

DISTRIBUTION		
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FILE	2	
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LAND OFFICE		
OPERATOR	2	

NEW MEXICO OIL CONSERVATION COMMISSION
WELL COMPLETION OR RECOMPLETION REPORT AND LOG

Revised 1-1-65

5a. Indicate Type of Lease	
State <input type="checkbox"/>	Fee <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.	

1a. TYPE OF WELL		OIL WELL <input checked="" type="checkbox"/>		GAS WELL <input type="checkbox"/>		DRY <input type="checkbox"/>		OTHER <input type="checkbox"/>		7. Unit Agreement Name	
b. TYPE OF COMPLETION		NEW WELL <input type="checkbox"/>		WORK OVER <input type="checkbox"/>		DEEPEN <input type="checkbox"/>		PLUG BACK <input type="checkbox"/>		8. Farm or Lease Name	
										Santa Fe-Leggs	
2. Name of Operator										9. Well No.	
Dome Petroleum Corp., 501 Airport Drive,										2	
3. Address of Operator										10. Field and Pool, or Wildcat	
Suite 107, Farmington, New Mexico 87401										Leggs-Entrada	
4. Location of Well											
UNIT LETTER <u>N</u> LOCATED <u>990'</u> FEET FROM THE <u>south</u> LINE AND <u>2310</u> FEET FROM										12. County	
THE <u>west</u> LINE OF SEC. <u>11</u> TWP. <u>21N</u> RGE. <u>10W</u> NMPM										San Juan	
15. Date Spudded		16. Date T.D. Reached		17. Date Compl. (Ready to Prod.)		18. Elevations (DF, RKB, RT, GR, etc.)		19. Elev. Casinghead			
7/4/78		7/15/78		7/26/78		6379' GR					
20. Total Depth		21. Plug Back T.D.		22. If Multiple Compl., How Many		23. Intervals Drilled By		Rotary Tools		Cable Tools	
5632'		5564'				0-5632'					
24. Producing Interval(s), of this completion - Top, Bottom, Name										25. Was Directional Survey Made	
5415' - 5600' Entrada										NO	
26. Type Electric and Other Logs Run										27. Was Well Cored	
Dual Induction Laterolog, CNL-Density/GR										NO	
28. CASING RECORD (Report all strings set in well)											
CASING SIZE		WEIGHT LB./FT.		DEPTH SET		HOLE SIZE		CEMENTING RECORD		AMOUNT PULLED	
9 5/8		32.3#		1951'		12 1/4		150 sx		none	
7"		23# & 20#		5584'		8 3/4		950 sx (2 stage)		none	
29. LINER RECORD						30. TUBING RECORD					
SIZE		TOP		BOTTOM		SACKS CEMENT		SCREEN		PACKER SET	

31. Perforation Record (Interval, size and number)						32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.					
5415'-5422' with 2 jet shots per foot						DEPTH INTERVAL					
						AMOUNT AND KIND MATERIAL USED					
33. PRODUCTION											
Date First Production		Production Method (Flowing, gas lift, pumping - Size and type pump)						Well Status (Prod. or Shut-in)			
7/26/78		Pumping						Producing			
Date of Test		Hours Tested		Choke Size		Prod'n. For Test Period		Oil - Bbl.		Gas - MCF	
7/28/78		24		---		→		62		TSTM	
Flow Tubing Press.		Casing Pressure		Calculated 24-Hour Rate		Oil - Bbl.		Gas - MCF		Water - Bbl.	
---		---		→		62		TSTM		511	
34. Disposition of Gas (Sold, used for fuel, vented, etc.)						Test Witnessed By					
						Ray Sandoval					
35. List of Attachments											
NONE											
36. I hereby certify that the information shown on both sides of this form is true and complete to the best of my knowledge and belief.											
SIGNED <u>D. Arnold</u>				TITLE <u>Drilling & Production Supt</u>				DATE <u>8/3/78</u>			

From	To	Thickness in Feet	Formation	From	To	Thickness in Feet	Formation

**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.

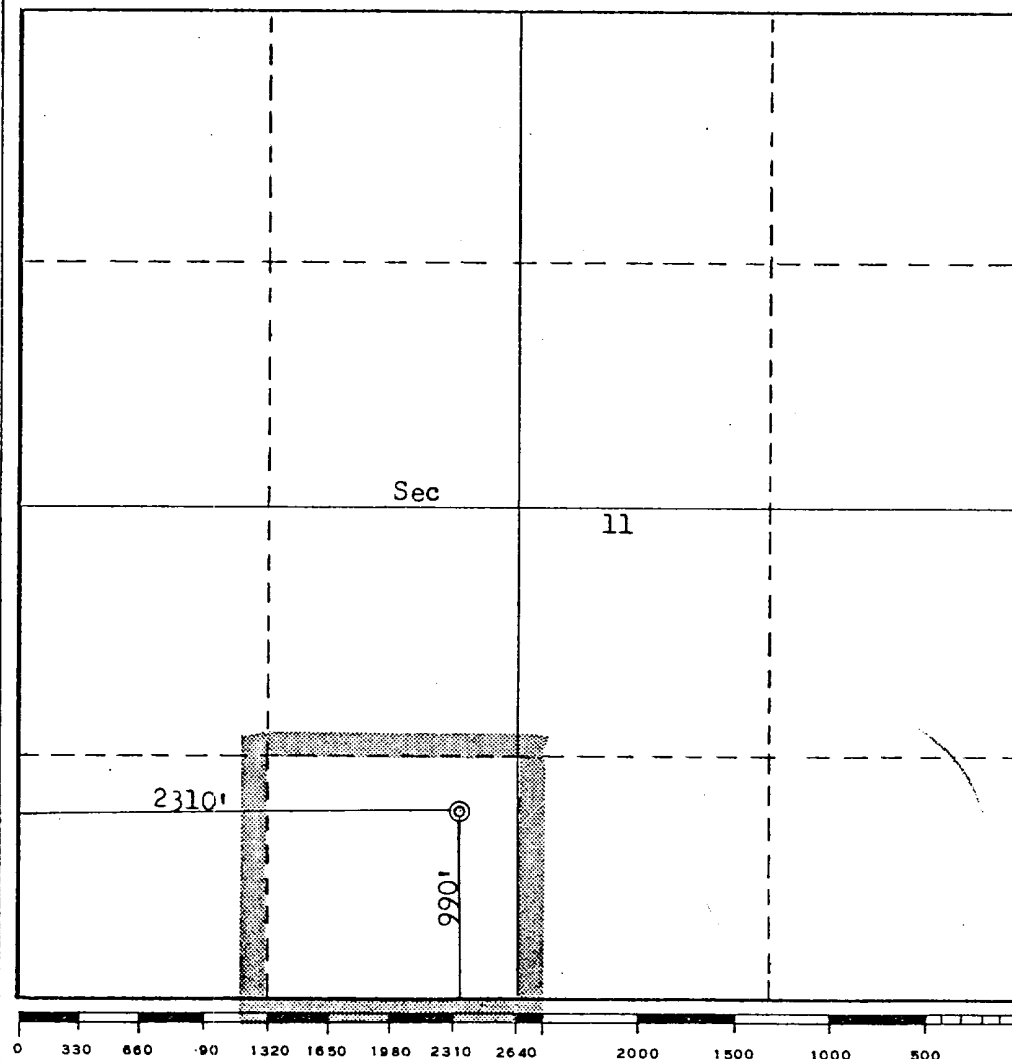
Operator DOMESTIC PETROLEUM CORPORATION			Lease Santa Fe-Leggs		Well No. 2
Unit Letter N	Section 11	Township 21N	Range 10W	County San Juan ✓	
Actual Footage Location of Well: 990 feet from the South line and 2310 feet from the West line ✓					
Ground Level Elev. 6379	Producing Formation Entrada		Pool Leggs Entrada ✓		Dedicated Acreage: 40 Acres ✓

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

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

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

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



CERTIFICATION

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

[Signature]
Name _____

Area Manager

Position **K & A, Inc.**

Minerals Management

Company _____

May 12, 1978

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 _____

May 10, 1978

Registered Professional Engineer and/or Land Surveyor

[Signature]
Fred B. Kerr Jr.

Certificate No. **3950**
FRED B. KERR, JR.

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OPERATOR	2

NEW MEXICO OIL CONSERVATION COMMISSION

30-043-23027
Form C-101
Revised 1-1-65

5A. Indicate Type of Lease	
STATE <input type="checkbox"/>	FEE <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.	

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work		7. Unit Agreement Name	
b. Type of Well DRILL <input checked="" type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> SINGLE ZONE <input checked="" type="checkbox"/> MULTIPLE ZONE <input type="checkbox"/>		8. Farm or Lease Name Santa Fe Leggs	
2. Name of Operator Dome Petroleum Corp.		9. Well No. 2	
3. Address of Operator K & A, Inc. Minerals Management, 501 Airport Drive, Suite 105, Farmington, New Mexico 87401		10. Field and Pool, or Wildcat Leggs Entrada	
4. Location of Well UNIT LETTER <u>N</u> LOCATED <u>990</u> FEET FROM THE <u>South</u> LINE AND <u>2310</u> FEET FROM THE <u>West</u> LINE OF SEC. <u>11</u> TWP. <u>21N</u> RGE. <u>10W</u> NMPM		12. County San Juan	
11. Elevations (Show whether DF, RT, etc.)		19. Proposed Depth 5800'	19A. Formation Entrada
21A. Kind & Status Plug. Bond Statewide		21B. Drilling Contractor 4-Corners Drilling	20. Rotary or C.T. Rotary
		22. Approx. Date Work will start June 1, 1978	

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
13 1/4"	9 5/8"	3	200	200	Surface
8 3/4"	7	20 & 23	6500	1000 (2 stage)	Surface

Operator proposes to drill an Entrada test to the depth of 5800'. Completion will be determined from logs. A series 900 (3000 psi WP) blowout preventer will be used during drilling operations below surface pipe.

8-13-78



ABOVE SPACE DESCRIBE PROPOSED PROGRAM: IF PROPOSAL IS TO DEEPEN OR PLUG BACK, GIVE DATA ON PRESENT PRODUCTIVE ZONE AND PROPOSED NEW PRODUCTION ZONE. GIVE BLOWOUT PREVENTER PROGRAM, IF ANY.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.
Signed [Signature] Title Area Manager Date May 12, 1978

(This space for State Use)

APPROVED BY [Signature] TITLE DEPUTY OIL & GAS INSPECTOR DIST #3 DATE 5-1-1978

CONDITIONS OF APPROVAL, IF ANY:

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OPERATOR	4

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease	
State <input type="checkbox"/>	Fee <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.	
7. Unit Agreement Name	
8. Farm or Lease Name Santa Fe Leggs	
9. Well No. 2	
10. Field and Pool, or Wildcat Leggs Entrada	
12. County San Juan	

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 -" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>
2. Name of Operator Dome Petroleum Corp.
3. Address of Operator 501 Airport Drive, Suite 107, Farmington, New Mexico 87401
4. Location of Well UNIT LETTER <u>N</u> , <u>990</u> FEET FROM THE <u>South</u> LINE AND <u>2310</u> FEET FROM THE <u>West</u> LINE, SECTION <u>11</u> TOWNSHIP <u>21N</u> RANGE <u>10W</u> NMPM.
15. Elevation (Show whether DF, RT, GR, etc.) 6379 G.L.

16.

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>

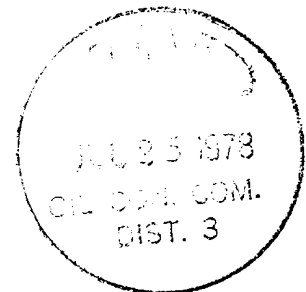
SUBSEQUENT REPORT OF:

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER <u>Spud & set surface casing</u> <input checked="" type="checkbox"/>

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

7/4/78 Spudded 12-1/4" hole at 8:00 p.m. 7/4/78

7/5/78 Ran 4 joints (183') 9-5/8" O.D., 32.3#, H-40, ST&C casing
Set at 195' K.B. Cemented with 150 sx Class B cement with
2% CaCl. Plug down at 6:00 a.m. 7/5/78. Circulated cement



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

SIGNED <u>J. Amos</u>	TITLE <u>Drilling & Production Superintendent</u>	DATE <u>7/6/78</u>
APPROVED BY _____	TITLE <u>SUPERVISOR DIST. NO</u>	DATE <u>JUL 20 1978</u>
CONDITIONS OF APPROVAL, IF ANY:		

N-11-21N-10W ✓

TABULATION OF DEVIATION TEST
DOME PETROLEUM CORP.
SANTA FE-LEGGS #2
SAN JUAN COUNTY, NEW MEXICO

<u>DEVIATION</u>	<u>DEPTH</u>
3/4°	207'
1/2°	720'
3/4°	1282'
1°	1721'
1 3/4°	2260'
1°	2720'
1°	3267'
3/4°	3797'
3/4°	4329'
1°	4823'
1/2°	5632'



AFFIDAVIT

This is to certify that the above deviation tests are correct to the best of my knowledge.

J. Arnold Snell
J. Arnold Snell
Drilling & Production Supt.

Subscribed and sworn to before me this first day of August, 1978.

Katharine B. Jenkins
Notary Public

My commission expires:
May 12, 1980

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TRANSPORTER	OIL	1
	GAS	
OPERATOR		
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		Dome Petroleum Corp.	
Address		501 Airport Drive, Suite 107 Farmington, NM 87401	
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<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

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Santa Fe - Leggs	2	Leggs - Entrada	State, Federal or Fee Fee	
Location				
Unit Letter	N	990 Feet From The	South Line and	2310 Feet From The
				West
Line of Section	11	Township	21N	Range
				10W, NMPM, San Juan County

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	P.O. 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?	When
	N	11	21N	10W	NO	

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
	X							
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
7/4/78	7/26/78		5632		5564			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
6379' GR	Entrada		5415		3019			
Perforations					Depth Casing Shoe			
5415 - 5422					5584			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	9 5/8", 32.3#	195'	150 sacks
8 3/4"	7", 23# & 20#	5584'	950 (2 stage)
	2 7/8", 6.5#	3019'	

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.)	
7/26/78	7/28/78	Pumping	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hours	--	--	--
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
573 bbls	62	511	--

GAS WELL

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

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 Small
Drilling & Production Supt.
(Title)

August 1, 1978

(Date)

OIL CONSERVATION COMMISSION

AUG 1 1978

APPROVED _____, 19____

BY Original Signed by A. R. Kendrick

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 Form C-104 must be filed for each pool in multiply



STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT
OIL CONSERVATION DIVISION

JERRY APODACA
GOVERNOR

NICK FRANKLIN
SECRETARY

October 18, 1978

POST OFFICE BOX 2088
STATE LAND OFFICE BUILDING
SANTA FE, NEW MEXICO 87501
(505) 827-2434

Dome Petroleum Corporation
501 Airport Drive, Suite 107
Farmington, New Mexico 87401

Attention: Mr. J. Arnold Snell

Administrative Order TX-60

Gentlemen:

Reference is made to your request for an exception to the tubing setting requirements as contained in Division Rule 107 (d) (3) for the below-named well.

Pursuant to the authority granted me by Rule 107 (d) (4), you are hereby authorized to set tubing at 3019 feet in the following well:

<u>LEASE NAME</u>	<u>WELL NO.</u>	<u>UNIT</u>	<u>S-T-R</u>
Santa Fe-Leggs	2	N	11-21N-10W

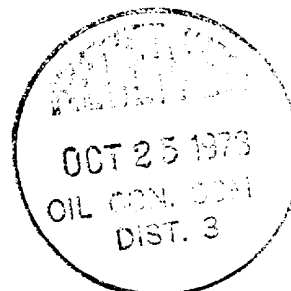
The Division reserves the right to rescind this authority in the event that waste appears to be resulting therefrom.

Very truly yours,

JOE D. RAMEY
Division Director

JDR/DSN/og

cc: Oil Conservation Division
1000 Rio Brazos Road
Aztec, New Mexico



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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-111
Effective 1-1-65

RECEIVED
MAR 14 1984
OIL CON. DIV.
DIST. 3

Operator TEXACO Inc.,	
Address P. O. Box 2100, Denver, Colorado 80201	
Reason for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of: <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in OPERATOR <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner Dome Petroleum Corp., 1625 Broadway, Denver, Colorado

I. DESCRIPTION OF WELL AND LEASE

Lease Name SANTA FE LEGGS	Well No. 2	Pool Name, including Formation LEGGS - ENTRADA	Kind of Lease State, Federal or Fee FEE	Lease No.
Location Unit Letter <u>N</u> : <u>990</u> Feet From The <u>SOUTH</u> Line and <u>2310</u> Feet From The <u>WEST</u> Line of Section <u>11</u> Township <u>21N</u> Range <u>10W</u> , NMPM, <u>SAN JUAN</u> County				

I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> PERMIAN CORP.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1183, HOUSTON, TX 77001	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit M	Sec. 11
	Twp. 21N	Rge. 10W
	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:

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, H&B, 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			

VI. 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

RECEIVED
MAY 07 1984
OIL CON. DIV.
DIST. 3

GAS WELL

Actual Prod. Test-MCF	Length of Test	Bbls. Condensate	Gravity of Condensate
Testing Method (spit, back prod)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

1. 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.
TEXACO Inc. as Operator for Texaco Oils

Alvin R. Marx
Field Supt. (Signature)

3-9-84
(Date)

OIL CONSERVATION COMMISSION

APPROVED MAY 07 1984, 19
BY Frank J. Cury
Inc. 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

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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 1-1-85

TEXACO INC.	
P.O. Box EE, Cortez, CO. 81321	
son(s) for filing (Check proper box)	Other (Please explain)
Well <input type="checkbox"/>	Change in Transporter of:
Completion <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"/>
Range of ownership give name address of previous owner	

DESCRIPTION OF WELL AND LEASE

Well Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Anta Fe Leggs	2	Leggs - Entrada	State, Federal or Fee Fee	
Unit Letter N ; 990' Feet From The South Line and 2310' Feet From The West				
Line of Section 11 Township 21N Range 10W , NMPM, San Juan County				

SIGNATURE 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)
Gary Energy Corp.	115 Inverness Dr., 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)
Well produces oil or liquids, or location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
N 11 21N 10W	No

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

COMPLETION DATA

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

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE
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)

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

TEST 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

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

SIGNED A. R. MARX

(Signature)

AREA SUPERINTENDENT

(Title)

10/10/86

OIL CONSERVATION COMMISSION

APPROVED

BY

TITLE

SUPERVISOR DISTRICT #3

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

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

NO. OF COPIES RECEIVED	
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SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRODUCTION 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

I. Operator
TEXACO INC.
Address
P. O. Box EE, Cortez, CO. 81321
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)
Previous transporter was Gary Energy Corp., now it is Giant Industries Inc.

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Santa Fe Leggs	Well No. 2	Pool Name, including Formation Leggs-Entrada	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter N ; 990' Feet From The South Line and 2310' Feet From The West Line of Section 11 Township 21N Range 10W , NMPM, San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Giant Industries Inc.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 9156, Phoenix, AZ. 85068
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When N 11 21N 10W 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't.	Diff. Res't.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Perforations	Depth Casing Shoe							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

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

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

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.

SIGNED: A. A. MURPHY

(Signature)

AREA SUPERINTENDENT

(Title)

APR 29 1987

(Date)

OIL CONSERVATION COMMISSION

APPROVED

BY

TITLE

SUPERVISOR DISTRICT # 3

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

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

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

I.

Operator TEXACO INC.		
Address P. O. Box 2100, Denver, CO. 80201		
Reason(s) for filing (Check proper box)		Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	This reports change of ownership from Texaco Inc. to Texaco Producing Inc.
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
Change in Ownership <input checked="" type="checkbox"/>		

If change of ownership give name and address of previous owner: Texaco Oils Inc., P. O. Box 2100, Denver, CO. 80201

II. DESCRIPTION OF WELL AND LEASE

Lease Name Santa Fe Leggs	Well No. 2	Pool Name, including Formation Leggs-Entrada	Kind of Lease State, Federal or Fee	Fee	Lease No.
Location Unit Letter <u>N</u> ; <u>990</u> Feet From The <u>South</u> Line and <u>2310</u> Feet From The <u>West</u> Line of Section <u>11</u> Township <u>21N</u> Range <u>10W</u> , NMPM, San Juan County					

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Giant Refinery	Address (Give address to which approved copy of this form is to be sent) P.O. Box 9156, Phoenix, AZ 85068	
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>NN</u>	Sec. <u>11</u>
	Twp. <u>21N</u>	Rge. <u>10W</u>
Is gas actually connected?		When

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

IV. COMPLETION DATA

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

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

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

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

GAS WELL

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

VI. CERTIFICATE OF COMPLIANCE

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

TEXACO INC. As Operator for
TEXACO PRODUCING INC.

SIGNED: A. A. KLEIBER

(Signature)

AREA SUPERINTENDENT

(Title)

6/19/87

(Date)

OIL CONSERVATION COMMISSION

APPROVED JUN 26 1987, 19

BY [Signature]

TITLE SUPERVISION DISTRICT # 5

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.

OIL CONSERVATION DIVISION

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator TEXACO INC.	Well API No.
Address 3300 N. Butler, Farmington, NM 87401	
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Change in Transporter of: Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/> Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
Other (Please explain) Previous transporter was Giant Industries Inc., now it is Meridian Oil Company effective 10/01/89.	
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Santa Fe Leggs	Well No. 2	Pool Name, Including Formation Leggs-Entrada	Kind of Lease Fee State, Federal or Fee	Lease No.
Location Unit Letter N : 990 Feet From The S Line and 2310 Feet From The W Line Section 11 Township 21N Range 10W , NMPM, San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Meridian Oil Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 4289, Farmington, NM 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 N	Sec. 11	Twp. 21N	Rge. 10W	Is gas actually connected? NO	When ?

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

IV. COMPLETION DATA

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

V. TEST DATA AND REQUEST FOR ALLOWABLE

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

SIGNED: **A. A. KLEIER**

Signature

Area Manager

Printed Name

SEP 28 1989

Date

Telephone No.

OIL CONSERVATION DIVISION

Date Approved

SEP 28 1989

By

Title

SUPERVISION 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.



STATE OF NEW MEXICO
ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT
OIL CONSERVATION DIVISION

GARREY CARRUTHERS
GOVERNOR

September 21, 1990

POST OFFICE BOX 2088
STATE LAND OFFICE BUILDING
SANTA FE, NEW MEXICO 87504
(505) 827-5800

A.P.A. Development Inc.
P. O. Box 215
Cortez, Co. 81321

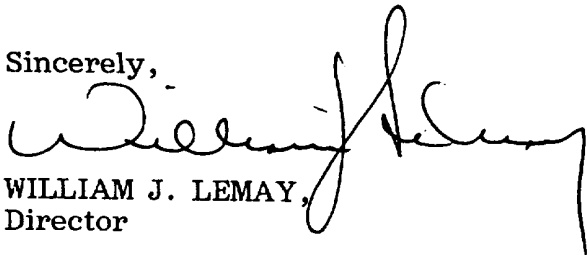
Attention: Patrick B. Woosley

Re: \$7,500 One-Well Plugging Bond
A.P.A. Development, Inc., Operator
2310' FWL and 990' FSL of Sec. 11,
~ T-21-N, R-10-W, San Juan County
Bond No. OCD-246

Dear Mr. Woosley:

The Oil Conservation Division hereby approves the above-captioned one-well plugging bond effective this date.

Sincerely,


WILLIAM J. LEMAY,
Director

dr/

cc: Oil Conservation Division
Aztec, New Mexico

RECEIVED
SEP 26 1990

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	GAS	
OPERATOR		
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

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JAN 03 1990

OIL CON. DIV./

DIST. 3

Operator A.P.A. Development Inc.		
Address P.O. Box 215, Cortez, CO 81321		
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 checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner: Texaco Inc., P.O. Box 2100, Denver, CO 80201

I. DESCRIPTION OF WELL AND LEASE

Lease Name Santa Fe Leggs	Well No. 2	Pool Name, Including Formation Leggs-Entrada	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter N ; 990 Feet From The South Line and 2310 Feet From The West Line of Section 11 Township 21N Range 10W, NMPM, San Juan County				

I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Giant Refinery	Address (Give address to which approved copy of this form is to be sent) P.O. Box 9156, Phoenix, AZ 85068					
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 N	Sec. 11	Twp. 21N	Rge. 10W	Is gas actually connected?	When

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

II. 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			

III. 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	Choke Size	
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

OIL CON. DIV.

GAS WELL

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

IV. 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.

Peter B. Woolley
(Signature)
Pres. APA
(Title)
1/2/90
(Date)

OIL CONSERVATION COMMISSION

APPROVED SEP 27 1990, 19_____
BY _____
TITLE Zone 3 Chief

This form SUPERSEDES DISTRICT 4 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.
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