1a. TYPE OF WORK

SUBMIT IN TRIPLICATE*

Form approved. Budget Bureau No. 42-R1425.

(Other instructions on reverse side)

30-043-20180
5. LEASE DESIGNATION AND SERIAL NO.

UNITED STATES DEPARTMENT OF THE INTERIOR

| DLI ANTINERE OF THE TOTAL | o, mich businesson and paring no. |
|---|--------------------------------------|
| GEOLOGICAL SURVEY | NM 24961 |
| APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME |

7. UNIT AGREEMENT NAME

| 1a. TYPE OF WORK | RILL 🖾 | DEEPEN [| PLUG | BACK 🗌 | 7. UNIT AGREEMENT NAME |
|---|--|--|---|--|--|
| b. TYPE OF WELL OIL WELL X | GAS OTHER | | | ULTIPLE | S. FARM OR LEASE NAME |
| 2. NAME OF OPERATOR | WELL OTHER | | 2002 45 | | Federal 11C |
| ON EXPLORAT | ION CORPORATI | ON c/o Mir | erals Manage | ement Inc | O Mini Pio |
| | ., Suite 210, Report location clearly and | Farmingto | on, New Mexicany State requirements. | 87401 | 10. FIELD AND POOL, OR WILDCAT Wildent Entrade 11. SEC., T., R., M., OR BLK. |
| | 330' FEL, Sec | . 11, T19N | 1, R4W | | Sec. 11, T19N, R4W |
| 14. DISTANCE IN MILES | AND DIRECTION FROM NEA | REST TOWN OR POST | OFFICE* | | 12. COUNTY OR PARISH 13. STATE |
| 18 miles | SW of Cuba, N | lew Mexico | | on 117 No 6 | Sandoval N.M. |
| 15. DISTANCE FROM PRO LOCATION TO NEARE PROPERTY OR LEASE | ST Line, ft. 22 | 30' | 16. NO. OF ACRES IN LEA | | HIS WELL ·40 |
| (Also to nearest di 18. DISTANCE FROM PRO | lg. unit line, if any) | | 480 19. PROPOSED DEPTH | 20. ROTA | RY OR CABLE TOOLS |
| TO NEAREST WELL, OR APPLIED FOR, ON T | DRILLING, COMPLETED, | _ | 5750 ' | | Rotary |
| 21. ELEVATIONS (Show W | hether DF, RT, GR, etc.) | | • | | 22. APPROX. DATE WORK WILL START* |
| | | 83 GR | | | August 22, 1975 |
| 23. | 1 | PROPOSED CASING | AND CEMENTING P | ROGRAM | |
| SIZE OF HOLE | SIZE OF CASING | WEIGHT PER FOO | SETTING DEPT | н | QUANTITY OF CEMENT |
| 15" | 10 3/4" | 40.5 | 200' | | 0_sx |
| 8 3/4" | <u>5 1/2" or 7"</u> | <u> </u> | 5750' | 3.0 | 0-500 sx |
| | | | | e e | |
| - | | | | | (September 1987) |
| | | | | 1 | AVE SE SON |
| NOTE: | THIS WELL IS A | A TIGHT HO | LE | | Mil COST. 3 |
| IN ABOVE SPACE DESCR zone. If proposal is preventer program, if | to drill or deepen direction | proposal is to deep nally, give pertinent | en or plug back, give dat data on subsurface local | ta on present pro tions and measure | ductive zone and proposed new productied and true vertical depths. Give blowd |
| 24. | fined & | all III | Area Mana Minerals | | nt_Ing_ts8-20-75 |
| (This space for F | ederal or State office use) | \ | | | |
| PERMIT NO. | | - | APPROVAL DATE | | NERS WEST |
| | | TIT | s.ae | | DATE |
| CONDITIONS OF APP | ROVAL, IF ANY: | - III | . / | L | 1000 1000 01 1075 |
| ala. | al | | 21 | | AUG 21 1975 |
| | | *See Instru | ctions On Reverse Si | de U | S. GEOLOGICAL SURVEY DURANSO, COLO. |

NEW MEXICO OIL CONSERVATION COMMISSION WELL LOCATION AND ACREAGE DEDICATION PLAT

All distances must be from the outer boundaries of the Section Well No. Operator FILON EXPLORATION COMPANY Range Unit Letter SANDOVAL 19 NORTH '11 Actual Footage Location of Well: 330 SOUTH feet from the line feet from the Dedicated Acreage: Producing Formation Ground Level Elev. 6683.0 Acres Entrada 1. Outline the acreage dedicated to the subject well by colored pencil or hachure marks on the plat below. 2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof tooth as interest and royalty). 3. If more than one lease of different ownership is dedicated to the well, have the interests dated by communitization, unitization, force-pooling. etc? If answer is "yes," type of consolidation. Yes No If answer is "no," list the owners and tract descriptions which have actually been consolidated 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. Area Manager Minerals Management Inc August 20, 1975 Sec. 11 August Registered Professional Er 1463

2310

1980

1320 1650



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.

AUG 21 1975

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.

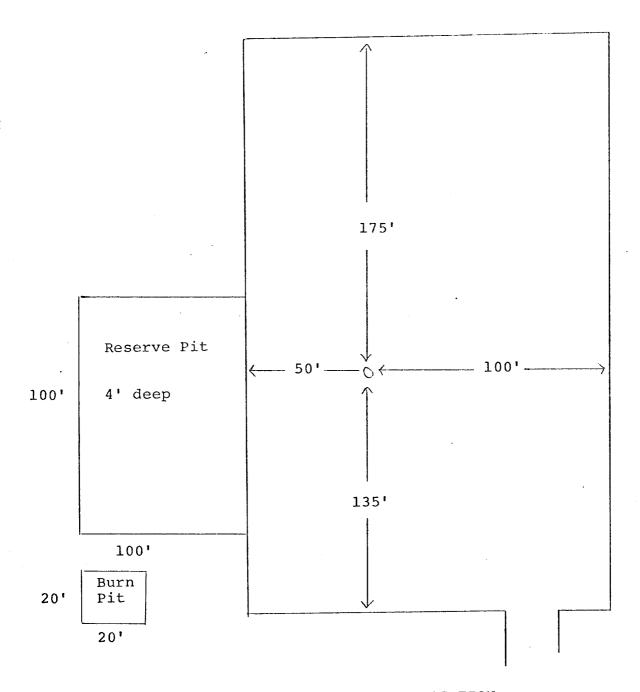
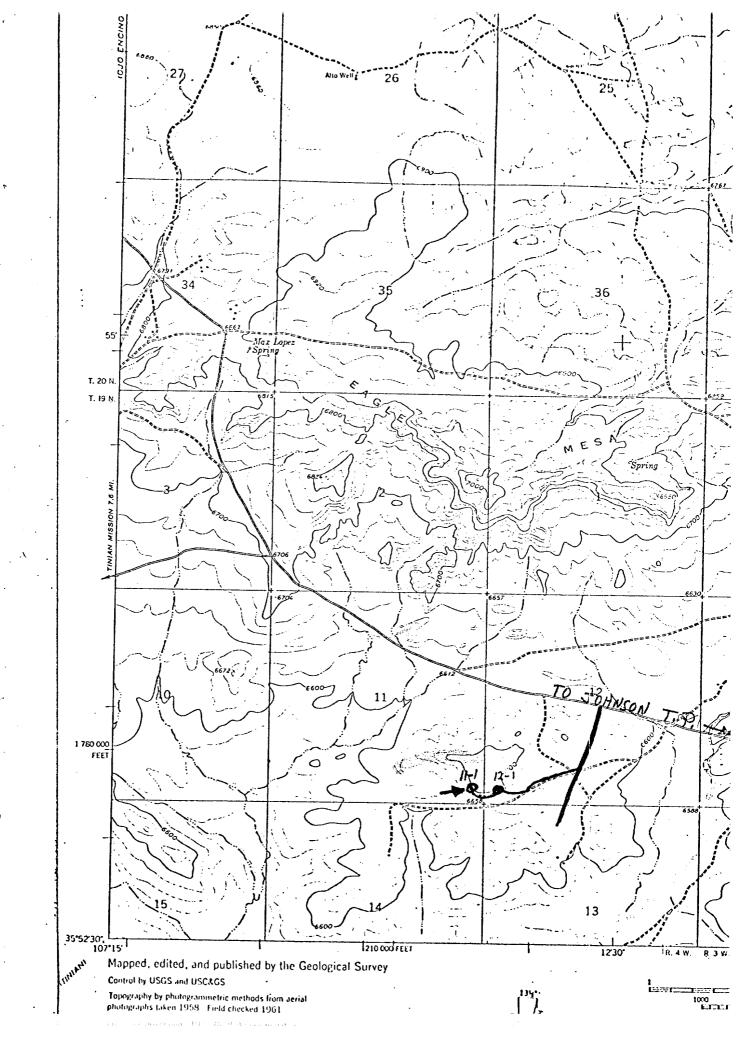


DIAGRAM OF WELL LOCATION



| Form 9-331 (May 1963) | | | | | | | |
|---|---|--|-------------------------------|---|---|---|---|
| ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | DEPA | UNITED STATE RTMENT OF THE | ES INTERIOR | SUBMIT IN TRIPL (Other instructions verse side) | On re- | Form appro Budget Bur EASE DESIGNATIO | oved. cenu No. 42-R142 N AND SERIAL NO. |
| | | GEOLOGICAL SU | RVEY | | | M 24961 | |
| (Do n | SUNDRY N | OTICES AND REP | ORTS ON | WELLS on different reservois | | F INDIAN, ALLOTT | EE OR TRIBE NAM! |
| OIL WELL | GAS OTH | ALCONOMICS AND ALCONO | | | | NIT AGREEMENT | NAME |
| 2. NAME OF | <u> </u> | | | | 8. F | ARM OR LEASE N | AME |
| | ORATION COR | PORATION c/o M | <u>inerals N</u> | Management | Inc. F | ederal l | 10 |
| 4. LOCATION | or well (Report loca pace 17 below.) | Suite 210, Far | mington, ce with any State | New Mexico requirements.* | u u | #1 FIELD AND POOL, IC. Entra SEC., T., R., M., OI SURVEY OR AR | R BLK. AND |
| 330' | FSL, 330' | FEL, SEC. 11, | | | SEC | 11, Tl | 9N, R4W |
| 14, PERMIT N | 0. | 15. ELEVATIONS (Show | | R, etc.) | 3 | ndoval | N.M. |
| 16. | Chec | k Appropriate Box To I | ndicate Natur | e of Notice, Repo | ort, or Other | Data | |
| | NOTICE OF | INTENTION TO: | | | SUBSEQUENT R | EPORT OF: | |
| TEST WA | TER SHUT-OFF | PULL OR ALTER CASING | | WATER SHUT-OFF | | REPAIRING | WELL |
| FRACTUR | E TREAT | MULTIPLE COMPLETE | | FRACTURE TREATME | NT | ALTSRING | CASING |
| вноот о | R ACIDIZE | ABANDON* | | SHOOTING OR ACIDIT | Surface | ABANDONN Cagang | ient* |
| REPAIR V | VELL | CHANGE PLANS | | (Other) | | | n on Wall |
| | | | | | | | H OH MCH |
| (Other) | PROPOSED OR COMPLET | ED OPERATIONS (Clearly state | all pertinent deta | Completion or | nt dates inclu | Report and Log : | form.) late of starting a |
| 17. DESCRIBE propose nent to Spud OD 40 | this work.)* 15" hole 1 0.50# K-55 | en operations (Clearly state lirectionally drilled, give substitutionally drilled, give substitution programme for the control of the control | . Drill Set at 20 | to 203', r | Recompletion ont dates, include vertical deporture 190 W/250 | Report and Log ding estimated dins for all mark | form.) late of starting a ers and zones per |
| 17. DESCRIBE propose nent to Spud OD 40 | this work.)* 15" hole 1 0.50# K-55 | lirectionally drilled, give sub. 1:00 PM 9-5-75 | . Drill Set at 20 | to 203', r | Recompletion ont dates, include vertical deporture 190 W/250 | Report and Log ding estimated dins for all mark | form.) late of starting a ers and zones per |
| 17. DESCRIBE propose nent to Spud OD 40 | this work.)* 15" hole 1 0.50# K-55 | l:00 PM 9-5-75 LT&C casing. | . Drill Set at 20 | to 203', r | Recompletion ont dates, include vertical deporture 190 W/250 | Report and Log ding estimated dins for all mark | form.) late of starting a ers and zones per |
| 17. DESCRIBE propose nent to Spud OD 40 | this work.)* 15" hole 1 0.50# K-55 | l:00 PM 9-5-75 LT&C casing. | . Drill Set at 20 | to 203', r | Recompletion ont dates, include vertical deporture 190 W/250 | Report and Log ding estimated dins for all mark | form.) late of starting a ers and zones per |
| 17. DESCRIBE propose nent to Spud OD 40 | this work.)* 15" hole 1 0.50# K-55 | l:00 PM 9-5-75 LT&C casing. | . Drill Set at 20 | to 203', r | Recompletion ont dates, include vertical deporture 190 W/250 | Report and Log ding estimated dins for all mark | form.) late of starting a ers and zones per |
| 17. DESCRIBE propose nent to Spud OD 40 | this work.)* 15" hole 1 0.50# K-55 | l:00 PM 9-5-75 LT&C casing. | . Drill Set at 20 | to 203', r | Recompletion ont dates, include vertical deporture 190 W/250 | Report and Log ding estimated dins for all mark | form.) late of starting a ers and zones per |
| 17. DESCRIBE propose nent to Spud OD 40 | this work.)* 15" hole 1 0.50# K-55 | l:00 PM 9-5-75 LT&C casing. | . Drill Set at 20 | to 203', r | Recompletion ont dates, include vertical deporture 190 W/250 | Report and Log ding estimated dins for all mark | form.) late of starting a ers and zones per |
| 17. DESCRIBE propose nent to Spud OD 40 | this work.)* 15" hole 1 0.50# K-55 | l:00 PM 9-5-75 LT&C casing. | . Drill Set at 20 | to 203', r | Recompletion ont dates, include vertical deporture 190 W/250 | Report and Log ding estimated dins for all mark | form.) late of starting a ers and zones per |
| 17. DESCRIBE propose nent to Spud OD 40 | this work.)* 15" hole 1 0.50# K-55 | l:00 PM 9-5-75 LT&C casing. | . Drill Set at 20 | to 203', r | Recompletion ont dates, include vertical deporture 190 W/250 | Report and Log ding estimated dins for all mark | form.) late of starting a ers and zones per |
| 17. DESCRIBE propose nent to Spud OD 40 | this work.)* 15" hole 1 0.50# K-55 | l:00 PM 9-5-75 LT&C casing. | . Drill Set at 20 | to 203', r | Recompletion ont dates, include vertical deporture 190 W/250 | Report and Log ding estimated dins for all mark | form.) late of starting a ers and zones per |

DATE __

(This space for Federal or State office use)

| Form. 9-331 (May 1963) | DEPARTM | INITED STATES ENT OF THE INT | | 5. LEASE DESIGNATION AND SERIAL NO. |
|--|--|---|---|--|
| S (Do not use | UNDRY NOTE | EOLOGICAL SURVEY CES AND REPORT ls to drill or to decide or p | | NM 2461 6. IF INDIAN, ALLOTTEE OR TRIBE NAME |
| OIL GAS WELL & GAS | S LL OTHER | ION FOR PERMIT 101 B | | 7. UNIT AGREEMENT NAME 8. FARM OR LEASE NAME |
| 3. ADDRESS OF OPER | RATOR | · | als Management Inc | Federal 11C |
| Airport Dr. 4. Location of well See also space 13 At surface | Suite 21 L (Report location clo 7 below.) | O. Farmington, arly and in accordance with | New Mexico 87401 any State requirements. | 10. FIELD AND POOL, OR WILDCAT Un-named 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA |
| 330 FSL. | . 330' FEL, | 15. ELEVATIONS (Show wheth | nér DF, RT, GR, etc.) | SEC 1 T19N RAW 12. county of parish 13. STATE Sandoval N.M. |
| 16. | Check Ap | l 6688 R propriate Box To Indica | te Nature of Notice, Report, | |
| TEST WATER SE FRACTURE TREA' SHOOT OR ACIDI REPAIR WELL (Other) 17. DESCRIBE PROPOS proposed worl | ZE A CED OR COMPLETED OPE k. If well is directio | ULL OR ALTER CASING ULTIPLE COMPLETE BANDON* HANGE PLANS | WATER SHUT-OFF FRACTURE TREATMENT SHOOTING OR ACIDIZING (Other) Run Pro (Note: Report re Completion or Ree | REPAIRING WELL ALTERING CASING ALAMANDONMENT* Coduction Casing Essults of multiple completion on Well completion Report and Log form.) Lates, including estimated date of starting a ertical depths for all markers and zones per |
| 9-18-75 Drilled Cementing First St. by 75 sx | 8 3/4" hole g Tool 3 35 age-175 sx Class "B" | to 5484'. Rur 12'. Cement ir 50-50 Pozmix , w/5% salt. Cir | n 7" 23# Rge 3 cas | ing. Set @ 5465'. Stag lug per sx, followed sx followed by |
| 10-5x ne | ac. IIug ac | | | SEP 2 3 1975 . |
| <i>/</i> • | | | (S.) | the fight resonance seeings |



| 18. I hereby certify that the foregoing is true and correct | Area Manager Minerals Management Inc _{DATE} 9-22-75 |
|---|---|
| (This space for Federal or State office use) | TITLE |
| APPROVED BY | TITLE DATE |

*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> | DEVIATION |
|---|---------------------------------------|
| 203' 744' 1744' 1990' 2480' 2961' 3461' 3680' 4305' 5181' | 1/4° 1° 1° 1° 1° 1° 1° 1° 1° 1° 1° 1° |
| 5480' | 10 |



AFFIDAVIT

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

J. Arnold Snell

Area Manager

Minerals Management, Inc.

SUESCRIBED AND SWORN TO before me this 35th ay of September,

1975.

My Commission Expires:

Annu M. Landaval

February 2, 1978

(See other in-

| | DEPART | | | | LRIOF | ζ . | reverse sid | | TION AND SERIAL NO |
|-----------------------------------|--|-------------------|---|---------------------------------------|----------------------------|---------------|--|-------------------------|---------------------------------|
| | G | EOLOGIC | AL SUR | VEY | | | | NM 24961 | OTTEE OR TRISE NAME |
| WELL CON | APLETION (| OR RECO | MPLETIC | DN F | REPORT A | AND | LOG* | 6. IF INDIAN, ALL | OTTER OR TRIBE NAM |
| 1s. TYPE OF WELL | : OIL WELL | X GAS WELL | DRY | | Other | | | 7. UNIT AGREEMEN | NT NAME |
| | WORK DEEP- | PLEG | DIFF. | | 043 | | | S. FARM OR LEASI | NAME |
| 2, NAME OF OPERATO | over LJ en a | L васк t | nesvr | · | Other | | | Federal l | |
| LON EXPLORAT | TON CORP | ORATION | c/o Mi | iner | als Mar | nagei | ment I | | |
| 3. ADDRESS OF OPERA | TOR | | | | | 1 | | #1 | Dr. Ob Wil DCAT |
| Airport Di | Suite | 210, Fa | armingt | cith and | New Me | exico | <u> 2740.</u> | Undesigna | • |
| At surface | | | 3.0 | | | | | 0 | OR BLOCK AND SURVE |
| At top prod. inter | Yal reported below | 30' FEL | , Sec. | 11, | T19N, | R4W | | | |
| At total depth | | | | | | | | Gog 11 | T19N, R4W |
| | | 13 | 14. PERM | IIT NO. | | DATE IS | SUED | 12. COUNTY OR PARISH | 13. STATE |
| 172.55Vt | en en en en en en eller en el Eller en en en eller | | ± 1 : | | | | | Sandoval | N.M. |
| | 16. DATE T.D. REA | | E COMPL. (R | | 18. | 100 | _ | B, RT, GR, ETC.)* 19. | CC75 |
| 9-5-75 20. TOTAL DEPTH, MD & | 9-16-75 | BACK T.D., MD & | $\begin{array}{c c} 9-2 & -7 \\ \hline 1VD & 22. \end{array}$ | D MUL: | TIPLE COMPL., | 66 | 88 P.7 23. INTERNAL | ESTARE TOOLS | CABLE TOOLS |
| 5484 | | | | , | _ | | | Yes | |
| 24. PRODUCING INTERV | AL(S), OF THIS CO | MPLETIONTO | P, BOTTOM, N | AME (M | D AND TVD)* | | (all) | , 1812 | 25. WAS DIRECTIONAL SURVEY MADE |
| Post and a F | 476 5404 | Onon h | 210 | | | | 1 | J W | No |
| Entrada 5. | D OTHER LOGS RU | ODEII III | · · | | · · | 31 | 1 00, | cON 3 27. | WAS WELL CORED |
| Dual Indu | ction Lat | | | 2 12 | | 5 f | 100 | CON 3 27 | No |
| 28. CASING SIZE | WEIGHT, LB./FT | | | | ort all strings LE SIZE | sct in i | CEMENT. | | AMOUNT PULLED |
| 10 3/4" | 40.5# | 20 | 3 | 1 | 5" | | 250 | sx (circ.) | |
| <u> 7"</u> | 23# | 546 | 5 | 8 | 3/4" | | 825 | sx (2 stage) |) |
| 5. i - v i | | | | · · · · · · · · · · · · · · · · · · · | | | | | |
| 29. | L | NER RECORI |) | | ; | 3 | 0. | TUBING RECORD | |
| SIZE | TOP (MD) | BOTTOM (MD) | SACKS CEM | ENT* | SCREEN (MI | | SIZE | DEPTH SET (MD) | PACKER SET (MD) |
| | | | | | | | 2 7/8" | 5391 | 5391 |
| 31. PERFORATION RECO | ED (Interval, size | and number) | <u></u> | ! | 32. | ACID | , SHOT, FR | ACTURE, CEMENT SQ | UEEZE, ETC. |
| | <u> </u> | | | | DEPTH INT | ERVAL | (MD) | AMOUNT AND KIND OF | MATERIAL USED |
| 5476- 5484 | (Open Ho | le) | | | | | | | J |
| i de | | | ; () | | | | | | |
| ; | | | · . | | | | | | |
| 33.* PATE FIRST PRODUCTION | I PRODUC | TION METHOD (| Flewing oge | | OUCTION | and tun | e of numni | 1 WFIT STATE | US (Producing or |
| 9-21-75 | | mping 2 | 1 /2-2 | , ., p | | | - >; pamp) | shut-in) | Producing |
| DATE OF TEST | HOURS TESTED | CHOKE SIZE | PROD'N. | | OIL-BBL. | | GASMCF. | WATER-BBL. | GAS OIL RATIO |
| 9-24-75 FLOW, TUPING PRESS. | 22 CASING PRESSURE | CALCULATED | OILBR | | 246 GAS- | N.C.F. | 0 | R—BBL OIL | O - GRAVITY-API (CORR.) |
| 25 | Λ | 24-HOUR RA | re | 68 | 0.5 | | | Q OIL | 32 est. |
| 34. DISPOSITION OF GA | s (Sold, used for f | uel, vented, etc. | | | <u> </u> | · | | TEST WITNESSED | |
| Vented-TS' | | | | | , | + | ······································ | D. Barnes | 5 |
| i | 2.10 | | | | | - 1 | | | |
| 36. I hereby certify t | hat the foregoing | and attached | nformation ! | | | | | om all available record | S |
| SIGNER | Linda | Andl | // | | rea Mai | | | nt_Incdate | 9-26-75 |
| DIGHT NEW TON | | pr + | TITI | ⊔£4 <u></u> | الملتكتلاحا | a-mid | nay elle | LECTIFIC DATE | |

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 11cm 4: If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. should be listed on this form, see item 35.

All attachments Consult local State

Hem 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.

Hems 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, interval, or intervals, top(s), bottom(s) and name(s) (if any) for only the interval reported in item 33. Sifer each additional interval to be separately produced, showing the additional data pertinent to such interval. or Federal office for specific instructions.

Hem 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.)

| , , | | н; | |
|--|-----------------------------|------------------|---|
| | | TRUE VERT. DEPTH | |
| GEOLOGIC MARKERS | TOP | MEAS. DEPTH | 2222 23222 32222 44470 4597 5497 |
| 38. GEOLOGI | | 1 | Cliffhouse Point Lookout Mancos Gallup Greenhorn Dakota Morrison Entrada |
| MARY 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 OFES, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES | DESCRIPTION, CONTENTS, ETC. | | <pre>5 min., ISIP 30 min., Open 60 min., ered 4589' oil 135' M&oCW, BHT 1640F IP 2185, 2nd flow 658-1763. FISP 2185</pre> |
| ROSITY AND CONTENT USED, TIME TOOL OF | BOTTOM | | Pre-flow 5 mi., Recovered 84-605 ISIP 2 FHH 2554. |
| ROUS ZONES: DETANT ZONES OF POI | TOP | | 5465-5484 FSIP 60 milst flow lith 2554, |
| 37. SUMMARY OF POROUS ZONES: SHOW ALL IMPORTANT ZONES O DEPTH INTERVAL TESTED, CUSH | FORMATION | | DST NO. 1 |

| NO. OF COPIES HELF | 4 | i | |
|--------------------|-----|---|--|
| DISTRIBUTIO | N | | |
| SANTA FE | | | |
| FILE | | / | |
| U.S.G.S. | | | |
| LAND OFFICE | | | |
| TRANSPORTER | OIL | 1 | |
| TRANSFORTER | | | |
| OPERATOR | | | |
| PRORATION OF | | | |

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

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

| ļ | FILE | 1 | | | AND | | | |
|------------|---|------------------|------------|---------------------------------------|----------------------|--|--|---------------------|
| - | U.S.G.S. | | | AUTHORIZATION TO TRAI | NSPORT OIL A | ND NATURAL G | AS () | R |
| ļ | LAND OFFICE | ļ <u>, </u> | | | | | $1 \otimes_{\mathbb{Z}}$ | I \ |
| | TRANSPORTER OIL | ! | | + | | | | |
| | GAS | | | 1 | | | | |
| ı. | PRORATION OFFICE | | | | | | | |
| | Operator FILON EXPLORATI | ON | CC | ORPORATION c/o Minera | ls Manage | ement Inc. | | |
| | Address | | | | | 07403 | | |
| | 501 Airport Dr. | | Sui | ite 210, Farmington, | New Mexic | CO 87401 Please explain) | | |
| | Reason(s) for filing (Check p. | roper | box j | Change in Transporter of: | Ollier (| · ···································· | | |
| | New Well Recompletion | | | Oil Dry Gas | | | | |
| | Change in Ownership | | | Casinghead Gas Condens | sate | | | |
| | | | | | | | | |
| | If change of ownership give and address of previous ow | | ne | | <u></u> | | | |
| 11. | DESCRIPTION OF WEL | L A | ND I | LEASE | | Kind of Lease | | Lease No. |
| | Lease Name | | | Well No. Pool Name, Including Fo | | 3 | ° Federal | 1 |
| | Federal 11C | | | <u>l Undesignated</u> | l-Entrada | | <u> Federal</u> | NM 24961 |
| | Location | | 226 | OFeet From TheSouth_Line | and 330 |) Feet From T | he <u>East</u> | |
| | Unit Letter P | . ; | <u>33(</u> | J Feet From the SOUCH Line | - unu | | | |
| | Line of Section]] | | Tow | wnship 19N Range 2 | 1W , | NMPM, Sand | oval | County |
| 152 | DESIGNATION OF TRA | NSP | ORI | TER OF OIL AND NATURAL GA | s | | | |
| 111. | Name of Authorized Transpo | rter o | 1 011 | or Condensate | Address (Give ad | dress to which approv | ed copy of this form is | to be sent) |
| | Permian Corpor | rat | ior | n | Box 1183 | , Houston T | exas 77001 ed copy of this form is | to be sent) |
| | Name of Authorized Transpor | rter o | f Cas | singhead Gas or Dry Gas | Address (Give ad | dress to which approv | ea copy of this form is | to de sem, |
| | | | | Unit Sec. Twp. Pge. | Is gas actually c | onnected? Whe | n | |
| | If well produces oil or liquid give location of tanks. | is, | | | NO. | ĺ | | |
| | 1 - | | | th that from any other lease or pool, | | g order number: | | |
| IV. | If this production is commi | ingie | a wii | | | | Diva Back Same B | es'v. Diff. Res'v. |
| | | 'amn | latio | Oil Well Gas Well | New Well Wor | kover Deepen | Plug Back Same R | es Dim ites ii |
| | Designate Type of C | omp | ietic | | X Total Depth | | P.B.T.D. | |
| | Date Spudded | | | Date Compl. Ready to Prod. | 54.8 | 1 | _ | |
| | 9-5-75 Elevations (DF, RKB, RT, G | î R | • | Name of Producing Formation | Top Oil/Gas Pay | | Tubing Depth | |
| | | , n, e | (C.) | Entrada | 5476 | on the estimation | 5391 | |
| | 6688 RT Perforations | | | <u> </u> | | 4 | Depth Casing Shoe | |
| | Open hole | | | | | | 5,465 | |
| | | | | TUBING, CASING, AND | CEMENTING R | етн бел Ду | ACKS CI | EMENT |
| | HOLE SIZE | | | CASING & TUBING SIZE | 20 | | 250 9 | |
| | 15" | | | 10 3/4" | 546 | - 2 (n.) pro- | 100 | x (2 stage |
| | 8 3/4" | | | 2 7/8" | 539 | • • • • • • • • • • • • • • • • • • • | 9.9 | |
| | | | | | | · · · · · | 10 | |
| 5 / | TEST DATA AND REQ | UES | TF | OR ALLOWABLE (Test must be a | fter recovery of to | cal volume of load file | and must be equal to o | r exceed top allow= |
| • | OW WELL | | | 4510 70 01110 21 | pth or be for full 2 | d (Flow, pump, gas li | ft, etc.) | |
| | Date First New Oil Run To | Tank | 3 | Date of Test | | | | |
| | 9-21-75 Length of Test | | | 9-24-75 Tubing Pressure | Casing Pressure | | Choke Size | |
| | | | | | 0 | | | |
| | 22 hrs. Actual Prod. During Test | | | 25 Oil-Bbis. | Water - Bble. | | Gas - MCF | |
| | | | | 246 | 8 | | | |
| w | Marca · Special | te | st. | allowable has been r | equested | | | |
| Dev | GAS WELL | | | Length of Test | Bbls. Condensa | te/MMCF | Gravity of Condense | xt• |
| øŁ | Actual Prod. Test-MCF/D | | | Length of lest | | | | |
| | Testing Method (pitot, back | k pr.) | | Tubing Pressure (Shut-in) | Casing Pressure | (Shut-in) | Choke Size | |
| | | | | | ļ | an concern | ATION COMMISS | ION |
| VI | . CERTIFICATE OF CO | MPI | LIAN | NCE | | OIL CONSERVA | SEP ? | 1975 |
| | v to a large marking that the t | 1 = 0 | and | regulations of the Oil Conservation | APPROVED |) | | _, 19 |
| | 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. SUPERVISOR DIST. #3 | | | | | | | |
| | | | | | | | | |
| | -4 | | | . 1 1 | TITLE | | | |
| | _ / | | , 1 | | 11 | | compliance with Rt | PRIMAGES AU PULL |
| | T. Clin | ~V | 1 | July . | If this i | n a request for allo | wable for a newly denied by a tabulatio | n of the deviation |
| | | | | placure) The | touts taken | | | |
| | Area Manager | /Mi | neı | rals Management Inc. | | | ust be filled out corveils. | |
| | · a | ר | | | | | | changes of owner, |
| | September 25 | <i>1</i> | <u> </u> | Date) | well name o | r number, or transpo | II. III, and VI for or or other such chart be filed for each | n pool in multiply |
| | | | | | Segment v | e- χοια» \$2-χον πω /e [π, | - | |
| | | | | | | | | |

PULLABOLION NEW MEXICO OIL CONSERVATION COMMISSION Form C-104 SANTA FE Supersedes Old C-104 and C-110 Effective 1-1-65 REQUEST FOR ALLOWABLE FILE AND U.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS LAND OFFICE OIL TRANSPORTER GAS OPERATOR PRORATION OFFICE Operator Petro-Lewis Corporation 601 Austin Street, Levelland, Texas 79336 Reason(s) for filing (Check proper box) Other (Please explain) New Wall Change in Transporter of: Change of ownership effective Recompletion Oil Dry Gas January 1, 1976 Change in Ownership XCasinghead Gas Condensate 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 Well No.: Pool Name, Including Formation Kind of Lease State, Federal or Fee Rederal NM 24961 Undesignated-Entrada Federal llC Unit Letter P ; 330 Feet From The South Line and 330 Feet From The East , NMPM, Township 19N Range 4 W Sandoval Line of Section 11 II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Permian Corporation ne of Authorized Transporter of Casinghead Gas or Dry Gas Box 1183, Houston, Texas 77001 Address (Give address to which approved copy of this form is to be sent) Rge. Unit Twp. Is gas actually connected? Sec. If well produces oil or liquids, give location of tanks. 11 19N 4 W No. P If this production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA Deepen Workover Plug Back | Same Res'v. Diff. Res'v. Designate Type of Completion - (X) Date Compl. Ready to Prod. Total Depth P.B.T.D. Date Spudded Top Oil/Gas Pay Tubing Depth Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Depth Casing Shoe Perforations TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT CASING & TUBING SIZE DEPTH SET HOLE SIZE (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) V. TEST DATA AND REQUEST FOR ALLOWABLE Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tanks Date of Test Casing Preseure Choke Size Length of Test Tubing Pressure Gas - MCF Oil-Bbls. Actual Prod. During Test GAS WELL Bulg. Condensate/MMCF Gravity of Condensate Actual Prod. Test-MCF/D Length of Test Casing Pressure (Shut-in) Choke Size Testing Method (pitot, back pr.) Tubing Pressure (Shut-in)

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.

Amod.

Area Manager/Minerals Management Inc.

<u>January 13, 1976</u> (Date) OIL CONSERVATION COMMISSION

Lease No.

APPROVED JAN 14 % _, 19 _ Original Steam hm 2. Zondrick SUPERVISOR DISE. 9-TITLE .

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

If this is a request for allowable for a newly drilled or despened 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





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 G-22-19N-3W
Navajo 13 C #1 D-13-19N-4W
Navajo 14 C #1 A-14-19N-4W
Federal 11 C #1 P-11-19N-4W
Federal 12 #1 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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|-----|--|------------------------------------|------------------------------------|---|
| - | | | | |
| - | | EW MEXICO OIL CONSERVAT | | Form C-104 Supersedes Old C-104 and C-110 |
| - | SANTA FE | REQUEST FOR ALLO | JWABLE | Effective 1-1-65 |
| ŀ | FILE / | AND ZATION TO TRANSPORT (| OU AND MATHDAL CAS | |
| + | | ATION TO TRANSPORT | JIL AND NATUKAL GAS | |
| - | LAND OFFICE | | | |
| - | TRANSPORTER | | | |
| - | GAS | | | |
| - | OPERATOR 3 | • | | |
| . | PRORATION OFFICE Operator | | | |
| 1 | | | | |
| ļ | Petro-Lewis Corporation | | | |
| | | 70226 | | |
| | P.O. Box 937 Levelland, To | exas 79336 | Other (Please explain) | |
| | Reason(s) for filing (Check proper box) | [] | mer (rieuse explain) | |
| | New Well Change in Tra | | | |
| | Recompletion Oil | X Dry Gas | | |
| | Change in Ownership Casinghead G | as Condensate | | |
| | If change of ownership give name and address of previous owner | | · | |
| I., | DESCRIPTION OF WELL AND LEASE Lease Name Well No. Poor | ol Name, Including Formation | Kind of Lease | Lease No. |
| | Bease Ivalie | | State, Federal or Fee | Federal NM24961 |
| | Location | agle Mesa - Entra | | East |
| | Unit Letter P; 330 Feet From Ti | he <u>South</u> Line and <u>33</u> | Feet from the | II G D L |
| | Line of Section 11 Township 19N | Range 4W | , NMPM, Sandova | 1 County |
| II. | DESIGNATION OF TRANSPORTER OF OIL AN | D NATURAL GAS | Give address to which approved cop | of this form is to be sent) |
| | Name of Authorized Transporter of Oil XX or Conde | ensate Address (G | | _ |
| | Continental Oil Company | | | c, Colorado 80202 |
| | Name of Authorized Transporter of Casinghead Gas | or Dry Gas Address (G | live address to which approved cop | y of this form is to be sem, |
| | N/A | | | |
| | Unit Sec. | Twp. P.ge. Is gas actu | ually connected? When | |

If well produces oil or liquids, give location of tanks. 19N ; 4W No If this production is commingled with that from any other lease or pool, give commingling order number: V. COMPLETION DATA Plug Back | Same Res'v. Diff. Res'v. New Well Workover Gas Well Oil Well Designate Type of Completion -(X)Total Depth P.B.T.D. Date Spudded Date Compl. Ready to Prod. Tubing Depth Top Oil/Gas Pay Name of Producing Formation Elevations (DF, RKB, RT, GR, etc.) Depth Casing Shoe Perforations TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT DEPTH SET CASING & TUBING SIZE HOLE SIZE (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) V. TEST DATA AND REQUEST FOR ALLOWABLE

Elski Shi Cosing Pressure Tubing Pressure Length of Test Water - Bbls. Oil-Bbls. Actual Prod. During Test **GAS WELL** Gravity of Condensate Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF Casing Pressure (Shut-in) Tubing Pressure (Shut-in) Testing Method (pitot, back pr.)

TITLE.

VI. CERTIFICATE OF COMPLIANCE

Date First New Oil Run To Tanks

OIL WELL

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.

Date of Test

| Muamro |
|-----------------------|
| (Signature) |
| Production Accountant |
| (Title) |

June 25, 1979

OIL CONSERVATION COMMISSION

Producing Method (Flow, pump, gas lift, etc.)

| APPROVED | HIN 2 | 7 | 1979 | | 19 |
|----------|---------|-------|-------------|-----------|----|
| Original | Signed | ph | $A \cdot B$ | Wondt.rew | |
| BY | SUPERVI | SOR D | ISTRICT # | 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.

STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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| TRANSPORTER | OIL | | |
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| PERATOR | OPERATOR | | |
| PROBATION OF | HC E | | |

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

Form C-104
Revised 10-01-73
Format 06-01-33
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

| 1. | |
|---|---|
| Operator | |
| Kirby Exploration Company 7 VI (10) | |
| D 0 Pov 1745 Houston To 27051 | |
| P. O. Box 1745 Houston, Texas 77251 | |
| New Well Change in Transporter of: | Other (Please explain) |
| | Dry Gas |
| | Condensate |
| | |
| I change of ownership give namePetro-Lewis Corporation | P. O. Box 2250 Denver, Colorado 80201 |
| ind sadiess of previous owner | 7. O. BOX 2230 Deliver, Colorado 80201 |
| I. DESCRIPTION OF WELL AND LEASE | |
| Lease Name West No. Pool Name, Including F | formation Kind of Lease No. |
| Federal 11C 1 Eagle Mesa En | trada state, Federal or Fee Federal NM 24961 |
| Location | |
| Unit Letter P : 330 Feet From The South Lis | ne and 330 Feet From The East |
| | AV |
| Line of Section 11 Township 19N Range | 4W , NMPM, Sandoval County |
| III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL | |
| Name of Authorized Transporter of Cil X or Condensate | Address (Give address to which approved copy of this form is to be sent) |
| Gary Energy Corp. | 115 Inverness Dr. East, Englewood, CO 80112 |
| Name of Authorized Transporter of Casinghed Gas or Dry Gas | Address (Give address to which approved copy of this form is to be sent) |
| _ | - PARTY FILE |
| if well produces oil or liquids, Unit Sec. Twp. Rgs. | is gas actually connected? |
| give location of tanks. P 11 19N 4W | No |
| f this production is commingled with that from any other lease or pool, | give commingling order number: DEC 1 71284 |
| | |
| NOTE: Complete Parts IV and V on reverse side if necessary. | OIL Official and the second |
| 7. CERTIFICATE OF COMPLIANCE | OIL CONSERVATION DIVISION |
| | ULUO / MO4 |
| hereby certify that the rules and regulations of the Oil Conservation Division have een complied with and that the information given is true and complete to the best of | APPROVED |
| ty knowledge and belief. | BY Sranker. Java |
| | |
| \ | TITLE SUPERVISOR DISTRICT # 3 |
| Yig Z | This form is to be filed in compliance with RULE 1104. |
| (Signature) | If this is a request for silowable for a namely drilled or despend |
| | well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111. |
| Production Supervisor (Title) | All sections of this form must be filled out completely for allow- |
| 12-1-84 | able on new and recompleted wells. |
| (Date) | 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 filled for each pool in multiply |
| · · · · · · · · · · · · · · · · · · · | completed wells. |

| Designate Type of Complete | ion - (X) Oil Well Gas W | ell New Well Warkover Deep | en Plug Back Same Restv. Diff. Restv. |
|--------------------------------------|---------------------------------------|--|---|
| Date Spudded | Date Compi. Ready to Prod. | Total Depth | P.B.T.D. |
| Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | Top Oll/Gas Pay | Tubing Depth |
| Perforations | | | Depth Casing Shoe |
| | TUBING, CASING. | AND CEMENTING RECORD | |
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
| | | | |
| | | | |
| 7. TEST DATA AND REQUEST OIL WELL | FOR ALLOWABLE (Test must able for the | be after recovery of total volume of loa- le depth or be for full 24 hours; | d oil and must be equal to or exceed top allow- |
| Date First New Cil Run To Tanks | Date of Test | Producing Method (Flow, pump, a | nes iift, etc., |
| Length of Teet | Tubing Pressure | Casing Pressure | Choze Size |
| Actual Prod. During Teet | Oil-Bhis. | Water - Bbis. | Gas - MCF |
| AS WELL | 1 | | |
| Actual Prod. Teet-MCF/D | Length of Test | Bbls. Condensate/AGACF | Gravity of Condensate |
| Teeling Method (pitot, back pr.) | Tubing Pressure (Shut-is) | Casing Pressure (Shut-in) | Choke Size |

IV. COMPLETION DATA

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STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION

Revised 10 01-78 Format 06-01-83 Page 1

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

| PROBATION OFFICE | OR ALLOWABLE OIL COR. DIV | - : |
|--|--|-------------------|
| I. AUTHORIZATION TO TRANS | SPORT OIL AND NATURAL GAS | |
| Operator | | |
| Kirby Exploration Company of Texas | | |
| Address | | |
| P. O. Box 1745 Houston, Texas 77251 | • | |
| Reason(s) for filing (Check proper box) | Other (Please explain) | |
| New Well Change in Transporter of: | | |
| | Ory Gas | • |
| Change in Ownership Casinghead Gas | Condensate | |
| If change of ownership give name and address of previous owner | | |
| II. DESCRIPTION OF WELL AND LEASE | | |
| Lease Name Well No. Pool Name, Including F | 1 | Lease No. |
| Federal 11C 1 Fagle Mesa Fr | ntrada State, Federal or Fee Federal | 24961 |
| Unit Latter P : 330 Feet From The South La | ne and 330 Feet From The East | |
| Line of Section 11 Township 19N Range | 4W , NMPM, Sandoval | County |
| | | 333, |
| III. DESIGNATION OF TRANSPORTER OF OIL AND NATURA | L GAS | |
| Name of Authorized Transporter of Cit Xi or Condensate | Address (Give address to which approved copy of this form is to | o be sens) |
| The Permian Corporation | P. O. Box 1183 Houston, Texas 772 | |
| Name of Authorized Transporter of Castinghead Gas or Dry Gas | Address (Give address to which approved copy of this form is to | o be sensj |
| If well produces oil or liquids. Unit Sec. Twp. Rgs. | is gas actually connected? When | |
| give location of tanks. P 11 19N 4W | | |
| If this production is commingled with that from any other lease or pool. | ! NO | |
| | give comminging order number: | |
| NOTE: Complete Parts IV and V on reverse side if necessary. | | |
| VI. CERTIFICATE OF COMPLIANCE | OIL CONSERVATION DIVISION | 1000 |
| I hereby certify that the rules and regulations of the Oil Conservation Division have | APPROVED FEB - | ୍ୟୁଷ ତ |
| been complied with and that the information given is true and complete to the best of my knowledge and belief. | | " |
| my knowledge and beneft. | BY | |
| | TITLE SUPERVISOR DISTRIC | O ₃₈ 3 |
| | | |
| James Corn | This form is to be filed in compliance with RULE | |
| (Signature) | If this is a request for allowable for a newly drille well, this form must be accompanied by a tabulation of | the deviation |
| Regulatory Supervisor | tests taken on the well in accordance with MULE 111. | • |
| (Title) | All sections of this form must be filled out completable on new and recompleted wells. | tely for allow- |
| January 30, 1986 | Fill out only Sections I. II. III. and VI for change | ges of owner, |
| (Date) | Well name of number, or transporter or other such change | - 0/ 000041110- |

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 Completi | on - (X) | Gas Well | New Well | Workover | Deepen | Plug Back | Same Restv. | Diff. Resty |
| Date Spudded | Date Compi. Ready to Prod. | • | Total Depti | 1 | | P.B.T.D. | <u> </u> | <u> </u> |
| Elevations (DF, RKB, RT, GR, etc., | Name of Producing Formation | on | Top Oil/Ga | s Pay . | | Tubing Dep | th | |
| Perforations | <u> </u> | | | | | Depth Casi | ng Shoe | · - - |
| | TUBING, CA | SING, AND | CEMENTI | NG RECORD |) | | | |
| HOLE SIZE | CASING & TUBING | | | DEPTH SE | | SA | CKS CEME | чт |
| | | | | | | | | |
| | | | | | | ļ- | | |
| 7. TEST DATA AND REQUEST | FOR ALLOWABLE (Test | must be af | ter recovery of | of total volum | of load oil | and must be e | qual to or exc | sed top allow |
| Date First New Oil Run To Tanks | Date of Test | | | ethod (Flow, | pump, gas li | ft, etc.j | | |
| Length of Test | Tubing Pressure | | Cosing Pres | sure | | Choke Size | | |
| Actual Prod. During Test | Oil-Bbis. | | Water - Bbis. | - | | Gae - MCF | | . |
| ic warr | <u> </u> | | | | | 1 | | · · · · · · · · · · · · · · · · · · · |
| AS WELL Actual Prod. Teat-MCF/D | Length of Test | | | · | | | | |
| | Caudin of less | | Hbis. Conde | neqte/MMCF | | Gravity of C | ondeneate | |
| Testing Method (pitot, back pr.) | Tubing Pressure (Shut-im) |) | Costng Pres | swe (Sbut-i | .a.) | Choke Size | | |

STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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| OPERATOR | | T | - | _ |
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OIL CONSERVATION DIVISIO

P. O. BOX 2088 SANTA FE, NEW MEXICO 87501

AUG 2 8 1986

DECUECT COD ALLOWAN E

OIL COM DIL

| PROBATION OFFICE | | | ND | DIST. 3 | |
|--|------------------|--------------------|--------------------------|-------------------------------------|-----------------|
| I. | AUTHORIZA | TION TO TRANSI | PORT OIL AND NATU | JRAL GAS | - |
| Operator | | | | | · |
| Merrion Oil & | Gas Corpor | ation | | | |
| Address | | | | | |
| P.O. Box 840 - | | n, N.M. 8 | 7499 | | |
| Reason(s) for filing (Check proper on | () | | Other (Pleas | e expiain) | |
| New Well | Change in Tra | nsporter of: | | | |
| Recompletion | 011 | Dr | y Gas | | |
| X Change in Ownership | Casinghed | ed Gas Co | ondensate | | • |
| | | | | | |
| If change of ownership give name and address of previous owner | Kirby Exp. | loration C | ompany of Tex | kas - P.O. Box 1745 | 5 – HOII |
| | | | | 1000 2011 2711 | |
| II. DESCRIPTION OF WELL AN | T) IFASE | | | | TX 7725] |
| Lease Name | | Name, Including Fo | ormation | Kind of Lease | Legse No. |
| Federal 11-C | 1 1 | Eagle Me | sa Entrada | State, Federal or Fee Federa | |
| Location | | | | | M124301 |
| Unit Letter P : 3 | 30 Feet From Th | South Line | and 330 | Feet From TheEast | |
| Line of Section 11 To | wnship 19N | Range | 4W , NMPM | . Sandoval | County |
| III DECICALITION OF THE | | | | | |
| III. DESIGNATION OF TRANS | PORTER OF OIL | <u>AND NATURAL</u> | | | |
| Name of Authorized Transporter of Ci. | | sate | } | to which approved copy of this form | is to be sent) |
| Gary Energy Co | | | ll5 Inverne | ess Drive East | |
| Name of Authorized Transporter of Ca | singnead Gas 🔲 o | or Dry Gas | Address (Give address | to which approved copy of this form | is to be sent) |
| | | | Englewood, | COL 80112 | |
| If well produces oil or liquids, | Unit Sec. | Twp. Rge. | Is gas actually connecte | | |

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 knowiedge and beiler.

(Duta)

OIL CONSERVATION DIVISION

SUPERVISOR DISTRICT W 1 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.

| Designate Type of Comple | tion - (X) | is Well N | lem Mell | Workover | Deepen | Plug Back | Same Res'y. | Diff. Rest |
|---|---------------------------------|----------------|-------------|--|---------------|----------------|----------------|--------------|
| Date Spudded | Date Compl. Ready to Prod. | | | <u>i</u> | <u> </u> | <u> </u> | <u> </u> | 1 |
| | | | Total Depth | | | P.B.T.D. | | |
| Elevations (DF, RKB, RT, GR, etc., | Name of Producing Formation | | | | | | | |
| , | . Simonon | Ι, | op Oil/Gai | s Pay | | Tubing Depi | in. | |
| Perforations | | | | | | | | |
| | | | | | | Depth Casin | g Shoe | - |
| | TUBING, CASI | NG, AND C | EMENTIN | G RECORD | | | | |
| HOLE SIZE | CASING & TUBING SI | ZE | | DEPTH SET | | | | |
| | | - | | DEFTH SE | | SA | CKS CEMEN | (T |
| | | | | | | - | · | |
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| | T . | | | | | | | |
| | | | | | | <u> </u> | | |
| TEST DATA AND BEOLESS | T FOR ALLOWED TO | | | | | | | |
| . TEST DATA AND REQUEST | I FOR ALLOWABLE (Test mable to | ust be after | recovery o | f total volume | of load oil | and must be eq | ual to or exce | ed top allo |
| OIL WELL Date First New Oil Run To Tanks | F FOR ALLOWABLE (Test mable for | | | , | | | ual to or exce | ed top allo. |
| OIL WELL Date First New Oil Run To Tanks | | | | fictal volume ill 24 hours) sthod (Flow,) | | | ual to or exce | ed top allo. |
| Date First New Oil Run To Tanks | | Pr | oducing Me | thod (Flow, | | (t, etc.) | ual to or exce | ed top allo |
| Date First New Oil Run To Tanks | Date of Test | Pr | | thod (Flow, | | | ual to or exce | ed top ailo |
| Date First New Oil Run To Tanks | Date of Test | Pr | roducing Ma | thod (Flow, | | Choze Size | ual to or exce | ed top alloc |
| Date First New Oil Run To Tanks | Date of Test Tubing Pressure | Pr | oducing Me | thod (Flow, | | (t, etc.) | ual to or exce | ed top alloc |
| 7. TEST DATA AND REQUEST OIL WELL Date First New Oil Run To Tanks Length of Test Actual Prod. During Test | Date of Test Tubing Pressure | Pr | roducing Ma | thod (Flow, | | Choze Size | ual to or exce | ed top ailo |
| Date First New Oil Run To Tanks Length of Test Actual Prod. During Test AS WELL | Date of Test Tubing Pressure | Pr | roducing Ma | thod (Flow, | | Choze Size | ual to or exce | ed top allow |
| Length of Test AS WELL | Date of Test Tubing Pressure | Pr Ca | ner-Bbia. | ethod (Flow, | | Choze Size | | ed top ailou |
| Length of Test AS WELL | Tubing Pressure Cii-Bbis. | Pr Ca | ner-Bbia. | thod (Flow, | | Choze Size | | ed top ailor |
| Date First New Oil Run To Tanks | Tubing Pressure Cii-Bbis. | Pr Ca Wa | mer-Bbla. | ethod (Flow, | pump, gas lij | Choze Size | | ed top ailor |

| Form 3160-5 (November 1983) | UNITED STA | TES | SUBMIT IN TRIPLICATIONS OF | n re- |
|--|---|--|--|--|
| (Formerly 9-331) | EPARTMENT OF THE | |)K verse side) | 5. LEASE DEBIONATION AND SERIAL NO |
| | | | | NM 24961 6. IF INDIAN, ALLOTTEE OR TRIBE NAM |
| SUNDS (Do not use this for | RY NOTICES AND R m for proposals to drill or to d m-application for permi | REPORTS Of the property of the | N WELLS ck to a different reservoir. possis.) | |
| 1. GAB 7 | | | | 7. UNIT AGREEMENT NAME |
| WELL X WELL. 2. NAME OF OPERATOR | STRER | | | 8. FARM OR LEASE NAME |
| Merrion Oil | 5 Gas Corporation | | | Federal 11C |
| 3. ADDRESS OF OPERATOR P. O. BOX 8 | 343, Farmington, New | w Mexico 8 | 37499 | 1 |
| 4. LOCATION OF WELL (Rep. Sec also space 17 below. | ort Leation clearly and in accor | dance with any S | tate requirements.* | 10. FIELD AND POOL, OR WILDCAT |
| 330' FSL at | nd 330' FEL | | | Eagle Mesa Entrada 11. BRC., T., R., W., OR BLK. AND BURYEY OR AREA |
| | | | | Sec. 11, T19N, R4W |
| 14. PERMIT NO. | 15. ELEVATIONS (| Show whether pr. | RT, GR, etc.) | 12. COUNTY OR PARISH 13. STATE |
| | | | | Sandoval NM |
| 16. | Check Appropriate Box | To Indicate N | | |
| Son | TICE OF INTENTION TO: | | 8 | UBBEQUENT EXPORT OF: |
| TEST WATER SHUT-OFF | PULL OR ALTER CAS | 1 | WATER SHUT-OFF | BEPAIRING WELL |
| FRACTURE TREAT | MULTIPLE COMPLET | TE | FRACTUBE TREATMENT | |
| SHOOT OF ACIDIZE | ABANDON* | | SHOOTING OR ACIDIZIN | AEANDONMENT* |
| REPAIR WELL (Other) | CHANGE PLANS | | (Norr: Report | results of multiple completion on Well lecompletion Report and Log form.) |
| 17. DESCRIBE PROPOSED OR CO | MELETED OF ERATIONS (Clearly s | state all pertinent | details, and give pertinent | dates, including estimated date of starting vertical depths for all markers and zones pe |
| Explor | | rease. | ricvious of | perator was Kirby |
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| The specific Federal | January Comments | типт р | roduction Enginee | er :::::::::::::::::::::::::::::::::::: |
| APPROVIDERY | | TITLL | | ACCEPTED FOR RECORD |
| | | | | AUG 25 1988 |
| | • (| See Instructions | on Reverse Side | |
| The Control of the Co | | | Section of wall for the section of t | FARMINGTON RESOURCE AREA |
| | • | | | BY |

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STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

| | £ 14 £ 0 | 1 | |
|-----------------|----------|---|--|
| DISTRIBUTE | Он . | | |
| SANTA PE | | | |
| FILE | FILE | | |
| U.S.G.4. | | | |
| LAND OFFICE | | 1 | |
| TRANSPORTER OIL | | | |
| | GAS | - | |
| OPERATOR | | | |
| PRORATION OF | HCK | | |

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 2 5 1986

REQUEST FOR ALLOWABLE AND

AL CORL DIV. D. J. &

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Operator Merrion Oil & Gas Corporation 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: X 011 Dry Gas Recompletion Condensate Change in Ownership . Casinghead Gas If change of ownership give name and address of previous owner. II. DESCRIPTION OF WELL AND LEASE Well No. | Pool Name, including Formation Kind of Lease Legse No. State, Federal or Fee Federal Federal 11C Eagle Mesa Entrada 24961 Location 330' Feet From The South Line and 330' Feet From The . NMPM. County Township 19N Range 4W Line of Section III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil or Condensate Rox 1320, Farmington, New Mexico 8749
Address (Give address to which approved copy of this form is to be sent) The Mancos Corporation Name of Authorized Transporter of Casinghead Gas or Dry Gas [] Is gas actually connected? . Sec. Twp. Rge. Unit If well produces oil or liquids, give location of tanks. 111 19N; 4W If this production is commingled with that from any other lease or pool, give commingling order numbers

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

(Tile)

9/24/86

(Date)

OIL CONSERVATION DIVISION

| APPROVED_ | SEP 25 1986 |
|-----------|-------------------------|
| RY | Srank Lave |
| · | SUPERVISOR DISTRICT # 3 |
| TITLE | |
| | |

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

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

| Form 3160-5 (November 1983) (Formerly 9-331) | UNITED STATES DEPARTMENT OF THE INTEL BUREAU OF LAND MANAGEME | RIOR (Other instructions on re- | Form approved. Budget Bureau Expires August 5. LEASE DESIGNATION NM 24961 | 31, 1985 |
|--|--|---|---|-----------------|
| | NDRY NOTICES AND REPORTS s form for proposals to drill or to deepen or plu Use "APPLICATION FOR PERMIT—" for such | g back to a different reservoir. | 6. IF INDIAN, ALLOTTE | E OR TRIBE NAME |
| OIL GAR WELL WELL | Отвек | | 7. UNIT AGREEMENT NA | XX |
| 2. NAME OF OPERATOR Merrion | Oil & Gas Corporation | | 8. FARM OR LEASE NAME Federal 11C | (E |
| 3. ADDRESS OF OPERATOR P. O. BO | x 840, Farmington, New Mexico | | 9. WELL NO. | |
| See also space 17 be At surface | Report location clearly and in accordance with a low.) and 330' FEL | ny State requirements.* | Eagle Mesa I 11. SEC., T., E., M., OR R SURVEY OF AREA Sec. 11, T19 | Entrada |
| 14. PERMIT NO. | 15. ELEVATIONS (Show whether | DF, RT, GR, etc.) | 12. COUNTY OR PARISH | |
| 16. | Check Appropriate Box To Indicate | 1 | other Data | |
| TEST WATER SHUT-OF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL (Other) | PULL OR ALTER CASING MULTIPLE COMPLETE ABANDON* CHANGE PLANS | WATER SHUT-OFF FRACTURE THEATMENT SHOOTING OR ACIDIZING (Other) (Note: Report results Completion or Recomple | REPAIRING CA ABANDONMEN of multiple completion etion Report and Log for | ASING ON Well |

17. DESCRIBE PROPOSED OR CONFLETED OF ERATIONS (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

Change operator to me OIL CON. DIST. 3

THIS APPROVAL EXPINES MAY 3 1 1989

| 20 12 12 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | grand material at the military of the control of the state of the stat |
|--|--|--|
| 31. I heidre eggis like the thegan SIGNED WAZ 1 | # is true and corner OLL 1900 O'UU U O'UU TYPLE Production Engine | eer DATE 8/ F1/88 |
| (This space for Federal it State | office unit | |
| APPROVED BYCONDITIONS OF APPROVAL, 1 | P ANY: | All Skiller |
| | *See Instructions on Revense Side | FARMINGTON RESOLUTE ACEA |
| Time 18 U.S.O. Okabilis To Toley United Distriction | in the man in the large variety of knowingly and will faller in | o make e amm deplatment for la gendy of the |

| (November 1983) (Formerly 9=331) DEPARTMENT OF THE INTERIOR (Other hastructions on re- series side) BUREAU OF LAND MANAGEMENT | | | | 5. LEASE DESIGNATION AND SERIAL NM 24961 | | |
|---|--|--|---|--|--|--|
| (Do not u | ise this form for n | OTICES AND REPORT TO THE PROPERTY OF STREET | plug back to a different reservoir. | 6 IF INDIAN, ALLOTTEE OR TRIBE NAME | | |
| | GAS OTHE | | | 7. UNIT AGREEMENT NAME | | |
| WELL X | | | | 8. FARM OR LEASE NAME | | |
| | Oil & Gas Co | orporation | | Federal 11C | | |
| 3. ADDRESS OF O | | innton Marian | 07400 | 9. WHLL NO. | | |
| | VELL (Report locat | ington, New Mexico on clearly and in accordance with | | 10. FIELD AND POOL OR WILDCAT Eagle Mesa Entrada | | |
| | | | | 11. SEC., T., R., M., OR BLE. AND SURVEY OR AREA | | |
| 330' FSL | and 330' F | EL | | Sec. 11,T19N, R4W | | |
| 14. PERMIT NO. | | 15 ELEVATIONS (Show wheth | her DF, RT, GR. etc.) | 12. COUNTY OR PARISH: 13. STATE | | |
| | | 6644 'GR | 6683 | Sandoval NM | | |
| 16. | Check | Appropriate Box To Indica | tie Nature of Notice, Report, or (| Other Data | | |
| | NOTICE OF 4. | NTENTION TO: | SUBSEC | QUENT REPORT OF: | | |
| TEST WATER | SHUT OFF | PULL OR ALTER ASING | WATER SHUT-OFF | REPAIRING WELL | | |
| FRACTURE TRI | : | MULTIPLE COMPLETE | FRACTURE TREATMENT | ALTERING CASING | | |
| SHOOT OR ACT | IDIZE. | ABANDON* | Other: | ABAN DON MENT* | | |
| Other) EX | OSED OR COMPLETE! | Long term shut-in X- | Completion or Recommendates | s of multiple completion on Well pletion Report and Log form. s. including estimated date of starting any cal depths for all markers and zones perti- | | |
| | | | | | | |
| | | THIS APPROVA | LEXPLANTS VUIL 19 19 19 19 19 19 19 19 19 19 19 19 19 | . 11 - 11 - 12 - 13 - 13 - 13 - 13 - 13 - | | |
| | | | | | | |
| S. I hereby certif | That the foregoing of t | WWW TITLE | Production Engineer | 7/7/89 DATE | | |
| This space for | r Federal or State | | | | | |
| APPROVED B | | TITLE | | PATE Townsend | | |
| CONDITIONS | OF APPROVAL, I | F ANY: | | 1 05. Will 19 11 11 11 11 11 11 11 11 11 11 11 11 | | |
| | | *See Instruc | tions on Reverse Side | FARMAL YOU IN THE PARENT | | |

Title 18 U.S.C. Section 1991, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

Appropriate District Office DISTRICT 1 P.O. Box 1980, Hobbs, NM 88240

Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION

P.O. Box 2088

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

Sillifa Fe; New Mexico 87504-2088

| 1. | | FOR ALLOWA RANSPORT O | | | | | |
|--|---|----------------------------|--------------------------|---------------------------------------|------------------|---------------------------|--|
| Perstor MERRION OIL & GAS COR | | | | | | API No. | |
| Address P. O. BOX 840, Farming | | xico 87499 | | | | | |
| Reason(s) for Filing (Check proper box) | | | Othe | r (Please exp | lain) | - | |
| New Well Recompletion | | in Transporter of: | E | Effectiv | e 3/1/9 | 0 | |
| Change in Operator | | _] Condensate [_] | | | , , | | |
| If change of operator give name and address of previous operator | | | | | | | |
| II. DESCRIPTION OF WELL | AND LEASE | | | | | | |
| Lease Name Federal 11C | Well No | | | | | of Lease | Lease No. |
| Location | | Lagle Me | sa Entrad | a | State | Federal or Fee | NM-24961 |
| Unit LetterP | : 330 | Feet From The S | outh Line | and33 | 0F | cet From The | East Line |
| Section 11 Townshi | ip 19N | Range 4W | , NM | IPM, | Sar | ndova1 | County |
| III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil | ~ . | | JRAL GAS | | | | |
| Meridian Oil, Inc. | XX or Cond | ciisate | | | | copy of this form | |
| Name of Authorized Transporter of Casin | ghead Gas | or Dry Gas | Address (Give | address to w | hich approved | t copy of this form | Mexico 87499 |
| If well produces oil or liquids, give location of tanks. | Unit Sec. | | Is gas actually | connected? | When | 1 7 | · |
| If this production is commingled with that | from any other lease o | 19N 4W | ling order number | | l | | |
| IV. COMPLETION DATA | | | , g 01001 1101110 | · · · · · · · · · · · · · · · · · · · | | | |
| Designate Type of Completion | - (X) Oil We | II Gas Well | New Well | Workover | Deepen | Plug Back Sa | me Res'v Diff Res'v |
| Date Spudded | Date Compl. Ready | to Prod. | Total Depth | | . I | P.B.T.D. | |
| Elevations (DF, RKB, RT, GR, etc.) | Name of Producing I | Formation | Top Oiv Cas Pa | iy | | Tubing Depth | ······································ |
| Perforations | | | 1 | | | Depth Casing S | lioe |
| | TUDING | CACINIO AND | OCL (C) (C) | 0 0000 | | <u> </u> | |
| HOLE SIZE | | , CASING AND UBING SIZE | | G RECOR DEPTH SET | | SAC | CKS CEMENT |
| | | | | | | | |
| | | | | | | - | |
| V. TEST DATA AND REQUES | ST FOR ALLOW | ARIE | | | | | |
| • | ecovery of total volum | | I be equal to or e | xceed ton all | owable for thi | s denth or he for | full 24 hours 1 |
| Date First New Oil Run To Tank | Date of Test | | Producing Met | hod (Flow, p. | unp, gas lift, e | uc.) | me at nows. |
| Length of Test | Tubing Pressure | | Casing Pressure | | | Choke Size | |
| Actual Prod. During Test | Oil - Bbls. | | Water - Bbls. | | | | THE IN |
| The state of the s | Oil - Bois. | | Water - 15018. | | 7 m | Marshiot. | • |
| GAS WELL | | | · | | | FEBZ | 3 1950 |
| Actual Prod. Test - MCI/D | Length of Test | | Iblis. Condensa | te/MMCF | | Ciravity of Con- | cheate DIV. |
| Testing Method (pitot, back pr.) | Tubing Pressure (Shu | ot in) | Casing Pressure | (Shut-in) | | Choke SiDIS | The state of the s |
| VI. OPERATOR CERTIFIC | ATE OF COM | PLIANCE | | | | 1 | |
| I hereby certify that the rules and regula | ations of the Oil Conse | rvation | O | IL CON | ISERV | ATION DI | VISION |
| Division have been complied with and t is true and complete to the best of my k | nat the information given mowledge and belief. | ven above | Date | Approve | d | FEB 281 | 990 |
| the St | 2 | | | .p.040 | | ·> ~1 | |
| Signature Steven S. Dunn | Operation | s Manager | By | | | 1) ch | |
| Printed Name $2-26-90$ | | Title 7-9801 | Title_ | | Supei | RVISOR DIS | TRICT 03 |
| Date | | ephone No. | | | | | |

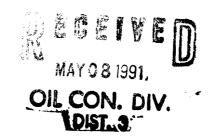
INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 141.
- 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.

| Poin 3100-5 November 1983) (Formerly 9-331) | UNITED STATES DEPARTMENT OF THE IN BUREAU OF LAND MANAG | TERIOR (Other Instruction Verse side) | PLICATE* Exons on re- CEIVED N | xpires August BE DESIGNATION IM-24961 | No. 1004-0135 |
|--|---|---------------------------------------|--|--|---------------|
| SUN (Do not use this | IDRY NOTICES AND REPO form for proposals to drill or to deeped of Use "APPLICATION FOR PERMIT—" for | r plug back to a different reser- | roir. 18 PM 2: 119 | | |
| OIL X GAS WELL | OTHER | 01051 | TOWALN M | | |
| 2. NAME OF OPERATOR | Oil Con Comparation | | 1 | OR LEASE NAM | |
| | Oil & Gas Corporation | | 9. WBL | Pederal 11 | IC |
| P. O. Bo | ox 840, Farmington, NM 874 | 99 | 3. W. M. | l 10. | |
| 4. LOCATION OF WELL (I See also space 17 bel At surface | Report location clearly and in accordance wow.) | ith any State requirements. | | ed and foot, of Eagle Mesa | _ |
| | 330' FSL & 330' FEL | | 11. and | Sec 11, T | BLK. AND |
| 14. PERMIT NO. | 15. BLEVATIONS (Show wi | ether DF, RT, GR, etc.) | | NTY OR PARISH | 7.4 |
| | 6688' | RT 6644' GR | Sand | doval | NM |
| 16. | Check Appropriate Box To Indinozics of Intention to: | cate Nature of Notice, Re | port, or Other Do | | |
| TEST WATER SHUT-OF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL | PCLL OR ALTER CASING MULTIPLE COMPLETE ABANDON° CHANGE PLANS | (Other) | MENT | REPAIRING T ALTERING CA ABANDONMEN | ASING |
| (Other) | <u> </u> | Completion | ort results of multip or Recompletion Rep | ne completion of the completio | OD Men |

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.



| S. I hereby certify the toregoing is true and c | orrect TITLE Engineer | DATE 4/17/91 |
|---|-----------------------------------|--------------|
| (This space for Federal or State office use) | | |
| APPROVED BY | TITLE | DATE |
| | ₩.1. 000 | CC: 5 BLM |
| | *See Instructions on Reverse Side | Sim |

| Form 3160-5 November 1983) | UNITED STATES PARTMENT OF THE INTE | SUBMIT IN TRIPLICATES | Expires August 31, 1985 | | |
|--------------------------------------|--|--|---|--|--|
| Formerly 9-331) DE | BUREAU OF LAND MANAGEME | NT | NM-24961 | | |
| | | 1 6 | IF INDIAN, ALLOTTEE OR TRIBE NAME | | |
| _ | NOTICES AND REPORTS for proposals to drill or to deepen or plu "APPLICATION FOR PERMIT—" for such | S DUCK TO M CHITCHEN LEBELACITY | | | |
| | | | UNIT AGREEMENT NAME | | |
| OIL X GAS WELL | OTHER | | S. FARM OR LEAGE NAME | | |
| . NAME OF OPERATOR | TO CORPORATION | | Federal 11 C-1 | | |
| MERRION OIL & G | AS CORPORATION | 8 | . WELL NO. | | |
| P. O. Box 840, | Parmington, NM 87499 | | # 1 | | |
| LOCATION OF WELL (Report | location clearly and in accordance with a | ny State requirements. | O. FIELD AND POOL, OR WILDCAT | | |
| See also space 17 below.) At surface | | | Eagle Mesa Entrada | | |
| | | | 11. SBC., T., R., M., OR SLE. AND SURVEY OR AREA | | |
| 330' FSL & 3 | 330' FEL | | Sec 11, T19N, R4W | | |
| 4. PERMIT NO. | 15. BLEVATIONS (Show whether | DF, RT, GR. etc.) | 2. COUNTY OR PARISH 13. STATE | | |
| Z. FREMAL NO. | 6644' GR | | Sandoval NM | | |
| 8. (| Theck Appropriate Box To Indicate | Nature of Notice, Report, or Oth | ner Data | | |
| | B OF INTENTION TO: | | T EMPORT OF: | | |
| ٦ | PULL OR ALTER CASING | WATER SHUT-OFF | REPAIRING WELL | | |
| TEST WATER SHUT-OFF | MULTIPLE COMPLETE | PRACTURE TREATMENT | ALTERING CASING | | |
| SHOOT OR ACIDIZE | ABANDON® | SHOOTING OR ACIDIZING | ABANDON MENT [®] | | |
| REPAIR WELL | CHANGE PLANS | (Other) | multiple completion on Well | | |
| (Other) | PLETED OPERATIONS (Clearly state all perti | Completion or Recompleti | on Report and Log form.) | | |
| MITCK | DOTIFY YOU WHEN | | | | |
| | | | | | |
| | | SF1, % 4 1991 | | | |
| | | OIL COM. ON Loist. 3 | | | |
| | | apreved as to plugging of the wall lability under band is retained wall urlace rectaration is completed. | | | |
| P | 1 . | | APEROL | | |
| SIGNED | Coregoing is true and correct | Operations Manager | DATE 9-10-91 | | |
| This space for Federal of | | | SEP 2 0 1931 | | |
| APPROVED BY | TITLE _ | | - DATE | | |
| CONDITIONS OF APPRO | OVAL, IF ANY: | NMOOD | cc: 5 My Fing 23 | | |
| | *See instruct | ions on Reverse Side | Land, Crystal | | |
| | | | 1 Acct, Martha | | |

Title 15 U.S.C. Section 1991, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any laise, fictitious or traudulent statements or representations as to any matter within its crisidiction.

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)