

Form 9-331
(May 1963)

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

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 ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

Curtis J. Little

3. ADDRESS OF OPERATOR

2929 Monte Vista, Albuquerque, N.M.

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)

At surface

2070' +/- 330' +/-

Sec. 30 T32N-R17W

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, ST, GR, etc.)

5525 GR.

5. LEASE DESIGNATION AND SERIAL NO.

14-20-603-586

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Nauvoo

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Horseshoe

9. WELL NO.

2

10. FIELD AND POOL, OR WILDCAT

Mesa Gallup

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec. 30 T32N-R17W

12. COUNTY OR PARISH

Santa Juan

13. STATE

New Mexico

16.

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(Other)

(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.)*

Perforated w/3 shots per ft. 1104' and 1106 - 1110; S.O.F. w/20,000# 20-40 and 15000# 10-20 sd, used total of 36,630 gal oil (1880 gal B.D., 34,850 gal. to treat, 900 gal. displaced) B.D. 2200 psi Ave TP 1350 psi, over 211' ave TR 40 BPM. Ran 167 (37 jts. 2 3/8" OD, 4.7#, J-55, 8RD EUE, TE 1154.33' set @ 1154') and rods; placed well on pump.

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

SIGNED

Jon R. Jank

TITLE

Agent

DATE

5-20-66

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL

TITLE

Instructions on Reverse Side



RECEIVED

MAY 20 1966

U. S. GEOLOGICAL SURVEY
F. BRIDGEMAN, N. M.

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	GAS
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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

I. Operator Curtis J. Little
Address P.O. Box 234, Farmington, New Mexico
Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Horse shoe</u>	Well No. <u>2</u>	Pool Name, including Formation <u>Mesa - Gallup</u>	Kind of Lease State, Federal or Fee <u>Ind.</u>
Location Unit Letter <u>EH</u> : <u>2070</u> Feet From The <u>North</u> Line and <u>330</u> Feet From The <u>East</u> Line Line of Section <u>30</u> , Township <u>32 North</u> Range <u>17 West</u> , NMPM, <u>San Juan</u> 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"/> <u>Inland Corporation</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 1528 Farmington, N.M.</u>					
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 <u>H</u>	Sec. <u>30</u>	Twp. <u>32N</u>	Rge. <u>17W</u>	Is gas actually connected? <u>No</u>	When

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'v.	Diff. Res'v.
Date Spudded <u>6-12-64</u>	Date Compl. Ready to Prod. <u>5-24-66</u>	Total Depth <u>1175</u>	P.B.T.D. <u>1170</u>					
Pool <u>Mesa - Gallup</u>	Name of Producing Formation <u>Gallup</u>	Top Oil/Gas Pay <u>1101</u>	Tubing Depth <u>1154</u>					
Perforations			Depth Casing Shoe					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<u>8 3/4"</u>	<u>7"</u>		<u>33'</u>		<u>6</u>			
<u>6 1/4"</u>	<u>4 1/2"</u>		<u>1172'</u>		<u>35</u>			
	<u>2 3/8"</u>		<u>1154</u>					

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 allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks <u>5-24-66</u>	Date of Test <u>5-24-66</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Pump.</u>	
Length of Test <u>24 Hrs.</u>	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test <u>15 Bbls.</u>	Oil - Bbls. <u>15 Bbls.</u>	Water - Bbls. <u>0</u>	Gas - MCF <u>9</u>

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure	Casing Pressure	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.

Jan L. Jacob
(Signature)
Agent
(Title)
5-30-66
(Date)

OIL CONSERVATION COMMISSION

APPROVED JUN 1 1966, 19
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 Sections I, II, III, and VI only 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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	GAS
OPERATOR	2
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

I.

Operator Curtis J. Little	
Address Box 234, Farmington, N. M.	
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 checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead 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 Horseshoe	Well No. 2	Pool Name, Including Formation Mesa Gallup	Kind of Lease State, Federal or Fee Indian
Location			
Unit Letter H	2070 Feet From The North Line and 330 Feet From The East		
Line of Section 30	Township 32North	Range 17 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"/> Plateau, Inc.	Address (Give address to which approved copy of this form is to be sent) Box 108, Farmington, N. M.	
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 H	Sec. 30
	Twp. 32N	Rge. 17W
	Is gas actually connected? No	When

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

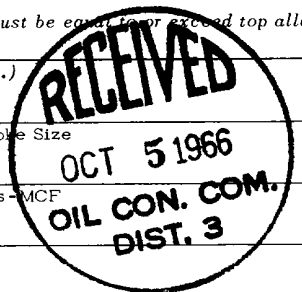
IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	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.			
Pool	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	Casing Pressure	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 **T. A. Dugan**

(Signature)

Operator

(Title)

10/1/66

(Date)

OIL CONSERVATION COMMISSION

APPROVED **OCT - 5 1966**, 19_____
BY **Original Signed by A. R. Kendrick**
TITLE **PETROLEUM ENGINEER DIST. NO. 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.

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