CONDITIONS OF APPROVAL, IF ANY:

SUBMIT IN TRIPLICATE*

(Other instructions on reverse side)

Form approved. Budget Bureau No. 42-R1425.

UNITED STATES DEPARTMENT OF THE INTERIOR

7-1/2 miles East of Shiprock, Now Monico 5. DISTANCE FROM PROPOSED* LOCATION TO NEAREST PROPERTY OR LEASE LINE, FT. (Also to nearest drig. unit line, if any) 8. DISTANCE FROM PROPOSED LOCATION* TO NEAREST WELL, DRILLING, COMPLETED, OR APPLIED FOR, ON THIS LEASE, FT. (Character of the proposed depth of th	ID SERIAL NO.	5. LEASE DESIGNATION A	ide)	reverse si		OF THE		DEP	
APPLICATION FOR PERMIT 10 DRILL DEEPEN, OR PLUG BACK TYPE OF WORK DELL DEEPEN DEEPEN DELTHER DEEPEN DEEPEN DELTHER DECEMBER. TOTHER DEEPEN DEEPEN DELTHER DECEMBER. NAME OF OFBRATOR NAME OF OFBRATOR NAME OF OFBRATOR 200 West 38th Street, Farmington, New Mexico - 87401 LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*) AT 2135 FML 4 495' FRL At proposed prod. zone LOCATION OF MELL (Report location clearly and in accordance with any State requirements.*) AT 2135 FML 4 495' FRL At proposed prod. zone 11. NRC. T. R. M., OR REAL BEACH TOWN OR PORT OFFICE* 7-1/2 miles East of Shipmeek, New Mexico DESTANCE FROM PROPOSED LOCATION* AND OF ACERS ANNIONED TO THE MEAN PROPOSED LOCATION* 12. COUNTY OF ACERS ANNIONED TO THE MEAN PROPOSED LOCATION* 13. DESTANCE FROM PROPOSED LOCATION* 14. DESTANCE FROM PROPOSED LOCATION* 15. DESTANCE FROM PROPOSED LOCATION* 16. NO. OF ACERS IN LEASE 17. NN. OF ACERS ANNIONED TO THE MEAN PROPOSED LOCATION* 18. DESTANCE FROM PROPOSED LOCATION* 19. PROPOSED CASING AND CEMENTING PROGRAM SIZE OF HOLE SIZE OF HOLE SIZE OF CASING WEIGHT PER POOT SECTION DESCRIPTION OF CEMENT DESCRIPTION OF C					VEY	GICAL SUR\	GEOLO	_	
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NEW MEXICO OIL CONSERVATION COMMISSION WELL LOCATION AND ACREAGE DEDICATION PLAT

Form C-102 Supersedes C-128 Effective 1-1-65

All distances must be from the outer boundaries of the Section Well No. Lease Operator Navajo 18 12 W. C. Imbt County Section Township Unit Letter 29 North 16 West San Juan C Actual Footage Location of Well: 495 West North feet from the Dedicated Acreage: Ground Level Elev: Producing Formation Hogback 5108 Dakota 1. Outline the acreage dedicated to the subject well by colored pencil or hachure marks on the plat below. 2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty). 3. If more than one lease of different ownership is dedicated to the well, have the interests of all owners been consolidated by communitization, unitization, force-pooling. etc? If answer is "yes," type of consolidation _____ Yes No If answer is "no," list the owners and tract descriptions which have actually been consolidated. (Use reverse side of No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interests, has been approved by the Commission. CERTIFICATION I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief. ORIGINAL SIGNED BY Nome Position Section 18 I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

1500

1320 1650

500

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UNITED STATES

SUBMIT IN DUPLICATE*

Form approved./ Budget Bureau No. 42-R355.5.

DAT December 4, 1970

(See other in-DEPARTMENT OF THE INTERIOR structions on 5. LEASE DESIGNATION AND SERIAL NO. GEOLOGICAL SURVEY 1-89-110-58 6. IF INDIAN, ALLOTTEE OR TRIBE NAME WELL COMPLETION OR RECOMPLETION REPORT AND LOG* Have jo Tribel 1a. TYPE OF WELL: 7. UNIT AGREEMENT NAME OIL WELL WELL DRY L Other b. TYPE OF COMPLETION: S. FARM OR LEASE NAME DIFF. RESVR. DEEP-NEW WELL WORK OVER Other Marajo 18 2. NAME OF OPERATOR 9. WELL NO. W. C. INST 12 3. ADDRESS OF OPERATOR 10. FIELD AND POOL, OR WILDCAT 210 West 38th Street, Farmington, New Mexico - 87461 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* Bogbsok 11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA At surface 2145' FML & 495' FML At top prod. interval reported below 18-7298-R164 At total depth 12. COUNTY OR PARISH 13. STATE 14. PERMIT NO. DATE ISSUED 18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 16. DATE T.D. REACHED | 17. DATE COMPL. (Ready to prod.) 15. DATE SPUDDED 51.08 Gr. 11-18-70 11-41-70 10-10-70 23. INTERVALS DRILLED BY ROTARY TOOLS CABLE TOOLS 20. TOTAL DEPTH, MD & TVD 21. PLUG, BACK T.D., MD & TVD WAS DIRECTIONAL SURVEY MADE 24. PRODUCING INTERVAL(S), OF THIS COMPLETION-TOP, BOTTOM, NAME (MD AND TVD) Dakota 767-7921 DEC 17 1970 Tes 27. WAS WELL CORED 26. TYPE ELECTRIC AND OTHER LOGS RUN OIL CON. COM. Tes (Report all strings set in well) CASING RECORD 28. HOLE SIZE CEMENTING RECORD AMOUNT PULLED WEIGHT, LB./FT. DEPTH SET (MD) CASING SIZE 601 5 sacks 201 **Eco**a 5-5/8" 45 sacks 9.5 TUBING RECORD 30. LINER RECORD 29. PACKER SET (MD) SIZE DEPTH SET (MD) BOTTOM (MD) SACKS CEMENT TOP (MD) SIZE 2-3/8" 72 PRACTURE, COMENS SQUEEZE, ETC. 31. PERFORATION RECORD (Interval, size and number) ACID. SHOT. 82. AMOUNT AND KIND OF MATELIA USI DEPTH INTERVAL (MD) Hene DEC U. S. GEOLOGICA FARMINGTON, N. PRODUCTION WELL STATUS (Producing or PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) DATE FIRST PRODUCTION shut-in) Producting 11-22-70 GAS-OIL RATIO GAS-MCF. WATER-CHOKE SIZE PROD'N. FOR TEST PERIOD OIL—BBL HOURS TESTED DATE OF TEST TSTH 12-4-70 24 OIL GRAVITY-API (CORR.) GAS-MCF. WATER-BBL. CASING PRESSURE CALCULATED -BBL FLOW, TUBING PRESS. 24-HOUR RATE 12 TS D TEST WITNESSED BY 34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) 35 LIST OF ATTACHMENTS 36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records

TITLE

Operator

CEIGHAL SIGNED III

SIGNED

UNITED STATES SUBMIT DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

(See other instructions on reverse side)

Form approved. Budget Bureau No. 42-R355.5.

5. LEASE DESIGNATION AND SERIAL NO.

		D DECO \ (D)	ETION DE	DODT AND	100*	6. IF INDIAN,	ALLOTTER OR TRIBE NAM
	APLETION C	OR RECOMPL	ETION REI	PORT AND	LUG	_ Seve	jo Tribal
. TYPE OF WELL	L: OIL WELL	GAS WELL	DRY Otl	ner		7. UNIT AGRE	
TYPE OF COMP	LETION:						
NEW WELL	WORK DEEP-	PLUG BACK	nesvr. Otl	her		8. FARM OR I	EASE NAME
NAME OF OPERATO	on						jo 18
W. C. IME	•					9. WELL NO.	
ADDRESS OF OPER						12	. <u> </u>
210 West ;	18th Street,	Parulagton,	How Mostle	→ - 67961		_	D POOL, OR WILDCAT
LOCATION OF WEL	L (Report location c	learly and in accord	lance with any S	tate requirement	8)*	Bogh	
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7-10	erval reported below	W 1					ome
						TO-E	528-870M
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		-	-,	1		PARISH	None Marri
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			HOW MAN	¥.	DRILLED BY	60-700	0-601
PRODUCING INTER	VAL(S), OF THIS CO	MPLETION-TOP, BOT	TOM, NAME (MD	AND TVD)*	·		25. WAS DIRECTIONARY SURVEY MADE
Dakota							
N. S. S. A. S.	101-120.						Yes
TYPE ELECTRIC A	ND OTHER LOGS RUN	ī					27. WAS WELL CORED
Xone							Tee
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		!				WIIDING DEG	NRD.
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N GEO					#-3/6	7521	
PERFORATION REC	CORD (Interval, size	and number)	<u>// </u>	32, AC	ID SHOT FRA	CTUBE CEMEN'	r squeeze, etc.
PERPORATION REC	(1110) 040, 040	,	-	DEPTH INTERVAL			
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OW, TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS-MCF.	WATE	ERBBL.	OIL GRAVITY-API (CORR
1 5	150		12	75 TM		O WEST WITNE	
10#	BAS (Sold, used for fi	uel, vented, etc.)				TEST WITNE	SOMA DI
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U.S.G.S.			L	
LAND OFFICE				
TRANSPORTER	OIL	1		
IRANSPORTER	GAS			
OPERATOR		1	<u> </u>	
PRORATION OF	ICE			

_				90
	DISTRIBUTION SANTA FE	REQUEST FO	ISERVATION COMMISSION OR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65
	FILE / CONTRACTOR OIL / GAS		AND SPORT OIL AND NATURAL GA	S
	OPERATOR /			
L	PRORATION OFFICE Operator W. C. INST			
	Address 210 West 38th Street, 1	Farmington, New Mexico -	87401	Wift or
	Reason(s) for filing (Check proper box) New Well Recompletion	Change in Transporter of: Oil Dry Gas Casinghead Gas Condense	Other (Freuse explain)	
L I	Change in Ownership f change of ownership give name and address of previous owner	Cusanya.cu Cas		
	DESCRIPTION OF WELL AND L Lease Name Nava jo 18	EASE Well No. Pool Name, Including Form 12 Hogback-Dakota		Navajo DI Fee Tribal I-89-IND-5
	Location Unit Letter C ; 214	51 Feet From The West Line	and 495 Feet From Th	e North
		nship 29-Werth Range 16-	West , NMPM, San	Juan County
III.	Name of Authorized Transporter of Oll Permian Corporation	o. comment	Address (Give address to which approve Box 3119, Midland, Texa Address (Give address to which approve	s - 79701
	Name of Authorized Transporter of Cast		Is gas actually connected? When	
	If well produces oil or liquids, give location of tanks.	F 18 29N 16W	None	
IV.	If this production is commingled with COMPLETION DATA Designate Type of Completion	011 11011	New Well Workover Deepen	Plug Back Same Restv. Diff. Restv.
	Date Spudded 10-10-70	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	Elevations (DF, RKB, RT, GR, etc.) 5108 Gr.	Name of Producing Formation Dakota	Top Oil/Gas Pay 787 1	Tubing Depth 750 Depth Casing Shoe
	Perforations Open Hole			7781
		TUBING, CASING, AND	CEMENTING RECORD DEPTH SET	SACKS CEMENT
	HOLE SIZE	CASING & TUBING SIZE	601	5 sacks
	5-5/8**	44.0	778'	45 saoks
		2-3/8"	7501	
V.	TEST DATA AND REQUEST FOOL, WELL Date First New Oil Run To Tanks	OR ALLOWABLE (Test must be as able for this de	fter recovery of total volume of load oil pth or be for full 24 hours) Producing Method (Flow, pump, gas lij	and must be equal to or exceed top allow- (t, etc.)
	11-22-70 Length of Test	12-4-70 Tubing Pressure	Plow Casing Pressure	Choke Size
	24 hours	10#	15# Water-Bbls.	Gas-MCF
	Actual Prod. During Test	12	0	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 COMPLIAN	ice	OIL CONSERVA	ATION COMMISSION
	I hereby certify that the rules and	regulations of the Oil Conservation with and that the information given the best of my knowledge and belief.	BY Original Signed by	Emery C. Arnold
	above is true and complete to the	te near or mi whomas Be and come.	TITLE SUPERVISOR DIST	
	ORIGINAL SI W. C. I		This form is to be filed in If this is a request for allo	compliance with RULE 1104. wable for a newly drilled or deepens
	Operator	nature)	well, this form must be accomp	ordance with RULE 111. ust be filled out completely for allow
	December 4,	itle) 1970	- H	II. III, and VI for changes of ownerter, or other such change of condition

(Date)

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.

STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

	£1780		
DISTRIBUTE	OM .		
SANTA PE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS	· ·	
OPERATOR			
PROBATION OF	ICE		

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

REQUEST FOR ALLOWABLE

Form C-104 Revised 10-01-78 Format 06-01-83 Page 1

OPERATOR	AND
PROBATION OFFICE AUTHORIZATION TO TRAI	NSPORT OIL AND NATURAL SASS SASS SASS
Ī.	
Operator	OCT 03 1935
J. M. Richardson	
Address	
	OIL CON. DIV.
342 White Oaks N.E. Albuquerque N.Mex. 8	Other (Please explain) DiST. 3
Reeson(s) for filing (Check proper box)	Other (Lienze exhibiting)
New Well Change in Transporter of:	
Recompletion Oil	Dry Gas Change in operator
Change in Ownership Casinghead Gas	Condensate
Civilde III Civilde	
If change of ownership give name of a control of the first of	110 20th officer Formington
If change of present the name Old Operator W.C. Imbt 2	10 Join Street Farmington
•	
II. DESCRIPTION OF WELL AND LEASE	· · · · · · · · · · · · · · · · · · ·
Legae Name Well No. Pool Name, Including	g Formation Kind of Lease No.
1	State, Federal or Fee Navajo 1-89-IND-
	. 58
Location	
Unit Letter 12 C : 2145 Feet From The W	Line and 495 Feet From The
Line of Section 18 Township 26% 29N Range	16W , NMPM, San Juan County
III. DESIGNATION OF TRANSPORTER OF OIL AND NATUR	RAT GAS
Rame of Authorized Transporter of Oil V or Condeparts	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Oil	Box 1183 Houston Texas 7701
Permian Corp.	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas or Dry Gas	Various (Other and the Authority)
Unit Sec. Twp. Rge.	Is gas actually connected? When
If well produces oil or liquids, give location of tanks.	
	at vive annualization order numbers
If this production is commingled with that from any other lease or po	of, give comminging order number.
NOTE: Complete Parts IV and V on reverse side if necessary.	
OF COMMENTANCE	OIL CONSERVATION DIVISION
VI. CERTIFICATE OF COMPLIANCE	OIL CONSERVATION DIVISION
I hereby certify that the rules and regulations of the Oil Conservation Division h	APPROVED 19
hereby certify that the rules and regulations of the On complete to the best been complied with and that the information given is true and complete to the best	t of
my knowledge and belief.	By . Trank
thy knowledge and	SUPERVISOR DISTRICT # 3
	TITLE
\mathcal{A}	my at the head in compliance with Bill E 1104
	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
(Signature)	tests taken on the well in accordance with AULE 111.
Operator	All sections of this form must be filled out completely for allow-
(Title)	able on new and recompleted wells.
	Fitt out only Sections I. H. III. and VI for changes of owner,
10/4/85 (Date)	well name or number, or transporter, or other such change of condition.
Inget	Separate Forms C-104 must be filed for each pool in multiply
·	completed wells.
	•



JAN1 9 1990

OIL CON. DIV

STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

DIST. 3

Form C-104 Revised 10/01-78 Format 06-01-63 Page 1

DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE TRANSPORTER GAS OPERATOR PRORATION OFFICE

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

AUTHORIZATION TO TRANSF	PORT OIL AND NATURAL GAS
Operator	·
Tiffany Gas Co.	
Address	
P.O. Box 50, Farmington, NM 87499	
Resson(s) for tiling (Check proper box)	Other (Please explain)
New Well Change in Transporter of:	1/1/00
Hecompletion	Fffective 1/1/90
XX Change in Ownership Casinghead Gas Co	onden#dle
	27. AM 0715.4
If change of ownership give name J. M. Richardson, P.O. Boand address of previous owner	ox 22010, Albuquerque, NM 87154
and address of previous of the	
II. DESCRIPTION OF WELL AND LEASE	remailer Kind of Lease Indian Lease No.
Legae Nome	T 00 TNDE0
Navajo 18 12 Hogback-Dako	ta side, recent or to 1 07 13 30
Location	495 - North
C 2145 Feet From The West Lin	e andFeet From TheNOTUI
Unit Cetter	16W Nuga San Juan County
Line of Section 18 Township 29N Range	16W , NMPM, San Juan County
Citie of Section	
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Oil X or Condensate	77347444 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
Meridian Oil Trading	P.O. Box 4289, Farmington, NM 87499
Name of Authorized Transporter of Castinghead Gas or Dry Gas	Address (Give address to which approved copy of this form is to be sent)
(spine of Manual Co.	
Unit Sec. Twp. Rgs.	is gas actually connected? When
If well produces oil or liquids, M 7 29N 16W	
If this production is commingled with that from any other lesse or pool,	give commingling order number:
If this production is commingled with that from any other reads	• • • • • • • • • • • • • • • • • • •
NOTE: Complete Parts IV and V on reverse side if necessary.	
MOTE. Compress the	OIL CONSERVATION DIVISION
VI. CERTIFICATE OF COMPLIANCE	IAN 1 0 1990
Learnestings of the Oil Conservation Division have	APPROVED JAN 1000
I hereby certify that the fules and regulations of the Got and complete to the best of been complied with and that the information given is true and complete to the best of	Original Signed by FRANK T. CHAVEZ
my knowledge and belief.	
,	TITLE SUPERVISOR DISTRICT &
·	This form is to be filed in compliance with MULE 1104.
	il
V2011 - 11/11	
(Signatura)	Il taken on the well in scouldance with the
Production Manager	All sections of this form must be filled out completely for allow-
(Title)	able on new and recompleted water
1/11/90	I or number, or transportation
(Date)	Separate Forms C-104 must be filed for each pool in multiply
	completed wells.

District I PO Bez 1900, Hobba, NM 82241-1900 District II

State of New Mexico

Energy, Masorals & Natural Resources Departm

Form C-104 Revised February 10, 1994

District [[]	asia, NM 88211-971		OIL (CONS	SERV	ATTO	VIDIV	ISION	c	 :		d February 10 Instructions
1000 Rio Brazos Rd. District [V	., Aziec, NM 87410				ru k	ox 208 M 875	X		3 u	00011	to Appro	priate District
PO Box 2008, Santa	Fe, NM 87584-208	• •										
1.	REQUE	OF FOR	ALLC	WAI	BLE A	ND A	UTHO	DRIZA	TION TO	ΓR	ANSPO	PT
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PO Box 50					' '02309	94						
Farmingto	on, NM 87	499								' R	cases for FE	ing Code
'API N						' Pool No			CO			
30-0 45-2			Но	gbac		kota	-				0.0.1.	1 Pool Code
O11200	Code				_	reperty N	Albe				32680	
011300			Nav	vajo							012	Well Number
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C 18	Township 29N	Range 16W	Lot Ida	` [ˈ	Feet from	the .	North/S	onth flac	Feet from the	Ea	Nest Las	County
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edge and belief.				- шу			OIL (CONS	ERVATION		IVISIO	N
name: C	in	LS.	m		Арр	roved by:			37.4			
oname: Sean C					Title	e:	·	SUPE	RVISOR D	IS.	CRICT #	3
Product	ion Mana	ger			App	roval Date	:			2.1	C) F	
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	perator Signature											
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