

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. TYPE OF WORK

DRILL ☒

DEEPEN ☐

PLUG BACK ☐

b. TYPE OF WELL

OIL
WELL ☐

GAS
WELL ☒

OTHER

SINGLE
ZONE ☒

MULTIPLE
ZONE ☐

2. NAME OF OPERATOR

Amoco Production Co.

3. ADDRESS OF OPERATOR

501 Airport Drive, Farmington, N M 87401

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.)

At surface

1520' FSL x 1710' FEL

At proposed prod. zone

Same

14. DISTANCE IN MILES AND DIRECTION FROM NEAREST TOWN OR POST OFFICE

16 miles west of Aztec, New Mexico

15. DISTANCE FROM PROPOSED* LOCATION TO NEAREST PROPERTY OR LEASE LINE, FT.

(Also to nearest drlg. unit line, if any) 1520'

18. DISTANCE FROM PROPOSED LOCATION* TO NEAREST WELL, DRILLING, COMPLETED, OR APPLIED FOR, ON THIS LEASE, FT.

1500' N

16. NO. OF ACRES IN LEASE

2560

19. PROPOSED DEPTH

7152'

17. NO. OF ACRES ASSIGNED TO THIS WELL

2520

20. ROTARY OR CABLE TOOLS

Rotary

21. ELEVATIONS (Show whether of R.T. GR, etc.)

5779' GR

22. APPROXIMATE WORK WILL START*

As soon as permitted

PROPOSED CASING AND CEMENTING PROGRAM				DRILLING OPERATIONS AUTHORIZED ARE	
SIZE OF HOLE		SIZE OF CASING		SUBJECT TO COMPLIANCE WITH ATTACHED "GENERAL REQUIREMENTS"	
12-1/4"	9-5/8"	32.3#, H-40	300'	354 c.f. Class B	
8-3/4"	7"	20#, K-55	2910'	537 c.f. 65:35 Class B tailed	
6-1/4"	4-1/2"	10.5#, K-55	7152'	118 c.f. Class B Neat	
				1100 c.f. 50:50 Class B	

Amoco proposes to drill the above well to further develop the Basin Dakota reservoir. The well will be drilled to the surface casing point using native mud. The well will then be drilled to TD with a low solids nondispersed mud system. Completion design will be based on open hole logs. Copy of all logs will be filed upon completion. Amoco's standard blowout prevention will be employed; see attached drawing for blowout preventer design. Upon completion the well be cleaned and the reserve pit filled and leveled. The gas from this well dedicated to El Paso Natural Gas Co.

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: If proposal is to deepen or plug back, give data on present productive zone. If proposal is to drill or deepen directionally, give pertinent data on subsurface locations and measured and true vertical depths. Give blowout prevention program, if any.

SIGNED

BS Shaw

TITLE

Adm. Supervisor

DATE

6-14-85

(This space for Federal or State office use)

PERMIT NO.

APPROVAL DATE

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

NMOCC

*See Instructions On Reverse Side

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.

30-045-26572

5. LEASE DESIGNATION AND SERIAL NO.

SE-08139

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

E.E. Elliott "D"

9. WELL NO.

10. FIELD AND POOL, OR WILDCAT

Basin Dakota

11. SEC., TWP., R., OR BLK. AND SURVEY OR AREA

NW/SE Sec 26, T30N, R9W

12. COUNTY OR PARISH

San Juan

13. STATE

NM

NEW MEXICO OIL CONSERVATION COMMISSION
WELL LOCATION AND ACREAGE DEDICATION PLAT

Form C-102
Supersedes C-128
Effective 1-1-65

All distances must be from the outer boundaries of the Section.

Operator AMOCO PRODUCTION COMPANY			Lease E. E. ELLIOTT "D"		Well No. 1
Unit Letter J	Section 26	Township 30N	Range 9W	County San Juan	
Actual Footage Location of Well: 1520 feet from the South line and 1710 feet from the East line					
Ground Level Elev: 5779	Producing Formation Dakota		Pool Basin Dakota		Dedicated Acreage: 3.20 Acres

1. Outline the acreage dedicated to the subject well by colored pencil or hatchure marks on the plat below.
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
3. If more than one lease of different ownership is dedicated to the well, have the interests of all owners been consolidated by communization, unitization, force-pooling, etc?

☐ Yes ☐ No If answer is "yes," type of consolidation _____

If answer is "no," list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.) _____

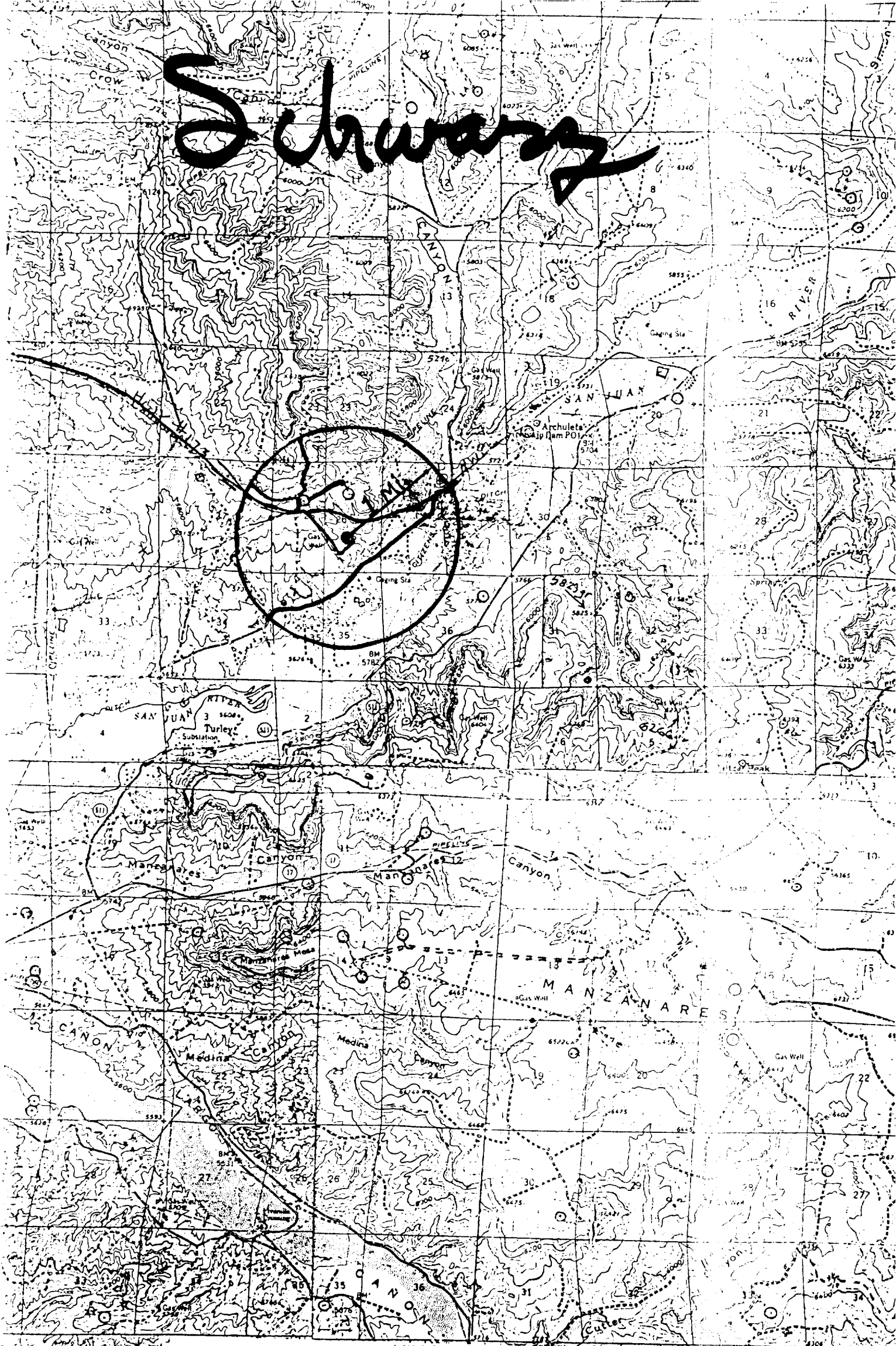
No allowable will be assigned to the well until all interests have been consolidated (by communization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interests, has been approved by the Commission.

<p>RECEIVED JUN 20 1985 BUREAU OF LAND MANAGEMENT FARMINGTON RESOURCE AREA</p>		<p>Sec.</p>	
		<p>26</p>	
<p>1520'</p>		<p>1710'</p>	

Scale: 1"=1000'

<p>CERTIFICATION</p> <p>I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.</p> <p><i>B. D. Shaw</i></p>	
Name	B. D. Shaw
Position	Adm. Supervisor
Company	Amoco Production Co.
Date	6-14-85
<p>I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.</p>	
Date Surveyed	March 21, 1985
Registered Professional Engineer and Land Surveyor	<i>Fred B. Kerr Jr.</i>
Certificate No.	2950

Schwarz



Vichity Map for
AMOCO PRODUCTION COMPANY #1 E. E. ELLIOTT "D"
1520' FSL 1710' FEL Sec. 26-T3ON-R9W
SAN JUAN COUNTY, NEW MEXICO

Exhibit "B"

— Existing

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Budget Bureau No. 1004-0135
Expires August 31, 1985

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen wells. Use "APPLICATION FOR PERMIT" for such proposals.)

RECEIVED

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		AUG 28 1985		5. LEASE DESIGNATION AND SERIAL NO. SF-078139	
2. NAME OF OPERATOR Amoco Production Co.		BUREAU OF LAND MANAGEMENT FARMINGTON RESOURCE AREA		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 501 Airport Drive, Farmington, N M 87401				7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1520' FSL x 1710' FEL				8. FARM OR LEASE NAME E.E. Elliott "D"	
				9. WELL NO. 1	
				10. FIELD AND POOL, OR WILDCAT Basin Dakota	
				11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA NW/SE Sec26, T30N, R9W	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5779' GR		12. COUNTY OR PARISH San Juan	
				13. STATE NM	

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"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANE <input type="checkbox"/>
(Other) Alter drilling program <input checked="" type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input type="checkbox"/>	

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

7. 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.)*

Amoco Production Company requests approval to alter the proposed drilling program on the above referenced well. The 6-1/4" hole will be drilled from the bottom of the intermediate casing to T.D. using gas or air rather than mud. The rest of the program will be as stated on the APD. Verbal approval received from Jim Lavoto on 8-21-85.

RECEIVED

OCT 07 1985

OIL CON. DIV.
DIST. 9

I hereby certify that the foregoing is true and correct

SIGNED BSShaw TITLE Adm. Supervisor

DATE 8-21-85

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____

APPROVED
AS AMENDED

CONDITIONS OF APPROVAL, IF ANY:

DATE

OCT 03 1985

/s/ J. Stan McKee

FOR M. MILLENBACH
AREA MANAGER

*See Instructions on Reverse Side

NMOCC