Form 9-331 (May 1963)

16.

UNITED STATES DEPARTMENT OF THE INTERIOR (Other instructions on reverse side)

SUBMIT IN TRIPLICATE*

Form approved. Budget Bureau No. 42-R1424. 5. LEASE DESIGNATION AND SERIAL NO.

GEOLOGICAL SURVEY

SUNDRY	NOTICES	AND	REPORTS	ON W	VELLS
es this form fo	e proposals to	drill or to	deepen or plug	hack to a	different

6. IF INDIAN, ALLOTTES OR TRIBE NAME

Use "APPLICATION FOR PERMIT—" for such proposals,)	Marie 10 11718
	7. UNIT AGREEMENT NAM

OIL GAS WELL OTHER 2. NAME OF OPERATOR S. FARM OR LEASE NAME

US Section 19 PAN AMERICAN PETROLIUM CORPORATION ADDRESS OF OPERATOR 9. WELL NO.

15

P. O. Bos 480, Farmington, New Mexico

LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*

See also space 17 below.)

At surface 10. FIELD AND POOL, OR WILDCAT

Bosback Daketa 11. SEC., T., B., M., OR BLE. AND SURVEY OF AREA.

1600' FSL & 2374' FML

7-29-H, R-16-W 14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 12. COUNTY OR PARISH 13. STATE

Her Mexico 5123' GL

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 MULTIPLE COMPLETE		WATER SHUT-OFF REPAIRING WELL FRACTURE TREATMENT ALTERING CASING
SHOOT OR ACIDIZE	ABANDON*		SHOOTING OR ACIDIZING ABANDONMENT*
REPAIR WELL	CHANGE PLANS		(Other)
(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.)*

In an attempt to increase productivity, we propose to send-oil free USE Section 19 Well No. 15 with 5,000 gallons treated oil containing 5,000 lbs.

Current producing rate: 1.7 BOPD and 3 BMPB.



U. S. GEOLOGICAL SURVEY

8. I hereby certify that the foregoing is true and corn	rect		
signed G. W. Faton, It.	TITLEArea Regimeer	DATE	camber 2, 1966
(This space for Federal or State office use)		*	
APPROVED BY	TITLE	DATE	

'orm 9–331	UNITED STATES	SUBMIT IN TRIPLICAT	
May 1963) DEP	ARTMENT OF THE INTER	RIOR (Other instructions on the structions)	5. LEASE DESIGNATION AND SERIAL NO.
211112		ON WELL C	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
SUNDRY (Do not use this form fo Use "A	NOTICES AND REPORTS r proposals to drill or to deepen or plug APPLICATION FOR PERMIT—" for such	back to a different reservoir.	Neve je Tribul
<u> </u>			7. UNIT AGREEMENT NAME
OIL GAS GAS O	THER		
. NAME OF OPERATOR			8. FARM OR LEASE NAME
PAN AMELICAN PRE	holien corporation		UNG Section 19
. ADDRESS OF OPERATOR			9. WELL NO.
P. C. Box 480, P	ermington, New Mexico	State considerate &	10: FIELD AND POOL, OR WILDCAT
See also space 17 below.)	cation clearly and in accordance with an	ly State requirements.	
At surface			11. SEC., T., R., M., OR BLK. AND
	ast man		SUBVEY OR AREA
1600' FEL & 23	/4" Bills		ME/4 Section 19,
4. PERMIT NO.	15. ELEVATIONS (Show whether	DF, RT, GR, etc.)	12. COUNTY OR PARISH 13. STATE
	5123' GL		San Juan Hew Mexico
6. Che	eck Appropriate Box To Indicate	Nature of Notice, Report, o	r Other Data
NOTICE (OF INTENTION TO:	SUBS	EQUENT 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)	
(Other)		(Note: Report rest Completion or Reco	nits of multiple completion on Well mpletion Report and Log form.)
7. DESCRIBE PROPOSED OR COMPL. proposed work. If well is nent to this work.) *	ETED OPERATIONS (Clearly state all pertins directionally drilled, give subsurface lo	ent details, and give pertinent da cations and measured and true ver	tes, including estimated date of starting any tical depths for all markers and zones perti-
In an attempt to 1	merense productivity, Wi with 7,392 gallons of (oll containing 50 per	mde Mirk II. 50
pounds 0-17 and 5	gallone G-6 per 1000 gal	lions with 2290 pound	lo of 6-12 good.
•			
Production Prior t	io ii0: 1.7 BOPD and 3 W	erd.	
Production After W	10: 76 NGPD and 754 MIP	D (12-30-66).	
	ACEILAN		
/	OTT.TIVED \		
	Wror!	- FIVED	
	IANI 4 367	RECEIVED	
1	JAIN T	200	
\	OIL CON. COM	JAN 3 51	
•	DIST. 3	_	
		OCICAL SURVEY	
		U. S. GEOLOGICAL SURVEY FARMINGTON, N. N.	
8. I hereby certify that the for	regoing is true and correct		
signed	Catar fr. 11 TITLE	Ares Regimeer	DATE December 30, 196
(This space for Federal or	State office use)		

TITLE _

APPROVED BY _______ CONDITIONS OF APPROVAL, IF ANY:

DATE __

·									
NUMBER OF C LES RE	ECEIVED BUTION	2007	Eff. 2-	JEW MEY	IIO MONE	CONSERVAT	ION COMMISSION	FORM C-110	
SANTA PR		Par	THIS LOCAL TARREST TO THE MEN HENGO						
U. S. G . S.	-	ha		changed its name tosanta FE, NEW MEXICO (Rev. 7-60)					
LAND OFFIGE	DIL .		CERTIFICATE OF COMPLIANCE AND AUTHORIZATION						
	AS		TO TRANSPORT OIL AND NATURAL GAS						
PRORATION OFFICE									
	3 24 2		. FILE THE O	RIGINAL	AND 4 C	OPIES WITH TH	IE APPROPRIATE OFFICE		
Company or Ope				0	محمد الدائد		USG Section 19	Well No.	
77 . 7	ran		n Petroleum	Corbor	T	l			
Unit Letter	G	Section 19	Township		Range	6-N	County San Juan		
Pool		-/			1		Kind of Lease (State, Fed.F.	ee)	
	Hog	back-Dak	ota					Federal	
If w		s oil or cond		Unit Let	ter 🚅	Section 19	Township T-29-N	Range R-16-N	
Authorized trans				.!			dress to which approved copy		
Authorized trans	sporter or c	on La or co	ndensate						
	Fou	r Corner	s Pipeline	Compani	7	Box 1200), Farmington, New	Mexico	
	×		Is Gas A	ctually C	onnecte	d? Yes	No		
Authorized trans	sporter of a	asing head o	as or dry gas		Con-	 	dress to which approved copy	of this form is to be sent)	
	<i>-</i>		() 01 21, 812	nect	ed				
If gas is not bei	ing sold, g	ve reasons a	nd also explain its	present di	sposition:	l .			
							Eff. 2-1-71,		
							ran American Potro	O	
							res changed its nor	ne ta	
							AMOCO FROD. CO).	
			Dr. 160	NICO FAR	EII INC	/ I . I . I I I			
	_			• •		(please check p			
							ership		
	•		unsporter (check on			Other (explain)	pelow)		
			ad gas . 🗀 Con						
		Casing ne	ad gas Con	densate					
								JOSEPH ANCE	
								SEL LU 1961	
								4 44. COM./	
								S DIST. 3	
Remarks									
	99.4	- 1- +-	managet about	oe in	t. ran so	orter from	Plateau, Inc. to F	our Corners	
	D4 v	mlina C	ompany effec	tive O	stober	1/2 1961.			
	* 4-7	~~~~~			••••	—			
The undersign	ned certifi	es that the	Rules and Regula	tions of t	he Oil Co	nservation Comm	nission have been complied	with.	
		Executed	this the	_ day of _	Sep	Louber	, 19 61	;	
	טוו כ		ION COMMISSION			Ву			
Anneand L.				-		4	ORIGINAL SIGNED I L: R. THRNER	ə <i>t</i> ,	
Approved by						Title			
Oris	ginal S	igned Er	mery C. Ar	n old		·	tretive Clerk		
Title						Company	A		
¢	: - -					Pan Amu	riesa Petroleum Co	Lbolaricu	
	ervisor D	et. # 3				Address			
Date						1	Paudantan Bar	Yevi on	
, at a	j- <u>1</u> o 19	61					, Farmington, New L. O. Speer, Jr.		

	NO. OF COPIES RECEIVED				
	DISTRIBUTION	NEW MEXICO OIL	COMPERMATION COMMISSION	•	
	SANTA FE /	REDUEST	CONSERVATION COMMISSION FOR ALLOWABLE		
	FILE	N L WOLST		Supersedes O Effective 1-1-	ld C-104 and C-1
	U.S.G.S.	T AUTHODIZATION TO TO	AND		.02
	LAND OFFICE	AUTHORIZATION TO TR	ANSPORT OIL AND NAT	URAL GAS	
	TRANSPORTER GAS	-			
	OPERATOR /	┪			
1.	PRORATION OFFICE	7			
	Operator AMOCO PRODUCTION COMPA	ANY			
		rmington, New Mexico 874			
	Reason(s) for filing (Check proper box		Other (Please expi	ain)	
	New Well	Change in Transporter of:	_		
	Recompletion	Oil X Dry G	as 🔲		
	Change in Ownership	Casinghead Gas Conde	nsate		
	If change of ownership give name and address of previous owner				
II.	DESCRIPTION OF WELL AND	LEASE Well No. Pool Name, Including F			
				of Lease Indian	Lease No.
	U.S.G. Section 19	15 Hogback Dako	State	, Federal or Fee I-89-IN	<u>m-58</u>
		600 Feet From The North Lir	ne and 2374 Fe	et From TheEast	
	Line of Section 19 To	wnship 29N Range	16W , NMPM, S	San Juan	County
III.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA			
	Name of Authorized Transporter of Oil	or Condensate		ch approved copy of this form is t	o he sentl
	Plateau, Inc.				o be sem,
	Name of Authorized Transporter of Car	singhead Gas or Dry Gas	Address (Give address to whi	mington, NM 87401 ch approved copy of this form is t	- L1
					o be sent/
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. G 19 29N 16W	Is gas actually connected?	When	
	If this production is commingled with COMPLETION DATA	th that from any other lease or pool,	give commingling order num	per:	
	Designate Type of Completic	on - (X) Gas Well Gas Well	New Well Workover De	epen Plug Back Same Res	v. Diff. Restv.
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	<u> </u>
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
Ì	Perforations			Depth Casing Shoe	
Ī		TUBING, CASING, AND	CEMENTING RECORD		
[HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEM	ENT
-					
ŀ					
	TEST DATA AND REQUEST FO		ter recovery of total volume of	oad oil and must be equal to or e	xceed top allow-
ī	OIL WELL Date First New Oil Run To Tanks	able for this de	pth or be for full 24 hours)		
	Date First New Oil Run 10 1 daks	-	Producing Method (Flow, pump	, gas tijt, etc.)	
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
-	Actual Prod. During Test	Oil-Bbls.	Water - Bble.	Gas-MCF	7
•-	CAS WELL				
ſ	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
-	Tarting Vethed (nitet heak pr.)	Tubina Bassana (Glub 4a)			

VI. CERTIFICATE OF COMPLIANCE

Thereby 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.

above is true and complete to the best of my knowledge and better.
Original Signed By 5. 2. CVORCHA
(Signature)
Area Administrative Supervisor
(Title)
7/6/78
(Date)

OIL CONSERVATION COMMISSION

APPROVED 301 878 , 19 ______
Original Signed by Figure 3 (1872)

BY______
TITLE DEPUTY GIL & GAS INSACOASI, 5181. #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.

OIL CONSERVATION DIVISION P. O. BOX 2088 SANTA FE, NEW MEXICO 87501

STATE OF NEW MEXICO RGY AND MINERALS DEPARTMENT OISTAINUTION SANTA FE FILE U.S. C.S. LAND DEFECT LAND OFFICE TRANSPORTER GAS OPERATOR PAGRATION OFFICE

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator						
Amoco Production Compa	ny					<u></u>
501 Airport Drive, Far	mington, N.M. 8	37401				
Reason(s) for filing (Check proper box,		37 10 2	Other (Please	explain)		
New Well	Change in Transpor	ter of:				
Recompletion	OII I	Dry Go				
Change in Ownership	Casinghead Gas	Conden	sate			
If change of ownership give name and address of previous owner						
DESCRIPTION OF WELL AND	Well No. Pool Nan	ne, Including Fo	ormation	Kind of Lease		Lease No.
U.S.G. Section 19	15 Ho	gback Dako	ota	State, Federal	or Fee Indian	I-89-IND-58
Unit Letter G ; 160				Feet From T	he East	
Line of Section 19 Tow	mahip 29N		5W , NMPM	C T		County
				···		
DESIGNATION OF TRANSPORT			Address (Give address	10.111/01.0000	-d/ al/- (
Name of Authorized Transporter of Oil	M or Condensate		ł			_
Giant Refinery Name of Authorized Transporter of Cas	inghead Gas or Dr	y. Gas	P.O. Box 256, Address (Give address)	rarmingto o which approv	n, N.M. 8/4 ed copy of this form	is so be sent)
•	_		·			•
If well produces oil or liquids, give location of tanks.	Unit Sec. Twi	9N 16W	Is gas actually connecte	ed? Whe	n .	**************************************
If this production is commingled wit	h that from any other l	ease or pool,	give commingling order	r number:		
Designate Type of Completio	Oil Well	Gas Well	New Well Workover	Deepen	Plug Back Same	Res'v. Dill. Res'v
		 	T-1-1 D1		10000	
Date Spudded	Date Compl. Ready to P	rod.	Total Depth	· .	P.B.T.D.	•
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Form	nation	Top Oil/Gas Pay		Tubing Depth	
Perforations		<u> </u>	A. 16. A. 4. A. 16.		Depth Casing Shor	
-	TUBING.	CASING, AND	CEMENTING RECOR	D		
HOLE SIZE	CASING & TUBI		DEPTH SE		SACKS	CEMENT
TEST DATA AND REQUEST FO	OR ALLOWABLE		ter recovery of total valuable for the for full 24 hours		nd must be equal to	or exceed top allow
Date First New Oil Run To Tanks	Date of Test	,	Producing Method (Flow		ECEIV	EM
Length of Test	Tubing Pressure		Casing Pressure	m = -	Choke Size . 100	<u>, (u) </u>
Length of 1995				, c	00 12 4 198	33
Actual Prod. During Test	Oil-Bbls.		Water-Bbls.	ď.	Cos -MOP	OIV.
~ A C 11/07 B		· · · · · · · · · · · · · · · · · · ·			 	etas de la secución d
Acted Prod. Tool-MCF/D	Length of Test		Bble. Condensate/MMCI	<u> </u>	Gravity of Conden	eate . Val
			•			
Tealing Method-(pital, back pr.)	Tubing Pressure (Shut-	·12)	Cosing Pleasure (Shut-	-	•	
ERTIFICATE OF COMPLIANC	E		DIL CO	DNSERVAT	NOISIVIO NOI)
hereby certify that the rules and r	emulations of the Oil C	Conservation	APPROVED		UULA	. 19
state have been compiled with	and that the informati	lon given	Original Sig	ned by FRANI	CT. CHAVEZ	
bove-is trum and complete to the	DEEL OF MY KNOWLEGG	mild Delize:	TITLE	SUPERVISOR	DISTRICT # 3	
negative of mood By		•	(la 1	be filed in	compliance with H	ULE 1104,
97		. •	If this is a req	uest for allow	Able for a newly	dilled or despend
(Sign	elwe) ; ;;;	***	Il well, this form mus	L DA BECOMP	ALLE WALLS	L 111,
District Administrati	ve Supervisor		All sections .	if this intermedia	* {	The state of the s
(1	iile)	••	Fill out only	Sections i.	iter or winer such	changes of own-
October 20, 1983	ole)		Wall name of numb	M Terr	Visit Control	

STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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FILE			
V.1.0.4.		1	
LAND OFFICE			
TRANSPORTER	OIL		
	g As		
OPERATOR			
PROBATION OFF	1CE	_	

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

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REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.	NOPURT DIL AND NATURAL GAS
Operator	
Amoço Production Company	
501 Airport Drive Farmington, NM 87401	- OF IN
Reason(s) for filing (Check proper box)	Other (Please ex (D) ECE VIII)
New Well Change in Transporter of:	NOV 2 0 1984
Recempletion X Oil	Dry Gas NOV 2 0 130
Change in Ownership Casinghedd Gas	Condensate CON. DIV.
If change of ownership give name and address of previous owner	Condensate OIL CON. DIST. 3
II. DESCRIPTION OF WELL AND LEASE	
Lease Name Well No. Pool Name, Including	Formation Kind of Lease Indian()
USG Section 19 15 Hogback Dake	ota State, Federat or Fee I-89 Lease No. IND-58
Location	<u></u>
Unit Letter G : 1600 Feet From The North L	ine and 2374 Feel From The East
Line of Section 19 Township 29N Range	• • • •
Lon Hange	16W , NMPM, San Juan County
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURA	AL GAS
Name of Authorized Transporter of Cit (2) or Condensate (2) Permian Corp. (Sf. 9/1/87)	Againes (Give address to which approved copy of this form is to be sent)
Name at Authorized Transporter of Casinghead Gas or Dry Gas	P. O. Box 1702 Farmington, NM 87499
4 5., 343 <u></u>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, Unit Sec. Twp. Rqs.	is gas actually connected? When
give location of tanks. J 19 29N 16W	
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.	
	11
VI. CERTIFICATE OF COMPLIANCE	OIL CONSERVATION DIVISION NOV 2 0 1984
hereby certify that the rules and regulations of the Oil Conservation Division have	APPROVED
seen complied with and that the information given is true and complete to the best of my knowledge and belief.	£ 1701
	Jane Jane
21 (1)	TITLE SUPERVISOR DISTRICT # 3
DLIShaw	This form is to be filed in compliance with RULE 1104.
(Signature)	If this is a request for allowable for a newly drilled on danner
Admin. Supervisor	well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.
(Tule)	All sections of this form must be filled out completely for allowable on new and recompleted wells.
11-8-84 (Pate)	Fill out only Sections 1 II III and 17 for shapes of
	was name or number, or transporter, or other such change of condition.
ļ	Separate Forms C-104 must be filed for each pool in multiply completed wells.

	UNITED STATES RTMENT OF THE INTE REAU OF LAND MANAGEME		5. LEASE DESIGNATION AND BERIAL NO 1-89-IND-58 6. IF INDIAN, ALLOTTER OR TRIBE NAME
SUNDRY N (Do not use this form for I use "AP.	OTICES AND REPORTS Oroponals to drill or to deepen or plu PLICATION FOR PERMIT—" for suc	ON WELLS g back to a different reservoir. proposals.)	Navajo Tribal
OIL CAR OTE	ER		
2. NAME OF OPERATOR			8. PARM OR LEASE NAME
TIFFANY GAS COMPA	NY		USG Section 19
B.O. Draver 3307	- Farmington, NM 8749	9 ny State requirements.*	10. FIELD AND FOOL, OR WILDCAT Hogback Dakota 11. BBC, T, E, M, OR RLE. AND BURNEY OR ARMA
1600' FSL & 2374'	FWL		Sec. 19, T29N, R16W
14. PERMIT NO.	15. ELEVATIONS (Show whether	DF, RT, GR, etc.)	12. COUNTY OR PARISH 18. STATE
	5123' GL		San Juan NM
	k Appropriate Box To Indicate		r Other Data
NOTICE OF	: OT KOITHITHI	_	
TEST WATER SHUT-OFF	PULL OR ALTER CABING	WATER SHUT-OFF FRACTURE TREATMENT	ALTERING CARING
PRACTURE TREAT	ABANDON®	BEOOTING OR ACIDIZING	ABANDONMENT [®]
REPAIR WELL	CHANGE PLANS	(Other)	
(Other) Temporarily	Abandon	Completion or Reco	pits of multiple completion on Well impletion Report and Log form.) tes, including estimated date of starting any citical depths for all markers and sones perti-
be taken with the	studing the Hogback Da Shut-in wells. equest: Permission for		
RECEIVED BLNI MAIL ROOM 88 AUG 18 PM 1: 29 FARMINGTON RESCUNCE AREA FARMINGTON, NEW MEXICO	THIS APPROV	AL EXPIRES AUG 22	AUG 2 4 1988 OIL CON. DIV. 1989 DIST. 3
1			APPROVED
16. I hereby certify that the foreg	to true and correct	Agent	DATE 8/15/88
This space for Federal or Sta	te office use)		AH622 1982
ABBROTER BY	TITLE		1 50000
CONDITIONS OF APPROVAL	IF ANY:		FARMINISTON RESOURCE AFTER
	*See Instructi	ons on Reverse Side	

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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DISTRIBUTION			Г
SANTA FE			
FILE			
U.9.0.8,		_	_
LAND OFFICE			
TRANSPORTER	OIL		
	DAS		
OPENATOR			
PROBATION OFFICE			

OIL CONSERVATION DIVISION P. O. BOX 2088 SANTA FE, NEW MEXICO 87501

Form C-104 Revised 10 01-78 Formal 06-01-83

REQUEST FOR ALLOWABLE

DECEVEN

PROMATION OFFICE	AUTHOR	RIZATION TO		VORT OII	L AND NATU	RAL GAS	M	DECOS	1988
Operator									J. DIV
Tiffany Gas Co.						·	C	18-0-	
P.O. Box 50, Farming	rton N	TM 87499						DIST	. 3
Ressor(s) for Illing (Check proper bon)	COII, I	M 07433			Other (Please	ezeletel			
Now Wall	Change II	n Transportés öls					•		
		. ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Dry	y Gan					
X Change in Ownership) == {	nghead Gae	=	ndensate	' '				
ing addition of previous owner.		oduction Co	o., 50	Ol Air	port Driv	e, Farmin	gton.	NM 8740)1
I. DESCRIPTION OF WELL AND LI	Well No.	Pool Name, Inc	luding Fa	mation		Kind of Leone	1		Lease No.
USG 19	15	Hogbacki				State, Federal	or Fee	Indian	1-89-IND
Unil Leller <u>KG</u> ; 1600	_Feel Fro	m The Nort	th Line	and	2374	Foot From]	ih•	East	
Line of Section 19 Townshi	p 29N	Re	nge .	L6W	, имрм	San	Juan		County
GIAA IDCALIDII OL JOHEST	i , 5•c	. Twp.	Rgs. 16W	Address		o which approv	red copy o	NM 8/49	o be sent)
f this production is commingled with th NOTE: Complete Parts IV and V on				live com		Ť			
1. CERTIFICATE OF COMPLIANCE		Disiri	bava	4000	OIL C	ONSERVAT	ION DI		0 8 198
hereby certify that the rules and regulations of een complied with and that the information giv ny knowledge and belief.	r the Uil C ren is true s	nd complete to the	best of	8Y		, Š.	nund	SUPERVISOR I	Distribution on a
Production Supervisor (Title)	·			If well, t tests t Al able o	this form is to this is a requ his form must	eat for silow be accompany well in secon this form must completed we	compliant able for aled by t dance wi it be fill	e with AUL a newly drill to the transfer of th	E 1104. ed or despense of the deviation t. atoly for allow