		3-?-72	ENTRADA	5218' - 5240' (44 Holes)	Z SPF			
CALLUP	2760' ✓								
DAKOTA	4170' ✓								
ENTRADA	5218' ✓								
Morrison	4434' ✓								
Maryland	350' ✓								
					SQUEEZE & REPAIR				
			DATE	DEPTH	WORK DONE				
			12-18-73	2200'	puffed w/ 2JS sized w/ 300sx Reg cmt max gpm pressure 650#. Dld cmt from 2150' - 2325'				
GOC									
OWC			5248'						
STIMULATION						E.O + B.W			
DATE	ZONE	AMOUNT & TYPE		METHOD	BEFORE	AFTER			
3-?-72	5218-5240	2000g 15% mud Acid							
8-9-73	" "	Replaced 4 ^{3/4"} CSA pump w/		100hp GSE Reta	40+1350	140+3065			
9-1-74	5218-5240	500a 15%HCl							
9/2-4/74	" "	700# J-2SD + 2000# J-2T9 +		Pumped directly into perfs			Completion shut off well		
		140# J-274(Polymer) + 500#		M-130(X-linker)					
TD=5320' @ 5320' Casing Capacity = .2273 ft³/Lt									
OPT ENTRADA: 438 BW + 1320 BW + (STM) MCF(4-1-72) API GR 325° DATA AVAILABLE DST CORE <input type="checkbox"/> PVT OTHER <input checked="" type="checkbox"/>									
REMARKS: The polymer mixed in Sept 74 to shut off water was pumped direct into the production perms. Production was completely shut-off & the well swabbed down. The well was TD'd while Dec 77 at which time the bottom permeability drops. DATE: 1-12-86 RWI									

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.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. NM-12012	
2. NAME OF OPERATOR MERRION OIL & GAS CORPORATION		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P. O. Box 840, Farmington, NM 87499		7. UNIT AGREEMENT NAME Media Entrada Unit	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface GI 1650' FSL & 330' FEL		8. FARM OR LEASE NAME Media Entrada Unit	
14. PERMIT NO.		9. WELL NO. 2	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6807' GR 6621' KB		10. FIELD AND POOL, OR WILDCAT Media Entrada	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 15, T19N, R3W	
		12. COUNTY OR PARISH Sandoval	
		13. STATE NM	

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 checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	(Other) <input 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.)*

The proposed P&A was completed on 10/9/90.
Attached is a well history for your records.

RECEIVED
DEC 26 1990
OIL CON. DIV.
DIST. 3

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

SIGNED George F. Sharpe
(This space for Federal or State office use)

TITLE Engineer

DATE 12-17-90

APPROVED BY Shirley Mondy
CONDITIONS OF APPROVAL, IF ANY:

Acting AREA MANAGER
TITLE RIO PUECO RESOURCE AREA

DATE 12-24-90

NMOCD

*See Instructions on Reverse Side

Taxes - 1
Acct - 1
Land - 1
Copies: BLM - 6 Rio Puerco
Well File - 1

MEDIA ENTRADA UNIT NO. 2

On Report

October 16, 1990 Day No. 1

Summary: Move on location. Rig up.

Detail: Move unit and equipment on location. RU. NU wellhead and BOP. SDON. (ARM)

October 17, 1990 Day No. 2

Summary: TIH w/ tbg. Spot cement plug over Entrada.

Detail: TIH w/ 2-7/8" work string to 5,290'. Spot cement plug across Entrada from 5,290' to 5,117' with 33 sx cement, yield 1.15 cu ft/sx. Displace with 29 Bbl H₂O. Pull above cement w/ tbg. WOC. SDON. (ARM)

October 17, 1990 Day No. 3

Summary: Tagged Entrada plug. Set 3 more 35 sk plugs.

Detail: Tagged cement plug @ 5115'. Spotted 35 sx cement 4484' - 4311' KB. Spotted 2nd 35 sx plug from 4220' - 4047'. Spotted 3rd 35 sx plug 2810' - 2637'. All cement class "B" neat, 1.18 cu ft/sk, 15.6#/ gal. All other fluid 9.0#/ gal mud. Pulled above cement. SDON. (CCM)

October 19, 1990 Day No. 4

Summary: Cement across Mesaverde to annulus. Cut off csg. Install dry hole marker.

Detail: Spot 75 sx cement plug over Mesaverde formation to surface (415'- 0'). Pull tbg out of hole w/ tbg. Bullhead 13 sx cement into annulus. Cement class "B" neat, 1.18 cu ft/sk yield, 15.6# density. Cut off csg. Install dry hole marker. RDMO. (ARM)