

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 DESIRED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION OFFICE		

I. Operator
Tiffany Gas Co.

Address
P. O. Box 50, Farmington, N.M. 87499

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

<input type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input checked="" type="checkbox"/> Oil	<input type="checkbox"/> Condensate
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	

RECEIVED
SEP 28 1989
OIL CON. DIV.
DIST. 3

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name USG Section 18	Well No. 33	Pool Name, including Formation Hogback Dakota	Kind of Lease State, Federal or Fee Indian	Lease No. I-89-IND-58
Location Unit Letter N ; 2400 Feet From The West Line and 540 Feet From The South				
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"/> Meridian Oil Trading Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 4289, Farmington, N.M. 87499					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> to be vented	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 N	Sec. 18	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: _____

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.

Sean C. Burr (Signature)
Sean C. Burr
Production Supervisor
(Title)
9/27/89
(Date)

OIL CONSERVATION DIVISION
APPROVED SEP 28 1989 19
BY Original Signed by FRANK T. CHAVEZ
SUPERVISOR DISTRICT **3**
TITLE _____

This form is to be filed in compliance with RULE 1100.
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 allowables 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
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.

SUBMIT IN TRIPLICATE

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JUN 25 1993

**OIL CON. DIV.]
DIST. 3**

5. Lease Designation and Serial No.
I-89-IND-58

6. If Indian, Allottee or Tribe Name
Navajo Tribe

7. If Unit or CA, Agreement Designation

8. Well Name and No.
USG Sec. 18 #33

9. API Well No.
30-045-21275

10. Field and Pool, or Exploratory Area
Hogback Dakota

11. County or Parish, State
San Juan, N.M.

1. Type of Well
 Oil Well Gas Well Other

2. Name of Operator
TIFFANY GAS COMPANY

3. Address and Telephone No.
P.O. Box 50, Farmington, NM 87499 505-325-1701

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
2400' FWL & 540' FSL
Sec. 18-T29N-R16W
5018' GL

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION
<input type="checkbox"/> Notice of Intent	<input checked="" type="checkbox"/> Abandonment
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input type="checkbox"/> Other _____
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. 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.)*

Subject well was permanently P & A'd as follows:

- 6/11/93 - Pumped 142 cf Class B cement down 5½", 14# casing to 691' w/ no displacement. Hogback Dakota Open Hole is 688-91'.
- Shut casing in.
- 6/16/93 - Removed casing swedge & cement was at surface. Erected Dry Hole Marker.

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BLM
93 JUN 21 PM 1:02
070 FARMINGTON, NM

Approved as to plugging of the well bore.
Liability under bond is retained until
surface restoration is completed.

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

Signed Jim Hicks Title Agent Date 6/17/93

(This space for Federal or State office use)

Approved by _____ Title _____
Conditions of approval, if any:

APPROVED

Date JUN 22 1993

DISTRICT MANAGER

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

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Use "APPLICATION FOR PERMIT—" for such proposals

5. Lease Designation and Serial No.

I-89-IND-58

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Navajo Tribal

7. If Unit or CA, Agreement Designation

8. Well Name and No.

USG Section 18 #33

9. API Well No.

10. Field and Pool, or Exploratory Area

Hogback Dakota

11. County or Parish, State

San Juan, N.M.

SUBMIT IN TRIPLICATE

1. Type of Well

Oil Well Gas Well Other

2. Name of Operator

Tiffany Gas Co.

3. Address and Telephone No.

P.O. Box 50, Farmington, N.M. 87499

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

2400' FWL & 540' FSL

Sec. 18, T29N, R16W

12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

- Notice of Intent
- Subsequent Report
- Final Abandonment Notice

TYPE OF ACTION

- Abandonment
- Recompletion
- Plugging Back
- Casing Repair
- Altering Casing
- Other See Below
- Change of Plans
- New Construction
- Non-Routine Fracturing
- Water Shut-Off
- Conversion to Injection
- Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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In response to request from Minerals Department, The Navajo Nation, for Operator to submit plans for subject well as per 43 CFR 3165.3:

A Sundry containing detailed plans for Plugging and Abandoning this well will be submitted to your office within the next 45 days and the well will be plugged prior to November 1, 1993.

RECEIVED

JUN 1 1993

OIL CON. DIV.
DIST. 3

070 FARMINGTON, NM

53 MAY 24 PM 12:57

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BLM

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

Signed Sean L. Burr

Title Production Manager

Date 5/21/93

(This space for Federal or State office use)

ACCEPTED FOR RECORD

Approved by _____
Conditions of approval, if any:

Title _____

Date _____

MAY 25 1993

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

FARMINGTON DISTRICT OFFICE

BY _____

*See instruction on Reverse Side

NMOCD