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| U.S.G.S. | |
| LAND OFFICE | |
| TRANSPORTER | OIL |
| | GAS |
| PRORATION OFFICE | |
| OPERATOR | |

NEW MEXICO OIL CONSERVATION COMMISSION
 Pan American Petroleum Corporation
 has changed its name to
 AMOCO PROD. CO.
**CERTIFICATE OF COMPLIANCE AND AUTHORIZATION
 TO TRANSPORT OIL AND NATURAL GAS**

FORM C-110
(Rev. 7-60)

FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE

| | | |
|------------------------------------------------------------------|--------------------------------|-----------------------|
| Company or Operator Pan American Petroleum Corporation | Lease USG Section 19 | Well No. 14 |
|------------------------------------------------------------------|--------------------------------|-----------------------|

| | | | | |
|-------------------------|----------------------|---------------------------|------------------------|---------------------------|
| Unit Letter G | Section 19 | Township T-29-N | Range R-16-W | County San Juan |
|-------------------------|----------------------|---------------------------|------------------------|---------------------------|

| | |
|-------------------------------|---------------------------------------------------|
| Pool Hogback-Dakota | Kind of Lease (State, Fed, Fee) Federal |
|-------------------------------|---------------------------------------------------|

| | | | | |
|-----------------------------------------------------------|-------------------------|----------------------|---------------------------|------------------------|
| If well produces oil or condensate give location of tanks | Unit Letter J | Section 19 | Township T-29-N | Range R-16-W |
|-----------------------------------------------------------|-------------------------|----------------------|---------------------------|------------------------|

| | |
|--------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|
| Authorized transporter of oil <input checked="" type="checkbox"/> or condensate <input type="checkbox"/> Four Corners Pipeline Company | Address (give address to which approved copy of this form is to be sent) Box 1200, Farmington, New Mexico |
|--------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|

Is Gas Actually Connected? Yes _____ No _____

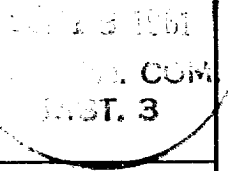
| | | |
|--------------------------------------------------------------------------------------------------------|----------------|--------------------------------------------------------------------------|
| Authorized transporter of casing head gas <input type="checkbox"/> or dry gas <input type="checkbox"/> | Date Connected | Address (give address to which approved copy of this form is to be sent) |
|--------------------------------------------------------------------------------------------------------|----------------|--------------------------------------------------------------------------|

If gas is not being sold, give reasons and also explain its present disposition:

SEP 19 1961
 Pan American Petroleum Corp.
 has changed its name to
 AMOCO PROD. CO.

REASON(S) FOR FILING (please check proper box)

- New Well
- Change in Transporter (check one)
 - Oil Dry Gas
 - Casing head gas . Condensate..
- Change in Ownership
- Other (explain below)



Remarks
This is to report change in transporter from Plateau, Inc. to Four Corners Pipeline Company effective October 16, 1961.

The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.
 Executed this the 18th day of September, 19 61.

| | |
|-------------------------------------------------------|------------------------------------------------------------------------------|
| OIL CONSERVATION COMMISSION | By ORIGINAL SIGNED BY A. R. TURNER |
| | Title Administrative Clerk |
| Approved by Original Signed Emery C. Arnold | Company Pan American Petroleum Corporation |
| Title Supervisor Dist. # 3 | Address Box 480, Farmington, New Mexico Attn: L. O. Spear, Jr. |
| Date SEP 19 1961 | |

**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 GAS WELL OTHER

2. NAME OF OPERATOR
AMOCO PRODUCTION COMPANY

3. ADDRESS OF OPERATOR
501 Airport Drive, Farmington, New Mexico 87401

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)
At surface
2050' FNL & 1910' FEL

14. PERMIT NO. _____ 15. ELEVATIONS (Show whether DF, RT, GR, etc.)
5033' GL, 5045' RDB

5. LEASE DESIGNATION AND SERIAL NO.
I-89-IND-58

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
Navajo Tribal

7. UNIT AGREEMENT NAME _____

8. FARM OR LEASE NAME
U.S.G. Section 19

9. WELL NO.
14

10. FIELD AND POOL, OR WILDCAT
Hogback Dakota

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
**SW/4 NE/4 Section 19,
T-29-N, R-16-W**

12. COUNTY OR PARISH 13. STATE
San Juan New Mexico

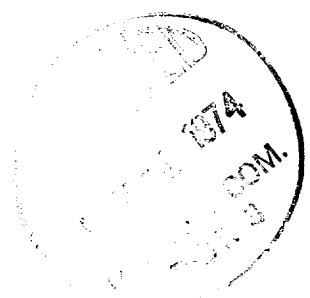
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

| | | | |
|----------------------------------------------|-----------------------------------------------|------------------------------------------------|------------------------------------------|
| 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 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) Present Status | <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.)*

U.S.G. Section 19 Well No. 14 was shut-in June 14, 1973, because of high water production with very low oil production. The well is presently shut-in. Amoco Production Company is presently doing a field study of Hogback Dakota and upon its completion, the future of the well will be decided.



18. I hereby certify that the foregoing is true and correct
Original Signed by
SIGNED R. E. MCGURRY TITLE Area Engineer DATE October 31, 1974

(This space for Federal or State office use)

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

**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 <small>(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.)</small> | | 5. LEASE DESIGNATION AND SERIAL NO. I-89-IND-58 |
| 1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> | | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME Navajo Tribal |
| 2. NAME OF OPERATOR AMOCO PRODUCTION COMPANY | | 7. UNIT AGREEMENT NAME |
| 3. ADDRESS OF OPERATOR 501 Airport Drive, Farmington, New Mexico 87401 | | 8. FARM OR LEASE NAME U.S.G. Section 19 |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 2050' YNL & 1910' YEL, Section 19, T-29-N, R-16-W | | 9. WELL NO. 14 |
| 14. PERMIT NO. | | 10. FIELD AND POOL, OR WILDCAT Hogback Dakota |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3033' GL, 3043' EDB | | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SW/4 NE/4 Section 19, T-29-N, R-16-W |
| | | 12. COUNTY OR PARISH 13. STATE San Juan New Mexico |

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

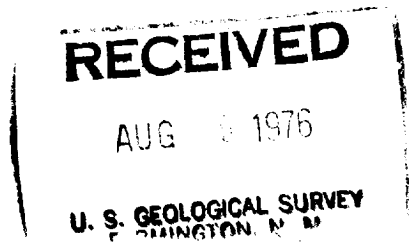
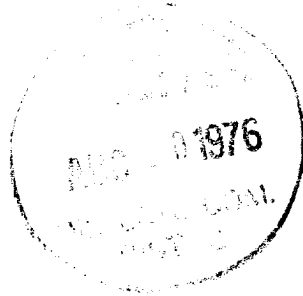
| NOTICE OF INTENTION TO : | | SUBSEQUENT REPORT OF : | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------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

Due to the subject well being unable to produce commercial quantities of hydrocarbons, we propose to abandon the well as follows:

- 1. Squeeze 10 sacks Class "A" Heat cement into the formation.**
- 2. Load the 5-1/2" casing to the surface with Class "A" Heat cement.**
- 3. Cut off the wellhead. Erect P&A marker and clean up the location.**



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

SIGNED *[Signature]* TITLE Area Engineer DATE August 5, 1976

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

[Signature]

*See Instructions on Reverse Side

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

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

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

I-89-IND-58

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Navajo Tribal

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

U.S.G. Section 19

9. WELL NO.

14

10. FIELD AND POOL, OR WILDCAT

Hogback Dakota

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

**SW/4 NE/4 Section 19,
T-29-N, R-16-W**

12. COUNTY OR PARISH 13. STATE

San Juan

New Mexico

1. OIL WELL GAS WELL OTHER

2. NAME OF OPERATOR
AMOCO PRODUCTION COMPANY

3. ADDRESS OF OPERATOR
501 Airport Drive, Farmington, New Mexico 87401

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)
At surface

2050' FWL & 1910' FWL, Section 19, T-29-N, R-16-W

14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)
5033' GL., 5045' HDB

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

NOTICE OF INTENTION TO:

| | |
|----------------------------------------------|-----------------------------------------------|
| TEST WATER SHUT-OFF <input type="checkbox"/> | PULL OR ALTER CASING <input type="checkbox"/> |
| FRACTURE TREAT <input type="checkbox"/> | MULTIPLE COMPLETE <input type="checkbox"/> |
| SHOOT OR ACIDIZE <input type="checkbox"/> | ABANDON* <input type="checkbox"/> |
| REPAIR WELL <input type="checkbox"/> | CHANGE PLANS <input type="checkbox"/> |
| (Other) <input type="checkbox"/> | |

SUBSEQUENT REPORT OF:

| | |
|------------------------------------------------|--------------------------------------------------|
| WATER SHUT-OFF <input type="checkbox"/> | REPAIRING WELL <input type="checkbox"/> |
| FRACTURE TREATMENT <input type="checkbox"/> | ALTERING CASING <input type="checkbox"/> |
| SHOOTING OR ACIDIZING <input type="checkbox"/> | ABANDONMENT* <input checked="" 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.)*

Due to the subject well being unable to produce commercial quantities of hydrocarbons, we plugged and abandoned the well on 8-15-76 as follows:

1. Pulled 668' of 2" tubing.
2. Squeezed 10 sacks of Class "A" Neat cement into formation at 672-84' and 705-15'.
3. Landed 5-1/2" casing to the surface with 85 sacks of Class "A" Neat cement.
4. Cut casing and erected P&A marker.
5. Cleaned up and reseeded location. Reseeding was completed in accordance with Mr. Leonard Fuller, BIA, Shiprock, instructions of 9-8-76 using a total of 6-1/2 pounds per acre of Crested Wheatgrass, Smooth Bromegrass, Four Wing Salt Bush and Nopal Alfalfa.



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

SIGNED *E. E. Scoboda* TITLE **Area Adm. Supvr.** DATE **9-22-76**

(This space for Federal or State office use)

APPROVED BY **APPROVED** TITLE _____ DATE **SEP 23 1976**

R. T. McGRATH
DISTRICT ENGINEER

*See Instructions on Reverse Side

INSERT

LARGE FORMAT

HERE