

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse 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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. I-89-IND-58	
2. NAME OF OPERATOR W. C. IMBT		6. IF INDIAN, ALLOTTEE OR TRIBE NAME Navajo Tribal	
3. ADDRESS OF OPERATOR 210 West 38th Street, Farmington, New Mexico - 87401		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 2145' FWL & 2145' FSL		8. FARM OR LEASE NAME Navajo 18	
14. PERMIT NO.		9. WELL NO. 11	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5160' Gr.		10. FIELD AND POOL, OR WILDCAT Hogback Dakota	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 18-29N-16W	
		12. COUNTY OR PARISH San Juan	13. STATE New Mexico

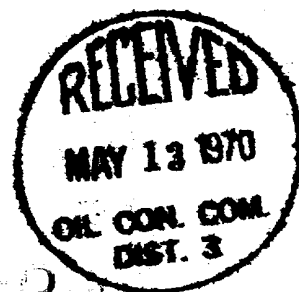
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

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 checked="" 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) <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.)*

1. Drilled cable tools 0-44' sand and gravel.
2. Set 44' 7" casing at 44', cemented with 5 sacks.
3. Drilled rotary 44' to 820'.
4. Ran 819' 4 1/2" casing, cemented with 35 sacks.
5. Drilled out with air to 823'.
6. Cored 823-837'. First oil odor 835'.
7. Drilled to TD 837'.
8. Turned into tank.



RECEIVED

MAY 12 1970

U. S. GEOLOGICAL SURVEY

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

ORIGINAL SIGNED BY

SIGNED

W. C. IMBT

TITLE

Operator

DATE

May 12, 1970

(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

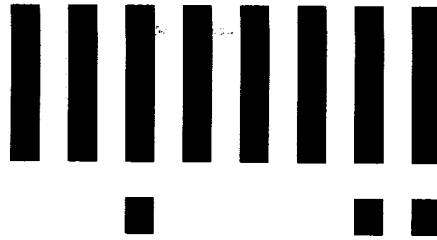
SUBMIT IN DUPLICATE*

(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										
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. RESEV. <input type="checkbox"/>	Other								
2. NAME OF OPERATOR		W. C. IMBT													
3. ADDRESS OF OPERATOR		210 West 38th Street, Farmington, New Mexico - 87401													
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*		At surface 2145' FWL & 2145' FSL													
At top prod. interval reported below															
At total depth															
14. PERMIT NO.		DATE ISSUED 4-20-70													
15. DATE SPUDDED 4-25-70		16. DATE T.D. REACHED 5-7-70		17. DATE COMPL. (Ready to prod.) 5-8-70		18. ELEVATIONS (DF, REB, RT, GR, ETC.)* 5160' Gr.		19. ELEV. CASINGHEAD 5160' Gr.							
20. TOTAL DEPTH, MD & TVD 837'		21. PLUG, BACK T.D., MD & TVD		22. IF MULTIPLE COMPL., HOW MANY*		23. INTERVALS DRILLED BY 44-837'		24. CABLE TOOLS 0-44'							
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*		835 to 837'					25. WAS DIRECTIONAL SURVEY MADE		Yes						
26. TYPE ELECTRIC AND OTHER LOGS RUN		None					27. WAS WELL CORRED		Yes						
28. CASING RECORD (Report all strings set in well)															
CASING SIZE		WEIGHT, LB./FT.		DEPTH SET (MD)		HOLE SIZE		CEMENTING RECORD		AMOUNT PULLED					
7"		20#		44'		9"		5 sacks		None					
4 1/2"		10#		819'		5-5/8"		35 sacks		None					
29. LINER RECORD										30. TUBING RECORD					
SIZE		TOP (MD)		BOTTOM (MD)		SACKS CEMENT*		SCREEN (MD)		SIZE		DEPTH SET (MD)		PACKER SET (MD)	
										2-3/8"		812.63			
31. PERFORATION RECORD (Interval, size and number)										32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.					
										DEPTH INTERVAL (MD)		AMOUNT AND KIND OF MATERIAL USED			
33.* PRODUCTION										WELL STATUS (Producing or shut-in)					
DATE FIRST PRODUCTION 5-10-70		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Flowing					Producing								
DATE OF TEST 5-11-70		HOURS TESTED 24		CHOKE SIZE		PROD'N. FOR TEST PERIOD		OIL—BBL. 48		GAS—MCF. 151M		WATER—BBL. 0		GAS-OIL RATIO	
FLOW. TUBING PRESS. 254		CASING PRESSURE 204		CALCULATED 24-HOUR RATE		OIL—BBL. 48		GAS—MCF. 151M		WATER—BBL. 0		OIL GRAVITY-API (CORR.) 62.1			
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															
ORIGINAL SIGNED BY										Operator		DATE May 12, 1970			
SIGNED W. C. IMBT										TITLE		DATE			

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



LTR



Job separation sheet

NO. OF COPIES RECEIVED		5
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LAND OFFICE		
TRANSPORTER	OIL	1
	GAS	
OPERATOR		2
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

B.I.

I. Operator
W. C. IMBT

Address
210 West 38th Street, Farmington, New Mexico - 87401

Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Navajo 18	Well No. 11	Pool Name, Including Formation Hogback Dakota	Kind of Lease Indian State, Federal or Fee I-89-IND-58	Lease No.
Location Unit Letter K ; 2145' Feet From The South Line and 2145' Feet From The West Line of Section 18 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"/> The Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 3119, Midland, Texas					
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 K	Sec. 18	Twp. 29N	Rge. 16W	Is gas actually connected? TSTM	When MAY 12 1970

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 <input checked="" type="checkbox"/>	Workover	Deepen	Plugging	Recompletion	Res'v.
Date Spudded 4-25-70	Date Compl. Ready to Prod. 5-10-70	Total Depth 837'	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.) 5160' Gr.	Name of Producing Formation Dakota	Top Oil/Gas Pay 835'	Tubing Depth 812.63					
Perforations Open Hole	Depth Casing Shoe 819'							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
9"	7"	44'	5 sacks					
5-5/8"	4 1/2"	819'	35 sacks					

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 5-10-70	Date of Test 5-11-70	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 Hours	Tubing Pressure 254	Casing Pressure 204	Choke Size
Actual Prod. During Test 48	Oil - Bbls. 48	Water - Bbls. 0	Gas - MCF TSTM

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
W. C. IMBT

(Signature)

Operator

(Title)

May 12, 1970

(Date)

OIL CONSERVATION COMMISSION

MAY 12 1970

APPROVED _____, 19____

BY **Original Signed by Emery C. Arnold**
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.