

TABULATION OF DEVIATION TESTS
 PAN AMERICAN PETROLEUM CORPORATION
 U.S.G. SECTION 19 NO. 26

<u>DEPTH</u>	<u>DEVIATION</u>
442'	3/4°
624'	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 test taken on PAN AMERICAN PETROLEUM CORPORATION'S U.S.G. Section 19 No. 26 located 165' FNL and 2475' FWL, Section 19, T-29-N, R-16-W, San Juan County, New Mexico.

Signed *L. A. Darsow*
 Petroleum Engineer (SG)

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

BEFORE ME, the undersigned authority, on this day personally appeared L. A. Darsow known to me to be Petroleum Engineer (SG) 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 17th day of October, 1967.

Virginia Yarbrow
 Notary Public

August 18, 1971.
 My Commission Expires ~~February 27, 1967~~



UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

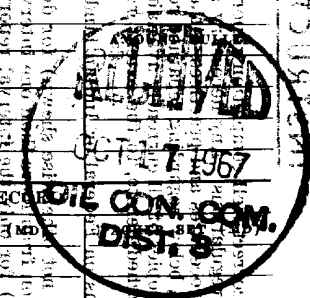
(See other instructions on reverse side)

Form approved.
Budget Bureau No. 42-3455.5

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"/>		5. LEASE DESIGNATION AND SERIAL NO. 1-28-180-38	
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"/>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME Navajo Tribal	
2. NAME OF OPERATOR PAN AMERICAN PETROLEUM CORPORATION		7. UNIT AGREEMENT NAME	
3. ADDRESS OF OPERATOR 501 Airport Drive, Farmington, New Mexico 87401		8. FARM OR LEASE NAME U.S. Section 19	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 165' FWL & 2475' FWL At top prod. interval reported below Same At total depth Same		9. WELL NO. 26	
14. PERMIT NO.		13. STATE New Mexico	
DATE ISSUED		10. FIELD AND POOL, OR WILDCAT Agua Caliente	
15. DATE SPUNDED 10-1-67		11. SEC. 31 CR. M. OR BLOCK AND SURVEY OR AREA Section 19 T-19-N-2-R-16-U	
16. DATE T.D. REACHED 10-11-67		12. COUNTY OR PARISH San Juan	
17. DATE COMPL. (Ready to prod.) 10-15-67		13. STATE New Mexico	
18. ELEVATIONS (DF, RKB, RT, OR, ETC.)* 5002' OL, 5005' RT		19. ELEV. CASING HEAD 5002'	
20. TOTAL DEPTH, MD & TVD 664'		21. PLUG, BACK T.D., MD & TVD Open hole	
22. IF MULTIPLE COMPL., HOW MANY*		23. INTERVALS DRILLED BY Rotary	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* Dakota 662-664'		25. WELL DIRECTIONAL SURVEY NAME	
26. TYPE ELECTRIC AND OTHER LOGS RUN Gamma Ray-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
7"	20#	75'	9-5/8"
4-1/2"	10.5#	632'	6-1/4"
		CEMENTING RECORD	
		To surface	
		110 sacks	
29. LINER RECORD			
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*
		30. TUBING RECORD	
SIZE	DEPTH (MD)		
2-3/8"	342'		
31. PERFORATION RECORD (Interval, size and number)			
Open hole completion.			
32. GRD, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.			
DEPTH INTERVAL (MD)		AMOUNT AND KIND OF MATERIAL USED	
33.* PRODUCTION			
DATE FIRST PRODUCTION 10-10-67	PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Flowing		
DATE OF TEST 10-15-67	HOURS TESTED 24	CHOKE SIZE 20/64"	PROD'N. FOR TEST PERIOD 65
FLOW. TUBING PRESS. 15	CASING PRESSURE 50	CALCULATED 24-HOUR RATE 65	OIL—BBL. 65
		GAS—MCF.	
		WATER—BBL.	
		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 <u>L. A. Dawson</u>		TITLE Petroleum Engineer (SE)	
DATE October 16, 1967			

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



UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(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

USC Section 19

9. WELL NO.

26

10. FIELD AND POOL, OR WILDCAT

Hogback Dakota

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

**Section 19,
T-29N, R-16W**

12. COUNTY OR PARISH

San Juan

13. STATE

New Mexico

1. OIL WELL GAS WELL OTHER

2. NAME OF OPERATOR
PAN AMERICAN PETROLEUM CORPORATION

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

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)
At surface
165' FWL & 2475' FWL, Section 19, T-29N, R-16W

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
5005' DF, 5002' GL

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 checked="" 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) <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.)*

We plan to stimulate the subject well with 5,000 gallons oil and 5,000 pounds 10-20 sand.

NOV 10 1969



18. I hereby certify that the foregoing is true and correct
SIGNED L. R. Chiam TITLE Petroleum Engineer DATE 11-7-69

(This space for Federal or State office use)

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

*See Instructions on Reverse Side

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

SUBMIT IN TRIPLICATE*
(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

USC Section 19

9. WELL NO.

26

10. FIELD AND POOL, OR WILDCAT

Hogback Dakota

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

**Section 19
T-29-N, R-16-W**

12. COUNTY OR PARISH 13. STATE

San Juan N. Mex.

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
PAN AMERICAN PETROLEUM CORPORATION

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

165' PNL & 2475' PNL, Section 19, T-29N, R-16W

14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)
5005' DF, 5082' GL

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 checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input 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.)*

On 11-25-69 we broke down with 50 bbls. oil containing 50 lbs. Adomite Mark II per 1000 gallons and fraced with 5,040 gallons oil containing the above additive and 5,000 lb s. 10-20 sand. Breakdown pressure was 1200 psi, treating pressure 800-900-900 psi and AIR 39 RPM. Well tested 16 BO and 304 BW.

In an attempt to reduce the water production, 10 tons of CO₂ was injected in the well on 1-14-70. AIR 5.2 RPM and 800 psi.

To determine where the well was producing fluid, a packer flow meter was run over the open hole section. Log indicated flow was from the bottom 2' of the hole.

After workover tested 8 BO and 134 BW in 24 hours. Before tested 46 BO and 86 BW in 24 hours.

RECEIVED

APR 22 1970

U. S. GEOLOGICAL SURVEY
WASHINGTON, D. C.

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

Original Signed By

SIGNED G. W. EATON, JR.

TITLE Area Engineer

DATE April 20, 1970

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

*See Instructions on Reverse Side

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

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

Form approved.
Budget Bureau No. 42-B1424.

5. LEASE DESIGNATION AND SERIAL NO.

I-89-110-58

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.

26

10. FIELD AND POOL, OR WILDCAT

Hogback Baketa

11. SEC., T., R., E., OR B.L.K. AND SURVEY OR AREA

**Section 19,
T-29-N, R-16-W**

12. COUNTY OR PARISH 13. STATE

San Juan New Mexico

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
PAN AMERICAN PETROLEUM CORPORATION

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
165 NW 1/4 & 2475 NW 1/4, Section 19, T-29-N, R-16-W

14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)
5005' DF, 5002' GL

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"/>

SUBSEQUENT REPORT OF:

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

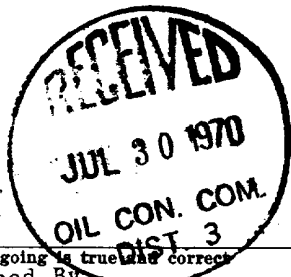
(Other) **Cement Squeeze & Temp. Abandon X**

(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.)*

On November 25, 1969, we fraced the subject well with 5,000 gallons large crude containing 50 pounds Adomite Mark II per 1000 gallons and 5,000 pounds 10-20 sand. AIR 39 BPM and average treating pressure 800 psi. After fracing production rate was 8 BOPD and 134 BWPD as compared to 46 BOPD and 86 BWPD.

After extensive testing with no favorable results, we now plan to cement squeeze the well and temporarily abandon.



RECEIVED

JUL 28 1970

U. S. GEOLOGICAL SURVEY

18. I hereby certify that the foregoing is true and correct.
Original Signed By **G. W. EATON, JR.** TITLE **Area Engineer** DATE **July 25, 1970**

(This space for Federal or State office use)

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

(Handwritten initials)

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

I-29-Ind.-58

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Navajo Tribal

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

USG Section 19

9. WELL NO.

26

10. FIELD AND POOL, OR WELDCAR

Hogback Dakota

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

Sec. 19, T-29-N, R-16-W

12. COUNTY OR PARISH 13. STATE

San Juan New Mexico

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 **Temporary Abandon**

2. NAME OF OPERATOR
PAN AMERICAN PETROLEUM CORPORATION

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

165' FWL and 2475' FWL, Sec. 19, T-29-N, R-16-W

14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)
5005' DF 5002' GL

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

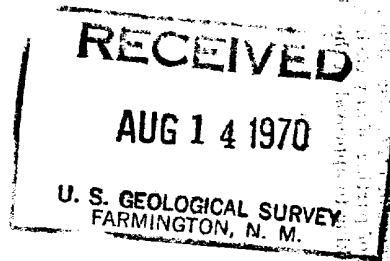
(Other) **Cement Squeeze & Temp. Abandon**

(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.)*

On 7-30-70 set retainer at 550' and squeezed the open hole interval with 350 sq. Type "A" cement containing 1.3% FLAC to 275 psi. Well is now temporarily abandoned.



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

SIGNED Original Signed By
G. W. EATON, JR.

TITLE **Area Engineer**

DATE **August 13, 1970**

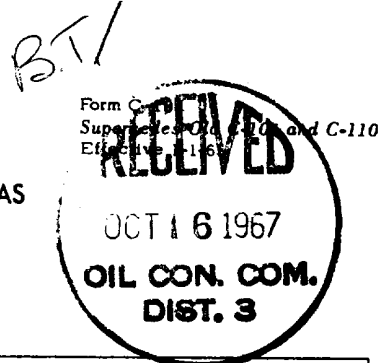
(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE DATE

NO. OF COPIES RECEIVED	4
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SANTA FE	1
FILE	1
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



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

I. Operator **PAN AMERICAN PETROLEUM CORPORATION**

Address **501 Airport Drive, Farmington, New Mexico 87401**

Reason(s) for filing (Check proper box) Other (Please explain)

New Well Change in Transporter of: Oil Dry Gas

Recompletion Casinghead Gas Condensate

Change in Ownership

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. 26	Pool Name, including Formation Hogback Dakota	Kind of Lease State, Federal or Fee Indian I-89-TND-58
Location Unit Letter C ; 165 Feet From The North Line and 2475 Feet From The West			
Line of Section 19 Township 29-N Range 16-W , 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"/> Four Corners Pipeline Co.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1588, Farmington, New Mexico
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> None	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? 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 10-1-67	Date Compl. Ready to Prod. 10-10-67	Total Depth 664'	P.B.T.D. 664'					
Elevations (DF, RKB, RT, GR, etc.) DF 5005', GL 5002'	Name of Producing Formation Dakota	Top Oil/Gas Pay 662'	Tubing Depth 642'					
Perforations						Depth Casing Shoe 652'		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
9-5/8"	7"	75'	35
6-1/4"	4-1/2"	652'	110
	2-3/8"	642'	

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 10-10-67	Date of Test 10-15-67	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hrs.	Tubing Pressure 15	Casing Pressure 50	Choke Size 20/64"
Actual Prod. During Test	Oil-Bbls. 65	Water-Bbls. 17	Gas-MCF TSM

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.

L. A. Darrow
(Signature)
Petroleum Engineer (SE)
(Title)
October 16, 1967
(Date)

OIL CONSERVATION COMMISSION

APPROVED OCT 16 1967, 19____
By Original Signed by Emery C. Arnold
SUPERVISOR DIST. #3
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.

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

SUBMIT IN TRIPLICATE*
(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

USG Section 19

9. WELL NO.

26

10. FIELD AND POOL, OR WILDCAT

Hogback Dakota

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

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

12. COUNTY OR PARISH 13. STATE

San Juan

New Mexico

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

165' FWL & 2475' FWL, Section 19, T-29-N, R-16-W

14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)
5005' DF, 5002' GL

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 checked="" 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 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 subject well not being able to produce commercial quantities of hydrocarbons, we propose to abandon the well as follows:

- On 7-30-70 set retainer at 550' and squeezed open hole interval with 158 sacks cement.**
- Will now put 30' surface plug into well.**
- 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 J. ARNOLD SNELL TITLE Area Engineer DATE June 11, 1974

(This space for Federal or State office use)

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

*See Instructions on Reverse Side

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

1-89-IND-58

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Havaje Tribal

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

USC Section 19

9. WELL NO.

26

10. FIELD AND POOL, OR WILDCAT

Hogback Dakota

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

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

12. COUNTY OR PARISH 13. STATE

San Juan New Mexico

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
301 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

165' FWL & 2475' FWL, Section 19, T-29N, R-16W

14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3005' LF, 3002' GL

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF
FRACTURE TREAT
SHOOT OR ACIDIZE
REPAIR WELL
(Other)

PULL OR ALTER CASING
MULTIPLE COMPLETE
ABANDON*
CHANGE PLANS

SUBSEQUENT REPORT OF:

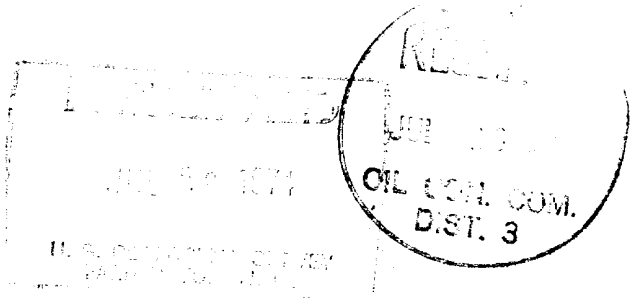
WATER SHUT-OFF
FRACTURE TREATMENT
SHOOTING OR ACIDIZING
(Other)

REPAIRING WELL
ALTERING CASING
ABANDONMENT*

(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.)*

The subject well was permanently plugged and abandoned on June 19, 1974 by setting a 30' surface plug of Class "A" Neat cement. The wellhead was cut off, a P&A marker erected and the location cleaned up. The location was reseeded and the seeding approved by Mr. Leonard Miller, Bureau of Indian Affairs, Shiprock.



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

SIGNED *Ch Hamilton*

TITLE Area Administrative Supvr. DATE July 2, 1974

(This space for Federal or State office use)

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