

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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

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

SUNDRY NOTICES AND REPORTS ON WELLS

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

OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

El Paso Exploration Company

3. ADDRESS OF OPERATOR

Box 4289, 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

2310'S, 330'E

14. PERMIT NO.

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

7369' GL

5. LEASE DESIGNATION AND SERIAL NO.

Jic. Cont. #183

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Jicarilla Apache

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Chacon Jicarilla D

9. WELL NO.

6

10. FIELD AND POOL, OR WILDCAT

West Lindrith Gallup-Dakota

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

Sec. 21, T-23-N, R-3-W  
N.M.P.M.

12. COUNTY OR PARISH

Sandoval

13. STATE

New Mexico

16.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other) Change Pool Name & Ded. Acreage

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON\*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT\*

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

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

Due to the abolishment of the Chacon Dakota Associated Pool and the extension of the West Lindrith Gallup-Dakota Pool in Rio Arriba and Sandoval Counties, this plat is re-issued to show a change in the dedicated acreage for this well to conform to the Pool Rules. (Order R-7495).

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

SIGNED

*A. P. Busco*

TITLE Drilling Clerk

DATE June 1, 1984

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

ACCEPTED FOR RECORD

DATE

NMOCC

JUN 07 1984

\*See Instructions on Reverse Side

FARMINGTON RESOURCE AREA

Title 18 U.S.C. Section 1001, 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.

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

Form C-102  
Supersedes C-128  
Effective 1-1-81

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

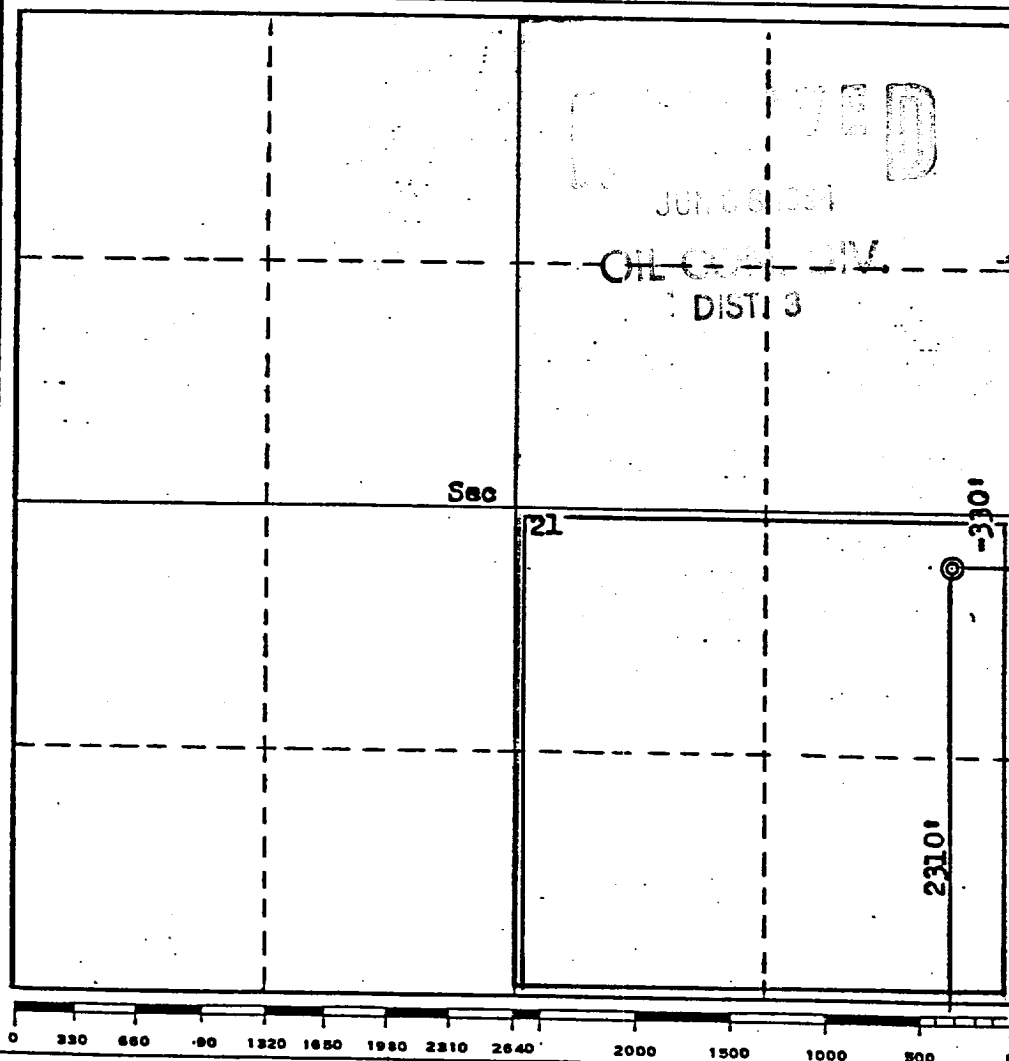
Operator <b>EL PASO EXPLORATION COMPANY</b>		Lease <b>Chacon Nacarilla "D"</b>		Well No. <b>6</b>
Unit Letter <b>I</b>	Section <b>21</b>	Township <b>23N</b>	Range <b>3W</b>	County <b>Sandoval</b>
Actual Footage Location of Wells: <b>2310</b> feet from the <b>South</b> line and <b>330</b> feet from the <b>East</b> line				
Ground Level Elev. <b>7369</b>	Producing Formation <b>Dakota</b>	Pool <b>West Lindrith Gallup- Dakota Oil Pool</b>	Dedicated Acreage: <b>160</b> 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 all owners been consolidated by communitization, unitization, force-pooling, etc?

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

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

No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interests, has been approved by the Commission. NOTE: REISSUED TO SHOW OPERATOR, POOL & DEDICATION CHANGES 5/30/1984



## CERTIFICATION

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

*A. G. Guisco*  
Name

Drilling Clerk  
Position

El Paso Exploration Co.  
Company

June 4, 1984  
Date

Date

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

Date Surveyed

March 30, 1976

Registered Professional Engineer  
and/or Land Surveyor

*Fred B. Kern*  
Fred B. Kern

Certificate No.

3950

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES RECEIVED	
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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

RECEIVED  
SEP 09 1985  
OIL CON. DIV.  
(DIST. 3)

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator MERIDIAN OIL INC.	
Address P. O. BOX 4289; FARMINGTON, NEW MEXICO 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 <del>Operatorship</del> Operatorship	Meridian Oil Inc. is an agent for Meridian Oil Production Inc.
Change in Transporter oil: <input type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate
If change of <del>Operatorship</del> give name and address of previous owner El Paso Exploration Company whose name changed, as of 4-10-85, to Meridian Oil Production Inc.	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Chacon Jicarilla D	Well No. #6	Pool Name, including Formation West Lindrith Gallup Dakota	Kind of Lease Federal State, Federal or Fee	Lease No. Jic. Cont. #183
Location Unit Letter I 2310 Feet From The South Line and 330 Feet From The East Line of Section 21 Township T23N Range R3W, NMPM, Sandoval County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS


Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Giant Refining Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 256, Farmington, NM 87499					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 4289, Farmington, NM 87499					
If well produces oil or liquids, give location of tanks.	Unit I	Sec. 21	Twp. 23N	Rge. 3W	Is gas actually connected?	When

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

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

VI. CERTIFICATE OF COMPLIANCE

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

  
JAMES R. PERMENTER (Signature)  
ATTORNEY-IN-FACT  
(Title)

APRIL 10, 1985  
(Date)

OIL CONSERVATION DIVISION  
APPROVED SEP 09 1985  
BY Frank J. [Signature]  
TITLE SUPERVISOR, DISTRICT # 7

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.