Form 9-331
(May 1963)

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE* (Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.: SF 078132

6. IF INDIAN, ALLOTTEE OR TRIBE NAME:

7. UNIT AGREEMENT NAME:

8. FARM OR LEASE NAME: Elliott Gas Com "A"

9. WELL NO.: 1A

10. FIELD AND POOL, OR WILDCAT: Blanco Mesaverde

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA: SW/4 NE/4 Section 14, T-29-N, R-9-W

12. COUNTY OR PARISH: San Juan

13. STATE: NM

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 ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR: [illegible] PRODUCTION COMPANY

3. ADDRESS OF OPERATOR: 501 Airport Drive Farmington, NM 87401

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface: 1800' FSL x 1800' FWL, Section 14, T-29-N, R-9-W

14. PERMIT NO.:

15. ELEVATIONS (Show whether DF, RT, GR, etc.): 6389' GL 6402' KB

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

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
TEST WATER SHUT-OFF	☐	PULL OR ALTER CASING	☐	WATER SHUT-OFF	☐	REPAIRING WELL	☐
FRACTURE TREAT	☐	MULTIPLE COMPLETE	☐	FRACTURE TREATMENT	☐	ALTERING CASING	☐
SHOOT OR ACIDIZE	☐	ABANDON*	☐	SHOOTING OR ACIDIZING	☐	ABANDONMENT*	☐
REPAIR WELL	☐	CHANGE PLANS	☐	(Other) Spud & Set Casing			X
(Other)				(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.) *

Spudded 13 3/4" hole on 10/13/77 and drilled to 265'. Set 9 5/8" 32.3# H-40 casing at 252' with 200 sx Class "B", 2% $CaCl_2$ cement. Circulated 25 sx good cement. Drilled 8 3/4" hole to 3425'. Sat 7" 20# K-55 casing at 3424'. Cemented casing with 600 sx 6% gel, 2 lbs. medium Tuf Plug per sx. Tailed in with 100 sx 2% $CaCl_2$. Good returns. Pressure tested up to 800 psi; held OK. Drilled a 6 1/4" hole to a total depth of 5530'. The 4 1/2" 11.6# K-55 casing liner was set at 5530', ran 20 lbs. chemical wash ahead of 200 sx Class "B" 50:50 Poz, 6% gel, 2 lbs. medium Tuf Plug per sx and 0.2% friction reducer. This was followed with 70 sx Class "B" 50:50 Poz, 6% gel. Did not reverse out cement.

RECEIVED
NOV 15 1977
OIL CON. COM.
DIST. 3

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

SIGNED [signature] TITLE Area Adm. Supervisor DATE 11/10/77

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED
NOV 14 1977
U.S. Geological Survey
Farmington, N.M.

*See Instructions on Reverse Side

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.

G.P.O. : 1973- 780-622 /VIII- 148

TABULATION OF DEVIATION TESTS
ELLIOTT GAS COM "A" NO. 1A
AMOCO PRODUCTION COMPANY

DEPTH	DEVIATION
265'	1/2°
822'	3/4°
1347'	1/4°
1880'	1/2°
2475'	1/2°
3099'	1/2°
3425'	3/4°
3975'	3/4°
4617'	1°
5292'	1-1/4°
5530'	1°

A F F I D A V I T

THIS IS TO CERTIFY that to the best of my knowledge the above tabulation details the deviation tests taken on AMOCO PRODUCTION COMPANY'S ELLIOTT GAS COM "A" WELL 1A located 1800' FNL and 1800' FEL, Section 14, T-29-N, R-9-W, Rio Arriba County, New Mexico.

Signed E E Svoboda
Title Area Adm. Supervisor

THE STATE OF NEW MEXICO)
) SS.
COUNTY OF SAN JUAN)

BEFORE ME, the undersigned authority, on this day personally appeared E. E. Svoboda known to me to be Area Adm. Supvr. for Amoco Production Company and to be the person whose name is subscribed to the above statement, who, being by me duly sworn on oath, states that he has knowledge of the facts stated herein and that said statement is true and correct.

SUBSCRIBED AND SWORN TO before me, a Notary Public in and for said County and State this 21st day of December, 1977.

Eleanor P. Brown
Notary Public

My Commission Expires: December 28, 1979

Form 9-331
(May 1963)

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE* (Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.: SF 078132

6. IF INDIAN, ALLOTTEE OR TRIBE NAME:

7. UNIT AGREEMENT NAME:

8. FARM OR LEASE NAME: Elliott Gas Com "A"

9. WELL NO.: 1A

10. FIELD AND POOL, OR WILDCAT: Blanco Mesaverde

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA: SW/4 SW/4 Section 14, T-29-N, R-9-W

12. COUNTY OR PARISH: San Juan

13. STATE: NM

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 ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR: AMOCO PRODUCTION COMPANY

3. ADDRESS OF OPERATOR: 501 Airport Drive Farmington, N.M. 87401

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface: 1800' FWL x 1800' FSL, Section 14, T-29-N, R-9-W

14. PERMIT NO.:

15. ELEVATIONS (Show whether DF, RT, GR, etc.): 6389' GL, 6402' KB

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

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
TEST WATER SHUT-OFF	☐	PULL OR ALTER CASING	☐	WATER SHUT-OFF	☐	REPAIRING WELL	☐
FRACTURE TREAT	☐	MULTIPLE COMPLETE	☐	FRACTURE TREATMENT	☒	ALTERING CASING	☐
SHOOT OR ACIDIZE	☐	ABANDON*	☐	SHOOTING OR ACIDIZING	☐	ABANDONMENT*	☐
REPAIR WELL	☐	CHANGE PLANS	☐	(Other) Perforated			☐
(Other)				(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.) *

11/28/77: Spotted 250 gal. 15% HCL at 5398'. Perforated 5157-5348' x 1 SPF of .38" dia.; total of 80 holes. Fractured with frac fluid consisting of: 1% KCL water, 1 gal. F-59 surfactant per 1000 gallons water, 20 lbs. J-133 gel per 1000 gal. water.
Fractured as follows: Load hole with 2,300 gal. pad frac fluid. Ran 11,500 gal. fluid and 23,000 lbs. 20-40 sand. Ran 11,500 gal. fluid and 23,000 lbs. 10-20 sand. Maximum treating pressure 1700 psi, ATP 1300 psi, AIR 81 BPM. Set drillable bridge plug at 5100' and pressured up to 3000 psi; held OK.

11/29/77: Perforated from 4788' to 5077' x 1 SPF of .38" dia.; total of 87 holes. Fractured as follows: Ran 12,500 gal. fluid and 25,000 lbs. 20-40 sand. Ran 12,500 gal. fluid and 25,000 lbs. 10-20 sand. Dropped 44 balls; pressure increased 300 psi. Ran 12,500 gal. fluid and 25,000 lbs. 20-40 sand, ran 12,500 gal. fluid and 25,000 lbs. 10-20 sand. Maximum treating pressure 2000 psi, ATP 1800 psi, AIR 77 BPM. Ran retrievable bridge plug . Set at 4760'. Pressured to 3000 psi; held OK.

11/30/77: Perforated from 4532-4746' with 1 SPF of .38" dia., total of 91 holes. Ran 2,620 gal. pad. Ran 26,200 lbs. 20-40 sand in 13,100 gal. fluid. Ran 26,200 lbs. 10-20 sand in 13,100 gallons fluid. Dropped 45 balls, ran 2,620 pad. Ran 26,200 lbs. 20-20 sand in 13,100 gal. fluid. Ran 26,200 lbs. 10-20 sand in 13,100 gal. fluid. Maximum treating pressure 1500 psi; AIR 77 BPM. (Cont'd)

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

SIGNED: [signature] TITLE: Area Adm. Supervisor DATE: 12/20/77

(This space for Federal or State office use)

APPROVED BY: _____ TITLE: _____ DATE: _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

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.

G.P.O. : 1973- 780-622 /VIII- 148

(Cont'd)

12/3/77. The 2-3/8" tubing was landed at 5368'.

Form 9-330
(Rev. 5-68)

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE* (See other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R355.5.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG*

1a. TYPE OF WELL: OIL WELL ☐ GAS WELL ☒ DRY ☐ Other

b. TYPE OF COMPLETION: NEW WELL ☒ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ Other

2. NAME OF OPERATOR
AMOCO PRODUCTION COMPANY

3. ADDRESS OF OPERATOR
501 Airport Drive Farmington, NM 87401

4. LOCATION OF WELL (*Report location clearly and in accordance with any State requirements*)*
At surface
1800' FNL x 1800' FEL, Section 14, T-29-N, R-9-W
At top prod. interval reported below
Same
At total depth
Same

5. LEASE DESIGNATION AND SERIAL NO.
SF 078132

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Elliott Gas Com "A"

9. WELL NO.
1A

10. FIELD AND POOL, OR WILDCAT
Blanco Mesaverde

11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA
SW/4 NE/4 Section 14, T-29-N, R-9-W

12. COUNTY OR PARISH: San Juan
13. STATE: NM

14. PERMIT NO. | DATE ISSUED

15. DATE SPUDDED	16. DATE T.D. REACHED	17. DATE COMPL. (*Ready to prod.*)	18. ELEVATIONS (DF, RKB, RT, GR, ETC.)*	19. ELEV. CASINGHEAD
10/13/77	10/20/77	12/3/77		

20. TOTAL DEPTH, MD & TVD	21. PLUG, BACK T.D., MD & TVD	22. IF MULTIPLE COMPL., HOW MANY*	23. INTERVALS DRILLED BY	ROTARY TOOLS	CABLE TOOLS
5530'	5458'		→	0-TD	

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*
4532-5348', Mesaverde

25. WAS DIRECTIONAL SURVEY MADE
No

26. TYPE ELECTRIC AND OTHER LOGS RUN
Induction Gamma Ray, Compensated Density, Gamma Ray, Side Wall Neutron,

27. WAS WELL CORED
No

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

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
9-5/8"	32.3	262'	13-1/4"	200 sx	
7"	20	3424'	8-3/4"	700 sx	

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)
4-1/2"	3181	5530	270	

30. TUBING RECORD

SIZE	DEPTH SET (MD)	PACKER SET (MD)
2-3/8"	5368	None

31. PERFORATION RECORD (*Interval, size and number*)
4532-4535, 4567-4571, 4612-4616, 4624-4628, 4630-4636, 4648-4682, 4687-4691, 4700-4706, 4720-4746, 4788-4798, 4800-4810, 4866-4868, 4874-4878, 4884-4888, 4907-4910, 4936-4941, 4969-4973, 4998-5014, 5020-5036, (Cont'd)

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

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
4532-4746	104,800# SN and 55,020 gal Frac Flu
4788-5077	100,000# SN & 50,000 gal Frac Fluid
5157-5348	46,000# SN & 25,300 gal Frac Fluid

33.* PRODUCTION

DATE FIRST PRODUCTION	PRODUCTION METHOD (*Flowing, gas lift, pumping—size and type of pump*)	WELL STATUS (*Producing or shut-in*)
	Flowing	SI

DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD →	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
12/14/77	3	0.75"			198		

FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE →	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)
120	500			1587		

34. DISPOSITION OF GAS (*Sold, used for fuel, vented, etc.*)
To Be Sold

TEST WITNESSED BY

35. LIST OF ATTACHMENTS

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

SIGNED E C Svoboda TITLE Area Adm. Supervisor DATE 12/27/77

RECEIVED
DEC 28 1977
U.S. Geological Survey
Farmington, N.M.

RECEIVED
DEC 29 1977
OIL CON. COM.
DIST. 3

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

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.)

Perforations Cont'd: 5042-5048, 5070-5077, 5157-5162, 5169-5178, 5220-5226, 5232-5240, 5248-5270, 5284-5300, 5302-5305, 5309-5314, 5326-5330, 5346-5348.

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

FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.
Fruitland	2711	3024	
Pictured Cliffs	3024	3154	
Cliffhouse	4610	4710	
Menefee	4710	5200	
Point Lookout	5200	5350	

38. GEOLOGIC MARKERS

NAME	TOP	
	MEAS. DEPTH	TRUE VERT. DEPTH

U.S. GOVERNMENT PRINTING OFFICE: 1963—O-683636
837-497

871-233

DISTRIBUTION		
SANTA FE		1
FILE		1
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	1
	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-11
Effective 1-1-65

I.

Operator
AMOCO PRODUCTION COMPANY

Address
501 Airport Drive Farmington, NM 87401

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

Other (Please explain)

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.
Elliott Gas Com "A"	1A	Blanco Mesaverde	State, Federal or Fee Federal	SF078132

Location
Unit Letter G : 1800 Feet From The North Line and 1800 Feet From The East
Line of Section 14 Township 29-N Range 9-W, NMPM, San Juan County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [ ] or Condensate [X]: **Plateau, Inc.**
Address (Give address to which approved copy of this form is to be sent): **P.O. Box 108 Farmington , NM 87401**

Name of Authorized Transporter of Casinghead Gas [ ] or Dry Gas [X]: **El Paso Natural Gas Company**
Address (Give address to which approved copy of this form is to be sent): **P.O. Box 990 Farmington, NM 87401**

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	G	14	29-N	9-W	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 Compl. Ready to Prod.	Total Depth	P.B.T.D.
10/13/77	12/3/77	5530'	5458'
Elevations (DF, RKB, RT, GR, etc.)	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
6389' GL, 6402' KB	Mesaverde	4532'	5368'
Perforations			**Depth Casing Shoe**
4532-5348'			5530'

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
13-3/4"	9-5/8" Casing	262'	200
8-3/4"	7" Casing	3424'	700
6-1/4"	4-1/2" Casing	5530'	270
	2-3/8" Tubing	5368'	

V. TEST DATA AND REQUEST FOR ALLOWABLE (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)

OIL WELL

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
1587	3 Hours		
Testing Method (pitot, back pr.)	**Tubing Pressure (Shut-in)**	**Casing Pressure (Shut-in)**	**Choke Size**
Back Pressure	612	657	0.75"

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.

(Signature)
Area Adm. Supervisor
(Title)
12/21/77
(Date)

OIL CONSERVATION COMMISSION

APPROVED DEC 2 [illegible], 19

BY Original Signed by A. R. Kendrick

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 ownership, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiple

NEW MEXICO OIL CONSERVATION COMMSSION

MULTIPOINT AND ONE POINT BACK PRESSURE TEST FOR GAS WELL

Form C-122
Revised 9-1-65

Type Test: [X] Initial [ ] Annual [ ] Special			Test Date: 12/14/77	
Company: AMOCO PRODUCTION COMPANY		Connection: El Paso Natural Gas Company		
Pool: Blanco		Formation: Mesaverde		Unit
Completion Date: 12/14/77	Total Depth: 5530	Plug Back TD: 5458	Elevation: 6402	Farm or Lease Name: Elliott Gas Com "A"
Csg. Size: 7.000 / Wt.: 20 / d: 6.456 / Set At: 3424		Perforations: From 4532 To 5348		Well No.: 1A
Tbg. Size: 2.375 / Wt.: 4.7 / d: 1.995 / Set At: 5368		Perforations: From Open Ended To		Unit: G / Sec.: 14 / Twp.: 29 / Rge.: 9
Type Well – Single – Bradenhead – G.G. or G.O. Multiple: Single		Packer Set At: None		County: San Juan
Producing Thru: Tubing	Reservoir Temp. °F	Mean Annual Temp. °F	Baro. Press. – P_a	State: New Mexico

L	H	Gg	% CO_2	% N_2	% H_2S	Prover	Meter Run	Taps
		.65						

	FLOW DATA					TUBING DATA		CASING DATA		
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	Duration of Flow
SI	7 days					612		657		
1.	2.375	0.750				120		500		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	12.365		132	1.000	.9608	1.012	1587
2							
3							
4							
5							

NO.	P_r	Temp. °R	T_r	Z
1				
2				
3				
4				
5				

Gas Liquid Hydrocarbon Ratio _____ Mcf/bbl.
A.P.I. Gravity of Liquid Hydrocarbons _____ Deg.
Specific Gravity Separator Gas _____ XXXXXXX
Specific Gravity Flowing Fluid XXXXX _____
Critical Pressure _____ P.S.I.A. _____ P.S.I.A.
Critical Temperature _____ R _____ R

P_c 669 P_c^2 447561

NO	P_t^2	P_w	P_w^2	$P_c^2 - P_w^2$
1		512	262144	185417
2				
3				
4				
5				

(1) $\frac{P_c^2}{P_c^2 - P_w^2} = 2.4138$

(2) $\left[\frac{P_c^2}{P_c^2 - P_w^2}\right]^n = 1.9365$

AOF = Q $\left[\frac{P_c^2}{P_c^2 - P_w^2}\right]^n = 3073$

JAN 3 1978
OIL CON. COM.
DIST. 3

Absolute Open Flow 3073 Mcfd @ 15.025 Angle of Slope θ _____ Slope, n .75

Remarks: 4.5" 10.5# liner set @ 3181-5530'

Original Signed by
J. L. KRUPKA

Approved By Commission:	Conducted By:	Calculated By:	Checked By:
	T. M. Oliver	TMO/T. R. McCarthy	J. L. Krupka

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ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator
Conoco Production Company

Address
501 Airport Drive, Farmington, NM 87401

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)

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Elliott Gas Com "A"	1A	Blanco Mesaverde	State, Federal or Fee Federal	SF07813

Location
Unit Letter G : 1800 Feet From The North Line and 1800 Feet From The East

Line of Section 14 Township 29N Range 9W , NMPM, San Juan County

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)
Plateau, Inc.	P.O. Box 489, Bloomfield, NM 8741_3
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Company	P.O. Box 990, Farmington, NM 87401

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	G	14	29N	9W		

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

COMPLETION DATA

Designate Type of Completion – (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.

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

TEST DATA AND REQUEST FOR ALLOWABLE

(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)

OIL WELL

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

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OCT 3
OIL CON. DIV.

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

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)
District Administrative Supervisor
(Title)
September 28, 1983
(Date)

OIL CONSERVATION DIVISION

APPROVED OCT 3, 1983
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 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.

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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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.

RECEIVED
JAN 22 1985
OIL CON. DIV
DIST. 3

Operator: Amoco Production Company

Address: 501 Airport Drive Farmington, NM 87401

Reason(s) for filing (Check proper box)

- [ ] New Well
- [ ] Recompletion
- [ ] Change in Ownership

Change in Transporter of:

- [ ] Oil
- [ ] Casinghead Gas
- [ ] Dry Gas
- [X] Condensate

Other (Please explain)

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.
Elliott Gas Com A	1A	Blanco Mesaverde	State, Federal or Fee Federal	SF 078132

Location

Unit Letter G : 1800 Feet From The North Line and 1800 Feet From The East

Line of Section 14 Township 29 N Range 9 W , NMPM, San Juan County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [ ] or Condensate [X]	Address (Give address to which approved copy of this form is to be sent)
Permian Corp. Permian (Eff. 9/1/87)	P. O. Box 1702 Farmington, NM 87499
Name of Authorized Transporter of Casinghead Gas [ ] or Dry Gas [X]	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Company	P. O. Box 990 Farmington, NM 87401

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	G	14	29N	9W		

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.

B D Shaw
(Signature)
Admin. Supervisor
(Title)
1-2-85
(Date)

OIL CONSERVATION DIVISION

APPROVED JAN [illegible] 1985, 19 ____

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.

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	Well API No.
AMOCO PRODUCTION COMPANY	300452266500

Address: P.O. BOX 800, DENVER, COLORADO 80201

Reason(s) for Filing (Check proper box)

- New Well [ ]
- Recompletion [ ]
- Change in Operator [ ]
- Change in Transporter of: Oil [ ] Dry Gas [ ] Casinghead Gas [ ] Condensate [X]
- Other (Please explain) [ ]

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
ELLIOTT GAS COM A	1A	BLANCO MESAVERDE (PRORATED GAS	State, Federal or Fee	

Location: Unit Letter G : 1800 Feet From The FNL Line and 1800 Feet From The FEL Line

Section 14 Township 29N Range 9W NMPM, SAN JUAN County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [ ] or Condensate [X]	Address (Give address to which approved copy of this form is to be sent)
MERIDIAN OIL INC.	3535 EAST 30TH STREET, FARMINGTON, CO 87401
Name of Authorized Transporter of Casinghead Gas [ ] or Dry Gas [X]	Address (Give address to which approved copy of this form is to be sent)
EL PASO NATURAL GAS COMPANY	P.O. BOX 1492, EL PASO, TX 79978

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 -	MCF

RECEIVED
JUL 5 1990
OIL CON. DIV.
DIST. 3

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. 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.

D.W. Whaley
Signature
Doug W. Whaley, Staff Admin. Supervisor
Printed Name / Title
June 25, 1990 / 303-830-4280
Date / Telephone No.

OIL CONSERVATION DIVISION

Date Approved JUL 5 1990

By _____

Title SUPERVISOR DISTRICT # 3

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

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