

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions on reverse side)

Budget Bureau No. 1004
Expires August 31, 1985

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 TIFFANY GAS COMPANY | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME NAVAJO |
| 3. ADDRESS OF OPERATOR P.O. Drawer 3307, Farmington, NM 87499 | 7. UNIT AGREEMENT NAME USG SECTION 19 |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 315' FNL & 2120' FWL | 8. FARM OR LEASE NAME 51 |
| 14. PERMIT NO. | 9. WELL NO. 10. FIELD AND POOL, OR WILDCAT Hogback Dakota |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5004' GR | 11. SEC., T., R., M., OR B.L. AND SURVEY OR AREA Sec 19, T29N, R16W |
| | 12. COUNTY OR PARISH San Juan |
| | 13. STATE NM |

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 type="checkbox"/> | MULTIPLE COMPLETION <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) Spud & 7" Surface Casing <input checked="" 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).*

This well was spudded 8/18/89 @ 1630 hours.

An 8 3/4" hole was rotary drilled to 46'.

1 joint of 7", 23# Casing was set @46' GR and cemented w/41.3 FT³ (35 sx) Class "B" cement. Cement Circulated. Job complete @ 900 hours 8/19/89.

Surface cementing was witnessed by Mark Philliber of the Farmington BLM office.

Status 8/20/89 W.O.C. til 8/21/89

RECEIVED
SEP 03 1989
OIL CON. DIV.
DIST. 3

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

SIGNED *Jim Hicks*
Jim Hicks

TITLE Agent/Tiffany Gas Company

DATE 8/19/89

ACCEPTED FOR RECORD

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE SEP 01 1989

FARMINGTON RESOURCE AREA

BY

*See Instructions on Reverse Side

NMOCD

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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. GIL WELL <input checked="" type="checkbox"/> CAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> | | 2. NAME OF OPERATOR TIFFANY GAS COMPANY | | 3. ADDRESS OF OPERATOR P.O. DRAWER 3307, FARMINGTON, NM 87499 | | 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At Surface 315' FNL & 2120' FWL | | 5. STATE (SEE INSTRUCTIONS ON REVERSE SIDE) I-89-IND-58 | | 6. INDIAN, AKA, OR TRIBE NAVAJO <i>Tribe</i> | | 7. UNIT AGREEMENT NAME | | 8. FARM OR LEASE NAME USG SECTION 19 | | 9. WELL NO. 51 | | 10. FIELD AND POOL, OR WILDCAT Hogback Dakota | | 11. SEC., T., R., M., OR PLQ. AND SURVEY OR AREA Sec 19, T29N, R16W | | 12. COUNTY OR PARISH San Juan | | 13. STATE NM | |
| 14. PERMIT NO. | | | | 15. ELEVATIONS (Show whether LF, RT, GR, etc.) 5004' GR | | | | | | | | | | | | | | | | | | | | | |

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"/> |
| FRAC TREATMENT | <input type="checkbox"/> | MULTIPLE COMPLETE | <input type="checkbox"/> |
| SHUT OF ACIDIZE | <input type="checkbox"/> | ABANDON* | <input type="checkbox"/> |
| REPAIR WELL | <input type="checkbox"/> | CHANGE PLANS | <input type="checkbox"/> |
| (Other) | | | |

SUBSEQUENT REPORT OF:

| | | | |
|-------------------------------------|--------------------------|-----------------|-------------------------------------|
| WATER SHUT-OFF | <input type="checkbox"/> | REPAIRING WELL | <input type="checkbox"/> |
| FRAC TREATMENT | <input type="checkbox"/> | ALTERING CASING | <input type="checkbox"/> |
| SHOOTING OR ACIDIZING | <input type="checkbox"/> | ABANDONMENT* | <input checked="" type="checkbox"/> |
| (Other) 4 1/2" Casing Report | | | |

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

17. HAS WELL BEEN USED 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).*

8/21/89

- 1) Nipple up B.O.P. to 7" surface and pressure tested.
- 2) Drilled 6 1/4" hole to 535'. S.D.O.N.

8/22/89

- 1) Drilled 6 1/4" hole to 646' GR.
- 2) Ran 17 joints (666') 4 1/2", 10.5# Casing and set @ 646' GR.
- 3) Casing was cemented w/106.2 FT³ (90 sx) Class "B" Cement. Cement circulated. Job complete 1615 hours. Cement job witnessed by Mark Philliber of the Farmington BLM Office. W.O.C. till 8/23/89.

8/23/89

- 1) Nippled up B.O.P. to 4 1/2" casing and pressured tested.
- 2) Commenced drilling 3 3/4" open hole.
- 3) Drilled to 672.5' GR.

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

SIGNED *JIM HICKS*
JIM HICKS
(This space for Federal or State office use)

TITLE **Agent/Tiffany Gas Company**

ACCEPTED FOR RECORD

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

SEP 01 1989

FARMINGTON RESOURCE AREA

BY *Jim*

NMOCD

*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-R345.5.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG*

| | | | | | | | |
|---|-----------------|--|------------------------------------|---|------------------------------------|---|--------------------------------|
| 1a. TYPE OF WELL: | | OIL WELL <input type="checkbox"/> | GAS WELL <input type="checkbox"/> | DRY <input checked="" type="checkbox"/> | Other <input type="checkbox"/> | | |
| 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. RESRV. <input type="checkbox"/> | Other <input type="checkbox"/> |
| 2. NAME OF OPERATOR TIFFANY GAS COMPANY | | | | | | | |
| 3. ADDRESS OF OPERATOR P.O. DRAWER 3307, Farmington, NM 87499 | | | | | | | |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 315' FNL & 2120' FWL At top prod. interval reported below At total depth | | | | | | | |
| 14. PERMIT NO. | | | | DATE ISSUED | | | |
| 15. DATE SPULDED 8/18/89 | | | | 16. DATE T.D. REACHED 8/23/89 | | 17. DATE COMPL. (Ready to prod.) P & A 8/23/89 (Dry) | |
| 18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 5004' GR | | | | 19. ELEV. CASINGHEAD | | | |
| 20. TOTAL DEPTH, MD & TVD 672.5' GR | | 21. PLUG, BACK T.D., MD & TVD | | 22. IF MULTIPLE COMPL., HOW MANY* | | 23. INTERVALS DRILLED BY XX | |
| 24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* NO PRODUCING INTERVALS | | | | | | 25. WAS DIRECTIONAL SURVEY MADE NO | |
| 26. TYPE ELECTRIC AND OTHER LOGS RUN NONE | | | | | | 27. WAS WELL CORED NO | |
| 28. CASING RECORD (Report all strings set in well) | | | | | | | |
| CASING SIZE | WEIGHT, LB./FT. | DEPTH SET (MD) | HOLE SIZE | CEMENTING RECORD | | AMOUNT PULLED | |
| 7" | 23# | 46' | 8 3/4" | 35 sx (41.3 CF) Circulated | | NONE | |
| 4 1/2" | 10.5# | 646' | 6 1/4" | 90 sx (106.2 CF) Circulated | | NONE | |
| 29. LINER RECORD | | | | 30. TUBING RECORD | | | |
| SIZE | TOP (MD) | BOTTOM (MD) | SACKS CEMENT* | SCREEN (MD) | SIZE | DEPTH SET (MD) | PACKER SET (MD) |
| NONE | | | | | NONE | | |
| 31. PERFORATION RECORD (Interval, size and number) NO PERFORATIONS: 3 3/4" Open Hole 646' - 672.5' | | | | 32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC. DEPTH INTERVAL (MD) NONE | | | |
| 33.* PRODUCTION | | | | WELL STATUS (Producing or shut-in) Producing | | | |
| DATE FIRST PRODUCTION | | PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) | | | | | |
| NO PRODUCTION | | | | | | | |
| DATE OF TEST | HOURS TESTED | CHOKE SIZE | PROD'N. FOR TEST PERIOD | OIL—BBL. | GAS—MCF. | WATER—BBL. | GAS-OIL RATIO |
| | | | | | | | |
| FLOW, TUBING PRESS. | CASING PRESSURE | CALCULATED 24-HOUR RATE | OIL—BBL. | GAS—MCF. | WATER—BBL. | OIL GRAVITY-API (CORR.) | |
| | | | | | | | |
| 34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) NONE | | | | | | TEST WITNESSED BY | |
| 35. LIST OF ATTACHMENTS NONE | | | | | | | |
| 36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records | | | | | | | |
| SIGNED JIM HICKS | | | | TITLE Agent/Tiffany Gas Company SEP 01 1989 | | | |

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

NMOCD

BY *SMW*

