

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. TYPE OF WORK

DRILL ☒DEEPEN ☐PLUG BACK ☐

b. TYPE OF WELL

OIL
WELL ☒GAS
WELL ☐OTHER ☐SINGLE
ZONE ☐MULTIPLE
ZONE ☐

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 & 495' FRL

At proposed prod. zone

14. DISTANCE IN MILES AND DIRECTION FROM NEAREST TOWN OR POST OFFICE*

7-1/2 miles East of Shiprock, New Mexico

15. DISTANCE FROM PROPOSED*

LOCATION TO NEAREST
PROPERTY OR LEASE LINE, FT.
(Also to nearest drlg. unit line, if any)18. DISTANCE FROM PROPOSED LOCATION*
TO NEAREST WELL, DRILLING, COMPLETED,
OR APPLIED FOR, ON THIS LEASE, FT.

750'

16. NO. OF ACRES IN LEASE

4800

19. PROPOSED DEPTH

800'

17. NO. OF ACRES ASSIGNED
TO THIS WELL

40

20. ROTARY OR CABLE TOOLS

Both

21. ELEVATIONS (Show whether DF, RT, GR, etc.)

5108' Gr.

22. APPROX. DATE WORK WILL START*

September 25, 1970

23.

PROPOSED CASING AND CEMENTING PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	QUANTITY OF CEMENT
9"	7"	20#	60'	10 Sacks
5-5/8"	4-1/2"	9.5#	770'	35 Sacks

1. Will drill surface hole with cable tools.
2. Set 7" casing through surface sand and boulders.
3. Cement 10 sacks.
4. Drill out below surface pipe with rotary.
5. Cement 4-1/2" production string on top Dakota.
6. Drill pay with air - run 2-3/8" tubing.
7. Complete open hole - turn into tanks.

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: If proposal is to deepen or plug back, give details of present productive zone and proposed new productive zone. If proposal is to drill or deepen directionally, give pertinent data on subsurface locations and measured and true vertical depths. Give blowout preventer program, if any.

24.

ORIGINAL SIGNED BY

W. C. IMBT

Operator

September 14, 1970

SIGNED

TITLE

DATE

(This space for Federal or State office use)

PERMIT NO.

APPROVAL DATE

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions On Reverse Side

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

Navajo 18

9. WELL NO.

12

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

**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.

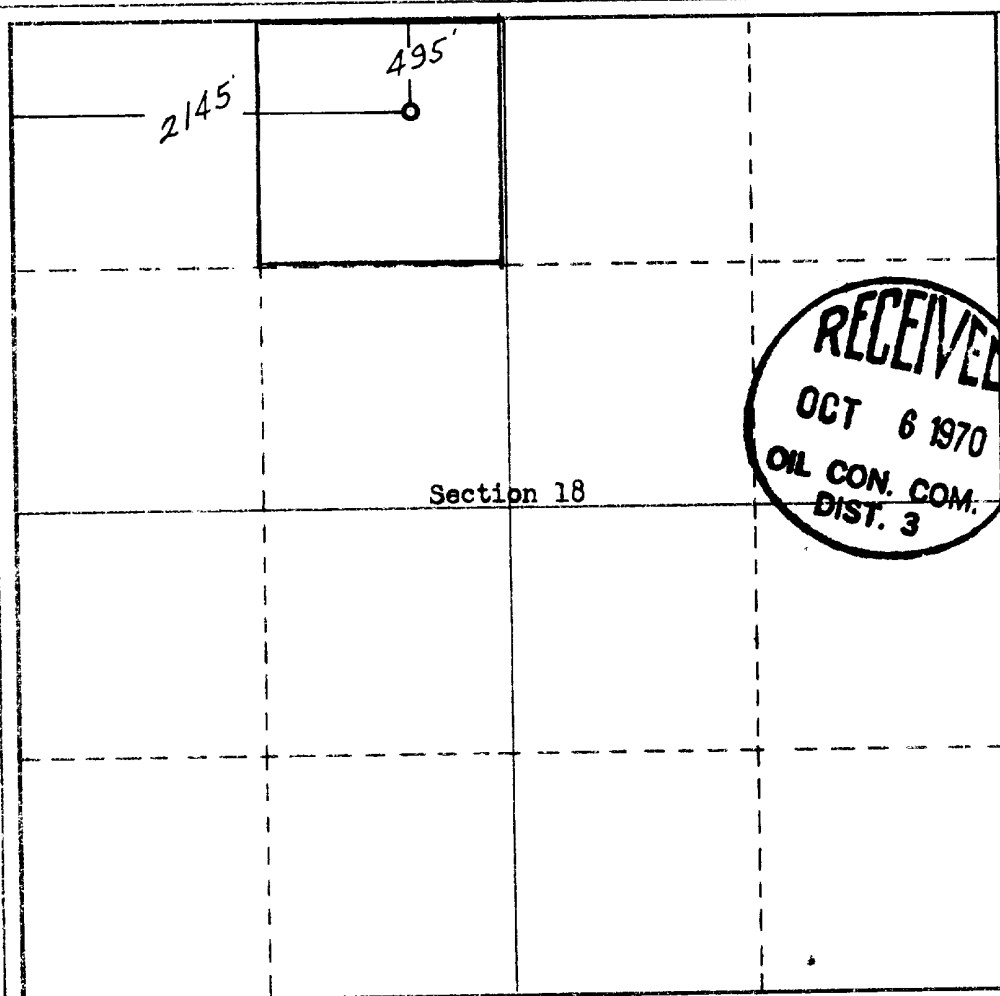
Operator W. C. Imbt		Lease Navajo 18		Well No. 12
Unit Letter C	Section 18	Township 29 North	Range 16 West	County San Juan
Actual Footage Location of Well: 495 feet from the North line and 2145 feet from the West line				
Ground Level Elev. 5108	Producing Formation Dakota	Pool Hogback	Dedicated Acreage: 40 Acres	

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?

☐ Yes ☐ No If answer is "yes," type of consolidation _____

If answer is "no," list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.) _____

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.

Name **ORIGINAL SIGNED BY**
W. C. IMBT

Position *Operator*
Company _____

Date *Sept 4, 1970*

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.

Date Signed *April 17, 1970*
Registered Professional Engineer and Surveyor
3684

Certificate No. *4081*
NEW MEXICO

330 660 990 1320 1650 1980 2310 2640 2000 1500 1000 500 0

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. RESVR. <input type="checkbox"/>	Other _____
2. NAME OF OPERATOR W. C. INET						5. LEASE DESIGNATION AND SERIAL NO. I-69-ND-38	
3. ADDRESS OF OPERATOR 210 West 38th Street, Farmington, New Mexico - 87401						6. IF INDIAN, ALLOTTEE OR TRIBE NAME Navajo Tribal	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 2145' FNL & 495' FNL At top prod. interval reported below At total depth						7. UNIT AGREEMENT NAME	
14. PERMIT NO.						13. STATE New Mexico	
DATE ISSUED						12. COUNTY OR PARISH San Juan	
15. DATE SPUDDED 10-10-70	16. DATE T.D. REACHED 11-18-70	17. DATE COMPL. (Ready to prod.) 11-21-70		18. ELEVATIONS (DF, RKB, RT, GR, ETC.) 5108' Gr.		19. ELEV. CASINGHEAD	
20. TOTAL DEPTH, MD & TVD		21. PLUG, BACK T.D., MD & TVD		22. IF MULTIPLE COMPLETIONS, HOW MANY? ONE		23. INTERVALS DRILLED BY 60-792'	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD) Dakota 787-792'						25. WAS DIRECTIONAL SURVEY MADE Yes	
26. TYPE ELECTRIC AND OTHER LOGS RUN None						27. WAS WELL CORED 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"	204	60'	9"	5 sacks		None	
4 1/2"	9.54	778'	5 5/8"	45 sacks		None	
29. LINER RECORD				30. TUBING RECORD			
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
None					2 3/8"	752'	
31. PERFORATION RECORD (Interval, size and number)				32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.			
				DEPTH INTERVAL (MD)			
				None			
				AMOUNT AND KIND OF MATERIAL USED			
				DEC 4 1970			
				U. S. GEOLOGICAL SURVEY			
				FARMINGTON, N. M.			
33.* PRODUCTION							
DATE FIRST PRODUCTION 11-22-70		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Flowing				WELL STATUS (Producing or shut-in) Producing	
DATE OF TEST 12-4-70	HOURS TESTED 24	CHOKE SIZE	PROD'N. FOR TEST PERIOD 12	OIL—BBL. 15TM	GAS—MCF. 0	WATER—BBL. 0	GAS-OIL RATIO
FLOW. TUBING PRESS. 104	CASING PRESSURE 154	CALCULATED 24-HOUR RATE 12	OIL—BBL. 15TM	GAS—MCF. 0	WATER—BBL. 0	OIL GRAVITY-API (CORR.) 62°	
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

ORIGINAL SIGNED BY
W. C. INET

TITLE

Operator

DATE

December 4, 1970

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

(See other instructions on reverse side)

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"/>		7. UNIT AGREEMENT NAME Navejo 18	
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"/>		8. FARM OR LEASE NAME Navejo 18	
2. NAME OF OPERATOR W. C. INET		9. WELL NO. 12	
3. ADDRESS OF OPERATOR 210 West 38th Street, Farmington, New Mexico - 87401		10. FIELD AND POOL, OR WILDCAT Hogback	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 2145' FUL & 495' FUL At top prod. interval reported below At total depth		11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA 18-129N-R16W	
14. PERMIT NO.		DATE ISSUED	
12. COUNTY OR PARISH San Juan		13. STATE New Mexico	
15. DATE SPUDDED 10-10-70		16. DATE T.D. REACHED 11-18-70	
17. DATE COMPL. (Ready to prod.) 11-21-70		18. ELEVATIONS (DF, REB, RT, GR, ETC.)* 5108' Gr.	
19. ELEV. CASINGHEAD			
20. TOTAL DEPTH, MD & TVD		21. PLUG, BACK T.D., MD & TVD	
22. IF MULTIPLE COMPL., HOW MANY*		23. INTERVALS DRILLED BY 60-792'	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* Dakota 787-792'		25. WAS DIRECTIONAL SURVEY MADE Yes	
26. TYPE ELECTRIC AND OTHER LOGS RUN None		27. WAS WELL CORED Yes	
28. CASING RECORD (Report all strings set in well)			
CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE
7"	20#	60'	9"
4 1/2"	9.5#	778'	5-3/8"
CEMENTING RECORD		AMOUNT PULLED	
5 sacks		None	
45 sacks		None	
29. LINER RECORD			
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*
None			
30. TUBING RECORD			
SIZE	DEPTH SET (MD)	PACKER SET (MD)	
2-3/8"	792'		
31. PERFORATION RECORD (Interval, size and number)			
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.			
DEPTH INTERVAL (MD) OF MATERIAL USED			
None			
RECEIVED DEC 10 1970			
DEC 4 1970			
U. S. GEOLOGICAL SURVEY			
DIST. 3			
33.* PRODUCTION			
DATE FIRST PRODUCTION 11-22-70	PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Flowing		
DATE OF TEST 12-4-70	HOURS TESTED 24	CHOKE SIZE	PROD'N. FOR TEST PERIOD
			12
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.
10#	15#	12	15TH
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 SIGNED W. C. INET TITLE Operator DATE December 4, 1970			

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

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

NO. OF COPIES RECEIVED	4
DISTRIBUTION	
SANTA FE	1
FILE	1
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL 1 GAS
OPERATOR	1
PRORATION OFFICE	

I. Operator
W. C. IMBT

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

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"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry 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 Navajo 18	Well No. 12	Pool Name, Including Formation Hogback-Dakota	Kind of Lease Navajo Tribal	Lease No. I-89-IND-58
Location Unit Letter C ; 2145' Feet From The West Line and 495' Feet From The North				
Line of Section 18 Township 29-North Range 16-West , 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"/> Permian Corporation	Address (Give address to which approved copy of this form is to be sent) Box 3119, Midland, Texas - 79701	
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 F	Sec. 18
	Twp. 29N	Rge. 16W
	Is gas actually connected?	When
	None	

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	Plug Back	Same Res'tv.	Diff. Res'tv.
Date Spudded 10-10-70	Date Compl. Ready to Prod. 11-21-70		Total Depth 792'		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) 5108' Gr.	Name of Producing Formation Dakota		Top Oil/Gas Pay 787'		Tubing Depth 750'			
Perforations Open Hole					Depth Casing Shoe 778'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
9"	7"		60'		5 sacks			
5-5/8"	4 1/2"		778'		45 sacks			
	2-3/8"		750'					

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 11-22-70	Date of Test 12-4-70	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hours	Tubing Pressure 104	Casing Pressure 154	Choke Size
Actual Prod. During Test	Oil - Bbls. 12	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)

December 4, 1970

(Date)

OIL CONSERVATION COMMISSION

APPROVED **DEC 7 1970**

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

TITLE **SUPERVISOR 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 Forms C-104 must be filed for each pool in multiply completed wells.

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

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

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION OFFICE		

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED
OCT 03 1985

I. Operator
J. M. Richardson

Address
342 White Oaks N.E. Albuquerque N.Mex. 87122

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

If change of ownership, give name and address of previous owner Old Operator W.C. Imbt 210 38th street Farmington

II. DESCRIPTION OF WELL AND LEASE

Lease Name Navajo 18	Well No. 12	Pool Name, including Formation Hogback-Dakota	Kind of Lease State, Federal or Fee Navajo	Lease No. 1-89-IND-58
Location Unit Letter <u>12C</u> : <u>2145</u> Feet From The <u>W</u> Line and <u>495</u> Feet From The <u>N</u> Line of Section <u>18</u> Township <u>29N</u> Range <u>16W</u> , 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"/> Permian Corp.	Address (Give address to which approved copy of this form is to be sent) Box 1183 Houston Texas 7701
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

If this production is commingled with that from any other lease or pool, give commingling order number:

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.

[Signature]
(Signature)
Operator
(Title)
10/4/85
(Date)

OIL CONSERVATION DIVISION
OCT 03 1985
APPROVED [Signature] 19
BY [Signature]
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 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.

RECEIVED

JAN 19 1990

OIL CON. DIV
DIST. 3

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

Form C-104
Revised 10-01-78
Format 08-01-83
Page 1

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

Operator Tiffany Gas Co.	
Address P.O. Box 50, Farmington, NM 87499	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input checked="" type="checkbox"/> Change in Ownership	Change in Transporter of: <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Gas <input type="checkbox"/> Condensate <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate
Effective 1/1/90	

If change of ownership give name and address of previous owner J. M. Richardson, P.O. Box 22010, Albuquerque, NM 87154

II. DESCRIPTION OF WELL AND LEASE

Lease Name Navajo 18	Well No. 12	Pool Name, including Formation Hogback-Dakota	Kind of Lease Indian	Lease No. I-89-IND-58
Location Unit Letter C; 2145 Feet From The West Line and 495 Feet From The North				
Line of Section 18 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"/> Meridian Oil Trading	Address (Give address to which approved copy of this form is to be sent) P.O. Box 4289, Farmington, NM 87499
Name of Authorized Transporter of 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.	Is gas actually connected? When
Unit M, Sec. 7, Twp. 29N, Rgs. 16W	

If this production is commingled with that from any other lease or pool, give commingling order number:

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.

Signature
Production Manager
Title
1/11/90
Date

OIL CONSERVATION DIVISION
APPROVED JAN 10 1990, 19
BY Original Signed by FRANK T. CHAVEZ
TITLE SUPERVISOR DISTRICT #

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.

District I
PO Box 1900, Hobbs, NM 88241-1900
District II
PO Drawer DD, Artesia, NM 88211-0719
District III
1000 Rio Bravo Rd., Amar, NM 87410
District IV
PO Box 2088, Santa Fe, NM 87504-2088

State of New Mexico
Energy, Minerals & Natural Resources Department

OIL CONSERVATION DIVISION
PO Box 2088
Santa Fe, NM 87504-2088

Form C-104
Revised February 10, 1994
Instructions on back
Submit to Appropriate District Office
5 Copies

☐ AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

Operator name and Address TIFFANY GAS CO. PO Box 50 Farmington, NM 87499		OGRID Number '023094
API Number 30 - 0 45-20698	Pool Name Hogback Dakota	Reason for Filing Code CO
Property Code 011300	Property Name Navajo 18	Pool Code 32680
		Well Number 012

II. Surface Location

UL or lot no.	Section	Township	Range	Lot Ida	Feet from the	North/South Line	Feet from the	East/West Line	County
C	18	29N	16W		495	FNL	2145	FWL	San Juan

Bottom Hole Location

UL or lot no.	Section	Township	Range	Lot Ida	Feet from the	North/South Line	Feet from the	East/West Line	County
C	18	29N	16W						San Juan
Lee Code N	Producing Method Code P	Gas Connection Date	C-129 Permit Number	C-129 Effective Date	C-129 Expiration Date				

III. Oil and Gas Transporters

Transporter OGRID	Transporter Name and Address	POD	O/G	POD ULSTR Location and Description
9018	Giant Refinery Co. 5764 Hwy 64 Farmington, NM 87401	2529910	0	

IV. Produced Water

POD	POD ULSTR Location and Description
2529950	Injected on lease F-18-29N-16W

V. Well Completion Data

Spud Date	Ready Date	TD	PSTD	POD
Hole Size	Casing & Tubing Size	Depth Set	Sacks Cement	

VI. Well Test Data

Date New Oil	Gas Delivery Date	Test Date	Test Length	Thg. Pressure	Cap. Pressure
Choke Size	Oil	Water	Gas	AOI	Test Method

I hereby certify that the rules 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.

Signature:

Printed name: Sean C. Burr

Title: Production Manager

Date: 9/1/95

Phone: (505) 325-1701

OIL CONSERVATION DIVISION

Approved by:

Title:

Approval Date:

SUPERVISOR DISTRICT #3

OCT 3 0 1995

If this is a change of operator fill in the OGRID number and name of the previous operator

Previous Operator Signature

Printed Name

Title

Date