

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

30-043-20180

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

FILON EXPLORATION CORPORATION c/o Minerals Management Inc.

3. ADDRESS OF OPERATOR

501 Airport Dr., Suite 210, Farmington, New Mexico 87401

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

At surface

330' FSL, 330' FEL, Sec. 11, T19N, R4W
At proposed prod. zone

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

18 miles SW of Cuba, New Mexico

15. DISTANCE FROM PROPOSED*

LOCATION TO NEAREST

PROPERTY OR LEASE LINE, FT.

(Also to nearest drlg. unit line, if any)

330'

18. DISTANCE FROM PROPOSED LOCATION*

TO NEAREST WELL, DRILLING, COMPLETED,
OR APPLIED FOR, ON THIS LEASE, FT.

-

16. NO. OF ACRES IN LEASE

480

17. NO. OF ACRES ASSIGNED
TO THIS WELL

40

19. PROPOSED DEPTH

5750'

20. ROTARY OR CABLE TOOLS

Rotary

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

6683 GR

22. APPROX. DATE WORK WILL START*

August 22, 1975

23.

PROPOSED CASING AND CEMENTING PROGRAM

| SIZE OF HOLE | SIZE OF CASING | WEIGHT PER FOOT | SETTING DEPTH | QUANTITY OF CEMENT |
|--------------|----------------|-----------------|---------------|--------------------|
| 15" | 10 3/4" | 40.5 | 200' | 200 sx |
| 8 3/4" | 5 1/2" or 7" | - | 5750' | 300-500 sx |

Filon Exploration Corporation (Operator) proposes a Jurassic test to 5750'. Completion to be determined from logs. A Series 900 (3000 psi WP) blowout preventer will be used.

NOTE: THIS WELL IS A TIGHT HOLE

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

J. Arnold Sullivan

TITLE

Area Manager

Minerals Management Inc. DATE 8-20-75

(This space for Federal or State office use)

PERMIT NO.

APPROVAL DATE

APPROVED BY

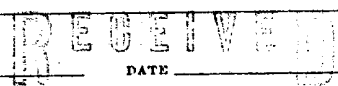
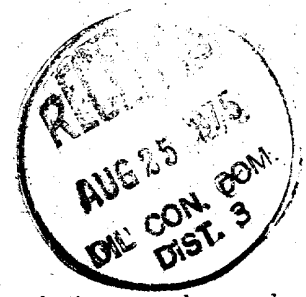
TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*Alkal**JK*

*See Instructions On Reverse Side

U. S. GEOLOGICAL SURVEY
DURANGO, COLO.

AUG 21 1975

**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 FILON EXPLORATION COMPANY | | | Lease FEDERAL 11 C | | Well No. 1 |
| Unit Letter P | Section 11 | Township 19 NORTH | Range 4 WEST | County SANDOVAL | |
| Actual Footage Location of Well: 330 feet from the SOUTH line and 330 feet from the EAST line | | | | | |
| Ground Level Elev. 6683.0 | Producing Formation Entrada | Pool <i>Wildcat</i> un-named | | Dedicated Acreage: 40 Acres | |

1. Outline the acreage dedicated to the subject well by colored pencil or hatchure 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 the owners be 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.) _____

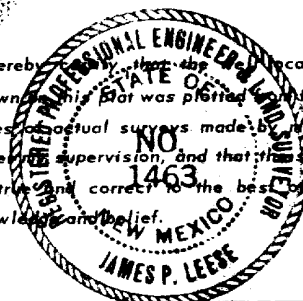
No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interests, has been approved by the Commission.

CERTIFICATION

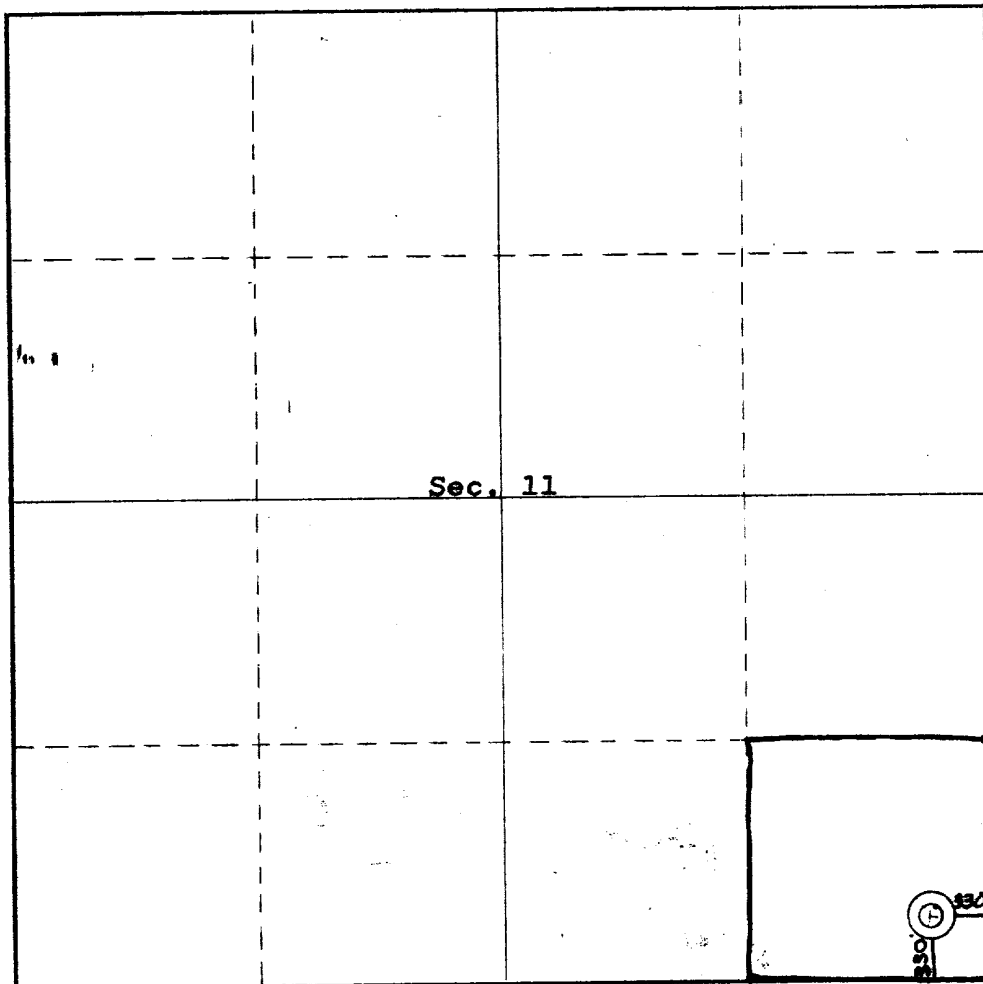
I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.

Name *J. Arnold Inell*
 Position _____
 Area Manager _____
 Company _____
Minerals Management Inc.
 Date _____
August 20, 1975

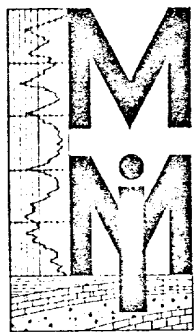
I hereby certify that the location shown on this plat was plotted on field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.



Date Surveyed _____
15 August, 1975
 Registered Professional Engineer and/or Land Surveyor
James P. Leese
James P. Leese
 Certificate No. _____
1463



0 330 660 90 1320 1650 1980 2310 2640 2000 1500 1000 500 0



MINERALS
MANAGEMENT INC.

TELEPHONE (505) 327-4441
501 AIRPORT DRIVE—PETROLEUM CENTER BUILDING
SUITE 210
FARMINGTON, NEW MEXICO 87401

DEVELOPMENT PLAN FOR SURFACE USE

FILON EXPLORATION CORPORATION

FEDERAL 11C WELL NO. 1

330' FSL, 330' FEL, SEC. 11 T19N, R4W

SANDOVAL COUNTY, NEW MEXICO

1. Existing Roads

The main road in the area is the improved road west of Johnson's Trading Post toward Ojo Encino School (Shown on the attached map)

2. Planned Access Road

The road to Filon Federal 12 Well No. 1 will be utilized and approximately 700' of new road will be needed as per attached topographic map.

3. Location of Existing Wells

330' FWL, 430' FSL, Section 12, T19N, R4W (Filon Federal 12 No. 1)

4. Lateral Roads

As per topographic map.

5. Location of Tank Batteries and Flowlines

Will be initially located on the drill pad approximately 150 feet from the well if production is encountered.

6. Water Supply

Water will be hauled to the well site from a water well located in the Media Dome Field approximately 5 miles east of the proposed location.

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U. S. GEOLOGICAL SURVEY
DURANGO, COLO.

7. Method of Handling Waste Disposal

Waste will be buried in the reserve pit on completion of the well. The reserve pit will be backfilled. Toilet facilities will be provided.

8. Location of Camp

No camp will be used.

9. Location of Airstrip

None

10. Diagram of Well Location

See attached diagram

11. Plans for Restoration of Surface

The surface will be restored and reseeded as directed by the Bureau of Land Management.

12. Impact on the Environment

Impact on the environment will be minimal. The access road and well location is sparsely vegetated and minimum trees and sage will be disturbed.

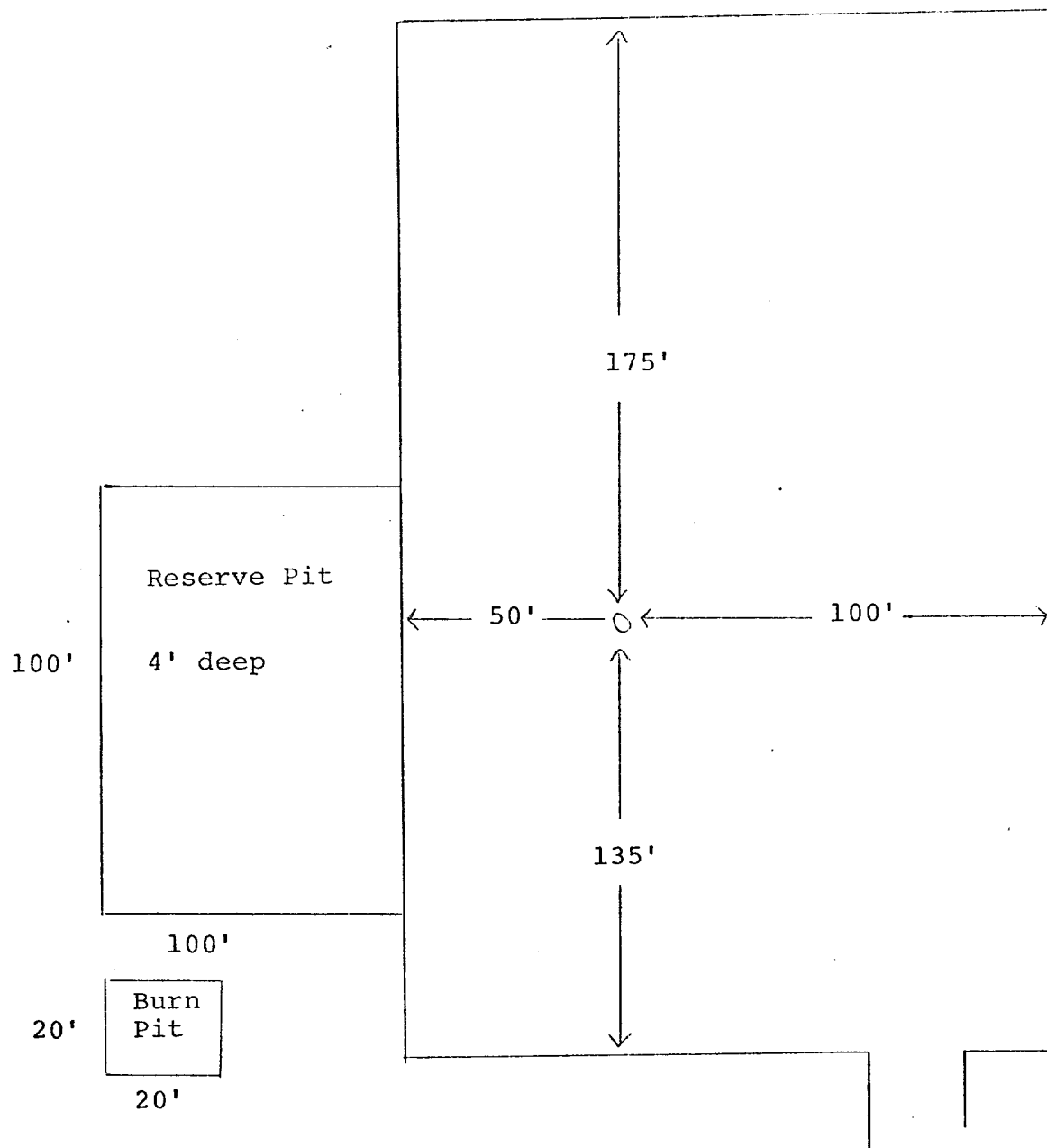
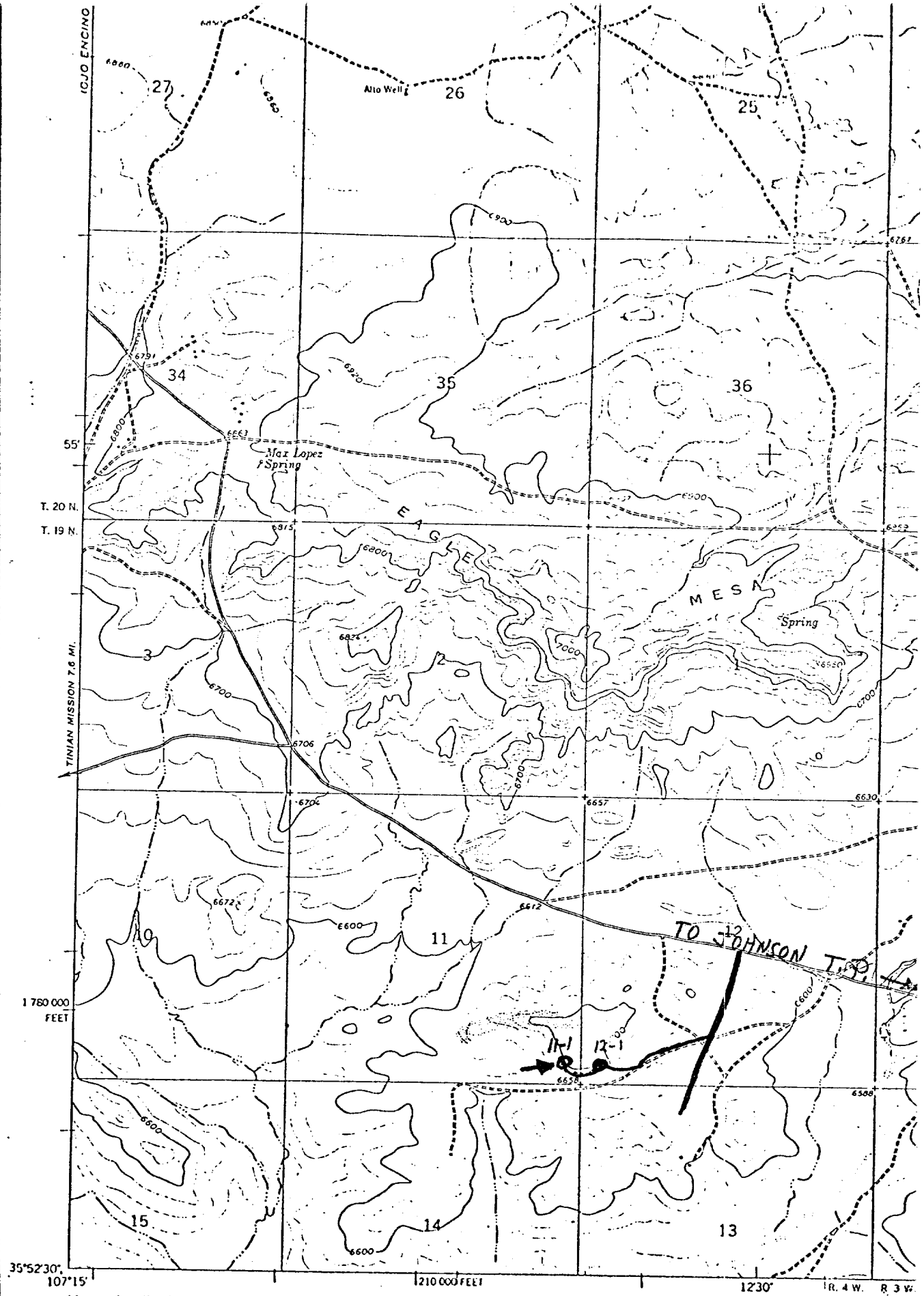


DIAGRAM OF WELL LOCATION



1780 000
FEET

35°52'30"
107°15'

1210 000 FEET

12°30'

1 R. 4 W. 8. 3 W.

Mapped, edited, and published by the Geological Survey
Control by USGS and USC&GS
Topography by photogrammetric methods from aerial
photographs taken 1958 Field checked 1961

1000
FEET

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM 24961

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Federal 11C

9. WELL NO.

01 #1

10. FIELD AND POOL, OR WILDCAT

WC-Extra

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

SEC. 11, T19N, R4W

12. COUNTY OR PARISH 13. STATE

Sandoval N.M.

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

FILON EXPLORATION CORPORATION c/o Minerals Management Inc.

3. ADDRESS OF OPERATOR

501 Airport Dr., Suite 210, Farmington, New Mexico 87401

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

At surface

330' FSL, 330' FEL, SEC. 11, T19N, R4W

14. PERMIT NO.

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

6688 RT

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

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

Run Surface Casing

SUBSEQUENT REPORT OF:

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.) *

Spud 15" hole 11:00 PM 9-5-75. Drill to 203', run 190' 10 3/4"
OD 40.50# K-55 LT&C casing. Set at 203'. Cement w/250 sx Class
"B" cement. Plug down 9:00 AM 9-6-75. Circulated cement.

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

SIGNED

J. Arnold Shell

Area Manager

TITLE Minerals Management Inc. DATE 9-10-75

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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

5. LEASE DESIGNATION AND SERIAL NO.

NM 2461
6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Federal LLC

9. WELL NO.

#1
10. FIELD AND POOL, OR WILDCAT

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

SEC. 11 T19N R4W
12. COUNTY OR PARISH 13. STATE

Sandoval N.M.

FILON EXPLORATION CORPORATION c/o Minerals Management Inc.

501 Airport Dr., Suite 210, Farmington, New Mexico 87401

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

3. ADDRESS OF OPERATOR

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

330' FSL, 330' FEL, Sec. 11, T19N, R4W
14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)

6688 RT

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) Run Production Casing ☐

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

REPAIRING WELL ☐

ALTERING CASING ☐

ABANDONMENT* ☐

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.)*

9-18-75

Drilled 8 3/4" hole to 5484'. Run 7" 23# Rge 3 casing. Set @ 5465'. Stage Cementing Tool @ 3512'. Cement in 2 stages.
First Stage-175 sx 50-50 Pozmix, 4% gel, 2# Tuf Plug per sx, followed by 75 sx Class "B" w/5% salt. Circulated cement.
Second Stage-525 sx 65-35 Pozmix, 2# Tuf Plug per sx followed by 50-sx neat. Plug down 2:15AM 9-18-75. Did NOT circulate cement.



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SEP 23 1975

U.S. GEOLOGICAL SURVEY
FARMINGTON, N.M.

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

SIGNED J. Amell Amell

Area Manager

TITLE Minerals Management Inc.

DATE 9-22-75

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

TABULATION OF DEVIATION TESTS
FILON EXPLORATION CORPORATION
FEDERAL 11C WELL NO. 1
SECTION 11, T19N, R4W
SANDOVAL COUNTY, NEW MEXICO

| <u>DEPTH</u> | <u>DEVIATION</u> |
|--------------|------------------|
| 203' | 1/4° |
| 744' | 1° |
| 1744' | 1° |
| 1990' | 1° |
| 2480' | 1° |
| 2961' | 1° |
| 3461' | 1° |
| 3680' | 3/4° |
| 4305' | 1° |
| 5181' | 1° |
| 5480' | 1° |



AFFIDAVIT

THIS IS TO CERTIFY that the above deviation tests are correct to the best of my knowledge.

J. Arnold Snell

J. Arnold Snell
Area Manager
Minerals Management, Inc.

SUBSCRIBED AND SWORN TO before me this 25th day of September, 1975.

My Commission Expires:

February 2, 1978

Anne H. Sandoval
NOTARY PUBLIC

CONFIDENTIALUNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

(See other In-
structions on
reverse side)Form approved,
Budget Bureau No. 42-E355.6.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG*

1a. TYPE OF WELL: OIL WELL ☒ GAS WELL ☐ DRY ☐ Other ☐

b. TYPE OF COMPLETION:

NEW WELL ☒ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ Other ☐

2. NAME OF OPERATOR

FILON EXPLORATION CORPORATION c/o Minerals Management Inc.

3. ADDRESS OF OPERATOR

501 Airport Dr., Suite 210, Farmington, New Mexico 87401

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

At surface

At top prod. interval reported below 330' FSL, 330' FEL, Sec. 11, T19N, R4W

At total depth

14. PERMIT NO.

DATE ISSUED

15. DATE SPUDDED 9-5-75 16. DATE T.D. REACHED 9-16-75 17. DATE COMPL. (Ready to prod.) 9-21-75 18. ELEVATIONS (DF, RNB, RT, GR, ETC.)* 6688 RT 19. ELEV. CASINGHEAD 6675

20. TOTAL DEPTH, MD & TVD 5484 21. PLUG, BACK T.D., MD & TVD - 22. IF MULTIPLE COMPL., HOW MANY* - 23. IN. HOLES BY BIT 24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*

Entrada 5476-5484 Open hole

26. TYPE ELECTRIC AND OTHER LOGS RUN

Dual Induction Laterolog

28. CASING RECORD (Report all strings set in well)

| CASING SIZE | WEIGHT, LB./FT. | DEPTH SET (MD) | HOLE SIZE | CEMENT RECORD | AMOUNT PULLED |
|-------------|-----------------|----------------|-----------|------------------|---------------|
| 10 3/4" | 40.5# | 203 | 15" | 250 sx (circ.) | |
| 7" | 23# | 5465 | 8 3/4" | 825 sx (2 stage) | |

29. LINER RECORD

| SIZE | TOP (MD) | BOTTOM (MD) | SACKS CEMENT* | SCREEN (MD) | SIZE | DEPTH SET (MD) | PACKER SET (MD) |
|------|----------|-------------|---------------|-------------|--------|----------------|-----------------|
| | | | | | 2 7/8" | 5391 | 5391 |

31. PERFORATION RECORD (Interval, size and number)

5476-5484 (Open Hole)

32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

| DEPTH INTERVAL (MD) | AMOUNT AND KIND OF MATERIAL USED |
|---------------------|----------------------------------|
| | |
| | |
| | |

33.* PRODUCTION

| | | | | | | | |
|-----------------------|-----------------|--|-------------------------|----------|------------|------------------------------------|---------------|
| DATE FIRST PRODUCTION | | PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) | | | | WELL STATUS (Producing or shut-in) | |
| 9-21-75 | | Pumping 2 1/2x2" | | | | Producing | |
| DATE OF TEST | HOURS TESTED | CHOKE SIZE | PROD'N. FOR TEST PERIOD | OIL—BBL. | GAS—MCF. | WATER—BBL. | GAS-OIL RATIO |
| 9-24-75 | 22 | - | → | 246 | 0 | 8 | 0 |
| FLOW. TUBING PRESS. | CASING PRESSURE | CALCULATED 24-HOUR RATE | OIL—BBL. | GAS—MCF. | WATER—BBL. | OIL GRAVITY-API (CORR.) | |
| 25 | 0 | → | 268 | 0 | 9 | 32 est. | |

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)

TEST WITNESSED BY

Vented-TSTM

D. Barnes

35. LIST OF ATTACHMENTS

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records

Area Manager

SIGNER

TITLE Minerals Management Inc DATE 9-26-75

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

INSTRUCTIONS

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

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

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

Item 13: Indicate which elevation is used as reference (where not otherwise shown) for depth measurements given in other spaces on this form and in any attachments.

Items 22 and 24: If this well is completed for separate production from more than one interval zone (multiple completion), so state in item 22, and in item 24 show the producing interval, or intervals, top(s), bottom(s) and name(s) (if any) for only the interval reported in item 33. Submit a separate report (page) on this form, adequately identified, for each additional interval to be separately produced, showing the additional data pertinent to such interval.

Item 29: "Sacks Cement": Attached supplemental records for this well should show the details of any multiple stage cementing and the location of the cementing tool.

Item 33: Submit a separate completion report on this form for each interval to be separately produced. (See instruction for items 22 and 24 above.)

37. SUMMARY OF POROUS ZONES:

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

| FORMATION | TOP | BOTTOM | DESCRIPTION, CONTENTS, ETC. | 38. GEOLOGIC MARKERS | | |
|-----------|---|--------|-----------------------------|----------------------|-------------|------------------|
| | | | | NAME | MEAS. DEPTH | TRUE VERT. DEPTH |
| DST NO. 1 | 5465-5484 pre-flow 5 min., ISIP 30 min., Open 60 min., FSIP 60 min., Recovered 4589' oil 135' M&OCW, BHT 1640F 1st flow 184-605 ISIP 2185, 2nd flow 658-1763. FISP 2185, IHH 2554, FHH 2554. | | | Cliffhouse | 423 | |
| | | | | Point Lookout | 2227 | |
| | | | | Mancos | 2383 | |
| | | | | Gallup | 3222 | |
| | | | | Greenhorn | 4222 | |
| | | | | Dakota | 4470 | |
| | | | | Morrison | 4597 | |
| | | | | Entrada | 5476 | |

| | | |
|------------------------|-----|---|
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| 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

B.R.

| | |
|--|-------------------------------------|
| Operator | |
| FILON EXPLORATION CORPORATION c/o Minerals Management Inc. | |
| Address | |
| 501 Airport Dr., Suite 210, Farmington, New Mexico 87401 | |
| Reason(s) for filing (Check proper box) | |
| New Well | <input checked="" type="checkbox"/> |
| Recompletion | <input type="checkbox"/> |
| Change in Ownership | <input type="checkbox"/> |
| Change in Transporter of: | |
| Oil | <input type="checkbox"/> |
| Casinghead Gas | <input type="checkbox"/> |
| Dry Gas | <input type="checkbox"/> |
| Condensate | <input type="checkbox"/> |

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|-----------------|----------|--------------------------------|-----------------------|------------------|
| Lease Name | Well No. | Pool Name, Including Formation | Kind of Lease | Lease No. |
| Federal 11C | 1 | Undesignated-Entrada | State, Federal or Fee | Federal NM 24961 |
| Location | | | | |
| Unit Letter | P | 330 | Feet From The | South Line and |
| | | 330 | Feet From The | East |
| Line of Section | 11 | Township | 19N | Range |
| | | | 4W | , 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) | |
| Permian Corporation | | | | Box 1183, Houston Texas 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. | Is gas actually connected? |
| | P | 11 | 19N | 4W | No |

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. |
| | X | | X | | | | | |
| Date Spudded | Date Compl. Ready to Prod. | | Total Depth | | P.B.T.D. | | | |
| 9-5-75 | | | 5484 | | | | | |
| Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | | Top Oil/Gas Pay | | Tubing Depth | | | |
| 6688 RT | Entrada | | 5476 | | 5391 | | | |
| Perforations | | | | | Depth Casing Shoe | | | |
| Open hole | | | | | 5465 | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | |
| 15" | 10 3/4" | | 203 | | 250 sx | | | |
| 8 3/4" | 7" | | 5465 | | 825 sx (2 stage) | | | |
| | 2 7/8" | | 5391 | | | | | |

V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of test 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.) | |
| 9-21-75 | 9-24-75 | Pump | |
| Length of Test | Tubing Pressure | Casing Pressure | Choke Size |
| 22 hrs. | 25 | 0 | |
| Actual Prod. During Test | Oil - Bbls. | Water - Bbls. | Gas - MCF |
| 254 | 246 | 8 | 0 |

40 Acres - Special test allowable has been requested

GAS WELL

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

VI. CERTIFICATE OF COMPLIANCE

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

J. Arnold Snel
(Signature)
Area Manager/Minerals Management Inc.
(Title)
September 25, 1975
(Date)

OIL CONSERVATION COMMISSION

SEP 26 1975

APPROVED
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 recompleted wells.

4

| | |
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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
601 Austin Street, Levelland, Texas 79336
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 ownership effective January 1, 1976

If change of ownership give name and address of previous owner Filon Exploration Corporation, 2216 United Bank Ctr., 1700 Broadway, Denver, Colorado 80202

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|--|----------------------|---|--|------------------------------|
| Lease Name <u>Federal LLC</u> | Well No. <u>1</u> | Pool Name, including Formation <u>Undesignated-Entrada</u> | Kind of Lease State, Federal or Fee <u>Federal</u> | Lease No. <u>NM 24961</u> |
| Location Unit Letter <u>P</u> ; <u>330</u> Feet From The <u>South</u> Line and <u>330</u> Feet From The <u>East</u> Line of Section <u>11</u> Township <u>19N</u> Range <u>4W</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 Corporation</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"/> | 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>P</u> | Sec. <u>11</u> | Twp. <u>19N</u> | Rge. <u>4W</u> | Is gas actually connected? <u>No</u> | 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'v. | Diff. Rest'v. |
| Date Spudded | Date Compl. Ready to Prod. | | Total Depth | | P.B.T.D. | | | |
| Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | | Top Oil/Gas Pay | | Tubing Depth | | | |
| Perforations | | | | | Depth Casing Shoe | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

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

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

GAS WELL

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

VI. CERTIFICATE OF COMPLIANCE

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

J. Arnold Snell
(Signature)
Area Manager/Minerals Management Inc.
(Title)
January 13, 1976
(Date)

OIL CONSERVATION COMMISSION

APPROVED JAN 14 1976, 19
BY Original Signed by A. E. Zondrick
TITLE SUPERVISOR DIST. 2

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.



BRUCE KING
GOVERNOR
LARRY KEHOE
SECRETARY

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT
OIL CONSERVATION DIVISION
AZTEC DISTRICT OFFICE

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

June 13, 1979

Mr. Ron Tarpley
Petro-Lewis Corporation
P. O. Box 509
Levelland, Texas 79336

Re: Designation of Transporter

Dear Mr. Tarpley:

Your approved forms C-104 on the below listed wells designate Permian Corporation as the transporter of oil. However, transporter records indicate that Continental Oil Company is transporting the oil from these wells without authorization from this office.

Please file C-104's designating Continental Oil Company as transporter immediately:

Miller Federal #722
Navajo 13 C #1
Navajo 14 C #1
Federal 11 C #1
Federal 12 #1

G-22-19N-3W
D-13-19N-4W
A-14-19N-4W
P-11-19N-4W
M-12-19N-4W

If you have any questions, contact this office.

Yours truly,

Frank T. Chavez
Deputy Inspector

FTC:no

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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

| | |
|--|---|
| Operator Petro-Lewis Corporation | |
| Address P.O. Box 937 Levelland, Texas 79336 | |
| Reason(s) for filing (Check proper box) | Other (Please explain) |
| New Well <input type="checkbox"/> | Change in Transporter of: |
| Recompletion <input type="checkbox"/> | Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/> |
| Change in Ownership <input type="checkbox"/> | Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> |

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

I. DESCRIPTION OF WELL AND LEASE

| | | | | |
|--|---------------|--|---|----------------------|
| Lease Name Federal 11 C | Well No. 1 | Pool Name, Including Formation Eagle Mesa - Entrada | Kind of Lease State, Federal or Fee Federal | Lease No. NM24961 |
| Location Unit Letter <u>P</u> ; <u>330</u> Feet From The <u>South</u> Line and <u>330</u> Feet From The <u>East</u> Line of Section <u>11</u> Township <u>19N</u> Range <u>4W</u> , NMPM, <u>Sandoval</u> County | | | | |

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | | | | | | |
|---|--|------------|-------------|------------|----------------------------------|------|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Continental Oil Company | Address (Give address to which approved copy of this form is to be sent) 555 17th Street Denver, Colorado 80202 | | | | | |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> N/A | 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 P | Sec. 11 | Twp. 19N | Rge. 4W | Is gas actually connected? No | When |

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

V. COMPLETION DATA

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

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

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

GAS WELL

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

VI. CERTIFICATE OF COMPLIANCE

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


(Signature)

Production Accountant
(Title)

June 25, 1979

OIL CONSERVATION COMMISSION

APPROVED JUN 27 1979, 19____
Original Signed by A. R. Kendrick
BY _____
SUPERVISOR DISTRICT # 3

TITLE _____
This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the 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.

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 10-01-79
Format 06-01-83
Page 1

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
☐ Recompletion
☒ Change in Ownership
Change in Transporter of:
☐ Oil
☐ Casinghead Gas
☐ Dry 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 Federal 11C | Well No. 1 | Pool Name, including Formation Eagle Mesa Entrada | Kind of Lease State, Federal or Fee Federal | Lease No. NM 24961 |
| Location Unit Letter P 330 Feet From The South Line and 330 Feet From The East Line of Section 11 Township 19N Range 4W 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"/> Gary Energy Corp. | Address (Give address to which approved copy of this form is to be sent) 115 Inverness Dr. East, Englewood, CO 80112 | | | | |
| 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 P | Sec. 11 | Twp. 19N | Rge. 4W | Is gas actually connected? No |

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

DEC 17 1984

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.

W. P. Penney
(Signature)
Production Supervisor
(Title)
12-1-84
(Date)

OIL CONSERVATION DIVISION

APPROVED *Frank J. Gandy* 1984
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 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.

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/MCMCF | Gravity of Condensate |
| Testing Method (pilot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size |

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STATE OF NEW MEXICO
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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

FEB 04 1986

OIL CON. DIV
DIST. 3

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)

| | | |
|--|---|-------------------------------------|
| <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 Federal 11C | Well No. 1 | Pool Name, including Formation Eagle Mesa Entrada | Kind of Lease State, Federal or Fee Federal | Lease No. 24961 |
| Location Unit Letter <u>P</u> : <u>330</u> Feet From The <u>South</u> Line and <u>330</u> Feet From The <u>East</u> Line of Section <u>11</u> Township <u>19N</u> Range <u>4W</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"/> The Permian Corporation | Address (Give address to which approved copy of this form is to be sent) P. O. Box 1183 Houston, Texas 77251-1183 |
| 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>P</u> Sec. : <u>11</u> Twp. : <u>19N</u> Rge. : <u>4W</u> Is gas actually connected? <u>No</u> 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.

James P. ...
(Signature)
Regulatory Supervisor
(Title)
January 30, 1986
(Date)

OIL CONSERVATION DIVISION

APPROVED FEB - 4 1986
BY Frank J. ...
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.

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 (pilot, back pr.) | Tubing Pressure (shut-in) | Casing Pressure (shut-in) | Choke Size |

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
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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, N.M. 87499 | |
| Reason(s) for filing (Check proper box) | Other (Please explain) |
| <input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input checked="" 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 |

If change of ownership give name and address of previous owner: Kirby Exploration Company of Texas - P.O. Box 1745 - HOU

II. DESCRIPTION OF WELL AND LEASE

TX 77251

| | | | | |
|--|---------------|--|--|----------------------|
| Lease Name Federal 11-C | Well No. 1 | Pool Name, including Formation Eagle Mesa Entrada | Kind of Lease State, Federal or Fee Federal | Lease No. NM24961 |
| Location Unit Letter <u>P</u> ; <u>330</u> Feet From The <u>South</u> Line and <u>330</u> Feet From The <u>East</u> Line of Section <u>11</u> Township <u>19N</u> Range <u>4W</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"/> Gary Energy Corporation | Address (Give address to which approved copy of this form is to be sent) 115 Inverness Drive East |
| 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) Englewood, COL 80112 |
| If well produces oil or liquids, give location of tanks. | Unit <u>P</u> Sec. <u>11</u> Twp. <u>19N</u> Rge. <u>4W</u> Is gas actually connected? <u>NO</u> 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.

Steve Luhn
(Signature)
Operations Manager
(Title)
8/27/86
(Date)

OIL CONSERVATION DIVISION

APPROVED Frank J. Gandy **AUG 28 1986**
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 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.

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 |

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

Budget Control No. 1004-0100
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 24961 | |
| 2. NAME OF OPERATOR Merrion Oil & Gas Corporation | | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME | |
| 3. ADDRESS OF OPERATOR P. O. Box 840, 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 330' FSL and 330' FEL | | 8. FARM OR LEASE NAME Federal 11C | |
| 14. PERMIT NO. | | 9. WELL NO. 1 | |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.) | | 10. FIELD AND POOL, OR WILDCAT Eagle Mesa Entrada | |
| | | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 11, T19N, R4W | |
| | | 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 type="checkbox"/> |
| REPAIR WELL <input type="checkbox"/> | CHANGE PLANE <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.)*

Effective August 1, 1986, Merrion Oil & Gas Corporation became operator of subject lease. Previous operator was Kirby Exploration.

APPROVED BY: *[Signature]* TITLE: Production Engineer DATE: 8/11/88

(This space for Production Engineer's use)

APPROVED BY: _____ TITLE: _____

CONDITIONS OF APPROVAL, IF ANY: _____

ACCEPTED FOR RECORD

*See Instructions on Reverse Side

AUG 25 1988

FARMINGTON RESOURCE AREA

BY: *[Signature]*

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

| | |
|------------------------|-----|
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| SANTA FE | |
| FILE | |
| U.S.O.B. | |
| LAND OFFICE | |
| TRANSPORTER | OIL |
| | GAS |
| OPERATOR | |
| PRODUCTION 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

SEP 25 1986

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

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

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|--|---------------|--|---|--------------------|
| Lease Name Federal 11C | Well No. 1 | Pool Name, including Formation Eagle Mesa Entrada | Kind of Lease State, Federal or Fee Federal | Lease No. 24961 |
| Location Unit Letter <u>P</u> ; <u>330'</u> Feet From The <u>South</u> Line and <u>330'</u> Feet From The <u>East</u> Line of Section <u>11</u> Township <u>19N</u> Range <u>4W</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"/> | Address (Give address to which approved copy of this form is to be sent) |
| The Mancos Corporation | Box 1320, 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 Sec. Twp. Rge. <u>P</u> <u>11</u> <u>19N</u> <u>4W</u> |
| 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.


(Signature)
Steve S. Dunn, Operations Manager
(Title)
9/24/86
(Date)

OIL CONSERVATION DIVISION

APPROVED  SEP 25 1986
BY _____
SUPERVISOR DISTRICT #3
TITLE _____

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

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the 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.

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"/> | 7. UNIT AGREEMENT NAME |
| 2. NAME OF OPERATOR Merrion Oil & Gas Corporation | 8. FARM OR LEASE NAME Federal 11C |
| 3. ADDRESS OF OPERATOR P. O. Box 840, Farmington, New Mexico 87499 | 9. WELL NO. 1 |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 330' FSL and 330' FEL | 10. FIELD AND POOL, OR WILDCAT Eagle Mesa Entrada |
| 14. PERMIT NO. | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 11, T19N, R4W |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.) | 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:

| | | | |
|---------------------|--------------------------|----------------------|--------------------------|
| TEST WATER SHUT-OFF | <input type="checkbox"/> | PULL OR ALTER CASING | <input type="checkbox"/> |
| FRACTURE TREAT | <input type="checkbox"/> | MULTIPLE COMPLETE | <input type="checkbox"/> |
| SHOOT OR ACIDIZE | <input type="checkbox"/> | ABANDON* | <input type="checkbox"/> |
| REPAIR WELL | <input type="checkbox"/> | CHANGE PLANS | <input type="checkbox"/> |
| (Other) | <input type="checkbox"/> | | <input type="checkbox"/> |

SUBSEQUENT REPORT OF:

| | | | |
|-----------------------|--------------------------|-----------------|--------------------------|
| WATER SHUT-OFF | <input type="checkbox"/> | REPAIRING WELL | <input type="checkbox"/> |
| FRACTURE TREATMENT | <input type="checkbox"/> | ALTERING CASING | <input type="checkbox"/> |
| SHOOTING OR ACIDIZING | <input type="checkbox"/> | ABANDONMENT* | <input type="checkbox"/> |
| (Other) | <input type="checkbox"/> | | <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.)*

Merrion Oil & Gas requests an extension for long term shut-in of the subject well to August 1, 1989. In the event the well is not returned to production by August 1, 1989, plans for the well will be submitted and a casing integrity test will be performed.

RECEIVED

AUG 23 1988

(Change operator to Merrion)
OIL CON. DIV.
DIST. 3

THIS APPROVAL EXPIRES MAY 31 1989

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

SIGNED *T. Merrion*
(This space for Federal or State office use)

TITLE Production Engineer

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

*See Instructions on Reverse Side

| |
|--|
| APPROVED |
| DATE 8/11/88 |
| APR 17 1988 |
| <i>F. J. Kelly</i> |
| AREA MANAGER FARMINGTON RESOURCE AREA |

DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

(Other instructions on reverse side)

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 87499

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

330' FSL and 330' FEL

14. PERMIT NO. 15. ELEVATIONS (Show whether OF, RT, GR, etc.)
6644' GR 6683

5. LEASE DESIGNATION AND SERIAL
NM 24961

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Federal 11C

9. WELL NO.
1

10. FIELD AND POOL OR WILDCAT
Eagle Mesa Entrada

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 11, T19N, R4W

12. COUNTY OR PARISH 13. STATE
Sandoval NM

18. 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"/> | WATER SHUT-OFF | <input type="checkbox"/> |
| FRACTURE TREAT | <input type="checkbox"/> | FRACTURE TREATMENT | <input type="checkbox"/> |
| SHOOT OR ACIDIZE | <input type="checkbox"/> | SHOOTING OR ACIDIZING | <input type="checkbox"/> |
| REPAIR WELL | <input type="checkbox"/> | (Other) | <input type="checkbox"/> |
| PULL OR ALTER CASING | <input type="checkbox"/> | REPAIRING WELL | <input type="checkbox"/> |
| MULTIPLE COMPLETE | <input type="checkbox"/> | ALTERING CASING | <input type="checkbox"/> |
| ABANDON* | <input type="checkbox"/> | ABANDONMENT* | <input type="checkbox"/> |
| CHANGE PLANS | <input type="checkbox"/> | | |

(Other) - Extension of long term shut-in X

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 APPROVAL EXTENDS

JUN 11 1983

RECEIVED

OS ORN. DIV.
JUL 3

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

SIGNED T. Greg Merrion TITLE Production Engineer

DATE 7/7/89

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____

CONDITIONS OF APPROVAL, IF ANY:

DATE Townsend

*See Instructions on Reverse Side

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210
DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I. Operator MERRION OIL & GAS CORPORATION Well API No. _____
Address P. O. BOX 840, Farmington, New Mexico 87499
Reason(s) for Filing (Check proper box) ☐ Other (Please explain) _____
New Well ☐ Change in Transporter of: ☒ Oil ☒ Dry Gas ☐ Effective 3/1/90
Recompletion ☐ Casinghead Gas ☐ Condensate ☐
Change in Operator ☐
If change of operator give name and address of previous operator _____

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|---|----------------------|---|---|------------------------------|
| Lease Name <u>Federal 11C</u> | Well No. <u>1</u> | Pool Name, Including Formation <u>Eagle Mesa Entrada</u> | Kind of Lease <u>State, Federal or Fee</u> | Lease No. <u>NM-24961</u> |
| Location Unit Letter <u>P</u> : <u>330</u> Feet From The <u>South</u> Line and <u>330</u> Feet From The <u>East</u> Line Section <u>11</u> Township <u>19N</u> Range <u>4W</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>Meridian Oil, Inc.</u> | Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 4289, 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 <u>P</u> | Sec. <u>11</u> | Twp. <u>19N</u> | Rge. <u>4W</u> | Is gas actually connected? <input type="checkbox"/> | 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) | <input type="checkbox"/> Oil Well | <input type="checkbox"/> Gas Well | <input type="checkbox"/> New Well | <input type="checkbox"/> Workover | <input type="checkbox"/> Deepen | <input type="checkbox"/> Plug Back | <input type="checkbox"/> Same Res'v | <input type="checkbox"/> Diff Res'v |
| Date Spudded | Date Compl. Ready to Prod. | | Total Depth | | P.B.T.D. | | | |
| Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | | Top Oil/Gas Pay | | Tubing Depth | | | |
| Perforations | | | | | Depth Casing Shoe | | | |
| TUBING, CASING AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

V. TEST DATA AND REQUEST FOR ALLOWABLE

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

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

GAS WELL

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

VI. OPERATOR CERTIFICATE OF COMPLIANCE

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

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

OIL CONSERVATION DIVISION

Date Approved FEB 28 1990

By [Signature]
Title SUPERVISOR DISTRICT #3

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

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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.)

RECEIVED

BLM

5. LEASE DESIGNATION AND SERIAL NO.

NM-24961

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Federal 11C

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Eagle Mesa Entrada

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

Sec 11, T19N, R4W

12. COUNTY OR PARISH 13. STATE

Sandoval

NM

14. PERMIT NO.

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

6688' RT 6644' 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 COMPLETION

ABANDON*

CHANGE PLANS

X

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.)*

Pursuant to your letter dated March 15, 1991, the well is uneconomic and we plan to P&A the well. A procedure will be submitted for your approval by the end of the summer.

RECEIVED
MAY 08 1991
OIL CON. DIV.
DIST. 3

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

SIGNED

George F. Sharpe

TITLE

Engineer

DATE

4/17/91

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

cc: 5 BLM

Well File

*See Instructions on Reverse Side

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 NO.

NM-24961

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Federal 11 C-1

9. WELL NO.

#1

10. FIELD AND POOL, OR WILDCAT

Eagle Mesa Entrada

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

Sec 11, T19N, R4W

14. PERMIT NO.

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

6644' GR

12. COUNTY OR PARISH 13. STATE

Sandoval

NM

16. 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

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.)

The proposed P&A was completed on 9/10/91
Attached is a well history for your records.

WILL NOTIFY YOU WHEN SURFACE RECLAMATION IS COMPLETE.

RECEIVED
SEP 24 1991
OIL CON. DIV
DIST. 3

Approved as to plugging of the well bore.
Liability under bond is retained until
surface restoration is completed.

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

SIGNED

Steven S. Dunn

TITLE Operations Manager

DATE 9-10-91

This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

NMOOD

*See instructions on Reverse Side

APPROVED
SEP 20 1991
DATE
cc: 5 BLM, Fmo
1 Well File
1 Land, Crystal
1 Taxes, Christa
1 Acct, Martha

FEDERAL 11C NO. 1

August 31, 1991

Day No. 1

Summary: Move to location.

Detail: Road rig and equip to location. SDFN. (ARM)

September 1, 2, 3, 1991

SD for weekend and Holiday. (ARM)

September 5, 1991

Day No. 2

Summary: RU. Spot 1st plug.

Detail: RU unit and equipment. ND wellhead. NU BOP. TIH w/ 2-3/8" workstring to 5484'. Establish circulation (2 Bbls). Spot a 39 cu ft cement plug from 5484' to 5306' w/ 33 sx class "B" neat cement, yield 1.18 cu ft/sk, density 15.6 lb/gal. Pull 20 jts. Flush tbg. SDON. (ARM)

September 5, 1991

Day No. 3

Summary: Plug well.

Detail: TIH 5484'. No cement. Spot a 59 cu ft cement plug from 5484' to 5206' w/ 50 sx class "B" neat cement. Pull above cement. WOC. Mix mud. TIH. Tag cement 5217'. Spot 30 Bbls 9.0 ppg mud 5217' to 4530'. POH to 4530'. Spot a 39 cu ft cement plug with 33 sx class "B" neat cement. POH above cement. Flush tbg. SDON. (ARM)

September 6, 1991

Day No. 4

Summary: Plugging well.

Detail: TIH to 4350'. Mix and spot 9 ppg mud from 4350' to 3275'. Pull tbg to 3275'. Spot a 39 cu ft cement plug from 3275' to 3095' w/ 33 sx class "B" neat cement. Pull tbg to 3095'. Mix and spot 9 ppg mud from 3095' to 700'. SDON. (ARM)

September 7, 1991

Day No. 5

Summary: Plugging well.

Detail: Spot #4 plug 700' to 520' w/ 39 cu ft class "B" neat cement. Pull tbg to 520'. Spot 10 Bbls 9 ppg mud 520' to 253'. Pull tbg to 253'. Spot #5 plug from 253' to surface w/ 56 cu ft class "B" neat cement. Circulate good cement to surface. POH laying down work string. RU to Bradenhead. #6 plug 24 cu ft class "B" neat cement down Bradenhead at 100 psi. SWI. SD. All cement class "B" neat, Yield 1.18 cu ft/sk, Density 15.6 lb/gal. (ARM)

FEDERAL 11C NO. 1

OFF REPORT P&A'd WELL

September 10, 1991

Day No. 6

Summary: Plugging well.

Detail: Cut off wellhead. Install P&A marker. MOL. (ARM)