

TABULATION OF DEVIATION TESTS

PAN AMERICAN PETROLEUM CORPORATION

U.S.G. SECTION 19 NO. 23

DEPTH

DEVIATION

840'

3/4°

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 test taken on PAN AMERICAN PETROLEUM CORPORATION'S U.S.G. Section 19 Well No. 23 located 990 feet from the North line and 2310 feet from the East line of Section 19, T-29-N, R-16-W, San Juan County, New Mexico.

Signed *G. W. Eaton, Jr.*
Title Area Engineer

NEW MEXICO
THE STATE OF ~~COLORADO~~)
SAN JUAN) SS.
COUNTY OF ~~DENVER~~)

BEFORE ME, the undersigned authority, on this day personally appeared G. W. Eaton, Jr. known to me to be Area Engineer for Pan American Petroleum Corporation 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 25th day of September, 1967.

Nancy Elaine Jones (York)
Notary Public

My Commission Expires: 8-20-1970



UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

(See other in-
structions on
reverse side)Form approved.
Budget Bureau No. 42-R355.5.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG

1a. TYPE OF WELL:		OIL WELL <input checked="" type="checkbox"/>	GAS WELL <input type="checkbox"/>	DRY <input type="checkbox"/>	Other <input type="checkbox"/>			
b. TYPE OF COMPLETION:		NEW WELL <input checked="" type="checkbox"/>	WORK OVER <input type="checkbox"/>	DEEP-EN <input type="checkbox"/>	PLUG BACK <input type="checkbox"/>	DIFF. RESVR. <input type="checkbox"/>	Other <input type="checkbox"/>	
2. NAME OF OPERATOR PAN AMERICAN PETROLEUM CORPORATION						5. LEASE DESIGNATION AND SERIAL NO. 1-29-UB-38		
3. ADDRESS OF OPERATOR 501 Airport Drive, Farmington, New Mexico 87401						6. INDIAN, ALLOTTEE OR TRIBE NAME Navajo Tribal		
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 990' FHL & 2310' FHL At top prod. interval reported below Same At total depth Same						7. UNIT AGREEMENT NAME U.S.G. Section 19		
14. PERMIT NO.						9. WELL NO. 23		
DATE ISSUED						10. FIELD AND POOL, OR WILDCAT Hogback Dakota		
15. DATE SPUDDED 9-2-67						11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA Section 19, T-29-N, R-16-W		
16. DATE T.D. REACHED 9-6-67						12. COUNTY OR PARISH San Juan		
17. DATE COMPL. (Ready to prod.) 9-20-67						13. STATE New Mexico		
18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 5010' GL, 5015' KB						19. ELEV. CASINGHEAD 5010'		
20. TOTAL DEPTH, MD & TVD 840		21. PLUG, BACK T.D., MD & TVD 700		22. IF MULTIPLE COMPL., HOW MANY*		23. INTERVALS DRILLED BY 0-70	ROTARY TOOLS 0-70	CABLE TOOLS
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* Hogback Dakota, 658-64'							25. WAS DIRECTIONAL SURVEY MADE No	
26. TYPE ELECTRIC AND OTHER LOGS RUN IES and Gamma Ray-Sonic							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		
7"	200	62'	9-5/8"	To surface				
4-1/2"	10.50	840'	6-1/8"	150 sacks				
29. LINER RECORD								
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	30. TUBING RECORD			
					SIZE	DEPTH SET (MD)	PACKER SET (MD)	
					2-3/8	670'		
31. PERFORATION RECORD (Interval, size and number)				32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.				
816-20', 4 SPT (squeezed)				DEPTH INTERVAL (MD)				
769-73', 4 SPT (squeezed)				AMOUNT AND KIND OF MATERIAL USED				
658-64', 4 SPT				816-820'				
				250 gal. 15% reg. acid squeezed with 50 sacks				
				769-773'				
				250 gal. 15% reg. acid squeezed with 50 sacks				
33.* PRODUCTION								
DATE FIRST PRODUCTION 9-19-67		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Flowing				WELL STATUS (Producing or shut-in) Producing		
DATE OF TEST 9-19-67	HOURS TESTED 24	CHOKE SIZE 20/64	PROD'N. FOR TEST PERIOD →	OIL—BBL. 62	GAS—MCF. 98	WATER—BBL. 98	GAS-OIL RATIO 0	
FLOW. TUBING PRESS. 75	CASING PRESSURE 40	CALCULATED 24-HOUR RATE →	OIL—BBL. 62	GAS—MCF. 98	WATER—BBL. 98	OIL GRAVITY-API (CORR.) 65		
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)						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 G. W. Eaton, Jr.		TITLE Area Engineer		DATE September 26, 1967				

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

U. S. GEOLOGICAL SURVEY

NO. OF COPIES RECEIVED	5
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SANTA FE	1
FILE	1
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL 1 GAS
OPERATOR	2
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND

Form C-104
Supersedes Old C-
Effective 1-1-65

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Eff. 2-1-71,
Pan American Petro. Corp.
has changed its name to
AMOCO PROD. CO.

Joint 40 acres
w/ # 7 & 9

I.

Operator	PAN AMERICAN PETROLEUM CORPORATION		
Address	501 Airport Drive, Farmington, New Mexico		
Reason(s) for filing (Check proper box)	Other (Please explain)		
New Well <input checked="" type="checkbox"/>	Change in Transporter of:		
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>	

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.
U.S.G. Section 19	23	Hogback Dakota	State, Federal or Fee Indian I-89-IND-58	
Location				
Unit Letter B	990	Feet From The North	Line and 2310'	Feet From The East
Line of Section 19	Township 29-N	Range 16-W	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"/>	Address (Give address to which approved copy of this form is to be sent)					
Four Corners Pipeline Company	P. O. Box 1588, Farmington, New Mexico					
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)					
None						
If well produces oil or liquids, give location of tanks.	Unit J	Sec. 19	Twp. 29N	Rge. 16W	Is gas actually connected? No	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 <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 9-2-67	Date Compl. Ready to Prod. 9-14-67	Total Depth 840'	P.B.T.D. 700'					
Elevations (DF, RKB, RT, GR, etc.) RDB 5015'	Name of Producing Formation Hogback Dakota	Top Oil/Gas Pay 657'	Tubing Depth					
Perforations	Depth Casing Shoe							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
9-5/8"	7"	62'	35					
6-1/8"	4-1/2"	840'	150					
	2-3/8"	670'						

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 9-14-67	Date of Test 9-19-67	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hrs.	Tubing Pressure 75	Casing Pressure 40	Choke Size 20/64"
Actual Prod. During Test	Oil-Bbls. 62	Water-Bbls. 98	Gas-MCF TSDM

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
G. W. Eaton, Jr.

(Signature)

Area Engineer

(Title)

September 25, 1967

(Date)

OIL CONSERVATION COMMISSION

APPROVED

BY

TITLE PETROLEUM ENGINEER DIST. NO. 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.

SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	1
	GAS	
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-1,
Effective 1-1-65

I.

Operator	AMOCO PRODUCTION COMPANY		
Address	501 Airport Drive Farmington, New Mexico 87401		
Reason(s) for filing (Check proper box)	Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:		
Recompletion <input type="checkbox"/>	Oil <input checked="" type="checkbox"/>	Dry Gas <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>	

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.
U.S.G. Section 19	23	Hogback Dakota	Indian State, Federal or Fee	I-89-IND-58
Location				
Unit Letter	B	990 Feet From The North Line and	2310 Feet From The East	
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"/>	Address (Give address to which approved copy of this form is to be sent)					
Plateau, Inc.	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	Sec.	Twp.	Rge.	Is gas actually connected?	When
	B	19	29N	16W		

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
E. E. SWANSON

(Signature)

Area Administrative Supervisor

(Title)

7/6/78

(Date)

OIL CONSERVATION COMMISSION

APPROVED JUL 11 1978, 19_____
BY Original Signed by DEPUTY OIL & GAS
TITLE DEPUTY OIL & GAS REG. SECTION, 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.
Form C-104 must be filed for each well to maintain

NO. OF COPIES RELAYED	
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LAND OFFICE	
TRANSPORTER	OIL
	NATURAL GAS
OPERATOR	
PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Amoco Production Company	
Address 501 Airport Drive, Farmington, N.M. 87401	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name
and address of previous owner _____

DESCRIPTION OF WELL AND LEASE

Lease Name U.S.G. Section 19	Well No. 23	Pool Name, including Formation Hogback Dakota	Kind of Lease State, Federal or Fee Indian	Lease No. I-89-IND-58
Location				
Unit Letter <u>B</u> : <u>990</u> Feet From The <u>North</u> Line and <u>2310</u> Feet From The <u>East</u>				
Line of Section <u>19</u> Township <u>29N</u> Range <u>16W</u> , NMPM, <u>San Juan</u> 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 J	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: _____

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, CR, 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 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 (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.

Signed By
1000

(Signature)

District Administrative Supervisor

(Title)

October 20, 1983

(Date)

OIL CONSERVATION DIVISION

APPROVED _____, 19____
BY _____
Original Signed by FRANK T. CHAVEZ
SUPERVISOR DISTRICT # 3TITLE _____
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 deviate tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for all 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.