



NEW MEXICO ENERGY, MINERALS  
& NATURAL RESOURCES DEPARTMENT

OIL CONSERVATION DIVISION  
2040 South Pacheco Street  
Santa Fe, New Mexico 87505  
(505) 827-7131

Novemebr 23, 1998

Cross Timbers Oil Company  
810 Houston Street - Suite 2000  
Fort Worth, Texas 76102-6298

# 2098

Attention: Edwin S. Ryan, Jr.

Re: *Administrative application for an unorthodox gas well location and simultaneous dedication for the proposed Ute Mountain Tribal "J" Well No. 1 to be drilled 450 feet from the South line and 500 feet from the West line (Unit M) of Section 1, Township 31 North, Range 154 West, NMPM, as projected into the unsurveyed Ute Mountain Indian Reservation, San Juan County, New Mexico.*

Dear Mr. Ryan:

The Ute Dome-Dakota Pool in San Juan County, New Mexico is subject to Division statewide Rule 104.C(3)(a), requiring 160-acre spacing and proration units and wells to be located no closer then 790 feet to any outer boundary of the dedicated tract nor closer than 130 feet from any quarter-quarter section or subdivision inner boundary. Further, since the Ute Dome-Dakota Pool is a "non-prorated" gas pool, Division General Rule 104.D(3) applies, which limits standard 160-acre gas spacing units to only one producing well therein. This rule does not provide for an administrative process for exceptions to this one-well rule; therefore, this application will be set for hearing before a Division Hearing Examiner on the next available docket scheduled for December 17, 1998 and will be advertised in the following manner:

***"Application of Cross Timbers Oil Company for an unorthodox gas well location and simultaneous dedication, San Juan County, New Mexico.*** Applicant seeks authorization to drill its Ute Mountain Tribal "J" Well No. 6 to test both the Ute Dome-Dakota Pool and the Morrison formation at an unorthodox gas well location for both intervals 450 feet from the South line and 500 feet from the West line (Unit M) of Section 1, Township 31 North, Range 14 West, as projected into the unsurveyed Ute Mountain Indian Reservation. The SW/4 of Section 1 is to be dedicated to this well to form a standard 160-acre, more or less, gas spacing and proration unit for both intervals. The applicant further seeks an exception to Division General Rule 104.D(3) to continuously and concurrently produce Ute Dome-Dakota Pool gas production from the above-described Ute Mountain Tribal "J" Well No. 6 and from its existing: (i) Ute

Cross Timbers Oil Company

November 23, 1998

Page No. 2

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*Mountain Tribal "J" Well No. 1 (API No. 30-045-21011) located at an unorthodox gas well location (approved by Division Administrative Order NSL-575, dated September 22, 1972) 2460 feet from the South line and 1830 feet from the West line (Unit K) of Section 1; and (ii) Ute Mountain Tribal "J" Well No. 4 (API No. 30-045-21332) located at a standard gas well location 1850 feet from the South line and 1110 feet from the West line (Unit L) of Section 1 and for the simultaneous dedication of all three wells to the existing 160-acre gas spacing and proration unit comprising the SW/4 of Section 1. This unit is located approximately four miles west of La Plata, New Mexico".*

Please provide adequate notice pursuant to Rule 1207.A(5) and (6) of the Division's General Rules and Regulations.

Sincerely,

A handwritten signature in black ink, appearing to read "Michael E. Stogner", with a long horizontal line extending to the right.

Michael E. Stogner  
Chief Hearing Officer/Engineer

cc: New Mexico Oil Conservation Division - Aztec  
Kathy Valdes - NMOCD, Santa Fe  
U. S. Bureau of Land Management - Durango, CO

NSL 12/9/98



## Cross Timbers Oil Company

November 16, 1998

Bureau of Land Management  
San Juan Resource Area  
701 Camino Del Rio  
Durango, Colorado 81301  
Attention: Mr. Dan Rabinowitz

*File 12098*

Re: Application for Unorthodox Location and Simultaneous Well Dedication  
Ute Dome Dakota Pool and Morrison Sandstone  
Ute Mountain Tribal J #6  
SW/4 Section 1-31N-14W  
San Juan County, New Mexico

Gentlemen:

Cross Timbers Operating Company hereby requests approval of the following unorthodox location and simultaneous well dedication:

Well Name:	Ute Mountain Tribal J #6
Pool:	Ute Dome Dakota and Morrison Sandstone formation
Location:	450' FSL & 500' FWL
Acreage Dedication:	SW/4 Section 1-31N-14W, containing 160 acres, more or less
County/State:	San Juan County, New Mexico
Pool Rules:	790' from lease lines and quarter section lines
Existing Well:	Ute Mountain Tribal J #4

Attached is the following support and documentation for said application:

1. C-102 Plat
2. Geologic discussion
3. Copy of certified letter sent to offset operators/owners
  - A. Plat of offset operators
  - B. List of offset operators

We look forward to your approval and please call me at (817) 877-2336 with any questions.

Yours very truly,

Edwin S. Ryan, Jr.

cc: Lori Wrotenbery, Director  
New Mexico Oil Conservation Division  
2040 South Pacheco  
Santa Fe, New Mexico 87505

NMCOD - Aztec District Office  
1000 Rio Brazos Road  
Aztec, New Mexico 87410

Offset Operators

Gary Burch

Ute Mountain Ute Tribe  
P.O. Box 248  
Towaoc, Colorado 81334  
Attention: Gordon Hammond

Bureau of Indian Affairs  
Ute Mountain Ute Agency  
P.O. Box KK  
Towaoc, Colorado 81334

Bobby Smith - CTOC Midland

Barry Voigt

District I  
PO Box 1980, Hobbs, NM 88241-1980

District II  
PO Drawer DD, Artesia, NM 88211-0719

District III  
1000 Rio Brazos Rd., Aztec, NM 87410

District IV  
PO Box 2088, Santa Fe, NM 87504-2088

State of New Mexico  
Energy, Minerals & Natural Resources Department

OIL CONSERVATION DIVISION  
PO Box 2088  
Santa Fe, NM 87504-2088

Form C-102  
Revised February 21, 1994  
Instructions on back  
Submit to Appropriate District Office  
State Lease - 4 Copies  
Fee Lease - 3 Copies

☐ AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

*API Number	*Pool Code 86720	*Pool Name UTE DOME DAKOTA
*Property Code	*Property Name UTE MOUNTAIN TRIBAL J	*Well Number 6
*OGRIID No. 167067	*Operator Name CROSS TIMBERS OPERATING COMPANY	*Elevation 6010'

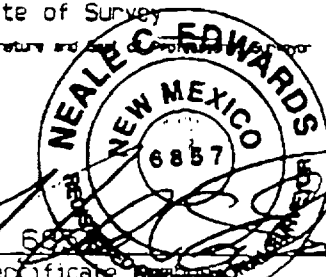
<sup>10</sup> Surface Location

UL or lot no.	Section	Township	Range	Lot 1st	Feet from the	North/South line	Feet from the	East/West line	County
M	1	31N	14W		450	SOUTH	500	WEST	SAN JUAN

<sup>11</sup> Bottom Hole Location If Different From Surface

UL or lot no.	Section	Township	Range	Lot 1st	Feet from the	North/South line	Feet from the	East/West line	County
* Dedicated Acres		* Joint or Infill		* Consolidation Code		* Order No.			

NO ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNTIL ALL INTERESTS HAVE BEEN CONSOLIDATED  
OR A NON-STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION

2640.00'	1320.00'	1740.42'	<b>OPERATOR CERTIFICATION</b> I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.  Signature Gary L. Markestad Printed Name Vice-President / Production Title  Date
1323.96'	1323.30'	1323.30'	
1320.00'	1320.00'	1320.00'	
2640.00'	2643.30'	2643.30'	
500'	450'	1684.32'	<b>SURVEYOR CERTIFICATION</b> 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 belief.  OCTOBER 22, 1998 Date of Survey Signature and Seal of Surveyor  Certificate

## UTE MOUNTAIN TRIBAL "J" #6 GEOLOGIC/GEOPHYSICAL SUMMARY

The Ute Mountain Tribal "J" #6 is a proposed 2700' Dakota/Morrison test to be located 450' FSL and 500' FWL of Section 1-T31N-14W, San Juan County, New Mexico. There is currently one well, the Ute Mountain Tribal "J" #4, producing from the Dakota and Morrison Sandstones in the SW $\frac{1}{4}$  of Section 1.

The Ute Dome Dakota Field is located on a broad semi-circular structure on the edge of the Four Corners Platform. On the southeast side of the structure, the entire stratigraphic section dips steeply to the southeast into the San Juan Basin. The southern portion of this structure is bisected at the Dakota level by several WNW-ESE trending normal faults. Vertical displacement along the faults can range up to 250 ft. The faults commonly form four-way structural closures which trap hydrocarbons migrating upward from mature source rocks in the basin.

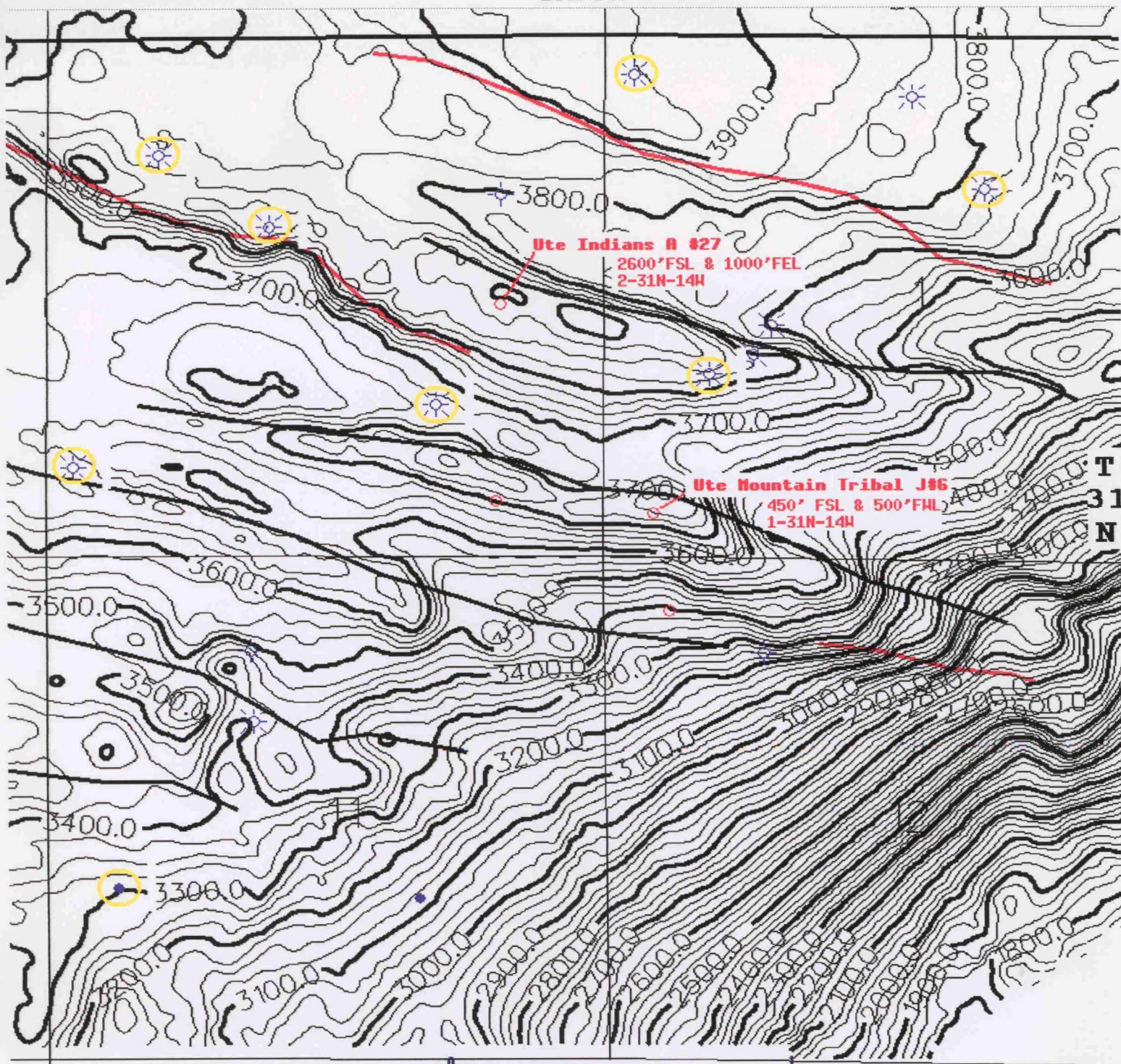
The attached seismic structure map on the top of the Dakota Formation was interpreted from a vibroseis 3-D seismic survey shot by Amoco in 1995 and reprocessed by Cross Timbers in 1998. The proposed Ute Mountain Tribal "J" #6 is located on the eastern end of a closed structure bounded on the north by a down-to-the-north normal fault. The structure extends westward into the S $\frac{1}{2}$  SE $\frac{1}{4}$  of Section 2, where Cross Timbers is proposing to test the western end of the same fault block with the Ute Indians "A" #26. This fault block has not been tested to date, but similar fault blocks in the area have proven productive from lower Dakota and Morrison Sandstones which are typically wet when encountered off of these localized structures. The faults act as permeability barriers, particularly in the Upper Dakota Sandstones by juxtaposing the permeable productive sandstone of the upthrown block against non-porous, and impermeable Graneros shales of the downthrown block.

The placement of the proposed well in an unorthodox location is based on a combination of defining the highest structural point at the Dakota level from the seismic data and finding a topographically suitable spot where a location can be built relatively inexpensively and without unnecessary damage to the environment. The reason for the request for a simultaneous well dedication is due to the fault separation between the proposed well and the existing Ute Mountain Tribal "J" #4 well in the SW quarter section which prohibits the reserves south of the fault from being accessed by the existing well.

*Gary K. Burch*  
Nov. 13, 1998






R14W



0 1 kms miles  
CONTOUR INTERVAL: 25 Feet



-  Down-to-North Fault
-  Down-to-South Fault
-  Active Dakota Producing Well



**Cross Timbers Oil Company**

UTE DOME FIELD  
San Juan County, New Mexico

STRUCTURE: Top of Dakota

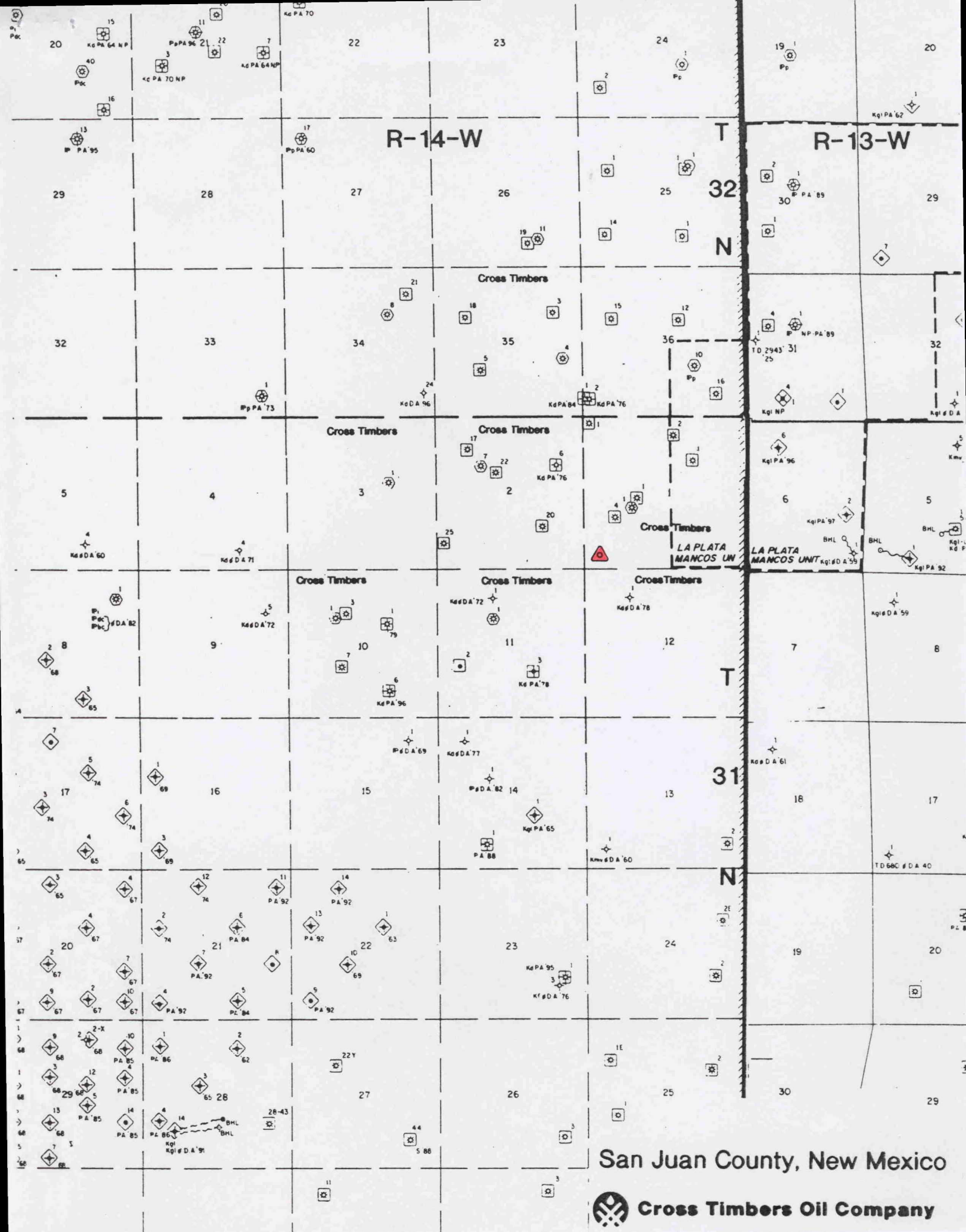
November, 1998

GKB/MSV

## OFFSET OPERATORS/OWNERS

Cross Timbers Oil Company, Applicant, is the only offset operator.





County San Juan Pool Ute Dome - Dakota

TOWNSHIP 31 North RANGE 14 West NEW MEXICO PRINCIPAL MERIDIAN

6	5	4	3	2	1
7	8	9	10	11	12
18	17	16	15	14	13
19	20	21	22	23	24
30	29	28	27	26	25
31	32	33	34	35	36

Description: All Sec. 1 & 2 (R-13, 3-15-50)

Ext: All Sec 10 & 11 (R-4690, 12-1-73)

CMD :  
OG6IPRD

ONGARD  
INQUIRE PRODUCTION BY POOL/WELL

11/23/98 14:57:38  
OGOIV -EMF3  
Page No: 1

OGRID Identifier : 167067 CROSS TIMBERS OPERATING COMPANY

Pool Identifier : 86720 UTE DOME DAKOTA (GAS)

API Well No : 30 45 21332 Report Period - From : 01 1998 To : 12 1998

API Well No	Property Name	Prodn. MM/YY	Days Prod	Production Gas	Volumes Oil	Water	Well Stat
30 45 21332	UTE MOUNTAIN TRIBAL	01 98	31	2946	152		F
30 45 21332	UTE MOUNTAIN TRIBAL	02 98	28	2208			F
30 45 21332	UTE MOUNTAIN TRIBAL	03 98	31	2967		80	F
30 45 21332	UTE MOUNTAIN TRIBAL	04 98	30	2611			F
30 45 21332	UTE MOUNTAIN TRIBAL	05 98	31	2393			F
30 45 21332	UTE MOUNTAIN TRIBAL	06 98	30	2524			F

Reporting Period Total (Gas, Oil) :	15649	152	80
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M0025: Enter PF keys to scroll

PF01 HELP	PF02	PF03 EXIT	PF04 GoTo	PF05	PF06 CONFIRM
PF07 BKWD	PF08 FWD	PF09	PF10 NXTPOOL	PF11 NXTOGD	PF12



CMD :  
OG6IPRD

ONGARD  
INQUIRE PRODUCTION BY POOL/WELL

11/23/98 14:58:39  
OGOIV -EMF3  
Page No: 1

OGRID Identifier : 167067 CROSS TIMBERS OPERATING COMPANY  
Pool Identifier : 86720 UTE DOME DAKOTA (GAS)  
API Well No : 30 45 21011 Report Period - From : 01 1998 To : 12 1998

API Well No	Property Name	Prodn. Days MM/YY Prod	Production Volumes Gas Oil Water	Well Stat
30 45 21011	UTE MOUNTAIN TRIBAL	01 98		S
30 45 21011	UTE MOUNTAIN TRIBAL	02 98		S
30 45 21011	UTE MOUNTAIN TRIBAL	03 98		S
30 45 21011	UTE MOUNTAIN TRIBAL	04 98		S
30 45 21011	UTE MOUNTAIN TRIBAL	05 98		S
30 45 21011	UTE MOUNTAIN TRIBAL	06 98		S

Reporting Period Total (Gas, Oil) :

M0025: Enter PF keys to scroll

PF01 HELP	PF02	PF03 EXIT	PF04 GoTo	PF05	PF06 CONFIRM
PF07 BKWD	PF08 FWD	PF09	PF10 NXTPOOL	PF11 NXTOGD	PF12

OIL CONSERVATION COMMISSION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

September 22, 1972

Amoco Production Company  
Security Life Building  
Denver, Colorado 80202

Attention: Mr. R. B. Giles

Administrative Order No. NSL-575

Gentlemen:

Reference is made to your application for approval of unorthodox oil well locations for your Mountain Ute Gas Com D Well No. 1, to be located 990 feet from the North line and 1975 feet from the West line of Section 11 and your Ute Mountain Tribal J No. 1, to be located 2460 feet from the South line and 1830 feet from the West line of Section 1, both in Township 31 North, Range 14 West, NMPM, Ute Dome-Dakota Pool, San Juan County, New Mexico.

By authority granted me under the provisions of Rule 104 F of the Commission Rules and Regulations, the above-described unorthodox locations are hereby approved.

Very truly yours,

A. L. PORTER, Jr.  
Secretary-Director

ALP/GMH/dr

cc: Oil Conservation Commission - Artesia  
Oil & Gas Engineering Committee - Hobbs  
U. S. Geological Survey - Farmington

District I  
PO Box 1980, Hobbs, NM 88241-1980

District II  
811 South First, Artesia, NM 88210

District III  
1000 RioBrazos Rd., Aztec, NM 87410

District IV  
2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico  
Engery, Minerals and Natural Resources Department  
**OIL CONSERVATION DIVISION**  
2040 South Pacheco  
Santa Fe, NM 87505

Form C-104  
Revised October 18, 1994  
Instructions on back  
Submit to Appropriate District Office  
5 Copies

☐ AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

<sup>1</sup> Operator name and Address <b>CROSS TIMBERS OPERATING COMPANY</b> 6001 Highway 64 Farmington, NM 87401		<sup>2</sup> OGRID Number 167067
		<sup>3</sup> Reason for Filing Code <i>1/1/98</i> Change of Operator <i>12/1/97</i>
<sup>4</sup> API Number 30-045-21332	<sup>5</sup> Pool Name UTE DOME DAKOTA	<sup>6</sup> Pool Code 86720
<sup>7</sup> Property Code	<sup>8</sup> Property Name UTE MTN TRIBAL J	<sup>9</sup> Well Number 4

II. <sup>10</sup> Surface Location

UL or lot no.	Section	Township	Range	Lot. Idn	Feet from the	North/South Line	Feet from the	East/West line	County
L	01	31N	14W		1850	S	1110	W	SJ

<sup>11</sup> Bottom Hole Location

UL or lot no.	Section	Township	Range	Lot. Idn	Feet from the	North/South Line	Feet from the	East/West line	County
<sup>12</sup> Lse Code U	<sup>13</sup> Producing Method Code	<sup>14</sup> Gas Connection Date	<sup>15</sup> C-129 Permit Number	<sup>16</sup> C-129 Effective Date	<sup>17</sup> C-129 Expiration Date				

III. Oil and Gas Transporters

<sup>18</sup> Transporter OGRID	<sup>19</sup> Transporter Name and Address	<sup>20</sup> POD	<sup>21</sup> O/G	<sup>22</sup> POD ULSTR Location and Description

IV. Produced Water

<sup>23</sup> POD	<sup>24</sup> POD ULSTR Location and Description

V. Well Completion Data

<sup>25</sup> Spud Date	<sup>26</sup> Ready Date	<sup>27</sup> TD	<sup>28</sup> PBSD	<sup>29</sup> Perforation	<sup>30</sup> DHC,DC,MC
<sup>31</sup> Hole Size	<sup>32</sup> Casing and Tubing Size	<sup>33</sup> Depth Set	<sup>34</sup> Sacks Cement		

VI. Well Test Data

<sup>35</sup> Date New Oil	<sup>36</sup> Gas Delivery Date	<sup>37</sup> Test Date	<sup>38</sup> Test Length	<sup>39</sup> Tbg. Pressure	<sup>40</sup> Csg. Pressure
<sup>41</sup> Choke Size	<sup>42</sup> Oil	<sup>43</sup> Water	<sup>44</sup> Gas	<sup>45</sup> AOF	<sup>46</sup> Test Method
<sup>47</sup> I hereby certify that the rules of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief. Signature: <i>Vaughn O. Vennerberg</i>			<b>OIL CONSERVATION DIVISIO</b>		
Printed Name: <b>Vaughn O. Vennerberg, II</b>			Approved by: <b>Frank T. Chavez</b>		
Title: <b>Sr. Vice President-Land</b>			Title: <b>Supervisor District #3</b>		
Date: <b>December 1, 1997</b>			Approval Date:		
Phone: <b>(505) 632-5200</b>					

<sup>48</sup> If this is a change of operator fill in the OGRID number and name of the previous operator		<b>Amoco Production Company</b>	<b>OGRID# 000778</b>
<i>[Signature]</i>	<b>Gail Jefferson</b>	<b>Senior Administrative Staff Assistant</b>	<b>12/01/97</b>
Previous Operator Signature	Printed Name	Title	Date



RECEIVED  
'92 JAN 27 AM 10 37  
DIVISION

Form 3160-5  
(June 1990)

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

FORM APPROVED  
Budget Bureau No. 1004-0135  
Expires: March 31, 1993

5. Lease Designation and Serial No.  
14-20-604-78

6. If Indian, Allottee or Tribe Name  
Ute Mountain Tribe

7. If Unit or CA, Agreement Designation

8. Well Name and No.  
Ute Mountain Tribal J

9. API Well No.  
30-045-21332

10. Field and Pool, or Exploratory Area  
Ute Dome Dakota

11. County or Parish, State  
San Juan, New Mexico

**SUNDRY NOTICES AND REPORTS ON WELLS**  
Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.  
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well  
☐ Oil Well ☒ Gas Well ☐ Other

2. Name of Operator  
Amoco Production Company Attn: John Hampton

3. Address and Telephone No.  
P.O. Box 800 Denver, Colorado 80201

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)  
1850' FSL, 1110' FWL NW/SW, Sec. 1 T31N, R14W

CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input checked="" type="checkbox"/> Other <u>Tubing Repair</u>
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Dispose Water

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

12. 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.)\*

Please see Attachment for procedures.

If you have any questions please contact Cindy Burton @ (303) 830-5119.

RECEIVED  
JAN 5 1992

RECEIVED

DEC 24 1991

CON. DIV.  
DIST. 3

Bureau of Land Management  
Durango, Colorado

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

Signed J. Hampton/CB Title Sr. Staff Admin. Supv. Date 12/10/91

(This space for Federal or State office use)

Approved by [Signature] Title \_\_\_\_\_ Date 11/14/92

Conditions of approval, if any: [Signature]

UTE MOUNTAIN TRIBAL J #4 (REPAIR)

1. MIRUSU on 06/29/91.
2. Bled off casing pressure, pump 40 bbls of water.
3. ND Wellhead, NU BOP.
4. TIH x tagged 17' of fill @ 2380'.
5. Had 8 bad joints, 3 joints had holes.
6. Pressure test tbg. to 500 psi, tbg. didn't hold; found 2 leaks, in the tubing.
7. TIH x Packer.
8. Install new seating x standing valve to 2084'.
9. Set Packer @ 2084' x pressure test casing to 500 psi; Test ok.
10. Pressure test tbg. to 2000 psi; Test ok.
11. TOH x packer.
12. TIH x CO 15 ft. of fill from 2380' - 2395'.
13. TIH x 2.375 Sawtooth coup; 1 JT. of 2.375 tbg.
14. Standard SN x 75 JTS of 2.375 4.7# J-55 tbg. landed @ 2376'.
15. SN landed @ 2345'.
16. ND BOP, NU Wellhead and RU to Swab.
17. SFL 1200' made 28 Swab runs from 2345' x rec 77 BLW x 7 BNW, FFL 1600'.
18. Well did not kick off.
19. Swab well SFL 1500', made 32 runs from seating nipple @ 2345' and rel 92 BNW; Small show of Gas.
20. Kill well with 20 bbls of 2% KCL.
21. ND Wellhead, NU BOP.
22. Landed 8 JTS of 2.375 tbg.
23. Tubing landed @ 2130'.
24. SN @ 2099'.

25. ND BOP, NU Wellhead.
26. RU and Swab SFL 1400', Swab well, rec 52 BNW.
27. Well kicked off and flw 22 BNW.
28. Final casing pressure 340 psi; RREL.
29. RETURNED TO PRODUCTION 7/3/91.

Submit 5 Copies  
Appropriate District Office  
DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-104  
Revised 1-1-89  
See Instructions  
at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

OIL CONSERVATION DIVISION

RECEIVED

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

JUL 22 AM 10 28

Operator AMOCO PRODUCTION COMPANY		Well API No. 300452133200
Address P.O. BOX 800, DENVER, COLORADO 80201		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> 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 Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input checked="" type="checkbox"/>
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name UTE MOUNTAIN TRIBAL J	Well No. 4	Pool Name, Including Formation UTE DOME DAKOTA (GAS)	Kind of Lease State, Federal or Fee	Lease No.
Location Unit Letter L : 1850 Feet From The FSL Line and 1110 Feet From The FWL Line Section 01 Township 31N Range 014W, NMPM, SAN JUAN County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) 3535 EAST 30TH STREET, FARMINGTON, CO 87401					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 1492, EL PASO, TX 79978					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	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.			
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 Tank	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

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature  
Doug W. Whaley, Staff Admin. Supervisor  
Printed Name  
June 25, 1990  
Date  
303-830-4280  
Telephone No.

OIL CONSERVATION DIVISION

Date Approved JUL 5 1990

By  
SUPERVISOR DISTRICT #3  
Title

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.

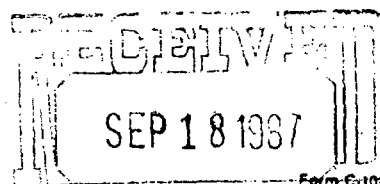
STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE	
TRANSPORTER	OIL
OPERATOR	GAS
PROMOTION OFFICE	

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501



OIL CONSERVATION DIVISION  
SANTA FE  
Form C-104  
Revised 10-01-78  
Format 06-01-83  
Page 1

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator  
Amoco Production Company

Address  
501 Airport Drive Farmington, NM 87401

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	Other (Please explain)
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	<input checked="" type="checkbox"/> Condensate <u>add</u>

If change of ownership give name and address of previous owner \_\_\_\_\_

FEB 21 1985  
OIL CON. DIV.  
DIST. 3

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Ute Mountain Tribal</u>	Well No. <u>4</u>	Pool Name, including Formation <u>Ute Dome Dakota</u>	Kind of Lease State, Federal or Fee <u>Federal</u>	Lease No. <u>14-20-604</u>
Location				
Unit Letter <u>L</u>	: <u>1850</u>	Feet From The <u>South</u> Line and	<u>1110</u>	Feet From The <u>West</u>
Line of Section <u>1</u>	Township <u>31 N</u>	Range <u>14 W</u>	N.M.P.L. <u>San Juan</u>	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Permian Corp. Permian (Eff. 9/1/87)</u>	<u>P. O. Box 1702 Farmington, NM 87406</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>EI-Paso Natural Gas Company</u>	<u>P. O. Box 999 Farmington, NM 87401</u>
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rgs. Is gas actually connected? When
	<u>L 1 31N 14W</u>

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

NOTE: Complete Parts IV and V on reverse side if necessary.

IV. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

B.D. Shaw  
(Signature)  
Admin. Supervisor  
(Title)  
1-2-85  
(Date)

OIL CONSERVATION DIVISION

APPROVED FEB 21 1985  
BY Frank J. [Signature]  
TITLE SUPERVISOR DISTRICT # 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 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 filled for each pool in multiply completed wells.

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

NO. OF TOPICS RECEIVED		
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	GAS	
OPERATOR		
PROMOTION OFFICE		

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-01-78  
Format 06-01-83  
Page 1

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator <u>Amoco Production Company</u>	
Address <u>501 Airport Drive Farmington, NM 87401</u>	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> casinghead Gas <input checked="" type="checkbox"/> Dry Gas <input checked="" type="checkbox"/> Condensate

If change of ownership give name and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Ute Mountain Tribal</u>	Well No. <u>4</u>	Pool Name, including Formation <u>Ute Dome Dakota</u>	Kind of Lease State, Federal or Fee <u>Federal</u>	Lease <u>14-26</u>
Location Unit Letter <u>L</u> : <u>1850</u> Feet From The <u>South</u> Line and <u>1110</u> Feet From The <u>West</u> Line of Section <u>1</u> Township <u>31 N</u> Range <u>14 W</u> . NMPL: <u>San Juan</u>				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> <u>Permian Corp.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 1702 Farmington, NM 87499</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <u>El Paso Natural Gas Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 990 Farmington, NM 87401</u>
If well produces oil or liquids, give location of tanks. Unit <u>L</u> Sec. <u>1</u> Twp. <u>31 N</u> Rge. <u>14 W</u>	Is gas actually connected? _____ When _____

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

B.D. Shaw  
(Signature)  
Admin. Supervisor  
(Title)  
1-2-85  
(Date)

OIL CONSERVATION DIVISION

APPROVED Frank J. Quigley 19 \_\_\_\_\_  
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 deep well, this form must be accompanied by a tabulation of the deep tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for wells on new and recompleted wells.  
Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of completion.  
Separate Forms C-104 must be filled for each pool in newly completed wells.



UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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

Budget Bureau No. 1004-3135  
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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	5. LEASE DESIGNATION AND SERIAL NO. 14-20-604-78
2. NAME OF OPERATOR Amoco Production Company	6. IF INDIAN, ALLOTTEE OR TRIBE NAME Ute Mountain Tribe
3. ADDRESS OF OPERATOR 501 Airport Drive, Farmington, NM 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 1850' FSL X 1110' FWL	8. FARM OR LEASE NAME Ute Mountain Tribal "J"
14. PERMIT NO.	9. WELL NO. 4
15. ELEVATIONS: (Show whether OF, RT, OR, etc.) 6004' KB	10. FIELD AND POOL, OR WILDCAT Ute Dome Dakota
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA NW/SW, Sect. 1, T31N, R14W
	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:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON\*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT\*

(Other) Open new pay zone & Frac

(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.)\*

Moved in and rigged up the service unit on 3-5-84. Tripped out of the hole with the tubing then set a tubing retrievable bridge plug. Pressure tested the casing to 3000 psi. Perforated the following intervals: 2196'-2210', 2221'-2226', 2276'-2280', 2368'-2380', with 2 jspf, .44", for a total of 70 holes. Fraced interval (2196'-2380') with 56,000 gal. 70% quality nitrogen foam containing 2% KCO, 1 gal. surfactant/1000 gal. fluid and 84.000# 20-40 sand. Landed the 2-3/8" tubing at 2385' and released the rig on 3-9-84.

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

SIGNED Original Signed By B.D. Shaw TITLE Administrative Supervisor DATE 3/16/84

(This space for Federal or State office use)

ACCEPTED FOR RECORD

APPROVED BY  
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

APR 2 1984

\*See Instructions on Reverse Side

MULTIPOINT AND ONE POINT BACK PRESSURE TEST FOR GAS WELL

Type Test <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Annual <input checked="" type="checkbox"/> Special						Test Date 3-20-84			
Company Amoco Production Company				Connection El Paso Natural Gas Co.					
Pool Ute Dome				Formation Dakota				Unit 	
Completion Date 3-09-84		Total Depth 2415		Plug Back TD 2397		Elevation 5992 GL		Farm or Lease Name Ute Mtn Tribal "J"	
Coq. Size 5.500	Wt. 14	d 5.012	Set At 2436	Perforations: From 2196 To 2380		Well No. 4			
Thq. Size 2.375	Wt. 4.7	d 1.995	Set At 2305	Perforations: From Open To Ended		Unit L	Sec. 1	Twp. 31	Rye. 14
Type Well - Single - Bordenhead - G.G. or G.O. Multiple Single						Packer Set At None		County San Juan	
Producing Thru Tubing		Reservoir Temp. °F 		Mean Annual Temp. °F 		Baro. Press. - P <sub>a</sub> 		State New Mexico	
L	H	Gg	% CO <sub>2</sub>	% N <sub>2</sub>	% H <sub>2</sub> S	Prover	Meter Run	Taps	

FLOW DATA							TUBING DATA		CASING DATA		Duration of Flow
NO.	Prover Line Size	X	Orifice Size	Press. p.s.i.g.	Diff. h <sub>w</sub>	Temp. °F	Press. p.s.i.g.	Temp. °F	Press. p.s.i.g.	Temp. °F	
SI	8 days						315		319		
1.	2.375		.750				97		305		3 hours
2.											
3.											
4.											
5.											

RATE OF FLOW CALCULATIONS							
NO.	Coefficient (24 Hour)	$\sqrt{h_w P_m}$	Pressure P <sub>m</sub>	Flow Temp. Factor Ft.	Gravity Factor Fg	Super Compress. Factor, F <sub>pv</sub>	Rate of Flow Q, Mcfd
1	12.365		109	1.000	.9258	1.012	1263
2.							
3.							
4.							
5.							

NO.	P <sub>r</sub>	Temp. °R	T <sub>r</sub>	Z	Gas Liquid Hydrocarbon Ratio _____ Mcf/bbl.
1					A.P.I. Gravity of Liquid Hydrocarbons _____ Deg.
2.					Specific Gravity Separator Gas _____ XXXXXXXXXX
3.					Specific Gravity Flowing Fluid _____ XXXXX
4.					Critical Pressure _____ P.S.I.A. _____ P.S.I.A.
5.					Critical Temperature _____ R _____ R

NO.	P <sub>r</sub> <sup>2</sup>	P <sub>w</sub> <sup>2</sup>	P <sub>w</sub> <sup>2</sup>	P <sub>r</sub> <sup>2</sup> - P <sub>w</sub> <sup>2</sup>	(1) $\frac{P_c^2}{P_r^2 - P_w^2} = 12.0769$	(2) $\left[ \frac{P_r^2}{P_r^2 - P_w^2} \right]^n = 6.4784$
1		317	100489	9072		
2.						
3.						
4.						
5.						

Absolute Open Flow <u>8182</u> Mcfd @ 15.025				Angle of Slope $\theta$ _____		Slope, n <u>.75</u>	
Remarks: <u>Frac-recomplete</u> <u>Lite mist H<sub>2</sub>O</u>							

Approved By Division	Conducted By: J. Barnett	Calculated By: J. Barnett	Checked By:
----------------------	-----------------------------	------------------------------	-------------

EL PASO NATURAL GAS COMPANY  
POST OFFICE BOX 990  
FARMINGTON, NEW MEXICO

NOTICE OF GAS CONNECTION

DATE February 4, 1974

THIS IS TO NOTIFY THE OIL CONSERVATION COMMISSION THAT CONNECTION FOR PURCHASE OF

GAS FROM Amoco Production Company  
OperatorUte Mountain Tribal J #4  
Well Name87-894-01

Meter Code

19046-2

Site Code

L

Well Unit

1-31-14

S-T-R

Ute Dome Dakota

Pool

El Paso Natural Gas Company

Name of Purchaser

WAS MADE ON January 25, 1974,  
DateFIRST DELIVERY January 28, 1974  
DateAOF 8,917CHOKE 2,486El Paso Natural Gas Company  
PurchaserRepresentativeChief Dispatcher  
Titlecc: Operator **Denver & Farmington**  
Oil Conservation Commission - 2  
Proration - El Paso

File

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE\*

(See other in-  
structions on  
reverse side)Form approved.  
Budget Bureau No. 42-R355.5.

## WELL COMPLETION OR RECOMPLETION REPORT AND LOG \*

1a. TYPE OF WELL: OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> DRY <input type="checkbox"/> Other _____		5. LEASE DESIGNATION AND SERIAL NO. <b>14-20-604-78</b>																						
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. RESVR. <input type="checkbox"/> Other _____		6. IF INDIAN, ALLOTTEE OR TRIBE NAME <b>Ute Mountain Tribe</b>																						
2. NAME OF OPERATOR <b>AMOCO PRODUCTION COMPANY</b>		7. UNIT AGREEMENT NAME																						
3. ADDRESS OF OPERATOR <b>501 Airport Drive, Farmington, New Mexico 87401</b>		8. FARM OR LEASE NAME <b>Ute Mountain Tribal "J"</b>																						
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface <b>1850' FSL &amp; 1110' FWL</b> At top prod. interval reported below <b>Same</b> At total depth <b>Same</b>		9. WELL NO. <b>4</b>																						
14. PERMIT NO.		DATE ISSUED																						
15. DATE SPUDDED <b>9-5-73</b>		16. DATE T.D. REACHED <b>9-11-73</b>																						
17. DATE COMPL. (Ready to prod.) <b>10-25-73</b>		18. ELEVATIONS (DF, REB, RT, GR, ETC.)* <b>5992' GL, 6004' KB</b>																						
19. ELEV. CASINGHEAD <b>5992'</b>		20. TOTAL DEPTH, MD & TVD <b>2436'</b>																						
21. PLUG, BACK T.D., MD & TVD <b>2397'</b>		22. IF MULTIPLE COMPL., HOW MANY* <b>Single</b>																						
23. INTERVALS DRILLED BY <b>0-TD</b>		24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD) <b>2285-2368' Dakota</b>																						
25. WAS DIRECTIONAL SURVEY MADE <b>No</b>		26. TYPE ELECTRIC AND OTHER LOGS RUN <b>Induction Electric and Gamma Ray Density</b>																						
27. WAS WELL CORED <b>No</b>		28. CASING RECORD (Report all strings set in well) <table border="1"><thead><tr><th>CASING SIZE</th><th>WEIGHT, LB./FT.</th><th>DEPTH SET (MD)</th><th>HOLE SIZE</th><th>DIST. SET</th><th>CEMENTING RECORD</th><th>AMOUNT PULLED</th></tr></thead><tbody><tr><td><b>8-5/8"</b></td><td><b>24#</b></td><td><b>325'</b></td><td><b>12-1/4"</b></td><td><b>200 sz</b></td><td></td><td><b>None</b></td></tr><tr><td><b>5-1/2"</b></td><td><b>14#</b></td><td><b>2436'</b></td><td><b>7-7/8"</b></td><td><b>450 sz</b></td><td></td><td><b>None</b></td></tr></tbody></table>		CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	DIST. SET	CEMENTING RECORD	AMOUNT PULLED	<b>8-5/8"</b>	<b>24#</b>	<b>325'</b>	<b>12-1/4"</b>	<b>200 sz</b>		<b>None</b>	<b>5-1/2"</b>	<b>14#</b>	<b>2436'</b>	<b>7-7/8"</b>	<b>450 sz</b>		<b>None</b>
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29. LINER RECORD <table border="1"><thead><tr><th>SIZE</th><th>TOP (MD)</th><th>BOTTOM (MD)</th><th>SACKS CEMENT*</th><th>SCREEN (MD)</th></tr></thead><tbody><tr><td></td><td></td><td></td><td></td><td></td></tr></tbody></table>		SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)						30. TUBING RECORD <table border="1"><thead><tr><th>SIZE</th><th>DEPTH SET (MD)</th><th>PACKER SET (MD)</th></tr></thead><tbody><tr><td><b>2-3/8"</b></td><td><b>2284'</b></td><td><b>None</b></td></tr></tbody></table>		SIZE	DEPTH SET (MD)	PACKER SET (MD)	<b>2-3/8"</b>	<b>2284'</b>	<b>None</b>					
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)																				
SIZE	DEPTH SET (MD)	PACKER SET (MD)																						
<b>2-3/8"</b>	<b>2284'</b>	<b>None</b>																						
31. PERFORATION RECORD (Interval, size and number) <b>2356-2368' x 2285-2304 x 2 SPF</b>		32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC. <table border="1"><thead><tr><th>DEPTH INTERVAL (MD)</th><th>AMOUNT AND KIND OF MATERIAL USED</th></tr></thead><tbody><tr><td><b>2356-2368'</b></td><td><b>Acid x 500 gal. 15% HCl.</b></td></tr><tr><td><b>2285-2304'</b></td><td><b>Sand-water frac x 32,380 gal. water &amp; 35,000 lbs. sand</b></td></tr></tbody></table>		DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED	<b>2356-2368'</b>	<b>Acid x 500 gal. 15% HCl.</b>	<b>2285-2304'</b>	<b>Sand-water frac x 32,380 gal. water &amp; 35,000 lbs. sand</b>															
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33.* PRODUCTION <table border="1"><thead><tr><th>DATE FIRST PRODUCTION</th><th>PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)</th><th>WELL STATUS (Producing or shut-in)</th></tr></thead><tbody><tr><td></td><td><b>Flowing</b></td><td><b>SI</b></td></tr><tr><td>DATE OF TEST <b>10-25-73</b></td><td>HOURS TESTED <b>3</b></td><td>CHOKE SIZE <b>0.750"</b></td></tr><tr><td>PROD'N. FOR TEST PERIOD <b>→</b></td><td>OIL—BBL. <b>2486 (8917 AOF)</b></td><td>GAS—MCF. <b>2486 (8917 AOF)</b></td></tr><tr><td>WATER—BBL.</td><td>GAS—MCF.</td><td>WATER—BBL.</td></tr><tr><td>OIL GRAVITY-API (CORR.)</td><td></td><td></td></tr></tbody></table>				DATE FIRST PRODUCTION	PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)	WELL STATUS (Producing or shut-in)		<b>Flowing</b>	<b>SI</b>	DATE OF TEST <b>10-25-73</b>	HOURS TESTED <b>3</b>	CHOKE SIZE <b>0.750"</b>	PROD'N. FOR TEST PERIOD <b>→</b>	OIL—BBL. <b>2486 (8917 AOF)</b>	GAS—MCF. <b>2486 (8917 AOF)</b>	WATER—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)					
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PROD'N. FOR TEST PERIOD <b>→</b>	OIL—BBL. <b>2486 (8917 AOF)</b>	GAS—MCF. <b>2486 (8917 AOF)</b>																						
WATER—BBL.	GAS—MCF.	WATER—BBL.																						
OIL GRAVITY-API (CORR.)																								
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) <b>To be sold to El Paso Natural Gas Co.</b>		TEST WITNESSED BY <b>J. F. Ellledge</b>																						
35. LIST OF ATTACHMENTS																								

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records

SIGNED

TITLE

Area Engineer

DATE

November 5, 1973

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

# INSTRUCTIONS

**General:** This form is designed for submitting a complete and correct well completion report and log on all types of lands and leases to either a Federal agency or a State agency, or both, pursuant to applicable Federal and/or State laws and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office. See instructions on items 22 and 24, and 33, below regarding separate reports for separate completions.

If not filed prior to the time this summary record is submitted, copies of all currently available logs (drillers, geologists, sample and core analysis, all types electric, etc.), formation and pressure tests, and directional surveys, should be attached hereto, to the extent required by applicable Federal and/or State laws and regulations. All attachments should be listed on this form, see item 35.

**Item 4:** If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

**Item 18:** Indicate which elevation is used as reference (where not otherwise shown) for depth measurements given in other spaces on this form and in any attachments.

**Items 22 and 24:** If this well is completed for separate production from more than one interval zone (multiple completion), so state in item 22, and in item 24 show the producing interval, or intervals, top(s), bottom(s) and name(s) (if any) for only the interval reported in item 33. Submit a separate report (page) on this form, adequately identified, for each additional interval to be separately produced, showing the additional data pertinent to such interval.

**Item 29:** "Sacks Cement": Attached supplemental records for this well should show the details of any multiple stage cementing and the location of the cementing tool.

**Item 33:** Submit a separate completion report on this form for each interval to be separately produced. (See instruction for items 22 and 24 above.)

## 37. SUMMARY OF POROUS ZONES:

SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF; CORED INTERVALS; AND ALL DRILL-STEM TESTS, INCLUDING DEPTH INTERVAL TESTED, CUSHION USED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES

FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	MEAS. DEPTH	TOP TRUE VERT. DEPTH
Dakota	2156'	2385'	Natural Gas	Mancos Gallup Greenhorn Graneros Dakota Morrison	772' 1642' 2034' 2091' 2156' 2385'	

38.

GEOLOGIC MARKERS

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE\*  
(Other instructions on re-  
verse side)Form approved.  
Budget Bureau No. 42-R1424.  
5. LEASE DESIGNATION AND SERIAL NO.

14-20-604-78

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Ute Mountain Tribe

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Ute Mountain Tribal "J"

9. WELL NO.

4

10. FIELD AND POOL, OR WILDCAT

Ute Bone Dakota

11. SEC., T., R., OR BLK. AND  
SURVEY OR AREANW/4 SW/4 Section 1,  
T-31-N, R-14-W

12. COUNTY OR PARISH

San Juan

13. STATE

New Mexico

## 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

AMOCO PRODUCTION COMPANY

3. ADDRESS OF OPERATOR

301 Airport Drive, Farmington, New Mexico 87401

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

1850' FSL &amp; 1110' FWL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, CR, etc.)

5992' GL, 6004' KB

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)

Perforate

REPAIRING WELL

ALTERING CASING

ABANDONMENT\*

(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 perti-  
nent to this work.)\*

On 9-30-73 moved in service unit, ran logs and perforated 2356-2368' with 2 SPF. Acidized well with 500 gallons 15% HCl. Breakdown pressure 1275, maximum pressure 1275 and average 1150 psi. AIR 1/2 BPM. Swabbed and blew well. Blew well down and killed well with 100 barrels treated water. Ran a Model "MC" bridge plug and set at 2330'. Tested to 3000 psi OK. On 10-2-73 perforated interval 2285-2304' with 2 SPF. Acidized with 500 gallons 7-1/2% HCl with breakdown pressure 2800, maximum treating pressure 2800 and average treating pressure 1800 psi. AIR 2 BPM. Swabbed well dry. Shut well in 1 hour then ran swab with 100' fluid in hole. Shut in well with 300' fluid in hole after 14 hours. Spotted 500 gallons 7-1/2% HCl and pressure decreased from 2600 to 2400 when acid hit formation. Sand-water fraced with 32,380 gallons water treated with 1% KCl and 10 pounds Gel per 1000 gallons, 5,000 pounds 20-40 sand, 15,000 pounds 10-20 sand and 15,000 pounds 8-12 sand. Breakdown pressure 2600, maximum treating pressure 3400 and average treating pressure 2600 psi. AIR 48 BPM. Sanded off with 14,000 pounds 8-12 sand in formation. Reversed out 100' sand. Circulated and cleaned out hole to bridge plug at 2330'. Drilled bridge plug and cleaned out to PBD at 2397'. Ran 2-3/8" tubing and landed at 2284'.

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

SIGNED

TITLE

Area Engineer

DATE

November 5, 1973

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side



**NEW MEXICO OIL CONSERVATION COMMISSION**  
**MULTIPOINT AND ONE POINT BACK PRESSURE TEST FOR GAS WELL**

Form C-122  
 Revised 9-1-65

Type Test <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Annual <input type="checkbox"/> Special						Test Date 10-25-73	
Company AMOCO PRODUCTION COMPANY				Connection -			
Pool Ute Dome				Formation Dakota		Unit	
Completion Date 10-18-73		Total Depth 2436		Plug Back TD 2397		Elevation 5990	
Farm or Lease Name Ute Mtn. Tribal "J"							
Csq. Size 5.500	Wt. 14	d 5.012	Set At 2436	Perforations: From 2285 To 2368		Well No. 4	
Tbg. Size 2.375	Wt. 4.7	d 1.995	Set At 2284	Perforations: From Open To Ended		Unit Sec. Twp. Rge. L 1 31N 14W	
Type Well - Single - Brasshead - G.G. or G.O. Multiple Single				Packer Set At		County San Juan	
Producing Thru Tubing		Reservoir Temp. °F #		Mean Annual Temp. °F Est. 60°		Baro. Press. - P <sub>a</sub> State New Mexico	
L	H	G <sub>g</sub> .685	% CO <sub>2</sub>	% N <sub>2</sub>	% H <sub>2</sub> S	Prover	Meter Run Taps

FLOW DATA						TUBING DATA		CASING DATA		Duration of Flow
NO.	Pressure Line Size	X	Pressure p.s.i.g.	Diff. h <sub>w</sub>	Temp. °F	Pressure p.s.i.g.	Temp. °F	Pressure p.s.i.g.	Temp. °F	
SI	7 Days					459		459		
1.	2-Inch	.750				198	60° Est.	414	60° Est.	3 Hr.
2.										
3.										
4.										
5.										

RATE OF FLOW CALCULATIONS							
NO.	Coefficient (24 Hour)	$\sqrt{h_w P_m}$	Pressure P <sub>m</sub>	Flow Temp. Factor Ft.	Gravity Factor F <sub>g</sub>	Super. Compress. Factor, F <sub>pv</sub>	Rate of Flow Q, Mcfd
1	12.3650		210	1.000	.9359	1.023	2486
2							
3							
4							
5							

NO.	P <sub>t</sub>	Temp. °R	T <sub>r</sub>	Z	Gas Liquid Hydrocarbon Ratio _____ Mcf/bbl.
1					A.P.I. Gravity of Liquid Hydrocarbons _____ Deg.
2					Specific Gravity Separator Gas _____ X X X X X X X X
3					Specific Gravity Flowing Fluid _____ X X X X X
4					Critical Pressure _____ P.S.I.A. _____ P.S.I.A.
5					Critical Temperature _____ R _____ R

P <sub>c</sub> 471	P <sub>c</sub> <sup>2</sup> 221,841		
NO.	P <sub>w</sub>	P <sub>w</sub> <sup>2</sup>	P <sub>c</sub> <sup>2</sup> - P <sub>w</sub> <sup>2</sup>
1	426	181,476	40365
2			
3			
4			
5			

(1)  $\frac{P_c^2}{P_c^2 - P_w^2} = 5.4959$       (2)  $\left[ \frac{P_c^2}{P_c^2 - P_w^2} \right]^n = 3.5868$

AOF = Q  $\left[ \frac{P_c^2}{P_c^2 - P_w^2} \right]^n = 8917$

Absolute Open Flow	8917	Mcf/d @ 15.025	Angle of Slope $\theta$	Slope, n .75
--------------------	------	----------------	-------------------------	--------------

Remarks:

Approved by Commission	Conducted By: J. F. Elledge	Calculated By: J. F. Elledge/Pope	Checked By: J. Arnold Snell
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UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE\*  
(Other instructions on reverse side)

Form approved.  
Budget Bureau No. 42-R1424.  
5. LEASE DESIGNATION AND SERIAL NO.

14-20-604-78

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Ute Mountain Tribe

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Ute Mountain Tribal "J"

9. WELL NO.

4

10. FIELD AND POOL, OR WILDCAT

Ute Dome Dakota

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

NW/4 SW/4 Section 1,  
T-31-N, R-14-W

12. COUNTY OR PARISH

San Juan

13. STATE

New Mexico

1. OIL WELL ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR

AMCO PRODUCTION COMPANY

3. ADDRESS OF OPERATOR

501 Airport Drive, Farmington, New Mexico 87401

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

1850' FSL & 1110' FWL

14. PERMIT NO.

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

5992' GL, 6004' KB

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\* ☐

Set casing ☒

(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.)\*

The 5-1/2" casing was set at 2436' and cemented with 350 sacks Class "A" cement with 4X Gel and 2 pounds Tuf Plug per sack followed by 100 sacks Class "A" Neat on September 9, 1973. The cement circulated.



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

Original Signed by

SIGNED J. ARNOLD SMITH

TITLE Area Engineer

DATE October 19, 1973

(This space for Federal or State office use)

BY APPROVAL, IF ANY:

TITLE

DATE

\*See Instructions on Reverse Side

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE\*  
(Other instructions on re-  
verse side)Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

14-10-604-78

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Ute Mountain Tribe

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Ute Mountain Tribal "J"

9. WELL NO.

4

10. FIELD AND POOL, OR WILDCAT

Ute Dome Dakota

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

SURVEY OR AREA  
NW/4 SW/4 Section 1,  
T-31-N, R-14-W

12. COUNTY OR PARISH

San Juan

13. STATE

New Mexico

## 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

AMOCO PRODUCTION COMPANY

3. ADDRESS OF OPERATOR

501 Airport Drive, Farmington, New Mexico 87401

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

1850' FSL &amp; 1110' FWL

14. PERMIT NO.

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

5990' ungraded GL

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

## NOTICE OF INTENTION TO:

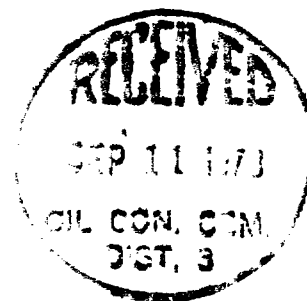
TEST WATER SHUT-OFF ☐FRACTURE TREAT ☐SHOOT OR ACIDIZE ☐REPAIR WELL ☐(Other) ☐PULL OR ALTER CASING ☐MULTIPLE COMPLETE ☐ABANDON\* ☐CHANGE PLANS ☐

## SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐FRACTURE TREATMENT ☐SHOOTING OR ACIDIZING ☐(Other) ☐REPAIRING WELL ☐ALTERING CASING ☐ABANDONMENT\* ☐Spud & set casing ☒(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.)\*

A 12-1/4" hole was spudded at 8:00 p.m., September 5, 1973, and drilled to 325'. The 8-5/8" casing was set at that depth on September 6, 1973, with 200 sacks Class "A" cement with 2% CaCl. The hole was reduced to 7-7/8" at 325' and drilling resumed.



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

Original Signed by

SIGNED J. ARNOLD SNELA

TITLE Area Engineer

DATE September 7, 1973

(This space for Federal or State office use)

APPROVED BY  
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

\*See Instructions on Reverse Side

## NEW MEXICO OIL CONSERVATION COMMISSION

## WELL LOCATION AND ACERAGE DEDICATION PLAT

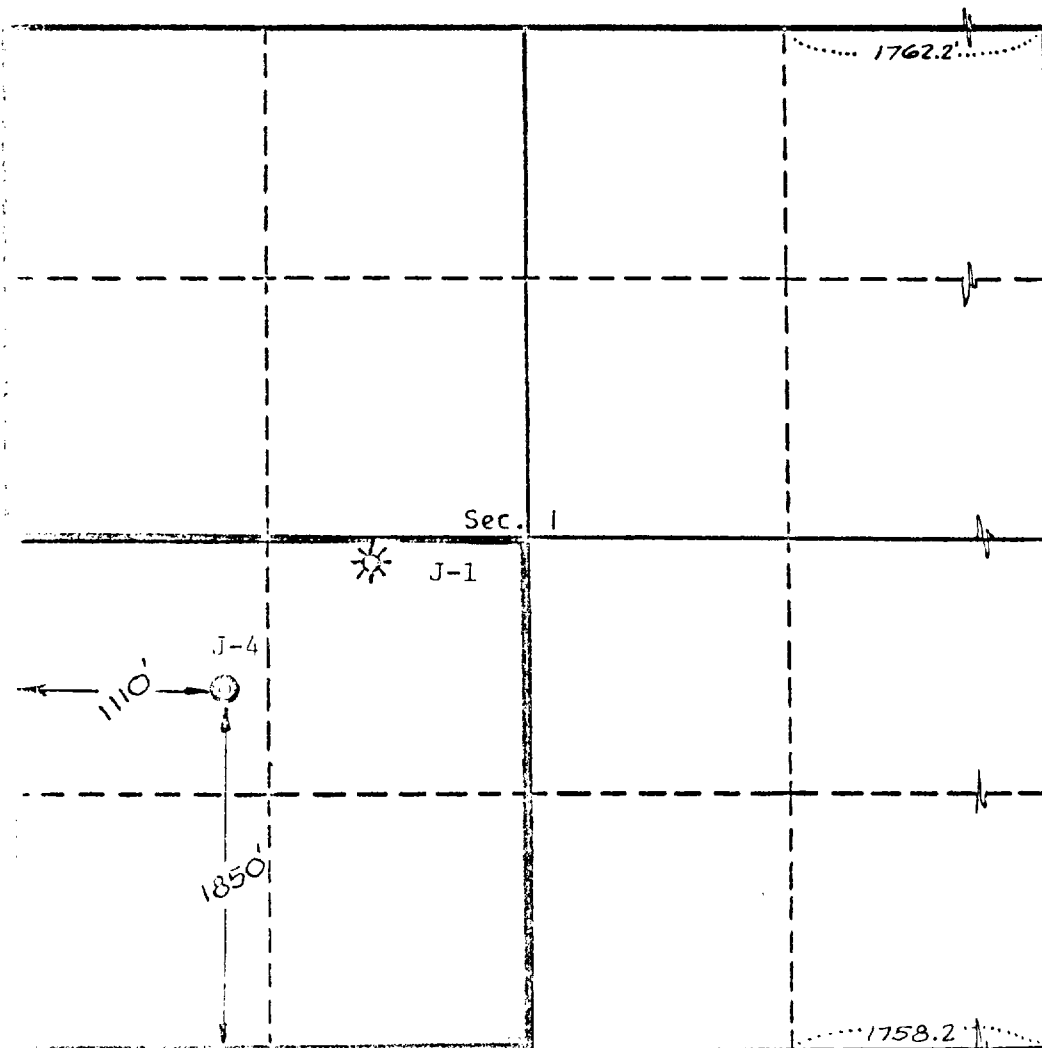
All distances must be from the outer boundaries of the Section

Operator <b>Amoco Production Company</b>			Lease <b>Ute Mountain Tribal "J"</b>		Well No. <b>4</b>
Unit Letter <b>L</b>	Section <b>I</b>	Township <b>31 North</b>	Range <b>14 West</b>	County <b>San Juan</b>	
Actual Footage Location of Well: <b>1850</b> feet from the <b>South</b> line and <b>1110</b> feet from the <b>West</b> line					
Ground Level Elev <b>5990</b>	Producing Formation <b>Dakota</b>		Pool <b>Ute Dome Dakota</b>	Dedicated Acreage: <b>Joint 160</b> Acres	

1. Outline the acreage dedicated to the subject well by colored pencil or hatchure marks on the plat below. with Well J-1
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 communitization, 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 consolidated. (Use reverse side of this form if necessary.) .....

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



Scale, 1 inch = 1,000 feet

## CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.

J. A. Snell  
Name

J. A. Snell  
Position

Area Engineer  
Company

Amoco Production Company  
Date

August 22, 1973

I hereby certify that the information 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.

E. V. Echohawk  
Date Surveyed August 19, 1973  
Registered Professional Engineer  
and/or Land Surveyor

Certificate No. 3602  
E. V. Echohawk LS

NO. OF COPIES RECEIVED	4
DISTRIBUTION	
SANTA FE	1
FILE	1
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	1
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-111  
Effective 1-1-65

I.

Operator	AMOCO PRODUCTION COMPANY
Address	501 Airport Drive, Farmington, New Mexico 87401
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input 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	Well No.	Pool Name, including Formation	Kind of Lease	Indian	Lease No.
Ute Mountain Tribal "J"	4	Ute Dome Dakota	State, Federal or Fee	14-20-604-78	
Location:					
Unit Letter	L	1850	Feet From The	South	Line and
					1110
					Feet From The
					West
Line of Section	1	Township	31N	Range	14W
					NMPM, San Juan
					County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
El Paso Natural Gas Co.	P. O. Box 990, Farmington, New Mexico 87401					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	is gas actually connected?	When
					No	

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'ty.	Diff. Res'ty.
		X	X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
9-5-73	11-1-73	2436'	2397'					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
5992' GL, 6004' KB	Dakota	2285'	2284'					
Perforations			Depth Casing Shoe					
2356-2368' & 2285-2304' x 2 SPF			2436'					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12-1/4"	8-5/8", 24#	325'	200					
7-7/8"	5-1/2", 14#	2436'	450					

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
2486	3 hr.		
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
Back Pressure	459	459	0.750"

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.

J. Arnold Smith  
(Signature)

Area Engineer

NOVEMBER 5, 1973

(Date)

OIL CONSERVATION COMMISSION

APPROVED NOV 6 1973, 19

BY [Signature] SUPERVISOR DIST. 30

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 deviate 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.

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

## 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 COMPANY

3. ADDRESS OF OPERATOR

501 Airport Drive, Farmington, New Mexico

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

1850' FSL &amp; 1110' FWL

At proposed prod. zone

Same

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

8 miles west of La Plata, New Mexico

15. DISTANCE FROM PROPOSED\*

LOCATION TO NEAREST  
PROPERTY OR LEASE LINE, FT.  
(Also to nearest drlg. unit line, if any)

700'

16. NO. OF ACRES IN LEASE

160

17. NO. OF ACRES ASSIGNED  
TO THIS WELL

Joint 160

18. DISTANCE FROM PROPOSED LOCATION\*

750'

TO NEAREST WELL, DRILLING, COMPLETED,  
OR APPLIED FOR, ON THIS LEASE, FT.

Paradox

19. PROPOSED DEPTH

2425'

20. ROTARY OR CABLE TOOLS

Rotary

21. ELEVATIONS (Show whether DF, RT, GR, etc.)

5990' ungraded GL

22. APPROX. DATE WORK WILL START\*

September, 1973

23.

## PROPOSED CASING AND CEMENTING PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	QUANTITY OF CEMENT
12-1/4"	8-5/8"	24#	300'	200 sx
7-7/8"	5-1/2"	14#	2425'	400 sx

Amoco proposes to drill well to TD in the Dakota formation with mud and rotary tools, log and complete well.

Location plat and Development Plan are attached.

Copies of logs will be sent upon completion of the well.

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

24.

Signed by  
J. ARNOLD SUELA

SIGNED

TITLE

Area Engineer

DATE 8/24/73

(This space for Federal or State office use)

PERMIT NO.

APPROVAL DATE

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions On Reverse Side



# NEW MEXICO OIL CONSERVATION COMMISSION

## WELL LOCATION AND ACERAGE DEDICATION PLAT

All distances must be from the outer boundaries of the Section

Operator <b>Amoco Production Company</b>			Lease <b>Ute Mountain Tribal "J"</b>		Well No. <b>4</b>
Unit Letter <b>L</b>	Section <b>1</b>	Township <b>31 North</b>	Range <b>14 West</b>	County <b>San Juan</b>	
Actual Footage Location of Well: <b>1850</b> feet from the <b>South</b> line and <b>1110</b> feet from the <b>West</b> line					
Ground Level Elev. <b>5990</b>	Producing Formation <b>Dakota</b>		Pool <b>Ute Dome Dakota</b>		Dedicated Acreage: <b>Joint 160</b> Acres

- Outline the acreage dedicated to the subject well by colored pencil or hachure marks on the plat below.
- If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty),
- 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 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.

### CERTIFICATION

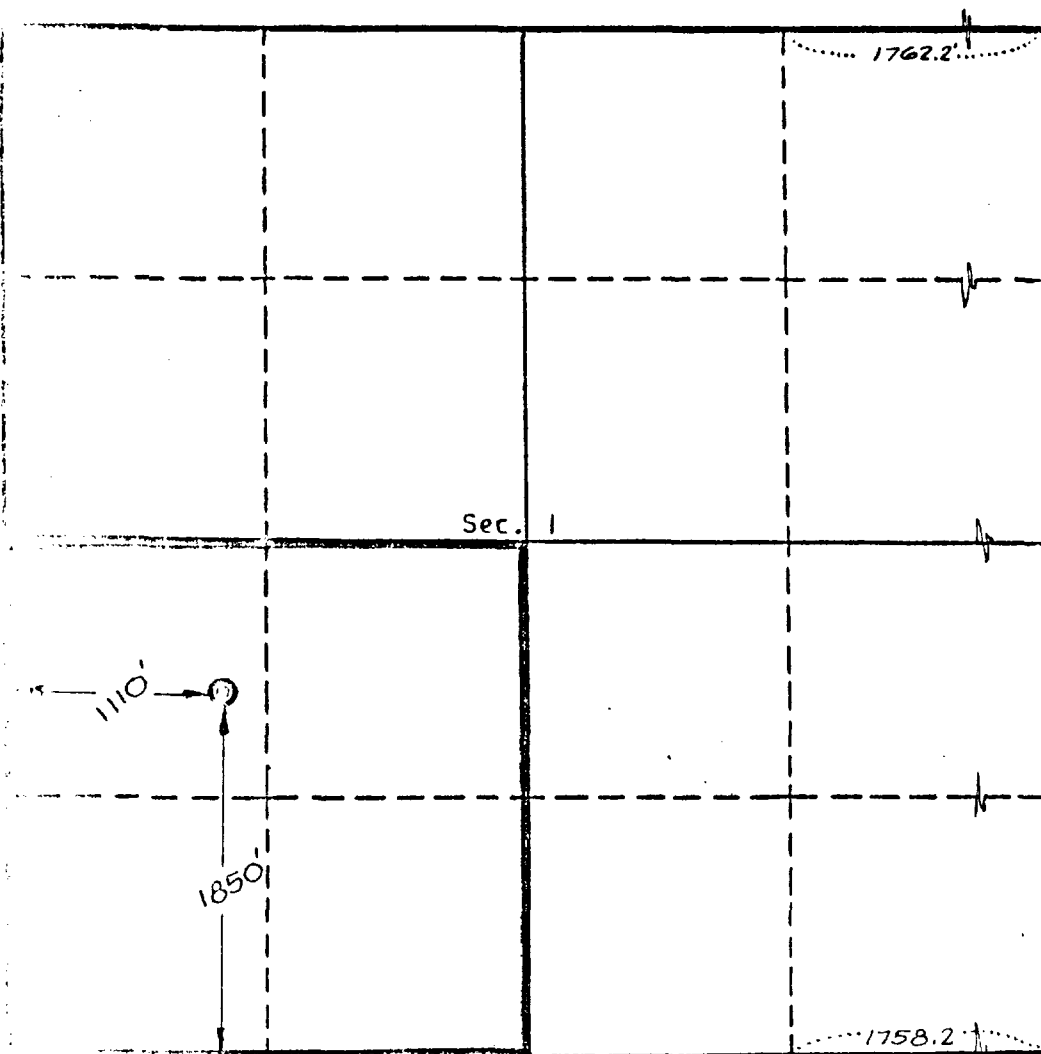
I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.

J. Arnold Snell  
 Name  
J. A. Snell  
 Position  
Area Engineer  
 Company  
Amoco Production Company  
 Date  
August 22, 1973

I hereby certify that the well location shown on this plat was plotted from the files 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.

E. V. Echhawk  
 Date Surveyed August 9, 1973  
 Registered Professional Engineer  
 and/or Land Surveyor

Certificate No. 3602  
E. V. Echhawk LS



Scale: 1 inch = 1,000 feet

OIL CONSERVATION DIVISION

2040 South Pacheco  
Santa Fe, NM 87505

☐ AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

<sup>1</sup> Operator name and Address <b>CROSS TIMBERS OPERATING COMPANY 6001 Highway 64 Farmington, NM 87401</b>		<sup>2</sup> OGRID Number <b>167067</b>
		<sup>3</sup> Reason for Filing Code <b>11/1/98</b> Change of Operator <b>12/1/97</b>
<sup>4</sup> API Number <b>30-045-21011</b>	<sup>5</sup> Pool Name <b>UTE DOME DAKOTA</b>	<sup>6</sup> Pool Code <b>86720</b>
<sup>7</sup> Property Code	<sup>8</sup> Property Name <b>UTE MTN TRIBAL J</b>	<sup>9</sup> Well Number <b>1</b>

II. <sup>10</sup> Surface Location

UL or lot no. <b>K</b>	Section <b>01</b>	Township <b>31N</b>	Range <b>14W</b>	Lot.Idn	Feet from the <b>2460</b>	North/South Line <b>S</b>	Feet from the <b>1830</b>	East/West line <b>W</b>	County <b>SJ</b>
---------------------------	----------------------	------------------------	---------------------	---------	------------------------------	------------------------------	------------------------------	----------------------------	---------------------

<sup>11</sup> Bottom Hole Location

UL or lot no.	Section	Township	Range	Lot.Idn	Feet from the	North/South Line	Feet from the	East/West line	County
<sup>12</sup> Lse Code <b>U</b>	<sup>13</sup> Producing Method Code	<sup>14</sup> Gas Connection Date	<sup>15</sup> C-129 Permit Number	<sup>16</sup> C-129 Effective Date	<sup>17</sup> C-129 Expiration Date				

III. Oil and Gas Transporters

<sup>18</sup> Transporter OGRID	<sup>19</sup> Transporter Name and Address	<sup>20</sup> POD	<sup>21</sup> O/G	<sup>22</sup> POD ULSTR Location and Description

IV. Produced Water

<sup>23</sup> POD	<sup>24</sup> POD ULSTR Location and Description
-------------------	--

V. Well Completion Data

<sup>25</sup> Spud Date	<sup>26</sup> Ready Date	<sup>27</sup> TD	<sup>28</sup> PBTD	<sup>29</sup> Perforation	<sup>30</sup> DHC,DC,MC
<sup>31</sup> Hole Size	<sup>32</sup> Casing and Tubing Size	<sup>33</sup> Depth Set	<sup>34</sup> Sacks Cement		

VI. Well Test Data

<sup>35</sup> Date New Oil	<sup>36</sup> Gas Delivery Date	<sup>37</sup> Test Date	<sup>38</sup> Test Length	<sup>39</sup> Tbg. Pressure	<sup>40</sup> Csg. Pressure
<sup>41</sup> Choke Size	<sup>42</sup> Oil	<sup>43</sup> Water	<sup>44</sup> Gas	<sup>45</sup> AOF	<sup>46</sup> Test Method
<sup>47</sup> I hereby certify that the rules of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief. Signature: <i>Vaughn O. Vannerberg</i>			<b>OIL CONSERVATION DIVISIO</b>		
Printed Name: <b>Vaughn O. Vannerberg, II</b>			Approved by: <b>Frank T. Chavez</b>		
Title: <b>Sr. Vice President-Land</b>			Title: <b>Supervisor District #3</b>		
Date: <b>December 1, 1997</b>			Approval Date:		
Phone: <b>(505) 632-5200</b>					

<sup>48</sup> If this is a change of operator fill in the OGRID number and name of the previous operator		<b>Amoco Production Company</b>		<b>OGRID# 000778</b>
<i>Gail Jefferson</i>	<b>Gail Jefferson</b>	<b>Senior Administrative Staff Assistant</b>	<b>12/01/97</b>	
Previous Operator Signature	Printed Name	Title	Date	

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

FORM APPROVED  
Budget Bureau No. 1004-0135  
Expires: March 31, 1993

**SUNDRY NOTICES AND REPORTS ON WELLS**

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.  
Use "APPLICATION FOR PERMIT - " for such proposals

RECEIVED

DEC 3 1996

Bureau of Land Management  
Durango, Colorado

1. Type of Well  
☐ Oil Well ☒ Gas Well ☐ Other

2. Name of Operator Attention:  
**AMOCO PRODUCTION COMPANY** **NANCY I. WHITAKER**

3. Address and Telephone No.  
**P.O. Box 800, Denver, Colorado 80201 (303) 830-5039**

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)  
**2460 FSL 1830FWL Sec. 1 T 31N R 14W UNIT K**

5. Lease Designation and Serial No.  
**14-20-604-78**

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.  
**UTE MTN TRIBAL J # 1**

9. API Well No.  
**3004521011**

10. Field and Pool, or Exploratory Area  
**UTE DOME DAKOTA**

11. County or Parish, State  
**SAN JUAN NEW MEXICO**

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION	
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input checked="" type="checkbox"/> Other <b>Plug back lower Dakota</b>	<input type="checkbox"/> Dispose Water

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

13. 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.)\*

**MIRUSU 3/24/95**

**TAGGED FILL AND TOH WITH TUBING. TIH SET CIBP @ 2450, SPOTED 10 FT OF CEMENT FROM 2440 TO TOP OF CIBP.**

**TIH AND RELANDED TUBING AT 2426'. NDBOP, NUWH.**

**RDMOSU 3/24/95**

ACCEPTED FOR RECORD

Dr 12-4-96

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

Signed Nancy Whitaker Title STAFF ASSISTANT Date 12-02-1996

(This space for Federal or State office use)

Approved by \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
Conditions of approval, if any:

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.

Submit 5 Copies  
Appropriate District Office  
DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico  
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

Form C-104  
Revised 1-1-89  
See Instructions  
at Bottom of Page

RECEIVED

'90 AUG 22 AM 10 28

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator AMOCO PRODUCTION COMPANY	Well API No. 300452101100
Address P.O. BOX 800, DENVER, COLORADO 80201	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> 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 Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input checked="" type="checkbox"/>
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name UTE MOUNTAIN TRIBAL J	Well No. 1	Pool Name, Including Formation UTE DOME DAKOTA (GAS)	Kind of Lease State, Federal or Fee	Lease No.
Location Unit Letter K : 2460 Feet From The FSL Line and 1830 Feet From The FWL Line Section 01 Township 31N Range 014W, NMPM, SAN JUAN County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> MERIDIAN OIL INC.	Address (Give address to which approved copy of this form is to be sent) 3535 EAST 30TH STREET, FARMINGTON, CO 87401					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> EL PASO NATURAL GAS COMPANY	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 1492, EL PASO, TX 79978					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	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.		
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 Tank	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 (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature  
Doug W. Whaley, Staff Admin. Supervisor  
Printed Name  
June 25, 1990  
Date  
303-830-4280  
Telephone No.

OIL CONSERVATION DIVISION

Date Approved JUL 5 1990  
By  
Title  
SUPERVISOR DISTRICT 13

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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TRANSPORTER	OIL
OPERATOR	GAS
PROMOTION OFFICE	

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-01-78  
Format 06-01-83  
Page 1

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator

Amoco Production Company

Address

501 Airport Drive Farmington, NM 87401

Reason(s) for filing (Check proper box)

- ☐ New Well  
☐ Recompletion  
☐ Change in Ownership

Change in Transporter of:

- ☐ Oil  
☐ Casinthead Gas  
☒ Dry Gas  
☒ Condensate

Other (Please explain)

Change of ownership give name  
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Well Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Ute Mountain Tribal "J"	1	Ute Dome Dakota	State, Federal or Fee Federal	14-26-84-78
Location				
Unit Letter	K : 2460 Feet From The South Line and 1830 Feet From The West			
Line of Section	Township	Range	NMPL	County
1	31 N	14 W	San Juan	

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Permian Corp.	P. O. Box 1702 Farmington, NM 87499
Name of Authorized Transporter of Casinthead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Paso Natural Gas Company	P. O. Box 990 Farmington, NM 87401
Does it produce oil or liquids, location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	K 1 31 N 14 W

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

Complete Parts IV and V on reverse side if necessary.

CERTIFICATE OF COMPLIANCE

certify that the rules and regulations of the Oil Conservation Division have  
been complied with and that the information given is true and complete to the best of  
my knowledge and belief.

B. D. Shaw

(Signature)

Admin. Supervisor

(Title)

1-2-85

(Date)

OIL CONSERVATION DIVISION

APPROVED \_\_\_\_\_, 19\_\_\_\_  
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 deviation  
tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allow-  
able 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 filled for each pool in multiply  
completed wells.

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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

Form approved.  
Budget Bureau No. 1004-0125  
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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. 14-20-604-78
2. NAME OF OPERATOR Amoco Production Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME Ute Mountain Tribe
3. ADDRESS OF OPERATOR 501 Airport Drive, Farmington, New Mexico 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 2460' FSL X 1830' FWL		8. FARM OR LEASE NAME Ute Mountain Tribal "J"
14. PERMIT NO.		9. WELL NO. 1
15. ELEVATIONS (Show whether DE, WT, GR, etc.) 6031' GR FARMINGTON RESOURCE AREA		10. FIELD AND POOL, OR WILDCAT Hre Dome Dakota
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA NE/SW Sec. 1, T31N, R14W
		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

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\*

(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.)\*

Moved in and rigged up service unit 6-4-84. Total depth of the well is 2613' and plugback depth is 2576'. Perforated the following intervals: 2382'-2362', 2399'-2396', 2408'-2403', 2414'-2412', 2 jspf, .43" in diameter, for a total of 60 holes. Fraced interval 2362'-2414' with 45,000 gals 70 quality N<sub>2</sub> foam containing 20#/1000 gals, 1 gal surfactant/1000 gals fluid and 75,000# 20-40 white sand.

Landed 2-3/8" tubing at 2486' and released the rig on 6-14-84.

ACCEPTED FOR RECORD

JUL 18 1984

DISTRICT  
BY *[Signature]*

I hereby certify that the foregoing is true and correct

SIGNED *B. D. Shaw* TITLE Adm. Supervisor DATE 7-9-84

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN DUPLICATE\*

(See other instructions on reverse side)

Form approved,  
Budget Bureau No. 10C4-0137  
Expires August 31, 1985

WELL COMPLETION OR RECOMPLETION REPORT AND LOG\*

1a. TYPE OF WELL:		OIL WELL <input type="checkbox"/>	GAS WELL <input checked="" type="checkbox"/>	DRY <input type="checkbox"/>	Other <input type="checkbox"/>		
b. TYPE OF COMPLETION:		NEW WELL <input type="checkbox"/>	WORK OVER <input checked="" type="checkbox"/>	DEEP-EN <input type="checkbox"/>	PLUG BACK <input type="checkbox"/>	DIFF. RENVR. <input type="checkbox"/>	Other <input type="checkbox"/>
2. NAME OF OPERATOR Amoco Production Company							
3. ADDRESS OF OPERATOR 501 Airport Drive, Farmington, NM 87401							
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 2460' FSL X 1830' FWL At top prod. interval reported below Same At total depth Same							

5. LEASE DESIGNATION AND SERIAL NO.

14-20-604-78

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Ute Mountain Tribe

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Ute Mountain Tribal "J"

9. WELL NAME

10. FIELD AND POOL, OR WILDCAT

Ute Dome Dakota

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

DIVISION

NE/SW Sec. 1, T31N, R14W

12. COUNTY OR PARISH

San Juan

13. STATE

NM

15. DATE SPUDDED 10-16-72	16. DATE T.D. REACHED 10-26-72	17. DATE COMPL. (Ready to prod.) 12-1-72	18. ELEVATIONS (OF, RKB, RT, GR, ETC.)* 6031' GR	19. ELEV. CASINGHEAD 6031'
20. TOTAL DEPTH, MD & TVD 2613'	21. PLUG, BACK T.D., MD & TVD 2576'	22. IF MULTIPLE COMPL., HOW MANY* single	23. INTERVALS DRILLED BY ROTARY TOOLS 0-2613'	CABLE TOOLS
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* old: 2369'-2483' new: 2362'-2414'				25. WAS DIRECTIONAL SURVEY MADE no
26. TYPE ELECTRIC AND OTHER LOGS RUN Induction Electric and Comp. Form. Density				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
8-5/8"	23#	319'	12-1/4"	200 SX	
5-1/2"	14#	2613'	7-7/8"	525SX	

29. LINER RECORD					30. TUBING RECORD		
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
				old:	2-3/8"	2515'	
				new:	2-3/8"	2486'	

31. PERFORATION RECORD (Interval, size and number)		32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.	
1d: 2369'-2371', 2399'-2403', 2408'-2412', 2424'-2427', 2450'-2453', 2481'-2483', 1 jsp, total 18 holes.		DEPTH INTERVAL (MD)	
2362'-2382', 2396'-2399', 2403'-2408', 2412'-2414', 2 jsp, .43", total 60 holes		old: 2369'-2483'	
		25,000 gal treated water & 25,000# sand	
		45,000 gals 70 quality foam	
		containing 20#/1000 gals, (BACK)	

33. PRODUCTION							
FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type) Flowing				STATUS (Producing or Shut-in) SI	
OF TEST 27-72	HOURS TESTED 3 hrs.	CHOKE SIZE .75"	PROD'N. FOR TEST PERIOD →	OIL—BBL. →	GAS—MCF. 1325	WATER—BBL. →	GAS-OIL RATIO
TUBING PRESS. 2	CASING PRESSURE 238	CALCULATED 24-HOUR RATE →	OIL—BBL. →	GAS—MCF. →	WATER—BBL. →	OIL GRAVITY-API (CORR.)	
POSITION OF GAS (Sold, used for fuel, vented, etc.)				BY B.D. Dukes		TEST WITNESSED BY	
To be sold to El Paso Natural Gas Company							
T OF ATTACHMENTS							

I hereby certify that the information furnished is complete and correct as determined from all available records

WITNESSED BY B. D. Shaw TITLE Adm. Supervisor DATE 7-9-84

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

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.

32. 1 gal surfactant/1000 gals fluid and 75,000# 20-40 white sand.

37. SUMMARY OF POROUS ZONES: (Show all important zones of porosity and contents thereof; cored intervals; and all drill-stem, tests, including depth interval tested, cushion used, time tool open, flowing and shut-in pressures, and recoveries):				38. GEOLOGIC MARKERS		
FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	TOP	
					MEAS. DEPTH	TRUE VERT. DEPTH
Gallup Greenhorn Dakota	1537' 2235' 2357'	1826' 2288' 2546'				



EL PASO NATURAL GAS COMPANY  
POST OFFICE BOX 990  
FARMINGTON, NEW MEXICO

NOTICE OF GAS CONNECTION

DATE May 29, 1973

THIS IS TO NOTIFY THE OIL CONSERVATION COMMISSION THAT CONNECTION FOR PURCHASE OF

GAS FROM Amoco Production Company Ute Mountain Tribal J #1  
Operator Well Name

87-621-01 19046-2 K 1-31-14  
Meter Code Site Code Well Unit S-T-R

Ute Dome Dakota El Paso Natural Gas Company  
Pool Name of Purchaser

WAS MADE ON May 22, 1973, FIRST DELIVERY May 23, 1973  
Date Date

AOF 1,700

CHOKE 1,325

El Paso Natural Gas Company  
Purchaser

*(Signature)*

Representative

Chief Dispatcher  
Title

cc: Operator **Denver & Farmington**  
Oil Conservation Commission - 2  
Proration - El Paso

File

*Non-Prorated  
6-7-73 is*

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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

I.

Operator		AMOCO PRODUCTION COMPANY	
Address			
501 Airport Drive, Farmington, New Mexico 87401			
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry 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	Well No.	Pool Name, Including Formation	Kind of Lease	Federal	Lease No.
Ute Mountain Tribal "J"	1	Ute Dome Dakota Fm.	State, Federal or Fee	14	20-604-78
Location					
Unit Letter	K	2460	Feet From The	South	Line and
				1830	Feet From The
				West	
Line of Section	1	Township	31-N	Range	14-W
				NMPM,	San Juan
					County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil	<input type="checkbox"/>	or Condensate	<input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas	<input type="checkbox"/>	or Dry Gas	<input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
EI Paso Natural Gas Company				P. O. Box 990, Farmington, New Mexico 87401	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?
					No

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.
		X	X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
10-18-72	12-1-72	2613'	2576'					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
6031' GL, 6045' KB	Dakota	2369-2483'	2515'					
Perforations	Depth Casing Shoe							
2369-71, 2399-2403, 2408-12, 2424-27, 2450-53, 2481-83 x 1 SPF	2613'							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12-1/4"	8-5/8"	319'	200 SX					
7-7/8"	5-1/2"	2613'	525 SX					
	Tbg. 2-3/8"	2515'						

V. TEST DATA AND REQUEST FOR ALLOWABLE (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.)	CHOKED 7 19/2 GAS-MCF OIL-GAL COM. NET 3
Length of Test	Tubing Pressure	Casing Pressure	
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
1325	3 hr.		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
Back Pressure	377	458	0.750"

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.

J. Arnold Bell  
(Signature)  
Area Engineer  
(Title)  
December 4, 1972  
(Date)

OIL CONSERVATION COMMISSION

APPROVED DEC 7 1972, 19  
BY [Signature]  
TITLE SUPERVISOR FIELD #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 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.

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE\*

(See other in-  
structions on  
reverse side)Form approved.  
Budget Bureau No. 42

## WELL COMPLETION OR RECOMPLETION REPORT AND LOG \*

1a. TYPE OF WELL:		OIL WELL <input type="checkbox"/>	GAS WELL <input checked="" type="checkbox"/>	DRY <input 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. RESSVR. <input type="checkbox"/>	Other <input type="checkbox"/>
2. NAME OF OPERATOR <b>AMOCO PRODUCTION COMPANY</b>							
3. ADDRESS OF OPERATOR <b>501 Airport Drive, Farmington, New Mexico 87401</b>							
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface <b>2460' FSL &amp; 1820' FWL, Section 1, T-31N, R-14W</b> At top prod. interval reported below <b>Same</b> At total depth <b>Same</b>							
14. PERMIT NO.				DATE ISSUED			
15. DATE SPUDDED <b>10-18-72</b>				16. DATE T.D. REACHED <b>10-26-72</b>		17. DATE COMPL. (Ready to prod.) <b>12-1-72</b>	
18. ELEVATIONS (DF, REB, RT, GR, ETC.)* <b>6031' GL, 6045' KB</b>				19. ELEV. CASING <b>6031'</b>			
20. TOTAL DEPTH, MD & TVD <b>2613'</b>		21. PLUG, BACK T.D., MD & TVD <b>2576'</b>		22. IF MULTIPLE COMPL., HOW MANY*		23. INTERVALS DRILLED BY <b>0-2613'</b>	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* <b>2369-2483' Dakota</b>						25. WAS DIRECT SURVEY MADE <b>No</b>	
26. TYPE ELECTRIC AND OTHER LOGS RUN <b>Induction Electric and Comp. Form. Density</b>						27. WAS WELL COMPLETED <b>No</b>	
28. CASING RECORD (Report all strings set in well)							
CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD		AMOUNT PUMPED	
<b>8-5/8"</b>	<b>23#</b>	<b>319'</b>	<b>12-1/4"</b>	<b>200 sz</b>		<b>None</b>	
<b>5-1/2"</b>	<b>14#</b>	<b>2613'</b>	<b>7-7/8"</b>	<b>525 sz</b>		<b>None</b>	
29. LINER RECORD							
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	30. TUBING RECORD		
					SIZE	DEPTH SET (MD)	PACKER SET
					<b>2-3/8"</b>	<b>2315'</b>	<b>None</b>
31. PERFORATION RECORD (Interval, size and number)				32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.			
<b>2369-2371</b>		<b>2481-2483</b>		DEPTH INTERVAL (MD)		AMOUNT AND KIND OF MATERIAL USED	
<b>2399-2403</b>		<b>1 SPF</b>		<b>2369-2483'</b>		<b>Frac x 25,000 gal. treated</b>	
<b>2408-2412</b>						<b>&amp; 25,000 lbs. sand</b>	
<b>2424-2427</b>							
<b>2450-2453</b>							
33.* PRODUCTION							
DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) <b>Flowing</b>				WELL STATUS (Producing or shut-in) <b>SI</b>	
DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
<b>11-27-72</b>	<b>3 hrs.</b>	<b>0.750"</b>	<b>→</b>				
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (°C)	
<b>102</b>	<b>238</b>	<b>→</b>		<b>1325</b>			
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) <b>To be sold to El Paso Natural Gas Co.</b>						TEST WITNESSED BY <b>E. D. Dukes</b>	
35. LIST OF ATTACHMENTS							
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records							
SIGNED		TITLE		DATE			
		<b>Area Engineer</b>		<b>Dec. 5, 1972</b>			

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

# INSTRUCTIONS

**General:** This form is designed for submitting a complete and correct well completion report and log on all types of lands and leases to either a Federal agency or a State agency, or both, pursuant to applicable Federal and/or State laws and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office. See instructions on items 22 and 24, and 33, below regarding separate reports for separate completions.

If not filed prior to the time this summary record is submitted, copies of all currently available logs (drillers, geologists, sample and core analysis, all types electric, etc.), formation and pressure tests, and directional surveys, should be attached hereto, to the extent required by applicable Federal and/or State laws and regulations. All attachments should be listed on this form, see item 33.

**Item 4:** If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

**Item 18:** Indicate which elevation is used as reference (where not otherwise shown) for depth measurements given in other spaces on this form and in any attachments. **Items 22 and 24:** If this well is completed for separate production from more than one interval zone (multiple completion), so state in item 22, and in item 24 show the producing interval, or intervals, top(s), bottom(s) and name(s) (if any) for only the interval reported in item 33. Submit a separate report (page) on this form, adequately identified, for each additional interval to be separately produced, showing the additional data pertinent to such interval.

**Item 29:** "Sacks Cement": Attached supplemental records for this well should show the details of any multiple stage cementing and the location of the cementing tool.

**Item 33:** Submit a separate completion report on this form for each interval to be separately produced. (See instruction for items 22 and 24 above.)

## 37. SUMMARY OF POROUS ZONES:

SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF; CORED INTERVALS; AND ALL DRILL-STEM TESTS, INCLUDING DEPTH INTERVAL TESTED, CUSHION USED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES

FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	38. GEOLOGIC MARKERS		
				NAME	MEAS. DEPTH	TRUE VERT. DEPTH
Callup	1537'	1826'				
Greenhorn	2235'	2248'				
Dakota	2357'	2546'				

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE\*  
(Other instructions on re-  
verse side)Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

14-20-604-78

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Ute Mountain Tribe

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Ute Mountain Tribal "J"

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Ute Dome Dakota

11. SEC., T., R., M., OR BLK. AND  
SURVEY OR AREANE/4 SW/4 Section 1,  
T-31-N, R-14-W

12. COUNTY OR PARISH

San Juan

13. STATE

New Mexico

## 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

ANOCO PRODUCTION COMPANY

3. ADDRESS OF OPERATOR

501 Airport Drive, Farmington, New Mexico 87401

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

2460' FSL &amp; 1830' FWL, Section 1, T-31N, R-14W

14. PERMIT NO.

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

6031' Gr.

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\*

Perf &amp; Frac

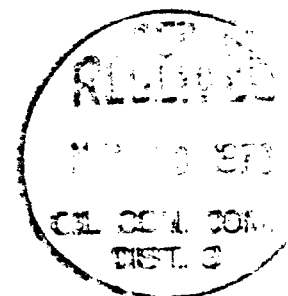
(NOTE: Report results of multiple completion on Well  
Completion or Recompletion Report and Log form.)

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.) \*

The hole was displaced with treated water and 500 gallons 15% HCl was spotted. Perforated 2369-71, 2399-2403, 2408-12, 2424-27, 2450-53, 2481-83, with 1 SPF. Sand-water fraced with 25,000 gallons water treated with 1% KCl and 10 pounds Gel per 1,000 gallons water, 5,000 pounds 20-40 sand, 10,000 pounds 10-20 sand and 10,000 pounds 8-12 sand. Breakdown pressure 1550 psi, Maximum treating pressure 2200 psi and average treating pressure 2100 psi. AIR 33.4 BPM.

RECEIVED

NOV 9 1972

U. S. GEOLOGICAL SURVEY  
DURANGO, COLO.

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

Original Signed by

SIGNED J. ARNOLD SNELL

TITLE Area Engineer

DATE November 8, 1972

(This space for Federal or State office use)

APPROVED BY  
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

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

Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

14-20-604-78

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Ute Mountain Tribe

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Ute Mountain Tribal "J"

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Ute Dome Dakota

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

NF/4 SW/4 Section 1,  
T-31-N, R-14-W

12. COUNTY OR PARISH

San Juan

13. STATE

New Mexico

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

AMOCO PRODUCTION COMPANY

3. ADDRESS OF OPERATOR

501 Airport Drive, Farmington, New Mexico 87401

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

2460' FSL & 1830' FWL, Section 1, T-31N, R-14W

14. PERMIT NO.

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

6031' Gr.

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\*

Set casing

(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.)\*

The 5-1/2" casing was set at 2613' with 425 sacks Class "C" cement with 6% Gel and 2 pounds Tuf Plug per sack followed by 100 sacks Class "C" Neat. The cement circulated.

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

Original Signed by

SIGNED J. ARNOLD SNELL

TITLE Area Engineer

DATE October 31, 1972

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

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

Form approved  
Budget Bureau

5. LEASE DESIGNATION

14-20-60

6. IF INDIAN, ALLOTTEE

Ute Mountain

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Ute Mountain

9. WELL NO.

1

10. FIELD AND POOL, OR

Ute Dome

11. SEC., T., R., M., OR B.

NE/4 SW/4 Sec

T-31-N, R-14-

12. COUNTY OR PARISH

San Juan

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 ☐ GAS ☒ OTHER  
WELL WELL

2. NAME OF OPERATOR

AMOCO PRODUCTION COMPANY

3. ADDRESS OF OPERATOR

501 Airport Drive, Farmington, New Mexico 87401

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

2460' FSL & 1830' FWL, Section 1, T-31N, R-14W

14. PERMIT NO.

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

6031' Gr.

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)

Spud & set casing

REPAIRING W

ALTERING CA

ABANDONMEN

(NOTE: Report results of multiple completion (Completion or Recompletion Report and Log for

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers pertinent to this work.)\*

A 12-1/4" hole was spudded October 18, 1972, and drilled to 319'. The 8-5/8" casing was set at 319' with 200 sacks Class "A" cement with 2% CaCl<sub>2</sub>. The cement circulated. The hole was reduced to 7-7/8" at 319'.

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

SIGNED L. O. Spear, Jr.

TITLE Area Superintendent

DATE Oct 1972

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY30-045-21011  
5. LEASE DESIGNATION AND SERIAL NO.  
14-20-604-78

## 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 COMPANY

## 3. ADDRESS OF OPERATOR

501 Airport Drive, Farmington, New Mexico

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

At surface

2460' FSL &amp; 1830' FWL, Section 1, T-31N, R-14W

At proposed prod. zone

## 7. UNIT AGREEMENT NAME

## 8. FARM OR LEASE NAME

Ute Mountain Tribal "J"

## 9. WELL NO.

1

## 10. FIELD AND POOL, OR WILDCAT

Ute Dome Dakota

11. SEC., T., R., M., OR BLK.  
AND SURVEY OR AREA  
NE 1/4 SW 1/4 Section 1,  
R-14-W, T-31-N

## 12. COUNTY OR PARISH

San Juan

## 13. STATE

New Mexico

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

5 miles west of La Plata, New Mexico

## 15. DISTANCE FROM PROPOSED\*

LOCATION TO NEAREST  
PROPERTY OR LEASE LINE, FT.  
(Also to nearest drlg. unit line, if any)

160

## 16. NO. OF ACRES IN LEASE

1768.33

17. NO. OF ACRES ASSIGNED  
TO THIS WELL

160

NS

## 18. DISTANCE FROM PROPOSED LOCATION\*

TO NEAREST WELL, DRILLING, COMPLETED,  
OR APPLIED FOR, ON THIS LEASE, FT.

260

## 19. PROPOSED DEPTH

2650'

## 20. ROTARY OR CABLE TOOLS

Rotary

## 21. ELEVATIONS (Show whether DF, RT, GR, etc.)

6025' GL ungraded

## 22. APPROX. DATE WORK WILL START\*

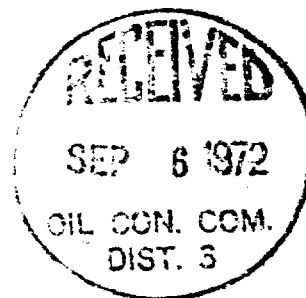
September 1972

## 23.

## PROPOSED CASING AND CEMENTING PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	QUANTITY OF CEMENT
12-1/4"	8-5/8"	23#	300'	250 sx.
7-7/8"	5-1/2"	15#	2650'	500 sx.

Dakota well to be drilled as a twin to Paradox well Ute Mountain Tribal "H" Gas Com No. 1. Well to be drilled with rotary tools and mud. Completion program will be determined upon logging. Copies of logs and tests will be submitted upon completion of well. Well is in unorthodox location. A location exception is being requested.



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

## 24.

Original Signed by

SIGNED

J. ARNOLD SNELL

TITLE

Area Engineer

DATE

September 1, 1972

(This space for Federal or State office use)

PERMIT NO.

APPROVAL DATE

APPROVED BY

90

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

Held 2/04 for NSC

\*See Instructions On Reverse Side



ILLEGIBLE

NEW MEXICO OIL CONSERVATION COMMISSION  
WELL LOCATION AND ACREAGE DEDICATION PLAT

SEP 12 1972

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

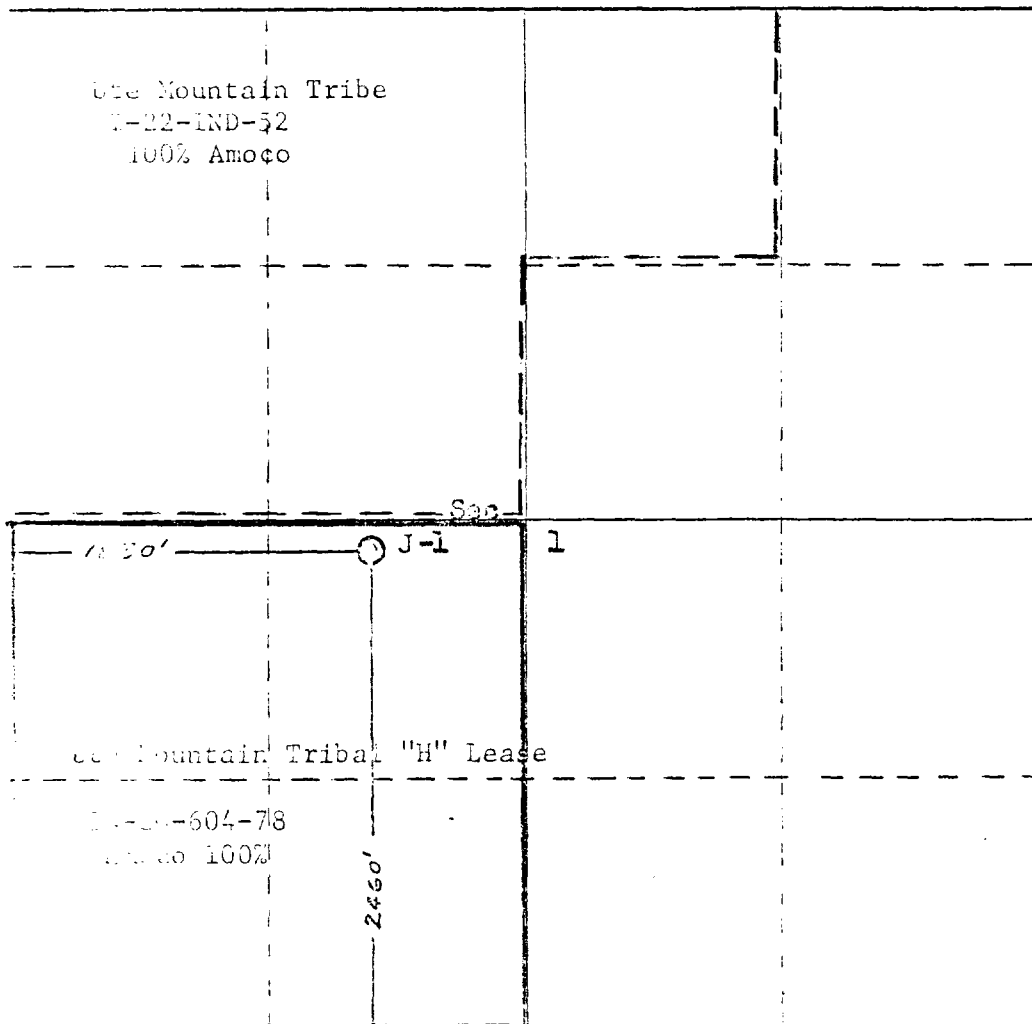
Owner Ute Mountain Tribal "J"			Lease Ute Mountain Tribal "J"		Well No.	
Section 1		Township 31N	Range 11W	County San Juan		
Location of Well: 100 feet from the South line and 1850 feet from the West line						
Producing Formation Dakota		Pool Ute Dome Dakota		Dedicated Acreage 160 NS		

- Outline the acreage dedicated to the subject well by colored pencil or hatchure marks on the plat below.
- If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
- If more than one lease of different ownership is dedicated to the well, have the interests of all owners been consolidated by communitization, 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 acreage will be assigned to the well until all interests have been consolidated (by communitization, unitization, force-pooling, or otherwise) or until a non-standard unit, eliminating such interests, has been approved by the Commission.



CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.

J. Arnold

Name

J. Arnold

Position

Area Engineer

Company

AMOCO PRODUCTION COMPANY

Date

September 1, 1972

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.

Date Surveyed

Registered Professional Engineer and/or Land Surveyor.

Certified \_\_\_\_\_

1972