Control of the Contro

Form 9-331 (May 1963) DEPAR	UNITED STATES TMENT OF THE INTER	SUBMIT IN TRIPLICAT (Other instructions on verse side)				
	GEOLOGICAL SURVEY		14-20-603-586			
SUNDRY NO	6. IF INDIAN, ALLOTTEE OR TRIBE NAME					
(Do not use this form for pro	- 기록하였다 - 육 그렇송함					
	ICATION FOR PERMIT—" for such p	roposals.)	Nausio			
1. OIL GAS			A. UNIT AGREEMENT NAME			
WELL JAJ WELL OTHER 2. NAME OF OPERATOR			S. PARM OR LEASE NAME			
Curtis	J. Little					
3. ADDRESS OF OPERATOR	J. 2////		9. WELL NO.			
. 2929 Mont	le Vista Albi	souchese, N. A.				
4. LOCATION OF WELL (Report location See also space 17 below.)	clearly and in accordance with any	State requirements.	10. FIELD AND POOL, OR WILDCAT			
At surface			Mesa Gallup			
2070 Anl 3.	11. SEC., T., B., M., OR BLK. AND					
Sec. 30 732	Al D 1941					
	Sec 30 732N- 817W					
14. PERMIT NO.	15. ELEVATIONS (Show whether DI		12. COUNTY OR PARISH 18. STATE			
	5525	GR.	San Juan New Mexico			
16. Check	Appropriate Box To Indicate N	Nature of Notice, Report, o	r Other Data ් ම් ි ම මී ම			
NOTICE OF IN	TENTION TO:	AUBE	SEQUENT REPORT OF			
TEST WATER SHUT-OFF	PULL OR ALTER CASING	WATER SHUT-OFF	BEPAIRING WELL			
PRACTURE TREAT	MULTIPLE COMPLETE	FRACTURE TREATMENT	ALTERING CASING			
SHOOT OR ACIDIZE	ABANDON*	SHOOTING OR ACIDIZING	ABANDON MENT*			
REPAIR WELL	CHANGE PLANS	(Other)	FRAC Treat			
(Other)		(Note: Report rest Completion or Reco	ults of multiple completion on Well mpletion Report and Log form.)			
17. DESCRIBE PROPOSED OR COMPLETED	OPERATIONS (Clearly state all pertiner	it details, and give pertinent da	tes, including estimated date of starting any rtical depths for all markers and sones perti-			
nent to this work.) *	dividing dissert and	mous and measured and true ve				
Perforated 1106 - 1110;	u/3 shots, SOF. w/20,	=======================================	가 보통되는 것 무슨무리 했다.			
10-20 sd, U	sed to tel		- ವ್ಯಕ್ತಿಗಳ ಚಿತ್ರಕ್ಕಳ			
B.D. 2200 psi	Ave TP 1350	ps; over 2	Section of the sectio			
Ran +69 (3	7 pls. 2%" OD,	, 4.7#, J-55,	RED EUE TE 1154.33			
set @ 1154')	and rods;	placed we	O the control of the			
18. I hereby certify that the foregoin	g is true and correct	Agent	20-66			
(This space for Federal or State	office pas)					
APPROVED BY	TITLE _		T-DATE.			
CONDITIONS OF APPROVALL	MATE IN THE		CEIVED			
(RL	N 23 1966 L CON. COMP L DIST. 3	is on Reverse Side	######################################			
1 M	COM.		D			
/01	L CON. 3	U. S.	GEOLOGICAL SURVEY			

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SANTA FE /		CONSERVATION COMMISSIO	N Form C-104							
	REQUES'	FOR ALLOWABLE	Supersedes Old C-104 and C Effective 1-1-65							
U.S.G.S.	· ·	AND	· · · · · · · · · · · · · · · · · · ·							
LAND OFFICE	ACTIONIZATION TO TH	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS								
TRANSPORTER OIL 2										
GAS										
OPERATOR / PRORATION OFFICE	-	•								
Operator										
Curtis J.	LiHle									
P.O. Box 2	34, Farmington,	New Mexico								
New Well (Check proper bo		Other (Please expla	in)							
Recompletion	Change in Transporter of:									
Change in Ownership	Oil Dry C	ensate								
	Cond	ensute								
If change of ownership give name and address of previous owner			:							
DESCRIPTION OF WELL AND										
Lease Name Horse Shoe	Well No. Pool N	ame, Including Formation	Kind of Lease							
Location	2 10	se - Gellup	State, Federal or Fee Ind.							
Unit Louis + 4 20	70 Feet From The North Li	. 320								
P.										
Line of Section 30 , To	ownship 32 North Range	17West, NMPM,	San Juan County							
Name of Authorized Transporter of O	RTER OF OIL AND NATURAL G	AS	h-man de la constant							
Name of Authorized Transporter of O	RTER OF OIL AND NATURAL G		h approved copy of this form is to be sent)							
Name of Authorized Transporter of O In lanc Corne Name of Authorized Transporter of O	RTER OF OIL AND NATURAL G		h approved copy of this form is to be sent) Farming fon 1V. M. h approved copy of this form is to be sent)							
In 3nc/ Corpo	RTER OF OIL AND NATURAL G		h approved copy of this form is to be sent)							
In and Corpo	asinghead Gas or Dry Gas Unit Sec. Twp. Rge.	P.O. Box 1528 Address (Give address to whice Is gas actually connected?	h approved copy of this form is to be sent) When							
In /onc/ Corpo Name of Authorized Transporter of Co If well produces oil or liquids, give location of tanks. If this production is commingled w	asinghead Gas or Dry Gas Unit Sec. Twp. Rge.	P.O. Box 1528 Address (Give address to whice Is gas actually connected?	h approved copy of this form is to be sent) When							
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In Jane Corpe Name of Authorized Transporter of Co. If well produces oil or liquids, give location of tanks. If this production is commingled w. COMPLETION DATA Designate Type of Completing Date Spudded 6-/2-64 Pool Mess-Gallyp Perforations HOLE SIZE 93/4" TEST DATA AND REQUEST FOIL WELL Date First New Oil Run To Tanks 5-24-64	asinghead Gas or Dry Gas unit Gasinghead Gas Well Gas	Address (Give address to whice Is gas actually connected? NO give commingling order numb New Weil Workover Dee X Total Depth 175 Top Oll/Gas Pay 1/0/ DEPTH SET 33' 1/72' 1/54' fter recovery of total volume of leapth or be for full 24 hours) Producing Method (Flow, pump,	when When Plug Back Same Resty. Diff. Resty							
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OND WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size
CERTIFICATE OF COMPLIA	NCE		

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	
Agent (Signature)	
5-30-66	
(Date)	ı

OIL CONSERVATION COMMISSION

APPROVED_ JUN 1 1966 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 filled for each pool ih^n multiply sample as wells.

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NO. OF COPIES REC	5		
DISTRIBUTIO			
SANTA FE	1		
FILE	1	1	
u.s.g.s.			
LAND OFFICE			
TRANSPORTER	OIL	1	
TRANSI OILI ER	GAS		
OPERATOR	2		
PRORATION OF	Ĭ		

10/1/66

(Date)

	SANTA FE		,		NE				OWABLE	221ON		s Old C-104 and C	-110
	FILE		1					AND			Effective	1-1-65	
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1.	Operator										<u>-</u>		
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	Reason(s) for filing (C	Theck prop	er box)	Chan	ge in Tra	ınsporter o	.f.	į	Other (Flease	explain)			ł
	Recompletion	=		Oil	ge III II a		Dry Ga	5					
	Change in Ownership	=			nghead G	as 🗍	Conden						İ
										······································			
	If change of ownersh and address of previous												
	and address of previo	ous owne	•										
II.	DESCRIPTION OF	WELL	AND L	EASE		1	15 74		F		Kind of Lease		
	Lease Name	llowe	seshoe	_		Well No.	1	ne, includir 18. Ge.lli	ng Formation		State, Federal or	Fee Indian	
	Location	1101.0		-		4	1.100	rea - Genature	πp			THATCH	\dashv
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	Unit Letter H	;_	~ ~ ~	Fee	t From Tl	he	Lin	e and	,,,,,	Feet From 1	ne Lato		-
	Line of Section	30	, Towr	ship	32Nor	th F	Range 🕽	7 West	, NMPM,		Sen Juan	Count	У
	I												
III.	DESIGNATION OF	TRANS	PORT	ER OF	OIL AN	D NATU	RAL GA	S	C:	1:-1	ed copy of this for	m is to be sent	1
	Name of Authorized T				or Conde	ensate						n is to be sent)	
	Name of Authorized T	teau,]		, makaad C	<u>-</u> -	or Dry Go		Bex 108, Farmington, 1. M. Address (Give address to which approved co.			ed copy of this for	copy of this form is to be sent)	
	Name of Authorized 1	ransporter	or Cust	ngnedd G	us	or bry Go	15 <u></u>	Address	0100 0001	- conton -pp		,	
				Unit	Sec.	Twp.	Rge.	Is gas ac	tually connecte	ed? Whe	n		
	If well produces oil of give location of tanks			H	30		17W		No	į			
	If this production is		lad with	that fro				give comm	ningling order	number:			
	COMPLETION DA		rea witt	i tilat ilo	om any O	ther rease	01 poot,	g110 00					
	Designate Type		nlation	(Y)	Oil W	ell G	Gas Well	New Well	Workover	Deepen	Plug Back Sam	e Resev. Diff. Res	s'v.
		e or Gon	ipietioi			!		Tatal Day	1 1	!	P.B.T.D.		
	Date Spudded			Date Con	npl. Kead	y to Prod.		Total Der	otn		F.B.1.D.		
	Pool			Name of	Producin	g Formatio	n .	Top Cil/0	Gas Pay		Tubing Depth		
	1.001			rvame or	1.0000	g . o			•				
	Perforations										Depth Casing Sh	oe .	
					TUB	ING, CAS	SING, AN	CEMEN	TING RECOR	D			
	HOLES	SIZE		CA	SING &	TUBING	SIZE	DEPTH SET			SACKS	CEMENT	
								-					
	(DECCE DATE AND	DEATE	ngan men	D ATT	OW A DT	F /T	t must ba	fter recover	ry of total nol	me of load oil	and must be equal	to or exceed top al	low.
V.	. TEST DATA AND OIL WELL	KEQUE	251 FU	K ALL	OWADL	able	for this d	epth or be f	or full 24 hours	5)	(cc)		
	Date First New Oil F	Run To Tar	nks	Date of	Test			Producin	g Method ($Flou$	v, pump, gas lif	t, etc.)	UAED /	
								ļ.,			Chole Size	M .	r
	Length of Test			Tubing F	oressure			Casing F	ressure		-07	5 1966	
	Actual Prod. During	Test		Oil-Bbl				Water - Bl	ols.		Gas-MCF	CON. COM.	
	Actual Prod. During	lest		on Bbi	.						/ OIL	DIST. 3	
	GAS WELL												
	Actual Prod. Test-N	MCF/D		Length o	of Test			Bbls. Co	ndensate/MMC	F	Gravity of Conde	ensate	
	Testing Method (pita	ot, back pr	·)	Tubing F	Pressure			Casing F	ressure		Choke Size		
				<u> </u>				<u> </u>					
VI	. CERTIFICATE O	F COMP	PLIANO	CE					OIL	CONSERVA	TION COMMI	SSION	
	I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given						APPROVED 0CT - 5 1966 , 19				19		
							ion given	11		al Cianad	by A R Ke	ndrick	
	above is true and	complete	to the	best of	my kno	wledge ar	nd belief.	et. BY					
								TITLE	PETRO	LEUM ENC	GINEER DIST.	NO. 3	
										- L- 611-4 *	nompliance mist	DIII = 1104	
	Original signed by T. A. Dugan							This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened					
			(Signo			-		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 allow-					
	Ope	retor	,	,									
	(Title)							able o	n new and re	f this form mu ecompleted we	elis.	compretery for all	. U VV

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.