

Southwestern
+
Union Texas Nat
Reports

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. TYPE OF WORK
DRILL ☒ DEEPEN ☐ PLUG BACK ☐

b. TYPE OF WELL
OIL WELL ☐ GAS WELL ☒ OTHER ☐ SINGLE ZONE ☐ MULTIPLE ZONE ☒

2. NAME OF OPERATOR
Southern Union Production Company

3. ADDRESS OF OPERATOR
P. O. Box 808, Farmington, New Mexico 87401

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.)
At surface 1650ft./North line and 1650 ft./East line.
At proposed prod. zone Same as above.

14. DISTANCE IN MILES AND DIRECTION FROM NEAREST TOWN OR POST OFFICE*
20 miles Northwest of Ojito, New Mexico

15. DISTANCE FROM PROPOSED* LOCATION TO NEAREST PROPERTY OR LEASE LINE, FT. (Also to nearest drlg. unit line, if any)
1650 ft. 990 ft.

16. NO. OF ACRES IN LEASE
2560

17. NO. OF ACRES ASSIGNED TO THIS WELL
319.83

18. DISTANCE FROM PROPOSED LOCATION* TO NEAREST WELL, DRILLING, COMPLETED, OR APPLIED FOR, ON THIS LEASE, FT.
Approx. 3000 ft. 7865

19. PROPOSED DEPTH
7865

20. ROTARY OR CABLE TOOLS
Rotary

21. ELEVATIONS (Show whether DF, RT, GR, etc.)
6671 Ungraded Gr.

22. APPROX. DATE WORK WILL START*
Sept. 15, 1970

| PROPOSED CASING AND CEMENTING PROGRAM | | | | |
|---------------------------------------|----------------|-----------------|---------------|--------------------|
| SIZE OF HOLE | SIZE OF CASING | WEIGHT PER FOOT | SETTING DEPTH | QUANTITY OF CEMENT |
| 13-3/8" | 10-3/4" | 32.75# | 300 ft. | 250 sacks |
| 9-7/8" | 7-5/8" | 26.40# | 3600 | 600 cubic ft. |
| 6-3/4" | 5-1/2" | 15.50# | 7865 | 700 cubic ft. |

WE PROPOSE TO DRILL AND COMPLETE DUALY A MESAVERDE-DAKOTA WELL. ESTI. T.D. 7865 ft.

1. Casing Program:

Surface: 10-3/4", 32.75#, H-40 set at 300 ft. Cemented w/250 sacks.

Intermediate: 7-5/8", 26.40#, J-55 set at 3600 ft. Cemented w/600 cu. ft.

Liner: 5-1/2", 15.50#, J-55 set at 3150 to 7865. Cement w/approx. 700 cu.ft.

2. Mud drill from surface to 3600 ft. and gas drill from 3600' to Esti. T.D. 7865 ft.

3. Productive zones will be sand fraced to stimulate production.

4. Baker Model "D" 5-1/2" Production packer will be set @ approx. 7500 ft.

5. 1-1/2", 290#, Tubing will be run to Dakota and landed at approx. 7550 ft.

6. 1-1/2" Integral Jt. 2.75#, tubing will be run to Mesaverde and landed at approx. 5150 ft. R.K.B.

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

24. ORIGINAL SIGNED BY
B. R. VANDERSLICE
SIGNED B. R. Vanderslice TITLE Area Superintendent DATE August 28, 1970
(This space for Federal or State office use)

PERMIT NO. _____ APPROVAL DATE _____
APPROVED BY [Signature] TITLE _____ DATE SEP 30 1970
CONDITIONS OF APPROVAL, IF ANY:

Instructions

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

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

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

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

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

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

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

All distances must be from the outer boundaries of the Section

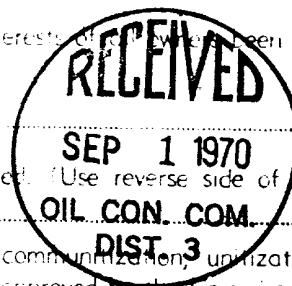
Operator **SOUTHERN UNION PRODUCTION COMPANY** Well No **8**
 Unit Letter **G** Section **2** Township **26 NORTH** Range **5 WEST** County **RIO ARriba**
 Actual Footage Location of Well
1650 feet from the **NORTH** line and **1650** feet from the **EAST** line
 Ground Footage **6671** Acres **319.83**
MESAVERDE - DAKOTA **BLANCO MESAVERDE BASIN DAKOTA**

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

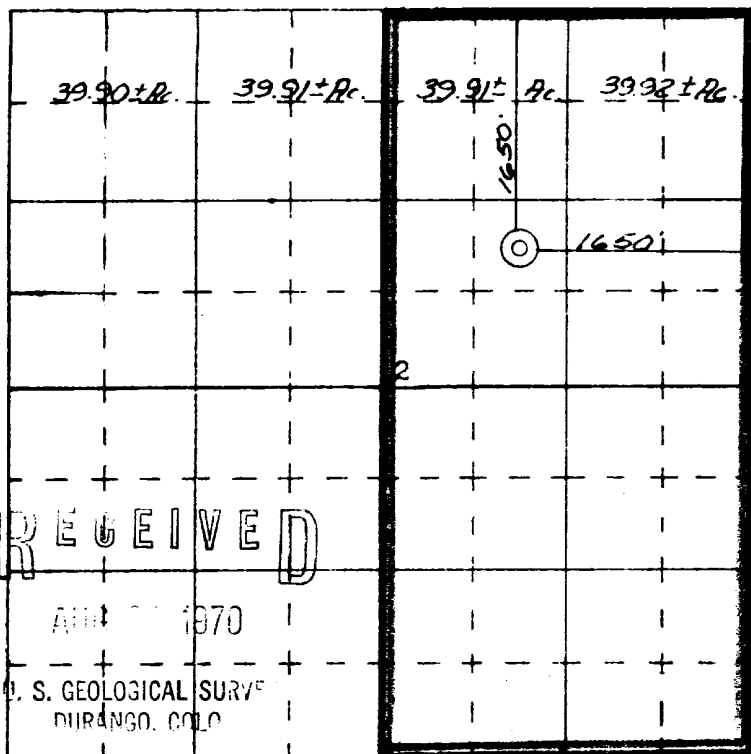
() Yes () No If answer is "yes," type of consolidation

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

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



Basin Dakota
Blanco Mesaverde



SCALE—4 INCHES EQUALS 1 MILE

SAN JUAN ENGINEERING COMPANY, FARMINGTON, N. M.

CERTIFICATION

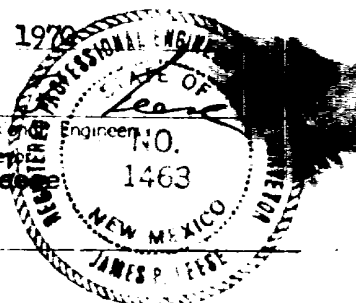
I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.

ORIGINAL SIGNED BY

Name **B. R. VANDERSLICE**
B. R. Vanderslice
 Position **Area Superintendent**
 Company **Southern Union Production Co.**
 Date **August 28, 1970**

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 **25 August 1970**
 Registered Professional Engineer and/or Land Surveyor
James P. Leese
1463
 Certificate No. **1463**



**UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY**

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

| | | |
|--|--|--|
| SUNDRY NOTICES AND REPORTS ON WELLS (Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use "APPLICATION FOR PERMIT—" for such proposals.) | | 5. LEASE DESIGNATION AND SERIAL NO. CONTRACT #150 |
| 1. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER | | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME JICARILLA APACHE |
| 2. NAME OF OPERATOR SOUTHERN UNION PRODUCTION COMPANY | | 7. UNIT AGREEMENT NAME |
| 3. ADDRESS OF OPERATOR P. O. Box 808, FARMINGTON, NEW MEXICO 87401 | | 8. FARM OR LEASE NAME JICARILLA "G" |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <div style="text-align: center; padding: 10px;"> 1650 FT. FROM THE NORTH LINE AND 1650 FT. FROM THE EAST LINE </div> | | 9. WELL NO. <div style="text-align: center; padding: 10px;"> 8 </div> |
| 14. PERMIT NO. | | 10. FIELD AND POOL, OR WILDCAT BLANCO RESAVERDE BASIN, DAKOTA |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.) <div style="text-align: center; padding: 10px;"> 6673 FT. R.K.B. </div> | | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SEC. 2, T-26N, R-5W, N.M.P.M. |
| 12. COUNTY OR PARISH | | 13. STATE RIO ARriba NEW MEXICO |

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

| NOTICE OF INTENTION TO: | | SUBSEQUENT REPORT OF: | |
|--|---|---|--|
| TEST WATER SHUT-OFF <input type="checkbox"/> | PULL OR ALTER CASING <input type="checkbox"/> | WATER SHUT-OFF <input checked="" type="checkbox"/> | REPAIRING WELL <input type="checkbox"/> |
| FRACTURE TREAT <input type="checkbox"/> | MULTIPLE COMPLETE <input type="checkbox"/> | FRACTURE TREATMENT <input type="checkbox"/> | ALTERING CASING <input type="checkbox"/> |
| SHOOT OR ACIDIZE <input type="checkbox"/> | ABANDON* <input type="checkbox"/> | SHOOTING OR ACIDIZING <input type="checkbox"/> | ABANDONMENT* <input type="checkbox"/> |
| REPAIR WELL <input type="checkbox"/> | CHANGE PLANS <input type="checkbox"/> | (Other) SPUDDING <input checked="" type="checkbox"/> | |

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

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

1. **SPUDED 13-3/4" SURFACE HOLE AT 7:00 A.M. 9/8/70. DRILLED TO TOTAL DEPTH OF 309 FT. R.K.B.**
2. **RAN 9 JTS. 10-3/4", 32.75#, H-40 SURFACE CASING. LANDED AT 307 FT. R.K.B. CEMENTED W/250 SACKS CLASS "A" CEMENT CONTAINING 2% C.C. AND 1/8# FLO-CELE/SK. PLUG DOWN 7:30 A.M. 9/10/70. CEMENT CIRCULATED TO SURFACE.**
3. **NIPPLED UP AND PRESSURE TESTED SURFACE CASING AND B.O.P. TO 1000 PSI FOR 10 MIN. TEST OK.**
4. **DRILLED OUT FROM UNDER SURFACE CASING WITH 9-7/8" HOLE AT 9:30 P.M. 9/12/70.**



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

SIGNED GILBERT D. NOLAND, JR.
(This space for Federal or State office use)

TITLE DRILLING SUPERINTENDENT

DATE SEPTEMBER 29, 1970

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

Instructions

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

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

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

NEW MEXICO OIL CONSERVATION COMMISSION

DEVIATION TABULATION REPORT

| | | | | | |
|---------------------------|---------------|----------|------|------|------|
| SOUTHERN UNION PRODUCTION | JICARILLA #G# | 8 | 2 | 26N | 5W |
| OPERATOR | LEASE | WELL NO. | SEC. | TWP. | RGE. |

| DEPTH | DEVIATION | DEPTH | DEVIATION |
|-------|-----------|-------|-----------|
| 800 | 0° | 4300 | 1/2° |
| 1300 | 1/2° | 4800 | 1/2° |
| 1829 | 1 1/2° | 5300 | 3/4° |
| 2885 | 1° | 5800 | 3/4° |
| 3266 | 1/4° | 6300 | 1/4° |
| 3600 | 1/4° | 6800 | 1/4° |
| | | 7300 | 1/4° |
| | | 7870 | 1/4° |

Gilbert D. Noland, Jr.
GILBERT D. NOLAND, JR.

STATE OF NEW MEXICO
COUNTY OF SAN JUAN

ON THIS 19TH DAY OF OCTOBER, 1970, BEFORE AS PERSONALLY APPEARED

GILBERT D. NOLAND, JR., TO ME KNOWN TO BE THE PERSON DESCRIBED IN AND WHO EXECUTED THE FOREGOING INSTRUMENT AND ACKNOWLEDGED THAT HE EXECUTED THE SAME AS HIS FREE ACT AND DEED.

IN WITNESS WHEREOF, I HAVE SET MY HAND AND SEAL OF OFFICE ON THIS

19TH DAY OF OCTOBER, 1970.

Kenneth E. Rosky
NOTARY PUBLIC IN AND FOR
SAN JUAN COUNTY, NEW MEXICO

MY COMMISSION EXPIRES:

MY COMMISSION EXPIRES APRIL 4, 1972



UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

SUNDRY NOTICES AND REPORTS ON WELLS

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

| | |
|--|--|
| 1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> | 5. LEASE DESIGNATION AND SERIAL NO. CONTRACT #150 |
| 2. NAME OF OPERATOR SOUTHERN UNION PRODUCTION COMPANY | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME JICARILLA APACHE |
| 3. ADDRESS OF OPERATOR P. O. Box 808, FARMINGTON, NEW MEXICO 87401 | 7. UNIT AGREEMENT NAME |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1650 FT. FROM NORTH LINE & 1650 FT. FROM EAST LINE. | 8. FARM OR LEASE NAME JICARILLA #G |
| 14. PERMIT NO. | 9. WELL NO. 8 |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6673 FT. R.K.B. | 10. FIELD AND POOL, OR WILDCAT BLANCO MESAVERDE BASIN DAKOTA |
| | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 2, T-26N, R-5W, N.M.P.M. |
| | 12. COUNTY OF PARISH RIO ARriba |
| | 13. STATE NEW MEXICO |

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

| NOTICE OF INTENTION TO: | | SUBSEQUENT REPORT OF: | |
|--|---|---|--|
| TEST WATER SHUT-OFF <input type="checkbox"/> | PULL OR ALTER CASING <input type="checkbox"/> | WATER SHUT-OFF <input type="checkbox"/> | REPAIRING WELL <input type="checkbox"/> |
| FRACTURE TREAT <input type="checkbox"/> | MULTIPLE COMPLETE <input type="checkbox"/> | FRACTURE TREATMENT <input checked="" type="checkbox"/> | ALTERING CASING <input type="checkbox"/> |
| SHOOT OR ACIDIZE <input type="checkbox"/> | ABANDON* <input type="checkbox"/> | SHOOTING OR ACIDIZING <input type="checkbox"/> | ABANDONMENT* <input type="checkbox"/> |
| REPAIR WELL <input type="checkbox"/> | CHANGE PLANS <input type="checkbox"/> | (Other) <input checked="" type="checkbox"/> SUPPLEMENTARY WELL HISTORY | |
| (Other) <input type="checkbox"/> | | (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) | |

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*
1. DRILLED 9-7/8" HOLE TO TOTAL DEPTH OF 3600 FT. R.K.B. RAN 111 JOINTS 7-5/8", K-55, 26.40# CASING. LANDED AT 3600 FT. R.K.B. PLUG DOWN 9:45 P.M. CEMENTED W/1050 CU.FT. CLASS "C" CEMENT.
 2. NIPPLED UP AND PRESSURE TESTED CASING TO 1000 PSI FOR 10 MIN. TEST OK.
 3. DRILLED 6-3/4" HOLE W/GAS TO TOTAL DEPTH OF 7870 FT. R.K.B. RAN 136 JTS. 5 1/2", 15.50#, K-55 CASING AS A LINER. TOP OF LINER AT 3469 FT. R.K.B. BOTTOM AT 7869 FT. R.K.B. CEMENTED W/700 CU.FT. CEMENT. PLUG DOWN AT 12:15 P.M. 9/22/70.
 4. MOVED IN AND RIGGED UP COMPLETION UNIT 9/24/70. CLEANED OUT TO P.B.T.D. OF 7833 FT. RKB.
 5. RAN CEMENT BOND AND CORRELATION LOGS.
 6. CLEANED OUT TO P.B.T.D. 7833 FT. R.K.B. PERFORATED 1 STAGE DAKOTA 1 SHOT/FT. 7694-7716, 7714-7750, 7714-7784. TOTAL OF 45 HOLES. SAND WATER FRAC PERFS W/50,000# 20-40 SAND, 20,000# 10-20 SAND & 500# 12-20 GLASS BEADS. USED 86,520 GAL. 0.8% KCL WATER.
 7. SET 5 1/2" BAKER MODEL "NC" BRIDGE PLUG AT 7645 FT. R.K.B. TEST PLUG TO 3500 PSI. TEST OK.
 8. PERFORATED 2ND STAGE DAKOTA 1 SHOT/FT. FROM 7596-7614 FT. TOTAL 19 HOLES. SAND WATER FRAC PERFS W/20,000# 20-40 SAND, 10,000# 10-20 SAND & 500# 12-20 GLASS BEADS. USED 46,600 GAL. OF 0.8% KCL WATER.
 9. SET 5 1/2" BAKER MODEL P-1 BRIDGE PLUG AT 5200 FT. R.K.B. TEST PLUG TO 3500 PSI FOR 10 MIN. TEST OK.
 10. PERFORATED MESAVERDE 1 SHOT/FT. 5042-5060, 5076-5088, 5106-5118, 5124-5142, 5148-5156, 5160-5166. TOTAL OF 80 HOLES. SAND WATER FRAC PERFS W/20,000# 20-40 SAND & 60,000# 10-20 SAND. USED 72,724 GAL. OF WATER. (OVER)

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

SIGNED GILBERT D. NOLAND, JR. TITLE DrILLING SUPERINTENDENT DATE OCTOBER 15, 1970
GILBERT D. NOLAND, JR.
(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: _____

Instructions

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

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

U.S. GOVERNMENT PRINTING OFFICE: 1965-O-665229

847 - 485

11. DRILLED BRIDGE PLUG AT 5200 FT. AND 7645 FT. R.K.B. CLEANED OUT TO P.B.T.D. OF 7833 FT. R.K.B.
12. SET 5 $\frac{1}{2}$ " BAKER MODEL "D" PRODUCTION PACKER AT 7490 FT. R.K.B., 9/29/70
13. RAN 238 JTS. OF 1-1/2", 2.90#, E.U.E., YCO-55 TBG. LANDED IN PACKER AT 7490 FT. R.K.B. BOTTOM OF TUBING AT 7692 FT. R.K.B. 2-1/16" O.D. BAKER BLAST JOINTS SET ACROSS MESAVERDE PERFS. TOP BLAST JOINTS 5024 FT. BOTTOM AT 5184 FT. R.K.B.
14. RAN 159 JTS. 1-1/2", 2.75#, YCO-55 INTEGRAL JOINT TUBING TO MESAVERDE. LANDED AT 5089 FT. R.K.B.
15. COMPLETED WELL 9/30/70.

NEW MEXICO OIL CONSERVATION COMMISSION
MULTIPOINT AND ONE POINT BACK PRESSURE TEST FOR GAS WELL

Form C-122
Revised 9-1-65

| | | | | | | |
|--|---------------------|--------------------------------|-----------------------|--|---------------------------|--|
| Type Test <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Annual <input type="checkbox"/> Special | | | | | Test Date 10/21/70 | |
| Company SOUTHERN UNION PRODUCTION CO. | | | | Connection SOUTHERN UNION GAS COMPANY | | |
| Pool BLANCO | | | | Formation MESAVERDE | | Unit |
| Completion Date 9/29/70 | | Total Depth 7870 | | Plug Back TD 7833 | | Elevation 6672 |
| Farm or Lease Name JICARILLA "G" | | | | | | Well No. 8 |
| Csg. Size 7.625 | Wt. 26.40 | 6.969 | Set At 3605 | Perforations: From 5042 To 5166 | | Unit Sec. Twp. Rge. G 2 26N 5W |
| Eq. Size 1.900 | Wt. 2.75 | 1.610 | Set At 5089 | Perforations: From 5081 To 5089 | | |
| Type Well - Single - Bradenhead - G.G. or G.O. Multiple DUAL GAS - GAS | | | | Packer Set At 7490 | | County RIO ARRIBA |
| Producing Thru TUBING | | Reservoir Temp. °F 8 | | Mean Annual Temp. °F | | Baro. Press. - P _a 12 |
| State NEW MEXICO | | | | | | |
| L 5071 | H | Gg 0.700 | % CO ₂ | % N ₂ | % H ₂ S | Prover |
| Meter Run | | Taps | | | | |

| FLOW DATA | | | | | | TUBING DATA | | CASING DATA | | Duration of Flow | |
|-----------|------------------|---|--------------|-----------------|----------------------|-------------|-----------------|-------------|-----------------|------------------|----------------|
| NO. | Prover Line Size | X | Orifice Size | Press. p.s.i.g. | Diff. h _w | Temp. °F | Press. p.s.i.g. | Temp. °F | Press. p.s.i.g. | | Temp. °F |
| SI | 2" | | 3/4" | | | | 1023 | | 1025 | | 14 DAYS |
| 1. | | | | | | | 189 | 57° | 757 | | 3 HOURS |
| 2. | | | | | | | | | | | |
| 3. | | | | | | | | | | | |
| 4. | | | | | | | | | | | |
| 5. | | | | | | | | | | | |

| RATE OF FLOW CALCULATIONS | | | | | | | |
|---------------------------|-----------------------|------------------|-------------------------|----------------------|-------------------|-----------------------------|----------------------|
| NO. | Coefficient (24 Hour) | $\sqrt{h_w P_m}$ | Pressure P _m | Flow Temp. Factor Ft | Gravity Factor Fg | Super Compress. Factor, Fpv | Rate of Flow Q, Mcfd |
| 1 | 12.3650 | | 201 | 1.0029 | 0.9258 | 1.023 | 2.361 |
| 2. | | | | | | | |
| 3. | | | | | | | |
| 4. | | | | | | | |
| 5. | | | | | | | |

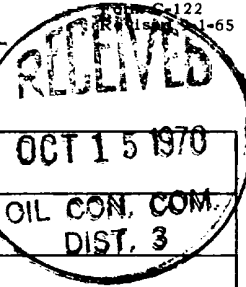
| | | | | | |
|-----|----------------|----------|----------------|---|--|
| NO. | P _t | Temp. °R | T _t | Z | Gas Liquid Hydrocarbon Ratio _____ Mcf/bbl. |
| 1 | | | | | A.P.I. Gravity of Liquid Hydrocarbons _____ Deg. |
| 2. | | | | | Specific Gravity Separator Gas _____ X X X X X X X X |
| 3. | | | | | Specific Gravity Flowing Fluid _____ X X X X X |
| 4. | | | | | Critical Pressure _____ P.S.I.A. _____ P.S.I.A. |
| 5. | | | | | Critical Temperature _____ R _____ R |

| | | | | | | |
|----------------------------|--|----------------|-----------------------------|---|---|--|
| P _c 1037 | P _c ² 1,075,369 | | | | | |
| NO. | P _i ² | P _w | P _w ² | P _c ² - P _w ² | (1) $\frac{P_c^2}{P_c^2 - P_w^2} = \frac{2,2218}{}$ | (2) $\left[\frac{P_c^2}{P_c^2 - P_w^2} \right]^n = \frac{1.8198}{}$ |
| 1 | | 769 | 591,361 | 484,008 | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |

| | | | |
|---|--|-------------------------------|----------------------|
| Absolute Open Flow 4,297 Mcfd @ 15.025 | | Angle of Slope θ _____ | Slope, n 0.75 |
| Remarks: _____ | | | |

| | | | |
|---|--|---|--|
| Approved By Commission: OCT 23 1970 | Conducted By: KENNETH E. RODDY | Calculated By: KENNETH E. RODDY | Checked By: KENNETH E. RODDY |
|---|--|---|--|

NEW MEXICO OIL CONSERVATION COMMISSION
MULTIPOINT AND ONE POINT BACK PRESSURE TEST FOR GAS WELL



| | | | | | | | | |
|---|---------------------|--------------------------------|----------------------------|--|--|--|--|----------------------------|
| Type Test <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Annual <input type="checkbox"/> Special | | | | | Test Date 10/14/70 | | OCT 15 1970 OIL CON. COM. DIST. 3 | |
| Company SOUTHERN UNION PRODUCTION CO. | | | | | Connection EL PASO NATURAL GAS COMPANY | | | |
| Pool BASIN | | | | | Formation DAKOTA | | Unit | |
| Completion Date 9/29/70 | | | Total Depth 7870 | | Plug Back TD 7833 | | Elevation 6672 | |
| Farm or Lease Name JICARILLA "G" | | | | | | | | |
| Csg. Size 7.625 | Wt. 26.40 | d 7.6969 | Set At 3605 | Perforations: From 7596 To 7784 | | Well No. 8 | | |
| TLG. Size 1.900 | Wt. 2.90 | d 1.610 | Set At 7692 | Perforations: From 7684 To 7692 | | Unit Sec. Twp. Rge. G 2 26N 5W | | |
| Type Well - Single - Bradenhead - G.G. or G.O. Multiple DUAL - GAS - GAS | | | | | Packer Set At 7490 | | County RIO ARriba | |
| Producing Thru TUBING | | Reservoir Temp. °F @ | | Mean Annual Temp. °F | | Baro. Press. - P _a 12 | | State RIO ARriba |
| L 7674 | H | G _g 0.700 | % CO ₂ | % N ₂ | % H ₂ S | Prover | Meter Run | Taps |

| FLOW DATA | | | | | | | TUBING DATA | | CASING DATA | | Duration of Flow |
|-----------|------------------|---|--------------|-----------------|----------------------|----------|-----------------|------------|-----------------|----------|------------------|
| NO. | Prover Line Size | X | Orifice Size | Press. p.s.i.g. | Diff. h _w | Temp. °F | Press. p.s.i.g. | Temp. °F | Press. p.s.i.g. | Temp. °F | |
| SI | 2" | | 3/4" | | | | 2323 | | | | 9 DAYS |
| 1. | | | | | | | 180 | 61° | | | 3 HOURS |
| 2. | | | | | | | | | | | |
| 3. | | | | | | | | | | | |
| 4. | | | | | | | | | | | |
| 5. | | | | | | | | | | | |

| RATE OF FLOW CALCULATIONS | | | | | | | |
|---------------------------|-----------------------|------------------|-------------------------|----------------------|-------------------|-----------------------------|----------------------|
| NO. | Coefficient (24 Hour) | $\sqrt{h_w P_m}$ | Pressure P _m | Flow Temp. Factor Ft | Gravity Factor Fg | Super Compress. Factor, Fpv | Rate of Flow Q, Mcfd |
| 1 | 12.3650 | | 192 | 0.9990 | 0.9258 | 1.022 | 2,244 |
| 2. | | | | | | | |
| 3. | | | | | | | |
| 4. | | | | | | | |
| 5. | | | | | | | |

| | | | | | | | | |
|-----|----------------|----------|----------------|---|--|--|--|--|
| NO. | P _t | Temp. °R | T _r | Z | Gas Liquid Hydrocarbon Ratio _____ Mcf/bbl. | | | |
| | | | | | A.P.I. Gravity of Liquid Hydrocarbons _____ Deg. | | | |
| 1 | | | | | Specific Gravity Separator Gas _____ X X X X X X X X | | | |
| 2. | | | | | Specific Gravity Flowing Fluid _____ X X X X X | | | |
| 3. | | | | | Critical Pressure _____ P.S.I.A. _____ P.S.I.A. | | | |
| 4. | | | | | Critical Temperature _____ R _____ R | | | |
| 5. | | | | | | | | |

| | | | |
|---|--|-----------------------------|---|
| P _c ² 2335 | P _w ² 5,452,225 | | |
| NO. | P _t ² | P _w ² | P _c ² - P _w ² |
| 1 | 36,864 | 477,523 | 4,974,702 |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |

(1) $\frac{P_c^2}{P_c^2 - P_w^2} = 1.0960$ (2) $\left[\frac{P_c^2}{P_c^2 - P_w^2} \right]^n = 1.0711$

AOF = Q $\left[\frac{P_c^2}{P_c^2 - P_w^2} \right]^n = 2,404$

| | | |
|---|-------------------------------|----------------------|
| Absolute Open Flow 2,404 _____ Mcfd @ 15.025 | Angle of Slope θ _____ | Slope, n 0.75 |
|---|-------------------------------|----------------------|

Remarks: _____

| | | | |
|-------------------------|--|---|--|
| Approved By Commission: | Conducted By: KENNETH E. RODDY | Calculated By: KENNETH E. RODDY | Checked By: KENNETH E. RODDY |
|-------------------------|--|---|--|

THE APPLICATION OF SOUTHERN UNION
PRODUCTION COMPANY FOR A DUAL COMPLETION.

ORDER NO. MC-1925

ADMINISTRATIVE ORDER
OF THE OIL CONSERVATION COMMISSION

Under the provisions of Rule 112-A, Southern Union Production Company made application to the New Mexico Oil Conservation Commission on October 20, 1970, for permission to dually complete its Jicarilla "G" Well No. 8 located in Unit G of Section 2, Township 26 North, Range 5 West, NMPM, Rio Arriba County, New Mexico, in such a manner as to produce gas from the Blanco-Mesaverde Pool and the Basin-Dakota Pool.

Now, on this 9th day of November, 1970, the Secretary-Director finds:

- (1) That application has been duly filed under the provisions of Rule 112-A of the Commission's Rules and Regulations;
- (2) That satisfactory information has been provided that all operators of offset acreage have been duly notified; and
- (3) That no objections have been received within the waiting period as prescribed by said rule.
- (4) That the proposed dual completion will not cause waste nor impair correlative rights.
- (5) That the mechanics of the proposed dual completion are feasible and consonant with good conservation practices.

IT IS THEREFORE ORDERED:

That the applicant herein, Southern Union Production, be and the same is hereby authorized to dually complete its Jicarilla "G" Well No. 8 located in Unit G of Section 2, Township 26 North, Range 5 West, NMPM, Rio Arriba County, New Mexico, in such a manner as to produce gas from the Blanco-Mesaverde Pool and the Basin-Dakota Pool through parallel strings of tubing.

PROVIDED HOWEVER, That applicant shall complete, operate, and produce said well in accordance with the provisions of Rule 112-A.

PROVIDED FURTHER, That applicant shall take packer-leakage tests upon completion and annually thereafter.

IT IS FURTHER ORDERED: That jurisdiction of this cause is hereby retained for the entry of such further orders as the Commission may deem necessary.

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

STATE OF NEW MEXICO
OIL CONSERVATION COMMISSION

A. L. PORTER, Jr.
Secretary-Director

SEAL



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

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

I. Operator
SOUTHERN UNION PRODUCTION COMPANY

Address
P. O. Box 808, FARMINGTON, NEW MEXICO 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

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|--------------------------|--------------------------|--------------------------------|--------------------------------------|---------------------------|
| Lease Name | Well No. | Pool Name, Including Formation | Kind of Lease | Lease No. |
| JICARILLA "G" | 8 | BLANCO MESAVERDE | State, Federal or Fee FEDERAL | CONTRACT #150 |
| Location | | | | |
| Unit Letter G | 1650 | Feet From The NORTH | Line and 1650 | Feet From The EAST |
| Line of Section 2 | Township 26 NORTH | Range 5 WEST | , NMPM, RIO ARRIBA 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"/> | Address (Give address to which approved copy of this form is to be sent) | |
| PLATEAU, INC. | FARMINGTON, NEW MEXICO 87401 | |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) | |
| SOUTHERN UNION GAS COMPANY | FIDELITY UNION TRUST CO., DALLAS, TEXAS 75201 | |
| If well produces oil or liquids, give location of tanks. | Unit | Sec. |
| | G | 2 |
| | Twp. | Rge. |
| | 26N | 5W |
| | Is gas actually connected? No | |

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

IV. COMPLETION DATA

| | | | | | | | | |
|--------------------------------------|-----------------------------|-----------------------------|----------|------------------------|--------|-----------|-------------|--------------|
| Designate Type of Completion - (X) | Oil Well | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v. | Diff. Res'v. |
| | | X | X | | | | | |
| Date Spudded | Date Comp. Ready to Prod. | Total Depth | | P.B.T.D. | | | | |
| 9/8/70 | 9/29/70 | 7870 FT. R.K.B. | | 7833 FT. R.K.B. | | | | |
| Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | Top Oil/Gas Pay | | Tubing Depth | | | | |
| 6673 FT. R.K.B. | MESAVERDE | 5042 FT. R.K.B. | | 5089 FT. R.K.B. | | | | |
| Perforations | Depth Casing Shoe | | | | | | | |
| 5042 - 5166 FT. R.K.B. | 7869 FT. R.K.B. | | | | | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | | SACKS CEMENT | | | | |
| 13-3/4" | 10-3/4" | 307 | | 250 SACKS | | | | |
| 9-7/8" | 7-5/8" | 3600 | | 1050 CW.FT. | | | | |
| | 5-1/2" LINER | TOP 3469 BOTTOM 7692 | | 700 CW.FT. | | | | |
| | 1-1/2" | 5089 | | | | | | |

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

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

GAS WELL

| | | | |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test-MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate |
| 2361 | 3 HOURS | | |
| Testing Method (pitot, back pr.) | Tubing Pressure (shut-in) | Casing Pressure (shut-in) | Choke Size |
| BACK PRESSURE | 1023 (14 DAYS) | 1025 | 3/4" |

VI. CERTIFICATE OF COMPLIANCE

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

Original signed by
GILBERT D. NOLAND, JR.

GILBERT D. NOLAND, JR. (Signature)
DRILLING SUPERINTENDENT (Title)
OCTOBER 22, 1970 (Date)

OIL CONSERVATION COMMISSION

APPROVED **NOV 9 1970**, 19
BY **Original Signed by Emery C. Arnold**
TITLE **SUPERVISOR DIST. #3**

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

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

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

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

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

I.

| | | |
|---|---|------------------------|
| Operator SOUTHERN UNION PRODUCTION COMPANY | | |
| Address P. O. Box 808, FARMINGTON, NEW MEXICO 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"/> Dry Gas <input type="checkbox"/> | |
| Change in Ownership <input type="checkbox"/> | Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> | |

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|--|----------------------|---|---|-----------------------------------|
| Lease Name JICARILLA "G" | Well No. 8 | Pool Name, including Formation BASIN DAKOTA | Kind of Lease State, Federal or Fee FEDERAL | Lease No. CONTRACT #150 |
| Location | | | | |
| Unit Letter G ; 1650 Feet From The NORTH Line and 1650 Feet From The EAST | | | | |
| Line of Section 2 Township 26 NORTH Range 5 WEST , NMPM, RIO ARRIBA 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"/> | Address (Give address to which approved copy of this form is to be sent) FARMINGTON, NEW MEXICO 87401 | |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) FIDELITY UNION TOWER DALLAS, TEXAS 75201 ATTN: ROBERT MCGRARY | |
| If well produces oil or liquids, give location of tanks. | Unit G | Sec. 2 |
| | Twp. 26N | Rge. 5W |
| | 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'tv. | Diff. Res'tv. |
| | | X | X | | | | | |
| Date Spudded 9/8/70 | Date Compl. Ready to Prod. 9/29/70 | Total Depth 7870 FT. R.K.B. | | P.B.T.D. 7833 FT. R.K.B. | | | | |
| Elevations (DF, RKB, RT, GR, etc.) 6673 FT. R.K.B. | Name of Producing Formation DAKOTA | | Top Oil/Gas Pay 7596 FT. R.K.B. | | Tubing Depth 7692 FT. R.K.B. | | | |
| Perforations 7596 - 7784 FT. R.K.B. | | | Depth Casing Shoe 7869 FT. R.K.B. | | | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | |
| 13-3/4" | 10-3/4" | | 307 | | 250 SACKS | | | |
| 9-7/8" | 7-5/8" | | 3600 | | 1050 CU.FT. | | | |
| | 5-1/2" LINER | | TOP 3469 BOTTOM 7869 | | 700 CU.FT. | | | |
| | 1-1/2" E.U.E. | | 7692 | | | | | |

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

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

GAS WELL

| | | | |
|--|---|--|---------------------------|
| Actual Prod. Test-MCF/D 2244 | Length of Test 3 HOURS | Bbls. Condensate/MMCF | Gravity of Condensate |
| Testing Method (pitot, back pr.) BACK PRESSURE | Tubing Pressure (shut-in) 2323 (9 DAYS) | Casing Pressure (shut-in) PACKER | Choke Size 3/4" |

VI. CERTIFICATE OF COMPLIANCE

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

Original signed by
GILBERT D. NOLAND, JR.

GILBERT D. NOLAND, JR. (Signature)
DRILLING SUPERINTENDENT (Title)

OCTOBER 22, 1970 (Date)

OIL CONSERVATION COMMISSION

APPROVED **NOV 9 1970**, 19

BY **Original Signed by Emery C. Arnold**

TITLE **SUPERVISOR DIST. #8**

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

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

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

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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
SOUTHERN UNION PRODUCTION COMPANY

Address
P. O. Box 808, FARMINGTON, NEW MEXICO 87401

Reason(s) for filing (Check proper box) Other (Please explain)

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

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|---|----------------------|---|---|-----------------------------------|
| Lease Name JICARILLA "G" | Well No. 1 | Pool Name, Including Formation BLANCO MESAVERDE | Kind of Lease State, Federal or Fee FEDERAL | Lease No. CONTRACT #150 |
| Location Unit Letter L ; 1665 Feet From The SOUTH Line and 890 Feet From The WEST Line of Section 1 Township 26 NORTH Range 5 WEST , NMPM, RIO ARRIBA 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"/> PLATEAU, INC. | Address (Give address to which approved copy of this form is to be sent) FARMINGTON, NEW MEXICO 87401 | | | |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> SOUTHERN UNION GAS COMPANY | Address (Give address to which approved copy of this form is to be sent) FIDELITY UNION TOWER DALLAS, TEXAS 75201 ATTN: ROBERT MCGRARY | | | |
| If well produces oil or liquids, give location of tanks. | Unit L | Sec. 1 | Twp. 26N | Rge. 5W |
| | | | Is gas actually connected? YES | When 1954 |

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. |
|--|---|-------------------------------------|---|-------------------------------------|--|-----------|-------------|--------------|
| | | <input checked="" type="checkbox"/> | | <input checked="" type="checkbox"/> | | | | |
| Date Spudded 7/3/54 | Date Comp. Ready to Prod. 10/13/70 | | Total Depth 7935 FT. R.K.B. | | P.B.T.D. 7888 FT. R.K.B. | | | |
| Elevations (DF, RKB, RT, GR, etc.) 6745 FT. R.K.B. | Name of Producing Formation MESAVERDE | | Top Oil/Gas Pay 5116 FT. R.K.B. | | Tubing Depth 5619 FT. R.K.B. | | | |
| Perforations 5116 - 5650 FT. | | | | | Depth Casing Shoe 7934 FT. R.K.B. | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | |
| 13-3/4" | 9-5/8" | | 232 | | 150 Sks. | | | |
| 8-3/4" | 7" | | 3150 | | 300 Sks. | | | |
| 6-1/4" | 5" | | 7934 | | 1ST. STAGE CEMENTED W/600 CU.FT. CMT. | | | |
| | 1-1/2" 1J | | 5619 | | BAKER STAGE COLLAR SET @ 3811 FT. CEMENTED W/400 CU.FT. CEMENT. | | | |

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

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

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

GAS WELL

| | | | |
|--|--|--|---------------------------|
| Actual Prod. Test-MCF/D 1965 | Length of Test 3 HRS. | Bbls. Condensate/MMCF | Gravity of Condensate |
| Testing Method (pitot, back pr.) BACK PRESSURE | Tubing Pressure (shut-in) 919 (9 DAYS) | Casing Pressure (shut-in) 921 (9 DAYS) | Choke Size 3/4" |

VI. CERTIFICATE OF COMPLIANCE

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

Original signed by
GILBERT D. NOLAND, JR.

GILBERT D. NOLAND, JR. (Signature)
DRILLING SUPERINTENDENT (Title)

NOVEMBER 6, 1970 (Date)

OIL CONSERVATION COMMISSION

APPROVED **DEC 11 1970**, 19
BY Original Signed by Emery C. Arnold
TITLE SUPERVISOR DIST. #3

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

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

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

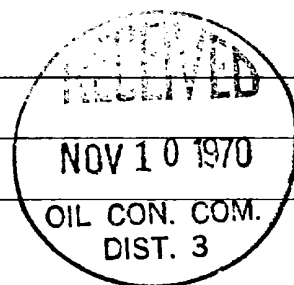
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| OPERATOR | 1 |
| PRORATION OFFICE | |

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

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

I.

| | |
|---|---|
| Operator SOUTHERN UNION PRODUCTION COMPANY | |
| Address P. O. Box 808, FARMINGTON, NEW MEXICO 87401 | |
| Reason(s) for filing (Check proper box) | |
| New Well <input type="checkbox"/> | Change in Transporter of: |
| Recompletion <input checked="" type="checkbox"/> | Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> |
| Change in Ownership <input type="checkbox"/> | Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> |
| Other (Please explain) | |



If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|------------------------------------|--------------------------|---|---|-----------------------------|
| Lease Name JICARILLA "G" | Well No. 1 | Pool Name, including Formation BASIN DAKOTA | Kind of Lease State, Federal or Fee FEDERAL | Contract No. #150 |
| Location | | | | |
| Unit Letter L | 1665 | Feet From The SOUTH Line and 890 | Feet From The WEST | |
| Line of Section 1 | Township 26 NORTH | Range 5 WEST | , NMPM, RIO ARRIBA 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"/> | Address (Give address to which approved copy of this form is to be sent) FARMINGTON, NEW MEXICO 87401 | |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) FIDELITY UNION TRUST DALLAS, TEXAS 75201 | |
| If well produces oil or liquids, give location of tanks. | Unit L | Sec. 1 |
| | Twp. 26N | Rge. 5W |
| | Is gas actually connected? YES | When 1954 |

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

IV. COMPLETION DATA

| | | | | | | | | |
|--|---|----------|---|----------|--|-----------|-------------|--------------|
| Designate Type of Completion - (X) | Oil Well | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v. | Diff. Res'v. |
| | | X | | X | | | | |
| Date Spudded 7/3/54 | Date Comp., Ready to Prod. 10/13/70 | | Total Depth 7935 FT. R.K.B. | | P.B.T.D. 7888 FT. R.K.B. | | | |
| Elevations (DF, RKB, RT, GR, etc.) 6745 FT. R.K.B. | Name of Producing Formation DAKOTA | | Top Oil/Gas Pay 7660 FT. R.K.B. | | Tubing Depth 7682 FT. R.K.B. | | | |
| Perforations 7660 - 7858 FT. | | | | | Depth Casing Shoe 7934 FT. R.K.B. | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | |
| 13-3/4" | 9-5/8" | | 232 | | 150 SKS. | | | |
| 8-3/4" | 7" | | 3150 | | 300 SKS | | | |
| 6-1/4" | 5" | | 7934 | | 1ST STAGE CEMENTED W/600 CU.FT.CMT. | | | |
| | 1-1/2" I.J. | | 7682 | | BAKER STAGE COLLAR SET @3511 FT. CEMENTED W/400 CU.F.T. CEMENT. | | | |

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

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

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

GAS WELL

| | | | |
|--|--|--|---------------------------|
| Actual Prod. Test-MCF/D 1843 | Length of Test 3 HOURS | Bbls. Condensate/MMCF | Gravity of Condensate |
| Testing Method (pitot, back pr.) BACK PRESSURE | Tubing Pressure (shut-in) 2482 (15 DAYS) | Casing Pressure (shut-in) PACKER | Choke Size 3/4" |

VI. CERTIFICATE OF COMPLIANCE

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

Original signed by
GILBERT D. NOLAND, JR.

GILBERT D. NOLAND, JR. (Signature)
DRILLING SUPERINTENDENT (Title)

NOVEMBER 6, 1970

(Date)

OIL CONSERVATION COMMISSION

APPROVED **DEC 14 1970**

BY **Original Signed by Emery C. Arnold**

TITLE **SUPERVISOR DIST. #3**

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

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

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

NEW MEXICO OIL CONSERVATION COMMISSION
INITIAL WELL DELIVERABILITY TEST REPORT FOR 19 71

Form C122-A
 Revised 1-1-66

| | | | |
|---------------------------|-------------------------------|----------------------------|-----------------------------|
| POOL NAME BADEN | POOL SLOPE n = 0.75 | FORMATION DAROTA | COUNTY Rio Arriba |
|---------------------------|-------------------------------|----------------------------|-----------------------------|

| | | | | | |
|---|--|--|--|--|--|
| COMPANY SOUTHERN UNION PRODUCTION COMPANY | | | WELL NAME AND NUMBER JICARILLA "G" No. 8 | | |
| UNIT LETTER G | SECTION 2 | TOWNSHIP 26 NORTH | RANGE 5 WEST | PURCHASING PIPELINE SOUTHERN UNION GAS COMPANY | |
| CASING O.D. - INCHES 7.625 5.500 | CASING I.D. - INCHES 6.969 4.950 | SET AT DEPTH - FEET 3605 3469-7869 | TUBING O.D. - INCHES 1.900 | TUBING I.D. - INCHES 1.610 | TOP - TUBING PERF. - FEET 7874 |
| GAS PAY ZONE FROM 7596 TO 7784 | | WELL PRODUCING THRU CASING TUBING XX | | GAS GRAVITY 0.670 | GRAVITY X LENGTH 5142 |
| DATE OF FLOW TEST FROM 1/2/71 TO 1/10/71 | | | DATE SHUT-IN PRESSURE MEASURED 10/14/70 | | |

PRESSURE DATA - ALL PRESSURES IN PSIA

| (a) Flowing Casing Pressure (DWt) | (b) Flowing Tubing Pressure (DWt) | (c) Flowing Meter Pressure (DWt) | (d) Flow Chart Static Reading | (e) Meter Error (Item c - Item d) | (f) Friction Loss (a - c) or (b - c) | (g) Average Meter Pressure (Integr.) |
|--------------------------------------|--|-----------------------------------|-----------------------------------|--|---|--|
| — | 451 | 423 | 423 | -0 ✓ | + 28 ✓ | 490 ✓ |
| (h) Corrected Meter Pressure (g + e) | (i) Avg. Wellhead Press. $P_t = (h + f)$ | (j) Shut-in Casing Pressure (DWt) | (k) Shut-in Tubing Pressure (DWt) | (l) P_c = higher value of (j) or (k) | (m) Del. Pressure $P_d = \frac{50}{100} \% P_c$ | (n) Separator or Dehydrator Pr. (DWt) for critical flow only |
| 490 ✓ | 518 ✓ | — | 2335 | 2335 ✓ | 1168 ✓ | — |

FLOW RATE CORRECTION (METER ERROR)

| Integrated Volume - MCF/D | Quotient of $\frac{\text{Item c}}{\text{Item d}}$ | $\sqrt{\frac{\text{Item c}}{\text{Item d}}}$ | Corrected Volume |
|---------------------------|---|--|-------------------------|
| 1011 | 1.0000 | 1.0000 | Q = 1011 ✓ MCF/D |

WORKING PRESSURE CALCULATION

| | | | | | |
|------------------|------------------------|---|----------------|-------------------------|------------------------|
| $(1 - e^{-x})$ ✓ | $(F_c Q_m)^2 (1000)$ ✓ | $R^2 = (1 - e^{-x}) (F_c Q_m)^2 (1000)$ ✓ | P_t^2 ✓ | $P_w^2 = P_t^2 + R^2$ ✓ | $P_w = \sqrt{P_w^2}$ ✓ |
| 0.312 | 276,925 | 86,401 | 268,324 | 354,725 | 595 596 |

DELIVERABILITY CALCULATION

| | | | | | | | |
|--|---------------|--|-----------------|-----|-----------------|-----|--------------------|
| $D = Q \left[\frac{P_c^2 - P_d^2}{P_c^2 - P_w^2} \right]^n =$ | 1011 ✓ | $\left[\frac{4,000,001}{5,097,500} \right]^n =$ | 0.8000 ✓ | $=$ | 0.8475 ✓ | $=$ | 857 ✓ MCF/D |
|--|---------------|--|-----------------|-----|-----------------|-----|--------------------|

REMARKS:

RECEIVED
FEB 10 1971
OIL CON. COM. DIST. 3

SUMMARY ✓

| | | | | |
|----------------|------------------|-------|--------------|--|
| Item h | 490 ✓ | Psia | Company | SOUTHERN UNION PRODUCTION COMPANY |
| P _c | 2335 ✓ | Psia | By | Kenneth E. Roney ✓ |
| Q | 1011 ✓ | MCF/D | Title | Production Technician |
| P _w | 596 595 ✓ | Psia | Witnessed By | |
| P _d | 1168 ✓ | Psia | Company | |
| D | 857 ✓ | MCF/D | | |

NEW MEXICO OIL CONSERVATION COMMISSION
INITIAL WELL DELIVERABILITY TEST REPORT FOR 19 71

Form C122-A
 Revised 1-1-66

| | | | |
|----------------------------|-------------------------------|-------------------------------|-----------------------------|
| POOL NAME BLANCO | POOL SLOPE n = 0.75 | FORMATION MESAVERDE | COUNTY RIO ARriba |
|----------------------------|-------------------------------|-------------------------------|-----------------------------|

| | | | | | |
|---|--|--|--|--|--|
| COMPANY SOUTHERN UNION PRODUCTION COMPANY | | | WELL NAME AND NUMBER JICARILLA "G" No. 8 | | |
| UNIT LETTER G | SECTION 2 | TOWNSHIP 26 NORTH | RANGE 5 WEST | PURCHASING PIPELINE SOUTHERN UNION GAS COMPANY | |
| CASING O.D. - INCHES 7.625 5.500 | CASING I.D. - INCHES 6.969 4.950 | SET AT DEPTH - FEET 3605 3469-3869 | TUBING O.D. - INCHES 1.900 | TUBING I.D. - INCHES 1.610 | TOP - TUBING PERF. - FEET 5071 |
| GAS PAY ZONE FROM 5042 TO 5166 | | WELL PRODUCING THRU CASING TUBING XX | | GAS GRAVITY 0.670 | GRAVITY X LENGTH 3398 |
| DATE OF FLOW TEST FROM 1/2/71 TO 1/10/71 | | | DATE SHUT-IN PRESSURE MEASURED 10/21/70 | | |

PRESSURE DATA - ALL PRESSURES IN PSIA

| (a) Flowing Casing Pressure (DWt) | (b) Flowing Tubing Pressure (DWt) | (c) Flowing Meter Pressure (DWt) | (d) Flow Chart Static Reading | (e) Meter Error (Item c - Item d) | (f) Friction Loss (a - c) or (b - c) | (g) Average Meter Pressure (Integr.) |
|--------------------------------------|--|-----------------------------------|-----------------------------------|--|--|--|
| 502 | 436 | 422 | 423 | - 1 ✓ | + 14 ✓ | 449 |
| (h) Corrected Meter Pressure (g + e) | (i) Avg. Wellhead Press. $P_t = (h + f)$ | (j) Shut-in Casing Pressure (DWt) | (k) Shut-in Tubing Pressure (DWt) | (l) P_c = higher value of (j) or (k) | (m) Del. Pressure $P_d = \frac{80}{\%P_c}$ | (n) Separator or Dehydrator Pr. (DWt) for critical flow only |
| 448 ✓ | 462 ✓ | 1037 | 1035 | 1037 ✓ | 830 ✓ | — |

FLOW RATE CORRECTION (METER ERROR)

| Integrated Volume - MCF/D | Quotient of $\frac{\text{Item c}}{\text{Item d}}$ | $\sqrt{\frac{\text{Item c}}{\text{Item d}}}$ | Corrected Volume |
|---------------------------|---|--|----------------------|
| 528 | 0.9976 ✓ | 0.9988 ✓ | Q = 527 MCF/D |

WORKING PRESSURE CALCULATION

| $(1 - e^{-s})$ | $(F_c Q_m)^2 (1000)$ | $R^2 = (1 - e^{-s}) (F_c Q_m)^2 (1000)$ | P_t^2 | $P_w^2 = P_t^2 + R^2$ | $P_w = \sqrt{P_w^2}$ |
|----------------|----------------------|---|------------------|-----------------------|----------------------|
| 0.219 ✓ | 75,246 ✓ | 16,479 ✓ | 213,444 ✓ | 229,923 ✓ | 480 ✓ |

DELIVERABILITY CALCULATION

| | | | | | | | |
|--|------------|--|---------------|-----|---------------|-----|------------------|
| $D = Q \left[\frac{P_c^2 - P_d^2}{P_c^2 - P_w^2} \right]^n =$ | 527 | $\left[\frac{386,469}{845,446} \right]^n =$ | 0.4574 | $=$ | 0.5559 | $=$ | 293 MCF/D |
|--|------------|--|---------------|-----|---------------|-----|------------------|

REMARKS:

SUMMARY

Item h **448** ✓

P_c **1037** ✓

Q **527** ✓

P_w **480** ✓

P_d **830** ✓

D **293** ✓

RECEIVED

FEB 10 1971

OIL CON. COM.

DIST. 3

SOUTHERN UNION PRODUCTION COMPANY

By **Kenneth E. Roddy**

Title **PRODUCTION TECHNICIAN**

Witnessed By _____

Company _____

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

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

I. Operator
Southern Union Production Company
Address
P. O. Box 808, Farmington, New Mexico 87401
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☒ **Change in name of Transporter**
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 Jicarilla "G" | Well No. 8 | Pool Name, including Formation. Blanco Mesaverde | Kind of Lease State, Federal or Fee Federal | Lease No. Contract #150 |
| Location Unit Letter G ; 1650 Feet From The North Line and 1650 Feet From The East Line of Section 2 Township 26 North Range 5 West , NMPM, Rio Arriba County | | | | |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | | |
|--|---|----------------|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> Platinum Inc | Address (Give address to which approved copy of this form is to be sent) | |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Gas Company of New Mexico | Address (Give address to which approved copy of this form is to be sent) First International Bldg., Dallas, Texas 75270 Attn: Mr. R. J. McGarry | |
| If well produces oil or liquids, give location of tanks. | Unit | Sec. Twp. Rge. |
| Is gas actually connected? When | | |

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

IV. COMPLETION DATA

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

V. TEST DATA AND REQUEST FOR ALLOWABLE
OIL WELL

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

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

GAS WELL

| | | | |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test-MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate |
| Testing Method (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.

Budy D. Motto (Signature)
Area Superintendent (Title)

September 2, 1976

(Date)

OIL CONSERVATION COMMISSION

APPROVED **SEP 17 1976**, 19

BY **Original Signed by A. R. Kendrick**

TITLE **SUPERVISOR DIST. #3**

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allowable on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.
Separate Forms C-104 must be filed for each pool in multiply completed wells.

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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

I. Operator
Southern Union Production Company

Address
P. O. Box 808, Farmington, New Mexico 87401

Reason(s) for filing (Check proper box) Other (Please explain)

New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☒ **Change in name of Transporter**
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 Jicarilla "G" | Well No. 8 | Pool Name, Including Formation Basin Dakota | Kind of Lease State, Federal or Fee Federal | Lease No. Contract #150 |
| Location Unit Letter G ; 1650 Feet From The North Line and 1650 Feet From The East Line of Section 2 Township 26 North Range 5 West , NMPM, Rio Arriba County | | | | |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | | |
|--|---|---|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> Plateau Inc | Address (Give address to which approved copy of this form is to be sent) | |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Gas Company of New Mexico | Address (Give address to which approved copy of this form is to be sent) First International Bldg., Dallas, Texas 75270 Attn: Mr. R. J. McGrary | |
| If well produces oil or liquids, give location of tanks. | Unit | Sec. Twp. Rge. is gas actually connected: When |

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

IV. COMPLETION DATA

| | | | | | | | | |
|--------------------------------------|-----------------------------|----------|-----------------|----------|-------------------|-----------|--------------|---------------|
| Designate Type of Completion - (X) | Oil Well | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'tv. | Diff. Res'tv. |
| 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 | | Turing Depth | | | |
| Perforations | | | | | Depth Casing Shoe | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

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

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

GAS WELL

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

VI. CERTIFICATE OF COMPLIANCE

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

Rudy D. Motto (Signature)
Area Superintendent
(Title)

September 2, 1976
(Date)

OIL CONSERVATION COMMISSION

APPROVED **SEP 17 1976**, 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 Forms C-104 must be filed for each pool in multiply completed wells.

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| | GAS | 1 |
| OPERATOR | | 1 |
| PRORATION OFFICE | | |

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

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

I. Operator **Supron Energy Corporation**

Address **P. O. Box 808, Farmington, New Mexico**

Reason(s) for filing (Check proper box):

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

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|------------------------------------|--------------------------|---|---|----------------------------|
| Lease Name Jicarilla "G" | Well No. 3 | Pool Name, Including Formation Blanco Mesaverde | Kind of Lease State, Federal or Fee Federal | Contract No. 150 |
| Location | | | | |
| Unit Letter G | 1650 | Feet From The North | Line and 1650 | Feet From The East |
| Line of Section 2 | Township 26 North | Range 5 West | , NMPM, Rio Arriba County | |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | | | | |
|--|---|------|------|---------------------------------|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> Plateau, Inc. | Address (Give address to which approved copy of this form is to be sent) | | | |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Gas Company of New Mexico | Address (Give address to which approved copy of this form is to be sent) First International Bldg. Dallas, Texas--Attn: Mr. R. J. McGarry | | | |
| If well produces oil or liquids, give location of tanks. | Unit | Sec. | Twp. | Rge. |
| | | | | Is gas actually connected? When |

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

IV. COMPLETION DATA

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

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

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

GAS WELL

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

VI. CERTIFICATE OF COMPLIANCE

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

Original Signed By
Rudy D. Motto

Rudy D. Motto (Signature)
Area Superintendent

(Title)

June 29, 1977

(Date)

OIL CONSERVATION COMMISSION

APPROVED **JUN 29 1977**, 19
BY **ORIGINAL SIGNED BY H. E. MAXWELL JR.**
TITLE **SECRETARY, TRANSPORTS DIVISION**

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

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

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

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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 Supron Energy Corporation | | |
| Address P. O. Box 808, Farmington, New Mexico 87401 | | |
| 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 checked="" type="checkbox"/> | Change Name of Operator |
| Recompletion <input type="checkbox"/> | Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> | |
| Change in Ownership <input type="checkbox"/> | | |

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|--|----------------------|---|---|------------------------|
| Lease Name Jicarilla "G" | Well No. 8 | Pool Name, including Formation Basin Dakota | Kind of Lease State, Federal or Fee Federal | Contract 150 |
| Location Unit Letter G 1650 Feet From The North Line and 1650 Feet From The East | | | | |
| Line of Section 2 Township 26 North Range 5 West , NMPM, Rio Arriba County | | | | |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | | | | | | |
|--|--|------|------|------|----------------------------|------|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> Plateau, Inc. | Address (Give address to which approved copy of this form is to be sent) | | | | | |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Gas Company of New Mexico | Address (Give address to which approved copy of this form is to be sent) First International Bldg Dallas, Texas—Attn:; Mr. R. J. McGrary | | | | | |
| If well produces oil or liquids, give location of tanks. | Unit | Sec. | Twp. | Rge. | Is gas actually connected? | When |

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

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, CR, etc.,) | Name of Producing Formation | | Top Oil/Gas Pay | | Tubing Depth | | | |
| Perforations | | | | | Depth Casing Shoe | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

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

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

GAS WELL

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

VI. CERTIFICATE OF COMPLIANCE

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

Original Signed By
Rudy D. Motto

Rudy D. Motto (Signature)
Area Superintendent

(Title)

June 23, 1977

(Date)

OIL CONSERVATION COMMISSION

JUN 29 1977

APPROVED _____, 19____

BY **ORIGINAL SIGNED BY N. E. MAXWELL, JR.**

TITLE **PERMIT TO TRANSPORT DIST. NO. 1**

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

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

All sections of this form must be filled out completely for allowable on new and recompleted wells.

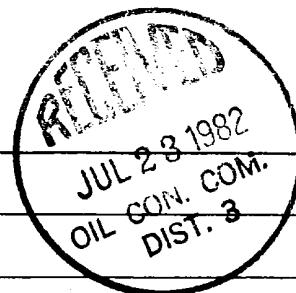
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

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| TRANSPORTER | OIL | |
| | GAS | |
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| 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-11
Effective 1-1-65



I.

| | |
|--|---|
| Operator Union Texas Petroleum Corporation | |
| Address 1860 Lincoln Street, Suite 1010, Denver, Colorado 80295 | |
| 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 type="checkbox"/> Dry Gas <input type="checkbox"/> |
| Change in Ownership <input checked="" type="checkbox"/> | Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> |
| Change of Ownership to Union Producing Company successor to Supron Energy Corporation | |

If change of ownership give name and address of previous owner Supron Energy Corporation, P.O. Box 808, Farmington, New Mexico 87401

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|--|---------------|--|---|------------------|
| Lease Name JICARILLA "G" | Well No. 8 | Pool Name, Including Formation BLANCO MESAVERDE | Kind of Lease State, Federal or Fee FED | Lease No. 150 |
| Location Unit Letter <u>G</u> ; <u>1650</u> Feet From The <u>NORTH</u> Line and <u>1650</u> Feet From The <u>EAST</u> Line of Section <u>2</u> Township <u>26</u> NORTH Range <u>5</u> WEST , NMPM, <u>RIO ARRIBA</u> 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"/> | Address (Give address to which approved copy of this form is to be sent) | | | | | |
| <u>Plateau, Inc.</u> | <u>Post Office Box 108, Farmington, NM 87401</u> | | | | | |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) | | | | | |
| <u>Gas Company of New Mexico</u> | <u>1800 First International Bldg. Dallas, Texas 75201</u> | | | | | |
| If well produces oil or liquids, give location of tanks. | Unit <u>G</u> | Sec. <u>2</u> | Twp. <u>26N</u> | Rge. <u>5W</u> | Is gas actually connected? <u>YES</u> | When <u>12/15/70</u> |

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. |
| | | <u>XX</u> | <u>XX</u> | | | | | |
| Date Spudded <u>9 8 70</u> | Date Compl. Ready to Prod. <u>9 29 70</u> | Total Depth <u>7870</u> | P.B.T.D. <u>7833</u> | | | | | |
| Elevations (DF, RKB, RT, GR, etc.) <u>6673</u> | Name of Producing Formation <u>MESAVERDE</u> | Top Oil/Gas Pay <u>5042</u> | Tubing Depth <u>5089</u> | | | | | |
| Perforations <u>5042-5166</u> | | | Depth Casing Shoe <u>7869</u> | | | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | | SACKS CEMENT | | | | |
| <u>13-3/4</u> | <u>10-3/4</u> | <u>307</u> | | <u>250</u> | | | | |
| <u>9-7/8</u> | <u>7-5/8</u> | <u>3600</u> | | <u>1050 cu ft</u> | | | | |
| | <u>5-1/2</u> | <u>3469-7692</u> | | <u>700 cu ft</u> | | | | |
| | <u>1-1/2</u> | <u>5089</u> | | | | | | |

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

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

GAS WELL

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

VI. CERTIFICATE OF COMPLIANCE

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

Union Texas Petroleum Corporation

(Signature)
Vice-President

(Title)
6/11/82
(Date)

OIL CONSERVATION COMMISSION

APPROVED JUL 23 1982, 19
BY Original Signed by CHARLES GHOLSON
TITLE DEPUTY OIL & GAS INSPECTOR, DIST. #3

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

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

All sections of this form must be filled out completely for allowable on new and recompleted wells.

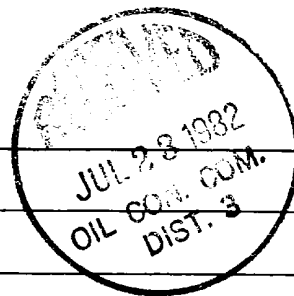
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

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| 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-11
Effective 1-1-65



I. Operator
Union Texas Petroleum Corporation

Address
1860 Lincoln Street, Suite 1010, Denver, Colorado 80295

Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☒ Casinghead Gas ☐ Condensate ☐

Other (Please explain)
~~Change of Ownership to~~
~~Union Producing Company successor to~~
~~Supron Energy Corporation~~

If change of ownership give name and address of previous owner Supron Energy Corporation, P.O. Box 808, Farmington, New Mexico 87401

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|---|---------------|--|---|------------------|
| Lease Name JICARILLA "G" | Well No. 8 | Pool Name, including Formation BASIN DAKOTA | Kind of Lease State, Federal or Fee <u>7</u> 20 | Lease No. 150 |
| Location Unit Letter <u>G</u> ; <u>1650</u> Feet From The <u>NORTH</u> Line and <u>1650</u> Feet From The <u>EAST</u> Line of Section <u>2</u> Township <u>26</u> NORTH Range <u>5</u> WEST , NMPM, RIO ARRIBA 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"/> Plateau, Inc. | Address (Give address to which approved copy of this form is to be sent) Post Office Box 108, Farmington, NM 87401 | | | |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Gas Company of New Mexico | Address (Give address to which approved copy of this form is to be sent) 1800 First International Bldg. Dallas, Texas 75201 | | | |
| If well produces oil or liquids, give location of tanks. | Unit G | Sec. 2 | Twp. 26N | Rge. 5W |
| Is gas actually connected? | | When | | |
| YES | | 12/15/70 | | |

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. |
| | | XX | XX | | | | | |
| Date Spudded 9 8 70 | Date Compl. Ready to Prod. 9 29 70 | | Total Depth 7870 | | P.B.T.D. 7833 | | | |
| Elevations (DF, RKB, RT, GR, etc.) 6673 | Name of Producing Formation DAKOTA | | Top Oil/Gas Pay 7596 | | Tubing Depth 7692 | | | |
| Perforations 7596-7784 | | | | | Depth Casing Shoe 7869 | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | |
| 13-3/4 | 10-3/4 | | 307 | | 250 | | | |
| 9-7/8 | 7-5/8 | | 3600 | | 1050 cu ft | | | |
| | 5-1/2 | | 3469-7869 | | 700 cu ft | | | |
| | 1-1/2 | | 7692 | | | | | |

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

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

GAS WELL

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

VI. CERTIFICATE OF COMPLIANCE

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

Union Texas Petroleum Corporation

(Signature)
Vice-President

(Title)
6/11/82
(Date)

OIL CONSERVATION COMMISSION

APPROVED JUL 23 1982 19

BY Original Signed by CHARLES GHOLSON

TITLE DEPUTY OIL & GAS INSPECTOR, DIST. #3

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

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

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

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| | NATURAL GAS |
| PERMIT | |
| OPERATION OFFICE | |

OIL CONSERVATION DIVISION
P. O. BOX 2028
SANTA FE, NEW MEXICO 87501

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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Union Texas Petroleum Corporation

P. O. Box 1290, Farmington, New Mexico 87499

Person(s) for filing (Check proper box)

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

Other (Please specify)

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OIL CON. DIV.
DIST. 3

Change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

| | | | | |
|--|---------------|--|--|-----------------------|
| Well Name Jicarilla "G" | Well No. 8 | Pool Name, including Formation Blanco Mesaverde | Kind of Lease State, Federal or Fee Fed. Jic | Lease No. Cont.150 |
| Unit Letter <u>G</u> : <u>1650</u> Feet From The <u>North</u> Line and <u>1650</u> Feet From The <u>East</u> | | | | |
| Line of Section <u>2</u> Township <u>26N</u> Range <u>5W</u> N.M.P.M. <u>Rio Arriba</u> County | | | | |

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | | | | | | |
|---|--|-----------|-------------|-------------|------------------------------------|------|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Gary Energy Corporation | Address (Give address to which approved copy of this form is to be sent) P. O. Box 489, Bloomfield, N.M. 87413 | | | | | |
| Name of Authorized Transporter of Condensate Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Gas Company of New Mexico | Address (Give address to which approved copy of this form is to be sent) P. O. Box 26400, Albuquerque, N.M. 87125 | | | | | |
| Well produces oil or liquids, no location of tanks. | Unit G | Sec. 2 | Twp. 26N | Range 5W | Is gas actually compressed? Yes | When |

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

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

CERTIFICATE OF COMPLIANCE

we 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
knowledge and belief.

Kenneth E. Roddy
Kenneth E. Roddy (Signature)
Area Production Superintendent

(Title)

10/1/84

(Date)

OIL CONSERVATION DIVISION

APPROVED NOV 01 1984, 19
BY Frank J. Cargill
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 allow-
able on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner,
well name or number, or transporter or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply
completed wells.

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| DATE | |
| AND OFFICE | |
| REPORTER | OIL |
| | GAS |
| PERAYER | |
| OPERATION 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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

| | |
|--|--|
| Union Texas Petroleum Corporation | |
| P. O. Box 1290, Farmington, New Mexico 87499 | |
| Reason(s) for filing (Check proper box) | |
| <input type="checkbox"/> New Well | Change in Transporter of: |
| <input type="checkbox"/> Recompletion | <input type="checkbox"/> Oil |
| <input type="checkbox"/> Change in Ownership | <input type="checkbox"/> Condensate Gas |
| | <input checked="" type="checkbox"/> Dry Gas |
| | <input checked="" type="checkbox"/> Condensate |
| Other (Please explain) | |
| RECEIVED OCT 10 1984 OIL CON. DIV. DIST. 3 | |
| Change of ownership give name and address of previous owner | |

| | | | |
|-------------------------------|----------|--------------------------------|-----------------------------------|
| DESCRIPTION OF WELL AND LEASE | | | |
| Well Name | Well No. | Pool Name, including Formation | Kind of Lease |
| Jicarilla "G" | 8 | Basin Dakota | State, Federal or Fee |
| | | | Fed. Jic |
| | | | Cont. 150 |
| Section | | | |
| Unit Letter | G | 1650 | Feet From The North Line and 1650 |
| | | | Feet From The East |
| Line of Section | 2 | Township 26N | Range 5W |
| | | | NMPM Rio Arriba |
| | | | County |

| | | | |
|--|------|--|------|
| DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS | | | |
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> | | Address (Give address to which approved copy of this form is to be sent) | |
| Gary Energy Corporation | | P. O. Box 489, Bloomfield, N.M. 87413 | |
| Name of Authorized Transporter of Condensate Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> | | Address (Give address to which approved copy of this form is to be sent) | |
| Gas Company of New Mexico | | P. O. Box 26400, Albuquerque, N.M. 87125 | |
| well produces oil or liquids, no location of tanks. | Unit | Sec. | Twp. |
| | G | 2 | 26N |
| | | | 5W |
| Is gas actually connected? | | When | |
| Yes | | | |

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.

CERTIFICATE OF COMPLIANCE

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

Kenneth E. Roddy
Kenneth E. Roddy (Signature)
Area Production Superintendent
(Title)

10/1/84
(Date)

OIL CONSERVATION DIVISION

APPROVED NOV 01 1984, 19

BY Frank J. [Signature]
SUPERVISOR DISTRICT # 3

TITLE _____

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

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

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

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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| TRANSPORTER | OIL |
| | NATURAL 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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

| | |
|--|--|
| Operator Union Texas Petroleum Corporation | |
| Address P. O. Box 1290, Farmington, New Mexico 87499 | |
| Reason(s) for filing (Check proper box) | Other (Please explain) |
| <input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership | Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/> Condensate |

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

II. DESCRIPTION OF WELL AND LEASE

| | | | | | |
|--|---------------|--|---|--------------------|------------------|
| Lease Name Jicarilla "G" | Well No. 8 | Pool Name, including Formation Blanco Mesaverde | Kind of Lease State, Federal or Free | Federal Jic.Con | Lease No. 150 |
| Location | | | | | |
| Unit Letter <u>G</u> : <u>1650</u> Feet From The <u>North</u> Line and <u>1650</u> Feet From The <u>East</u> | | | | | |
| Line of Section <u>2</u> Township <u>26N</u> Range <u>5W</u> , NMPM, Rio Arriba Country | | | | | |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | |
|--|--|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |
| Conoco, Inc. Surface Transportation | P. O. Box 1429, Bloomfield, N.M. 87413 |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |
| Gas Company of New Mexico | P. O. Box 26400, Albuquerque, N.M. 87125 |
| If well produces oil or liquids, give location of tanks. | Unit : <u>G</u> Sec. : <u>2</u> Twp. : <u>26N</u> Rge. : <u>5W</u> |
| Is gas actually connected? | When : <u>Yes</u> |

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

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

VI. CERTIFICATE OF COMPLIANCE

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

Kenneth E. Roddy
Kenneth E. Roddy (Signature)
Area Production Superintendent
(Title)
4/26/85
(Date)

OIL CONSERVATION DIVISION

APPROVED APR 26 1985
BY Frank J. Gandy
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 deepens well, this form must be accompanied by a tabulation of the deviated tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allowable on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.
Separate Forms C-104 must be filed for each pool in multiple completed wells.

APR 26 1985
OIL CON. DIV.
DIST. 3

| | |
|----------------------------|--|
| NO. OF MINERALS DEPARTMENT | |
| DISTRIBUTION | |
| SANTA FE | |
| FILE | |
| U.S.G.A. | |
| LAND OFFICE | |
| TRANSPORTER | <input type="checkbox"/> OIL <input type="checkbox"/> 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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator

Union Texas Petroleum Corporation

Address

P. O. Box 1290, Farmington, New Mexico 87499

Reason(s) for filing (Check proper box)

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

Other (Please explain)

If change of ownership give name
and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

| | | | | | |
|--|---------------|--|--|---------------------|------------------|
| Lease Name Jicarilla "G" | Well No. 8 | Pool Name, including Formation Basin Dakota | Kind of Lease State, Federal or Fee | Federal Jic.Con. | Lease No. 150 |
| Location | | | | | |
| Unit Letter <u>G</u> : <u>1650</u> Feet From The <u>North</u> Line and <u>1650</u> Feet From The <u>East</u> | | | | | |
| Line of Section <u>2</u> Township <u>26N</u> Range <u>5W</u> , NMPM. <u>Rio Arriba</u> County | | | | | |

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | |
|--|--|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |
| Conoco, Inc. Surface Transportation | P. O. Box 1429, Bloomfield, N.M. 87413 |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |
| Gas Company of New Mexico | P. O. Box 26400, Albuquerque, N.M. 87125 |
| Well produces oil or liquids, give location of tanks. | Unit Sec. Twp. Rge. Is gas actually connected? When |
| | G 2 26N 5W Yes |

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.

I. 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.

Kenneth E. Roddy
Kenneth E. Roddy (Signature)
Area Production Superintendent
(Title)
4/26/85
(Date)

RECEIVED
APR 26 1985

OIL CON. DIV.
DIST. 3

OIL CONSERVATION DIVISION

APPROVED

BY

TITLE

APR 26 1985

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 allow-
able on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner,
well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply
completed wells.

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on reverse 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 purposes.)

| | | | |
|--|--|--|-------------------------|
| 1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> | | 5. LEASE DESIGNATION AND SERIAL NO. Contract #150 | |
| 2. NAME OF OPERATOR Union Texas Petroleum Corporation | | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME | |
| 3. ADDRESS OF OPERATOR P. O. Box 1290, Farmington, New Mexico 87499 | | 7. UNIT AGREEMENT NAME | |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1650' FNL; 1650' FEL | | 8. FARM OR LEASE NAME Jicarilla G | |
| 14. PERMIT NO. | | 9. WELL NO. 8 | |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6673' D. F. | | 10. FIELD AND POOL, OR WILDCAT Basin Dakota <i>Blanco MV</i> | |
| | | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 02, T26N-R5W NMPM | |
| | | 12. COUNTY OR PARISH Rio Arriba | 13. STATE New Mexico |

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
(Other) ☐

PULL OR ALTER CASING ☐
MULTIPLE COMPLETION ☐
ABANDON* ☐
CHANGE PLANS ☐

WATER SHUT-OFF ☐
FRACTURE TREATMENT ☐
SHOOTING OR ACIDIZING ☐
(Other) ☒ Redrill Ground Bed

REPAIRING WELL ☐
ALTERING CASING ☐
ABANDONMENT* ☐

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

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

The existing ground bed on this location has failed. The ground bed was drilled next to the existing ground bed, as follows:

- 5/28/85: 1. Drill 6-3/4" hole to 60'.
2. Open 6-3/4" hole to 12 1/4" to 60'.
5/29/85: 3. Run 60' of 8" poly pipe in hole.
4. Drill 6-3/4" hole from 60' to 340'.
5/30/85: 9. Logged the hole with an anode and placed 10 anodes across conductive formations.
10. Run 1" poly vent pipe with holes in anode zone to surface.
11. Backfill with coke breeze slurry.

No new ground was disturbed.

RECEIVED
JUN 18 1985
OIL CON. DIV.
DIST. 3

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

SIGNED *R. A. Morris*
R. A. MORRIS

TITLE Drilling Foreman

DATE 6/11/85

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

ACCEPTED FOR RECORD
DATE _____

JUN 17 1985

*See Instructions on Reverse Side

NMOCC

FARMINGTON RESOURCE AREA
BY *E. J. H.*



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

GARREY CARRUTHERS
GOVERNOR

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

October 19, 1987

Ms. Barbara Norman
Union Texas Petroleum Corp.
375 US Highway 64
Farmington, NM 87401

Re: Jicarilla G #8 G-02-26N-5W
Jicarilla J #23 A-25-26N-5W

Dear Barbara:

Annual packer leakage tests on the referenced wells were inconclusive in proving zone separation.

Please reschedule and retest the wells in such a manner as to prove zone separation. Shut in both zones for a minimum of 3 days. Blow the higher pressured zone to the atmosphere or through a separator for as long as it takes to get a significant pressure drop.

Please notify this office at least 24 hours prior to tests, so we may provide a witness.

Yours truly,

A handwritten signature in cursive script, appearing to read "Charles Gholson".

Charles Gholson
Deputy Oil & Gas Inspector

CG/dj

xc: Well Files



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

GARREY CARRUTHERS
GOVERNOR

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

December 3, 1987

Mr. John Rector
Union Texas Petroleum Corp.
375 US Highway 64
Farmington, NM 87401

Re: Jicarilla G # 8 G-02-26N-5W
Jicarilla J #23 A-25-26N-5W

Dear John:

Packer leakage retests on the referenced wells indicated the G-8 has a packer or tubing leak.

In order to comply with Rule 112-A and the order authorizing the multiple completion, you are hereby directed to initiate immediate remedial activity. The J-23 was ok.

Yours truly,

A handwritten signature in cursive script, appearing to read "Charles Gholson".

Charles Gholson
Deputy Oil & Gas Inspector

CG/dj

xc: Well Files
Operator File

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

Budget Bureau No. 1004-0115
Expires August 31, 1988

SUNDRY NOTICES AND REPORTS ON WELLS

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

| | |
|---|--|
| 1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> | 5. LEASE DESIGNATION AND SERIAL NO. Jic. Con. 150 |
| 2. NAME OF OPERATOR Union Texas Petroleum | 6. IF INDIAN ALLOTTEE OR TRIBE NAME Jicarilla Apache |
| 3. ADDRESS OF OPERATOR 375 US Highway 64, Farmington, NM 87401 | 7. UNIT AGREEMENT NAME N/A |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1650' FNL & 1650' FHL | 8. FARM OR LEASE NAME Jicarilla G |
| 14. PERMIT NO. 6673' KB | 9. WELL NO. 8 |
| 15. ELEVATIONS (Show whether DF, RT, OR, etc.) | 10. FIELD AND POOL, OR WILDCAT Blanco MV-Basin DK |
| | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 2, T26N-R5W |
| | 12. COUNTY OR PARISH Rio Arriba |
| | 13. STATE NM |

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

| NOTICE OF INTENTION TO: | | SUBSEQUENT REPORT OF: | |
|--|---|--|--|
| TEST WATER SHUT-OFF <input type="checkbox"/> | PEEL OR ALTER CASING <input type="checkbox"/> | WATER SHUT-OFF <input type="checkbox"/> | REPAIRING WELL <input type="checkbox"/> |
| FRACTURE TREAT <input type="checkbox"/> | MULTIPLE COMPLETE <input type="checkbox"/> | FRACTURE TREATMENT <input type="checkbox"/> | ALTERING CASING <input type="checkbox"/> |
| SHOOT OR ACIDIZE <input type="checkbox"/> | ABANDON* <input type="checkbox"/> | SHOOTING OR ACIDIZING <input type="checkbox"/> | ABANDONMENT* <input type="checkbox"/> |
| REPAIR WELL <input type="checkbox"/> | CHANGE PLANE <input type="checkbox"/> | (Other) <input type="checkbox"/> | |

(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.)

Downhole commingle ☒

Union Texas Petroleum intends to downhole commingle this well pursuant to N.M.O.C.D. Order R-8658 dated 6/77/88.

1. TOOH with both strings of tubing.
2. Remove packer at 7490'.
3. Run 2-3/8" tubing to approximately 7700'.
4. The production allocation as follows:

| | Gas | Oil |
|-----------|-----|-----|
| Mesaverde | 33% | 22% |
| Dakota | 67% | 78% |

RECEIVED
AUG 19 1988
OIL CON. DIV.
DIST. 3

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

SIGNED Robert C. Frank TITLE Permit Coordinator DATE 8/08/88

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____

CONDITIONS OF APPROVAL, IF ANY:

APPROVED

AUG 17 1988

AREA MANAGER

NMOCDC
*See Instructions on Reverse Side



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

Garrey Carruthers
Governor

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

March 21, 1989

Mr. P. M. Pippin
Union Texas Petroleum Corporation
375 U. S. Highway 64
Farmington, N. M. 87401

Re: Jicarilla G #8 G-2-26N-5W

Dear Mr. Pippin:

Your recommended allocation of commingled production to the zones in the referenced well is approved as follows:

| | Gas | Oil |
|-----------|-----|-----|
| Mesaverde | 33% | 22% |
| Dakota | 67% | 78% |

Sincerely,

Frank T. Chavez, District Supervisor

cc:
Santa Fe
well file
GNM CST



Union Texas Petroleum

375 U.S. Highway 64
Farmington, New Mexico 87401
Telephone (505) 325-3587

January 6, 1989

Mr. Frank Chavez
N. M. Oil Conservation Division
1000 Rio Brazos Road
Aztec, New Mexico 87410

Dear Frank,

We have reviewed the gas and oil tests on our Jicarilla G #8 (G Section 2, T26N-R5W, Rio Arriba County, NM), which is a commingled Blanco Mesaverde-Basin Dakota well, as per N.M.O.C.D. Order R-8658. Based on production volumes during 1985 and 1986 (before the well's tubing leak), we feel that the following oil and gas production allocation on the subject well's commingled zones would be reasonably accurate:

| | <u>Gas</u> | <u>Oil</u> |
|-----------|------------|------------|
| Mesaverde | 33% | 22% |
| Dakota | 67% | 78% |

Please let us know if this percentage allocation meets with your approval.

Sincerely,

P. M. Pippin
Production Engineer

PMP:lmg
attachment

RECEIVED
FEB 27 1989
OIL CON. DIV
DIST. 3

JICARILLA G #8 MV-DK

Allocation Calculation

| | |
|---|--------|
| Mesaverde Production 1985 and 1986 (before tubing leak) | |
| 48.4 MMCF | 133 BO |

| | |
|--|--------|
| Dakota Production 1985 and 1986 (before tubing leak) | |
| 99.9 MMCF | 476 BO |

| | | |
|-------|------------|--------|
| Total | 148.3 MMCF | 609 BO |
|-------|------------|--------|

Mesaverde Gas Allocation = $\frac{48.4}{148.3} = 33\%$

Mesaverde Oil Allocation = $\frac{133}{609} = 22\%$

Dakota Gas Allocation = $\frac{99.9}{145.3} = 67\%$

Dakota Oil Allocation = $\frac{476}{609} = 78\%$

Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I. Operator Union Texas Petroleum Corporation Well API No. _____

Address P.O. Box 2120 Houston, Texas 77252-2120

Reason(s) for Filing (Check proper box)

New Well ☐

Recompletion ☐

Change in Operator ☐

Change in Transporter of:

Oil ☒

Dry Gas ☐

Casinghead Gas ☐

Condensate ☐

Other (Please explain) _____

If change of operator give name
and address of previous operator _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Jicarilla "G" Well No. 8 Pool Name, Including Formation BASIN (Dakota) Kind of Lease State, Federal or Fee Lease No. C150

Location Unit Letter G Feet From The _____ Line and _____ Feet From The _____ Line
Section 2 Township 26N Range 05W NMPM, Rio Arriba County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Address (Give address to which approved copy of this form is to be sent)
Meridian Oil Inc. P.O. Box 4289, Farmington, NM 87499

Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒ Address (Give address to which approved copy of this form is to be sent)
Gas Company of New Mexico P.O. Box 1899, Bloomfield, NM 87413

If well produces oil or liquids, give location of tanks. Unit Sec. Twp. Rge. Is gas actually connected? When?

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

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 Shoes | | | |

TUBING, CASING AND CEMENTING RECORD

| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
|-----------|----------------------|-----------|--------------|
| | | | |
| | | | |
| | | | |

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

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

GAS WELL

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

VI. OPERATOR CERTIFICATE OF COMPLIANCE

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

Signature Annette C. Bisby Env. & Reg. Secrtry
Printed Name 8-4-89 Title (713) 968-4012
Date _____ Telephone No. _____

OIL CONSERVATION DIVISION

Date Approved AUG 28 1989

By Supervisor SUPERVISION DISTRICT # 3

Title _____

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 well in compliance with Rule 111.

Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

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

State of New Mexico
Energy, Minerals and Natural Resources Department

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I. Operator Union Texas Petroleum Corporation Well API No. _____

Address P.O. Box 2120 Houston, Texas 77252-2120

Reason(s) for Filing (Check proper box) ☐ Other (Please explain) _____
New Well ☐ Change in Transporter of: _____
Recompletion ☐ Oil ☒ Dry Gas ☐
Change in Operator ☐ Casinghead Gas ☐ Condensate ☐

If change of operator give name and address of previous operator _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Jicarilla "G" Well No. 8 Pool Name, including Formation BUNCO (Mesaverde) Kind of Lease State, Federal or Fee Lease No. C150

Location _____
Unit Letter G Feet From The _____ Line and _____ Feet From The _____ Line
Section 2 Township 26N Range 05W NMPM, RIO ARriba County _____

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Address (Give address to which approved copy of this form is to be sent) Meridian Oil Inc. P.O. Box 4289, Farmington, NM 87499

Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒ Address (Give address to which approved copy of this form is to be sent) Gas Company of New Mexico P.O. Box 1899, Bloomfield, NM 87413

If well produces oil or liquids, give location of tanks. Unit Sec. Twp. Rge. Is gas actually connected? When?

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

IV. COMPLETION DATA

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

TUBING, CASING AND CEMENTING RECORD

| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
|-----------|----------------------|-----------|--------------|
| | | | |
| | | | |
| | | | |

V. TEST DATA AND REQUEST FOR ALLOWABLE

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

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

GAS WELL

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

VI. OPERATOR CERTIFICATE OF COMPLIANCE

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

Signature Annette C. Bisby Env. & Reg. Sec'rtry
Printed Name 8-4-89 Title (713) 968-4012
Date _____ Telephone No. _____

OIL CONSERVATION DIVISION

Date Approved AUG 28 1989
By [Signature]
SUPERVISION DISTRICT # 3
Title _____

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 segmented well.

OIL CONSERVATION COMMISSION
3 DISTRICT

OIL CONSERVATION COMMISSION
BOX 2088
SANTA FE, NEW MEXICO

DATE 10-20-70

Re: Proposed NSP _____

Proposed NWU _____

Proposed NSL _____

Proposed NFO _____

Proposed MC ✓

Gentlemen:

I have examined the application dated 10-26-70
for the Southern Union Prod & Service Co. #8 6-2-26N-5W
Operator Lease and Well No. S-T-R

and my recommendations are as follows:

Approval

Yours very truly,

Ann C. Crawford

SOUTHERN UNION PRODUCTION COMPANY

COPY

OCTOBER 19, 1970

NEW MEXICO OIL CONSERVATION COMMISSION
P. O. Box 2088
SANTA FE, NEW MEXICO 87501



ATTENTION: MR. A. L. PORTER

DEAR SIR:

ENCLOSED ARE THREE (3) COPIES EACH OF THE FOLLOWING FORMS TO COVER SOUTHERN UNION PRODUCTION COMPANY'S JICARILLA "G" NO. 8 WELL LOCATED 1650 FEET FROM THE NORTH LINE AND 1650 FEET FROM THE EAST LINE OF SECTION 2, TOWNSHIP 26 NORTH, RANGE 5 WEST, RIO ARriba COUNTY, NEW MEXICO:

1. APPLICATION FOR MULTIPLE COMPLETION - FORM U-107
2. OFFSET OPERATOR'S PLAT
3. WELL COMPLETION SCHEMATIC DIAGRAM

ALSO ENCLOSED IS ONE (1) COPY EACH OF THE PACKER-SETTING AFFIDAVIT AND THE INDUCTION ELECTRIC LOG.

YOURS TRULY,

SOUTHERN UNION PRODUCTION COMPANY

Original signed by
GILBERT D. NOLAND, JR.
GILBERT D. NOLAND, JR.
DRILLING SUPERINTENDENT

CDM:RAY
ENCLOSURES

CC: BENNY E. BECHTOL - EXPLORATION
NEW MEXICO OIL CONSERVATION COMMISSION
1000 RIO BRAZOS RD., AZTEC, NEW MEXICO 87410
AZTEC OIL & GAS COMPANY
P.O. BOX 570, FARMINGTON, NEW MEXICO 87401
AZTEC OIL & GAS COMPANY
2000 1ST NATIONAL BANK BLDG., DALLAS, TEXAS 75202
EL PASO NATURAL GAS COMPANY
P. O. BOX 990, FARMINGTON, NEW MEXICO 87401

NEW MEXICO OIL CONSERVATION COMMISSION
SANTA FE, NEW MEXICO
APPLICATION FOR MULTIPLE COMPLETION

Form C-107
5-1-61

| | | | |
|---|------------------|-------------------------------------|---------------------------------|
| Operator SOUTHERN UNION PRODUCTION COMPANY | | County RIO ARriba | Date OCTOBER 16, 1970 |
| Address P. O. Box 808, Farmington, New Mexico | | Lease JICARILLA "Q" NO. 8 | Well No. 8 |
| Location of Well G | Unit 2 | Township 26 NORTH | Range 5 WEST |

1. Has the New Mexico Oil Conservation Commission heretofore authorized the multiple completion of a well in these same pools or in the same zones within one mile of the subject well? YES ☒ NO ☐
2. If answer is yes, identify one such instance: Order No. **HC-1889**; Operator Lease, and Well No.: **JICARILLA "Q" NO. 6**

SOUTHERN UNION PRODUCTION COMPANY

| 3. The following facts are submitted: | Upper Zone | Intermediate Zone | Lower Zone |
|--|-------------------------|-------------------|--------------------|
| a. Name of Pool and Formation | BLANCO MESAVERDE | | BASIN DE. |
| b. Top and Bottom of Pay Section (Perforations) | 9042 - 9166 | | 7996 - 7784 |
| c. Type of production (Oil or Gas) | GAS | | GAS |
| d. Method of Production (Flowing or Artificial Lift) | FLOWING | | FLOWING |

4. The following are attached. (Please check YES or NO)

- | | | |
|-------------------------------------|-------------------------------------|---|
| Yes | No | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | a. Diagrammatic Sketch of the Multiple Completion, showing all casing strings, including diameters and setting depths, centralizers and/or turbolizers and location thereof, quantities used and top of cement, perforated intervals, tubing strings, including diameters and setting depth, location and type of packers and side door chokes, and such other information as may be pertinent. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | b. Plat showing the location of all wells on applicant's lease, all offset wells on offset leases, and the names and addresses of operators of all leases offsetting applicant's lease. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | c. Waivers consenting to such multiple completion from each offset operator, or in lieu thereof, evidence that said offset operators have been furnished copies of the application.* |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | d. Electrical log of the well or other acceptable log with tops and bottoms of producing zones and intervals of perforation indicated thereon. (If such log is not available at the time application is filed it shall be submitted as provided by Rule 112-A.) |

5. List all offset operators to the lease on which this well is located together with their correct mailing address.

EL PASO NATURAL GAS COMPANY; P. O. Box 970; Farmington, New Mexico 87401

6. Were all operators listed in Item 5 above notified and furnished a copy of this application? YES ☒ NO ☐ . If answer is yes, give date of such notification **10/16/70**.

CERTIFICATE: I, the undersigned, state that I am the **DIST. SUPERINTENDENT** of the **SOUTHERN UNION PRODUCTION** (company), and that I am authorized by said company to make this report; and that this report was prepared under my supervision and direction and that the facts stated therein are true, correct and complete to the best of my knowledge.

Original signed by
GILBERT D. NOLAND, JR.

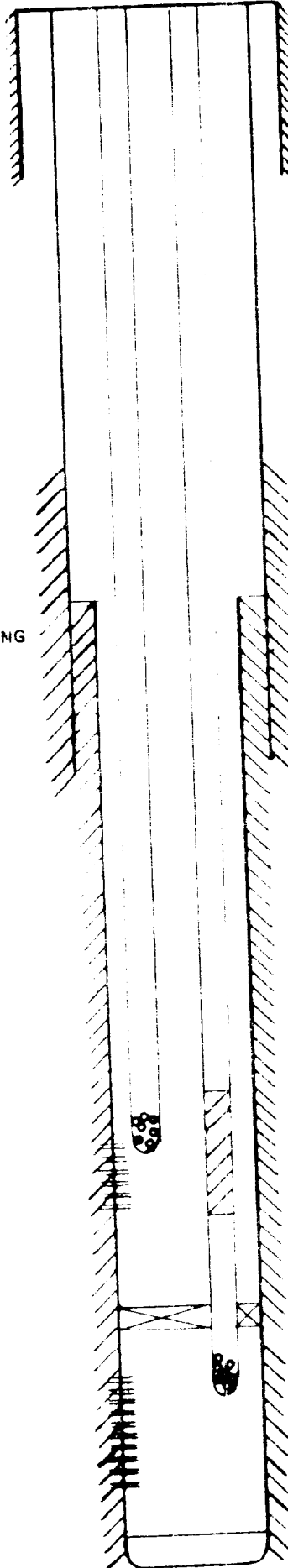
GILBERT D. NOLAND, JR. Signature

*Should waivers from all offset operators not accompany an application for administrative approval, the New Mexico Oil Conservation Commission will hold the application for a period of twenty (20) days from date of receipt by the Commission's Santa Fe office. If, after said twenty-day period, no protest nor request for hearing is received by the Santa Fe office, the application will then be processed.

NOTE: If the proposed multiple completion will result in an unorthodox well location and/or a non-standard proration unit in one or more of the pools, then separate application for approval of the same should be filed simultaneously with this application.

SOUTHERN UNION PRODUCTION COMPANY

SURFACE HOLE SIZE - 13-3/4"
INTERMEDIATE HOLE SIZE -
9-7/8"
PRODUCTION HOLE SIZE -
6-3/4"



LARKIN FIG. 905, 7-5/8" CASING
CENTRALIZERS RUN ON 60 FT.
SPACING FROM 3244 FT. TO
3590 FT. R.K.B.

MESAVERDE PERFORATIONS
5042 FT.
TO
5166 FT.

DAKOTA PERFORATIONS
7596 FT.
TO
7784 FT.

WELL: JICARILLA "G" No. 8

LOCATION: 1650 FT. FROM NORTH LINE &
1650 FT. FROM EAST LINE OF
SECTION 2, TOWNSHIP 26 NORTH,
RANGE 5 WEST, RIO ARRIBA.

POOL: BASIN DAKOTA-BLANCO MESAVERDE
DUAL COMPLETION

SURFACE CASING: 10-3/4", 32.75#, H-40 SET
AT 309 FT. R.K.B. CEMENTED TO
SURFACE W/250 SACKS.

TOP CEMENT ON 7-5/8" CASING AT SURFACE.

TOP LINER ON 5 1/2", 15.50#, J-55 CASING AT
3469 FT. R.K.B.

TOP CEMENT ON 5 1/2" LINER AT 3469 FT. RKB.

INTERMEDIATE CASING: 7-5/8", 26.40#, K-55,
CASING SET AT 3600 FT. R.K.B.
CEMENTED W/1050 CU. FT. CEMENT.

1 1/2" INTEGRAL JOINT 2.75#, YCO-55 TBG.
SET TO MESAVERDE. LANDED AT 5089
FT. R.K.B.

2-1/16" O.D. BAKER BLAST JOINTS SET
ACROSS MESAVERDE PERFS. TOP AT
5024 FT. BOTTOM AT 5184 FT. RKB.

BAKER 5 1/2" MODEL "D" PRODUCTION PACKER
SET AT 7490 FT. R.K.B.

1 1/2" 2.90#, YCO-55, EUE TUBING SET TO
DAKOTA. LANDED AT 7692 FT. R.K.B.

BOTTOM 5 1/2", 15.50#, K-55 LINER AT 7869 FT.
R.K.B. CEMENTED TO TOP OF LINER
W/700 CU. FT. CEMENT.

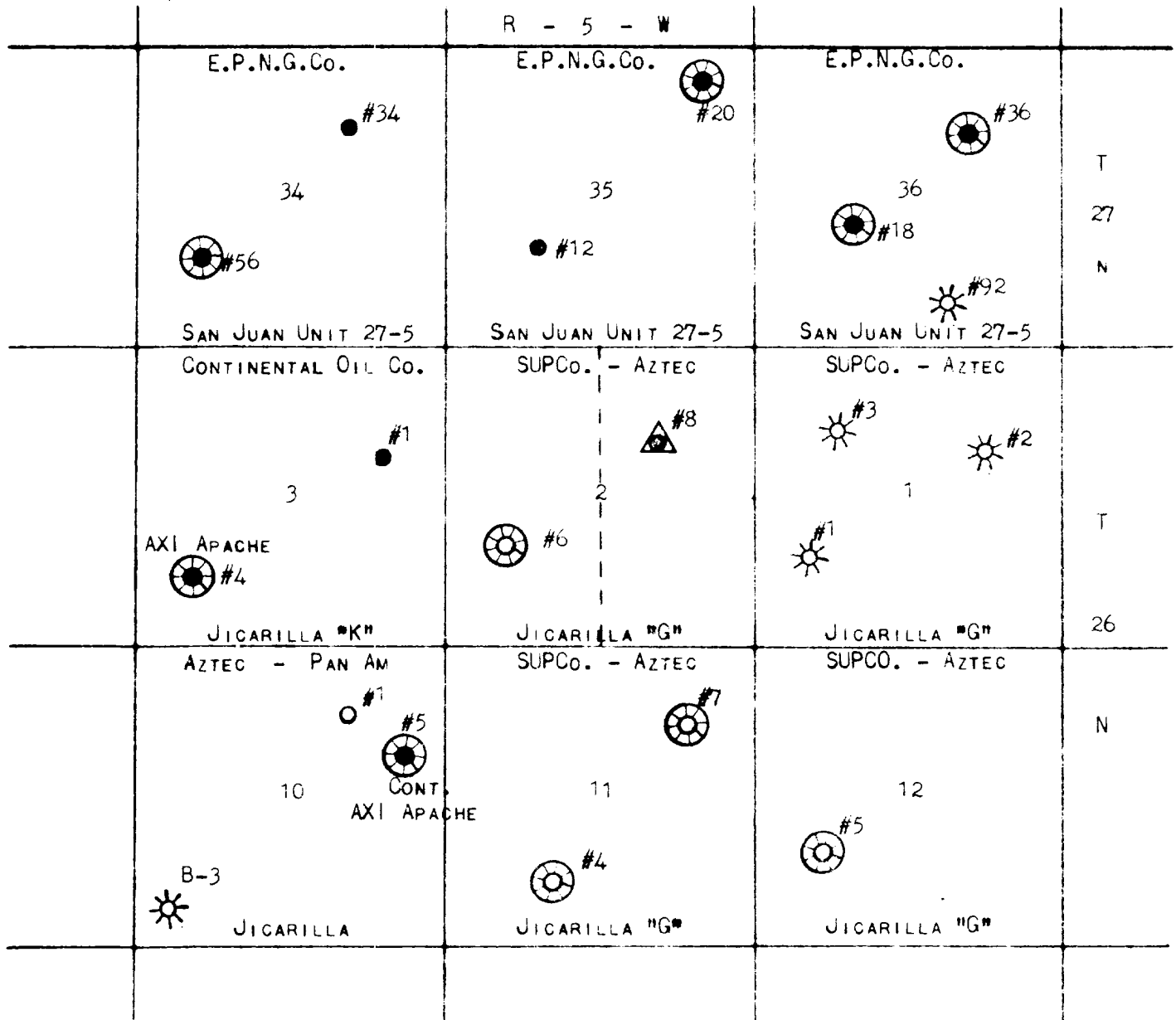
P.B.T.D. 7833 FT. R.K.B.







TOTAL DEPTH 7870 FT. R.K.B.

OFFSET OPERATOR'S PLAT
TO
SOUTHERN UNION PRODUCTION COMPANY'S

WELL: JICARILLA "G" No. 8

LOCATION: 1650 FEET FROM THE NORTH LINE & 1650 FEET FROM
THE EAST LINE OF SECTION 2, TOWNSHIP 26 NORTH,
RANGE 5 WEST, RIO ARriba COUNTY, NEW MEXICO



-  PROPOSED DAKOTA-MESAVERDE DUAL COMPLETION
-  DAKOTA
-  MESAVERDE
-  PICTURED CLIFFS
-  DAKOTA-MESAVERDE DUAL
-  PICTURED CLIFFS-MESAVERDE DUAL

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

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

5. LEASE DESIGNATION AND SERIAL NO.

CONTRACT #150

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

JICARILLA APOACHE

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

JICARILLA "G"

9. WELL NO.

8

10. FIELD AND POOL, OR WILDCAT

BLANCO MESAVEDE

BASIN, DAKOTA

11. SEC., T., R., S., OR BLOCK AND SURVEY

OR AREA

SEC. 2, T-26N, R-5E,

N.M.P.M.

12. COUNTY OR

PARISH

RIO ARriba

13. STATE

New Mexico

14. PERMIT NO.

DATE ISSUED

15. DATE SPUDDED

16. DATE T.D. REACHED

17. DATE COMPL. (Ready to prod.)

18. ELEVATIONS (DF, REB, RT, GR, ETC.)*

19. ELEV. CASINGHEAD

20. TOTAL DEPTH, MD & TVD

21. PLUG, BACK T.D., MD & TVD

22. IF MULTIPLE COMPL.,

HOW MANY*

23. INTERVALS

DRILLED BY

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*

25. WAS DIRECTIONAL

SURVEY MADE

26. TYPE ELECTRIC AND OTHER LOGS RUN

27. WAS WELL CORRED

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

29. LINER RECORD

30. TUBING RECORD

31. PERFORATION RECORD (Interval, size and number)

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

33. PRODUCTION

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

35. LIST OF ATTACHMENTS

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

37. SIGNED

38. TITLE

39. DATE

40. TEST WITNESSED BY

41. ORIGINAL SIGNED BY

42. LOCAL SURVEYOR

43. DRILLING SUPERINTENDENT

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

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293. ORIGINAL SIGNED BY

294. LOCAL SURVEYOR

295. DR

INSTRUCTIONS

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

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

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

Item 18: Indicate which elevation is used as reference (where not otherwise shown) for depth measurements given in other spaces on this form and in any attachments.

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

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

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

| 37. SUMMARY OF POROUS ZONES: SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF; CORED INTERVALS; AND ALL DRILL-STEM TESTS, INCLUDING DEPTH INTERVAL TESTED, CUSHION USED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES | | | 38. GEOLOGIC MARKERS | | | |
|--|-----|--------|-----------------------------|-----------------|-------------|------------------|
| FORMATION | TOP | BOTTOM | DESCRIPTION, CONTENTS, ETC. | NAME | MEAS. DEPTH | TRUE VERT. DEPTH |
| | | | | BASE QJO ALAMO | 3002 | |
| | | | | PICTURED CLIFFS | 3390 | |
| | | | | CLIFF HOUSE | 5040 | |
| | | | | POINT LOOKOUT | 5556 | |
| | | | | BASE GREENMORN | 7553 | |
| | | | | DAKOTA | 7598 | |