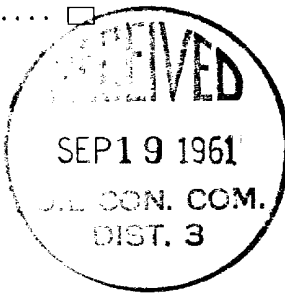


Eff. 2-1-71,

NUMBER OF COPIES RECEIVED DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE TRANSPORTER OIL GAS PRODUCTION OFFICE OPERATOR		<b>NEW MEXICO OIL CONSERVATION COMMISSION</b> SANTA FE, NEW MEXICO <b>CERTIFICATE OF COMPLIANCE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS</b>		<b>FORM C-110</b> (Rev. 7-60)	
FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE					
Company or Operator <b>Pan American Petroleum Corporation</b>			Lease <b>USG Section 19</b>		Well No. <b>2</b>
Unit Letter <b>C</b>	Section <b>19</b>	Township <b>T-29-N</b>	Range <b>R-16-W</b>	County <b>San Juan</b>	
Pool <b>Hogback Dakota</b>				Kind of Lease (State, Fed, Fee) <b>Federal</b>	
If well produces oil or condensate give location of tanks		Unit Letter <b>J</b>	Section <b>19</b>	Township <b>T-29-N</b>	Range <b>R-16-W</b>
Authorized transporter of oil <input checked="" type="checkbox"/> or condensate <input type="checkbox"/> <b>Four Corners Pipeline Company</b>			Address (give address to which approved copy of this form is to be sent) <b>Box 1200, Farmington, New Mexico</b>		
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: <div style="text-align: right; margin-top: 10px;">           Eff. 2-1-71,            Pan American Petro. Corp.            has changed its name to            AMOCO PROD. CO.         </div>					
REASON(S) FOR FILING (please check proper box)					
New Well ..... <input type="checkbox"/>		Change in Ownership ..... <input type="checkbox"/>			
Change in Transporter (check one)		Other (explain below)			
Oil ..... <input checked="" type="checkbox"/> Dry Gas .... <input type="checkbox"/>					
Casing head gas . <input type="checkbox"/> Condensate.. <input type="checkbox"/>					
					
Remarks <b>This is to report change in transporter from Plateau, Inc. to Four Corners Pipeline Company effective October 16, 1961.</b>					
The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.					
Executed this the <u>18th</u> day of <u>September</u> , 19 <u>61</u> .					
OIL CONSERVATION COMMISSION			By <b>ORIGINAL SIGNED BY L. R. TURNER</b>		
Approved by <b>(Original Signed Emery C. Arnold)</b>			Title <b>Administrative Clerk</b>		
Title <b>Supervisor Dist. # 3</b>			Company <b>Pan American Petroleum Corporation</b>		
Date <b>SEP 19 1961</b>			Address <b>Box 480, Farmington, New Mexico Attn: L. O. Spear, Jr.</b>		

DISTRIBUTION			
SANTA FE		/	/
FILE		/	/
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL	/	/
	GAS		
OPERATOR		/	/
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-110  
Effective 1-1-65

I. Operator  
AMOCO PRODUCTION COMPANY  
Address  
501 Airport Drive Farmington, New Mexico 87401  
Reason(s) for filing (Check proper box)  
New Well ☐ Change in Transporter of: Oil ☒ Dry Gas ☐  
Recompletion ☐ Casinghead Gas ☐ Condensate ☐  
Change in Ownership ☐ Other (Please explain)

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name U.S.G. Section 19	Well No. 2	Pool Name, including Formation Hogback Dakota	Kind of Lease Indian State, Federal or Fee	Lease No. I-89-IND-58
Location Unit Letter C ; 1020 Feet From The North Line and 2327 Feet From The West Line of Section 19 Township 29N Range 16W , NMPM, San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> 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 <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	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 C	Sec. 19	Twp. 29N	Rge. 16W	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 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
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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.

Original Signed By  
(Signature)

Area Administrative Supervisor  
(Title)

7/6/78  
(Date)

OIL CONSERVATION COMMISSION

APPROVED JUL 7 1978  
Original Signed by [Signature]  
BY  
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 Form C-104 must be filed for each pool in multiple

## OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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LAND OFFICE	
TRANSPORTER	OIL
	NAT
OPERATOR	
PRODUCTION OFFICE	

Operator

Amoco Production Company

Address

501 Airport Drive, Farmington, N.M. 87401

Reason(s) for filing (Check proper box)

New Well	<input type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input checked="" type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

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.
U.S.G. Section 19	2	Hogback Dakota	State, Federal or Fee	Indian I-89-IND-58
Location				
Unit Letter	C	: 1020	Feet From The North	Line and 2327
		Feet From The West		
Line of Section	19	Township	29N	Range 16W
		NMPM,	San Juan	County

## DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Giant Refinery	P.O. Box 256, Farmington, N.M. 87499					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	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
	J	19	29N	16W		

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  
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 Tanks	Date of Test	Producing Method (Flow, pump, gas)	Choke
			001241983
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 of Condensate
Testing Method (pilot, 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.Original Signed By  
D.D. [Signature]

(Signature)

District Administrative Supervisor  
(Title)

October 20, 1983

## OIL CONSERVATION DIVISION

APPROVED \_\_\_\_\_, 19  
BY Original Signed by FRANK T. CHAVEZ  
TITLE SUPERVISOR DISTRICT #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 deviated  
tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely, if applicable  
on new and recompleted wells.  
Fill out only Sections I, II, III, and VI for changes of own  
well name or number, or transporter or other such change of fundit