

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

OF SEVENTH FIFTEEN
 DIVISION
 DANIEL
 FILE
 U.S.G.
 LAND OFFICE
 TRANSPORTER
 GAIL
 GAB
 OPERATION
 COGNITION OFFICE
 CONCLUSION

Operator John Staver

Address 1500 E. Assoc Room 200 Petroleum Place, 3535 E 30th Fmtn NW

Reason(s) for filing (Check proper box)

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

Other (Please explain)

If change of ownership give name and address of previous owner Eastern Petroleum, PO Box 291, Corvallis, OR 97331

Lease Name <u>TRIPLE MOUNTAIN</u>	Well No. <u>28</u>	Pool Name, Including Formation <u>Barrett T.M. PENN. D</u>	Kind of Lease State, Federal or Fee <u>New Tr</u>	Lease No. <u>I-89-Ind-57</u>
Location Unit Letter: <u>N</u> : <u>660</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>West</u> Line of Section <u>33</u> Township <u>28N</u> Range <u>17W</u> , N.M.P.M. <u>San Juan</u> County				

Name of Authorized Transporter of Oil ☐ or Condensate ☐					Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐					Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When

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

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								

WELL NO.	WELL NAME	WELL TYPE	WELL STATUS	WELL DEPTH	WELL DIRECTION	WELL LOCATION	WELL DATE	WELL COMMENTS
1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9
10	10	10	10	10	10	10	10	10
11	11	11	11	11	11	11	11	11
12	12	12	12	12	12	12	12	12
13	13	13	13	13	13	13	13	13
14	14	14	14	14	14	14	14	14
15	15	15	15	15	15	15	15	15
16	16	16	16	16	16	16	16	16
17	17	17	17	17	17	17	17	17
18	18	18	18	18	18	18	18	18
19	19	19	19	19	19	19	19	19
20	20	20	20	20	20	20	20	20
21	21	21	21	21	21	21	21	21
22	22	22	22	22	22	22	22	22
23	23	23	23	23	23	23	23	23
24	24	24	24	24	24	24	24	24
25	25	25	25	25	25	25	25	25
26	26	26	26	26	26	26	26	26
27	27	27	27	27	27	27	27	27
28	28	28	28	28	28	28	28	28
29	29	29	29	29	29	29	29	29
30	30	30	30	30	30	30	30	30
31	31	31	31	31	31	31	31	31
32	32	32	32	32	32	32	32	32
33	33	33	33	33	33	33	33	33
34	34	34	34	34	34	34	34	34
35	35	35	35	35	35	35	35	35
36	36	36	36	36	36	36	36	36
37	37	37	37	37	37	37	37	37
38	38	38	38	38	38	38	38	38
39	39	39	39	39	39	39	39	39
40	40	40	40	40	40	40	40	40
41	41	41	41	41	41	41	41	41
42	42	42	42	42	42	42	42	42
43	43	43	43	43	43	43	43	43
44	44	44	44	44	44	44	44	44
45	45	45	45	45	45	45	45	45
46	46	46	46	46	46	46	46	46
47	47	47	47	47	47	47	47	47
48	48	48	48	48	48	48	48	48
49	49	49	49	49	49	49	49	49
50	50	50	50	50	50	50	50	50
51	51	51	51	51	51	51	51	51
52	52	52	52	52				

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

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OIL CON. DIV.

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

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.

4.7
11-10-86
(Signature)
Agent for Sale of
(Date)
2-10-86
(Date)

APPROVED

BY

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 logs taken on the well in accordance with AGS 2-101.

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, s.c.h. name or number, or structure, date or other such change of condition.