

| | |
|-------------------|-----|
| DISTRIBUTION | |
| SANTA FE | |
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| U.S.G.S. | |
| LAND OFFICE | |
| TRANSPORTER | OIL |
| | GAS |
| OPERATOR | 4 |
| PRODUCTION 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-111
Effective 1-1-65

| | |
|---|---|
| Operator Getty Oil Company | |
| Address P. O. Box 3360, Casper, WY 82602 | |
| Reason(s) for filing (Check proper box) | Other (Please explain) |
| New Well <input type="checkbox"/> | Change in Transporter of: |
| Recompletion <input type="checkbox"/> | Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> |
| Change in Ownership <input checked="" type="checkbox"/> | Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> |

If change of ownership give name and address of previous owner
Skelly Oil Company, Box 3360, Casper, WY 82602

| | | | |
|-------------------------------|---------------|---|---|
| DESCRIPTION OF WELL AND LEASE | | | |
| Lease Name Nayajo "M" | Well No. 9 | Pool Name, including Formation Many Rocks Gallup | Kind of Lease State, Federal or Fee Fed 14-20-603-503 |
| Location | | | |
| Unit Letter A | 550 | Feet From The North | 660 |
| Line of Section 34 | | Township 32N | Range 17W |
| | | INMPM, San Juan | County |

| | | | |
|--|--|------------|--------------|
| DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS | | | |
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) | | |
| Shell Pipeline Corp. | Box 1588, Farmington, NM 87401 | | |
| 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 C | Sec. 34 | Twp. 32N |
| | | | Range 17W |
| Is gas actually connected? | | When | |

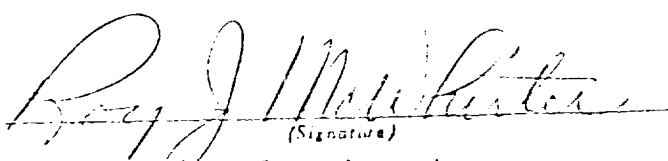
If this production is commingled with that from any other lease or pool, give commingling order number:

| | | | |
|--------------------------------------|-----------------------------|-----------------|-------------------|
| COMPLETION DATA | | | |
| Designate Type of Completion - (X) | Oil Well | Gas Well | New Well |
| | | | Workover |
| | | | Deepen |
| | | | Plug Back |
| | | | Some Rest. |
| | | | Drill. Rest. |
| Date Started | Date Compl. Ready to Prod. | Total Depth | P.B.T.D. |
| Elevation (D.F., P.B., RT, GR, etc.) | Name of Producing Formation | Top Oil/Gas Pay | Taking Depth |
| Perforations | | | Depth Casing Shoe |

| | | | |
|--------------------------------------|----------------------|-----------|--------------|
| TUBING, CASING, AND CEMENTING RECORD | | | |
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
| | | | |
| | | | |
| | | | |

| | | | |
|---|-----------------|---|------------|
| 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 test allowable for this depth or be for full 24 hours) | | | |
| Date First New Oil Run To Tanks | Date of Test | Producing Method (Flow, pump, gas lift, etc.) | |
| Length of Test | Tubing Pressure | Casing Pressure | Choke Size |
| Actual Prod. During Test | Oil-Bbls. | Water-Bbls. | Gas-MCF |

| | | | |
|--------------------------------|---------------------------|---------------------------|-----------------------|
| GAS WELL | | | |
| Actual Prod. Test-MCF/D | Length of Test | Bbls. Condensate/MCF | Gravity of Condensate |
| Testing Unit (gauge, back pr.) | Tubing Pressure (shot-in) | Casing Pressure (shot-in) | Choke Size |

| | |
|--|--|
| 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. | |
|  | |
| Area Superintendent | |
| (Date) 2/9/77 | |

| | |
|---|----|
| OIL CONSERVATION COMMISSION | |
| APPROVED | 19 |
| ORIGINAL SIGNED BY H. E. MAXWELL, JR. | |
| BY | |
| 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 production 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. | |

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| TRANSPORTER | OIL | |
| | GAS | |
| OPERATOR | | |
| 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

| | |
|--|---|
| Operator WTR OIL COMPANY | |
| Address Drawer LL, Cortez, Colorado 81321 | |
| Reason(s) for filing (Check proper box) | |
| New Well <input type="checkbox"/> | Change in Transporter of: |
| Recompletion <input type="checkbox"/> | Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/> |
| Change in Ownership <input type="checkbox"/> | Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> |
| Other (Please explain) | |
| If change of ownership give name and address of previous owner | |

I. DESCRIPTION OF WELL AND LEASE

| | | | | |
|--|----------------------|--|---------------------------------|------------------------------------|
| Lease Name Navajo "M" | Well No. 9 | Pool Name, including Formation Many Rocks Gallup | Kind of Lease Federal | Lease No. 14-20-603-5013 |
| Location | | | | |
| Unit Letter A : 660 Feet From The North Line and 660 Feet From The East | | | | |
| Line of Section 34 Township 32N Range 17W , NMPM, San Juan County | | | | |

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | | |
|---|--|--------------------|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Ciniza Pipe Line, Inc. | Address (Give address to which approved copy of this form is to be sent) P.O. Box 1887, Bloomfield, New Mexico 87413 | |
| 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 C | Sec. 34 |
| | Twp. 32N | Rge. 17W |
| | Is gas actually connected? When | |

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

III. COMPLETION DATA

| | | | | | | | | | |
|--------------------------------------|-----------------------------|-------------------|-----------|--------------|--------------|--------|-----------|-------------|--------------|
| Designate Type of Completion - (X) | | Oil Well | Gas Well | New Well | Workover | Deepen | Plug Back | Same Restv. | Diff. Restv. |
| Date Spudded | Date Compl. Ready to Prod. | Total Depth | | P.B.T.D. | | | | | |
| Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | Top Oil/Gas Pay | | Tubing Depth | | | | | |
| Perforations | | Depth Casing Shoe | | | | | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

IV. 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)

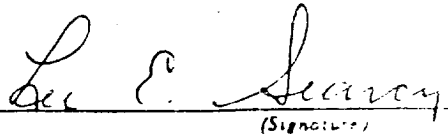
| | | | |
|---------------------------------|-----------------|---|------------|
| Date First New Oil Run To Tanks | Date of Test | Producing Method (Flow, pump, gas lift, etc.) | |
| Length of Test | Tubing Pressure | Casing Pressure | Choke Size |
| Actual Prod. During Test | Oil-Bbls. | Water-Bbls. | Gas-MCF |

GAS WELL

| | | | |
|------------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test-MCF/D | Length of Test | Condensate/MMCF | Gravity of Condensate |
| Producing Method (pilot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size |

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.


(Signature)
Office Manager
8-24-82
(Date)

OIL CONSERVATION COMMISSION
AUG 25 1982
APPROVED _____, 19____
BY **Original Signed by FRANK T. CHAVEZ**
SUPERVISOR DISTRICT # 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 all wells 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

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| LAND OFFICE | | | |
| TRANSPORTER | OIL | | |
| | GAS | | |
| OPERATOR | | | |
| 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

| | |
|---|---|
| Operator BayStar Petroleum Corporation | |
| Address P. O. Box 2975, Corpus Christi, Texas 78403 | |
| Reason(s) for filing (Check proper box) | |
| New Well <input type="checkbox"/> | Change in Transporter of: |
| Recompletion <input type="checkbox"/> | Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> |
| Change in Ownership <input checked="" type="checkbox"/> | Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> |
| Other (Please explain) | |

If change of ownership give name and address of previous owner WTR Oil Company, Drawer LL, Cortez, Colorado 81321

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|---|---------------|---|--------------------------|-----------------------------|
| Lease Name Navajo "M" | Well No. 9 | Pool Name, Including Formation Many Rocks Gallup | Kind of Lease Federal | Lease No. 14-20-603-5013 |
| Location | | | | |
| Unit Letter A ; 660 Feet From The North Line and 660 Feet From The East | | | | |
| Line of Section 34 Township 32N Range 17W , NMPLM, 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"/> Ciniza Pipe Line, Inc. | Address (Give address to which approved copy of this form is to be sent) P. O. Box 1887, Bloomfield, NM 87413 | |
| 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 C | Sec. 34 |
| | Twp. 32N | Rge. 17W |
| | Is gas actually connected? When | |

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

V. COMPLETION DATA

| | | | | | | | | |
|--------------------------------------|-----------------------------|----------|-----------------|----------|-------------------|-----------|-------------|--------------|
| Designate Type of Completion - (X) | Oil Well | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v. | Diff. Res'v. |
| Date Spudded | Date Compl. Ready to Prod. | | Total Depth | | P.B.T.D. | | | |
| Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | | Top Oil/Gas Pay | | Tubing Depth | | | |
| Perforations | | | | | Depth Casing Shoe | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

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 | Date of Test | Producing Method (Flow, pump, gas lift, etc.) | |
| Length of Test | Tubing Pressure | Casing Pressure | Choke Size |
| Actual Prod. During Test | Oil - Bbls. | Water - Bbls. | Gas - MCF |

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 |

I. 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.

Michael H. North
(Signature)
Michael H. North, President
(Title)
May 2, 1985
(Date)

| | |
|--|-----------------------|
| OIL CONSERVATION COMMISSION MAY 06 1985 | |
| APPROVED | 19 |
| BY | Supervisor District 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. | |
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