SUBMIT IN TRIPLICATE*

(Other instructions on reverse side)

Form approved. Budget Bureau No. 42-R1425.

UNITED STATES
DEPARTMENT OF THE INTERIOR

30-039-22054

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK THE DAY NOTE DEEPEN DEE			OCICAL CURVE			5. LEASE DESIGNATION			
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	PERMIT NO.			APPROVAL DATE					
APPROVED BY TITLE DATE									

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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.

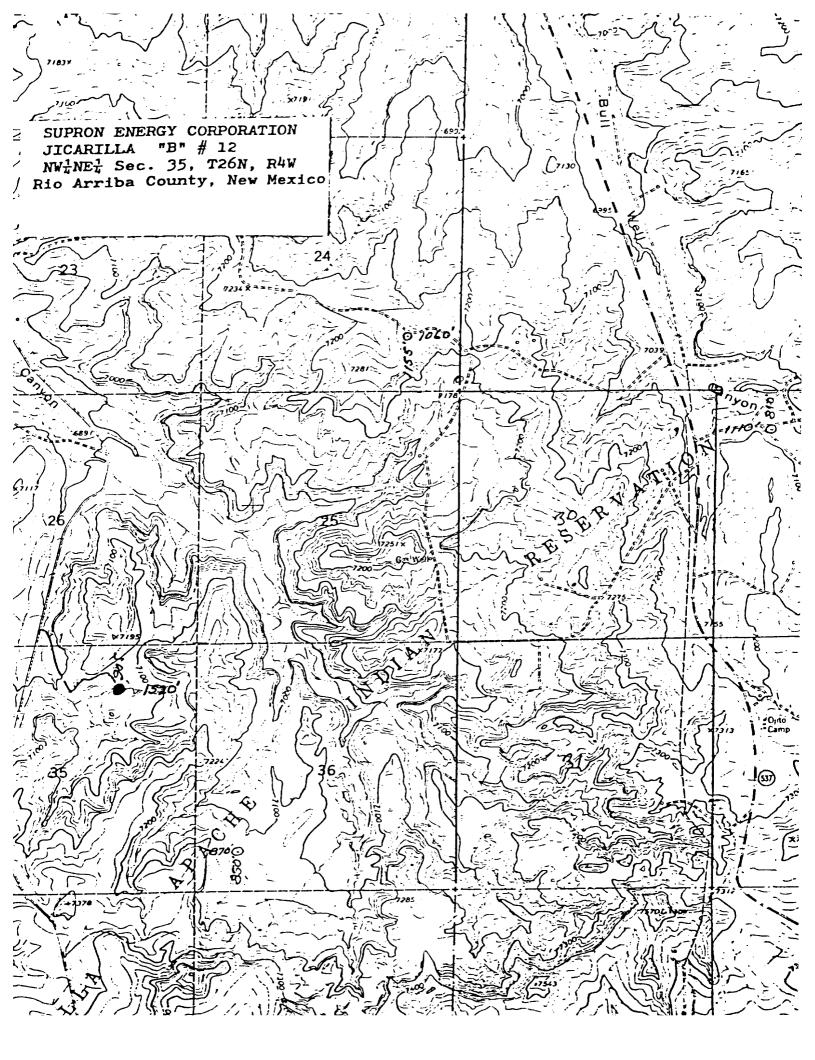
Item 4: If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

Item 14: Needed only when location of well cannot readily be found by road from the land or lease description. A plat, or plats, 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 he or has been directionally defilled, 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.

		All distances must be	from the outer boundaries of	1111 201110111	
Operator SUPRON	ENERGY CO	RPORATION	JICARI	LLA "B"	Well No. 12
	tion	Township	Hange	County	D 4
В	3 5	26 NORTH	4 WEST	RIO ARRI	DA
Actual Fastage Location	of Well;			EAST	
707	el from the	NORTH line and		I from the EAST	Dedicated Acreage:
Ground Level Elev.	Producing Form		P∞1 BASIN		E1/2 320 Acres
7086	DAKOTA		<u> </u>	1 1	
	one lease is		ell by colored pencil of . l, outline each and iden		hereof (both as to working
dated by commi	unitization, un	itization, force-pooli	ng. etc?		fall owners been console
Yes	No II ans	wer is "yes," type o	f consolidation		
this form if nec	essary.) ill be assigned	to the well until all	interests have been co	onsolidated (by com	munitization, unitization approved by the Commis
	1				CERTIFICATION
	1 1 1 1 1 1 1 1	35	© 1520°	Rudy D Position Area S Company SUPRON Date APRIL	erilly that the Information complete is true and complete to the knowledge and belief. Motto Superintendent ENERGY CORPORATION 11, 1979
- - - 1 1 1		The state of the s		bole Surveyer 5 Ap	convision, and the stage of my best of my be
1		-			es P. Leese
230 040 00 123	70 1050 1950 2	310 2640 2000	100 000	Certificote No	 1463



SUPKUN ENEKGI CORFORALION

JICARILLA "B" NO. 12

Unit B, Sec. 35, T-26N, R-4W Rio Arriba County, New Mexico

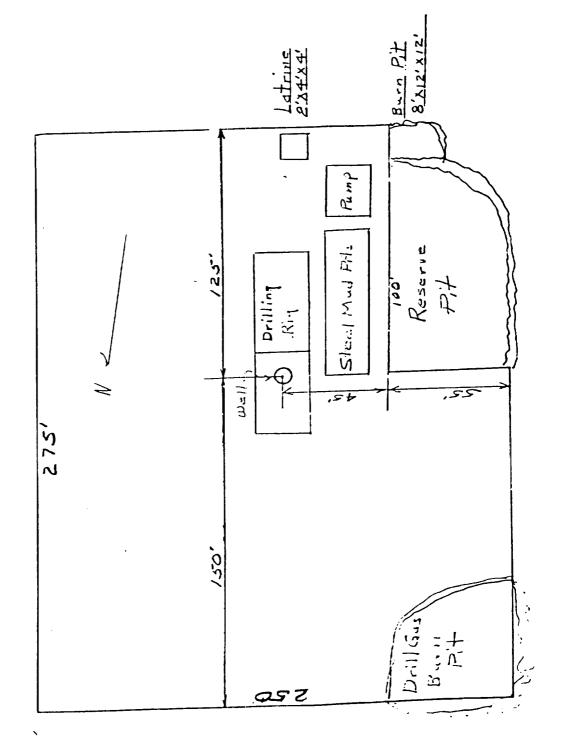
SUPPLEMENT TO FORM 9-331C

- 1. The Geologic name of the surface formation is "Wasatch".
- 2. The estimated tops of important Geologic markers are:
 - A. Base of Ojo Alamo ----- 3375
 - B. Top of Fruitland - - - 3580
 - C. Top of Pictured Cliffs - - - 3665
 - D. Top of Cliff House - - - 5315
 - E. Top of Point Lookout - - 5850
 - F. Top of Dakota - - - 7900
- 3. The estimated depth at which anticipated water, oil, or other mineral bearing formations are expected to be encountered are:
 - A. Base of Ojo Alamo - - Water - - 3375
 - B. Top of Fruitland - - Water & Gas - 3580
 - C. Top of Pictured Cliffs - - Gas - - 3665
 - D. Top of Cliff House - - Gas - - 5315
 - E. Top of Point Lookout ---- Gas ---- 5850
 - F. Top of Dakota - - - Gas - - 7900
- 4. The casing program is shown on form 9-331C and all casing is new.
- 5. The lessee's pressure control equipment schematics are attached, along with minimum specifications, testing procedures, and frequencies.
- 6. The type, estimated volumes, and characteristics of the circulating media are as follows:
 - A. Drill 250 feet natural mud
 - B. 250 4100 feet permaloid non dispersed mud containing 167 sx of gel, 67 sx permaloid, 10 sx C.M.C.
 - C. 4100 8400 feet natural gas or air.
- 7. The auxiliary equipment to be used will be floats at the bit and a sub on the floor with a full-opening valve to be stabbed into the drill pipe when the kelly is not in the string.
- 8. This well is in an area which is partially developed; therefore we will not have a testing and coring program. The logging program will be as follows:
 - A. E.S. Induction.
 - B. Gamma Ray Density.
 - C. Gamma Ray Correlation.
 - D. Cement Bond Log.
- 9. We do not expect to find any abnormal pressures, temperatures or hydrogen sulphide problems in this partially developed area.
- 10. The anticipated starting date for this well is 6/15/79.

SUPRON ENERGY CORPORATION LOCATION AND EQUIPMENT LAYOUT

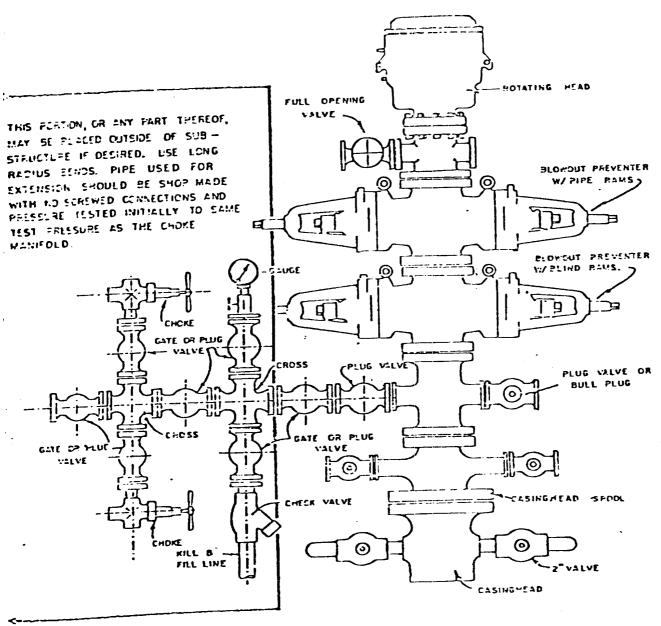
JICARILLA "B" NO. 12

905 feet from the North line and 1520 feet from the West line of Section 35, Township 26 North, Range 4 West, N.M.P.M., Rio Arriba County, New Mexico.

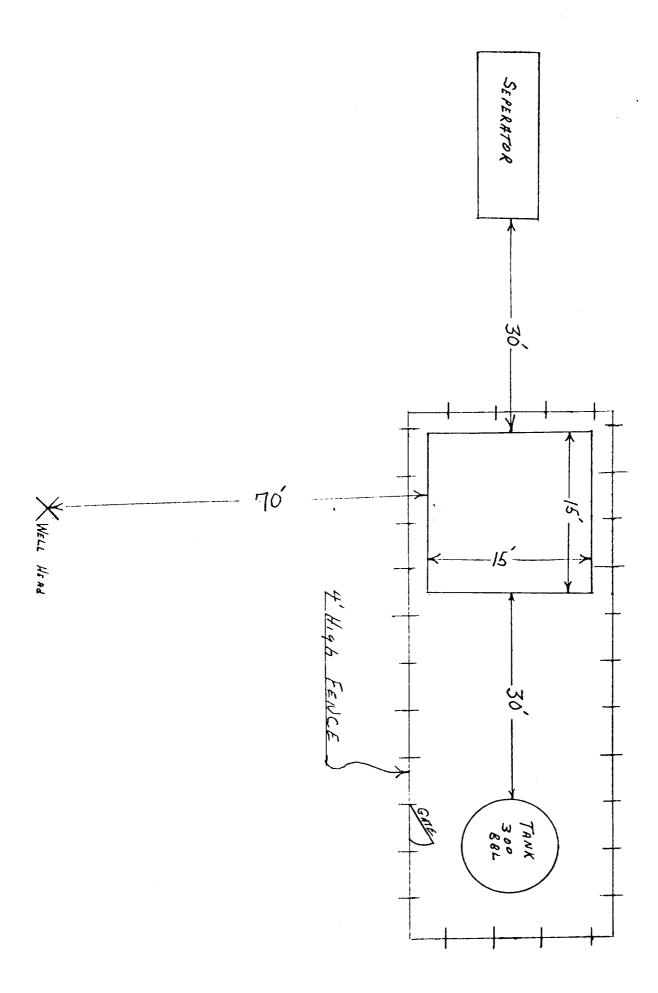


Blowout Preventer will be tested daily and prior to drilling out with the results to be logged on the drillers report.

The B.O.P. and all valve and fittings are rated at 3000 psi working pressure, and hydraulically operated



BLOWOUT PREVENTER HOCKUP



SUPRON ENERGY CORPORATION Post Office Box 808 FARMINGTON, New Mexico 87401

I hereby certify that I, or persons under my direct supervision, have inspected the proposed drillsite and access route; that I am familiar with the conditions which presently exist; that the statements made in this plan are, to the best of my knowledge, true and correct; and, that the work associated with the operations proposed herein will be preformed by SUPRON ENERGY CORPORATION and its contractors subcontractors in conformity with this plan and the terms and conditions under which it is approved.

SUPRON ENERGY CORPORATION

Rudy D. Motto

Area Superintendent

Phone: 325-3587

Denny & Fourt JICARILLA APACHE TRIBE
DEPUTY OIL & GAS INSPECTOR NVIRONMENTAL PROTECTION OFFICE
PO BOX 507 P.O. BOX 507 **DULCE, NEW MEXICO 87528**

CA 589 NATURAL RESOURCE DEPT AND OIL & GAS ADMINISTRATION

AUG 2 4 1999

	AND GLOSUDE DEDODT
<u>PIT REMEDIATION</u>	AND CLOSURE REPORT
Operator: CONOCO, INC.	Telephone : (505)324-5884
Address: 3315 Bloomfield Hwy., Farming	ngton, NM 87401
Facility or Well Name: TICARILLA &	#12
	T 26N R 4W County RIO AIRRIBA
Pit Type: Separator X Dehydrator Other	PRODUCTION TANK
Pit Type: Separator X Denydrator Other	
Land Type: RANGE	
	u3フ ', width ^{スフ '} , depth フ '
Footage from reference:	93,
Direction from reference:	37 Degrees X East North
	West South \checkmark
Depth To Groundwater: (Vertical distance from contaminants to seasonal high water elevation of	Less than 50 feet (20 points) 50 feet to 99 feet (10 points) Greater than 100 feet (0 points)
groundwater) Distance to an Ephemeral Stream (Downgradient dry wash greater than ten feet in width)	Less than 100 feet (10 points) Greater than 100 feet (0 points)
Distance to Nearest Lake, Playa, or Watering Po (Downgradient lakes, playas and livestock or wildlife watering ponds)	nd Less than 100 feet (10 points) Greater than 100 feet (0 points)
Wellhead Protection Area: (Less than 200 feet from a private domestic water source, or: less than 1000 feet from all other water sources)	Yes (20 points) No (0 points)
Distance To SurfaceWater: (Horizontal distance to perennial lakes, ponds, rivers, streams, creeks, irrigation canals and ditches)	Less than 100 feet (20 points) 100 feet to 1000 feet (10 points) Greater than 1000 feet (0 points)
	RANKING SCORE (TOTAL POINTS):

Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

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

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

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION

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

l	TOTA	ANSPORT OF	L AND NATURAL GA	45	. E. E		
Operator Compliance Union Event	oration Comp	any		Well	API No.		
Southern Union Expl Address	oracion comp.	ally			··		
324 Hwy US64, NBU30	01 Farming	ton, NM 8740)1				
Reason(s) for Filing (Check proper box)			Other (Please expla	ain)			
New Well	~ ~	in Transporter of:					
Recompletion		Dry Gas					
Change in Operator	Casinghead Gas	Condensate XX					
f change of operator give name							
and address of previous operator							
II. DESCRIPTION OF WELL		D-1 Mana Indus	ing Compation	Kind	of Leane	1	ase No.
Lease Name Jicarilla B	12	Pool Name, Includ	Mesa Verde		Federal or Fee		ct 106
Location						.1	
Unit Letter B	905	Feet From The	North_Line and152	20Fe	et From The	East	Line
out better							
Section 35 Townsh	ip 26	Range 4	, NMPM, Rio A	Arriba			County
UL DECIGNATION OF TRAI	MEDADTED AF	NI AND NATI	DAT CAS				
III. DESIGNATION OF TRAIN Name of Authorized Transporter of Oil	Or Cond		Address (Give address to wh	hich approved	copy of this form	is to be se	т)
•		XXX	Post Office Box		Farmingto		
Giant Refining Comp. Name of Authorized Transporter of Casil	ally	or Dry Gas	Address (Give address to wh				
		XXX	Post Office Box				
Gas Company of New If well produces oil or liquids,	Mexico Unit S∞.	Twp. Rge.		When		1911	<u> </u>
ir well produces on or liquids, give location of tanks.	1 300.		Bas account countries				
f this production is commingled with that	from any other lease o	r pool, give comming	ling order number:				
V. COMPLETION DATA	-						
	Oil We	II Gas Well	New Well Workover	Deepen	Plug Back Sa	me Res'v	Diff Res'v
Designate Type of Completion				<u></u>	l, L _		
Date Spudded	Date Compl. Ready	to Prod.	Total Depth		P.B.T.D.		
TI DE DE DE CE MAN	Name of Producing	Enemation	Top Oil/Gas Pay Tub		Tubing Depth		
Elevations (DF, RKB, RT, GR, etc.)	Name of Floodeing	Omadon	Tuoning Depart				
Perforations	J		1		Depth Casing S	hoe	
	TUBING	. CASING AND	CEMENTING RECOR	D			
HOLE SIZE		UBING SIZE	DEPTH SET		SAC	CKS CEME	NT
11000 0100	_			F 1			
					•		
		·					
				Jan College			
V. TEST DATA AND REQUE	ST FOR ALLOW	ABLE				DIA	
OIL WELL (Test must be after	recovery of total volum	e of load oil and musi	be equal to or exceed top allo	mable for The	depth or be for	full 24 how	<u>s.)</u>
Date First New Oil Run To Tank	Date of Test		Producing Method (Flow, pu	ımp, gas lift, e	ic.)	•	
					Choke Size		
Length of Test	Tubing Pressure		Casing Pressure		Choke Size		
A I D A D Test	O'I Phi		Water - Bbls.		Gas- MCF		
Actual Prod. During Test	Oil - Bbls.	•	TYRICI - DOIS.				
	<u> </u>				1		
GAS WELL			Thus Conference All Inch		Cravity of Con-	lensale	
Actual Prod. Test - MCF/D	rod. Test - MCF/D Length of Test		Bbls. Condensate/MMCF		Gravity of Condensate		
esting Method (pitot, back pr.)	Tubing Pressure (Sh	ut-in)	Casing Pressure (Shut-in)		Choke Size		
esung meurou (prior, ouex pr.)	Tooms Treasure (on						
UL ODED ATOD CEDITURG	L. CECOM	DLIANCE			1		
VI. OPERATOR CERTIFIC			OIL CON	ISERV	ATION DI	VISIO	N
I hereby certify that the rules and regularision have been complied with and						- P - P -	
is true and complete to the best of my			D-1- A	-NF	C 23 X	197	
1/2 : 0			Date Approve				
Timbe Atra	ush			Draw		was/	
Signature /	77		By	RVITOR	1 1.7 • (21.7 • •	-0-	
Linda Murphy /	Office Sup	ervisor		\ - ' \ 1 ' '	aure issue fr	•	
Printed Name	FOF 1007 11	Title	Title				
1/1/92	505/327-44						
Date	le	lephone No.	11				

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

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