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NEW MEXICO OIL CONSERVATION COMMISSION 1000 Rio Brazos Road Aztec, New Mexico September 27, 1965

FORM LETTER #23

Frontier Refining Co. 4040 East Louisiana Ave. Denver 22, Colorado 80222

Gentlemen

New Mexico Oil Conservation Commission Memo 2-65, which became effective July 1, 1965, sets out certain requirements in regard to naming of leases and numbering of wells in New Mexico.

We find that the wells listed below do not conform with these requirements and must be changed. For minor changes, such as rearranging words or letters in well names or deleting section numbers from well numbers, we will not require refiling of Form C-104 but will use this list for file correction. If refiling Form C-104 is required, the list so indicates opposite the well in question. In the event an operator prefers to file Form C-104 to effect the required change, he may do so.

Response of either agreement or objection is requested within ten days of this notice. If response is not received within ten days, the indicated changes will be made in commission records. Oil and gas transporters will be notified to also make the indicated changes in their records. The changes should then be incorporated into records used by the operator in filing Commission Form C-115 (monthly production report).

All future reports by the operator and transporter should use the exact names of operators, transporters and leases.

Current records:

Change to:

BASIN DAKOTA POOL:

| Bolack #1-D Bolack #2-D Bolack #3-D Bolack #4-D Frontier Aztec Unit A #1-D Frontier Aztec Unit B #1-D Government Evensen #2-X Schwerdtfeger #1-D Schwerdtfeger #2-D Schwerdtfeger #3-D | | Bolack #1 Bolack #2 Bolack #3 Bolack #4 Frontier Aztec A *** #1 Frontier Aztec B *** #1 Evensen Government #2 Schwerdtfeger #1 Schwerdtfeger #2 Schwerdtfeger #3 | C-104 -Re quired G -104-Required |
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cc: OCC, Santa Fe Operator File EPNG, Farmington Beeline, Farmington

OCT 4 1965
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Effective 11-1-65

APPROVED THE FRONTIER REFINING COMPANY

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Job separation sheet

| NO. OF COPIES REC | EIVED | İ | |
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| DISTRIBUTIO | 5 | | |
| SANTA FE | | 1 | |
| FILE | | 1 | V |
| U.S.G.S. | | | |
| LAND OFFICE | | | |
| TRANSPORTER | OIL | 1 | |
| INANSFORTER | GAS | 1 | |
| OPERATOR | • | 1 | |
| PRORATION OF | ICE | | |
| Operator | | | |

| | DISTRIBUTION 5 | | ONSERVATION COMMISSION FOR ALLOWABLE | Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65 |
|------|---------------------------------------------------------------------------------------------------------------|------------------------------------------------|----------------------------------------------------------------------------------------|------------------------------------------------------------|
| | U.S.G.S. | AUTHORIZATION TO TRA | AND INSPORT OIL AND NATURAL (| |
| | LAND OFFICE | AUTHORIZATION TO TRA | ANSPORT OIL AND NATURAL | GAS |
| | TRANSPORTER OIL GAS | | | |
| ı. | OPERATOR PRORATION OFFICE | | | : |
| | Operator THE FRONTIER REFINI | ING COMPANY | | |
| | Address ADAO Fact Iouic | iana Avenue, Denver, | Colorado 80222 | |
| | Reason(s) for filing (Check proper box) | | Other (Please explain) | |
| | New Well | Change in Transporter of: | | |
| | Recompletion Change in Ownership | Oil Dry Gar Casinghead Gas Conden | ₹₹ | |
| | If change of ownership give name | | | J |
| | and address of previous owner DESCRIPTION OF WELL AND | LEASE | | |
| | Lease Name | Well No. Pool Name, Including Fo | | se Federal Lease No. |
| | BOLACK Location | 1 Basin Dak | cota State, Feder | al or Fee SF-078872-A |
| | Unit Letter H ; 185 | Feet From The North | e and 790 Feet From | The East |
| | Line of Section 16 Tow | vnship 27N Range | 11W , NMPM, San | Juan County |
| III. | DESIGNATION OF TRANSPORT | TER OF OIL AND NATURAL GA | | |
| ļ | Name of Authorized Transporter of Oil | | Address (Give address to which appro | |
| | Rock Island Oil & Name of Authorized Transporter of Cas | Inghead Gas or Dry Gas X | 321 W. Douglas, Wi | oved copy of this form is to be sent) |
| | El Paso Natural Ga | | Box 1492, E1 Paso, | |
| | If well produces oil or liquids, give location of tanks. | Unit Sec. Twp. Rge. H 16 27 11 | Is gas actually connected? What Yes | June 20, 1961 |
| | | th that from any other lease or pool, | <u> </u> | |
| | COMPLETION DATA | Oil Well Gas Well | New Well Workover Deepen | Plug Back Same Res'v. Diff. Res'v. |
| | Designate Type of Completion | | | |
| | 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 FOOLL WELL | OR ALLOWABLE (Test must be af able for this de | fter recovery of total volume <mark>of load oil</mark> pth or be for full 24 houre) | and must be equal to or exceed top allow- |
| į | Date First New Oil Run To Tanks | Date of Test | Producing Method (Flow, pump, gas l | ift, etc.) |
| | Length of Test | Tubing Pressure | Casing Pressure | Choice St. T |
| | Actual Prod. During Test | Oil-Bbls. | Water - Bbls. | Gas-MCMAY 201966 |
| | | | | OIL CON. COM. |
| | GAS WELL | , , | | DIST. 3 |
| | 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 | CE | OIL CONSERVA | ATION COMMISSION |
| | | | APPROVEDMAY 2 0 1966 | . 19 |
| | I hereby certify that the rules and r Commission have been complied w above is true and complete to the | vith and that the information given | Py Original Signed | by Emery C. Arnold |
| | and complete to the | my mannings and parent | TITLE SUPERVISOR DIST. | . # 3 |
| | 10 | 4 .00 | 11 | compliance with RULE 1104. |
| | Z. D. 1 | Franville | If this is a request for allo | wable for a newly drilled or deepened |
| | (Signa Manager, Drilli | ng and Production | tests taken on the well in acco | ordance with RULE 111. |
| | | ile) | All sections of this form make able on new and recompleted w | ust be filled out completely for allow- |

(Date)

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

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







Job separation sheet



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| FILE | | - | | | · L dOL 3 i | AND | MADEL | | | ective 1-1- | |
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| LAND OFFICE | | | 7.01710 | /KIZATIC | | AINOI OICI C | ו מווע בוע | MATURAL | GAS | | |
| TRANSPORTER | OIL | | | | | | | | | | |
| | GAS | | | | | | | | | | |
| OPERATOR | 1 | | | | | | | | | | |
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| Addres 100 | | | | mpany | | | | - | · | ·- <u>-</u> | - |
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| Recompletion | | | Cil | | Dry G | Gas 🔲 | chance | d surf | ace int | armi ti | eer |
| Change in Ownership | | | Casinghed | rd Gas | Conde | ensate | setti | ue. Wou | ld like | to m | na re- |
| change of ownershi | | | | | | | | | | | igust, 19 |
| ease Name | WEEL AL | ND LE? | | Pool Name | , Including | Formation | | Kind of Leas State, Feder | | | Lease No. |
| Lease Name | , | 1850 | Well No. | Pool Name | son | Formation Dekote Ine and 790 | | | al or Fee | | Lease No. |
| Lease Name Bolack Location | 16 | 1850 | Well No. | B | son | Dakots | , NMPM | State, Feder | al or Fee | 833 | Lease No. |
| Lease Name Location Unit Letter H Line of Section | 16 | 1850 Townsh | Feet From | m The | Li | Dekote | , NMPM | State, Feder | al or Fee | 813 | |
| Lease Name Bolack Location Unit Letter H Line of Section DESIGNATION OF | 16 TRANSPO | 1850 Townsh | Feet From | m The | Li Range | Dekote Ine and 790 | | State, Feder Feet From | al or Fee | his form is a | County |
| Location Unit Letter H Line of Section PESIGNATION OF Name of Authorized Transport | TRANSPO | 1850 Townsh ORTER OII | Feet From | AND NA | Li Range | Dekete Ine and 790 AS Address (Gi | ve address t | State, Feder Feet From | The P | • | County |
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exceed top allowable for this depth or be for full 24 hours) OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tanks Date of Test Length of Test Tubing Pressure Casing Pressure Actual Prod. During Test Oil-Bbls. Water-Bbls. **GAS WELL** Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF Gravity Casing Pressure (Shut-in) Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) Choke Size

VI. CERTIFICATE OF COMPLIANCE

June 30- 1967 (Date)

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.

OIL CONSERVATION COMMISSION

By Original Signed by Emery C. Arnold SUPERVISOR DIST. #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 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.