



United States Department of the Interior

BUREAU OF INDIAN AFFAIRS
~~NAVAJO REGION~~
NAVAJO REGION
P.O. Box 1060
Gallup, New Mexico 87305-1060

IN REPLY REFER TO:

RRES/543

AUG 15 2000



CERTIFIED MAIL - RETURN RECEIPT REQUESTED

Continental Surety & Fidelity Insurance Company
Attn: Surety Department
P. O. Box 17369TA
Denver, Colorado 80217

Dear Sir:

This concerns a \$15,000 Collective Bond No. KY 000153 dated June 21, 1984, showing Continental Surety & Fidelity Insurance Company of Denver, Colorado, as surety, and BK Petroleum, Inc., 501 Airport Dr., Suite 165, Farmington, New Mexico, as principal. A copy of the bond is enclosed for your information.

Our office received a letter dated August 18, 1998 from Bureau of Land Management, Farmington Field Office, requesting us to demand payment on the surety bond from BK Petroleum due to continuous noncompliance on Navajo Tribal Lease No. 14-20-600-3531. The bond was accepted to insure proper compliance performance on the lease. BK Petroleum holds operating rights in the lease and is the party responsible for proper abandonment of the wells.

In view of the above, we are making a demand payment on Continental Surety & Fidelity Insurance Company bond for \$15,000 on file with the Bureau of Indian Affairs, to pay for the proper plugging of the wells. Please make your check payable to the "Bureau of Indian Affairs", Navajo Region Office, Attn: Real Estate Services, P.O. Box 1060, Gallup, New Mexico 87305-1060.

If you have any questions, please contact Ms. Bertha Spencer, Realty Specialist at (520) 871-5938.

Sincerely,

/s/ OMAR C. BRADLEY

ACTING Regional Director, Navajo

BEFORE EXAMINER STOGNER	
OIL CONSERVATION DIVISION	
BCD	EXHIBIT NO. 1
CASE NO.	12495

Enclosures

cc: BLM, Farmington Field Office
Navajo Nation, Minerals Department
NM Energy, Minerals & Natural Resources Department
Attn: Charley Perrin, Aztec District Office, 1000 Rio Brazos Road, Aztec, NM 87410 ✓
BK Petroleum, Inc., 501 Airport Dr., Suite 165, Farmington, NM 87401



IN REPLY REFER TO:

United States Department of the Interior

BUREAU OF INDIAN AFFAIRS
~~STAGS/ATK/02/06X~~
NAVAJO REGION
P.O. Box 1060
Gallup, New Mexico 87305-1060

RRES/543

AUG 15 2000

New Mexico Energy
Minerals & Natural Resources Department
Attn: Charley Perrin
Aztec District Office
1000 Rio Brazos Road
Aztec, New Mexico 87410



Dear Mr. Perrin:

This is to confirm the discussion that was held at the quarterly meeting in Farmington on July 13, 2000, with the Bureau of Indian Affairs, Bureau of Land Management and the Navajo Nation Minerals Department on collecting on the bond of BK Petroleum, Inc. in the amount of \$15,000 collective bond from the surety company for Navajo Nation Oil and Gas Lease No. 14-20-600-3531.

You explained to Ms. Bertha Spencer, Realty Specialist, Minerals and Mining Section, that BLM will be meeting with the New Mexico Oil Conservation Division (NMOCD) on August 15, 2000, to request the NMOCD to provide additional funds to plug the wells on the above mentioned lease. Also, BLM Farmington Field Office has advised you on the inventory that was taken and submitted to your office.

We have written to the surety company to demand payment of \$15,000 against BK Petroleum which will go towards the plugging costs. If NMOCD is willing to bear the additional costs of plugging the wells, we will be glad to give them the \$15,000 to help with the expense.

We will await word from the surety before advising you further. We appreciate your assistance in this matter and any cooperation from NMOCD will be greatly appreciated. If you have any further questions, please contact Ms. Bertha Spencer, at (520) 871-5938.

Sincerely,

ACTING Regional Director, Navajo



Bureau of Indian Affairs
Navajo Region
Branch of Real Estate Services
P. O. Box 1060
Gallup, New Mexico 87305-1060



AUTOMATIC TELEFAX

DATE: 8/16/00

LOCATION: Mail Code _____
Window Rock, Arizona
TELEFAX NUMBER: 520/871-5943

INFORMATION OR ASSISTANCE NO.: COMMERCIAL — 520/871-59 33

NUMBER OF DOCUMENTS (Including Cover Sheet) 5

TO THE ATTENTION OF: Charley Perrin

Office Phone Number: _____

Telefax Number: (505) 334-6170

FROM: Louise Gould

Office Phone Number: (520) 871-5933

MESSAGE OR INSTRUCTION: For your information, two letters are still being signed. As soon as they are ready, I will send you your copies w/ attachments. Call me if you have any questions.

DISPATCHED BY: L Gould

TIME: 8:40 AM

7. Methods of Handling Waste Disposal

- A. The drill cuttings, fluids and completion fluids will be placed in the reserve pit. The reserve pit will be fenced on three sides away from the pad during drilling and the fourth side fenced as soon as the rig moves out. The reserve pit will be allowed to dry, and materials remaining in the reserve pit buried. The reserve pit will be backfilled, leveled and contoured so as to prevent any materials being carried into the watershed. Upon completion, the pad will be leveled, contoured, and reseeded with the appropriate seed mixture as specified by the surface managing agency.
- B. All garbage and trash will be hauled away to designated landfill by Conoco.
- C. Chemical toilets will be provided and maintained during drilling operations.

8. Ancillary Facilities

No ancillary facilities are planned.

9. Production Facility Layout

- A. See attachment to this plan.
- B. Location of Proposed New Facilities – A 4-1/2” OD buried steel pipeline that is 176.55 feet in length will be constructed. The pipe-wall thickness is .156 and the pipe-wall strength is 42,000# yield. It will tie the well into a line operated by El Paso Natural Gas. The pipeline will be used to transport gas to drill the well. After the well is spudded, the pipeline will be authorized by a right of way issued to El Paso Natural Gas. Please refer to the attached survey plat for additional information.

10. Plans for Restoration of Surface

When the well is abandoned, the location and access road will be cleaned and restored to the original topographical contours as much as possible. The area will be reseeded with the appropriate seed mixture. If the well is productive, areas not used in production will be contoured and seeded with stipulated seed mixture. Production equipment will be painted the color designated by the surface managing agency.

11. Surface Ownership

The surface ownership is Federal land.

12. Archeological Clearance

An archeological survey was conducted and clearance recommended by attached report LAC 9963L.



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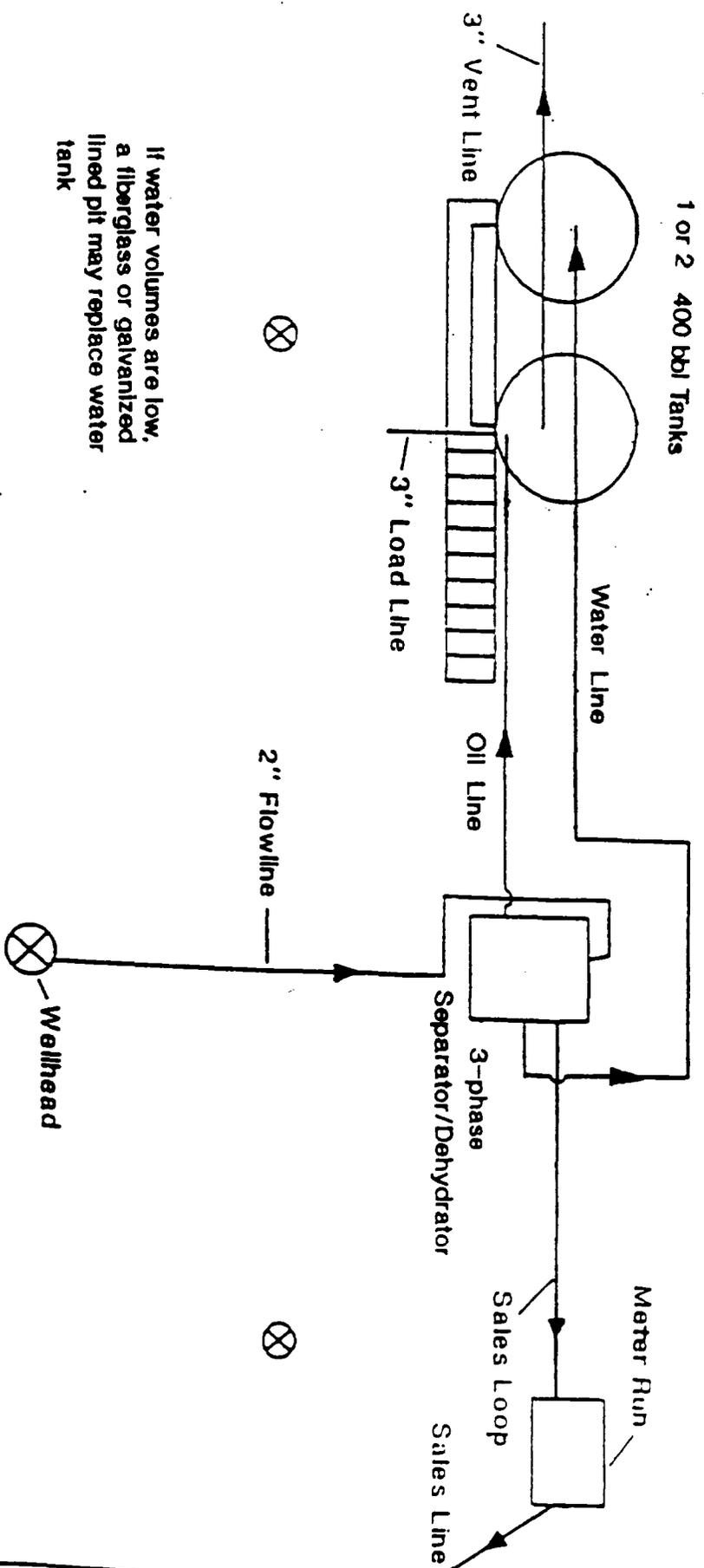
If you have any questions, please contact Ms. Bertha Spencer, Realty Specialist at (520) 871-5938.

Sincerely,

ACTING Regional Director, Navajo

Enclosures

CONOCO PRODUCTION LOCATION



If water volumes are low,
a fiberglass or galvanized
lined pit may replace water
tank





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P.O. Box 1060

Gallup, New Mexico 87305-1060

RRES/543

AUG 15 2000

New Mexico Energy
Minerals & Natural Resources Department
Attn: Charley Perrin
Aztec District Office
1000 Rio Brazos Road
Aztec, New Mexico 87410

Dear Mr. Perrin:

This is to confirm the discussion that was held at the quarterly meeting in Farmington on July 13, 2000, with the Bureau of Indian Affairs, Bureau of Land Management and the Navajo Nation Minerals Department on collecting on the bond of BK Petroleum, Inc. in the amount of \$15,000 collective bond from the surety company for Navajo Nation Oil and Gas Lease No. 14-20-600-3531.

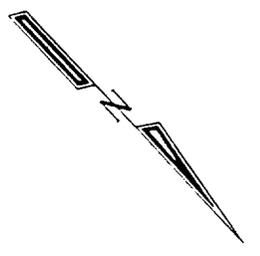
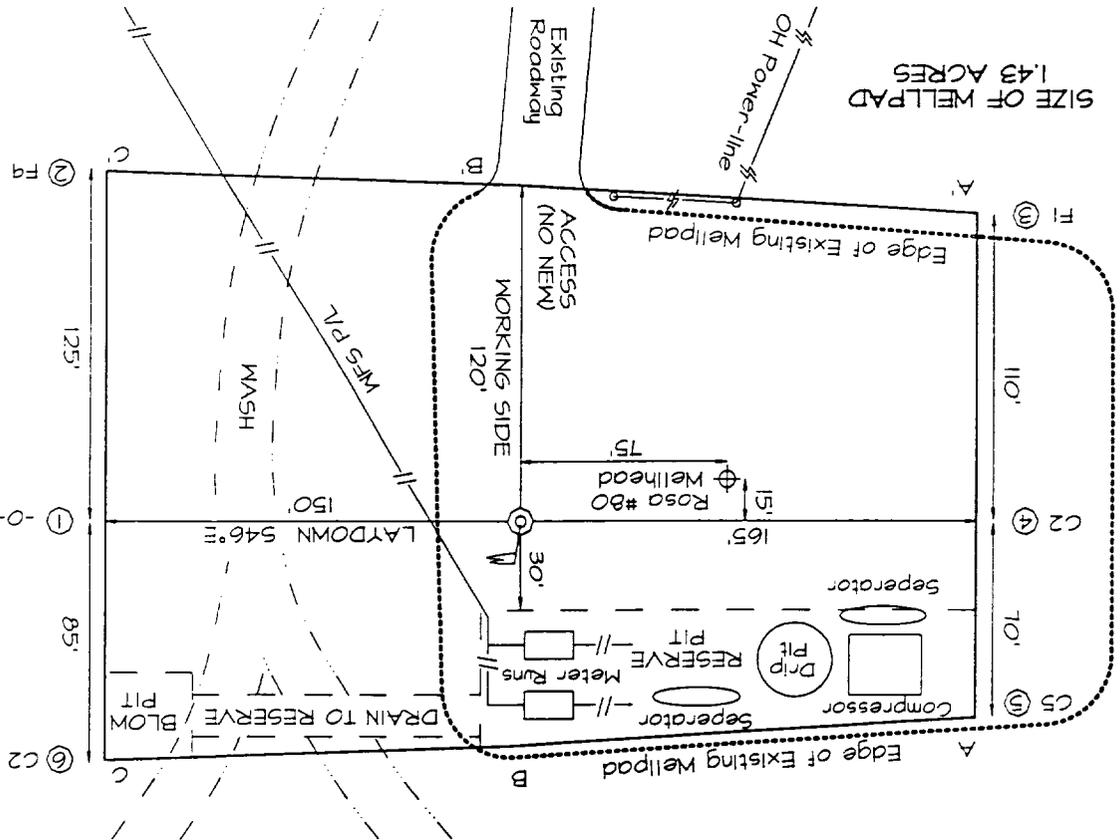
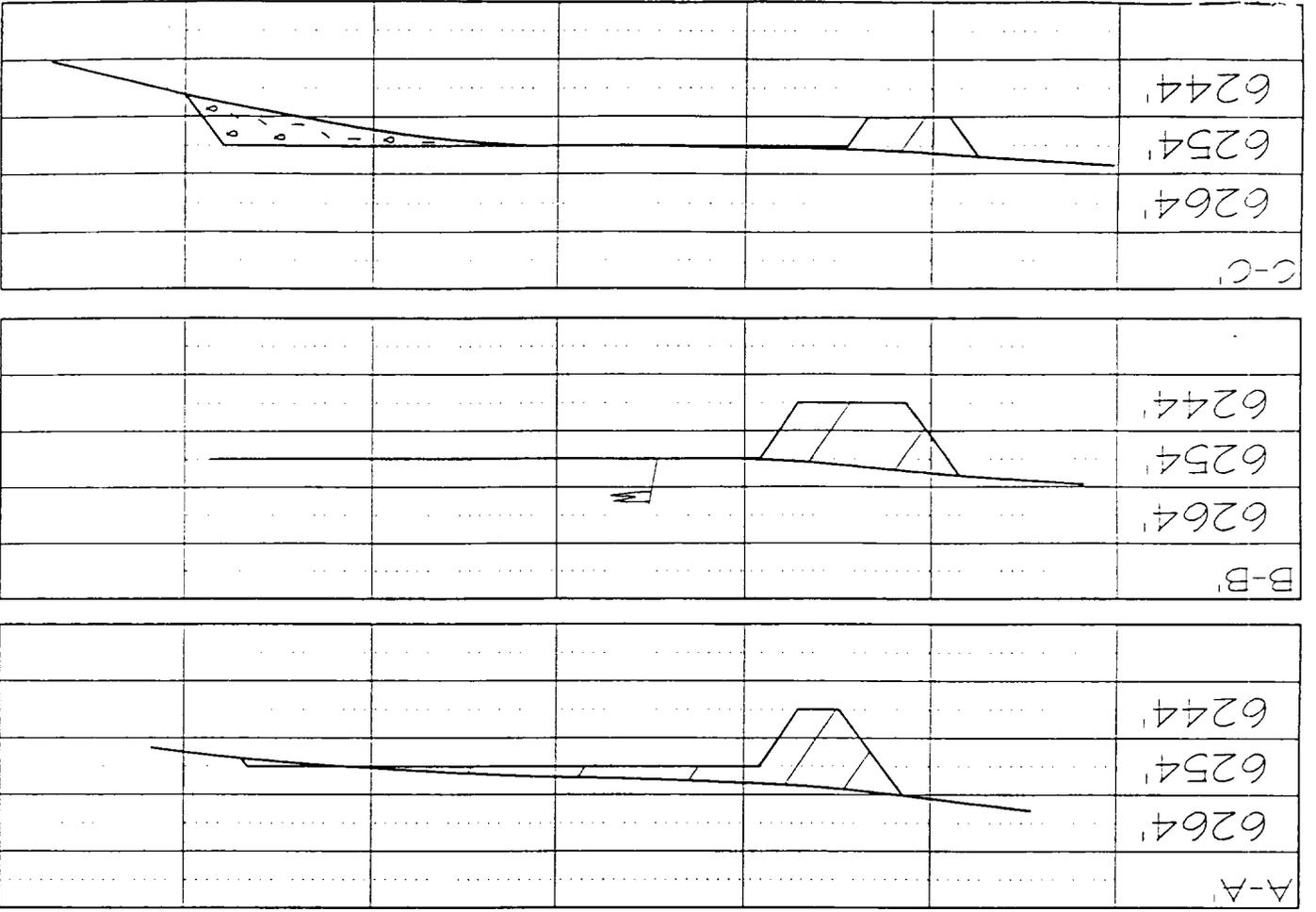
You explained to Ms. Bertha Spencer, Realty Specialist, Minerals and Mining Section, that BLM will be meeting with the New Mexico Oil Conservation Division (NMOCD) on August 15, 2000, to request the NMOCD to provide additional funds to plug the wells on the above mentioned lease. Also, BLM Farmington Field Office has advised you on the inventory that was taken and submitted to your office.

We have written to the surety company to demand payment of \$15,000 against BK Petroleum which will go towards the plugging costs. If NMOCD is willing to bear the additional costs of plugging the wells, we will be glad to give them the \$15,000 to help with the expense.

We will await word from the surety before advising you further. We appreciate your assistance in this matter and any cooperation from NMOCD will be greatly appreciated. If you have any further questions, please contact Ms. Bertha Spencer, at (520) 871-5938.

Sincerely,

ACTING Regional Director, Navajo



PLAT NOTE:
 Existing production equipment and pipeline will need to be stripped or repositioned to accommodate drilling operations for proposed new wellbore.

WILLIAMS PRODUCTION COMPANY ROSA UNIT #46A
1625' FSL & 1835' FWL, SECTION 8, T31N, R5W, NMPM
RIO ARriba COUNTY, NEW MEXICO
GROUND ELEVATION: 6254'

XXXXXXXXXXXXXXXXXXXX
NAVAJO REGION
P.O. Box 1060
Gallup, New Mexico 87305-1060

RRES/543

New Mexico Energy
Attn: Charley Perrin
Minerals & Natural Resources Department
Aztec District Office
1000 Rio Brazos Road
Aztec, New Mexico 87410

Dear Mr. Perrin:

This is to confirm the discussion that was held at the quarterly meeting held in Farmington on July 13, 2000, with the Bureau of Indian Affairs (BIA), Bureau of Land Management (BLM) and the Navajo Nation Minerals Department on collecting on the bond of APA Development Co. in the amount of \$75,000. The irrevocable letter of credit was issued by Valley National Bank in lieu of a collective bond.

You explained to Ms. Bertha Spencer, Realty Specialist, that BLM will be meeting with the New Mexico Oil Conservation Division (NMOCD) on August 15, 2000 to request the NMOCD to provide additional funds to plug the wells on Navajo Tribal Lease Nos. 14-20-600-3540 and 14-20-603-5013. Also, BLM Farmington Field Office has advised you on the inventory that was taken and submitted to your office.

We have written to Valley National Bank of Cortez, Colorado to demand payment of \$75,000 against APA Development, Inc.'s Irrevocable Letter of Credit which will go towards the plugging costs. If NMOCD is willing to bear the additional costs of plugging the wells, we will assist them with \$75,000 to offset with the expenses.

We will await word from the bank before advising you further. We appreciate your assistance in this matter and any cooperation from NMOCD will be greatly appreciated. If you have any questions, please contact Ms. Bertha Spencer, at (520) 871-5938.

Sincerely,

Regional Director, Navajo

GENERAL ROSA UNIT DRILLING PLAN

OSA UNIT BOUNDARIES: T31N, R04W; A1 - Except sections 22-26; T31N, R05W; A1 - Except sections 1 & 2
T31N, R06W; A1 - Except sections 6, 7, 18, 20, 27-36; T32N, R05W; sections 22-26

FORMATION CHARACTERISTICS:

FORMATION	LITHOLOGY					WATER	GAS	OIL	OVER PRES.	LOST CIRC.
NACIMIENTO	Interbedded shales, siltstones & sandstones					no	no	no	no	no
OJO ALAMO	Sandstone & conglomerates w/ lenses of shale					fresh	no	no	no	no
KIRTLAND	Shale w/ interbedded sandstones					no	poss.	no	no	no
FRUITLAND	Inter, SS, SLSL, SH & Coals w/ Carb. SS, SLSL, SH					yes	yes	no	poss.	no
PICTURED CLIFFS	Massive Sandstone w/ thin interbedded shales					poss.	yes	poss.	no	poss.
LEWIS	Shale w/ thin interbedded sandstones & siltstones					no	poss.	no	no	no
CUFF HOUSE	Transgressive sandstone					poss.	yes	no	no	no
MENEFEE	Sandstones, Carb shales & coal					poss.	yes	no	no	no
POINT LOOKOUT	Regressive coastal barrier sandstone					poss.	yes	poss.	no	yes
MANCOS	Marine shale					no	no	no	no	no

DRILLING

Potential Hazards

1. There are no overpressured zones expected in this well.
2. No H2S zones will be permitted while drilling this well.

Mud System

1. Surface: The surface hole will be drilled with a Low-solids Non-Dispersed system with starch and lost circulation material as needed. Expected mud weights will be in the 8.4 to 9.0 #/gal range. Viscosities will be in the 30 to 60 sec/qt range as needed to remove drill cuttings.
2. Intermediate: The intermediate hole will be drilled with clear water and Benex to TD where the well will be mudded up to log and run casing. The mud system will be Low-solids Non-Dispersed with mud weights in the 9 to 10 #/gal range as needed to control the well. Viscosities will be in the 45 to 55 range as needed to support any weight material. The weight material will consist of Barite.
3. Production: The well will be drilled using natural gas from the intermediate casing point to TD.

API NUMBER 30-045-12161
OPERATOR NAME BK PETROLEUM **WELL NUMBER** 1W, H2O SUPPLY
PROPERTY NAME MANY ROCKS GALLUP
SECTION 17 **TOWNSHIP 31N** **RANGE 16W**
FOOTAGE 2253 FNL 1865 FWL

Sur Csg OD 17" HOLE	13 3/8	XX			XX
SUR CSG TD	105	XX			XX
SUR CSG WT	48	XX			XX
TOP OF CMT	0	XX			XX
ACTUAL	0	XX			XX
CACULATED	125 SX	XX	XX	XX	XX
PROD CSG OD 12 1/4"HOLE	8 5/8	XX	XX	XX	XX
PROD CSG TD 2 STG/1858	3617	XX	XX	XX	XX
PROD CSG WT	32	XX	XX	XX	XX
TOP OF CMT	1052	XX	XX	XX	XX
ACTUAL,575 4%+ 270,4%			XX	XX	
CACULATED	845SX		XX	XX	
PERF TOP	3428-3551		XX	XX	
PERF BOTTOM	2956-2944		XX	XX	
PACKER			XX	XX	
TYPE OF PLUG			XX	XX	
CIBP & CMT			XX	XX	
CMT			XX	XX	

PROPOSED PLUGGING OPERATION

MIRU PU, BOPE, TOO H WITH TUBING, RIH W/WORK STRING, CIRC HOLE
 SPOT 45SX PLUG @ 3400-3250 WOC TAG, TOP AS REQUIRED. SPOT 45SX PLUG @
 SPOT 45SX PLUG @ 2900-2750 WOC TAG, TEST CSG, SPOT AND TAG AS NEEDED
 SPOT 100' PLUGS @ 2391-2491, 2268-2168, 1451-1351 EST 30 SX/PLUG
 PERF @ 360' PLUG 360-260 INSIDE AND OUT , PERF 150 CIRC CMT TO SUR
 CUT OFF WELL HEAD, INSTALL P&A MARKER, DIG AND CUT ANCHORS,

Close pits according to guidelines: Clean and level location

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 **Water supply** SINGLE ZONE MULTIPLE ZONE

2. NAME OF OPERATOR
The Atlantic Refining Co.

3. ADDRESS OF OPERATOR
Box 2197, Farmington, N.M.

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.)*
 At surface
SE 1/4 (2293)' FWL & 1865' FWL) Section 17
 At proposed prod. zone
same

14. DISTANCE IN MILES AND DIRECTION FROM NEAREST TOWN OR POST OFFICE*
4 miles E & 15 Miles N Shiprock, N.M.

15. DISTANCE FROM PROPOSED* LOCATION TO NEAREST PROPERTY OR LEASE LINE, FT. (Also to nearest drlg. line, if any)

16. NO. OF ACRES IN LEASE

17. NO. OF ACRES ASSIGNED TO THIS WELL

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

19. PROPOSED DEPTH
3000'

20. ROYALTY OR CABLE TOOLS

21. ELEVATIONS (Show whether DF, RT, GR, etc.)
OL 9710'

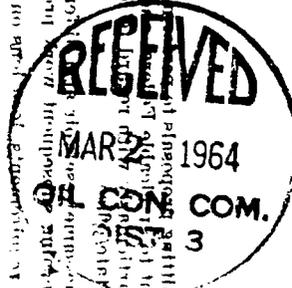
22. APPROX. DATE WORK WILL START*

23. PROPOSED CASING AND CEMENTING PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	QUANTITY OF CEMENT
17"	13-3/8"	48.6	100'	100 cu ft.
11"	8-5/8"	26.4	70'	90 cu ft.

We propose to drill this well to supply water for the Many Rocks Cattle Project. We expect to obtain water from the Morrison formation (Est. 2550') however, we also wish to test the Dakota (Est. 2300') and Entrada (Est. 3500') formations for possible water source. A request for permission to produce these zones has been filed with the Navajo Tribal Council.

ILLEGIBLE



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 B. Bastain TITLE Eng. & Prod. Supv. DATE 2-17-64

(This space for Federal or State office use)

PERMIT NO. _____ APPROVAL DATE _____

APPROVED BY ca TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

30-6-15-121

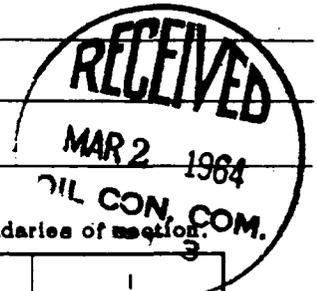
February 25, 1964

Section A.

Operator ATLANTIC REFINING COMPANY Lease MARY BOGGS GALLUP PROJECT
 Well No. 1-W Unit Letter F Section 17 Township 31 NORTH Range 16 WEST NMPM
 Located 2253 Feet From NORTH Line, 1865 Feet From WEST Line
 County SAN JUAN COUNTY G. L. Elevation 5710.0 Dedicated Acreage _____ Acres
 Name of Producing Formation WATER SUPPLY Pool _____

1. Is the Operator the only owner in the dedicated acreage outlined on the plat below?
 Yes _____ No _____
2. If the answer to question one is "no", have the interests of all the owners been consolidated by communitization agreement or otherwise? Yes _____ No _____. If answer is "yes", Type of Consolidation _____.
3. If the answer to question two is "no", list all the owners and their respective interests below:

Owner Land Description

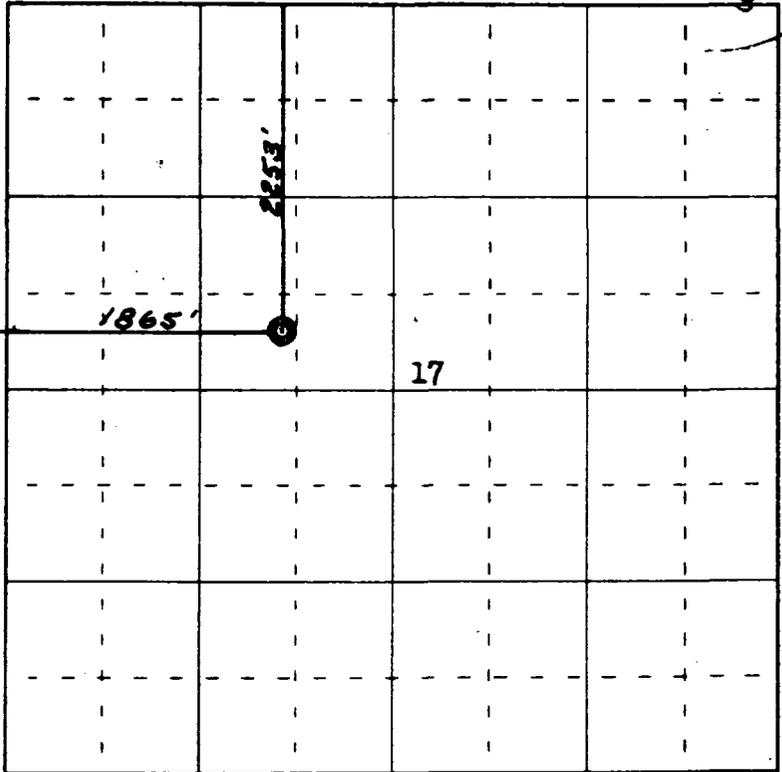


Section B.

This is to certify that the information in Section A above is true and complete to the best of my knowledge and belief.

The Atlantic Refg. Co.
 _____ (Operator)
B. J. Sostain
 _____ (Representative)
Box 2197
 _____ (Address)
Farmington, New Mexico

Note: All distances must be from outer boundaries of section.



Scale 4 inches equal 1 mile

This is to certify that the above plat was prepared from field notes of actual surveys made by me or under my supervision and that the same are true and correct to the best of my knowledge and belief.

Date Surveyed 24 January, 1964

James O. Reese
 Registered Professional Engineer and/or Land Surveyor



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.

14-20-600-3531

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

NAVJO UTE MTN. TRI

7. UNIT AGREEMENT NAME

MANY ROCKS GALLUP BR

8. FARM OR LEASE NAME

MANY ROCKS

9. WELL NO.

1-W

10. FIELD AND POOL, OR WILDCAT

WATER SUPPLY

11. SEC., T., R., M., OR-BLE. AND SURVEY OR AREA

SEC. 17, T-31N, R-16W

12. COUNTY OR PARISH 13. STATE

SAN JUAN

N. M.

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 WATER SUPPLY

2. NAME OF OPERATOR
THE ATLANTIC REFINING COMPANY

3. ADDRESS OF OPERATOR
BOX 2197 FARMINGTON, N. M.

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

38 NW (2253' FWL & 1865' FWL) SEC. 17

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, ST, GR, etc.)
OR 5710' DF 5719'

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input checked="" type="checkbox"/> SPUD & CASING	
(Other) <input type="checkbox"/>			

(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.)*

Spudded at 5:00 P.M. 3/21/64. Drilled 17" hole to 110'. Ran 5 Jts. 13 3/8" O.D. 48# H-40 casing (94.37') set at 105.87'. Cemented w/ 125 sx cement plus 2% GACL₂. Cement circulated. Plug down at 1:30 P.M. 3/22/64. W.O.C. 36 hr. & tested casing w/ 500 psi o.k.

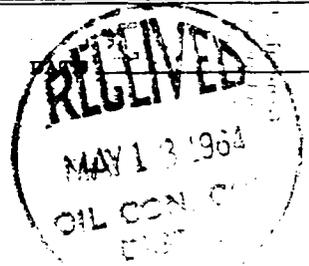
Drilled 12" hole to 3644' T.D. Ran 115 Jts. 8 5/8 O.D. 32# H-40 & I-55 casing w/ guide shoe & float collar (3608.11') set at 3617.86'. Cemented thru shoe w/ 575 sx class "c" cement plus 4% gel & 12% Gillisonite per sack and thru stage collar at 1858' w/ 270 sacks class "a" cement plus 4% gel and 12% Gillisonite per sack. First stage plug down at 12:25 PM 4/9/64. Second stage plug down 1:40 PM 4/9/64. W.O.C. 90 hrs. & drilled stage tool. Tested 8 5/8" csg. w/ 900# for 30 min. o.k.

ILLEGIBLE

18. I hereby certify that the foregoing is true and correct
SIGNED B. J. Sartain TITLE DELEG. PROD. SUPERV. DATE 5/5/64

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____
CONDITIONS OF APPROVAL, IF ANY:



UNITED STATES DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

3. LEASE DESIGNATION AND SERIAL NO.

14-20-600-3531

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

NAVAJO UTE MEN, TRIB

7. UNIT AGREEMENT NAME

MARY ROCK GALEUP P

8. FARM OR LEASE NAME

MARY ROCKS

9. WELL NO.

1-W

10. FIELD AND POOL, OR WILDCAT

WATER SUPPLY

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

SEC. 17, T-31N, R-16W

12. COUNTY OR PARISH 13. STATE

SAN JUAN N. M.

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

WATER SUPPLY

2. NAME OF OPERATOR

THE ATLANTIC REFINING COMPANY

3. ADDRESS OF OPERATOR

BOX 2197 FARMINGTON, N.M.

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

35 NW (2253' PNL & 1865' PVL) SEC. 17

14. PERMIT NO.

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

OR 5710' DF 5719'

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*

REPOST. OF DST'S

(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.)

DST #1 - Dakota - open hole 2241-2450, 5/8 b.c., no w.c., Tool open 90 min. Had strong blow which decreased to very weak at end. Recovered 1820' muddy water.

IHMP-1145#, ISI-773# (1hr.), IF-493#, FF-773#, FSI-773# (1hr.)

DST #2 - Morrison - open hole 2697-2987 5/8 b.c., no w.c. Tool open 45 min. Had initial good blow which decreased to very weak at end. Recovered 1740' muddy water.

IHMP-1438#, ISI-895# (1hr.), IF-781#, FSI-895# (1hr.)

DST #3 - Anadarko - open hole 3423-3471, 5/8 b.c., no w.c. Tool open 1 hr. Had immed. fair blow which inc. to good blow in 5 min. and decreased to weak blow at end. Recovered 1617' muddy water.

IHMP-2880#, ISI-1355# (1hr.), IF-320, FF-724, FSI-1324 (1hr.)

ILLEGIBLE

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

SIGNED B. J. Sartain

TITLE DRLG. PROD. SUPV.

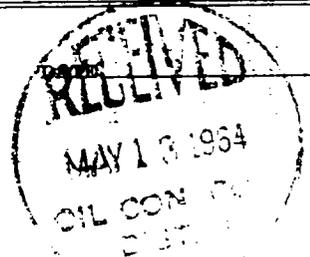
DATE 9/5/64

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

*See Instructions on Reverse Side



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.

14-20-600-3531

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

NAV. JURE MTH. TRIB.

7. UNIT AGREEMENT NAME

MANY ROCKS GALLUP PR

8. FARM OR LEASE NAME

MANY ROCKS GALLUP

9. WELL NO.

1-4

10. FIELD AND POOL, OR WILDCAT

WATER SUPPLY

11. SEC. T. R. N. OR BLK. AND SURVEY OR AREA

SEC. 17, T-31N, R-16W

12. COUNTY OR PARISH

SAN JUAN

13. STATE

N. M.

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 **WATER SUPPLY**

2. NAME OF OPERATOR
THE ATLANTIC REFINING COMPANY

3. ADDRESS OF OPERATOR
BOX 2197 FARMINGTON, N. M.

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)
At surface
SE NW (2255' FWL & 1865' FWL) SEC. 17

14. PERMIT NO.

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

OR 9710 BF 9719

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 ON:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

PERFORATIVE

REPAIRING WELL

ALTERING CASING

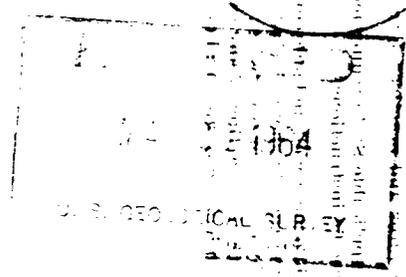
ABANDONMENT*

(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.)*

On 5/5/64, perforated Entrada Formation 3428-3433, 3445-3452 and 3482-3551 with 2 Jets/ft. for water supply.

ILLEGIBLE



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

SIGNED

B. J. Sartin

TITLE

DELO. PROD. SUPV.

DATE

5/18/64

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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

Form approved.
Budget Bureau No. 42-B1494.

5. LEASE DESIGNATION AND SERIAL NO.

14-20-600-3311

6. IF INDIAN ALLOTTEE OR TRIBE NAME

Navajo - The Navajo

7. UNIT AGREEMENT NAME

Mary Beale Gallup Pr

8. FARM OR LEASE NAME

Mary Beale Gallup

9. WELL NO.

10. FIELD AND POOL OR WADWAT

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

300. 22, 23, 24, 25, 26

12. COUNTY OR PARISH OR STATE

San Juan N.M.

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 **Water Supply**

2. NAME OF OPERATOR
The Atlantic Refining Company

3. ADDRESS OF OPERATOR
Box 2197 Farmington, N. M.

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)
At surface
SE NW (Unit F) 2253' PVL & 1863' PVL Sec. 17

14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)
OR 5710'

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 ON:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

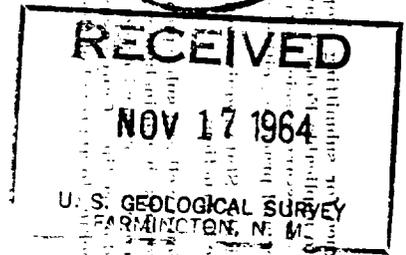
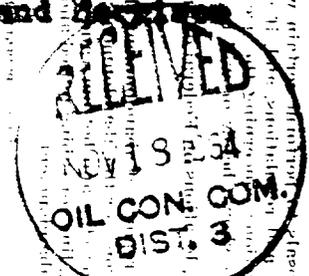
ABANDONMENT*

(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.)*

On 11-2-64 perforated Morrison formation from 2956 to 2964 with 1 jet/ft. Resumed producing with Entrada and Morrison coming in.

ILLEGIBLE



"Effective May 3, 1966, The Atlantic Refining Company changed its name to Atlantic Richfield Company"

18. I hereby certify that the foregoing is true and correct
SIGNED B. J. Sartore TITLE Drilling Production Supervisor DATE 11-17-64

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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

Form approved.
Budget Bureau No. 42-R1424.

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use "APPLICATION FOR PERMIT—" for such proposals.)

5. LEASE DESIGNATION AND SERIAL NO.

14-20-600-3431

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Navajo - Ute Mtn.

7. UNIT AGREEMENT NAME

Many Rocks Gallup proje

8. FARM OR LEASE NAME

Many Rocks Gallup project

9. WELL NO.

10. FIELD AND POOL, OR WILDCAT

Many Rocks Gallup

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

Sec. 17-31N-16W

12. COUNTY OR PARISH 13. STATE

San Juan New Mexico

1. OIL WELL GAS WELL OTHER **Water Supply Well**

2. NAME OF OPERATOR
ARCO Oil and Gas Company, Division of Atlantic Richfield Company

3. ADDRESS OF OPERATOR
1860 Lincoln St. - Suite 501, Denver, CO 80295

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)
At surface
SE NW (Unit 7) 2253' FNL and 1865' FWL Sec. 17

14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, OR, etc.)
GR 5710'

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) **Operator Name Change**

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

X

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) **Operator Name Change**

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

REPAIRING WELL

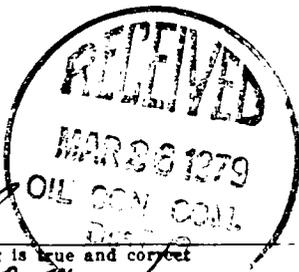
ALTERING CASING

ABANDONMENT*

X

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.)*

To indicate change in name of Operator to ARCO Oil and Gas Company, Division of Atlantic Richfield Company, assumed name for formerly Atlantic Richfield Company, effective April 1, 1979.



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

SIGNED G. Ray Cooper TITLE Accounting Supervisor DATE 3-20-79

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

ynmocc

*See Instructions on Reverse Side

Oldal

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

5. Lease Designation and Serial No.
14-20-600-3531

6. If Indian, Allottee or Tribe Name

NAUAJO

7. If Unit or CA, Agreement Designation

MANY ROCKS GALLUP

8. Well Name and No. **6P PPTD
MANY ROCKS #1W**

9. API Well No.

10. Field and Pool, or Exploratory Area

MANY ROCKS

11. County or Parish, State

SAN JUAN, NM

SUBMIT IN TRIPLICATE

1. Type of Well

Oil Well Gas Well Other

Water Supply Well

2. Name of Operator

BK Petroleum Inc.

3. Address and Telephone No.

P.O. Box 826 Farmington, NM 505326-309

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

**2253' FNL, 1865' FWL, Sec 17, T31N, R16W
16W**

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

TYPE OF SUBMISSION

Notice of Intent
 Subsequent Report
 Final Abandonment Notice

**RECEIVED
JAN 20 1998
OIL CON. DIV.
DIST. 2**

TYPE OF ACTION

Abandonment
 Recompletion
 Plugging Back
 Casing Repair
 Altering Casing
 Other

Change of Plans
 New Construction
 Non-Routine Fracturing
 Water Shut-Off
 Conversion to Injection
 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.)*

PLAN TO Plug well As Follows:

1. Place First Plug @ 3400' CAP w/ 50'
2. Place 2nd Plug @ 2900' CAP w/ 50'
3. Place 3rd Plug @ 2391 - 2491
4. Place 4th Plug 2268 - 2168
5. Place 5th Plug 1451 - 1351
6. Place 6th Plug 360 - 260 INSIDE AND OUTSIDE

7. Place 7th Plug From 150' TO SURFACE. IN + OUT

8. SET DRY hole MARKER AND Reclaim Location

**RECEIVED
PIT
98 JAN 15 PM 3:03
010 PAPER OFFICE 101**

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

Signed

Brad Walls

Title

President

Date

12-17-97

(This space for Federal or State office use)

Approved by

/s/ Duane W. Spencer

Title

Date

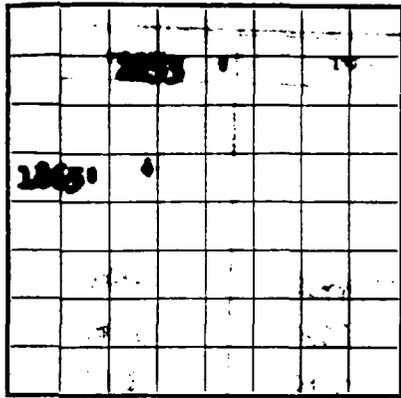
JAN 16 1998

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.

*See Instruction on Reverse Side

NMOCD

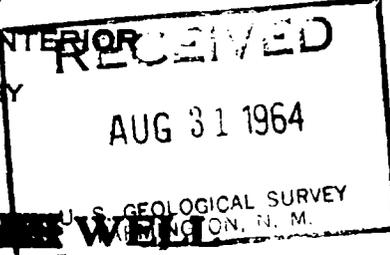


FORMATION RECORD

TOTAL FEET

U. S. LAND OFFICE SERIAL NUMBER LEASE OR PERMIT TO PROSPECT 14-30-60-51

UNITED STATES DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY



LOG OF WELL

LOCATE WELL CORRECTLY

Company The Atlantic Refining Company Address Box 2197, Farmington, New Mexico Lessor or Tract ... Well No. ... Sec. 17 T. 22N R. 10W Meridian ... Location 253 ft. S. of N. Line and 183 ft. E. of W. Line of Section 17 Elevation 5739

The information given herewith is a complete and correct record of the well and all work done thereon so far as can be determined from all available records.

Signed

B. J. Santari

Date August 28, 1964

Title Brig. Prod. Supt.

The summary on this page is for the condition of the well at above date.

Commenced drilling 1/21, 1964 Finished drilling 1/21, 1964

OIL OR GAS SANDS OR ZONES

(Denote gas by G)

No. 1, from 1625 to 1635 No. 2, from 1724 to 1746 No. 3, from ... No. 4, from ... No. 5, from ... No. 6, from ...

IMPORTANT WATER SANDS

No. 1, from 2277 to 2422 No. 2, from 2442 to 2458 No. 3, from 2458 to 2553 No. 4, from ...

CASING RECORD

Table with columns: Size casing, Weight per foot, Threads per inch, Make, Amount, Kind of shoe, Cut and pulled from, Perforated (From-To), Purpose. Includes handwritten notes and a circular stamp.

MUDDING AND CEMENTING RECORD

Table with columns: Size casing, Where set, Number sacks of cement, Method used, Mud gravity, Amount of mud used. Includes handwritten entries for 13 3/4 and 8 3/4 casing.

ILLEGIBLE

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

5. Lease Designation and Serial No.

14-20-600-3531

6. If Indian, Allottee or Tribe Name

Navajo Tribe

7. If Unit or CA. Agreement Designation

SUBMIT IN TRIPLICATE

1. Type of Well

Oil Well Gas Well Other

2. Name of Operator BK Petroleum Inc

% NMOCO

3. Address and Telephone No.

1000 Rio Brazos Rd. Aztec NM 87410 334-6178

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

18-31N-16W 360/N-855/E

8. Well Name and No.

16 Many Rocks

9. API Well No.

3004510840

10. Field and Pool, or Exploratory Area

Many Rocks Gallup

11. County or Parish, State

San Juan, NM

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

TYPE OF SUBMISSION	TYPE OF ACTION
<input checked="" type="checkbox"/> Notice of Intent	<input checked="" type="checkbox"/> Abandonment
<input 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 type="checkbox"/> Other _____
	<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.)

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.)*

See attached plugging procedure.

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

Signed NMOCO CONTRACT Plugging Date 8/11/00

Date 8/11/00

(This space for Federal or State office use)

Approved by _____ Title _____

Date 8/17/00

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.

*See instruction on Reverse Side

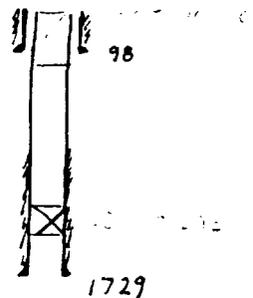
NMOCO

API NUMBER 30-045-10840
OPERATOR NAME BK PETROLEUM INC **WELL NUMBER** 16
PROPERTY NAME MANY ROCKS GALLUP UNIT
SECTION 18 **TOWNSHIP** 31N **RANGE** 16W
FOOTAGE 360 FNL- 855 FEL UL 'A'

Sur Csg OD 12 1/4" HOLE	8 5/8	XX			XX
SUR CSG TD	98	XX			XX
SUR CSG WT	26.4	XX			XX
TOP OF CMT	0	XX			XX
ACTUAL	CIRC	XX	XX		XX
CACULATED	85SX	XX	XX		XX
PROD CSG OD 6 3/4 HOLE	4 1/2	XX	XX		XX
PROD CSG TD	1729	XX	XX		XX
PROD CSG WT	9.5	XX	XX		XX
TOP OF CMT	371	XX	XX		XX
FORMATION TOP	ACTUAL		XX		XX
GALLUP 1493 1303	CACULATED		XX		XX
	PERF TOP		XX		XX
	PERF BOTTOM		XX		XX
	PACKER		XX		XX
	TYPE OF PLUG		XX		XX
	CIBP & CMT		XX		XX
	CMT		XX		XX

PROPOSED PLUGGING OPERATION

MIRU PU, BOPE, TOOH W/ TUBING & RODS, RIH W/WORK STRING, CIRC HOLE
 SPOT 14 SX PLUG ^{1353 1203} ~~1510-1300~~, WOC TAG, TOP AS REQUIRED, POOH
 RIH, PERF @ 148', CIRC CMT TO SURFACE, LEAVE CSG FULL, EST 35 SX
 CUT OFF WELLHEAD, INSTALL P&A MARKER, DIG AND CUT ANCHORS,
 Close pits according to guidelines: Clean and level location



(SUBMIT IN TRIPLICATE)

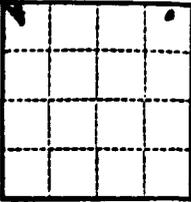
UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

Indian Agency _____

Navajo-Itte Na Tribal

Allottee _____

Lease No. 11-22-600-100



SUNDRY NOTICES AND REPORTS ON WELLS

NOTICE OF INTENTION TO DRILL	<input checked="" type="checkbox"/>	SUBSEQUENT REPORT OF WATER SHUT-OFF	
NOTICE OF INTENTION TO CHANGE PLANS	<input type="checkbox"/>	SUBSEQUENT REPORT OF SHOOTING OR ACIDIZING	
NOTICE OF INTENTION TO TEST WATER SHUT-OFF	<input type="checkbox"/>	SUBSEQUENT REPORT OF ALTERING CASING	
NOTICE OF INTENTION TO REDRILL OR REPAIR WELL	<input type="checkbox"/>	SUBSEQUENT REPORT OF REDRILLING OR REPAIR	
NOTICE OF INTENTION TO SHOOT OR ACIDIZE	<input type="checkbox"/>	SUBSEQUENT REPORT OF ABANDONMENT	
NOTICE OF INTENTION TO PULL OR ALTER CASING	<input type="checkbox"/>	SUPPLEMENTARY WELL HISTORY	
NOTICE OF INTENTION TO ABANDON WELL	<input type="checkbox"/>		

RECEIVED
JAN 23 1963
U. S. GEOLOGICAL SURVEY
FARMINGTON, NEW MEXICO

(INDICATE ABOVE BY CHECK MARK NATURE OF REPORT, NOTICE, OR OTHER DATA)

January 22, 1963

Well No. 10-1 11-16 is located 360 ft. from N line and 855 ft. from E line of sec. 16

NR/4 NR/4 Sec. 16 (4 Sec. and Sec. No.) XIV (Twp.) 16N (Range) 105W (Meridian)
Undesignated (Field) San Juan (County or Subdivision) New Mexico (State or Territory)

The elevation of the ~~down-hole~~ ^{ground} floor above sea level is 5675 ft.

DETAILS OF WORK

(State names of and expected depths to objective sands; show sizes, weights, and lengths of proposed casings; indicate mudding jobs, cementing points, and all other important proposed work)

We propose to drill this well to test the producing possibilities of the Gallup sand. Estimated total depth is 1700'.

100' of 8 5/8" O.D. 2 1/2" casing will be set and cemented to surface. 4 1/2" O.D. 9.5" casing will be run and cemented to approximately 800' if production is commercial.

Estimated top of Gallup sand is 1630'. A Sand Oil Frac will probably be necessary to stimulate production.

I understand that this plan of work must receive approval in writing by the Geological Survey before operations may be commenced.

Company THE ATLANTIC REFINING COMPANY

Address P. O. BOX 2197

FARMINGTON, NEW MEXICO

By B. J. Sartain

Title Drilling & Production Supervisor

JAN 24 1963
OIL CON. COM.
DIST. 3

ILLEGIBLE

NEW MEXICO OIL CONSERVATION COMMISSION

Well Location and Acreage Dedication Plat

Section A.

Date JANUARY 22, 1963

Operator ATLANTIC OIL AND REFINING CO. Lease NAVAJO 18
 Well No. 1 Unit Letter A Section 18 Township 31 NORTH Range 16 WEST NMPM
 Located 360 Feet From the NORTH Line, 855 Feet From the EAST Line
 County SAN JUAN G. L. Elevation 5675.0' Dedicated Acreage 20.0 Acres
 Name of Producing Formation Gallop Pool Undersaturated

1. Is the Operator the only owner in the dedicated acreage outlined on the plat below?
 Yes No
2. If the answer to question one is "no", have the interests of all the owners been consolidated by communitization agreement or otherwise? Yes No . If answer is "yes", Type of Consolidation.
3. If the answer to question two is "no", list all the owners and their respective interests below:

Owner Land Description

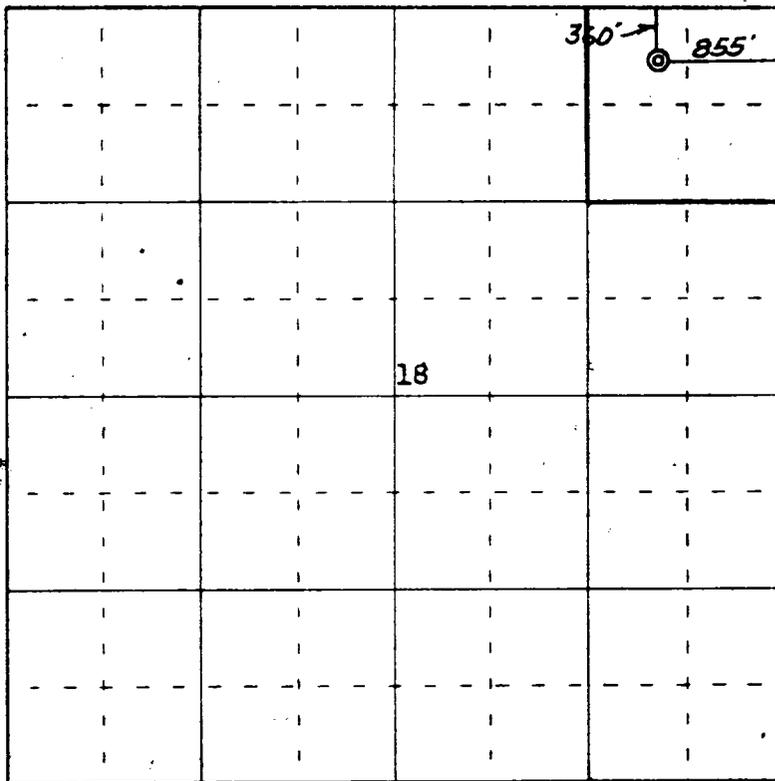
ILLEGIBLE

Section B.

Note: All distances must be from outer boundaries of section.

This is to certify that the information in Section A above is true and complete to the best of my knowledge and belief.

THE ATLANTIC OIL AND REFINING CO.
 (Operator) -
B. J. Sartain
 (Representative)
P. O. BOX 2157
 (Address)
FARMINGTON, NEW MEXICO



Scale 4 inches equal 1 mile



This is to certify that the above plat was prepared from field notes of actual surveys made by me or under my supervision and that the same are true and correct to the best of my knowledge and belief.

Date Surveyed 9 January 1963

James P. Leese
 Registered Professional Engineer and/or Land Surveyor
 James P. Leese, N. Mex. Reg. No. 1463
 San Juan Engineering Company

(Seal)

Farmington, New Mexico

(SUBMIT IN TRIPPLICATE)

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

Form approved,
Budget Bureau No. 42-23884.

Indian Agency _____

Allottee _____

Lease No. 21-00-000-000

SUNDRY NOTICES AND REPORTS ON WELLS

NOTICE OF INTENTION TO DRILL _____	SUBSEQUENT REPORT OF WATER SHUT-OFF _____
NOTICE OF INTENTION TO CHANGE PLANS _____	SUBSEQUENT REPORT OF SHOOTING OR ACIDIZING _____
NOTICE OF INTENTION TO TEST WATER SHUT-OFF _____	SUBSEQUENT REPORT OF ALTERING CASING _____
NOTICE OF INTENTION TO REDRILL OR REPAIR WELL _____	SUBSEQUENT REPORT OF REDRILLING OR REPAIR _____
NOTICE OF INTENTION TO SHOOT OR ACIDIZE _____	SUBSEQUENT REPORT OF ABANDONMENT _____
NOTICE OF INTENTION TO PULL OR ALTER CASING _____	SUPPLEMENTARY WELL HISTORY _____
NOTICE OF INTENTION TO ABANDON WELL _____	

RECEIVED
FEB 13 1963

(INDICATE ABOVE BY CHECK MARK NATURE OF REPORT, NOTICE, OR OTHER DATA)

U. S. GEOLOGICAL SURVEY
FARMINGTON, NEW MEXICO

_____ 1963

Well No. 21-00-000-000 is located 200 ft. from N line and 400 ft. from E line of sec. 20

21-00-000-000 (4 Sec. and Sec. No.) 21 (Twp.) 20 (Range) 21 (Meridian)
San Juan (Field) San Juan (County or Subdivision) New Mexico (State or Territory)

The elevation of the ground above sea level is 2000 ft.

DETAILS OF WORK

(State names of and expected depths to objective sands; show sizes, weights, and lengths of proposed casings; indicate mudding jobs, cementing points, and all other important proposed work)

Perforated 1 1/2" casing from 1400 to 1450 with 20 joints. Steel - 622 - Perforated down 1 1/2" casing with 2000/20/20 sand in 200 lbs. Least water plus 200 gal 2-27. Flow 2000/2000 gal average rate 20 bopms. Pressure 1400 psi to 2000 psi. Job complete 11:00 on 2-2-63.

ILLEGIBLE

RECEIVED
FEB 14 1963
CON. COM.
INT. 3

I understand that this plan of work must receive approval in writing by the Geological Survey before operations may be commenced.

Company The Atlantic Refining Co.

Address Box 2197

Farmington, N.M.

By B. J. Sartin

Title Drilling & Prod. Supervisor



THE ATLANTIC REFINING COMPANY
 INCORPORATED - 1970
 PETROLEUM PRODUCTS
 ATLANTIC BUILDING
 DALLAS, TEXAS

DOMESTIC PRODUCING DEPT.

P. O. BOX 2197
 Farmington, New Mexico
 February 18, 1963

State of New Mexico
 Oil Conservation Commission
 1000 Rio Brages Road
 Aztec, New Mexico

Gentlemen:

A tabulation of the straight hole tests which were run on our Navajo 18-1 31-16 well is shown below. This well is located 360' FNL and 855' FEL Section 18, T-31N, R-16W, San Juan County, New Mexico.

<u>DEPTH</u>	<u>DEVIATION</u>
60'	10
500'	10
1000'	10
1625'	10

T.D. 1734

This well was drilled by Whigham Drilling Company between February 2, 1963 and February 5, 1963.

Yours truly,
 THE ATLANTIC REFINING CO.
B. J. Sartain
 B. J. Sartain
 Drilling & Production Supervisor

AFFIDAVIT

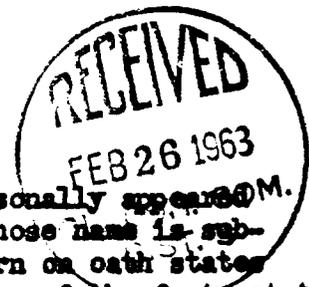
STATE OF NEW MEXICO

COUNTY OF San Juan

Before me, the undersigned authority on this day personally appeared B. J. Sartain, known to me to be the person whose name is subscribed to the above instrument, who being by me duly sworn on oath states that he is authorized to make this report and has knowledge of the facts stated herein, and that said report is true and correct.

Subscribed and sworn to before me this 22nd day of Feb, 1963.

My Commission Expires:



Marjorie L. Wynn
 COUNTY CLERK



THE ATLANTIC REFINING COMPANY
 INCORPORATED - 1970
 PETROLEUM PRODUCTS
 ATLANTIC BUILDING
 DALLAS, TEXAS

DOMESTIC PRODUCING DEPT.

P. O. BOX 2197
 Farmington, New Mexico
 February 18, 1963

State of New Mexico
 Oil Conservation Commission
 1000 Rio Bragan Road
 Artes, New Mexico

Gentlemen:

A tabulation of the straight hole tests which were run on our Navajo 18-1 31-16 well is shown below. This well is located 360' FNL and 855' FEL Section 18, T-31N, R-16W, San Juan County, New Mexico.

<u>DEPTH</u>	<u>DEVIATION</u>
60'	1°
500'	1°
1000'	1°
1625'	1°

T.D. 1734



This well was drilled by Whigham Drilling Company between February 2, 1963 and February 5, 1963.

Yours truly,
 THE ATLANTIC REFINING CO.
B. J. Sartain
 B. J. Sartain
 Drilling & Production Supervisor

AFFIDAVIT

STATE OF NEW MEXICO

COUNTY OF San Juan

Before me, the undersigned authority on this day personally appeared B. J. Sartain, known to me to be the person whose name is subscribed to the above instrument, who being by me duly sworn on oath states that he is authorized to make this report and has knowledge of the facts stated herein, and that said report is true and correct.

Subscribed and sworn to before me this 22nd day of Feb, 1963

My Commission Expires:

Margaret L. Wyman

NUMBER OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.S.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
PRODUCTION OFFICE	
OPERATOR	3

NEW MEXICO OIL CONSERVATION COMMISSION
SANTA FE, NEW MEXICO
CERTIFICATE OF COMPLIANCE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

FORM C-110
(Rev. 7-60)

FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE

Company or Operator **The Atlantic Refining Company** Lease **Navajo 18** Well No. **# 20-1-31-14**

Unit Letter **A** Section **18** Township **31-N** Range **16-W** County **San Juan**

Pool **Undersaturated** Kind of Lease (State, Fed, Fee) **Fed. Navajo Tribal**

If well produces oil or condensate give location of tanks Unit Letter **A** Section **18** Township **31-N** Range **16-W**

Authorized transporter of oil or condensate
McWood Corporation Address (give address to which approved copy of this form is to be sent)
P. O. Box 1702
Farmington, New Mexico

Is Gas Actually Connected? Yes No

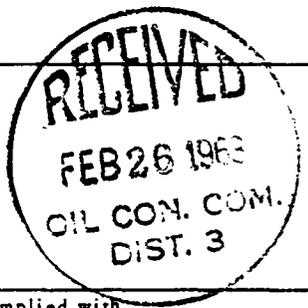
Authorized transporter of casing head gas or dry gas Date Connected Address (give address to which approved copy of this form is to be sent)

If gas is not being sold, give reasons and also explain its present disposition:
No market - used for lease fuel.

REASON(S) FOR FILING (please check proper box)

New Well Change in Ownership
Change in Transporter (check one) Other (explain below)
Oil Dry Gas
Casing head gas Condensate

Remarks



The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.
Executed this the 22 day of February, 1963.

OIL CONSERVATION COMMISSION	By
	<i>B. J. Sartin</i>
Approved by	Title
Original Signed Emery C. Arnold	Drilling and Production Supervisor
Title	Company
Supervisor Dist. # 3	The Atlantic Refining Company
Date	Address
FEB 26 1963	Box 2197 Farmington, N. M.

ILLEGIBLE

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

(Form C-104)
Revised 7/1/57

REQUEST FOR (OIL) - (GAS) ALLOWABLE

Bj.

New Well
Recompletion

This form shall be submitted by the operator before an initial allowable will be assigned to any completed Oil or Gas well. Form C-104 is to be submitted in QUADRUPPLICATE to the same District Office to which Form C-101 was sent. The allowable will be assigned effective 7:00 A.M. on date of completion or recompletion, provided this form is filed during calendar month of completion or recompletion. The completion date shall be that date in the case of an oil well when new oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

Farmington, New Mexico (Place) 2/22/63 (Date)

WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS:

The Atlantic Refining Co. (Company or Operator) Navajo (Lease), Well No. 18-1-3888, in NE $\frac{1}{4}$ NE $\frac{1}{4}$,
Unit Letter A, Sec. 18, T. 31-N, R. 16-W, NMPM., Undesignated Pool

San Juan County. Date Spudded 2/2/63 Date Drilling Completed 2/5/63
Elevation 9684 D. F. Total Depth 1734' PBTD 1693'

Please indicate location:

D	C	B	A
E	F	G	H
L	K	J	I
M	N	O	P

Top Oil/Gas Pay 1653' Name of Prod. Form. Gallup Sand

PRODUCING INTERVAL -

Perforations 1653' to 1658'

Open Hole None Depth None Casing Shoe 1729' Depth Tubing 1664'

OIL WELL TEST -

Natural Prod. Test: None bbls. oil, None bbls water in None hrs, None min. Size None

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 20 bbls. oil, 0 bbls water in 24 hrs, 0 min. Size Pumping

GAS WELL TEST -

Natural Prod. Test: None MCF/Day; Hours flowed None Choke Size None

Tubing, Casing and Cementing Record

Size	Feet	Sax
8 5/8	98	85
4 1/2	1729	125
2 3/8	1664	

Method of Testing (pitot, back pressure, etc.): None

Test After Acid or Fracture Treatment: None MCF/Day; Hours flowed None

Choke Size None Method of Testing: None

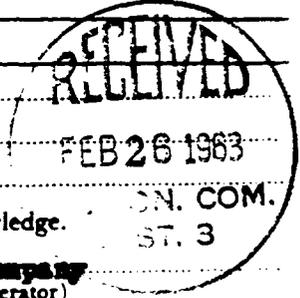
Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 15,000# 10/20 sand in 12936 gal. lease crude

Casing None Tubing None Date first new None
Press. None Press. Pumping Oil run to tanks February 21, 1963

Oil Transporter McWood Corporation

Gas Transporter None

Remarks: Tabulation of straight hole tests attached.



I hereby certify that the information given above is true and complete to the best of my knowledge.

Approved February 22 FEB 26 1963, 19 63

The Atlantic Refining Company
(Company or Operator)

By: Bj. Dartman
(Signature)

Title Drilling and Production Supervisor

Send Communications regarding well to:

Name Atlantic Refining Company

Address P. O. Box 2197 Farmington, N.M.

OIL CONSERVATION COMMISSION

By: Original Signed Emery C. Arnold

Title Supervisor Dist. #3

(SUBMIT IN TRIPLICATE)

Indian Agency _____

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

Navajo of the Nav. Trib.

Allettee _____

Lease No. 11-28-60-111

SUNDRY NOTICES AND REPORTS ON WELLS

NOTICE OF INTENTION TO DRILL		SUBSEQUENT REPORT OF WATER SHUT-OFF	
NOTICE OF INTENTION TO CHANGE PLANS		SUBSEQUENT REPORT OF SHOOTING OR ACIDIZING	
NOTICE OF INTENTION TO TEST WATER SHUT-OFF		SUBSEQUENT REPORT OF ALTERING CASING	
NOTICE OF INTENTION TO REDRILL OR REPAIR WELL		SUBSEQUENT REPORT OF REDRILLING OR REPAIR	
NOTICE OF INTENTION TO SHOOT OR ACIDIZE	<input checked="" type="checkbox"/>	SUBSEQUENT REPORT OF ABANDONMENT	
NOTICE OF INTENTION TO PULL OR ALTER CASING		SUPPLEMENTARY WELL HISTORY	
NOTICE OF INTENTION TO ABANDON WELL			

RECEIVED
AUG 6 1963
U. S. GEOLOGICAL SURVEY
FARMINGTON, NEW MEXICO

(INDICATE ABOVE BY CHECK MARK NATURE OF REPORT, NOTICE, OR OTHER DATA)

August 5, 1963

Navajo 18-1

Well No. D-16 is located 340 ft. from N line and 855 ft. from E line of sec. 14

18N 18E 18 14E 18W
(Twp.) (Range) (Meridian)
Lower Navajo Gallup San Juan New Mexico
(Field) (County or Subdivision) (State or Territory)

The elevation of the ~~derrick floor~~ ^{ground} above sea level is 5675 ft.

DETAILS OF WORK

(State names of and expected depths to objective sands; show sizes, weights, and lengths of proposed casings; indicate mudding jobs, cementing points, and all other important proposed work)

This well was completed in the Lower Gallup on 2-11-63. Perforations 1653'-1660'. We propose to deal complete this well in the Upper Gallup. Perforate 1528'-1535' and sand oil free with 10,000# 10/20 sand and 1500# 8 / 12 glass beads.

ILLEGIBLE



I understand that this plan of work must receive approval in writing by the Geological Survey before operations may be commenced.

Company The Atlantic Refining Co.

Address Box 2197

Farmington, N.M.

By J. Roy Knott

Title Production Foreman

DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	NATURAL GAS
PRODUCTION OFFICE	
OPERATOR	2

NEW MEXICO OIL CONSERVATION COMMISSION
SANTA FE, NEW MEXICO

FORM C-110
(Rev. 7-60)

**CERTIFICATE OF COMPLIANCE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS**

FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE

Company or Operator	The Atlantic Refining Company	Lease	Many Rocks Gallup Proj.	Well No.	16
---------------------	-------------------------------	-------	-------------------------	----------	----

Unit Letter	A	Section	7B	Township	31N	Range	16W	County	San Juan
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Pool	Many Rocks Gallup	Kind of Lease (State, Fed, Fee)	Navajo Ute Nat. Tribal
------	-------------------	---------------------------------	------------------------

If well produces oil or condensate give location of tanks	Unit Letter	Section	Township	Range
--	-------------	---------	----------	-------

Authorized transporter of oil <input checked="" type="checkbox"/> or condensate <input type="checkbox"/>	Address (give address to which approved copy of this form is to be sent)
McWood Corporation	Box 1702 Farmington, New Mexico

Is Gas Actually Connected? Yes _____ No

Authorized transporter of casing head gas <input type="checkbox"/> or dry gas <input type="checkbox"/>	Date Connected	Address (give address to which approved copy of this form is to be sent)
None		

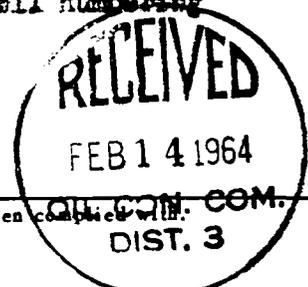
If gas is not being sold, give reasons and also explain its present disposition:

No market. Used for lease fuel.

REASON(S) FOR FILING (please check proper box)

- | | |
|--|---|
| New Well <input type="checkbox"/> | Change in Ownership <input type="checkbox"/> |
| Change in Transporter (check one) | Other (explain below) |
| Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> | Change in well name as part of Many Rocks
Project which was effective at 7:00 A.M.
1-1-64 |
| Casing head gas <input type="checkbox"/> Condensate <input type="checkbox"/> | |

Remarks This replaces Form C-110 which was filed 1-29-64, because well numbering system was not acceptable



The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.
Executed this the 12 day of February, 1964.

OIL CONSERVATION COMMISSION	By	B. J. Sartin
Approved by	Title	Drilling & Production Supervisor
Original Signed Emery C. Arnold	Company	The Atlantic Refining Company
Title	Address	Box 2197, Farmington, New Mexico
Supervisor Dist. # 3		
Date		
FEB 14 1964		

NUMBER OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
PROBATION OFFICE	
OPERATOR	2

NEW MEXICO OIL CONSERVATION COMMISSION
SANTA FE, NEW MEXICO
CERTIFICATE OF COMPLIANCE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

FORM C-110
(Rev. 7-60)

FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE

Company or Operator The Atlantic Refining Co.		Lease Many Rocks Gallup Project A	Well No. 18-EE
Unit Letter A	Section 18	Township 31-N	Range 16-W
Pool Many Rocks Gallup		County San Juan	
		Kind of Lease (State, Fed, etc.) Navajo Ute Mtn. Tribal	

If well produces oil or condensate give location of tanks	Unit Letter	Section	Township	Range
---	-------------	---------	----------	-------

Authorized transporter of oil <input checked="" type="checkbox"/> or condensate <input type="checkbox"/> McWood Corporation	Address (give address to which approved copy of this form is to be sent) Box 1702, Farmington, New Mexico
---	---

Is Gas Actually Connected? Yes No

Authorized transporter of casing head gas <input type="checkbox"/> or dry gas <input type="checkbox"/> No Market	Date Connected	Address (give address to which approved copy of this form is to be sent)
--	----------------	--

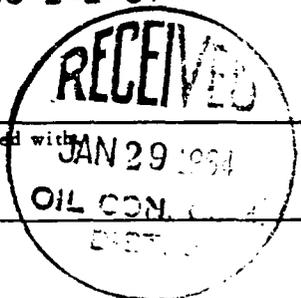
If gas is not being sold, give reasons and also explain its present disposition:
No Market. Used for lease fuel

REASON(S) FOR FILING (please check proper box)

- | | |
|--|--|
| New Well <input type="checkbox"/> | Change in Ownership <input type="checkbox"/> |
| Change in Transporter (check one) | Other (explain below) |
| Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> | Change in well name as part of |
| Casing head gas <input type="checkbox"/> Condensate <input type="checkbox"/> | Many Rocks Gallup Project which was |
| | effective at 7:00 A.M. 1-1-64 |

Remarks
Agreement actually signed 1-17-64, made retroactive to 1-1-64

The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with
 Executed this the **23** day of **January**, 19 **64**



OIL CONSERVATION COMMISSION	By B. J. Sartin
Approved by Original Signed Emery C. Arnold	Title Drilling & Production Supervisor
Title Supervisor Dist. # 3	Company The Atlantic Refining Company
Date JAN 29 1964	Address Box 2197, Farmington, New Mexico

**UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY**

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

Form approved.
Budget Bureau No. 42-R1424.

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

<p>1. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER</p> <p>2. NAME OF OPERATOR The Atlantic Refining Company</p> <p>3. ADDRESS OF OPERATOR Box 2197 Farmington, N.M.</p> <p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface NE NE (Unit A) 360' FNL & 855' FEL) Sec. 18</p> <p>14. PERMIT NO.</p>	<p>5. LEASE DESIGNATION AND SERIAL NO. 14-20-600-3531</p> <p>6. IF INDIAN, ALLOTTEE OR TRIBE NAME Navajo-Ute Mtn.</p> <p>7. UNIT AGREEMENT NAME Pro Many Rocks Gallup</p> <p>8. FARM OR LEASE NAME Many Rocks Gallup</p> <p>9. WELL NO. 16</p> <p>10. FIELD AND POOL, OR WILDCAT Many Rocks Gallup</p> <p>11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 18, T-31N, R-1E</p> <p>12. COUNTY OR PARISH AND STATE San Juan N.M.</p>
<p>15. ELEVATIONS (Show whether DF, RT, GR, etc.) GR 5675'</p>	

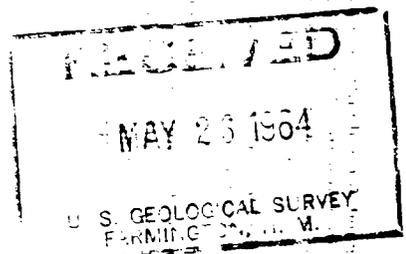
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	FULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input checked="" type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	

(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.)*

Pulled rods and tubing on 8/6/63. Perforated upper Gallup 1528-1532 w/4 Jets/ft.
Set retrievable bridge plug at 1575.
Sand oil fractured upper Gallup #/ 150 gal mud acid followed by 10,000# 10/20 sand and 1500# 8/12 glass beads in 19,300 gal lease crude. FBDP 2200 psi/ 1600 psi. Avg rate 27 bpm @ 1650 psi.
Job complete 5:15 p.m. 8/6/63.



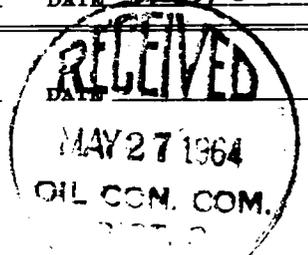
18. I hereby certify that the foregoing is true and correct

SIGNED B. G. Sartain TITLE Drlg. Prod. Supv. DATE 5/25/64

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____

CONDITIONS OF APPROVAL, IF ANY:



**UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY**

SUBMIT IN TRIPPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Water Injection Well		3. LEASE DESIGNATION AND SERIAL NO. 14-20-600-3311
2. NAME OF OPERATOR The Atlantic Refining Company		6. IF INDIAN ALLOTTEE OR TRIBE NAME Mexico-De Mtn. Tribal
3. ADDRESS OF OPERATOR Box 2197 Farmington, N. Mexico		7. UNIT AGREEMENT NAME Mesa Roche Oilfield Project
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 340' FWL & 835' FWL of Sec 18, Twp. 31N, Rge 16W, San Juan Co., N. Mexico N P M		8. FARM OR LEASE NAME
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5484' BUD	9. WELL NO. 016
		10. FIELD AND POOL, OR WILDCAT Mesa Roche
		11. SEC., T., R. M., OR BLM. AND SURVEY OR AREA Sec 18, Twp 31N, Rge 16W N P M
		12. COUNTY OR PARISH San Juan
		13. STATE N. Mexico

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

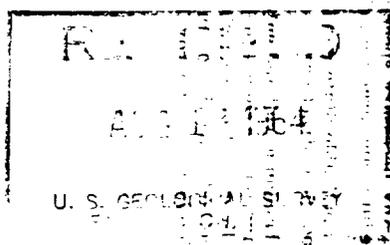
NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input checked="" type="checkbox"/>	(Other) Wtr Injection well	

(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.)*

Plan to convert subject well to inject water into both zones of the Gallup Formation. It has been necessary to locate injection wells on the south western side of the project near the center of the reservoir in order to obtain sufficient injection rates. Moving proposed injection well No. 15 in parts, this well only a few hundred feet from Well No 16. Well No. 16 is presently an upper zone injection and lower zone producer.

Effective May 3, 1966, The Atlantic Refining Company changed its name to Atlantic Richfield Company"



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

SIGNED **R. O. Childers** TITLE **Dist. Dir. & Prod. Supt.** DATE **8/11/64**

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

ILLEGIBLE

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL GAS WELL OTHER **Water Injection Well**

2. NAME OF OPERATOR
The Atlantic Refining Company

3. ADDRESS OF OPERATOR
Box 2027, Farmington, N.M.

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface
360' FWL & 825' FWL of Sec 18, Twp. 31N, Rge 1 W

5. LEASE DESIGNATION AND SERIAL NO.

6. IF APPLICABLE, RESERVOIR OR STRATA NAME

7. OPERATOR'S NAME

8. FIELD OR LEASE NAME

9. WELL NO.

10. FIELD AND POOL, OR WILDCAT

11. SECTION, TOWNSHIP OR BEE, AND SURVEY OR AREA

12. COUNTY OR PARISH

14. PERMIT NO.

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

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

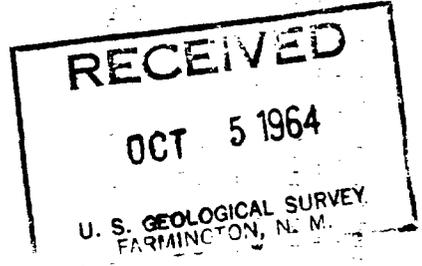
NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input checked="" type="checkbox"/> Comment to Water Injection	
(Other) <input type="checkbox"/>		(NOTE: Report results of multiple completion or 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.) *

On 8/25/64 pulled rods and pump. Rigged up well head and started injecting water into lower Gallup thru 2" tubing. Well had previously been an upper zone injector and lower producer. Injection into upper zone was started on 7/25/64.

ILLEGIBLE

"Effective May 3, 1966, The Atlantic Refining Company changed its name to Atlantic Richfield Company"



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

SIGNED B. Gastain TITLE Welling Prod. Supt. DATE 10/1/64

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

Form 9-331
(May 1963)

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

14-20-600-3531

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Nav. Ute-Mtn.

7. UNIT AGREEMENT NAME

Many Rocks Gallup Pro.

8. FARM OR LEASE NAME

Many Rocks Gallup

9. WELL NO.

10. FIELD AND POOL, OR WILDCAT

Many Rocks Gallup

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

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

Water Injection Wells

2. NAME OF OPERATOR

Atlantic Richfield

3. ADDRESS OF OPERATOR

Box 2197, Farmington, N. Mex.

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

14. PERMIT NO.

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

12. COUNTY OR PARISH

13. STATE

San Juan

N. Mex.

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

Shut-In Injection Wells

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

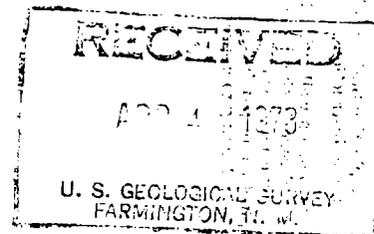
ABANDONMENT*

(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.)*

As per USGS approval, dated Jan. 23, 1973, of supplemental
plan of development -- We have discontinued water injection
as of March 29, 1973 on the following wells: #16, 18, 19,
21, 22, 23, & 26.

Also include Water Supply well #1-W as being shut-in March
29, 1973



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

SIGNED

R. R. Markes

TITLE

Acting Drlg. Pro. Supv.

DATE

4/2/73

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

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

14-20-600-3531

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Navajo-Ute Mountain

7. UNIT AGREEMENT NAME

Many Rocks Gallup Unit

8. FARM OR LEASE NAME

Many Rocks Gallup

9. WELL NO.

16

10. FIELD AND POOL, OR WILDCAT

Many Rocks Gallup

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

Sec. 18-31N-16W

1. OIL WELL GAS WELL OTHER Injection

2. NAME OF OPERATOR

Atlantic Richfield Company

3. ADDRESS OF OPERATOR

1860 Lincoln Street, Suite 501, Denver, Colorado 80203

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

At surface

Unit A, 360' f/North & 855' f/East lines Sec. 18

14. PERMIT NO.

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

5684'

12. COUNTY OR PARISH

San Juan

13. STATE

New Mexico

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) Shut In

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.)*

Unit production declined to 27 BOPD which is below the economic limit. Injection stopped to reduce expenses and evaluate unit performance without injection.

This well was shut in 3-29-73. U.S.G.S. approved Supplemental Plan of Development 1-23-73.

This well is in a Unit. Waterflood operations have been temporarily suspended. Future plans are to conduct waterflood and tertiary recovery studies. These studies may result in a revised waterflood plan or in a tertiary recovery program that may require the use of this well in order to recover the maximum amount of oil from this reservoir.

Two copies sent to New Mexico Oil Conservation Commission

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

SIGNED

W. A. Walther, Jr.
W. A. Walther, Jr.

TITLE Dist. Prod. & Drlg. Supt.

DATE 10/18/74

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

**UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY**

SUBMIT IN TRIPPLICATE
(Other instructions on reverse side)

FORM APPROVED
Budget Bureau No. 42-R1424.

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

1. OIL WELL GAS WELL OTHER Injection

2. NAME OF OPERATOR
Atlantic Richfield Company

3. ADDRESS OF OPERATOR
1860 Lincoln Street, Suite 501, Denver, Colorado 80203

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)
At surface
Unit A, 360' f/North & 855' f/East lines Section 18

14. PERMIT NO. _____ 15. ELEVATIONS (Show whether DF, RT, OR, etc.)
5684'

5. LEASE DESIGNATION AND SERIAL NO.
14-20-600-3531

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
Navajo-Ute Mountain

7. UNIT AGREEMENT NAME
Many Rocks Gallup Unit

8. FARM OR LEASE NAME
Many Rocks Gallup

9. WELL NO.
16

10. FIELD AND POOL, OR WILDCAT
Many Rocks Gallup

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 18-31N-16W

12. COUNTY OR PARISH
San Juan

18. STATE
New Mexico

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Shut In, Extension Request</u>	
(Other) _____		(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	

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

Unit production declined to 27 BOPD which is below the economic limit. Injection stopped to reduce expenses and evaluate unit performance without injection. This well was shut in 3-29-73. U.S.G.S. approved Supplemental Plan of Development 1-23-73. This well is in a Unit. Waterflood operations have been temporarily suspended. Future plans are to conduct waterflood and tertiary recovery studies. These studies may result in a revised waterflood plan or in a tertiary recovery program that may require the use of this well in order to recover the maximum amount of oil from this reservoir.

TEMPORARY ABANDONMENT
EXPIRES JUN 1 1977



Two copies sent to New Mexico Oil Conservation Commission

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

SIGNED W. A. Walther, Jr. TITLE Operations Manager DATE 6/04/76

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

RECEIVED
JUL 03 1984

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COMPLETIONS	
DISTRIBUTION	
DATE	
FILE	
A.S.A.	
REG. OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
REGISTRATION OFFICE	

Operator: Arco Petroleum, Inc.

Address: 501 Airport Dr.-Suite 165, Farmington, N.M. 87401

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	
<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 type="checkbox"/> Condensate

Other (Please explain)

Range of ownership give name and address of previous owner: Arco Oil & Gas Co., P.O. Box 5540, Denver, Co. 80217

DESCRIPTION OF WELL AND LEASE

Well Name <u>Many Rocks Gallup Unit</u>	Well No. <u>16</u>	Pool Name, including Formation <u>Many Rocks Gallup</u>	Kind of Lease Fed. <u>14-20-600</u> State, Federal or Fee <u>3531</u>	Lease No.
Well Location Well Letter <u>A</u> : <u>360</u> Feet From The <u>North</u> Line and <u>855</u> Feet From The <u>East</u>				
Line of Section <u>18</u> Township <u>31N</u> Range <u>16W</u> , NMPM. <u>San Juan</u> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Is it 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)
<u>Water injection well - shut in</u>	<u>501 Airport Dr. - Suite 165, Farmington,</u>
Is it Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
	<u>N.M. 87401</u>
Does it produce oil or liquids, location of tanks.	Is gas actually connected? When

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

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

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.

[Signature]
(Signature)
President
July 1, 1984
(Date)

OIL CONSERVATION DIVISION

APPROVED [Signature] JUL 03 1984, 19____
BY _____
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 filed for each pool in multiply completed wells.

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

1984
3. TITLE OF PROJECT AND WELL NO.
14-20-600-3531

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different interval.
Use "APPLICATION FOR PERMIT" for such proposals.)

8. IF OTHER, ALLOCATE BY TRACT NAME
Navajo-Ute Mtn.

1. OIL WELL GAS WELL OTHER

7. OPERATOR NAME
Many Rocks Gallup Project

2. NAME OF OPERATOR
BK Petroleum, Inc.

8. FARM OR LEASE NAME
Many Rocks Gallup Unit

3. ADDRESS OF OPERATOR
501 Airport Dr., Suite 165, Farmington, NM87401

9. WELL NO.
16

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface
360' FNL, 855' FEL, Sec. 18, T31N, R16W

10. FIELD AND POOL, OR WILDCAT
Many Rocks Gallup
11. TOWNSHIP, RANGE, OR SECTION
Sec. 18, T31N, R16W

RECEIVED
SEP 05 1984
BUREAU OF LAND MANAGEMENT

14. PERMIT NO.

15. ELEVATIONS (Show whether OP, ST, CR, etc.)
GL 5689

12. COUNTY OR PARCELS
San Juan
13. STATE
NM

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

NOTICE OF INTENTION TO:

SUBSEQUENT ACTIONS OF:

TEST WATER SHUT-OFF
FRACTURE TREAT
SHOOT OR ACIDISE
REPAIR WELL
(Other) Change of Operator

WATER SHUT-OFF
FRACTURE TREATMENT
SHOOTING OR ACIDISING
(Other)
REPAIRING WELL
ANY NEW CASING
ARRANGEMENTS

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

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent data, 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 open intervals to this work.)

Effective June 1, 1984 BK Petroleum, Inc. became Unit Operator.

RECEIVED
SEP 23 1984
OIL CON. DIV.
DIST. 3

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

SIGNED Michael L. Kuchera TITLE Petroleum Engineer

DATE 9-21-84

(This space for Federal or State official use)

ACCEPTED FOR RECORD

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____ DATE _____

SEP 27 1984

See Instructions on Reverse Side

FARMINGTON RESOURCE AREA
BY 693

NMOCC



STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT
 OIL CONSERVATION DIVISION
 AZTEC DISTRICT OFFICE

TONEY ANAYA
 GOVERNOR

1000 RIO BRAZOS ROAD
 AZTEC, NEW MEXICO 87410
 (505) 334-6178

January 10, 1986

Mr. Larry Bedford
 BK Petroleum Inc.
 PO Box 826
 Farmington, NM 87499

Re: Many Rocks Gallup Project # 6	G- 7-31N-16W
Many Rocks Gallup Project # 8	L- 7-31N-16W
Many Rocks Gallup Project #12	K- 8-31N-16W
Many Rocks Gallup Project #13	N- 7-31N-16W
Many Rocks Gallup Project #16	A-18-31N-16W ✓
Many Rocks Gallup Project #18	C-17-31N-16W
Many Rocks Gallup Project #19	E-17-31N-16W
Many Rocks Gallup Project #21	G-17-31N-16W
Many Rocks Gallup Project #22	K-17-31N-16W

Dear Mr. Bedford:

Upon review of the NMOCD files of the referenced injection wells, I find that the temporary abandonment status expired on June 1, 1977. NMOCD Rule 202.B. states that upon expiration of the permit for temporary abandonment and any extension thereto, the well shall be put to beneficial use or shall be permanently plugged and abandoned, unless it can be shown to the Division after notice and hearing that good cause exists why the well should not be plugged and abandoned, and a further extension to the temporary abandonment permit should be issued. In order to comply with NMOCD Rule 202.B. you are hereby directed to either return the referenced wells to active status or plug and abandon them within six months.

Yours truly,

Carolyn J. Taplin
 Field Representative

xc: Prentiss Childs
 ✓ Well Files
 Operator File
 UIC File



STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT
 OIL CONSERVATION DIVISION
 AZTEC DISTRICT OFFICE

TONY ANAYA
 GOVERNOR

February 12, 1986

1000 RIO BRAZOS ROAD
 AZTEC, NEW MEXICO 87410
 (505) 334-6178

Ms. Mildred L. Kuchera
 BK Petroleum, Inc.
 P.O. Box 826
 Farmington, NM 87401

Re: Many Rocks Gallup Project # 6 G-07-31N-16W
 Many Rocks Gallup Project # 8 L-07-31N-16W
 Many Rocks Gallup Project #12 K-08-31N-16W
 Many Rocks Gallup Project #13 N-07-31N-16W
 Many Rocks Gallup Project #16 A-18-31N-16W ✓
 Many Rocks Gallup Project #18 C-17-31N-16W
 Many Rocks Gallup Project #19 E-17-31N-16W
 Many Rocks Gallup Project #21 G-17-31N-16W
 Many Rocks Gallup Project #22 K-17-31N-16W

Dear Ms. Kuchera:

I am writing in response to your letter of February 7, 1986. NMOCD Rule 705.B.1 states that whenever there is a continuous six-month period of noninjection into any injection project, storage project, salt water disposal well, or special purpose injection well, such project or well shall be considered abandoned, and the authority for injection shall automatically terminate ipso facto. This letter will serve as notice that your authority to inject into the referenced wells has been terminated. In your letter you indicated that you plan to return the wells to active injection status. It will be necessary to apply to the Division, through notice and hearing (Form C-108), for authority to inject. Before injection can recommence, the wells must prove mechanical integrity.

You are hereby directed to either return the wells to active status, apply for extension of temporary abandonment, apply for exception to temporary abandonment or plug and abandon the wells within five months.

Yours truly,


 Carolyn J. Taplin
 Field Representative

CJT/dj

xc: Prentiss Childs
 ✓ Well File
 OPERator File
 UIC File

(November 1983)
(Formerly 9-331)

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
(Other instructions on reverse side)

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. OIL WELL GAS WELL OTHER WIW

2. NAME OF OPERATOR: BK Petroleum, Inc.

3. ADDRESS OF OPERATOR: P. O. Box 826, Farmington, NM 87499

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)
At surface: 360' FNL, 855' FEL, Sec. 18, T31N, R16W

5. LEASE DESIGNATION AND SERIAL NO.: 14-70-600-3531

6. IS INDIAN, ALLOTTEE OR TRIBE NAME: Navajo-Ute Mtn.

7. UNIT AGREEMENT NAME: Many Rocks Gallup Project

8. FARM OR LEASE NAME: Many Rocks Gallup

9. WELL NO.: 16

10. FIELD AND POOL, OR WILDCAT: Many Rocks Gallup

11. SEC., T., R., N., OR S.E., AND SUBST. OR AREA: Sec. 18, T31N, R16W

12. COUNTY OR PARISH: San Juan

13. STATE: NM

14. PERMIT NO.:

15. ELEVATIONS (Show whether DF, ST, OR, etc.): GL 5689

RECEIVED
SEP 10 1986
BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>	WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>	FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOT OR ACIDISE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>	SHOOTING OR ACIDISING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANE	<input type="checkbox"/>	(Other)	<input type="checkbox"/>		<input type="checkbox"/>

(Other) Return well to production

(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.)*

Water injection was discontinued at the subject well on 3/29/73.
It is planned to convert this well to production by:

- 1) Acidizing with 500 gallons acid.
- 2) Running rods and pump.
- 3) Hang well on pump.

RECEIVED
SEP 12 1986
OIL CON. DIV.
DIST. 3

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

SIGNED Mildred L. Kuchera TITLE Engineer

(This space for Federal or State office use)

APPROVED SEP 5, 1986
AS AMENDED

APPROVED BY _____ TITLE _____
CONDITIONS OF APPROVAL, IF ANY:

SK

*See Instructions on Reverse Side

SEP 10 1986
John Skella
FOR AREA MANAGER

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

5. Lease Designation and Serial No.

14-20-6000-3531

6. If Indian, Allottee or Tribe Name

Navajo - Ute Mtn.

7. If Unit or CA, Agreement Designation

Many Rocks Gallup Proj.

8. Well Name and No.

Many Rocks Gallup

9. API Well No.

16

10. Field and Pool, or Exploratory Area

Many Rocks Gallup

11. County or Parish, State

San Juan County, NM

SUBMIT IN TRIPLICATE

1. Type of Well

Oil Well Gas Well Other WIW

2. Name of Operator

BK Petroleum, Inc.

3. Address and Telephone No.

P.O. Box 826, Farmington, NM 87499-0826 505-326-3139

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

360' FNL, 855' FEL, Sec. 18, T31N, R16W

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

TYPE OF SUBMISSION

- Notice of Intent
 Subsequent Report
 Final Abandonment Notice

TYPE OF ACTION

- Abandonment
 Recompletion
 Plugging Back
 Casing Repair
 Altering Casing
 Other Return well to production
 Change of Plans
 New Construction
 Non-Routine Fracturing
 Water Shut-Off
 Conversion to Injection
 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.)*

Per your letter request dated May 3, 1993 the following has been done to return this former water injection well to production: (7/23/93). Rig up well service unit. Release Model A Baker injection packer. Trip out of hole. Go back in hole with scraper and circulate hole clean. Trip out. Go in hole with production tubing. Swab well into workover tank to ascertain commercial production. Well swabs at the rate of 3 bopd and 12 bwpd. Run 2' x 1-1/2" x 8' RWAC inset pump and 5/8" rods. Hang well on and rig down pulling unit. Bring pump jack to location. Wait on electric hookups and flowline tie in.

RECEIVED
AUG 17 1993
OIL CON. DIV.
DIST. 3

RECEIVED
BLM
AUG 11 AM 9:52
FARMINGTON, NM

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

Signed Resnick Title Engineer

Date 8-10-93

(This space for Federal or State office use)

Approved by _____ Title _____
Conditions of approval, if any:

ACCEPTED FOR RECORD

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.

*See Instruction on Reverse Side
NMOOD

FARMINGTON DISTRICT OFFICE
505

AUG 16 1993

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

5. Lease Designation and Serial No.

14-20-600-3531

6. If Indian, Allottee or Tribe Name

Navajo - Ute Mtn.

7. If Unit or CA, Agreement Designation

Many Rocks Gallup Proj.

8. Well Name and No.

Many Rocks Gallup #16

9. API Well No.

30-045-10840

10. Field and Pool, or Exploratory Area

Many Rocks Gallup

11. County or Parish, State

San Juan County, NM

SUBMIT IN TRIPLICATE

1. Type of Well

Oil Well Gas Well Other

2. Name of Operator

BK Petroleum, Inc.

3. Address and Telephone No.

P.O. Box 826, Farmington, NM 87499-0826 (505) 326-3139

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

360' FNL, 855' FEL, Section 18, T31N, R16W

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

TYPE OF SUBMISSION

- Notice of Intent
- Subsequent Report
- Final Abandonment Notice

TYPE OF ACTION

- Abandonment
 - Recompletion
 - Plugging Back
 - Casing Repair
 - Altering Casing
 - Other Return well to production
 - Change of Plans
 - New Construction
 - Non-Routine Fracturing
 - Water Shut-Off
 - Conversion to Injection
 - Dispose Water
- (Note: Report results of multiple completion or 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.)*

Per your letter, the following was done to return this shut-in oil well to production.

- 1) Repaired the broken 480 Volt switch box
- 2) Returned well to production status

RECEIVED
OCT 31 1997
OIL CON. DIV.
DIST. 3

RECEIVED
BLM
97 OCT 27 PM 4:29
070 FARMINGTON, NM

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

Signed [Signature]

Title President

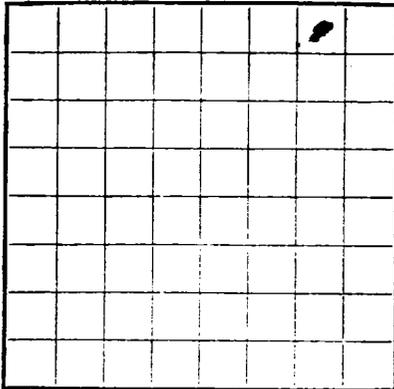
Date October 21, 1997

(This space for Federal or State office use)

Approved by _____
Conditions of approval, if any:

Title _____

ACCEPTED FOR RECORD



LOCATE WELL CORRECTLY

RECEIVED
 MAR 8 1963
 CON. COM.
 3

Budget Bureau No. 42-R266.4
 Approval expires 12-31-60.

U. S. LAND OFFICE Santa Fe

SERIAL NUMBER _____

LEASE OR PERMIT TO PROSPECT _____

11-20-600-3531

UNITED STATES

DEPARTMENT OF THE INTERIOR

GEOLOGICAL SURVEY

LOG OF OIL OR GAS WELL

Company The Atlantic Refining Co. Address P. O. Box 2197, Farmington, N.M.

Lessor or Tract Navajo Field N. Hartschoe State New Mexico

Well No. 18-1 Sec. 18 T. 31N R. 16W Meridian NPN County San Juan

Location 360 ft. S. of N. Line and 855 ft. W. of E. Line of Section 18 Elevation 568 ft. (Derrick base relative to 1929)

The information given herewith is a complete and correct record of the well and all work done thereon so far as can be determined from all available records.

Signed B. J. Dastine

Date March 5, 1963 Title Drig & Prod. Supv.

The summary on this page is for the condition of the well at above date.

Commenced drilling 2-2-63, 19____ Finished drilling 2-4-63, 19____

OIL OR GAS SANDS OR ZONES

No. 1, from 1653 to 1658 No. 4, from _____ to _____
 No. 2, from _____ to _____ No. 5, from _____ to _____
 No. 3, from _____ to _____ No. 6, from _____ to _____

IMPORTANT WATER SANDS

No. 1, from None to _____ No. 3, from _____ to _____
 No. 2, from _____ to _____ No. 4, from _____ to _____

CASING RECORD

Size casing	Weight per foot	Threads per inch	Make	Amount	Kind of shoe	Cut and pulled from	Perforated		Purpose
							From-	To-	
NO LOGS ON OIL OR GAS WELL									

MUDDING AND CEMENTING RECORD

Size casing	Where set	Number sacks of cement	Method used	Mud gravity	Amount of mud used
<u>8-5/8</u>	<u>98-58</u>	<u>85</u>	<u>Pump & Plug</u>		<u>Bottom Circulated</u>
<u>4-1/2</u>	<u>1729-72</u>	<u>125</u>	<u>Pump & Plug</u>		<u>Annulus filled with</u> <u>crude oil</u>

ILLEGIBLE

MARK

Adapters—Material

Size

SHOOTING RECORD

Size	Shell used	Explosive used	Quantity	Date	Depth shot	Depth cleaned out
Summit-011-Parture - Gallup Mt., 1653-1658 with 15,000 1 1/2" 20 and 300 lbs Lump shot on 2-8-63.						

HISTORY OF OIL OR GAS WELL

TOOLS USED

It is of the greatest importance to have a complete history of the well. Please state in detail the dates, size, weight, and from what source the tools were used. Also state the date, size, weight, and from what source the tools were used. If tools have been dynamited, give date, size, weight, and from what source the tools were used. Also state the date, size, weight, and from what source the tools were used.

DATES

Put to producing _____, 19____
 The production for the first 24 hours was _____ barrels of fluid of which _____% was oil; _____%
 emulsion; _____% water; and _____% sediment. Gravity, °Bé. _____
 If gas well, cu. ft. per 24 hours _____ Gallons gasoline per 1,000 cu. ft. of gas _____
 Rock pressure, lbs. per sq. in. _____

EMPLOYEES

Whigham Drig. Co., Driller _____, Driller
 _____, Driller _____, Driller

FORMATION RECORD

FROM—	TO—	DEPTH TOTAL FEET	FORMATION
0	150 est	150 Test	Point Lockout fm.
150 est	1493	1343 est	Mancos Shale
1493	1660	167	Gallup (Niobrara)
1653	1660	7	Lower Gallup (Basal Niobrara)
1660	1690	30	Juana Lopez member of Carlile fm. <i>Sanosita</i>
1690	1734 T.D.	44	Carlile Shale

ILLEGIBLE

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-1
Effective 1-1-65

DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	3
PRORATION OFFICE	

I. Operator
ARCO Oil and Gas Company, Division of Atlantic Richfield Company

Address
1860 Lincoln St., Suite 501, Denver, Colorado 80295

Reason(s) for filing (Check proper box) Other (Please explain) Effective 4/1/79

New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>	Assumed name for formerly Atlantic Richfield Company.
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>			

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Many Rocks Gallup	Well No. 16	Pool Name, including Formation Many Rocks Gallup	Kind of Lease State, Federal or Fee Fed. 14-20-600-353	Lease No.
Location Unit Letter <u>A</u> ; <u>360</u> Feet From The <u>North</u> Line and <u>855</u> Feet From The <u>East</u>				
Line of Section <u>18</u> Township <u>31N</u> Range <u>16W</u> , NMPM, <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 type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Water Injection Well - Shut In</u>	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit 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 Rest'v.	Diff. Rest'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

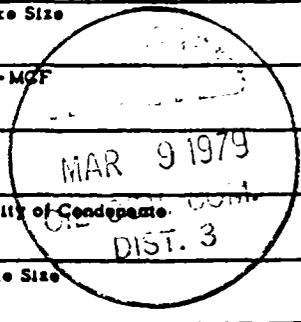
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE II. WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

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

GAS WELL

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



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. R. Cooper
(Signature)

Accounting Supervisor
(Title)

March 9, 1979
(Date)

OIL CONSERVATION COMMISSION

APPROVED MAR 12 1979, 19

BY Original Signed by A. R. Kendrick

TITLE SUPERVISOR DIST. #3

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allowable on new and recompleted wells.
Fill out 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.

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I. Operator BK Petroleum, Inc. Well API No. 30-045-98059
Address P.O. Box 826, Farmington, NM 87499-0826; 505-326-3139
Reason(s) for Filing (Check proper box) Other (Please explain)
New Well Change in Transporter of:
Recompletion Oil Dry Gas
Change in Operator Casinghead Gas Condensate Convert from water injection to production
If change of operator give name and address of previous operator _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Many Rocks Gallup</u>	Well No. <u>16</u>	Pool Name, including formation <u>Many Rocks Gallup</u>	Kind of Lease State, Federal or Fee	Lease No. <u>14-20-600-3531</u>
Location Unit Letter <u>A</u> : <u>360</u> Feet From The <u>North</u> Line and <u>855</u> Feet From The <u>East</u> Line Section <u>18</u> Township <u>31N</u> Range <u>16W</u> , <u>NMPM</u> , <u>San Juan</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Giant Refinery</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 12999, Scottsdale, AZ 85267</u>			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)			
If well produces oil or liquids, give location of tanks. <u>TB1</u>	Unit <u>L</u>	Sec. <u>17</u>	Twp. <u>31N</u>	Rge. <u>16W</u>
Is gas actually connected?		When?		
<u>No</u>				

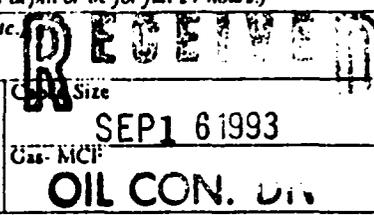
If this production is commingled with that from any other lease or pool, give commingling order number: _____

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.D.T.D.		
Elevations (DF, RKB, RI, 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		

TEST DATA AND REQUEST FOR ALLOWABLE

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.)

First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
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/MCF/D	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.

Mildred L. Kuchera
Signature Mildred L. Kuchera President
Printed Name 9/14/93 Title 505-326-3139
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved SEP 16 1993
By [Signature]
Title SUPERVISOR DISTRICT #3

INSTRUCTIONS: This form is to be filed in compliance with Rule 1101

- 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.
- 4) Separate Form C-101 must be filed for each pool in multiply completed wells.

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

5. Lease Designation and Serial No.
14-20-600-3531

6. If Indian, Allottee or Tribe Name
Navajo Tribe

SUBMIT IN TRIPLICATE

7. If Unit or CA, Agreement Designation

1. Type of Well
 Oil Well Gas Well Other

8. Well Name and No.
17 Many Rocks

2. Name of Operator BK Petroleum Inc
% NMOCO

9. API Well No.
3004510821

3. Address and Telephone No.
1000 Rio Brazos Rd. Aztec NM 87410 334-6178

10. Field and Pool, or Exploratory Area
Many Rocks Gallup

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
17-31N-16W 990/N-400/W

11. County or Parish, State
San Juan, NM

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

TYPE OF SUBMISSION

TYPE OF ACTION

- Notice of Intent
- Subsequent Report
- Final Abandonment Notice

- Abandonment
- Recompletion
- Plugging Back
- Casing Repair
- Altering Casing
- Other _____

- Change of Plans
- New Construction
- Non-Routine Fracturing
- Water Shut-Off
- Conversion to Injection
- 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.)*

See attached plugging procedure.

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

Signed NMOCO Contract Plugging Title

Date 8/11/00

(This space for Federal or State office use)

Approved by _____ Title _____
Conditions of approval, if any:

Date 8/17/00

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.

*See instruction on Reverse Side

NMOCO

API NUMBER 30-045-10821 200 11 01 1:25
OPERATOR NAME BK PETROLEUM INC **WELL NUMBER** 17
PROPERTY NAME MANY ROCKS GALLUP UNIT
SECTION 17 **TOWNSHIP** 31N **RANGE** 16W
FOOTAGE 990 FNL- 400 FWL UL 'D'

Sur Csg OD 11" HOLE	7 5/8	XX		XX
SUR CSG TD	93	XX		XX
SUR CSG WT	26.4	XX		XX
TOP OF CMT	0	XX		XX
ACTUAL	CIRC	XX		XX
CACULATED	85SX	XX		XX
PROD CSG OD 6 3/4 HOLE	4 1/2	XX		XX
PROD CSG TD	1664	XX		XX
PROD CSG WT	9.5	XX		XX
TOP OF CMT	801	XX	XX	XX
FORMATION TOP	ACTUAL	XX	XX	XX
GALLUP ^{12.47} 1440'	CACULATED	XX	X	XX
MANCOS ^{1297 1147} 1285'	PERF TOP	XX		XX
¹³⁸	PERF BOTTOM	XX		XX
	PACKER	XX		XX
	TYPE OF PLUG	XX		XX
	CIBP & CMT	XX	X	XX
	CMT	XX		XX
		XX		XX

PROPOSED PLUGGING OPERATION

MIRU PU, BOPE, TOOH W/tubing & rods, RIH w/workstring, circ hole clean

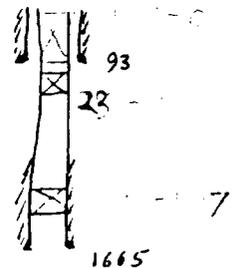
Spot 14 sx plug @ ^{1297 1147} 1460-1310' woc tag, top as required, POOH

PERF @ 238 PMP 16 SX PLG, 238-150, 10 SX OUT 6 SX IN, BRING TO SUFACE IF CIRC

RIH, PERF 143', CIRC CEMENT TO SURFACE, LEAVE CSG FULL, EST 18 SX

CUT OFF WELL HEAD, INSTALL P&A MARKER, DIG AND CUT ANCHORS

Close pits according to guidelines: Clean and level location



Form 9-581b
(April 1962)

Handwritten signature

(SUBMIT IN TRIPLICATE)

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

Form approved.
Budget Bureau No. 42-R2284.

Indian Agency Gallop

Allettee Nevada-The Navaho

Lease No. 14-22-40-153

B

SUNDRY NOTICES AND REPORTS ON WELLS

NOTICE OF INTENTION TO DRILL	<input checked="" type="checkbox"/>	SUBSEQUENT REPORT OF WATER SHUT-OFF	
NOTICE OF INTENTION TO CHANGE PLANS		SUBSEQUENT REPORT OF SHOOTING OR ACIDIZING	
NOTICE OF INTENTION TO TEST WATER SHUT-OFF		SUBSEQUENT REPORT OF ALTERING CASING	
NOTICE OF INTENTION TO REDRILL OR REPAIR WELL		SUBSEQUENT REPORT OF REDRILLING OR REPAIR	
NOTICE OF INTENTION TO SHOOT OR ACIDIZE		SUBSEQUENT REPORT OF ABANDONMENT	
NOTICE OF INTENTION TO PULL OR ALTER CASING		SUPPLEMENTARY WELL HISTORY	
NOTICE OF INTENTION TO ABANDON WELL			

RECEIVED
JUN 7 1963
U. S. GEOLOGICAL SURVEY
FARMINGTON, NEW MEXICO

(INDICATE ABOVE BY CHECK MARK NATURE OF REPORT, NOTICE, OR OTHER DATA)

June 6, 1963

Well No. 17-2 is located 990 ft. from N line and 100 ft. from W line of sec. 17

17 (4 Sec. and 666 No.) 31E (Twp.) 14W (Range) 107N (Meridian)

Undesignated (Field) San Juan (County or Subdivision) New Mexico (State or Territory)

The elevation of the ~~derrick floor~~ ^{ground} above sea level is 5362 ft.

DETAILS OF WORK

(State names of and expected depths to objective sands; show sizes, weights, and lengths of proposed casings; indicate mudding jobs, cementing points, and all other important proposed work)

We propose to drill this well to test the Gallop (or Lower Niobrara) sands. Estimated total depth is 1700'. Approximately 100' of 7 5/8" O.D. 26 lb casing will be set and cemented to surface. A 1 1/2" O.D. 9.5 lb casing will be run to T.D. and cemented to about 800' if production is commercial. Estimated top of the Gallop sand is 1620'. A sand oil fracture will probably be necessary to stimulate production.

ILLEGIBLE

RECEIVED
JUN 10 1963
OIL CON. COM.
DIST. 3

I understand that this plan of work must receive approval in writing by the Geological Survey before operations may be commenced.

Company The Atlantic Refining Company

Address Box 2197

Farmington, N.M.

By B. J. Sartain

Title Drilling & Prod. Supervisor

Well Location and Acreage Dedication Plat

Section A.

Date June 6, 1963

Operator THE ATLANTIC REFINING COMPANY Lease NAVAJO ~~Microfilm~~
 Well No. 13-0 Unit Letter D Section 17 Township 31 NORTH Range 16 WEST NMPM
 Located 990 Feet From the NORTH Line, 400 Feet From the WEST Line
 County SAN JUAN G. L. Elevation 5562' Dedicated Acreage 40.0 Acres
 Name of Producing Formation Gallup (or Lower Members) Pool Undesignated

1. Is the Operator the only owner in the dedicated acreage outlined on the plat below?
 Yes X No _____
2. If the answer to question one is "no", have the interests of all the owners been consolidated by communitization agreement or otherwise? Yes _____ No _____. If answer is "yes", Type of Consolidation.
3. If the answer to question two is "no", list all the owners and their respective interests below:

Owner	Land Description

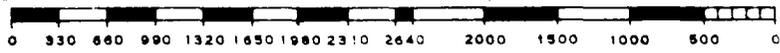
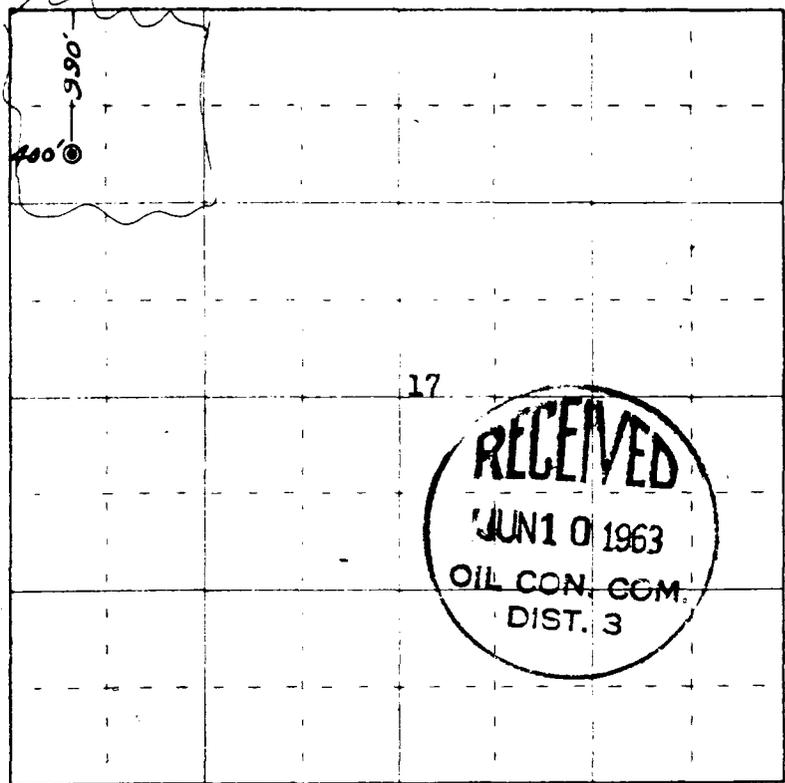
Section B.

This is to certify that the information in Section A above is true and complete to the best of my knowledge and belief.

The Atlantic Refining Co.
 (Operator)
B. J. Sartain
 (Representative)
Box 2397
 (Address)
Farmington, N. M.

ILLEGIBLE

Note: All distances must be from outer boundaries of section.



Scale 4 inches equal 1 mile

This is to certify that the above plat was prepared from field notes of actual surveys made by me or under my supervision and that the same are true and correct to the best of my knowledge and belief.

Date Surveyed 18 May 1963

James P. Leese
 Registered Professional Engineer and/or Land Surveyor
 James P. Leese, N. Mex. Reg. No. 1463
 San Juan Engineering Company

(Seal)
 Farmington, New Mexico

(SUBMIT IN TRIPLICATE)

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

Indian Agency Gallegos

Navajo - Navajo

Allottee

Lease No. 11-20-60-3

RECEIVED

JUL 23 1963

SUNDRY NOTICES AND REPORTS ON WELLS

NOTICE OF INTENTION TO DRILL	SUBSEQUENT REPORT OF WATER SHUT-OFF	U.S. GEOLOGICAL SURVEY FARMINGTON, NEW MEXICO
NOTICE OF INTENTION TO CHANGE PLANS	SUBSEQUENT REPORT OF SHOOTING OR REPAIR	
NOTICE OF INTENTION TO TEST WATER SHUT-OFF	SUBSEQUENT REPORT OF ALTERING CASING	
NOTICE OF INTENTION TO REDRILL OR REPAIR WELL	SUBSEQUENT REPORT OF REDRILLING OR REPAIR	
NOTICE OF INTENTION TO SHOOT OR ACIDIZE	SUBSEQUENT REPORT OF ABANDONMENT	
NOTICE OF INTENTION TO PULL OR ALTER CASING	SUPPLEMENTARY WELL HISTORY	
NOTICE OF INTENTION TO ABANDON WELL	Subsequent report of casing	

(INDICATE ABOVE BY CHECK MARK NATURE OF REPORT, NOTICE, OR OTHER DATA)

July 22

Well No. Navajo 17-2 is located 990 ft. from N line and 400 ft. from W line of sec. 17
16W 16N 16W 16W
 (4 Sec. and Sec. No.) (Twp.) (Range) (Meridian)
Undesignated San Juan New Mexico
 (Field) (County or Subdivision) (State or Territory)

The elevation of the derrick floor above sea level is 5572 ft.

DETAILS OF WORK

(State names of and expected depths to objective sands; show sizes, weights, and lengths of proposed casings; indicate mudding jobs, cementing points, and all other important proposed work)

Drill 6 3/4" hole to 1670'. Ran 52 fts. 4 1/2" O.D. 9.5# J-55 casing w/guide shoe and float collar (1653.28') set at 1664.78'. Cemented w/100 sx Inccr cement. Plug down at 11:00 am 6-20-63.

W. O. C. to 3:30 pm 6-23-63. Tested 4 1/2" casing w/100 psi. OK.

ILLEGIBLE

RECEIVED
JUL 24 1963
OIL CON. COM.
DIST. 3

I understand that this plan of work must receive approval in writing by the Geological Survey before operations may be commenced.

Company The Atlantic Refining Co.

Address P. O. Box 2197

Farmington, N.M.

By B. J. Sastain

Title Drilling & Prod. Supervisor

(SUBMIT IN TRIPLICATE)

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

Form approved.
Budget Bureau No. 42-R469.4.

Indian Agency Gallup
 Navajo - Ute Nat. Tr.
Allottee _____
Lease No. 11-20-600-2511

SUNDRY NOTICES AND REPORTS ON WELLS

NOTICE OF INTENTION TO DRILL _____	SUBSEQUENT REPORT OF WATER SHUT-OFF _____	
NOTICE OF INTENTION TO CHANGE PLANS _____	SUBSEQUENT REPORT OF SHOOTING OR ACIDIZING _____	<input checked="" type="checkbox"/>
NOTICE OF INTENTION TO TEST WATER SHUT-OFF _____	SUBSEQUENT REPORT OF ALTERING CASING _____	
NOTICE OF INTENTION TO REDRILL OR REPAIR WELL _____	SUBSEQUENT REPORT OF REDRILLING OR REPAIR _____	
NOTICE OF INTENTION TO SHOOT OR ACIDIZE _____	SUBSEQUENT REPORT OF ABANDONMENT _____	
NOTICE OF INTENTION TO PULL OR ALTER CASING _____	SUPPLEMENTARY WELL HISTORY _____	
NOTICE OF INTENTION TO ABANDON WELL _____		

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JUL 23 1963

(INDICATE ABOVE BY CHECK MARK NATURE OF REPORT, NOTICE, OR OTHER DATA) U. S. GEOLOGICAL SURVEY
FARMINGTON, NEW MEXICO

July 22, 1963

Navajo
Well No. 17-2 is located 990' ft. from N line and 600' ft. from W line of sec. 17
 NW NW Sec. 17 11N 16W N10W
(4 Sec. and Sec. No.) (Twp.) (Range) (Meridian)
 Undesignated San Juan New Mexico
(Field) (County or Subdivision) (State or Territory)

The elevation of the derrick floor above sea level is 5572 ft.

DETAILS OF WORK

(State names of and expected depths to objective sands; show sizes, weights, and lengths of proposed casings; indicate mudding jobs, cementing points, and all other important proposed work)

Perforated 1608' - 1613' w/4 jets/ft. Sand Oil Fractured with 16,000# 10/20 sand and 2,000# 12-20 glass beads in 22,000 gal lease crude. FHP 3000/1500. Avg rate 26 bpm at 1850 psi. Set retrievable bridge plug at 1490'.

Perforated 1474-1478 w/4 jets/ft. Treated with 14,000# 10/20 Sand and 2000# 12-20 glass beads in 21,700 gal. lease crude. FHP 3500/3100 Avg. rate 25 bpm at 2000 psi. Job complete 10:30 AM 6-21-63.

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OIL CON. COM.
DIST. 3

I understand that this plan of work must receive approval in writing by the Geological Survey before operations may be commenced.

Company The Atlantic Refining Co.

Address P. O. Box 2197

Farmington, N.M.

By B. J. Sartain

Title Drilling & Production Supervisor



THE ATLANTIC REFINING COMPANY
 INCORPORATED 1870
 PETROLEUM PRODUCTS

REC-2

DOMESTIC PRODUCING DEPARTMENT
 ROCKY MOUNTAIN REGION

R. T. COX, MANAGER
 T. S. PAGE, LAND MANAGER
 A. D. KLOXIN, OPERATIONS MANAGER

WYOMING DIST. 2199 BANK BLDG.
 M. Farmington, N.M.
 P. O. BOX 120
 CASPER, WYOMING
 JUN 28 1963

State of New Mexico
 Oil Conservation Commission
 1000 Rio Brasos Road
 Astec, New Mexico

Gentlemen:

A tabulation of the straight hole tests which were run on our Navajo 17-2 well is shown below. This well is located 990' FNL and 400' FNL, Section 17, Township 31N, Range 16W San Juan County, New Mexico.

DEPTH	DEVIATION
121'	1/2"
510'	1"
900'	1"
1220'	1 1/2"

ILLEGIBLE

T.D. 1670'

Yours truly,
 THE ATLANTIC REFINING CO.

B. J. Sartain

B. J. Sartain
 Drilling & Production Supervisor

BJS:ajo

AFFIDAVIT

STATE OF NEW MEXICO

COUNTY OF San Juan

Before me, the undersigned authority on this day personally appeared B. J. Sartain, known to me to be the person whose name is subscribed to the above instrument, who being by me duly sworn on oath states that he is authorized to make this report and has knowledge of the facts stated herein, and that said report is true and correct.

Subscribed and sworn to before me this 28th day of June, 1963

My Commission Expires:

July 31 1964

Algerine Cox
 Notary Public



NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

(Form C-104)
Revised 7/1/57

REQUEST FOR (OIL) ~~ALLOWABLE~~ ALLOWABLE

New Well
Recompletion

This form shall be submitted by the operator before an initial allowable will be assigned to any completed Oil or Gas well. Form C-104 is to be submitted in QUADRUPPLICATE to the same District Office to which Form C-101 was sent. The allowable will be assigned effective 7:00 A.M. on date of completion or recompletion, provided this form is filed during calendar month of completion or recompletion. The completion date shall be that date in the case of an oil well when new oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

Farmington, N.M. (Place) 6-28-63 (Date)

WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS:

The Atlantic Refining Company (Company or Operator) Navajo (Lease), Well No. 17-2, in NW $\frac{1}{4}$ NW $\frac{1}{4}$,

D (Unit Letter), Sec. 17, T. 33N, R. 16W, NMPM, Undesignated Pool

San Juan County. Date Spudded 6-14-63 Date Drilling Completed 6-19-63
Elevation 9,120' Total Depth 1670 PBD 1629

Please indicate location:

D	C	B	A
E	F	G	H
L	K	J	I
M	N	O	P

Top Oil/Gas Pay 1474 Name of Prod. Form. Gallup or Lower Niagara

PRODUCING INTERVAL -
Perforations 1608 1/2 - 1613 1/2 and 1474-1478 (See Remarks)
Open Hole None Depth None Casing Shoe 1665 Depth None Tubing 1459'

OIL WELL TEST -
Natural Prod. Test None bbls. oil, None bbls water in None hrs, None min. Size None
Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 16 bbls. oil, 0 bbls water in 1 hrs, 0 min. Size Pumping

GAS WELL TEST - 76 - BOPD
Natural Prod. Test: None MCF/Day; Hours flowed None Choke Size None

Tubing, Casing and Cementing Record

Size	Feet	Sax
<u>7 5/8</u>	<u>93</u>	<u>80</u>
<u>4 1/2</u>	<u>1665</u>	<u>100</u>
<u>2"</u>	<u>1459</u>	

Method of Testing (pitot, back pressure, etc.): None
Test After Acid or Fracture Treatment: None MCF/Day; Hours flowed None
Choke Size None Method of Testing: None

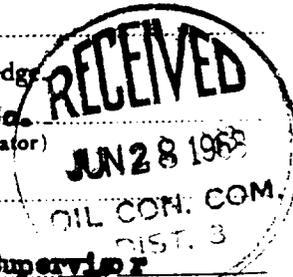
Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 1474-78 14,000' 10/20 sd. & 2000' 12/20 glass beads, 21,700 gal oil
1608 1/2 - 1613 1/2 1600' 10/20 sd. & 2000' 12/20 glass beads, 22000 gal oil
Casing Tubing Date first new 6-28-63
Press. 15' Press. Press oil run to tanks 6-28-63
Oil Transporter Method Corporation
Gas Transporter None

Remarks: The perforated zones shown above are separated by a retrievable bridge plug @ 1490'. This test is for perfs. 1474-78'. Another request will be filed when zones are co-singled. The test of isolated Upper Zone is for reservoir information.

I hereby certify that the information given above is true and complete to the best of my knowledge.
Approved JUN 28 1963, 1963 The Atlantic Refining Co. (Company or Operator)

OIL CONSERVATION COMMISSION
By: Original Signed Emery C. Arnold
Title Supervisor Dist. # 3

By: B. J. Sartain (Signature)
Title Drilling & Production Supervisor
Send Communications regarding well to None
Name The Atlantic Refining Co.
Address Box 2197, Farmington, N.M.



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TRANSPORTER	OIL <input checked="" type="checkbox"/> GAS <input type="checkbox"/>
PRODUCTION OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION
SANTA FE, NEW MEXICO
CERTIFICATE OF COMPLIANCE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

FORM C-110
(Rev. 7-60)

FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE

Company or Operator The Atlantic Refining Company			Lease Navajo		Well No. 17-2
Unit Letter D	Section 17	Township 31N	Range 16W	County San Juan	
Pool Undesignated			Kind of Lease (State, Fed, Fee) Navajo-Ute itn Tribal		
If well produces oil or condensate give location of tanks		Unit Letter D	Section 17	Township 31N	Range 16W
Authorized transporter of oil <input checked="" type="checkbox"/> or condensate <input type="checkbox"/> Melwood Corporation			Address (give address to which approved copy of this form is to be sent) Box 1702 Farmington, New Mexico		
Is Gas Actually Connected? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
Authorized transporter of casing head gas <input type="checkbox"/> or dry gas <input type="checkbox"/> None		Date Connected	Address (give address to which approved copy of this form is to be sent)		

If gas is not being sold, give reasons and also explain its present disposition:

No market - used for lease fuel

REASON(S) FOR FILING (please check proper box)

- | | |
|--|--|
| New Well <input checked="" type="checkbox"/> | Change in Ownership <input type="checkbox"/> |
| Change in Transporter (check one) | Other (explain below) |
| Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> | |
| Casing head gas <input type="checkbox"/> Condensate <input type="checkbox"/> | |



Remarks

The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.

Executed this the 28 day of June, 1963.

OIL CONSERVATION COMMISSION		By
Approved by	Original Signed EMERY C. ARNOLD	B. J. Santain
Title	Supervisor Dist. # 3	Title Drilling & Production Supervisor
Date	JUN 28 1963	Company The Atlantic Refining Company
		Address Box 2197 Farmington, N.M.

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	GAS
PRODUCTION OFFICE	
OPERATOR	2

NEW MEXICO OIL CONSERVATION COMMISSION
SANTA FE, NEW MEXICO
**CERTIFICATE OF COMPLIANCE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS**

FORM C-110
(Rev. 7-60)

FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE

Company or Operator: **The Atlantic Refining Company** Lease: **Many Rocks Gallup Proj.** Well No. **17**

Unit Letter: **D** Section: **17** Township: **31N** Range: **16W** County: **San Juan**

Pool: **Many Rocks Gallup** Kind of Lease (State, Fed, Free): **Navajo Ute Atn. Tribal**

If well produces oil or condensate give location of tanks: _____ Unit Letter: _____ Section: _____ Township: _____ Range: _____

Authorized transporter of oil or condensate
McWood Corporation
Address (give address to which approved copy of this form is to be sent):
**Box 1702
Farmington, New Mexico**

Is Gas Actually Connected? Yes _____ No

Authorized transporter of casing head gas or dry gas Date Connected: _____
None
Address (give address to which approved copy of this form is to be sent): _____

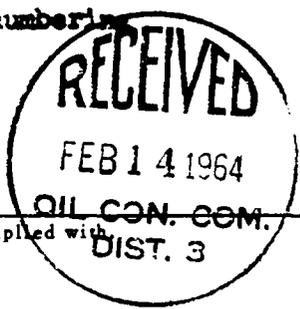
If gas is not being sold, give reasons and also explain its present disposition:
No market. Used for lease fuel.

REASON(S) FOR FILING (please check proper box)

- New Well
- Change in Ownership
- Change in Transporter (check one)
 - Oil Dry Gas
 - Casing head gas . Condensate..
- Other (explain below)
 - Change in well name as part of Many Rocks Project which was effective at 7:00 A.M. 1-1-64**

"Effective May 3, 1966, The Atlantic Refining Company changed its name to Atlantic Richfield Company"

Remarks: **This replaces Form C-110 which was filed 1-29-64, because well numbering system was not acceptable**



The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.
Executed this the **12** day of **February**, 19**64**.

OIL CONSERVATION COMMISSION	By B J Sartain
Approved by	Title Drilling & Production Supervisor
Original Signed Emery C. Arnold	Company The Atlantic Refining Company
Title Supervisor Dist. # 3	Address Box 2197, Farmington, New Mexico
Date FEB 14 1964	

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	GAS
PRODUCTION OFFICE	
OPERATOR	2

NEW MEXICO OIL CONSERVATION COMMISSION
SANTA FE, NEW MEXICO
CERTIFICATE OF COMPLIANCE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

FORM C-110
(Rev. 7-60)

FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE

Company or Operator **The Atlantic Refining Company** Lease **Many Rocks Gallup Project** Well No. **7-1E**

Unit Letter **D** Section **7** Township **31-N** Range **16-W** County **San Juan**

Pool **Many Rocks Gallup** Kind of Lease (State, Fed Fee) **Nayajo Ute Mtn. Tribal**

If well produces oil or condensate give location of tanks Unit Letter Section Township Range

Authorized transporter of oil or condensate
McWood Corporation Address (give address to which approved copy of this form is to be sent)
Box 1702 Farmington, New Mexico

Is Gas Actually Connected? Yes No

Authorized transporter of casing head gas or dry gas Date Connected Address (give address to which approved copy of this form is to be sent)
No Market

If gas is not being sold, give reasons and also explain its present disposition:
No Market. Used for lease fuel

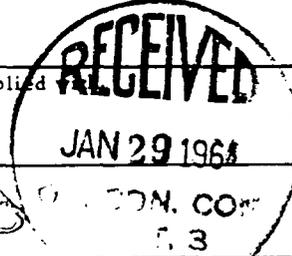
REASON(S) FOR FILING (please check proper box)

- New Well
- Change in Ownership
- Change in Transporter (check one)
 - Oil Dry Gas
 - Casing head gas Condensate
- Other (explain below)

**Change in operator.
Change in well name as part of
Many Rocks Gallup Project which
was effective at 7:00 A.M. 1-1-64**

Remarks
Agreement actually signed 1-17-64, made retroactive to 1-1-64

The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.
 Executed this the **23** day of **January**, 19**64**.



OIL CONSERVATION COMMISSION	By <i>[Signature]</i>
Approved by	Title Drilling & Production Supervisor
Original Signed Emery C. Arnold	Company The Atlantic Refining Company
Title Supervisor Dist. # 3	Address Box 2197, Farmington, New Mexico
Date JAN 29 1964	

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

RECEIVED
BLM

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

SUBMIT IN TRIPLICATE

07 FEB - 11 AM 10:33
070 FARMINGTON, NM

1. Type of Well
 Oil Well Gas Well Other

2. Name of Operator
BK Petroleum Inc.

3. Address and Telephone No.
P.O. Box 826, Farmington, NM 87499-0826

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
990' FNL, 400' FWL, Sec. 17, T31N, R16W

5. Lease Designation and Serial No.
14-20-600-3531

6. If Indian, Allottee or Tribe Name
Navajo - Ute Mtn.

7. If Unit or CA, Agreement Designation
Many Rocks Gallup Proj.

8. Well Name and No.
Many Rocks Gallup #1

9. API Well No.
30-045-10821

10. Field and Pool, or Exploratory Area
Many Rocks Gallup

11. County or Parish, State
Santa Fe, NM

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 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>Well returned to production.</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.)

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.)*

The following was done to return this well to production. (December 23, 1996)
Rig up well service unit. Trip out of hole with 5/8" sucker rods. Trip out of hole with 2 3/8" tubing. Replace 2 scaled up 2 3/8" tubing joints. Trip back in hole with tubing, new 2"x1 1/4"x4'x6'x8' RWAC insert pump, and rods. Hang well on and rig down pulling unit. Well producing at a rate of 3 bopd and 1 bwpd.

14. I hereby certify that the foregoing is true and correct
Signed [Signature] Title President Date January 29, 1997

(This space for Federal or State office use)

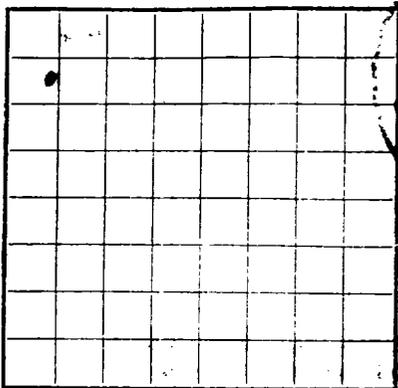
ACCEPTED FOR RECORD

Approved by _____ Title _____ Date _____
Conditions of approval, if any: _____

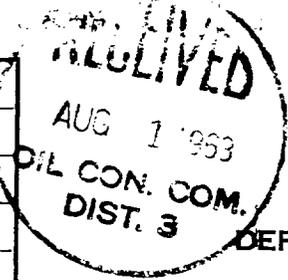
FEB 04 1997

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.

FARMINGTON DISTRICT OFFICE
BY [Signature]



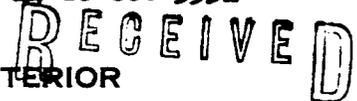
LOCATE WELL CORRECTLY



U. S. LAND OFFICE : Callis
SERIAL NUMBER Navajo-Ute Mtn Tribal

LEASE OR PERMIT TO PROSPECT
14-20-600-3531

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY



JUL 30 1963

U. S. GEOLOGICAL SURVEY
FARMINGTON, NEW MEXICO

LOG OF OIL OR GAS WELL

Company The Atlantic Refining Co. Address Box 2197, Farmington, N.M.
Lessor or Tract Navajo Field Undesignated State New Mexico
Well No. 17-2 Sec. 31N T. 16W R. Meridian NMPM County San Juan
Location 990 ft. [S.] of N. Line and 400 ft. [E.] of W. Line of Sec. 17 Elevation 5572
(Derive base relative to sea level)

The information given herewith is a complete and correct record of the well and all work done thereon so far as can be determined from all available records.

Signed B. J. Bastain

Date July 29, 1963 Title Drilling & Production Supervisor

The summary on this page is for the condition of the well at above date.

Commenced drilling 6/14, 1963 Finished drilling 6-20, 1963

OIL OR GAS SANDS OR ZONES
(Denote gas by G)

No. 1, from 1474 to 1478 No. 4, from _____ to _____
No. 2, from 1608 to 1614 No. 5, from _____ to _____
No. 3, from _____ to _____ No. 6, from _____ to _____

IMPORTANT WATER SANDS

No. 1, from _____ to _____ No. 3, from _____ to _____
No. 2, from _____ to _____ No. 4, from _____ to _____

CASING RECORD

Size casing	Weight per foot	Threads per inch	Make	Amount	Kind of shoe	Cut and pulled from	Perforated		Purpose
							From-	To-	
7 5/8	11.25	8	Steel	1000	Ball	1474	1478		Production
4 1/2	16.08	8	Steel	100	Ball	1608	1614		Production

MUDDING AND CEMENTING RECORD

Size casing	Where set	Number sacks of cement	Method used	Mud gravity	Amount of mud used
7 5/8	1474-1478	80	Pump & Plug		Cement Cure
4 1/2	1608-1614	100	Pump & Plug	9.0#/gal	20 bbls

MARK

ILLEGIBLE

FOLD

PLUGS AND ADAPTERS

Heaving plug—Material Length Depth set

Adapters—Material Size

SHOOTING RECORD

Size	Shell used	Explosive used	Quantity	Date	Depth shot	Depth cleaned out
1608	1613 w/16,000	10/20 sd & 2,000	12/20 glass beads	22,000 gal lease crude		
1474	1478 w/14,000	10/20 sd. & 2,000	12/20 glass beads	21,000 gal lease crude		

TOOLS USED

Rotary tools were used from feet to feet, and from feet to feet

Cable tools were used from Surface feet to 96 feet, and from feet to feet

DATES

....., 19..... Put to producing 1st new oil 6-28....., 19 51

The production for the first 24 hours was 96 barrels of fluid of which 100 % was oil; 0 % emulsion; 0 % water; and 0 % sediment. **SEE NOTE:** Gravity, °Bé. 10.9° API

If gas well, cu. ft. per 24 hours Gallons gasoline per 1,000 cu. ft. of gas

Rock pressure, lbs. per sq. in.

EMPLOYEES

Signal Oilfield Service....., Driller Driller

....., Driller Driller

FORMATION RECORD

FROM-	TO-	TOTAL FEET	FORMATION
Surface	188	188	Mesaverde Group
188	1440	1252	Mancos Shale
1440	1616	176	<i>GA</i> Niobrara Formation
1473	1494	21	Upper Niobrara Sandstone
1605	1616	11	Basal Niobrara Sandstone
1616	1660 T.D.	44	Juana Lopez member

NOTE: Production of 96 B.O.P.D. shown above was from Upper Zone (1474-78) only. This zone was tested separately for reservoir data. First new production from both zones was 120 BOPE

FORMATION RECORD—CONTINUED

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NEW MEXICO OIL CONSERVATION COMMISSION
 REQUEST FOR ALLOWABLE
 AND
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
 Supersedes Old C-104 and C-1
 Effective 1-1-65

B.T.

TRANSPORTER CHANGED FROM SHELL OIL COMPANY TO SHELL PIPE LINE CORPORATION EFFECTIVE 12/31/69

Operator **THE ATLANTIC REFINING COMPANY**
 Address **BOX 2197 FARMINGTON, NEW MEXICO**

Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Change in Ownership <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
Many Rocks Gallup Project	17	Many Rocks Gallup	Tribal
State, Federal or Fee			
Location			
Unit Letter D	990	Feet From The North Line and 400 Feet From The West	
Line of Section 17	Township 31N	Range 16W	County San Juan
, NMPM,			

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)
Shell Oil Company	Box 1588, Farmington, New Mexico
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
None	
If well produces oil or liquids, give location of tanks.	Unit L Sec 17 Twp 31N Rng 16W Is gas actually connected? No When

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.						
Pool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth						
Perforations	Effective May 3, 1966, The Atlantic Refining Company changed its name to Atlantic Richfield Company						Depth Casing Shoe		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT						

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

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

GAS WELL

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

RECEIVED
 FEB 2 1965
 OIL CON. COM.
 DIST. 3

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.

B J Sartain
 Drilling & Production Supervisor

2/1/65 (Date)

OIL CONSERVATION COMMISSION
 FEB 2 1965
 APPROVED _____, 19
 BY **Original Signed Emery C. Arnold**
 TITLE **Supervisor Dist # 3**

This form is to be filed in compliance with RULE 1104.
 If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.
 All sections of this form must be filled out completely for allowable on new and recompleted wells.
 Fill out Sections I, II, III, and VI only for changes of owner, well name or number, or transporter, or other such change of condition.
 Separate Forms C-104 must be filed for each pool in multiply completed wells.

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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
Effective 1-1-65

I. Operator
ARCO Oil and Gas Company, Division of Atlantic Richfield Company

Address
1860 Lincoln St., Suite 501, Denver, Colorado 80295

Reason for filing (Check proper box)
 New Well Change in Transporter of:
 Recompletion Oil Dry Gas
 Change in Ownership Casinghead Gas Condensate

Other (Please explain) Effective 4/1/79
Assumed name for formerly Atlantic Richfield Company.

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Many Rocks Gallup	Well No. 17	Pool Name, including Formation Many Rocks Gallup	Kind of Lease State, Federal or Fee	Lease No. Fed. 14-20-600-35
Location Unit Letter <u>D</u> : <u>990</u> Feet From The <u>North</u> Line and <u>400</u> Feet From The <u>West</u> Line of Section <u>17</u> Township <u>31N</u> Range <u>16W</u> , NMPM, <u>San Juan</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Shell Pipeline Company	Address (Give address to which approved copy of this form is to be sent) Box 940, Bloomfield, NM 87413
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit <u>L</u> Sec. <u>7</u> Twp. <u>31N</u> Rge. <u>16W</u> Is gas actually connected? <u>No</u> When _____

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Uncover	Deepen	Plug Back	Same Res'tv.	Diff. Res'tv.
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 equal 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/MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

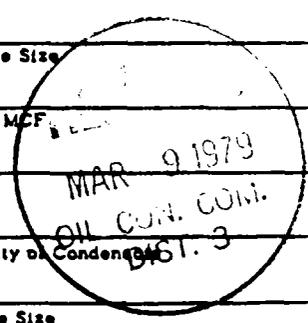
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

A. R. Kendrick
(Signature)
Accounting Supervisor
(Title)
March 9, 1979
(Date)

OIL CONSERVATION COMMISSION

APPROVED MAR 12 1979, 19____
BY Original Signed by A. R. Kendrick
TITLE SUPERVISOR DIST. #3

This form is to be filed in compliance with RULE 1104.
If this is request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviated 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 multiple completions.



AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
REGISTRATION OFFICE		

ARCO Oil and Gas Company, Division of Atlantic Richfield Company

P. O. Box 5540, Denver, Colorado 80217

Reason(s) for filing (Check proper box)		Other (Please explain)	
Oil Well	<input type="checkbox"/>	Change in Transporter of:	
Completion	<input type="checkbox"/>	Oil	<input checked="" type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Many Rocks Gallup	17	Many Rocks Gallup	State, Federal or Free Fed. 14-20	600-3531

Unit Letter D ; 990 Feet From The North Line and 400 Feet From The West Line of Section 17 Township 31N Range 16W , NMPM San Juan County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
CINIZA Pipe Line Co., Inc.	P. O. Box 1887 Bloomfield, NM 87413

Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
---	--

Well produces oil or liquids, give location of tanks.	Unit	Sec.	Top.	Fee.	Is gas actually connected?	When
---	------	------	------	------	----------------------------	------

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

COMPLETION DATA

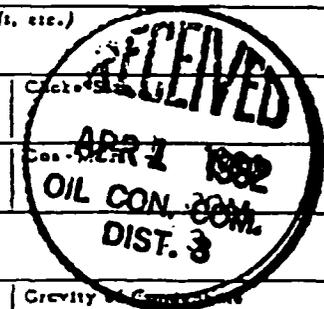
Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res't.	Diff. Res't.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Methods (DF, RKB, RT, CR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Formations							Depth Casing Shoe	

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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)

Test Type: 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.	



AS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Cementing Method (pilot, back pr.)	Tubing Pressure (Start-In)	Casing Pressure (Start-In)	Choke Size

CERTIFICATE OF COMPLIANCE

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

K. L. Flinn
 K. L. Flinn (Signature)
 Operations Information Assistant (Title)
 March 24, 1982 (Date)

OIL CONSERVATION COMMISSION

APPROVED APR 1 1982
 Original Signed by FRANK T. CHAVEZ
 BY SUPERVISOR DISTRICT #3
 TITLE _____

This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviated tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for all wells on new and recompleted wells. Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of conditions. Separate Forms C-104 must be filed for each pool in newly completed wells.

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

Form C-104
Revised 10-01-78
Format 08-01-83
Page 1

NO. OF COPIES DESIRED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.S.A.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PROBATION OFFICE	

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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED
JUL 03 1984
OIL CONSERVATION DIVISION

I. Operator
BK Petroleum, Inc.
Address
501 Airport Dr.-Suite 165, Farmington, N.M. 87401

Reason(s) for filing (Check proper box) Other (Please explain)

<input type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Condensate
<input checked="" type="checkbox"/> Change in Ownership	<input type="checkbox"/> casinghead Gas	

If change of ownership give name and address of previous owner Arco Oil & Gas Co., P.O. Box 5540, Denver, Co. 80217

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Many Rocks Gallup Unit</u>	Well No. <u>17</u>	Pool Name, including Formation <u>Many Rocks Gallup</u>	Kind of Lease Fed. 14-20-600- State, Federal or Fee 3531	Lease No.
---	-----------------------	--	---	-----------

Location
Unit Letter D : 990 Feet From The North Line and 400 Feet From The West
Line of Section 17 Township 31N Range 16W NMPM, San Juan County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Ciniza Pipeline</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 940, Farmington, N.M. 87499</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)

Well produces oil or liquids, give location of tanks.	Unit <u>L</u>	Sec. <u>17</u>	Twp. <u>31N</u>	Range <u>16W</u>	Is gas actually connected? <input type="checkbox"/>	When
--	------------------	-------------------	--------------------	---------------------	--	------

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

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

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.

[Signature]
President
June 1, 1984
(Date)

OIL CONSERVATION DIVISION

APPROVED JUL 03 1984, 19
BY [Signature]
TITLE SUPERVISOR DISTRICT # ?

This form is to be filed in compliance with RULE 1106.
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.

Form 312-5
(Rev. 1-7-83)
(2025/7-9-351)

MINERAL INTERESTS
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Printed Pursuant to 43 CFR 15.101
October 31, 1985
B. PHONE NUMBER (Area Code)
14-20-600-3531

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.)

C. IF INDIAN, ALLOTTEE OR SILENT WARS
Navajo-Ute Mtn.

1. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER		7. DEPARTMENT NAME Many Rocks Gallup Project
2. NAME OF OPERATOR BK Petroleum, Inc.		8. FARM OR LEASE NAME Many Rocks Gallup <i>Unit</i>
3. ADDRESS OF OPERATOR 501 Airport Dr., Suite 165, Farmington, NM 87401		9. WELL NO. 17
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 990' FNL, 400' FWL, Sec. 17, T31N, R16W		10. FIELD AND POOL, OR WILDCAT Many Rocks Gallup
14. PERMIT NO.		11. SEC., T., R., M., (OR B.L.) AND SUBSET OF AREA Sec. 17, T31N, R16W
15. ELEVATIONS (Show whether SP, RT, CA, etc.) GL 5562		12. COUNTY OR PARISH San Juan
		13. STATE NM

RECEIVED
SEP 25 1984

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	FILL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDISE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDISING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	
(Other) Change of Operator <input type="checkbox"/>		(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 spaces pertinent to this work.)

Effective June 1, 1984 BK Petroleum, Inc. became Unit Operator.

RECEIVED
SEP 28 1984
OIL CON. DIV
DIST. 3

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

SIGNED Mildred L. Kuehne TITLE Petroleum Engineer DATE 9-21-84

(This space for Federal or State certificate)

ACCEPTED FOR RECORD

APPROVED BY _____ TITLE _____ DATE SEP 27 1984

CONDITIONS OF APPROVAL, IF ANY:

FARMINGTON RESOURCE AREA
BY CB

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.

NMOCC

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
 600 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

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
 TO TRANSPORT OIL AND NATURAL GAS**

Operator BK Petroleum, Inc.	Well API No.
Address P.O. Box 826, Farmington, NM 87499	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Operator <input type="checkbox"/>	Change in Transporter of: Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Change of operator give name and address of previous operator _____ Changed Crude Oil Transporter from Ciniza P/L to Giant Transportation	

I. DESCRIPTION OF WELL AND LEASE

Lease Name Many Rocks Gallup Unit	Well No. 17	Pool Name, Including Formation Many Rocks Gallup	Kind of Lease State, Federal or Fee	Lease No. 14-20-600-3531
Location Unit Letter <u>D</u> : <u>990</u> Feet From The <u>North</u> Line and <u>400</u> Feet From The <u>West</u> Line Section <u>17</u> Township <u>31N</u> Range <u>16W</u> ,NMPM, San Juan County				

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Giant Transportation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 12999, Scottsdale, AZ 85255
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Gas Used on Lease	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks. Unit <u>L</u> Sec. <u>17</u> Twp. <u>31N</u> Rge. <u>16W</u>	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

TEST DATA AND REQUEST FOR ALLOWABLE

L 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

RECEIVED
 SEP 04 1990

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

OIL CON. DIV
 DIST. ?

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.

Mildred L. Kuchera
 Signature
MILDRED L. KUCHERA OWNER
 Printed Name Title
 Date Telephone No.

OIL CONSERVATION DIVISION

SEP 05 1990

Date Approved _____
 By Barry Chang
 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.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

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

5. Lease Designation and Serial No.
14-20-600-3531

6. If Indian, Allottee or Tribe Name
Navajo Tribe

7. If Unit or CA, Agreement Designation

SUBMIT IN TRIPLICATE

1. Type of Well

Oil Well Gas Well Other

2. Name of Operator BK Petroleum Inc
% NMOCO

3. Address and Telephone No.
1000 Rio Grande Rd. Aztec NM 87410 334-6178

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
17-31N-16W 2073/N2641/W

8. Well Name and No.
19 Many Rocks

9. API Well No.
3004512154

10. Field and Pool, or Exploratory Area
Many Rocks Gallup

11. County or Parish, State
San Juan, NM

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

TYPE OF SUBMISSION	TYPE OF ACTION	
<input checked="" type="checkbox"/> Notice of Intent	<input checked="" type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input 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 type="checkbox"/> Other _____	<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.)*

See attached plugging procedure.

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

Signed NMOC D Contract Plugging Title _____

Date 8/11/00

(This space for Federal or State office use)

Approved by _____ Title _____

Date 8/17/00

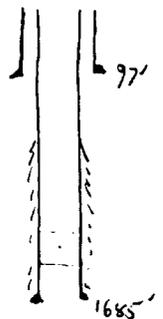
API NUMBER 30-045-12154
OPERATOR NAME BK PETROLEUM INC **WELL NUMBER** 19
PROPERTY NAME MANY ROCKS GALLUP UNIT
SECTION 17 **TOWNSHIP** 31N **RANGE** 16W
FOOTAGE 2073 FNL- 641 FWL UL 'E'

Sur Csg OD 12 3/4" HOLE	8 5/8	XX			XX
SUR CSG TD	96	XX			XX
SUR CSG WT	24	XX	XX	XX	XX
TOP OF CMT	0	XX	XX	XX	XX
ACTUAL	CIRC	XX	XX	XX	XX
CACULATED	40SX	XX	XX	XX	XX
PROD CSG OD 6 3/4 HOLE	4 1/2	XX	XX	XX	XX
PROD CSG TD	1684	XX	XX	XX	XX
PROD CSG WT	9.5	XX	XX	XX	XX
TOP OF CMT	126	XX	XX	XX	XX
FORMATION TOP	ACTUAL		XX	XX	
GALLUP 1445' 1279'	CACULATED		XX	XX	
MANCOS 164'	PERF TOP		XX	XX	
	PERF BOTTOM		XX	XX	
	PACKER		XX	XX	
	TYPE OF PLUG		XX	XX	
	CIBP & CMT		XX	XX	
	CMT		XX	XX	
			XX	XX	

PROPOSED PLUGGING OPERATION

MIRU PU, BOPE, TOOH WITH TUBING & RODS, RIH W/WORK STRING, CIRC CLEAN
 SPOT 14 SX PLUG ^{1329 1179} ~~1460-1210~~, WOC TAG, RESPOT IF NEEDED. POOH
 PERF @ 214' PMP 10 SX PLG, 214-160, 6 SX OUT, 4 SX IN, BRING TO SUR IF CIRC
 RIH, PERF @ 146' CIRC CEMENT TO SURFACE, LEAVE CSG FULL, EST 55 SX
 CUT OFF WELL HEAD, INSTALL P&A MARKER, DIG AND CUT ANCHORS.

Close pits according to guidelines: Clean and level location



on 2/10/1918, 1478-1480 and 1481-1483 of 1484 feet, ft. Treated each zone w/ 20 gal
 and well

TOOLS USED

Rotary tools were used from ~~Surface~~ feet to ~~200~~ feet, and from ~~200~~ feet to ~~200~~ feet
 Cable tools were used from ~~200~~ feet to ~~200~~ feet, and from ~~200~~ feet to ~~200~~ feet

DATES

Put to producing ~~start~~ ~~1918~~, 1918
 The production for the first 24 hours was ~~200~~ barrels of fluid of which ~~100~~ % was oil; ~~100~~ %
 emulsion; ~~100~~ % water; and ~~100~~ % sediment. Gravity, °Bé ~~100~~

If gas well, cu. ft. per 24 hours ~~100~~ Gallons gasoline per 1,000 cu. ft. of gas ~~100~~

Block pressure, lbs. per sq. in. ~~100~~
 "disconnected" or left in the well, give date and ~~100~~
 of shots. If plugs or bridges were put in to feet of water, ~~100~~

~~100~~, Driller ~~100~~, Driller
~~100~~, Driller ~~100~~, Driller

FORMATION RECORD

FROM-	TO-	TOTAL FEET	FORMATION
Surface	164	164	Shale
164	145	121	Shale
145	100	45	Galling (or Nicholas) Upper Galling 1478 Lower Galling 1609
1625	1625 15	15	Sandstone (unfile number)
FROM-	TO-	TOTAL FEET	FORMATION

ILLEGIBLE

FORMATION RECORD—Continued

10-4804-5

DEPARTMENT OF THE INTERIOR
 UNITED STATES

10-5000-227
 DEPT. OF THE INTERIOR
 BUREAU OF REVENUE
 U. S. LAND OFFICE

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 **Water Injec.** SINGLE ZONE MULTIPLE ZONE

2. NAME OF OPERATOR
The Atlantic Refining Company

3. ADDRESS OF OPERATOR
Box 2197 Farmington, N.H.

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.)
 At surface
SW NW Unit B (2075' FNL & 641 F/L) Sec.17
 At proposed prod. zone
same

14. DISTANCE IN MILES AND DIRECTION FROM NEAREST TOWN OR POST OFFICE*
17 miles NE of Shiprock N.H.

15. DISTANCE FROM PROPOSED* LOCATION TO NEAREST PROPERTY OR LEASE LINE, FT. (Also to nearest drlg. line, if any)
641 689'

16. NO. OF ACRES IN LEASE
2560'

17. NO. OF ACRES ASSIGNED TO THIS WELL
40

18. DISTANCE FROM PROPOSED LOCATION* TO NEAREST WELL, DRILLING, COMPLETED, OR APPLIED FOR, ON THIS LEASE, FT.
2411 10835

19. PROPOSED DEPTH
1850'

20. ROTARY OR CABLE TOOL LOG
Rotary

21. ELEVATIONS (Show whether DF, RT, GR, etc.)
GR 5586'

22. APPROX. DATE WORK WILL START*
2/6/64

5. LEASE DESIGNATION AND SERIAL NO.
14-20-600-350

6. IF INDIAN, ALLOTTEE OR OWNER NAME
Navajo Ute N. H. S.

7. UNIT AGREEMENT NAME
Many Rocks Gallup

8. FARM OR LEASE NAME
Many Rocks Gallup

9. WELL NO.
19

10. FIELD AND POOL, OR WELL CATEG.
Many Rocks Gallup

11. SEC., T., R., M., OR RANGE AND SURVEY OR AREA
Sec. 17, T-38N, R-10E

12. COUNTY OR PARISH
San Juan

13. STATE
N.M.

14. QUANTITY OF CEMENT
50 CB Yds.

15. QUANTITY OF CEMENT
150 CB Yds.

16. QUANTITY OF CEMENT
50 CB Yds.

17. QUANTITY OF CEMENT
150 CB Yds.

18. QUANTITY OF CEMENT
50 CB Yds.

19. QUANTITY OF CEMENT
150 CB Yds.

20. QUANTITY OF CEMENT
50 CB Yds.

21. QUANTITY OF CEMENT
150 CB Yds.

22. QUANTITY OF CEMENT
50 CB Yds.

23. QUANTITY OF CEMENT
150 CB Yds.

24. QUANTITY OF CEMENT
50 CB Yds.

25. QUANTITY OF CEMENT
150 CB Yds.

26. QUANTITY OF CEMENT
50 CB Yds.

27. QUANTITY OF CEMENT
150 CB Yds.

28. QUANTITY OF CEMENT
50 CB Yds.

29. QUANTITY OF CEMENT
150 CB Yds.

30. QUANTITY OF CEMENT
50 CB Yds.

31. QUANTITY OF CEMENT
150 CB Yds.

32. QUANTITY OF CEMENT
50 CB Yds.

33. QUANTITY OF CEMENT
150 CB Yds.

34. QUANTITY OF CEMENT
50 CB Yds.

35. QUANTITY OF CEMENT
150 CB Yds.

36. QUANTITY OF CEMENT
50 CB Yds.

37. QUANTITY OF CEMENT
150 CB Yds.

38. QUANTITY OF CEMENT
50 CB Yds.

39. QUANTITY OF CEMENT
150 CB Yds.

40. QUANTITY OF CEMENT
50 CB Yds.

41. QUANTITY OF CEMENT
150 CB Yds.

42. QUANTITY OF CEMENT
50 CB Yds.

43. QUANTITY OF CEMENT
150 CB Yds.

44. QUANTITY OF CEMENT
50 CB Yds.

45. QUANTITY OF CEMENT
150 CB Yds.

46. QUANTITY OF CEMENT
50 CB Yds.

47. QUANTITY OF CEMENT
150 CB Yds.

48. QUANTITY OF CEMENT
50 CB Yds.

49. QUANTITY OF CEMENT
150 CB Yds.

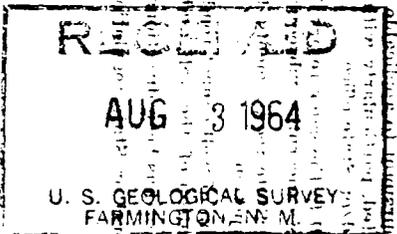
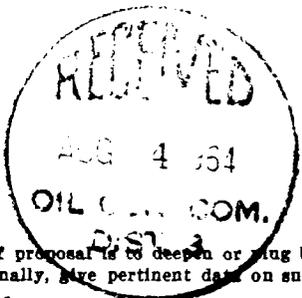
50. QUANTITY OF CEMENT
50 CB Yds.

23. PROPOSED CASING AND CEMENTING PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	QUANTITY OF CEMENT
12 1/2	8 1/8	26.44	60'	50 CB Yds.
8 1/2	4 1/2	9.24	1850'	150 CB Yds.

We propose to drill this well for water injection into the upper and lower Gallup formations part of the Many Rocks Gallup Project water will be injected thru tubing into the lower Gallup and thru casing tubing annulus into the upper Gallup. The upper and lower Gallup zones will be separated by a tension type packer. Estimated upper Gallup top is 1500' and lower Gallup top is 1601'.

"Effective May 3, 1966, The Atlantic Refining Company changed its name to Atlantic Richfield Company"



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 *C. D. Wood* TITLE Prod. & Drlg. Foreman DATE 7/27/60

(This space for Federal or State office use)

PERMIT NO. _____ APPROVAL DATE _____

APPROVED BY *A* TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

ILLEGIBLE

*See Instructions On Reverse Side

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL GAS WELL OTHER **Water Injection**

2. NAME OF OPERATOR **The Atlantic Refining Company**

3. ADDRESS OF OPERATOR **1000 21st St., Washington, D.C.**

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)
At surface **SW 24 (Unit 2) 2775' P.M. & 642' P.M. Section 17**

5. LEASE DESIGNATION AND SERIAL NO. **14-27-400-252**

6. IF INDIAN, ALLOTTEE OR TRUST NAME **None**

7. UNIT AGREEMENT NAME **None**

8. FARM OR LEASE NAME **None**

9. WELL NO. **17**

10. FIELD AND POOL, OR WELDCAT **None**

11. SEC. T. R. OR BLK. AND SURVEY OF AREA **Sec. 17, T-11, R-16**

12. COUNTY OF PARISH **Madison, La.**

14. PERMIT NO. **OR 3084, IF 3091**

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

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) Spud & casing	

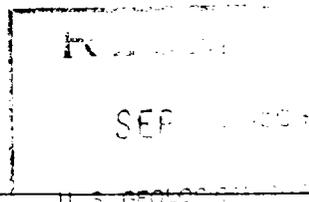
(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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.)

Spudded @ 11:30 pm 8/9/64. Ran 3 jts. 8 1/8" O.S., 24', 4-25 casing (100.87) set at 96.88. Cemented w/40 cu. class "G" cement + 25 gal. Plug down 3:15 pm 8/10/64, cement circulated. W.O.C. 15 hrs. & tested casing w/1000 psi O.S.

Drilled to 1685' T.D. Ran 34 jts. 4 1/2" O.S., 9-34, 4-25 casing (1680.19) set at 1684.84. Cemented w/30 cu. class "G" cement + 25 gal. & 1 1/2" Gellinomite/air followed by 75 cu. class "G" cement + 25 gal. Plug down 8:15 pm 8/11/64. W.O.C. & completion rig 120 hrs. and tested casing w/1000 psi. O.S.

ILLEGIBLE



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

SIGNED B. Sartain TITLE Engr. Field. Supv. DATE 9/20/64

(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 reverse side)

Form approved.
Budget Bureau No. 42-R1424.

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL GAS WELL OTHER **Water Injection**

2. NAME OF OPERATOR **The Atlantic Refining Company**

3. ADDRESS OF OPERATOR **Box 2107 Farrington, New Haven**

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)
At surface
SW NW (Unit 2) 2073rd P.M. & 6A1st P.M. Sec. 17

5. LEASE DESIGNATION AND SERIAL NO. **14-20-60-212**

6. IF INDIAN, ALLOTTEE OR TRUST NAME

7. UNIT AGREEMENT NAME **Many Wells Calling Proj.**

8. FARM OR LEASE NAME **Many Wells Calling**

9. WELL NO. **10**

10. FIELD AND POOL, OR WILDCAT **Many Wells Calling**

11. SEC. T. R. M., OR BLM. AND SURVEY OR AREA **Sec. 17, T31N, R6E**

12. COUNTY OR PARISH **San Juan** 13. STATE **N.M.**

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.) **GR 5286^{ft} DF 5291^{ft}**

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) Spud & Casing	

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

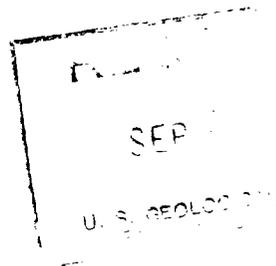
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to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

On 8-18-64 perforated 1478-1484 (Upper Calling) and 1609-1615 (Lower Calling) w/ 100 gal sand acid. Treated each zone separately w/ 300 gal sand acid. Set Baker Technical type packer at 1978' on 2-1/8 OD tubing.

On 8-21-64 started injecting water into Lower Calling through tubing and into Upper Calling through casing tubing annulus.

ILLEGIBLE

Effective May 3, 1966. The Atlantic Refining Company changed its name to Atlantic Richfield Company



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

SIGNED B. J. Sartain TITLE Drilling Production Dept. DATE 9-20-64

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

Form 9-331
(May 1963)

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

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

1. OIL WELL GAS WELL OTHER Water Injection Wells

2. NAME OF OPERATOR
Atlantic Richfield

3. ADDRESS OF OPERATOR
Box 2197, Farmington, N. Mex.

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

14. PERMIT NO.

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

5. LEASE DESIGNATION AND SERIAL NO.
14-20-600-3531

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
Nav. Ute-Mtn.

7. UNIT AGREEMENT NAME
Many Rocks Gallup Pro.

8. FARM OR LEASE NAME
Many Rocks Gallup

9. WELL NO.

10. FIELD AND POOL, OR WILDCAT
Many Rocks Gallup

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

12. COUNTY OR PARISH
San Juan

13. STATE
N. Mex.

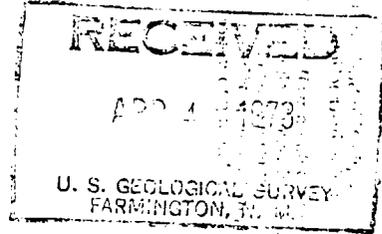
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	
(Other) Shut-In Injection Wells		(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.)*

As per USGS approval, dated Jan. 23, 1973, of supplemental plan of development -- We have discontinued water injection as of March 29, 1973 on the following wells: #16, 18, 19, 21, 22, 23, & 26.

Also include Water Supply well #1-W as being shut-in March 29, 1973



18. I hereby certify that the foregoing is true and correct.
SIGNED R. R. Markin TITLE Acting Drlg. Pro. Supv. DATE 4/2/73

(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 reverse side)

Form approved.
Budget Bureau No. 42-R1424.

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different formation. Use "APPLICATION FOR PERMIT—" for such proposals.)

<p>1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Injection</p> <p>2. NAME OF OPERATOR Atlantic Richfield Company</p> <p>3. ADDRESS OF OPERATOR 1860 Lincoln Street, Suite 501, Denver, Colorado</p> <p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface Unit E, 2073' f/North & 641' f/West lines Sec. 17</p> <p>14. PERMIT NO.</p>		<p>5. LEASE DESIGNATION AND SERIAL NO. 14-20-600-3531</p> <p>6. IF INDIAN, ALLOTTEE OR TRIBE NAME Navajo-Ute Mountain</p> <p>7. UNIT AGREEMENT NAME Many Rocks Gallup Unit</p> <p>8. FARM OR LEASE NAME Many Rocks Gallup</p> <p>9. WELL NO. 19</p> <p>10. FIELD AND POOL, OR WILDCAT Many Rocks Gallup</p> <p>11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 17-31N-16W</p> <p>12. COUNTY OR PARISH 13. STATE San Juan New Mexico</p>
<p>15. ELEVATIONS (Show whether DP, RT, GR, etc.) 5586'</p>		

OCT 31 1974
OIL CON. COM.
DIST 3
80203

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	FULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Shut In</u>	
(Other) <input type="checkbox"/>		(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.)*

Unit production declined to 27 BOPD which is below the economic limit. Injection stopped to reduce expenses and evaluate unit performance without injection. This well was shut in 3-29-73. U.S.G.S. approved Supplemental Plan of Development 1-23-73.

This well is in a Unit. Waterflood operations have been temporarily suspended. Future plans are to conduct waterflood and tertiary recovery studies. These studies may result in a revised waterflood plan or in a tertiary recovery program that may require the use of this well in order to recover the maximum amount of oil from this reservoir.

Two copies sent to New Mexico Oil Conservation Commission

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

SIGNED W. A. Walther Jr. TITLE Dist. Prod. & Drlg. Supt. DATE 10/18/74
W. A. Walther Jr.

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

UNITED STATES DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE (Other instructions on reverse side)

Form approved Budget Bureau No. 42-R1

5. LEASE DESIGNATION AND SERIAL NUMBER

14-20-600-3531

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Navajo-Ute Mountain

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 Injection

7. UNIT AGREEMENT NAME

Many Rocks Gallup Un

2. NAME OF OPERATOR

Atlantic Richfield Company

8. FARM OR LEASE NAME

Many Rocks Gallup

3. ADDRESS OF OPERATOR

1860 Lincoln Street, Suite 501, Denver, Colorado 80203

9. WELL NO.

19

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

Unit E, 2073' f/North & 641' f/West lines Section 17

10. FIELD AND POOL, OR WILDCAT

Many Rocks Gallup

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

Sec. 17-31N-16W

14. PERMIT NO.

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

5586'

12. COUNTY OR PARISH

San Juan

13. STATE

New Mexi

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)

Shut In, Extension Request

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 or 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.)

Unit production declined to 27 BOPD which is below the economic limit. Injection stopped to reduce expenses and evaluate unit performance without injection.

This well was shut in 3-29-73. U.S.G.S. approved Supplemental Plan of Development 1-23-73.

This well is in a Unit. Waterflood operations have been temporarily suspended. Future plans are to conduct waterflood and tertiary recovery studies. These studies may result in a revised waterflood plan or in a tertiary recovery program that may require the use of this well in order to recover the maximum amount of oil from this reservoir.

TEMPORARY ABANDONMENT EXPIRES

JUN 1 1977



Two copies sent to New Mexico Oil Conservation Commission

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

SIGNED

W. A. Walther, Jr.

TITLE

Operations Manager

DATE

6/4/76

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

NO. OF TONNES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.S.A.	
LAND OFFICE	
TRANSPORTER	
OPERATOR	
PRODUCTION OFFICE	

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

RECEIVED
JUL 03 1984

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

OIL CON. DIV.
DIST. 3

Operator
BK Petroleum, Inc.
Address
501 Airport Dr.-Suite 165, Farmington, N.M. 87401

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Condensate
<input checked="" type="checkbox"/> Change in Ownership	<input type="checkbox"/> casinghead Gas	

Other (Please explain)

change of ownership give name and address of previous owner
Arco Oil & Gas Co., P.O. Box 5540, Denver, Co. 80217

DESCRIPTION OF WELL AND LEASE

Lease Name Many Rocks Gallup Unit	Well No. 19	Pool Name, including Formation Many Rocks Gallup	Kind of Lease Fed. 14-20-600- State, Federal or Fee 3531	Lease No.
Location Unit Letter <u>E</u> : <u>2073</u> Feet From The <u>North</u> Line and <u>641</u> Feet From The <u>West</u> <u>17</u> Township <u>31N</u> Range <u>16W</u> , NMPM, <u>San Juan</u> County				

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) 501 Airport Dr.-Suite 165, Farmington, N.M. 8740
later injection well - shut in name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
well produces oil or liquids, or 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:

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

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.

Joseph B. Buford
(Signature)
resident
July 1, 1984 (Date)

OIL CONSERVATION DIVISION

APPROVED JUL 03 1984
BY Frank J. [Signature]
TITLE SUPERVISOR DISTRICT # 30

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 BUREAU OF LAND MANAGEMENT

14-20,600-3531 Navajo-Ute Mtn.

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 [X] GAS WELL [] OTHER []
2. NAME OF OPERATOR BK Petroleum, Inc.
3. ADDRESS OF OPERATOR 501 Airport Dr., Suite 165, Farmington, NM 87401
4. LOCATION OF WELL 2073' FNL, 641' FWL, Sec. 17, T31N, R16W
7. OPERATOR'S NAME Many Rocks Gallup Unit
8. WELL NO. 19
10. FIELD AND POOL, OR WILDCAT Many Rocks Gallup
11. SEC., T., R., N., OF FNL AND DEPTH OF STRA Sec. 17, T31N, R16W
12. COUNTY OR PARISH San Juan
13. STATE NM

RECEIVED SEP 05 1984

14. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data
NOTICE OF INTENTION TO: TEST WATER SHUT-OFF [], FRACTURE TREAT [], SHOOT OR ACIDISE [], REPAIR WELL [], (Other) Change of Operator [X]
SUBSEQUENT REPORT OF: WATER SHUT-OFF [], FRACTURE TREATMENT [], SHOOTING OR ACIDISING [], (Other) []
(Notes: 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 data, 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.)

Effective June 1, 1984 BK Petroleum, Inc. became Unit Operator.

RECEIVED SEP 28 1984 OIL CON. DIV. DIST. 3

18. I hereby certify that the foregoing is true and correct
SIGNED Mildred L. Kuckera TITLE Petroleum Engineer DATE 9-21-84

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: _____

ACCEPTED FOR RECORD SEP 27 1984

FARMINGTON RESOURCE AREA BY 223



STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT
 OIL CONSERVATION DIVISION
 AZTEC DISTRICT OFFICE

TONEY ANAYA
 GOVERNOR

1000 RIO BRAZOS ROAD
 AZTEC, NEW MEXICO 87410
 (505) 334-8178

January 10, 1986

Mr. Larry Bedford
 BK Petroleum Inc.
 PO Box 826
 Farmington, NM 87499

Re: Many Rocks Gallup Project # 6	G- 7-31N-16W
Many Rocks Gallup Project # 8	L- 7-31N-16W
Many Rocks Gallup Project #12	K- 8-31N-16W
Many Rocks Gallup Project #13	N- 7-31N-16W
Many Rocks Gallup Project #16	A-18-31N-16W
Many Rocks Gallup Project #18	C-17-31N-16W
Many Rocks Gallup Project #19	E-17-31N-16W ✓
Many Rocks Gallup Project #21	G-17-31N-16W
Many Rocks Gallup Project #22	K-17-31N-16W

Dear Mr. Bedford:

Upon review of the NMOCD files of the referenced injection wells, I find that the temporary abandonment status expired on June 1, 1977. NMOCD Rule 202.B. states that upon expiration of the permit for temporary abandonment and any extension thereto, the well shall be put to beneficial use or shall be permanently plugged and abandoned, unless it can be shown to the Division after notice and hearing that good cause exists why the well should not be plugged and abandoned, and a further extension to the temporary abandonment permit should be issued. In order to comply with NMOCD Rule 202.B. you are hereby directed to either return the referenced wells to active status or plug and abandon them within six months.

Yours truly,

Carolyn J. Taplin
 Field Representative

xc: Prentiss Childs
 ✓ Well Files
 Operator File
 UIC File



STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT
 OIL CONSERVATION DIVISION
 AZTEC DISTRICT OFFICE

TONY ANAYA
 GOVERNOR

February 12, 1986

1000 RIO BRAZOS ROAD
 AZTEC, NEW MEXICO 87410
 (505) 334-6178

Ms. Mildred L. Kuchera
 BK Petroleum, Inc.
 P.O. Box 826
 Farmington, NM 87401

Re: Many Rocks Gallup Project # 6 G-07-31N-16W
 Many Rocks Gallup Project # 8 L-07-31N-16W
 Many Rocks Gallup Project #12 K-08-31N-16W
 Many Rocks Gallup Project #13 N-07-31N-16W
 Many Rocks Gallup Project #16 A-18-31N-16W
 Many Rocks Gallup Project #18 C-17-31N-16W
 Many Rocks Gallup Project #19 E-17-31N-16W ✓
 Many Rocks Gallup Project #21 G-17-31N-16W
 Many Rocks Gallup Project #22 K-17-31N-16W

Dear Ms. Kuchera:

I am writing in response to your letter of February 7, 1986. NMOCD Rule 705.B.1 states that whenever there is a continuous six-month period of noninjection into any injection project, storage project, salt water disposal well, or special purpose injection well, such project or well shall be considered abandoned, and the authority for injection shall automatically terminate ipso facto. This letter will serve as notice that your authority to inject into the referenced wells has been terminated. In your letter you indicated that you plan to return the wells to active injection status. It will be necessary to apply to the Division, through notice and hearing (Form C-108), for authority to inject. Before injection can recommence, the wells must prove mechanical integrity.

You are hereby directed to either return the wells to active status, apply for extension of temporary abandonment, apply for exception to temporary abandonment or plug and abandon the wells within five months.

Yours truly,

Carolyn J. Taplin
 Carolyn J. Taplin
 Field Representative

CJT/dj

xc: Prentiss Childs
 ✓ Well File
 Operator File
 UIC File



STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT
OIL CONSERVATION DIVISION
AZTEC DISTRICT OFFICE

TONEY ANAYA
GOVERNOR

1000 RIO BRAZOS ROAD
AZTEC, NEW MEXICO 87410
(505) 334-8178

June 27, 1986

BK Petroleum Inc.
PO Box 826
Farmington, NM 87499

Re: Many Rocks Gallup Project # 6, G-07-31N-16W
Many Rocks Gallup Project # 8, L-07-31N-16W
Many Rocks Gallup Project #12, K-08-31N-16W
Many Rocks Gallup Project #13, N-07-31N-16W
Many Rocks Gallup Project #18, C-17-31N-16W
Many Rocks Gallup Project #19, E-17-31N-16W ✓
Many Rocks Gallup Project #21, G-17-31N-16W
Many Rocks Gallup Project #22, K-17-31N-16W

Gentlemen:

Review of NMOCD records revealed that the temporary abandonment approval for the referenced injection wells expired in 1977. You are hereby directed to plug and abandoned the referenced wells, or appear and show cause why they should not be plugged and abandoned within 60 days.

Yours truly,

Carolyn J. Taplin
Carolyn J. Taplin
Field Representative

xc: Prentiss Childs
Jeff Taylor
UIC File
✓ Well File
Operator File

(November 1983)
(Formerly 9-331)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

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. OIL WELL **GAS WELL** **OTHER** **WIW**

2. NAME OF OPERATOR
BK Petroleum, Inc.

3. ADDRESS OF OPERATOR
P.O. Box 826, Farmington, NM 87499

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface
2073' FNL, 641' FWL, Sec. 17, T31N, R16W

RECEIVED
SEP 10 1986
BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

5. LEASE DESIGNATION AND SERIAL NO.
14-20-600-3531

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
Navajo-Ute Mtn.

7. UNIT AGREEMENT NAME
Many Rocks Gallup Project

8. FARM OR LEASE NAME
Many Rocks Gallup

9. WELL NO.
19

10. FIELD AND POOL, OR WILDCAT
Many Rocks Gallup

11. SEC., T., R., N., OR BLE. AND SURVEY OR AREA
Sec. 17, T31N, R16W

12. COUNTY OR PARISH **13. STATE**
San Juan NM

14. PERMIT NO. **15. ELEVATIONS** (Show whether DP, RT, OR, etc.)
GL 5586

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	(Other) <input type="checkbox"/>

(Other) Return well to production

(NOTE: Report results of multiple completion on Well Completion or Recombination 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.)

Water injection was discontinued at the subject well on 3/29/73.
It is planned to convert this well to production by:

- 1) Acidizing with 500 gallons acid.
- 2) Running rods and pump.
- 3) Hang well on pump.

RECEIVED
SEP 12 1986
OIL COM. DIV.
DIST. 3

18. I hereby certify that the foregoing is true and correct
SIGNED Mildred L. Kuchera TITLE Engineer DATE September 5, 1986

(This space for Federal or State office use)

APPROVED
AS AMENDED

APPROVED BY ohz TITLE _____ DATE SEP 10 1986

CONDITIONS OF APPROVAL, IF ANY:

SEP 10 1986
Jim Shell
AREA MANAGER

*See Instructions on Reverse Side

NMOCC

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.

DR. PETROLEUM
MANY ROCKS: ~~GROUP~~
PROJECT: ~~NO. 1~~

BEFORE THE OIL CONSERVATION COMMISSION
OF THE STATE OF NEW MEXICO

IN THE MATTER OF THE HEARING
CALLED BY THE OIL CONSERVATION
COMMISSION OF NEW MEXICO FOR
THE PURPOSE OF CONSIDERING:

CASE No. 2948
~~ORDER NO. R-2622~~

APPLICATION OF THE ATLANTIC REFINING
COMPANY FOR A PRESSURE MAINTENANCE
PROJECT, SAN JUAN COUNTY, NEW MEXICO.

ORDER OF THE COMMISSION

BY THE COMMISSION:

This cause came on for hearing at 9 o'clock a.m. on December 4, 1963, at Santa Fe, New Mexico, before Elvis A. Utz, Examiner duly appointed by the Oil Conservation Commission of New Mexico, hereinafter referred to as the "Commission," in accordance with Rule 1214 of the Commission Rules and Regulations.

NOW, on this 19th day of December, 1963, the Commission, a quorum being present, having considered the application, the evidence adduced, and the recommendations of the Examiner, Elvis A. Utz, and being fully advised in the premises,

FINDS:

(1) That due public notice having been given as required by law, the Commission has jurisdiction of this cause and the subject matter thereof.

(2) That the applicant, The Atlantic Refining Company, seeks authority to institute a pressure maintenance project in the Many Rocks-Gallup Oil Pool, San Juan County, New Mexico, by the injection of water into the Gallup (Tocito) formation initially through 14 wells located or to be located within the proposed project area comprising the following-described acreage:

- TOWNSHIP 31 NORTH, RANGE 16 WEST, NMPM
Section 6: SW/4 SW/4
Section 7: W/2 NE/4, SE/4 NE/4, NW/4,
NW/4 SW/4, E/2 SW/4, and SE/4
Section 8: SW/4
Section 17: SE/4 NE/4, W/2 NE/4, NW/4,
NW/4 SW/4, E/2 SW/4, and SE/4
Section 18: E/2 NE/4 and NW/4 NE/4

(3) That the applicant seeks the promulgation of special rules and regulations governing the proposed project similar to

the special rules and regulations governing the Many Rocks-Gallup Pressure Maintenance Project No. 1 promulgated by Order No. R-2541.

(4) That the applicant proposes that the special rules and regulations provide that the Atlantic-Navajo Well No. 17-5 located in the SE/4 SE/4 of Section 17, Township 31 North, Range 16 West, shall not produce in excess of top unit allowable for the pool until May 31, 1964, or until a Gallup pressure maintenance project has been instituted in the area offsetting said well outside the project area, whichever shall first occur.

(5) That the proposed pressure maintenance project is in the interest of conservation and should result in greater ultimate recovery of oil, thereby preventing waste.

(6) That the proposed special rules and regulations should be adopted in order to prevent waste and protect correlative rights.

IT IS THEREFORE ORDERED:

(1) That the applicant, The Atlantic Refining Company, is hereby authorized to institute a pressure maintenance project designated the Many Rocks-Gallup Pressure Maintenance Project No. 2 in the Many Rocks-Gallup Oil Pool, San Juan County, New Mexico, by the injection of water into the Gallup (Tocito) formation through 14 injection wells located or to be located in Unit M of Section 6, Units B, H, L, and N of Section 7, Unit L of Section 8, Units C, E, G, I, K, and O of Section 17, and Units A and B of Section 18, all in Township 31 North, Range 16 West, NMPM, San Juan County, New Mexico, with one injection well located on each of the above-described units.

(2) That special rules and regulations governing the Many Rocks-Gallup Pressure Maintenance Project No. 2, San Juan County, New Mexico, are hereby promulgated as follows:

SPECIAL RULES AND REGULATIONS
FOR THE

MANY ROCKS-GALLUP PRESSURE MAINTENANCE PROJECT NO. 2

RULE 1. The project area of the Many Rocks-Gallup Pressure Maintenance Project No. 2, hereinafter referred to as the Project, shall comprise the following-described area:

<u>TOWNSHIP 31 NORTH, RANGE 16 WEST, NMPM</u>	
Section 6:	SW/4 SW/4
Section 7:	W/2 NE/4, SE/4 NE/4, NW/4, NW/4 SW/4, E/2 SW/4, and SE/4
Section 8:	SW/4
Section 17:	SE/4 NE/4, W/2 NE/4, NW/4, NW/4 SW/4, E/2 SW/4, and SE/4
Section 18:	E/2 NE/4 and NW/4 NE/4

RULE 2. The allowable for the Project shall be the sum of the allowables of the several wells within the project area, including those wells which are shut-in, curtailed, or used as injection wells. Allowables for all wells shall be determined in a manner hereinafter prescribed.

RULE 3. Allowables for injection wells may be transferred to producing wells within the project area, as may the allowables for producing wells which, in the interest of more efficient operation of the Project, are shut-in or curtailed because of high gas-oil ratio, pressure regulation, control of pattern or sweep efficiencies, or to observe changes in pressures or changes in characteristics of reservoir liquids or progress of sweep.

RULE 4. The allowable assigned to any well which is shut-in or which is curtailed in accordance with the provisions of Rule 3, which allowable is to be transferred to any well or wells in the project area for production, shall in no event be greater than its ability to produce during the test prescribed by Rule 6, below, or greater than the current top unit allowable for the pool during the month of transfer, whichever is less.

RULE 5. The allowable assigned to any injection well on a 40-acre proration unit shall be top unit allowable for the pool.

RULE 6. The allowable assigned to any well which is shut-in or curtailed in accordance with Rule 3 shall be determined by a 24-hour test at a stabilized rate of production which shall be the final 24-hour period of a 72-hour test throughout which the well should be produced in the same manner and at a constant rate. The daily tolerance limitation set forth in Rule 502 I (a) of the General Rules and Regulations and any limiting gas-oil ratio for the pool shall be waived during such tests. The project operator shall notify the Commission and all offset operators in writing of the exact time and date such tests are to be conducted. The Commission and representatives of the offset operators may witness the tests.

RULE 7. The allowable assigned to each producing well in the Project shall be equal to the well's ability to produce or to top unit allowable for the pool, whichever is less. Each producing well shall be subject to the limiting gas-oil ratio (2,000 to 1) for the pool, except that any well or wells within the project area producing with a gas-oil ratio in excess of 2,000 cubic feet of gas per barrel of oil may be produced on a "net" gas-oil ratio basis, which net gas-oil ratio shall be determined by applying credit for daily average gas injected, if any, into the pool within the project area to such high gas-oil ratio well. The daily adjusted oil allowable for any well receiving gas injection credit shall be determined in accordance with the following formula:

$$A_{adj} = \frac{TUA \times F_a \times 2,000}{\frac{P_g - I_g}{P_o}}$$

where:

- A_{adj} = the well's daily adjusted allowable
- TUA = top unit allowable for the pool
- F_a = the well's acreage factor
- P_g = average daily volume of gas produced by the well during the preceding month, cubic feet
- I_g = the well's allocated share of the daily average gas injected during the preceding month, cubic feet
- P_o = average daily volume of oil produced by the well during the preceding month, barrels

In no event shall the amount of injected gas being credited to a well be such as to cause the net gas-oil ratio, $\frac{P_g - I_g}{P_o}$, to be less than 2,000 cubic feet of gas per barrel of oil produced.

RULE 8. Credit for daily average net water injected into the pool through any injection well located within the project area may be converted to its gas equivalent and applied to any well producing with a gas-oil ratio in excess of two thousand cubic feet of gas per barrel of oil. Total credit for net water injected in the project area shall be the gas equivalent volume of the daily average net water injected during a one-month period. The daily average gas equivalent of net water injected shall be computed in accordance with the following formula:

$$E_g = (V_w \text{ inj} - V_w \text{ prod}) \times 5.61 \times \frac{P_a \times 520^{\circ}}{15.025 \times T_r} \times \frac{1}{Z}$$

where:

- E_g = Average daily gas equivalent of net water injected, cubic feet
- $V_w \text{ inj}$ = Average daily volume of water injected, barrels
- $V_w \text{ prod}$ = Average daily volume of water produced, barrels
- 5.61 = Cubic foot equivalent of one barrel of water

- P_a = Average reservoir pressure at mid-point of the pay-zones of the pool in the project area, psig + 12.01, as determined from most recent survey
- 15.025 = Pressure base, psi
- 520° = Temperature base of 60°F expressed as absolute temperature
- T_r = Reservoir temperature of 92°F expressed as absolute temperature (552°R)
- Z = Compressibility factor from analysis of gas from the pool at average reservoir pressure, P_a , interpolated from compressibility tabulation below:

Reservoir Pressure	Z	Reservoir Pressure	Z	Reservoir Pressure	Z
50	.9725	300	.8325	500	.6560
100	.9465	350	.8030	600	.6135
150	.9215	400	.7710	650	.5655
200	.8885	450	.7220	700	.5220
250	.8600	500	.6900	750	.4630
				800	.3935

RULE 9. Each month the project operator shall, within three days after the normal unit allowable for Northwest New Mexico has been established, submit to the Commission a Pressure Maintenance Project Operator's Report, on a form prescribed by the Commission, outlining thereon the data required, and requesting allowables for each of the several wells in the Project as well as the total Project allowable. The aforesaid Pressure Maintenance Project Operator's Report shall be filed in lieu of Form C-120 for the Project.

RULE 10. The Commission shall, upon review of the report and after any adjustments deemed necessary, calculate the allowable for each well in the Project for the next succeeding month in accordance with these rules. The sum of the allowables so calculated shall be assigned to the Project and may be produced from the wells in the project in any proportion except that the Atlantic-Navajo Well No. 17-5, located in the SE/4 SE/4 of Section 17, Township 31 North, Range 16 West, shall not produce in excess of the top unit allowable for the pool until May 31, 1964, or until a Gallup pressure maintenance project has been instituted in the area offsetting said well outside the project area, whichever shall first occur.

RULE 11. The conversion of producing wells to injection, the drilling of additional wells for injection, and expansion of the project area shall be accomplished only after approval of the same by the Secretary-Director of the Commission. To obtain such approval, the project operator shall file proper application with the Commission, which application, if it seeks authorization to convert additional wells to injection or to drill additional injection wells shall be filed in accordance with Commission Rule 701-B and shall be accompanied by a statement that all offset operators to the proposed injection well have been furnished a complete copy of the application and the date of notification.

The Secretary-Director may approve the proposed injection well if, within 15 days after receiving the application, no objection to the proposal is received. The Secretary-Director may grant immediate approval, provided waivers of objection are received from all offset operators and from the State Engineer.

Expansion of the project area may be approved by the Secretary-Director of the Commission administratively when good cause is shown therefor.

(3) That jurisdiction of this cause is retained for the entry of such further orders as the Commission may deem necessary.

DONE at Santa Fe, New Mexico, on the day and year hereinabove designated.

STATE OF NEW MEXICO
OIL CONSERVATION COMMISSION

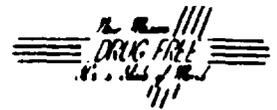
JACK M. CAMPBELL, Chairman

E. S. WALKER, Member

A. L. PORTER, Jr., Member & Secretary

S E A L

esr/



STATE OF NEW MEXICO
 ENERGY, MINERALS and NATURAL RESOURCES DEPARTMENT
 OIL CONSERVATION DIVISION
 AZTEC DISTRICT OFFICE

BRUCE KING
 GOVERNOR

ANITA LOCKWOOD
 CABINET SECRETARY

1000 RIO BRAZOS ROAD
 AZTEC, NEW MEXICO 87410
 (505) 334-6178

August 25, 1992

George Robin, Navajo Technical Lead
 UIC Section
 United States Environmental Protection Agency
 75 Hawthorne Street
 San Francisco, CA 94105

RE: UIC Wells - BK Petroleum, Inc.
 Many Rocks Gallup Wells #1, #2, #8, #18, #21 and #22
 E-11-31N-10W

Dear George:

There has been a continuous six-month period of non-injection in the Many Rocks Gallup Wells #8, #18, #19, #21 and #22. Pursuant to OCD Rule 705-C-1, BK Petroleum's authorization to inject has terminated. BK Petroleum is required to run an MIT on these wells in order to resume or continue injecting. BK was due for testing on all wells on June 14, 1989. They would like to run the MIT's on the above listed wells at one time prior to November 1, 1992 as a coordinated effort between the EPA and OCD. I will contact Ken upon receipt of a test schedule so that he may be present to witness the testing.

Sincerely,

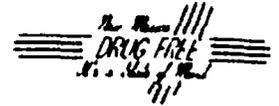
Dianna K. Fairhurst

Dianna K. Fairhurst
 Deputy Oil & Gas Inspector

XC: UIC File
 DKF File
 Mildred Kuchera-BK Petroleum, Inc.



STATE OF NEW MEXICO
 ENERGY, MINERALS and NATURAL RESOURCES DEPARTMENT
 OIL CONSERVATION DIVISION
 AZTEC DISTRICT OFFICE



BRUCE KING
 GOVERNOR

ANITA LOCKWOOD
 CABINET SECRETARY

1000 RIO BRAZOS ROAD
 AZTEC, NEW MEXICO 87410
 (505) 334-6178

August 25, 1992

Mildred L. Kuchera
 BK Petroleum, Inc.
 PO Box 826
 Farmington, NM 87499

RE: Temporarily Abandoned Injection Wells
~~XXXXXXXXXXXXXXXXXXXX~~ #8, #18, ~~XXXX~~ #21 and #22
 E-17-31N-16W

Dear Ms. Kuchera:

The New Mexico Oil Conservation Division, as part of its Underground Injection Control authority, requires BK Petroleum to perform a MIT on the above injection wells once every five years. MIT's were due on June 14, 1989. Many Rocks Gallup Wells #1 and #2 are active injection wells and were also due on June 14, 1989.

As agreed upon in our telephone conversation today, the MIT's should be completed by November 1, 1992. The MIT's will allow BK Petroleum to continue injecting produced water into the wells cited in this letter. We require a 24 to 48 hour notice so that we may be present to witness testing. BK will furnish personnel and equipment to complete the tests.

If you have any questions please feel free to contact this office.

Sincerely,

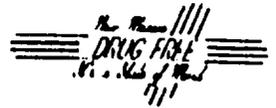
Dianna K. Fairhurst

Dianna K. Fairhurst
 Deputy Oil & Gas Inspector

XC: David Catanach-UIC Director
 George Robin-EPA
 UIC File
 DKF File
 Well File



STATE OF NEW MEXICO
ENERGY, MINERALS and NATURAL RESOURCES DEPARTMENT
OIL CONSERVATION DIVISION
AZTEC DISTRICT OFFICE



BRUCE KING
GOVERNOR

ANITA LOCKWOOD
CABINET SECRETARY

1000 RIO BRAZOS ROAD
AZTEC, NEW MEXICO 87410
(505) 334-6178

October 26, 1992

Mildred L. Kuchera
BK Petroleum, Inc.
PO Box 826
Farmington, NM 87499

RE: Mechanical Integrity Testing
Many Rocks Gallup Wells #1, #2, #8, #18, #19, #21 and #22

E-17-3N-16W

Dear Ms. Kuchera:

This is in response to your October 21, 1992 letter requesting approval to extend BK's November 1, 1992 deadline to test the above mentioned wells. BK is now required to complete all MIT's no later than November 30, 1992. Failure to meet this deadline will result in the shut-in of these well and termination of your authorization to inject. No futher extensions will be granted.

If you have any questions please feel free to contact this office.

Sincerely,

Dianna K. Fairhurst

Dianna K. Fairhurst
Deputy Oil & Gas Inspector

XC: David Catanach-UIC Director
George Robin-EPA
Ken Lingo-EPA Inspector
UIC File
DKF File
Well File

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

SUBMIT IN TRIPLICATE

1. Type of Well

Oil Well Gas Well Other Water Injection

2. Name of Operator

BK Petroleum, Inc.

3. Address and Telephone No.

P.O. Box 826, Farmington, NM 87499-0826 505-326-3139

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

SW NM (Unit E) 2073' FNL & 641' FWL Sec. 17 31 N-16W

5. Lease Designation and Serial No.
14-20-600-3531

6. If Indian, Allottee or Tribe Name
Navajo - Ute Mtn.

7. If Unit or CA, Agreement Designation
Many Rocks Gallup Proj.

8. Well Name and No.
Many Rocks Gallup

9. API Well No.
19

10. Field and Pool, or Exploratory Area
Many Rocks Gallup

11. County or Parish, State
San Juan County, NM

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 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>Return well to production</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.)

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.)*

Per your letter request dated May 3, 1993 the following has been done to return this former water injection well to production : (7/20/93). Rig up well service unit. Release Model A Baker injection packer. Trip out of hole. Go back in hole with scraper and circulate hole clean. Trip out. Go in hole with production tubing. Swab well into workover tank to ascertain commercial production. Well swabs at the rate of 10 bopd. Run 2" x 1-2" x 8' RWAC insert pump and 5/8" rods. Hang well on and rig down pulling unit. Bring pump jack to location. Wait on electric hookup and flowline tie in.

RECEIVED
AUG 17 1993
OIL CON. DIV.
DIST. 3

070 FARMINGTON, NM
93 AUG 11 AM 9:51
RECEIVED
BLM

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

Signature [Signature] Title Engineer

Date 8-10-93

(This space for Federal or State office use)

Approved by _____ Title _____
Conditions of approval, if any:

ACCEPTED FOR RECORD

AUG 16 1993

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.

*See Instruction on Reverse Side

NM000

FARMINGTON DISTRICT OFFICE

Y [Signature]

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

5. Lease Designation and Serial No.
14-20-600-3531

6. If Indian, Allottee or Tribe Name
Navajo--Ute Mtn.

SUBMIT IN TRIPLICATE

7. If Unit or CA, Agreement Designation
Many Rocks Gallup Pro

1. Type of Well
 Oil Well Gas Well Other

8. Well Name and No.
Many Rocks Gallup

2. Name of Operator
BK Petroleum Inc.

9. API Well No.
19 30-45-12154

3. Address and Telephone No.
P.O. Box 826, Farmington, NM 87499 505-326-3139

10. Field and Pool, or Exploratory Area
Many Rocks Gallup

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
2073' FNL, 641' FWL, Sec 17, T31N, R16W
E

11. County or Parish, State
San Juan, NM

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

TYPE OF SUBMISSION

- Notice of Intent
 Subsequent Report
 Final Abandonment Notice

TYPE OF ACTION

- Abandonment
 Recompletion
 Plugging Back
 Casing Repair
 Altering Casing
 Other Well returned to production
 Change of Plans
 New Construction
 Non-Routine Fracturing
 Water Shut-Off
 Conversion to Injection
 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.)*

The following work was done to return this well to production (Feb.15, 1997)
Installed new pumping unit engine. Type: Continental Red Seal (6 cylinder)
Well producing at a rate of 3bopd and 2bwpd.

RECEIVED
FEB 23 1997
OIL CON. DIV.
DIST. 8

RECEIVED
BLM
97 FEB 24 PM 1:16
FARMINGTON, NM

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

Signed

[Signature]

Title President

Date February 20, 1997

(This space for Federal or State office use)

Approved by
Conditions of approval, if any:

Title

ACCEPTED

Date

FEB 23 1997

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.

FARMINGTON DISTRICT OFFICE

*See Instruction on Reverse Side
NMOCD

BY

[Signature]

DISTRIBUTION		
STATE		
COUNTY		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		3
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-105
Effective 1-1-65

Operator
ARCO Oil and Gas Company, Division of Atlantic Richfield Company

Address
1860 Lincoln St., Suite 501, Denver, Colorado 80295

Reason(s) for filing (Check proper box)
 New Well Change in Transporter of:
 Recompletion Oil Dry Gas
 Change in Ownership Casinghead Gas Condensate

Other (Please explain) **Effective 4/1/79
Assumed name for formerly
Atlantic Richfield Company.**

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Many Rocks Gallup	Well No. 19	Pool Name, including Formation Many Rocks Gallup	Kind of Lease State, Federal or Fee Fed.	Lease No. 14-20-600-35
Location Unit Letter E ; 2073 Feet From The North Line and 641 Feet From The West				
Line of Section 17 Township 31N Range 16W , 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"/> Water Injection well - Shut In	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 type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit 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 Rest'v.	Diff. Rest'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

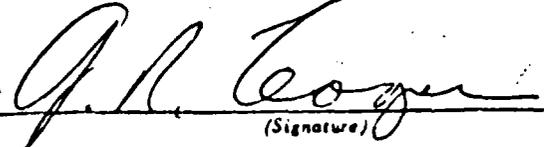
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

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


 Accounting Supervisor
 March 9, 1979

OIL CONSERVATION COMMISSION

APPROVED MAR 12 1979, 19
 BY Original Signed by A. R. Kendrick
 TITLE SUPERVISOR DIST. #3

This form to be filed in compliance with RULE 1104.
 If this is 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

DISTRICT II
P.O. Drawer 07, Artesia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I. Operator BK Petroleum, Inc. Well API No. 30-045-87056
Address P.O. Box 826, Farmington, NM 87499-0826; 505-326-3139
Reason(s) for Filing (Check proper box) Other (Please explain)
New Well Change in Transporter of:
Recompletion Oil Dry Gas Convert from water injection to production.
Change in Operator Casinghead Gas Condensate
If change of operator give name and address of previous operator _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Many Rocks Gallup</u>	Well No. <u>19</u>	Pool Name, Including Formation <u>Many Rocks Gallup</u>	Kind of Lease State, Federal or Fee	Lease No. <u>14-20-600-3531</u>
Location Unit Letter <u>E</u> : <u>2073</u> Feet From The <u>North</u> Line and <u>641</u> Feet From The <u>West</u> Line Section <u>17</u> Township <u>31N</u> Range <u>16W</u> , <u>NMPM</u> , <u>San Juan</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Giant Refinery</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 12999, Scottsdale AZ 85267</u>			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)			
If well produces oil or liquids, give location of tanks. <u>TB 1</u>	Unit <u>L</u>	Sec. <u>17</u>	Twp. <u>31N</u>	Rge. <u>16W</u>
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.D.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations		DEPTH SET			SACKS CEMENT			

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of lost 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.)	RECEIVED SEP 16 1993 OIL CON. DIV. DIST. 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/MCF	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.

Mildred L. Kuchera
Signature
Mildred L. Kuchera President
Printed Name
9/14/93 Date
505-326-3139 Telephone No.

OIL CONSERVATION DIVISION
Date Approved SEP 16 1993
By [Signature]
Title SUPERVISOR DISTRICT #3

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.
4) Separate Form C-104 must be filed for each pool in multiply completed wells.

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

SUBMIT IN TRIPLICATE

1. Type of Well

Oil Well Gas Well Other

2. Name of Operator BK Petroleum Inc
% NMOC

3. Address and Telephone No.
1000 Rio Brazos Rd. Aztec NM 87410 334-6178

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
17-31N-16W 1973/N-1941/W

5. Lease Designation and Serial No.
14-20-600-3531

6. If Indian, Allottee or Tribe Name
Navajo Tribe

7. If Unit or CA, Agreement Designation

8. Well Name and No.
20 Many Rocks

9. API Well No.
3004510804

10. Field and Pool, or Exploratory Area
Many Rocks Gallup

11. County or Parish, State
San Juan, NM

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

TYPE OF SUBMISSION	TYPE OF ACTION
<input checked="" type="checkbox"/> Notice of Intent	<input checked="" type="checkbox"/> Abandonment
<input 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 type="checkbox"/> Other _____
	<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.)

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.)*

See attached plugging procedure.

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

Signed NMOC Contract Plugging

Date 8/11/00

(This space for Federal or State office use)

Approved by _____
Conditions of approval, if any:

Title _____

Date 8/17/00

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.

*See instruction on Reverse Side

NMOC

API NUMBER 30-045-10804
 OPERATOR NAME BK PETROLEUM INC WELL NUMBER 20
 PROPERTY NAME MANY ROCKS GALLUP UNIT

SECTION 17 TOWNSHIP 31N RANGE 16W

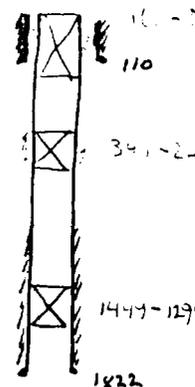
FOOTAGE 1973 FNL- 1941 FWL UL 'F'

Sur Csg OD 15" HOLE	10 3/4	XX			XX
SUR CSG TD	110	XX			XX
SUR CSG WT	32.75	XX			XX
TOP OF CMT	0	XX			XX
ACTUAL	CIRC	XX			XX
CACULATED	110SX	XX			XX
PROD CSG OD 6 3/4 HOLE	4 1/2	XX			XX
PROD CSG TD	1822	XX	XX		XX
PROD CSG WT	9.5	XX	XX		XX
TOP OF CMT	722	XX	XX		XX
FORMATION TOP	ACTUAL		XX		XX
GALLUP 1590' 1399'	CACULATED		XX		XX
MANCOS 290'	PERF TOP		XX		XX
	PERF BOTTOM		XX		XX
	PACKER		XX		XX
	TYPE OF PLUG		XX		XX
	CIBP & CMT		XX		XX
	CMT		XX		XX
			XX		XX

PROPOSED PLUGGING OPERATION

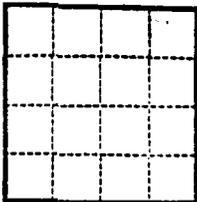
MIRU PU, BOPE, TOOH WITH TUBING& RODS, RIH with work string, circ hole clean
 Spot 14 SX plug @ 1449 - 1460, WOC TAG, POOH
 PERF @ 340' PUMP 38 SX, 340-240', 24 SX OUTSIDE CSG, 14 SX INSIDE CSG
 RIH, PERF @ 160', CIRC CEMENT TO SURFACE, LEAVE CSG FULL, EST 75 SX
 cut off well head, install P&A marker, dig and cut anchors,

Close pits according to guidelines: Clean and level location



30-045-108 J1

Form 9-521b
(April 1962)



(SUBMIT IN TRIPLICATE)

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

Form approved.
Budget Bureau No. 42-R300.4

Indian Agency Gallup
Navajo - Ute Mtn Tribal

Allotte _____
Lease No. 11-20-600-3531

SUNDRY NOTICES AND REPORTS ON WELLS

NOTICE OF INTENTION TO DRILL	SUBSEQUENT REPORT OF WATER SHUT-OFF	RECEIVED JUN 26 1963 U. S. GEOLOGICAL SURVEY FARRINGTON, NEW MEXICO
NOTICE OF INTENTION TO CHANGE PLANS	SUBSEQUENT REPORT OF SHOOTING OR ACIDIZING	
NOTICE OF INTENTION TO TEST WATER SHUT-OFF	SUBSEQUENT REPORT OF ALTERING CASING	
NOTICE OF INTENTION TO REDRILL OR REPAIR WELL	SUBSEQUENT REPORT OF REDRILLING OR REPAIR	
NOTICE OF INTENTION TO SHOOT OR ACIDIZE	SUBSEQUENT REPORT OF ABANDONMENT	
NOTICE OF INTENTION TO PULL OR ALTER CASING	SUPPLEMENTARY WELL HISTORY	
NOTICE OF INTENTION TO ABANDON WELL		

(INDICATE ABOVE BY CHECK MARK NATURE OF REPORT, NOTICE, OR OTHER DATA)

June 25, 1963

Well No. Navajo 17-3 is located 1973 ft. from N line and 1941 ft. from E line of sec. 17
SE 1/4 NW 1/4 Sec. 17 (1/4 Sec. and Sec. No.) 31N (Twp.) 16W (Range) NMPM (Meridian)
Undesignated (Field) San Juan (County or Subdivision) New Mexico (State or Territory)

The elevation of the ~~derrick floor~~ ground above sea level is 5700 ft.

RECEIVED
JUN 27 1963
OIL CON. CO.
DIST. 3

DETAILS OF WORK

(State names of and expected depths to objective sands; show sizes, weights, and lengths of proposed casings; indicate mudlogging, cementing points, and all other important proposed work)

We propose to drill this well to test the Gallup (or Lower Niobrara) sands at a depth of approximately 1730'. Also, if structural position of these sands is favorable, we also wish to test the Dakota formation at approximately 2100'. Estimated T.D. in this case is 2450'.

100' of 10 3/4" O.D. 32.75# H-40 casing will be set and cemented to surface. 4 1/2" O.D. 9.5# or 10.5# J-55 production casing will be set through any single producing zone and cemented to 500' above Gallup sands. The production string will be redesigned if a dual completion is required. A sand-oil and/or water fracture will probably be necessary in either zone.

ILLEGIBLE

I understand that this plan of work must receive approval in writing by the Geological Survey before operations may be commenced.

Company The Atlantic Refining Company

Address Box 2197

Farrington, N.M.

By B. J. Sartain
Title Drilling & Production Supervisor

NEW MEXICO OIL CONSERVATION COMMISSION

Well Location and Acreage Dedication Plat

Section A.

Date **June 25, 1963**

Operator **THE ATLANTIC REFINING COMPANY** Lease **Share**
 Well No. **17-3** Unit Letter **F** Section **17** Township **31 NORTH** Range **16 WEST** NMPM
 Located **1973** Feet From **the NORTH** Line, **1941** Feet From **the WEST** Line
 County **SAN JUAN** G. L. Elevation **5700'** Dedicated Acreage **10.0** Acres
 Name of Producing Formation **Saltap (Lower Niobrara)** Pool **Undersaturated**

1. Is the Operator the only owner in the dedicated acreage outlined on the plat below?
 Yes No
2. If the answer to question one is "no", have the interests of all the owners been consolidated by communitization agreement or otherwise? Yes No . If answer is "yes", Type of Consolidation.
3. If the answer to question two is "no", list all the owners and their respective interests below:

Owner	Land Description
ILLEGIBLE	

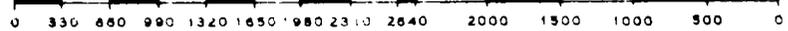
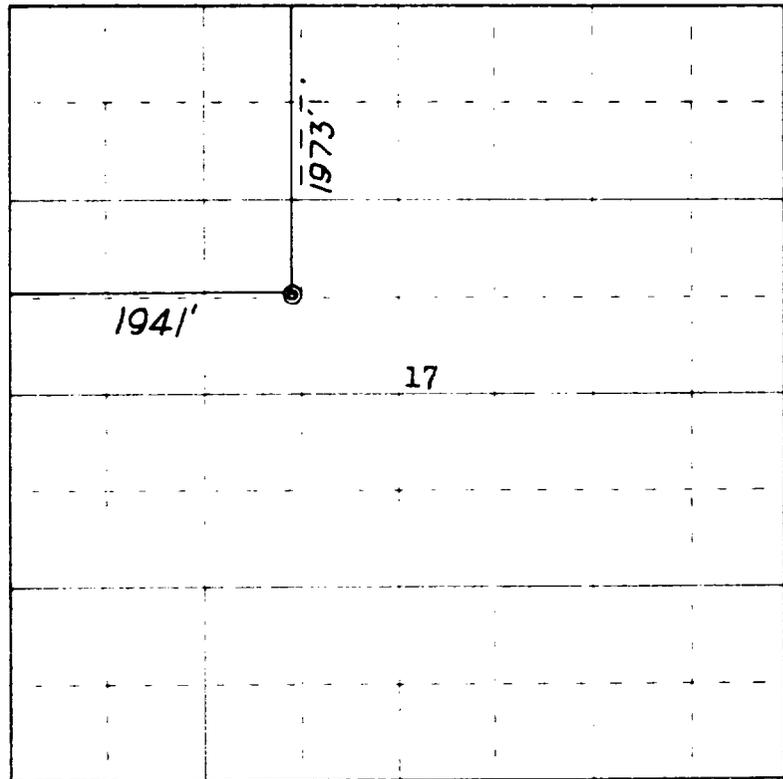


Section B.

Note: All distances must be from outer boundaries of section.

This is to certify that the information in Section A above is true and complete to the best of my knowledge and belief.

The Atlantic Refining Co.
 (Operator)
B. J. Sartin
 (Representative)
P. O. Box 2197
 (Address)
Farmington, N.M.



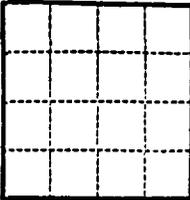
Scale 4 inches equal 1 mile

This is to certify that the above plat was prepared from field notes of actual surveys made by me or under my supervision and that the same are true and correct to the best of my knowledge and belief.

Date Surveyed **22 June 1963**

James P. Leese
 Registered Professional Engineer and/or Land Surveyor
James P. Leese, N. Mex. Reg. No. 1463





(SUBMIT IN TRIPLICATE)

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

Indian Agency Gallup
 Navajo - Ute Mtn
Allottee _____
Lease No. 24-90-600-303

SUNDRY NOTICES AND REPORTS ON WELLS

NOTICE OF INTENTION TO DRILL	SUBSEQUENT REPORT OF WATER SHUT-OFF	
NOTICE OF INTENTION TO CHANGE PLANS	SUBSEQUENT REPORT OF SHOOTING OR ACIDIZING	<input checked="" type="checkbox"/>
NOTICE OF INTENTION TO TEST WATER SHUT-OFF	SUBSEQUENT REPORT OF ALTERING CASING	
NOTICE OF INTENTION TO REDRILL OR REPAIR WELL	SUBSEQUENT REPORT OF REDRILLING OR REPAIR	
NOTICE OF INTENTION TO SHOOT OR ACIDIZE	SUBSEQUENT REPORT OF ABANDONMENT	
NOTICE OF INTENTION TO PULL OR ALTER CASING	SUPPLEMENTARY WELL HISTORY	
NOTICE OF INTENTION TO ABANDON WELL		

RECEIVED
JUL 23 1963

(INDICATE ABOVE BY CHECK MARK NATURE OF REPORT, NOTICE, OR OTHER DATA)

U. S. GEOLOGICAL SURVEY
FARMINGTON, NEW MEXICO
July 22, 1963

Well No. HAWAJO 17-3 is located 1973 ft. from N line and 1941 ft. from W line of sec. 36
 SE 1/4 Sec. 27 30N 16W R3PM
(4 Sec. and Sec. No.) (Twp.) (Range) (Meridian)
 Subdivided San Juan New Mexico
(Field) (County or Subdivision) (State or Territory)

The elevation of the derrick floor above sea level is 5710 ft.

DETAILS OF WORK

(State names of and expected depths to objective sands; show sizes, weights, and lengths of proposed casings; indicate mudding jobs, cementing points, and all other important proposed work)

Perforated 1760-1767 with 1/4 jets/ft. Treated perms w/18000# 10/20 sand and 2000# 8/12 sand in 21,000 gal. lease crude. FHP 2800/1900 psi avg rate 28 bpm at 1700 psi. Job complete 6:50 pm 7-9-63. Set retrievable bridge plug at 1641.

Perforated 1626-1631 with 1/4 jets/ft. Treated with 100 gal 15% HCL and 15,000# 10/20 sand and 1500# 8/12 sand in 21,000 gal lease crude. FHP 1800/1500 psi. Avg rate 21.5 BPM at 2100 psi. Job complete at 2:00 pm 7-10-63.

ILLEGIBLE

RECEIVED
JUL 24 1963
OHIO CON. COM.
DIST. 3

I understand that this plan of work must receive approval in writing by the Geological Survey before operations are commenced.

Company The Atlantic Refining Co.

Address P. O. Box 2197

Farmington, N.H.

By B. J. Sartain

Title Drilling & Production Supervisor



THE ATLANTIC REFINING COMPANY
 INCORPORATED 1870
 PETROLEUM PRODUCTS

DOMESTIC PRODUCING DEPARTMENT
 ROCKY MOUNTAIN REGION

R. T. COX, MANAGER
 T. S. PAGE, LAND MANAGER
 A. D. KLOXIN, OPERATIONS MANAGER

WYOMING BANK BLDG.
 Farmington, N.M.
 BOX 180
 JUL 20 1963
 CASPER, WYOMING

State of New Mexico
 Oil Conservation Commission
 1900 Rio Brasas Road
 Astec, New Mexico

ILLEGIBLE

Gentlemen:

A tabulation of the straight hole tests which were run on our Navajo 17-3 well is shown below. This well is located 1973' FWL and 1941' FWL, Section 17, Township 31N, Range 16W San Juan County, New Mexico.

DEPTH	DEVIATION
95'	1°
245'	1 1/4°
641	1°
888	1°
1072	2 3/4°
1412	1°
1630	3/4°
T.D. 1845	

Yours truly,
 THE ATLANTIC REFINING CO.

B. J. Sartain
 B. J. Sartain
 Drilling & Production Supervisor

EJS:sjc

AFFIDAVIT

STATE OF NEW MEXICO

COUNTY OF *San Juan*



Before me, the undersigned authority on this day personally appeared *B. J. Sartain*, known to me to be the person whose name is subscribed to the above instrument, who being by me duly sworn on oath states herein, and that said report is true and correct.

Subscribed and sworn to before me this 12th day of July, 1963.

My Commission Expires:

July 31 1964

Agnesine Cox
 Notary Public

NUMBER OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.S.	
LAND OFFICE	
TRANSPORTER	OIL
	NATURAL GAS
PRODUCTION OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION
SANTA FE, NEW MEXICO
**CERTIFICATE OF COMPLIANCE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS**

FORM C-110
(Rev. 7-60)

B.T.

FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE

Company or Operator: **The Atlantic Refining Company** Lease: **Navajo** Well No.: **17-3**

Unit Letter: **F** Section: **17** Township: **31N** Range: **16W** County: **San Juan**

Pool: **Mary Rock Gallup** Kind of Lease (State, Fed, Fee): **Tribal**

If well produces oil or condensate give location of tanks: _____ Unit Letter: **E** Section: **17** Township: **31N** Range: **16W**

Authorized transporter of oil or condensate
Mc Wood Corp. Address (give address to which approved copy of this form is to be sent)
**Box 1702
Farmington, New Mexico**

Is Gas Actually Connected? Yes _____ No

Authorized transporter of casing head gas or dry gas Date Connected: _____ Address (give address to which approved copy of this form is to be sent): _____

If gas is not being sold, give reasons and also explain its present disposition:
No Market used for lease fuel **ILLEGIBLE**

REASON(S) FOR FILING (please check proper box)

- New Well
- Change in Ownership
- Change in Transporter (check one)
- Oil Dry Gas
- Casing head gas . Condensate..
- Other (explain below)



Remarks

The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.
Executed this the 25 day of July, 1963.

OIL CONSERVATION COMMISSION	By B. J. Bartain
Approved by Original Signed Emory C. Arnold	Title Drilling & Production Supervisor
Title Supervisor Dist. # 3	Company The Atlantic Refining Co.
Date JUL 26 1963	Address Box 2197, Farmington, N.M.

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

(Form C-104)
Revised 7/1/57

REQUEST FOR (OIL) - (GAS) ALLOWABLE

New Well
Recompletion

This form shall be submitted by the operator before an initial allowable will be assigned to any completed Oil or Gas well. Form C-104 is to be submitted in QUADRUPPLICATE to the same District Office to which Form C-101 was sent. The allowable will be assigned effective 7:00 A.M. on date of completion or recompletion, provided this form is filed during calendar month of completion or recompletion. The completion date shall be that date in the case of an oil well when new oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

Farrington, New Mexico 7-25-63
(Place) (Date)

WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS:

The Atlantic Refining Company Navajo, Well No. 17-3, in SE 1/4 SW 1/4,
(Company or Operator) (Lease)
F Unit Letter, Sec. 17, T. 31N, R. 16W, NMPM, Many Hooks Gallup Pool

San Juan

County Date Spudded 6-26-63 Date Drilling Completed 7-6-63
Elevation 5700 OL Total Depth 1045 PBD 1787
Top Oil/Gas Pay 1626 Name of Prod. Form. Gallup

Please indicate location:

D	C	B	A
E	F	G	H
L	K	J	I
M	N	O	P

PRODUCING INTERVAL -
Perforations 1626 - 1631 1760-1767
Open Hole None Depth 1822 Depth Tubing 1777

OIL WELL TEST -
Natural Prod. Test: None bbls. oil, _____ bbls water in _____ hrs, _____ min. Size _____
Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 133 bbls. oil, None bbls water in 2 1/2 hrs, 0 min. Size Pump

GAS WELL TEST -
Natural Prod. Test: None MCF/Day; Hours flowed _____ Choke Size _____

Tubing, Casing and Cementing Record

Size	Feet	Sax
10 3/4	98	90
4 1/2	1811	100
2 3/8	1768	

Method of Testing (pitot, back pressure, etc.): _____
Test After Acid or Fracture Treatment: _____ MCF/Day; Hours flowed _____
Choke Size _____ Method of Testing: _____

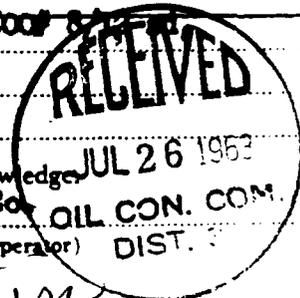
Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): Lower Gallup 16000# 10/20 sd. 2000# 8/12 sd in 24,000 Gal

Casing - Tubing - Date first new 7-21-63
Press. - Press. - oil run to tanks

Oil Transporter Ms Wood Corp.

Gas Transporter None

Remarks: Lease crude Upper Gallup 100 gal 15% Hal 15,000# 10/20 sd, 1500# 8/12 sd, 21,000 gal lease crude 1166 bbls load oil both zones



I hereby certify that the information given above is true and complete to the best of my knowledge.
Approved: _____, 1963, The Atlantic Refining Co. OIL CON. COM. DIST. 3
(Company or Operator)

OIL CONSERVATION COMMISSION

By: Original Signed Emery C. Arnold
Title Supervisor Dist. # 3

By: B. J. Sartain (Signature)
Title Drilling & Production Supervisor
Send Communications regarding well to:
The Atlantic Refining Co.
Name _____
Address Box 2197, Farrington, N.M.

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NUMBER OF COPIES RECEIVED	
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TRANSPORTER	OIL
	GAS
REGISTRATION OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION
SANTA FE, NEW MEXICO
**CERTIFICATE OF COMPLIANCE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS**

FORM C-110
(Rev. 7-60)

FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE

Company or Operator	The Atlantic Refining Company	Lease	Mary Rocks Gallup Proj.	Well No.	20
---------------------	--------------------------------------	-------	--------------------------------	----------	-----------

Unit Letter	F	Section	17	Township	31N	Range	16W	County	San Juan
-------------	----------	---------	-----------	----------	------------	-------	------------	--------	-----------------

Pool	Many Rocks Gallup	Kind of Lease (State, Fed, Free)	Navajo Ute Atn. Tribal
------	--------------------------	----------------------------------	-------------------------------

If well produces oil or condensate give location of tanks	Unit Letter	Section	Township	Range
--	-------------	---------	----------	-------

Authorized transporter of oil <input checked="" type="checkbox"/> or condensate <input type="checkbox"/>	Address (give address to which approved copy of this form is to be sent)
Marwood Corporation	Box 1702 Farmington, New Mexico

Is Gas Actually Connected? Yes _____ No

Authorized transporter of casing head gas <input type="checkbox"/> or dry gas <input type="checkbox"/>	Date Connected	Address (give address to which approved copy of this form is to be sent)
None		

If gas is not being sold, give reasons and also explain its present disposition:

No market. Used for lease fuel.

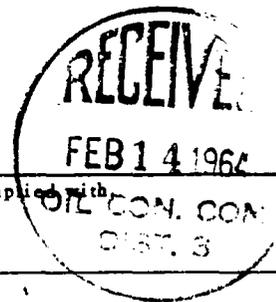
REASON(S) FOR FILING (please check proper box)

- | | |
|--|--|
| New Well <input type="checkbox"/> | Change in Ownership <input type="checkbox"/> |
| Change in Transporter (check one) | Other (explain below) |
| Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> | |
| Casing head gas . <input type="checkbox"/> Condensate.. <input type="checkbox"/> | |

Change in well name as part of Mary Rocks Project which was effective at 7:00 A.M. 1-1-64

"Effective May 3, 1966, The Atlantic Refining Company changed its name to Atlantic Richfield Company"

Remarks **This replaces Form C-110 which was filed 1-29-64, because well numbering system was not acceptable**



The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.

Executed this the **12** day of **February**, 19**64**.

OIL CONSERVATION COMMISSION	By
Approved by	B. J. Sartain
Original Signed Emery C. Arnold	Title
Supervisor Dist. # 3	Drilling & Production Supervisor
Title	Company
	The Atlantic Refining Company
Date	Address
FEB 14 1964	Box 2197, Farmington New Mexico

NUMBER OF COPIES RECEIVED	
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OIL	
GAS	
PRODUCTION OFFICE	
OPERATOR	2

NEW MEXICO OIL CONSERVATION COMMISSION
SANTA FE, NEW MEXICO

CERTIFICATE OF COMPLIANCE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

FORM **2-110**
(Rev. 7-60)

FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE

Company or Operator The Atlantic Refining Co.		Lease Many Rocks	Well No. 17-F
Unit Letter F	Section 17	Township 31-N	Range 16-W
		County San Juan	

Pool Many Rocks Gallup	Kind of Lease (State Fed Fee) Navajo Ute Ind. Tribal
-------------------------------	---

If well produces oil or condensate give location of tanks	Unit Letter	Section	Township	Range
---	-------------	---------	----------	-------

Authorized transporter of oil <input checked="" type="checkbox"/> or condensate <input type="checkbox"/> Mewood Corporation	Address (give address to which approved copy of this form is to be sent) Box 1702, Farmington, New Mexico
---	---

Is Gas Actually Connected? Yes No

Authorized transporter of casing head gas <input type="checkbox"/> or dry gas <input type="checkbox"/> No Market	Date Connected	Address (give address to which approved copy of this form is to be sent)
--	----------------	--

If gas is not being sold, give reasons and also explain its present disposition:
No Market. Used for lease fuel

REASON(S) FOR FILING (please check proper box)

New Well <input type="checkbox"/>	Change in Ownership <input type="checkbox"/>
Change in Transporter (check one)	Other (explain below)
Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	Change in well name as part of Many Rocks Gallup Project which was effective at 7:00 A.M. 1-1-64
Casing head gas . <input type="checkbox"/> Condensate... <input type="checkbox"/>	

Remarks
Agreement actually signed 1-17-64, made retroactive to 1-1-64

The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with

Executed this the **23** day of **January**, 19 **64**

Approved by Original Signed Emery C. Arnold	By Emery C. Arnold	RECEIVED JAN 29 1964 OIL CON. COM. DIST. 3
	Title Drilling & Production Supervisor	
Title Supervisor Dist. # 3	Company The Atlantic Refining Company	
Date JAN 29 1964	Address Box 2197, Farmington, New Mexico	

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

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	NATURAL GAS
OPERATOR	
PRODUCTION OFFICE	

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JUL 03 1984

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
BK Petroleum, Inc.
Address
501 Airport Dr.-Suite 165, Farmington, N.M. 87401

OIL CON. DIV.
DIST. 3

Reason(s) for filing (Check proper box)
 New Well
 Recompletion
 Change in Ownership
 Change in Transporter of:
 Oil
 Coalinghead Gas
 Dry Gas
 Condensate
 Other (Please explain)

If change of ownership give name and address of previous owner Arco Oil & Gas Co., P.O. Box, 5540, Denver, Co. 80217

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Many Rocks Gallup Unit</u>	Well No. <u>20</u>	Pool Name, including Formation <u>Many Rocks Gallup</u>	Kind of Lease Fed. 14-20-600- State, Federal or Fee <u>3531</u>	Lease No.
Location Unit Letter <u>F</u> : <u>1973</u> Feet From The <u>North</u> Line and <u>1941</u> Feet From The <u>West</u> Line of Section <u>17</u> Township <u>31N</u> Range <u>16W</u> , N.M.P.M. <u>San Juan</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Ciniza Pipeline</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 940, Farmington, N.M. 87409</u>
Name of Authorized Transporter of Coalinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)

If well produces oil or liquids, give location of tanks.	Unit <u>L</u>	Sec. <u>17</u>	Twp. <u>31N</u>	Rge. <u>16W</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.

I. 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.

[Signature]
(Signature)
President
June 1, 1984
(Date)

OIL CONSERVATION DIVISION

JUL 03 1984

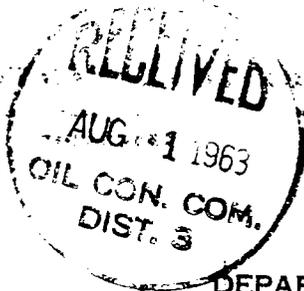
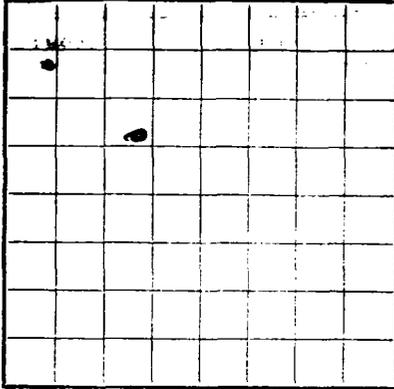
APPROVED _____, 19____
BY [Signature]
SUPERVISOR DISTRICT # 8
TITLE _____

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allowable on new and recompleted wells.
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.

ILLEGIBLE

Budget Bureau No. 42-R365.4.
Approval expires 12-31-60.

Form 9-330



U. S. LAND OFFICE Gallego
SERIAL NUMBER Navajo Mtn Tribal
LEASE OR PERMIT TO PROSPECT
14-20-600-3531

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY
RECEIVED
JUL 30 1963

LOG OF OIL OR GAS WELL

U. S. GEOLOGICAL SURVEY
GALLEGOS MOUNTAIN, NEW MEXICO

LOCATE WELL CORRECTLY

Company The Atlantic Refining Co. Address Box 2197, Farmington, N.M.
Lessor or Tract Navajo Field Undesignated State New Mexico
Well No. 17-3 Sec. 17 T. 31N R. 16W Meridian NMPN County San Juan
Location 1973 ft. SW of N Line and 1881 ft. E of W Line of Sec. 17 Elevation 5710
(Denote East relative to one level)

The information given herewith is a complete and correct record of the well and all work done thereon so far as can be determined from all available records.

Signed B. S. Sartin
Date July 29, 1963 Title Drilling & Production Supv.

The summary on this page is for the condition of the well at above date.

Commenced drilling 6-26, 1963 Finished drilling 7-6, 1963

OIL OR GAS SANDS OR ZONES

(Denote gas by G)

No. 1, from 1625 to 1639 No. 4, from _____ to _____
No. 2, from 1769 to 1765 No. 5, from _____ to _____
No. 3, from _____ to _____ No. 6, from _____ to _____

IMPORTANT WATER SANDS

No. 1, from _____ to _____ No. 3, from _____ to _____
No. 2, from _____ to _____ No. 4, from _____ to _____

CASING RECORD

Size casing	Weight per foot	Threads per inch	Make	Amount	Kind of shoe	Cut and pulled from	Perforated		Purpose
							From—	To—	
10 3/4	22.50	110	AMERICAN	1000	None	1000	1000	1000	Drilling
HOLLOW OR OIL OR GAS WELL									

MUDDING AND CEMENTING RECORD

Size casing	Where set	Number sacks of cement	Method used	Mud gravity	Amount of mud used
10 3/4	110.63	110	Pump & Plug		Cement Circulated

FOLD

PLUGS AND ADAPTERS

Heaving plug—Material _____ Length _____ Depth set _____
 Adapters—Material _____ Size _____

SHOOTING RECORD

Size	Shell used	Explosive used	Quantity	Date	Depth shot	Depth cleaned out
1760-67	w/16,000#	10/20 rd and 2000#	8/12 sand in	21,000 gal lease crude	7-9-63	
1626-31	w/15,000#	10/20 rd and 1500#	8/12 sand in	21,000 gal lease crude	7-10-63	

HISTORY OF DRILLING

TOOLS USED

Rotary tools were used from _____ to _____ feet; and from _____ to _____ feet.
 Cable tools were used from _____ to _____ feet; and from _____ to _____ feet.

DATES

Put to producing 7-24 1ST New Oil, 19 63
 The production for the first 24 hours was 133 barrels of fluid of which 100% was oil; 0% emulsion; 0% water; and 0% sediment.
 Gravity, °Bé. 41.1° API
 If gas well, cu. ft. per 24 hours _____ Gallons gasoline per 1,000 cu. ft. of gas _____
 Rock pressure, lbs. per sq. in. _____

EMPLOYEES

Signal Oilfield Services Driller _____, Driller
 _____, Driller _____, Driller

FORMATION RECORD

FROM-	TO-	TOTAL FEET	FORMATION
Surface	290	290	Mesaverde Group
290	1590	1300	Nancoa Shale
1590	1768	178	<u>GAL</u> Niobrara Formation
1618	1634	16	Upper Niobrara Sandstone
1750	1768	18	Basal Niobrara Sandstone
1768	1785	17	Juana Lopez member
1785	1845 TD	60	✓ Carlile

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JH-50-400-3237

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LAND OFFICE	
TRANSPORTER	OIL 1
	GAS
OPERATOR	2
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
 REQUEST FOR ALLOWABLE
 AND
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
 Supersedes Old C-104 and C-11
 Effective 1-1-65

B.I.

TRANSPORTER CHANGED FROM SHELL OIL COMPANY TO SHELL PIPE LINE CORPORATION EFFECTIVE 12/31/69

I. Operator **THE ATLANTIC REFINING COMPANY**

Address **BOX 2197 FARMINGTON, NEW MEXICO**

Reason(s) for filing (Check proper box):
 New Well Change in Transporter of:
 Incompletion Oil Dry Gas
 Change in ownership Casinghead Gas Condensate

Other (Please explain): **"Effective May 3, 1966, The Atlantic Refining Company changed its name to Atlantic Richfield Company"**

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Many Rocks Gallup Project	Well No. 20	Pool Name, including Formation Many Rocks Gallup	Kind of Lease State, Federal or Fee Tribal
Location Unit Letter F ; 1973 Feet From The North Line and 1941 Feet From The West Line of Section 17 , Township 31N Range 16W , San Juan County			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Shell Oil Company	Address (Give address to which approved copy of this form is to be sent) Box 1588, Farmington, New Mexico
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> None	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks. Unit L Sec 17 Twp 31N Rng 16W	Is gas actually connected? No When _____

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.				
Pool	Name of Producing Formation	Top Oil/Gas Depth		Effective May 3, 1966, The Atlantic Refining Company changed its name to Atlantic Richfield Company				
Perforations							Depth Casing Shoe	

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	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 greater than top allowable for this depth or be for full 24 hours)

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

GAS WELL

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

VI. CERTIFICATE OF COMPLIANCE

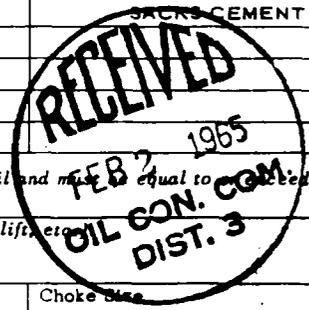
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

OIL CONSERVATION COMMISSION
 APPROVED FEB 2 1965 19____
 BY Original Signed Emery C. Arnold
 TITLE Supervisor Dist. # 3

B J Sartain
 Drilling & Production Supervisor

2/1/65 (Title)
 (Date)

This form is to be filed in compliance with RULE 1104.
 If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.
 All sections of this form must be filled out completely for allowable on new and recompleted wells.
 Fill out Sections I, II, III, and VI only for changes of owner, well name or number, or transporter, or other such change of condition.
 Separate Forms C-104 must be filed for each pool in multiply completed wells.



**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-105
Effective 1-1-65

DISTRIBUTION	
SANITARY	
FILE	/
U.S.C.S.	
LAND OFFICE	
TRANSPORTER	OIL /
	GAS
OPERATOR	2
PRORATION OFFICE	

I. OPERATOR
ARCO Oil and Gas Company, Division of Atlantic Richfield Company
Address
 1860 Lincoln St., Suite 501, Denver, Colorado 80295

Reasons for filing (Check proper box)

New Well <input type="checkbox"/>	Change in Transporter of:	Other (Please explain) Effective 4/1/79
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Assumed name for formerly
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Atlantic Richfield Company.
	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 Many Rocks Gallup	Well No. 20	Pool Name, including Formation Many Rocks Gallup	Kind of Lease State, Federal or Fee Fed. 14-20-600-35	Lease No.
Location				
Unit Letter F	1973	Feet From The North	Line and 1941	Feet From The West
Line of Section 17	Township 31N	Range 16W	NMPM, San Juan	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Shell Pipeline Company	Box 940, Bloomfield, NM 87413					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	L	7	31N	16W	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.
Date Spaced	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 (Text must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

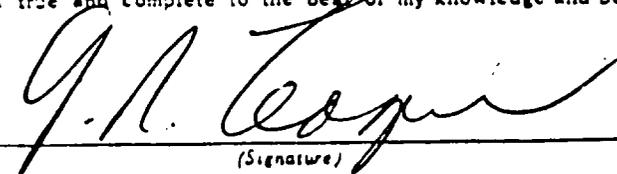
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

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

VI. CERTIFICATE OF COMPLIANCE

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


 Accounting Supervisor
 March 9, 1979

OIL CONSERVATION COMMISSION
MAR 12 1979
 APPROVED _____, 19____
 BY **Original Signed by A. R. Kendrick**
 TITLE **SUPERVISOR DIST. 43**

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 conditions.
 Separate Forms C-104 must be filed for each pool in multiple completed wells.

U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
REGISTRATION OFFICE		

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

ARCO Oil and Gas Company, Division of Atlantic Richfield Company

P. O. Box 5540, Denver, Colorado 80217

Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well	<input type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input checked="" type="checkbox"/>
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 _____

DESCRIPTION OF WELL AND LEASE

Well Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Many Rocks Gallup	20	Many Rocks Gallup	State, Federal or Free	Fed. 14-20-600-3531

Location

Unit Letter F : 1973 Feet From The North Line and 1941 Feet From The West

Line of Section 17 Township 31N Range 16W , N.M.P.M. San Juan County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
CINIZA Pipe Line Co., Inc.	P. O. Box 1887 Bloomfield, NM 87413
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)

Does well produce oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Range	Is gas actually connected?	When
	L	7	31N	16W		

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

COMPLETION DATA

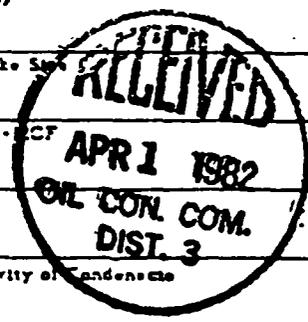
Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Some Restr.	Drill Res.
<input checked="" type="checkbox"/>								
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Locations (DF, RKB, RT, CR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF



GAS WELL

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

CERTIFICATE OF COMPLIANCE

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

K. L. Flinn
 K. L. Flinn (Signature)
 Operations Information Assistant
 March 24, 1982 (Date)

OIL CONSERVATION COMMISSION
APR 1 1982

APPROVED _____, 19____
 BY Original Signed by FRANK T. CHAVEZ
 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 deep well, this form must be accompanied by a tabulation of the deviat tests taken on the well in accordance with RULE 111.
 All sections of this form must be filled out completely for all wells on new and recompleted wells.
 Fill out only Sections I, II, III, and VI for changes of owner name or number, or transporter, or other such change of condition.
 Separate Forms C-104 must be filed for each pool in multicompleted wells.

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

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS**

I.

Operator BK Petroleum, Inc.	Well API No.
Address P.O. Box 826, Farmington, NM 87499	
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 checked="" type="checkbox"/> Dry Gas <input type="checkbox"/> Changed Crude Oil Transporter from
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> Ciniza P/L to Giant Transportation
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Many Rocks Gallup Unit	Well No. 20	Pool Name, including Formation Many Rocks Gallup	Kind of Lease State, Federal or Fee	Lease No. 14-20-600-3531
Location Unit Letter <u>F</u> : <u>1973</u> Feet From The <u>North</u> Line and <u>1941</u> Feet From The <u>West</u> Line Section <u>17</u> Township <u>31N</u> Range <u>16W</u> , NMPM, San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Giant Transportation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 12999, Scottsdale, AZ 85255
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Used on Lease	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When ? L 17 31N 16W

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		

VI. 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	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VII. 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.

Mildred L. Kuchera
Signature
Mildred L. KUCHERA OWNER
Printed Name Title
9/4/90 505-326-3139
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved SEP 05 1990
By [Signature]
Title SUPERVISOR DISTRICT #3

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.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

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

5. Lease Designation and Serial No.
14-20-600-3531

6. If Indian, Allottee or Tribe Name
Navajo Tribe

7. If Unit or CA, Agreement Designation

SUBMIT IN TRIPLICATE

1. Type of Well
 Oil Well Gas Well Other

8. Well Name and No.
23 Many Rocks

2. Name of Operator BK Petroleum Inc
% NMOCO

9. API Well No.
3004510735

3. Address and Telephone No.
1000 Rio Brazos Rd. Aztec NM 87410 334-6178

10. Field and Pool, or Exploratory Area
Many Rocks Gallup

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
17-31N-16W 1890/S-2150/E

11. County or Parish, State
San Juan, NM

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

TYPE OF SUBMISSION	TYPE OF ACTION	
<input checked="" type="checkbox"/> Notice of Intent	<input checked="" type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input 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 type="checkbox"/> Other _____	<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.)*

See attached plugging procedure.

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

Signed NMOCO Contract Plugging Date 8/11/00

(This space for Federal or State office use)

Approved by _____ Title _____ Date 8/17/00
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.

API NUMBER 30-045-10735 2011 NOV 11 PM 1:25
OPERATOR NAME BK PETROLEUM INC **WELL NUMBER** 23
PROPERTY NAME MANY ROCKS GALLUP UNIT
SECTION 17 **TOWNSHIP** 31N **RANGE** 16W
FOOTAGE 1890 FSL- 2150 FEL UL 'J'

Sur Csg OD 12" HOLE	8 5/8	XX		XX
SUR CSG TD	95	XX		XX
SUR CSG WT	24#	XX		XX
TOP OF CMT	0	XX		XX
ACTUAL	CIRC	XX		XX
CACULATED	80SX	XX		XX
PROD CSG OD 6 3/4 HOLE	4 1/2	XX		XX
PROD CSG TD	1811	XX		XX
PROD CSG WT	9.5	XX		XX
TOP OF CMT	996	XX		XX
FORMATION TOP	ACTUAL		XX	XX
GALLUP 1574' 1431' 1281'	CACULATED		XX	XX
MANCOS 275'	PERF TOP		XX	XX
	PERF BOTTOM		XX	XX
	PACKER		XX	XX
	TYPE OF PLUG		XX	XX
	CIBP & CMT		XX	XX
	CMT		XX	XX
			XX	XX

PROPOSED PLUGGING OPERATION

MIRU PU, BOPE, TOOH WITH RODS AND TUBING, pick up work string, CIRC HOLE

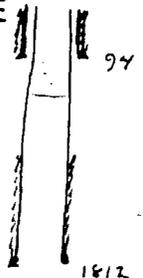
1431' 1281'
1600' - 1450' SPOT 14 SX PLUG WOC TAG

PERF @ 325', PUMP 38 SX, 325-225', 24 SX OUTSIDE CSG, 14 SX INSIDE

RIH, PERF @ 145', CIRC CEMENT TO SURFACE, LEAVE CSG FULL, EST 40 SX

cut off well head, install P&A marker, dig and cut anchors,

Close pits according to guidelines: Clean and level location



30-045-10735

(SUBMIT IN TRIPLICATE)

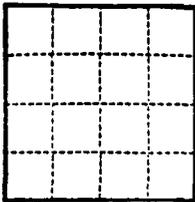
Indian Agency Gallup

Navajo-Ute Mtn Tribal

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

Allettee _____

Lease No. 14-20-600-3531



Handwritten signature/initials

SUNDRY NOTICES AND REPORTS ON WELLS

NOTICE OF INTENTION TO DRILL	<input checked="" type="checkbox"/>	SUBSEQUENT REPORT OF WATER SHUT-OFF	RECEIVED JUL 10 1963 U. S. GEOLOGICAL SURVEY FARMINGTON, NEW MEXICO
NOTICE OF INTENTION TO CHANGE PLANS		SUBSEQUENT REPORT OF SHOOTING OR ACIDIZING	
NOTICE OF INTENTION TO TEST WATER SHUT-OFF		SUBSEQUENT REPORT OF ALTERING CASING	
NOTICE OF INTENTION TO REDRILL OR REPAIR WELL		SUBSEQUENT REPORT OF REDRILLING OR REPAIR	
NOTICE OF INTENTION TO SHOOT OR ACIDIZE		SUBSEQUENT REPORT OF ABANDONMENT	
NOTICE OF INTENTION TO PULL OR ALTER CASING		SUPPLEMENTARY WELL HISTORY	
NOTICE OF INTENTION TO ABANDON WELL			

(INDICATE ABOVE BY CHECK MARK NATURE OF REPORT, NOTICE, OR OTHER DATA)

JULY 10, 1963

Navajo
Well No. 17-4 is located 1890 ft. from 100 } line and 2150 ft. from E } line of sec. 17

N. 1/4 SE 1/4 Sec. 17 31-W 16-W N.H.P.M.
(4 Sec. and Sec. No.) (Twp.) (Range) (Meridian)

Undesignated San Juan New Mexico
(Field) (County or Subdivision) (State or Territory)

The elevation of the ground ~~derrick floor~~ above sea level is 5679 ft.

DETAILS OF WORK

(State names of and expected depths to objective sands; show sizes, weights, and lengths of proposed casings; indicate mudding jobs, cementing points, and all other important proposed work)

We propose to drill this well to test the Gallup (or Lower Niobrara) sands at a depth of approximately 1800'. Also, if structural position of these sands is favorable, we also wish to test the Dakota formation at approximately 2200'. Estimated T.D. in this case will be 2550'.

100' of 8 5/8 2 1/2" J-55 casing will be set and cemented to surface. 4 1/2" O.D. 9.5# J-55 casing will be set through either single producing zone and cemented to 500' above the Gallup sands. The production string will be redesigned if a dual completion is necessary. A Sand Oil or Sand Water Fracture will probably be necessary to stimulate production from either zone.

ILLEGIBLE

I understand that this plan of work must receive approval in writing by the Geological Survey before operations may be commenced.

Company THE ATLANTIC REFINING COMPANY

Address Box 2197

Farmington, N. M.

By B. J. Gastain

Title Drilling & Prod. Supervisor

Okal

(SUBMIT IN TRIPLICATE)

Indian Agency Gallup

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

Navajo - Ute Mtn Tribe

Allottee _____

Lease No. 11-20-600-3531

SUNDRY NOTICES AND REPORTS ON WELLS

RECEIVED

NOTICE OF INTENTION TO DRILL _____	SUBSEQUENT REPORT OF WATER SHUT-OFF _____	JUL 26 1963
NOTICE OF INTENTION TO CHANGE PLANS _____	SUBSEQUENT REPORT OF SHOOTING OR ACIDIZING _____	
NOTICE OF INTENTION TO TEST WATER SHUT-OFF _____	SUBSEQUENT REPORT OF ALTERING CASING _____	
NOTICE OF INTENTION TO REDRILL OR REPAIR WELL _____	SUBSEQUENT REPORT OF REDRILLING OR REPAIRING _____	
NOTICE OF INTENTION TO SHOOT OR ACIDIZE _____	SUBSEQUENT REPORT OF ABANDONMENT _____	
NOTICE OF INTENTION TO PULL OR ALTER CASING _____	SUPPLEMENTARY WELL HISTORY _____	
NOTICE OF INTENTION TO ABANDON WELL _____	<u> Subsequent report of casing </u>	<u> X </u>

(INDICATE ABOVE BY CHECK MARK NATURE OF REPORT, NOTICE, OR OTHER DATA)

JULY 24, 1963

Well No. HAVAJO 17-4 is located 1890 ft. from [NS] line and 2150 ft. from [E] line of sec. 17

Twp. 37N R. 17E S. 17
(Twp.) (Range) (Meridian)
 Undesignated San Juan Navajo
(Twp.) (County or Subdivision) (State)

The elevation of the derrick floor above sea level is 5689 ft.

RECEIVED
JUL 29 1963
OIL CON. COM.
DIST. 3

DETAILS OF WORK

(State names of and expected depths to objective sands; show sizes, weights, and lengths of proposed casings; indicate depths, cementing points, and all other important proposed work)

Spudded at 3:00 pm 7-10-63. Drilled 12" hole to 95' below G.L. Ran 3 jts. 8 5/8" O.D. 2 1/2" J-55 casing (93.12') set at 94.12' below G.L. cemented with 80 sac Gresham cement plus 2% CaCl₂. Plug down 4:45 pm 7-13-63. Cement circulated. Moved out cable tool rig and moved in rotary. Tested 8 5/8" casing w/600 psi O.K. after 2 1/2 hrs.

Drilled 6 3/4" hole to 1810'. Ran 60 jts. 4 1/2" O.D. 9.5# J-55 casing with guide shoe and float collar (1800.18') set at 1811.68'. Cemented with 100 sacks class "C" cement plus 2% gel. Plug down 5:00 am 7-19-63. W.O.C. Made and tested 4 1/2" casing with 1500 psi O.K.

ILLEGIBLE

I understand that this plan of work must receive approval in writing by the Geological Survey before operations may be commenced.

Company THE ATLANTIC REFINING COMPANY

Address BOX 2197

FARRINGTON, N.M.

By B J Sartain

Title Drilling & Production Supervisor

ILLEGIBLE

Form 9-581b
(April 1962)

(SUBMIT IN TRIPLICATE)

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

Form approved.
Budget Bureau No. 42-R366.4.

Indian Agency CAIZAP
NAVAJO UTE MTH TRIBAL

Allottee _____

Lease No. 14-20-600-3531

SUNDRY NOTICES AND REPORTS ON WELLS

NOTICE OF INTENTION TO DRILL	SUBSEQUENT REPORT OF WATER SHUT-OFF	
NOTICE OF INTENTION TO CHANGE PLANS	SUBSEQUENT REPORT OF SHOOTING OR ACIDIZING	X
NOTICE OF INTENTION TO TEST WATER SHUT-OFF	SUBSEQUENT REPORT OF ALTERING CASING	
NOTICE OF INTENTION TO REDRILL OR REPAIR WELL	SUBSEQUENT REPORT OF REDRILLING OR REPAIR	
NOTICE OF INTENTION TO SHOOT OR ACIDIZE	SUBSEQUENT REPORT OF ABANDONMENT	
NOTICE OF INTENTION TO PULL OR ALTER CASING	SUPPLEMENTARY WELL HISTORY	
NOTICE OF INTENTION TO ABANDON WELL		

(INDICATE ABOVE BY CHECK MARK NATURE OF REPORT, NOTICE, OR OTHER DATA)

JUL 26 1963

JULY 24

U. S. GEOLOGICAL SURVEY
FARMINGTON, NEW MEXICO

Well No. NAVAJO 17-4 is located 1090 ft. from S line and 2150 ft. from E line of sec. 17

SW SE Sec. 17
(4 Sec. and Sec. No.)

30N
(Twp.)

16W
(Range)

NTH
(Meridian)

Undesignated
(Field)

San Juan
(County or Subdivision)

New Mexico
(State or Territory)

The elevation of the derrick floor above sea level is 5689 ft.



DETAILS OF WORK

(State names of and expected depths to objective sands; show sizes, weights, and lengths of proposed casings; indicate mudding jobs, cementing points, and all other important proposed work)

Perforated 1750-1758 with total 80 jets. Difficulty in breaking down formation. Perforations w/200 gals Mud Acid followed by 18,000# 10/20 sand and 2000# 8/12 glass beads in 22,000 gals. lease crude. FHP 3200 psi. Avg rate 33 DPH at 1600 psi. Job complete at 11:15 on 7-22-63.

Set retrievable bridge plug at 1624.

Perforated 1609-1613 w/16 jets. Treated w/200 gal Mud Acid followed by 15,000# 10/20 sand and 1,500# 8/12 glass beads in 20,300 gal lease crude FHP 2900 psi. Avg rate 24 bpm @ 2800 psi. Job complete at 10:50 on 7-23-63.

Recovered bridge plug.

I understand that this plan of work must receive approval in writing by the Geological Survey before operations may be commenced.

Company THE ATLANTIC REFINING COMPANY

Address BOX 2197

FARMINGTON, N.M.

By B. J. Dartain

Title Drilling & Production Supervisor

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

(Form C-104)
Revised 7/1/57

REQUEST FOR (OIL) - (GAS) ALLOWABLE

New Well
Recompletion

This form shall be submitted by the operator before an initial allowable will be assigned to any completed Oil or Gas well. Form C-104 is to be submitted in QUADRUPPLICATE to the same District Office to which Form C-101 was sent. The allowable will be assigned effective 7:00 A.M. on date of completion or recompletion, provided this form is filed during calendar month of completion or recompletion. The completion date shall be that date in the case of an oil well when new oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

Farrington, New Mexico (Place) 8-16-63 (Date)

WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS:

THE ATLANTIC REFINING COMPANY (Company or Operator) NAVAJO (Lease), Well No. 17-4, in 1/4 SE 1/4, J, Sec. 17, T. 31N, R. 16W, NMPM, Marylocks Gallup Pool

San Juan County, Date Spudded 7-10-63, Date Drilling Completed 7-19-63
Elevation 5679 GL, Total Depth 1810', PBD 1779'

Please indicate location:

D	G	B	A
E	F	G	H
L	K	J	I
M	N	O	P

2150'
1890'

Top Oil/Gas Pay 1609', Name of Prod. Form. Gallup (Lower Niobata)

PRODUCING INTERVAL -

Perforations 1710-1718 and 1609-1613
Open Hole None, Depth Casing Shoe 1811.68, Depth Tubing 1739

OIL WELL TEST -

Natural Prod. Test: None bbls. oil, bbls water in hrs, min. Size Choke
Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 40 bbls. oil, 0 bbls water in 24 hrs, 0 min. Size Pump

GAS WELL TEST -

Natural Prod. Test: MCF/Day; Hours flowed Choke Size

Tubing, Casing and Cementing Record

Size	Feet	Sax
3-5/8	93.12	80
4-1/2	1800.18	100
2-3/8	1739	

Method of Testing (pitot, back pressure, etc.):

Test After Acid or Fracture Treatment: MCF/Day; Hours flowed

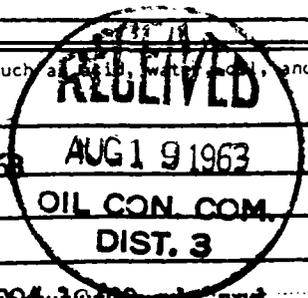
Choke Size Method of Testing:

Acid or Fracture Treatment (Give amounts of materials used, such as sand, water, etc., and

sand): See remarks
Casing Tubing Date first new
Press. 15 psi Press. Pump oil run to tanks 8-15-63

Oil Transporter Wood Corporation

Gas Transporter None



Remarks: 1710-18. Sand oil fracture 250 gal mud acid followed by 12,000# 16/20 sd. and 2000# 8/12 glass beads in 22,000 gal lease crude. 1609-13. S.O.F. 200 gal mud acid followed by 15,000# 20/40 sd. & 1500# 8/12 glass beads in 20,320 gal. lease crude

I hereby certify that the information given above is true and complete to the best of my knowledge.

Approved: AUG 13 1963, 19.....

THE ATLANTIC REFINING COMPANY (Company or Operator)

By: B. J. Dutton (Signature)

OIL CONSERVATION COMMISSION
Original Signed By
By: A. R. KENDRICK

Title: Drilling & Production Supervisor
Send Communications regarding well to:

Title: PETROLEUM ENGINEER, DIST. NO. 3

Name: The Atlantic Refining Co.
Address: New DIST. - Farrington, N.M.

NUMBER OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
PRODUCTION OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION
SANTA FE, NEW MEXICO
CERTIFICATE OF COMPLIANCE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

FORM C-110
(Rev. 7-60)

M.
21

FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE

Company or Operator THE ATLANTIC REFINING COMPANY	Lease NAVAJO	Well No. 17-4
---	------------------------	-------------------------

Unit Letter J	Section 17	Township 31N	Range 16W	County San Juan
-------------------------	----------------------	------------------------	---------------------	---------------------------

Pool Many Rocks Gallup	Kind of Lease (State, Fed, Fee) Navajo - Ute Ntn. Tribal
----------------------------------	--

If well produces oil or condensate give location of tanks	Unit Letter J	Section 17	Township 31N	Range 16W
--	-------------------------	----------------------	------------------------	---------------------

Authorized transporter of oil <input type="checkbox"/> or condensate <input type="checkbox"/> McWood Corporation	Address (give address to which approved copy of this form is to be sent) Box 1702 Farmington, New Mexico
--	--

Is Gas Actually Connected? Yes _____ No

Authorized transporter of casing head gas <input type="checkbox"/> or dry gas <input type="checkbox"/>	Date Connected	Address (give address to which approved copy of this form is to be sent)
--	----------------	--

If gas is not being sold, give reasons and also explain its present disposition:

No market - used for lease fuel

REASON(S) FOR FILING (please check proper box)

- | | |
|--|--|
| New Well <input checked="" type="checkbox"/> | Change in Ownership <input type="checkbox"/> |
| Change in Transporter (check one) | Other (explain below) |
| Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> | |
| Casing head gas <input type="checkbox"/> Condensate <input type="checkbox"/> | |

Remarks



The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.

Executed this the 16 day of August, 19 63

OIL CONSERVATION COMMISSION	By <i>B. J. Sartain</i>
Approved by Original Signed By A. R. KENDRICK	Title Drilling & Production Supervisor
Title PETROLEUM ENGINEER DIST. NO. 3	Company The Atlantic Refining Company
Date AUG 19 1963	Address Box 2197 - Farmington, N. M.

ATLANTIC

THE ATLANTIC REFINING COMPANY
INCORPORATED - 1970
PETROLEUM PRODUCTS
ATLANTIC BUILDING
DALLAS, TEXAS

DOMESTIC PRODUCING DEPT.

Box 2197
Farmington, N.M.
July 29, 1963

State of New Mexico
Oil Conservation Commission
1000 Rio Brazos Road
Agree, New Mexico

Gentlemen:

A tabulation of the straight hole tests which were run on our Nevada 17-4 well is shown below. This well is located 1890' FSL and 2150' FKL, Section 17, Township 31N, Range 16W San Juan County, New Mexico.

DEPTH	DEVIATION
178'	1/4°
450'	1°
750'	1/2°
1050'	1/2°
1150'	1°
1475'	1°
TD 1840'	

Yours truly,
THE ATLANTIC REFINING CO.

B. J. Sartain

B. J. Sartain
Drilling & Production Superintendent

BJS:aje

AFFIDAVIT

STATE OF NEW MEXICO

COUNTY OF San Juan

Before me, the undersigned authority on this day personally appeared B. J. Sartain, known to me to be the person whose name is subscribed to the above instrument, who being by me duly sworn on oath states herein, and that said report is true and correct.

Subscribed and sworn to before me this 29th day of July, 1963

My Commission Expires: May 28, 1966



Margaret L. Wynne
Notary Public

NUMBER OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
PRODUCTION OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION
SANTA FE, NEW MEXICO
**CERTIFICATE OF COMPLIANCE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS**

FORM C-110
(Rev. 7-60)

FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE

Company or Operator The Atlantic Refining Company	Lease Many Rocks Gallup Proj.	Well No. 23
---	---	-----------------------

Unit Letter J	Section 17	Township 31N	Range 16W	County San Juan
-------------------------	----------------------	------------------------	---------------------	---------------------------

Pool Many Rocks Gallup	Kind of Lease (State, Fed, Fee) Navajo Ute Htn. Tribal
----------------------------------	--

If well produces oil or condensate give location of tanks	Unit Letter	Section	Township	Range
--	-------------	---------	----------	-------

Authorized transporter of oil <input checked="" type="checkbox"/> or condensate <input type="checkbox"/> McWood Corporation	Address (give address to which approved copy of this form is to be sent) Box 1702 Farmington, New Mexico
---	--

Is Gas Actually Connected? Yes _____ No

Authorized transporter of casing head gas <input type="checkbox"/> or dry gas <input type="checkbox"/> None	Date Connected	Address (give address to which approved copy of this form is to be sent)
---	----------------	--

If gas is not being sold, give reasons and also explain its present disposition:

No market. Used for lease fuel.

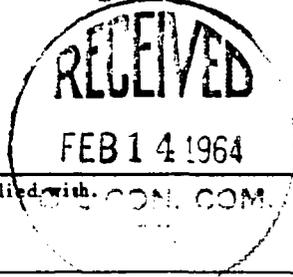
REASON(S) FOR FILING (please check proper box)

- New Well
- Change in Ownership
- Change in Transporter (check one)
 - Oil Dry Gas
 - Casing head gas . Condensate..
- Other (explain below)

Change in well name as part of Many Rocks Project which was effective at 7:00 A.M. 1-1-64

"Effective May 3, 1966, The Atlantic Refining Company changed its name to Atlantic Richfield Company"

Remarks This replaces Form C-110 which was filed 1-29-64. because well numbering system was not acceptable
--



The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.

Executed this the 12 day of February, 1964.

OIL CONSERVATION COMMISSION	By B. J. Sartin
Approved by Original Signed Emery C. Arnold	Title Drilling & Production Supervisor
Title Supervisor Dist. # 3	Company The Atlantic Refining Company
Date FEB 14 1964	Address Box 2197, Farmington, New Mexico

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1454.

5. LEASE DESIGNATION AND SERIAL NO.

14-20-600-3531

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Navajo-Que Mtn. Triba

7. UNIT AGREEMENT NAME

Many Rocks Gallup Pro

8. FARM OR LEASE NAME

Many Rocks Gallup

9. WELL NO.

23

10. FIELD AND POOL, OR WILDCAT

Many Rocks Gallup

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

Sec. 17, T-31N, R-16W

12. COUNTY OR PARISH

San Juan

13. STATE

N.M.

1.

OIL WELL GAS WELL OTHER

2. NAME OF OPERATOR

Atlantic Richfield Company

3. ADDRESS OF OPERATOR

Box 2197, 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

1890' FSL & 2150' FEL (Unit J) Section 17

14. PERMIT NO.

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

GR 5679', RKB

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) **Convert to Water Inj.**

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.)*

The 4 1/2" casing in this well is perforated 1609'-1613' (Upper Gallup) and 1740'-1748' (Lower Gallup). Present production is 3 BWPD and 0 BWPD.

We propose to convert this well to water injection as part of the Many Rocks Gallup Project. A small acid clean up will probably be necessary. A Baker tension type packer will be set at about 1690'. Water will be injected through 2 3/8" O.D. tubing into the Lower Gallup and down the 4 1/2" x 2 3/8" annulus into the Upper Gallup.

ILLEGIBLE

RECEIVED

AUG 20 1971

U. S. GEOLOGICAL SURVEY
FARMINGTON, N. M.

RECEIVED
AUG 23 1971
OIL CON. COM.
DIST. 3

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

SIGNED

B. G. Hartman

TITLE

Dir. & Prod. Supr.

DATE

8/19/71

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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

Form approved.
Budget Bureau No. 42-B1424.

5. LEASE DESIGNATION AND SERIAL NO.
14-20-600-3531

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.)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Navajo-Use Hm. Trib

7. UNIT AGREEMENT NAME

Many Rocks Gallup Pr

8. FARM OR LEASE NAME

Many Rocks Gallup

9. WELL NO.

23

10. FIELD AND POOL, OR WILD CAT

Many Rocks Gallup

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

Sec. 17, T-31N, R-16

12. COUNTY OR PARISH

San Juan

13. STATE

N. M.

1. OIL WELL GAS WELL OTHER

2. NAME OF OPERATOR
Atlantic Richfield Company

3. ADDRESS OF OPERATOR
Box 2197, 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
1890' FSL & 2150' FKL (Unit J) Section 17

14. PERMIT NO.

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

GR 5679', RKB 5691'

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*

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

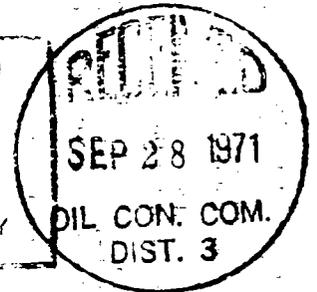
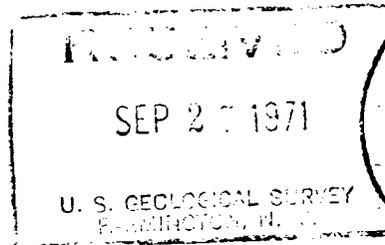
Convert to U.I.

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting and 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.)*

On 9/8/71 Ran Baker 4 1/2" Model AD packer on 2 3/8" OD tubing and set at 1657'. Treated each zone with 500 gal. 15% Hcl containing 27 1/2 gal. Jet Sol 50. On 9/9/71 Released packer & grabbed both zones. Reset packer.

On 9/17/71 - Connected wellhead and injection lines and started injecting water into Upper Gallup (1609'-1613') down 4 1/2" x 2" annulus and into Lower Gallup (1740'-1748') down 2 3/8" tubing.

ILLEGIBLE



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

SIGNED

B. J. STANLEY

TITLE

Dfng. & Prod. Supv.

DATE

9/24/71

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

Form G-321
(May 1963)

UNITED STATES DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE (Other instructions on reverse side)

Form approved. Budget Bureau No. 42-R1424.

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use "APPLICATION FOR PERMIT" for such proposals.)

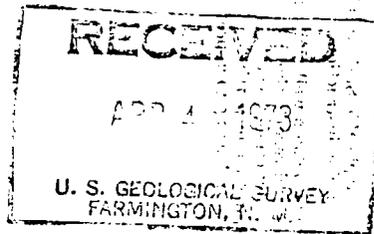
1. OIL WELL [] GAS WELL [] OTHER [] Water Injection Wells
2. NAME OF OPERATOR Atlantic Richfield
3. ADDRESS OF OPERATOR Box 2197, Farmington, N. Mex.
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface
12. COUNTY OR PARISH San Juan 13. STATE N. Mex.

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 ACIDISE [] REPAIR WELL [] (Other) Shut-In Injection Wells
SUBSEQUENT REPORT OF: WATER SHUT-OFF [] FRACTURE TREATMENT [] SHOOTING OR ACIDIZING [] (Other) [] REPAIRING WELL [] ALTERING CASING [] ABANDONMENT* []

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.)

As per USGS approval, dated Jan. 23, 1973, of supplemental plan of development -- We have discontinued water injection as of March 29, 1973 on the following wells: #16, 18, 19, 21, 22, 23, & 26.

Also include Water Supply well #1-W as being shut-in March 29, 1973



18. I hereby certify that the foregoing is true and correct. SIGNED R.R. Markes TITLE Acting Drlg. Pro. Supv. DATE 4/2/73

(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 TRIPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 43-R1424.

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use "APPLICATION FOR PERMIT—" for such proposals.)

1. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER Injection		5. LEASE DESIGNATION AND SERIAL NO. 14-20-600-3531
2. NAME OF OPERATOR Atlantic Richfield Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME Navajo-Ute Mountain
3. ADDRESS OF OPERATOR 1860 Lincoln Street, Suite 501, Denver, Colorado		7. UNIT AGREEMENT NAME Many Rocks Gallup Unit
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface Unit J, 1890' f/South & 2150' f/East lines Sec. 17		8. FARM OR LEASE NAME Many Rocks Gallup
14. PERMIT NO.		9. WELL NO. 23
15. ELEVATIONS (Show whether DP, RT, GR, etc.) 5679'		10. FIELD AND POOL, OR WILDCAT Many Rocks Gallup
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 17-31N-16W
		12. COUNTY OR PARISH San Juan
		13. STATE New Mexico

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Shut In</u> <input type="checkbox"/>	

(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.)*

Unit production declined to 27 BOPD which is below the economic limit. Injection stopped to reduce expenses and evaluate unit performance without injection. This well was shut in 3-29-73. U.S.G.S. approved Supplemental Plan of Development 1-23-73. This well is in a Unit. Waterflood operations have been temporarily suspended. Future plans are to conduct waterflood and tertiary recovery studies. These studies may result in a revised waterflood plan or in a tertiary recovery program that may require the use of this well in order to recover the maximum amount of oil from this reservoir.

Two copies sent to New Mexico Oil Conservation Commission

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

SIGNED W. A. Walther, Jr. TITLE Dist. Prod. & Drlg. Supt. DATE 10/18/74
W. A. Walther, Jr.

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
 CONDITIONS OF APPROVAL, IF ANY:

**UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY**

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

Form approved.
Budget Bureau No. 42-R1424

SUNDRY NOTICES AND REPORTS ON WELLS <small>(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.)</small>	
1. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER Injection	5. LEASE DESIGNATION AND SERIAL NO. 14-20-600-3531
2. NAME OF OPERATOR Atlantic Richfield Company	6. IF INDIAN, ALLOTTEE OR TRIBE NAME Navajo-Ute Mountain
3. ADDRESS OF OPERATOR 1860 Lincoln Street, Suite 501, Denver, Colorado 80203	7. UNIT AGREEMENT NAME Many Rocks Gallup Unit
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface Unit J, 1890' f/South & 2150' f/East lines Section 17	8. FARM OR LEASE NAME Many Rocks Gallup
14. PERMIT NO.	9. WELL NO. 23
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5679'	10. FIELD AND POOL, OR WILDCAT Many Rocks Gallup
12. COUNTY OR PARISH San Juan	11. SEC., T., R., M., OR BLK. AND SURVEY OR ARRA Sec. 17-31N-16W
13. STATE New Mexico	

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Shut In - Extension Request</u>	
(Other) <input type="checkbox"/>		<small>(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)</small>	

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.)*

Unit production declined to 27 BOPD which is below the economic limit. Injection stopped to reduce expenses and evaluate unit performance without injection. This well was shut in 3-29-73. U.S.G.S. approved Supplemental Plan of Development 1-23-73. This well is in a Unit. Waterflood operations have been temporarily suspended. Future plans are to conduct waterflood and tertiary recovery studies. These studies may result in a revised waterflood plan or in a tertiary recovery program that may require the use of this well in order to recover the maximum amount of oil from this reservoir.



TEMPORARY ABANDONMENT
EXPIRES JUN 1 1977

Two copies sent to New Mexico Conservation Commission

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

SIGNED W. A. Walther, Jr. TITLE Operations Manager DATE 6/4/76

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

NO. OF WELLS COVERED	
DISTRICT OFFICE	
SANTA FE	
FILE	
U.S.G.A.	
LAND OFFICE	
TRANSPORTER	<input type="checkbox"/> OIL
	<input type="checkbox"/> GAS
OPERATOR	
REGISTRATION OFFICE	

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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED
JUL 03 1984
OIL CON DIV
DIST 3

Operator
BK Petroleum, Inc.
Address
501 Airport Dr.-Suite 165, Farmington, N.M. 87401

Reason(s) for filing (Check proper box) Other (Please explain)

<input type="checkbox"/> New Well	Change in Transporter of:	
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input checked="" type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Condensate

Change of ownership give name and address of previous owner Arco Oil & Gas Co., P.O. Box 5540, Denver, Co. 80217

DESCRIPTION OF WELL AND LEASE

Well Name <u>Many Rocks Gallup Unit</u>	Well No. <u>23</u>	Pool Name, including Formation <u>Many Rocks Gallup</u>	Kind of Lease <u>Fed. 14-20-600- State, Federal or Fee 3531</u>	Lease No.
Location Unit Letter <u>J</u> : <u>1890</u> Feet From The <u>South</u> Line and <u>2150</u> Feet From The <u>East</u> Line of Section <u>17</u> Township <u>31N</u> Range <u>16W</u> , NMPM, <u>San Juan</u> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> <u>water injection well-shut in</u>	Address (Give address to which approved copy of this form is to be sent) <u>501 Airport Dr.-Suite 165, Farmington, N.M.87401</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Well produces oil or liquids, or location of tanks.	Unit Sec. Twp. Rgs. Is gas actually connected? When

If 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.

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.

[Signature]
(Signature)
Resident _____
(Title)
Date July 1, 1984
(Date)

OIL CONSERVATION DIVISION

JUL 03 1984
APPROVED _____, 19____
BY [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 filed for each pool in multiply completed wells.

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to complete or plug back to a different reservoir. Use "APPLICATION FOR PERMIT" for such proposals.)

1. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER		7. UNIT AGREEMENT NAME Nava jo-Ute Mtn.	
2. NAME OF OPERATOR BK Petroleum, Inc.		8. NAME OR LEASE NAME Many Rocks Gallup <i>Unit</i>	
3. ADDRESS OF OPERATOR 501 Airport Dr., Suite 165, Farmington, NM 87401		9. WELL NO. 23	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1890' FSL, 2150' FEL, Sec. 17, T31N, R16W		10. FIELD AND POOL, OR WELDCAM Many Rocks Gallup	
14. POINT NO. GL 5679		11. SEC., T., R., E., OR S.W. 1/4, OR B.L. AND CORNER OR AREA Sec. 17, T31N, R16W	
15. TITLATION (Show whether oil, gas, etc.) RESERVOIR TYPE GL 5679		12. COUNTY OR PARISH San Juan	13. STATE NM

RECEIVED
SEP 25 1984

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

NOTICE OF INTENTION TO:		RECONSTRUCTION REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	
(Other) Change of Operator <input checked="" type="checkbox"/>			

(Note: Report results of multiple completion on Well Completion or Resection 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 measures and angles pertinent to this work.)

Effective June 1, 1984 BK Petroleum, Inc. became Unit Operator.

RECEIVED
SEP 28 1984
OIL COM. DIV.
DIST. 3

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

SIGNED Mildred L. Kuchera TITLE Petroleum Engineer DATE 9-21-84

APPROVED BY _____ TITLE _____ DATE _____

ACCEPTED FOR RECORD
SEP 27 1984

FARMINGTON RESOURCE AREA

BY PSB

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.

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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED
SEP 12 1985

OIL CON. DIV.
DIST 3

NO. OF COPIES ORDERED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	<input type="checkbox"/> OIL
	<input type="checkbox"/> GAS
OPERATOR	
REGISTRATION OFFICE	

Operator: BK Petroleum, Inc.

Address: P. O. Box 826, Farmington, NM 87499

Reason(s) for filing (Check proper box)

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

Converted well to production

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.
Many Rocks Gallup Project	23	Many Rocks Gallup	State, Federal or Fee Federal	14-20-600-3531

Location: Unit Letter J; 1890 Feet From The South Line and 2150 Feet From The East

Line of Section 17 Township 31N Range 16W, N.M.P.M., San Juan County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Diniza Pipeline</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 1887, Bloomfield, NM 87413</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)

Well produces oil or liquids, location of tanks.	Unit	Sec.	Twp.	Range	Is gas actually connected?	When
	L	17	31N	16W		

Is production commingled with that from any other lease or pool, give commingling order number _____

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

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.

Mildred L. Kuchera
(Signature)
Treasurer
(Title)
September 10, 1985
(Date)

OIL CONSERVATION DIVISION

APPROVED SEP 12 1985
BY Frank J. [Signature]
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 all wells on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.
Separate Forms C-104 must be filed for each pool in multiply completed wells.

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPlicate
(Other instructions
reverse side)

Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

14-20-600-3531

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Navajo - Ute Mountain

7. UNIT AGREEMENT NAME

Many Rocks Gallup Project

8. FARM OR LEASE NAME

Many Rocks Gallup

9. WELL NO.

23

10. FIELD AND POOL, OR WILDCAT

Many Rocks Gallup

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

17-T31N-R16W-NMPM

12. COUNTY OR PARISH

San Juan

13. STATE

NM

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.)

RECEIVED

JUN 28 1985

1. OIL WELL GAS WELL OTHER

2. NAME OF OPERATOR

K Petroleum, Inc.

3. ADDRESS OF OPERATOR

P. O. Box 826, Farmington, NM 87499

BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

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

At surface

1890' FSL, 2150' FEL, Section 17, T31N, R16W

14. PERMIT NO.

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

5679 GLE

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) Return well to production

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANE

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.)*

Water injection was discontinued at the subject well on 3/29/73. It is planned to convert this well to production by:

- (1) Acidizing with 1000 gallons acid.
- (2) Running rods and pump.
- (3) Hang well on pump.

RECEIVED

SEP 12 1985

OIL CON. DIV.
DIST. 3

APPROVED

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

SIGNED Mildred L. Kuchera

TITLE Engineer

DATE June 26, 1985

(This space for Federal or State office use)

APPROVED BY _____

TITLE _____

CONDITIONS OF APPROVAL, IF ANY:

JUN 26 1985

[Signature]

DATE
AREA MANAGER
FARMINGTON RESOURCE AREA

*See Instructions on Reverse Side

NMOCC

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE*
(Other instructions on reverse side)

EXPIRES AUGUST 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

14-20-600-3531

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Navajo-Ute Mountain

7. UNIT AGREEMENT NAME

Many Rocks Gallup

8. FARM OR LEASE NAME

Many Rocks Gallup Project

9. WELL NO.

23

10. FIELD AND POOL, OR WILDCAT

Many Rocks Gallup

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

17-T31N-R16W-NMPM

12. COUNTY OR PARISH

San Juan

18. STATE
NM

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.)

RECEIVED

OCT 10 1985

1. OIL WELL GAS WELL OTHER

2. NAME OF OPERATOR

BK Petroleum, Inc.

3. ADDRESS OF OPERATOR

P.O. Box 826, Farmington, NM 87499 BUREAU OF LAND MANAGEMENT FARMINGTON RESOURCE AREA

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

1890' FSL, 2150' FEL, Sec. 17, T31N, R16W

14. PERMIT NO.

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

5679 GLE

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)

Return to pump

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

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

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 subject shut-in well was returned to pump 9/7/85 as follows:

- a) cleaned out hole to PBD
- b) acidized Gallup zone with 1000 gallons acid
- c) hung well on.

NOTED 10/5
OIL CON. DIV.
DIST. 3

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

SIGNED Mildred L. Kuchera TITLE Engineer

ACCEPTED FOR RECORD
DATE October 7, 1985

(This space for Federal or State office use)

OCT 22 1985

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE NMOCC
OPERATOR

DATE _____
FARMINGTON RESOURCE AREA
sm

BY _____

*See Instructions on Reverse Side

SHOOTING RECORD

No.	Shell used	Explosive used	Quantity	Date	Depth shot	Depth cleaned out
1740-1748	W/15000	18/20	sd & 2000#	8/12	glass beads in 22000 gal	lease crude
1609-1613	W/15000	10/20	sd & 1500	8/12	glass beads in 20300 gal	lease crude
SAND-OIL-FRACTURE also 250 gal mud acid ahead of each of above						

TOOLS USED

Rotary tools were used from 95' GL feet to 1840 TD feet, and from _____ feet to _____ feet

Cable tools were used from surface feet to 95' GL feet, and from _____ feet to _____ feet

If's of the _____ have a complete list _____ with the reasons for the work and the _____

The production for the first 24 hours was 40 barrels of fluid of which 100% was oil; 0% emulsion; 0% water; and 0% sediment. Gravity, °Bé. _____

If gas well, cu. ft. per 24 hours _____ Gallons gasoline per 1,000 cu. ft. of gas _____

Rock pressure, lbs. per sq. in. _____

EMPLOYEES

Signalfield Service _____, Driller

_____, Driller

FORMATION RECORD

FROM	TO	TOTAL FEET	FORMATION
surface	274	274	Manavada group
275	1574	1300	Mancos shale
1574	1750	176	Niobrara formation - Gallup
1608	1621	13	Upper Niobrara sandstone
1739	1750	11	Basal Niobrara sandstone
1750	1768	18	Juana Lopez member - Anacostell
1768	TD	72	Carlile
	1840		

ILLEGIBLE

FORMATION RECORD - CONTINUED

NO. OF COPIES RECEIVED	5
DISTRIBUTION	
SANTA FE	/
FILE	/
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL /
	GAS
OPERATOR	2
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
 REQUEST FOR ALLOWABLE
 AND
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
 Supersedes Old C-104 and C-1
 Effective 1-1-65

BT

I. Operator **THE ATLANTIC REFINING COMPANY**

Address **BOX 2197 FARMINGTON, NEW MEXICO**

Reason(s) for filing (Check proper box)

New Well Change in Transporter of: Oil Dry Gas

Recompletion Casinghead Gas Condensate

Change in Ownership

If change of ownership give name and address of previous owner _____

TRANSPORTER CHANGED FROM SHELL OIL COMPANY TO SHELL PIPE LINE CORPORATION EFFECTIVE 12/31/69

Effective May 3, 1966, The Atlantic Refining Company changed its name to Atlantic Richfield Company

II. DESCRIPTION OF WELL AND LEASE

Lease Name **Many Rocks Gallup Project** Well No. **23** Pool Name, including Formation **Many Rocks Gallup** Kind of Lease **Tribal**

Location

Unit Letter **J** ; **1890** Feet From The **South** Line and **2150** Feet From The **East**

Line of Section **17** , Township **31N** Range **16W** , NMPM, **San Juan** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate
Shell Oil Company Address (Give address to which approved copy of this form is to be sent)
Box 1588, Farmington, New Mexico

Name of Authorized Transporter of Casinghead Gas or Dry Gas
None Address (Give address to which approved copy of this form is to be sent)

If well produces oil or liquids, give location of tanks. Unit **L** Sec **17** Twp **31N** Rng **16W** Is gas actually connected? **No** When _____

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Pool	Name of Producing Formation The Atlantic Refining Company changed its name to Atlantic Richfield Company					Oil/Gas Pay		
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 mud equal to or exceed top allowable for this depth or be for full 24 hours)

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

GAS WELL

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

VI. CERTIFICATE OF COMPLIANCE

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

OIL CONSERVATION COMMISSION

APPROVED **FEB 2 1965**, 19 _____

BY **Original Signed Emery C. Arnold**

TITLE **Supervisor Dist # 3**

This form is to be filed in compliance with RULE 1104.

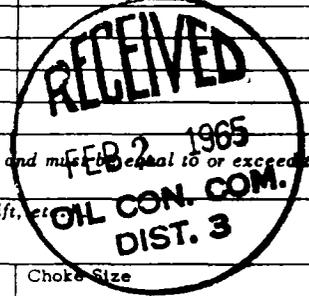
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out Sections I, II, III, and VI only for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

B J Sartain
 (Signature)
Drilling & Production Supervisor
 (Title)
2/1/65
 (Date)



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-1
Effective 1-1-65

DISTRIBUTION	
SANTA FE	
FILE	
U.C.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

I. Operator
ARCO Oil and Gas Company, Division of Atlantic Richfield Company

Address
1860 Lincoln St., Suite 501, Denver, Colorado 80295

Reason(s) for filing (Check proper box)
 New Well Change in Transporter of:
 Recompletion Oil Dry Gas
 Change in Ownership Casinghead Gas Condensate

Other (Please explain) Effective 4/1/79
Assumed name for formerly Atlantic Richfield Company.

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Many Rocks Gallup	Well No. 23	Pool Name, including Formation Many Rocks Gallup	Kind of Lease State, Federal or Fee	Lease No. Fed. 14-20-600-353
Location Unit Letter <u>J</u> ; <u>1890</u> Feet From The <u>South</u> Line and <u>2150</u> Feet From The <u>East</u>				
Line of Section <u>17</u> Township <u>31N</u> Range <u>16W</u> , NMPM, <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 type="checkbox"/> Water Injection Well - Shut In	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 type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit 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'tv.	Diff. Res'tv.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

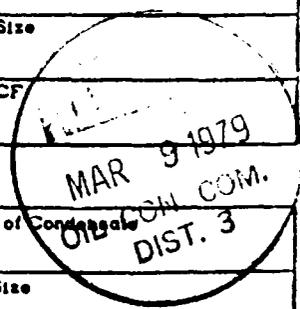
V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

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

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size



VI. CERTIFICATE OF COMPLIANCE

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

[Signature]
Accounting Supervisor
(Title)
March 9, 1979
(Date)

OIL CONSERVATION COMMISSION

APPROVED MAR 12 1979, 19____
BY Original Signed by A. R. Kendrick
TITLE SUPERVISOR DIST. #5

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 multiple completed wells.

OIL CONSERVATION DIVISION

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

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**

I.

Operator BK Petroleum, Inc.	Well API No.
Address P.O. Box 826, Farmington, NM 87499	
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 checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Changed Crude Oil Transporter from Ciniza P/L to Giant Transportation	
If change of operator give name and address of previous operator _____	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Many Rocks Gallup Unit	Well No. 23	Pool Name, including Formation Many Rocks Gallup	Kind of Lease State, Federal or Fee	Lease No. 14-20-600-3531
Location Unit Letter <u>J</u> : <u>1890</u> Feet From The <u>South</u> Line and <u>2150</u> Feet From The <u>East</u> Line Section <u>17</u> Township <u>31N</u> Range <u>16W</u> , NMPM, San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Giant Transportation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 12999, Scottsdale, AZ 85255			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Gas Used on Lease	Address (Give address to which approved copy of this form is to be sent)			
If well produces oil or liquids, give location of tanks.	Unit L	Sec. 17	Twp. 31N	Rge. 16W
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
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.

RECEIVED
SEP 04 1990

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	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.

Mildred L. Kuchera
Signature
MILDRED L. KUCHERA OWNER
Printed Name Title
9/4/90 505-326-3139
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved SEP 05 1990
By [Signature]
Title SUPERVISOR DISTRICT #3

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.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

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

SUBMIT IN TRIPLICATE

1. Type of Well
 Oil Well Gas Well Other

2. Name of Operator BK Petroleum Inc
% NMOCO

3. Address and Telephone No.
1000 Rio Brazos Rd. Aztec NM 87410 334-6178

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
17-31N-16W 660/5-660/E

5. Lease Designation and Serial No.
14-20-600-3531

6. If Indian, Allottee or Tribe Name
Navajo Tribe

7. If Unit or CA, Agreement Designation

8. Well Name and No.
26 Many Rocks

9. API Well No.
3004510727

10. Field and Pool, or Exploratory Area
Many Rocks Gallup

11. County or Parish, State
San Juan, NM

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

TYPE OF SUBMISSION	TYPE OF ACTION
<input checked="" type="checkbox"/> Notice of Intent	<input checked="" type="checkbox"/> Abandonment
<input 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 type="checkbox"/> Other _____
	<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.)

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.)*

See attached plugging procedure.

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

Signed NMOCO CONTRACT PLUGGING Date 8/11/00

(This space for Federal or State office use) ...
 Approved by _____ Title _____ Date 8/17/00
 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.

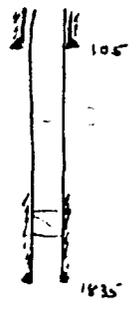
API NUMBER 10-045-10727 20 AUG 11 07 1:05
OPERATOR NAME BK PETROLEUM INC **WELL NUMBER 26**
PROPERTY NAME MANY ROCKS GALLUP UNIT **CHANGED TO 17E REPORTED AS 26**
SECTION 17 **TOWNSHIP 31N** **RANGE 16W**
FOOTAGE 660 FSL- 660 FEL UL 'P'

Sur Csg OD 12 1/4" Hole	8 5/8	XX	XX
SUR CSG TD	106	XX	XX
SUR CSG WT	24#	XX	XX
TOP OF CMT	0	XX	XX
ACTUAL	CIRC	XX	XX
CACULATED	85SX	XX	XX
PROD CSG OD 7-7/8" hole	4 1/2	XX	XX
PROD CSG TD	1835	XX	XX
PROD CSG WT	9.5	XX	XX
TOP OF CMT	1341	XX	XX
ACTUAL			
CACULATED	100SX		
PERF TOP	1632		
PERF BOTTOM	1772	XX	XX
PACKER		XX	XX
TYPE OF PLUG		XX	XX
CIBP & CMT		XX	XX
CMT		XX	XX
		XX	XX

1408
 GALLUP 1597'
 MANCOS 303'

PROPOSED PLUGGING OPERATION

MIRU PU, BOPE, TOOH WITH TUBING, RIH with work string, circ hole clean
 Spot 14 SX plug @ ¹⁴⁵⁸1620 - ¹³⁰⁸1470, WOC TAG, POOH
 PERF @ 353' PUMP 38 SX, 353-253', 24 SX OUTSIDE CSG AND 14 INSIDE CSG
 RIH, PERF @ 156', CIRC CEMENT TO SURFACE, LEAVE CSG FULL, EST 55 SX
 cut off well head, install P&A marker, dig and cut anchors,
Close pits according to guidelines: Clean and level location



Form 9-581b
(April 1962)

Hand

B

(SUBMIT IN TRIPPLICATE)

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

Form approved.
Budget Bureau No. 42-R388.1.

Indian Agency Gallup
Navajo - Ute Tribal
Allottee _____
Lease No. 11-20-600-3531

SUNDRY NOTICES AND REPORTS ON WELLS

NOTICE OF INTENTION TO DRILL	<input checked="" type="checkbox"/>	SUBSEQUENT REPORT OF WATER SHUT-OFF	
NOTICE OF INTENTION TO CHANGE PLANS		SUBSEQUENT REPORT OF SHOOTING OR ACIDIZING	
NOTICE OF INTENTION TO TEST WATER SHUT-OFF		SUBSEQUENT REPORT OF ALTERING CASING	
NOTICE OF INTENTION TO REDRILL OR REPAIR WELL		SUBSEQUENT REPORT OF REDRILLING OR REPAIR	
NOTICE OF INTENTION TO SHOOT OR ACIDIZE		SUBSEQUENT REPORT OF ABANDONMENT	
NOTICE OF INTENTION TO PULL OR ALTER CASING		SUPPLEMENTARY WELL HISTORY	
NOTICE OF INTENTION TO ABANDON WELL			

RECEIVED
JUL 23 1963
U. S. GEOLOGICAL SURVEY
FARMINGTON, NEW MEXICO

(INDICATE ABOVE BY CHECK MARK NATURE OF REPORT, NOTICE, OR OTHER DATA)

July 22, 1963

Well No. 17-5 is located 660 ft. from S line and 660 ft. from E line of sec. 17

SS SE Sec. 17 (4 Sec. and Sec. No.) 31N (Twp.) 16E (Range) N37W (Meridian)

Many Rocks (Field) San Juan (County or Subdivision) New Mexico (State or Territory)

The elevation of the ~~down-hole~~ ^{ground} above sea level is 5686 ft.

DETAILS OF WORK

(State names of and expected depths to objective sands; show sizes, weights, and lengths of proposed casings; indicate mudding jobs, cementing points, and all other important proposed work)

We propose to drill a well at the above location to test the Gallup (or Lower Niobrara) sands to a total depth of approximately 1800'.

Approximately 100' of 8 5/8" O.D. 21# J-55 casing will be set and cemented to surface. 4 1/2" O.D. 9.5# J-55 casing will be set through the producing zones and cemented to about 800'. A Sand - Oil - Fracture will probably be necessary to stimulate production.

ILLEGIBLE

RECEIVED
JUL 24 1963
OIL CON. COM.
DIST. 5

I understand that this plan of work must receive approval in writing by the Geological Survey before operations may be commenced.

Company The Atlantic Refining Co.

Address Box 2197

Farmington, N.M.

By B. J. Sartin

Title Drilling & Production Super-1500

Okal

NEW MEXICO OIL CONSERVATION COMMISSION

Well Location and Acreage Dedication Plat

Section A.

Date July 22, 1963

Operator THE ATLANTIC REFINING COMPANY Lease Navajo
 Well No. 17-3 Unit Letter P Section 17 Township 31 NORTH Range 16 WEST NMPM
 Located 660 Feet From the SOUTH Line, 660 Feet From the EAST Line
 County SAN JUAN G. L. Elevation 5686.' Dedicated Acreage 40.00 Acres
 Name of Producing Formation Gallop Pool Muddy Rocks Gallop

1. Is the Operator the only owner in the dedicated acreage outlined on the plat below?
 Yes No
2. If the answer to question one is "no", have the interests of all the owners been consolidated by joint ownership agreement or otherwise? Yes No If answer is "yes", Type of Consolidation _____
3. If the answer to question two is "no", list all the owners and their respective interests below:

Owner	Land Description
ILLEGIBLE	



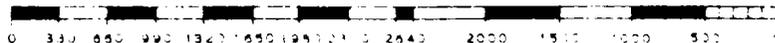
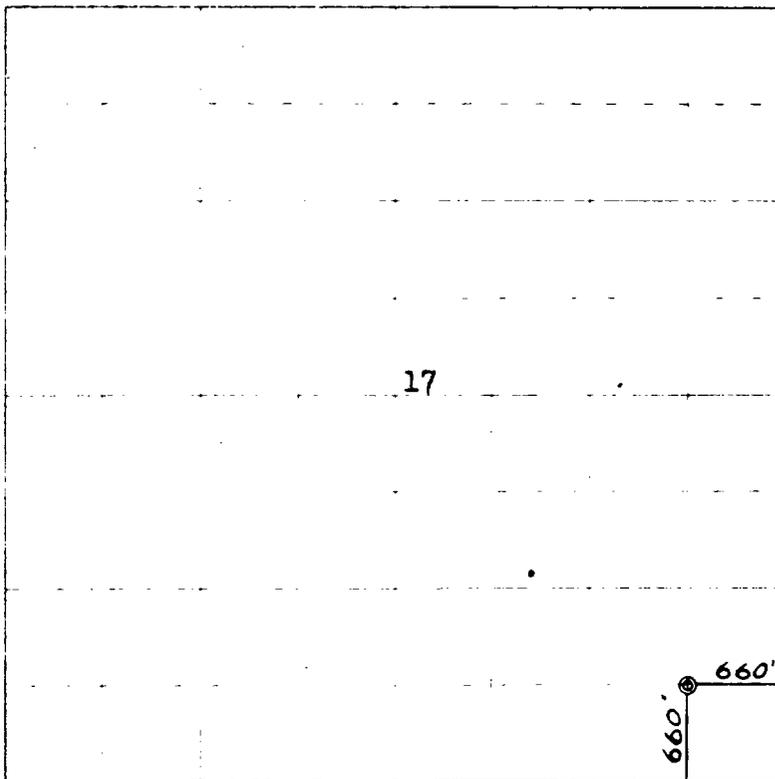
Section B.

Note: All distances must be from outer boundaries of section.

This is to certify that the information in Section A above is true and complete to the best of my knowledge and belief.

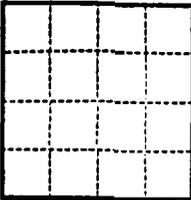
The Atlantic Refining Co.

B. G. Sartain (Operator)
 (Representative)
P. O. Box 2197
 (Address)
Farmington, New Mexico



This is to certify that the above plat was prepared from field notes of actual surveys made by me or under my supervision and that the same are true and correct to the best of my knowledge and belief.

Date Surveyed 20 July 1963
James P. Leese
 Registered Professional Engineer and/or Land Surveyor
 James P. Leese, N. Mex. Reg. No. 1467



(SUBMIT IN TRIPLICATE)

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

Indian Agency Oil Sp

Navajo-576 Trial

Allettee _____

Lease No. 14-00-400-302

SUNDRY NOTICES AND REPORTS ON WELLS

NOTICE OF INTENTION TO DRILL	SUBSEQUENT REPORT OF WATER SHUT-OFF	RECEIVED AUG 16 1963 U. S. GEOLOGICAL SURVEY WASHINGTON, NEW MEXICO
NOTICE OF INTENTION TO CHANGE PLANS	SUBSEQUENT REPORT OF SHOOTING OR ACIDIZING	
NOTICE OF INTENTION TO TEST WATER SHUT-OFF	SUBSEQUENT REPORT OF ALTERING CASING	
NOTICE OF INTENTION TO REDRILL OR REPAIR WELL	SUBSEQUENT REPORT OF REDRILLING OR REPAIR	
NOTICE OF INTENTION TO SHOOT OR ACIDIZE	SUBSEQUENT REPORT OF ABANDONMENT	
NOTICE OF INTENTION TO PULL OR ALTER CASING	SUPPLEMENTARY WELL HISTORY	
NOTICE OF INTENTION TO ABANDON WELL		

(INDICATE ABOVE BY CHECK MARK NATURE OF REPORT, NOTICE, OR OTHER DATA)

August 15, 1963

Well No. Navajo 17-6 is located 640 ft. from [S] line and 660 ft. from [E] line of sec. 27
SE 28 Sec. 17 T1N R10W 100N
 (4 Sec. and Sec. No.) (Twp.) (Range) (Meridian)
Wing Rocks San Juan New Mexico
 (Field) (County or Subdivision) (State or Territory)

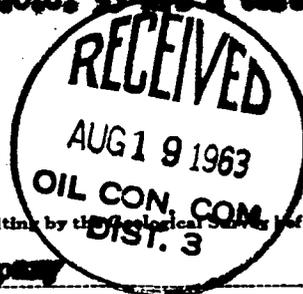
The elevation of the derrick floor above sea level is 5695 ft.

DETAILS OF WORK

(State names of and expected depths to objective sands; show sizes, weights, and lengths of proposed casings; indicate mudding jobs, cementing points, and all other important proposed work)

Spudded well at 12:15 P.M. 7-25-63. Drilled 1 1/2" hole to 106' w/casing. Run 3 1/2" 8-5/8" CD 2-1/2" casing (91.30') set at 105.18'. Cemented w/100 slt. cement cement plus 25 gal. Plug down 1:00 P.M. 7-25-63. Cement circulated. W.O.C. 18 hrs. and tested 2 1/2" casing w/100 psi O.K.
 Drilled 4-7/8" hole to 1255'. Run 59 lbs 4 1/2" CD 9-5/8" 2-1/2" casing w/guide steel and float collar (1253.10') set at 1251.01'. Cemented w/100 slt. Class 40" cement plus 25 gal. Plug down 12:00 A.M. 7-27-63. W.O.C. 24 hrs. & tested 4 1/2" casing w/100 psi O.K.

ILLEGIBLE



I understand that this plan of work must receive approval in writing by the Geological Survey before operations may be commenced.

Company The Atlantic Refining Company

Address Box 217

Furnington, N. M.

By B. J. Sartin

Title DRILLING & PRODUCTION SUPERVISOR

ILLEGIBLE

(SUBMIT IN TRIPPLICATE)

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

Form approved
Budget Bureau No. 42-2386-1

Indian Agency
Navajo
Allottee
Lease No.

SUNDRY NOTICES AND REPORTS ON WELLS

NOTICE OF INTENTION TO DRILL	SUBSEQUENT REPORT OF WATER SHUT-OFF	X
NOTICE OF INTENTION TO CHANGE PLANS	SUBSEQUENT REPORT OF SHOOTING OR ACIDIZING	
NOTICE OF INTENTION TO TEST WATER SHUT-OFF	SUBSEQUENT REPORT OF ALTERING CASING	
NOTICE OF INTENTION TO REDRILL OR REPAIR WELL	SUBSEQUENT REPORT OF REDRILLING OR REPAIR	
NOTICE OF INTENTION TO SHOOT OR ACIDIZE	SUBSEQUENT REPORT OF ABANDONMENT	
NOTICE OF INTENTION TO PULL OR ALTER CASING	SUPPLEMENTARY WELL HISTORY	
NOTICE OF INTENTION TO ABANDON WELL		

(INDICATE ABOVE BY CHECK MARK NATURE OF REPORT, NOTICE, OR OTHER DATA)

August 15, 1963

Navajo
17-5
Well No. _____ is located **660** ft. from **N** line and **660** ft. from **E** line of sec. **17**
S 3/4 SE Sec. 17

Henry (Field) **San Juan** (County or Subdivision) **New Mexico** (State or Territory)

The elevation of the derrick floor above sea level is **5695** ft.

DETAILS OF WORK

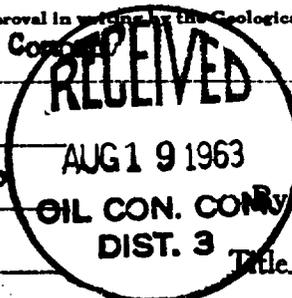
(State names of and expected depths to objective sands; show sizes, weights, and lengths of proposed casings; indicate mudlogging, cementing points, and all other important proposed work)

Perforated 1761-1772 w/h jets/ft. Treated perms. w/150 gal mud acid followed by 16,000# 10/20 sd. & 2,000# 8/12 sand in 22,500 gal lease crude FIDP - 1800/1400. Avg. rate 29 BPM @ 1700 psi. J.C. 10:30 A.M. 8-1-63.

Set retrievable bridge plug at 1650'.
Perforated 1632-1638 w/h jets/ft. Treated perms. w/150 gal mud acid followed by 15,000# 10/20 sd. and 1,500# 8/12 sd. in 19,000 gal lease crude. FIDP 1500/1300. Avg. rate 29 BPM @ 1750 psi. Job complete 4:15 P.M. 8-1-63.

I understand that this plan of work must receive approval in writing from the Geological Survey before operations may be commenced.

Company **The Atlantic Refining Company**
Address **Box 2197**
Farrington, New Mexico
B. J. Sartain
Title **DRILLING & PRODUCTION SUPERVISOR**



RECEIVED
AUG 16 1963
U. S. GEOLOGICAL SURVEY
FARMINGTON, NEW MEXICO



THE ATLANTIC REFINING COMPANY
 INCORPORATED 1970
 PETROLEUM PRODUCTS

DOMESTIC PRODUCING DEPARTMENT
 ROCKY MOUNTAIN REGION
 R. T. COX, MANAGER
 T. S. PAGE, LAND MANAGER
 A. D. KLOXIN, OPERATIONS MANAGER

WYOMING NAT. BANK BLDG.
 Box 2197
 Cheyenne, WYOMING
 July 19, 1963

State of New Mexico
 Oil Conservation Commission
 1000 Rio Brazos Road
 Artes, New Mexico

Gentlemen:

A tabulation of the straight hole tests which were run on our Navajo 17-5 well is shown below. This well is located 660' P&L and 660' P&L, Section 17, Township 13N, Range 16W San Juan County, New Mexico.

Depth	Deviation
180'	1/20
530'	1/40
1085'	1/40
1675'	1/20

TD 1855'

ILLEGIBLE

Yours truly,
 THE ATLANTIC REFINING CO.

B. J. Sartain
 B. J. Sartain
 Drilling & Production Supervisor

B/S:aje

AFFIDAVIT

STATE OF NEW MEXICO

COUNTY OF San Juan



Before me, the undersigned authority on this day personally appeared B. J. Sartain, known to me to be the person whose name is subscribed to the above instrument, who being by me duly sworn on oath states herein, and that said report is true and correct.

Subscribed and sworn to before me this 29th day of July, 1963

My Commission Expires:

May 28, 1966

Margaret L. Wyman

ILLEGIBLE

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

(Form C-104)
Revised 7/1/57

REQUEST FOR (OIL) - (GAS) ALLOWABLE

B.T.

New Well
Recompletion

This form shall be submitted by the operator before an initial allowable will be assigned to any completed Oil or Gas well. Form C-104 is to be submitted in QUADRUPPLICATE to the same District Office to which Form C-101 was sent. The allowable will be assigned effective 7:00 A.M. on date of completion or recompletion, provided this form is filed during calendar month of completion or recompletion. The completion date shall be that date in the case of an oil well when new oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

Farmington, New Mexico
(Place)

8-14-63
(Date)

WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS:

The Atlantic Refining Co., Navajo, Well No. 17-5, in SE 1/4 SE 1/4,
(Company or Operator) (Lease)

P, Sec. 17, T. 11N, R. 16W, NMPM, Many Rocks Gallup Pool
Unit Letter

San Juan

County. Date Spudded 7-25-63 Date Drilling Completed 7-29-63
Elevation 5666 G.L. Total Depth 1855 PBTD 1802

Please indicate location:

D	C	B	A
E	F	G	H
L	K	J	I
M	N	O	P 660'

Top Oil/Gas Pay 1632 Name of Prod. Form. Gallup

PRODUCING INTERVAL -

Perforations 1632-1638 and 1764-1772

Open Hole None Depth Casing Shoe 1835 Depth Tubing 1774

OIL WELL TEST -

Natural Prod. Test: none bbls. oil, bbls water in hrs, min. Choke Size

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 120 bbls. oil, 0 bbls water in 24 hrs, 0 min. Choke Pump

GAS WELL TEST -

Natural Prod. Test: MCF/Day; Hours flowed Choke Size

Tubing, Casing and Cementing Record

Size	Feet	Sax
8-5/8	105	85
4-1/2	1835	100
2-3/8	1774	

Method of Testing (pitot, back pressure, etc.):

Test After Acid or Fracture Treatment: MCF/Day; Hours flowed

Choke Size Method of Testing:

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): see remarks

Casing Tubing Date first new Press. Press. oil run to tanks August 12, 1963

Oil Transporter NewWood Corporation

Gas Transporter none

Remarks: 1764-1772: 150 gal mud acid, 16000' 10/20 sd. and 2000' 8/12 sd. in 22,500 gal lease crude. 1632-1638: 150 gal mud acid, 15000' 10/20 sd. and 1500' 8/12 sd. in 19,000 gal. lease crude.

I hereby certify that the information given above is true and complete to the best of my knowledge.
Approved. AUG 19 1963, 19 THE ATLANTIC REFINING COMPANY

OIL CONSERVATION COMMISSION
Original Signed By
By: A. R. KENDRICK
Title: PETROLEUM ENGINEER DIST. NO. 3

RECEIVED
AUG 19 1963
By: B. J. S. Atkin
(Signature)
Title: DRILLING & PRODUCTION SUPERVISOR
Send Communications regarding well to:
Name: THE ATLANTIC REFINING COMPANY
Address: PO Box 2197, Farmington, New Mexico

NUMBER OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
PRODUCTION OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION
SANTA FE, NEW MEXICO
**CERTIFICATE OF COMPLIANCE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS**

FORM C-110
(Rev. 7-60)

FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE

Company or Operator THE ATLANTIC REFINING COMPANY		Lease NAVAJO	Well No. 17-5
---	--	------------------------	-------------------------

Unit Letter P	Section 17	Township 31N	Range 16W	County San Juan
-------------------------	----------------------	------------------------	---------------------	---------------------------

Pool Many Rocks Gallup	Kind of Lease (State, Fed, Fee) Navajo-Ute Mtn. Tribal
----------------------------------	--

If well produces oil or condensate give location of tanks	Unit Letter P	Section 17	Township 31N	Range 16W
--	-------------------------	----------------------	------------------------	---------------------

Authorized transporter of oil <input checked="" type="checkbox"/> or condensate <input type="checkbox"/> McWood Corporation	Address (give address to which approved copy of this form is to be sent) Box 1702 Farmington, New Mexico
---	--

Is Gas Actually Connected? Yes _____ No

Authorized transporter of casing head gas <input type="checkbox"/> or dry gas <input type="checkbox"/>	Date Connected	Address (give address to which approved copy of this form is to be sent)
--	----------------	--

If gas is not being sold, give reasons and also explain its present disposition:
No market - used for lease fuel

REASON(S) FOR FILING (please check proper box)

New Well <input checked="" type="checkbox"/>	Change in Ownership <input type="checkbox"/>
Change in Transporter (check one)	Other (explain below)
Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Casing head gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

Remarks

The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.

Executed this the 14 day of August, 19 63.

OIL CONSERVATION COMMISSION	By B. G. Sartin
Approved by Original Signed By A. R. KENDRICK	Title Drilling & Production Supervisor
Title PETROLEUM ENGINEER DIST. NO. 3	Company THE ATLANTIC REFINING COMPANY
Date AUG 19 1963	Address PO BOX 2197, Farmington, New Mexico

NUMBER OF COPIES RECEIVED	
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FILE	
U.S.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
PRODUCTION OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION
SANTA FE, NEW MEXICO
**CERTIFICATE OF COMPLIANCE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS**

FORM C-110
(Rev. 7-60)

FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE

Company or Operator **The Atlantic Refining Company** Lease **Many Rocks Gallup Proj.** Well No. **26**

Unit Letter **P** Section **17** Township **31N** Range **16W** County **San Juan**

Pool **Many Rocks Gallup** Kind of Lease (State, Fed., Tribal) **Navajo U.S. Min. Tribal**

If well produces oil or condensate give location of tanks Unit Letter Section Township Range

Authorized transporter of oil or condensate
McWood Corporation Address (give address to which approved copy of this form is to be sent)
**Box 1702
Farmington, New Mexico**

Is Gas Actually Connected? Yes _____ No

Authorized transporter of casing head gas or dry gas Date Connected _____ Address (give address to which approved copy of this form is to be sent)
None

If gas is not being sold, give reasons and also explain its present disposition:
No market. Used for lease fuel.

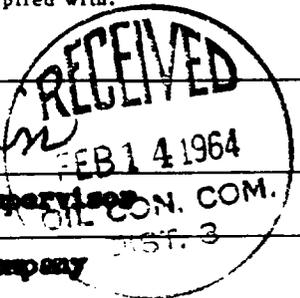
REASON(S) FOR FILING (please check proper box)

- New Well
- Change in Ownership
- Change in Transporter (check one)
 - Oil Dry Gas
 - Casing head gas Condensate
- Other (explain below)
Change in well name as part of Many Rocks Project which was effective at 7:00 A.M. 1-1-64

Remarks **This replaces Form C-110 which was filed 1-29-64, because well numbering system was not acceptable**

The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.
Executed this the **12** day of **February**, 19**64**.

OIL CONSERVATION COMMISSION	By B. J. Sartain
Approved by Original Signed Emery C. Arnold	Title Drilling & Production Supervisor
Title Supervisor Dist. # 3	Company The Atlantic Refining Company
Date FEB 14 1964	Address Box 2197, Farmington, New Mexico



NUMBER OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	2
FILE	1
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	
OIL GAS	
PRODUCTION OFFICE	
OPERATOR	2

NEW MEXICO OIL CONSERVATION COMMISSION
SANTA FE, NEW MEXICO
**CERTIFICATE OF COMPLIANCE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS**

FORM C-110
(Rev. 7-60)

FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE

Company or Operator: **The Atlantic Refining Co.** Lease: **Many Rocks Gallup Project** P Well No. **17-E**

Unit Letter: **P** Section: **17** Township: **31-N** Range: **16-W** County: **San Juan**

Pool: **Many Rocks Gallup** Kind of Lease: **Navajo Tribe Tribal**

If well produces oil or condensate give location of tanks: _____ Unit Letter: _____ Section: _____ Township: _____ Range: _____

Authorized transporter of oil or condensate
McWood Corporation Address (give address to which approved copy of this form is to be sent)
Box 1702, Farmington, New Mexico

Is Gas Actually Connected? Yes _____ No

Authorized transporter of casing head gas or dry gas Date Connected: _____ Address (give address to which approved copy of this form is to be sent)
No Market

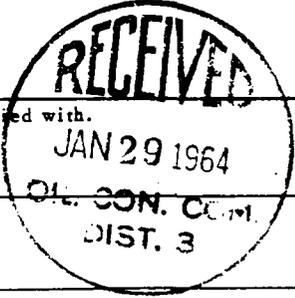
If gas is not being sold, give reasons and also explain its present disposition:
No Market. Used for lease fuel

REASON(S) FOR FILING (please check proper box)

New Well Change in Ownership
Change in Transporter (check one) Other (explain below)
Oil Dry Gas **Change in well name as part of**
Casing head gas . Condensate.. **Many Rocks Gallup Project which was**
effective at 7:00 A.M. 1-1-64

Remarks
Agreement actually signed 1-17-64, made retroactive to 1-1-64

The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.
Executed this the **23** day of **January**, 19**64**.



OIL CONSERVATION COMMISSION	By B. Sastain
Approved by Original Signed Emery C. Arnold	Title Drilling & Production Supervisor
Title Supervisor Dist. # 3	Company The Atlantic Refining Company
Date JAN 29 1964	Address Box 2197, Farmington, New Mexico

UNITED STATES*
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

1A-20-600-1552

6. IF INDIAN ALLOTTEE OR TRIBE NAME

Navajo-Ute Trib.

7. UNIT AGREEMENT NAME

Mary Becks Coaling

8. FARM OR LEASE NAME

Mary Becks Project

9. WELL NO.

26

10. FIELD AND POOL, OR WILDCAT

Mary Becks Coaling

11. SEC., T., R., E., OR BLE. AND SURVEY OR AREA

Sec. 17, T11N, R10W

12. COUNTY OR PARISH

San Juan

N. M.

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
The Atlantic Refining Company

3. ADDRESS OF OPERATOR
Box 2197, Farmington, New Mexico

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

660' FSL & 660' FEL (Unit P) Section 17

14. PERMIT NO.

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

GR. 5688', MKL. 5696'

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

Convert to Water Inj.

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.)

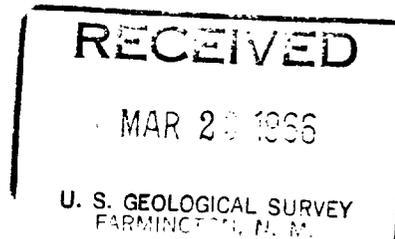
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to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

This well is producing from perforated intervals 1764-1772 (Lower Gallup) and 1832'-1838' (Upper Gallup). We propose to convert this well to water injection as proposed in our application dated March 4, 1966.

We propose to "clean up" each zone using detergent and about 1000 gal. acid in each zone. The zones will be separated by a tension type packer; and water will be injected into the lower zone through 2" tubing and into the upper zone through the casing tubing annulus.

ILLEGIBLE

"Effective May 3, 1966, The Atlantic Refining Company changed its name to Atlantic Richfield Company"



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

SIGNED B. J. Sartain

TITLE Dir. Prod. Supv.

DATE 3/22/66

(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-R1454.

5. LEASE DESIGNATION AND SERIAL NO.

14-80-600-3582

6. IF INDIAN ALLOTTEE OR TRIBE NAME

None
Mary Reeks Gilling
Project

8. FIRM OR TRIBE NAME

Mary Reeks Project

9. WELL NO.

22

10. FIELD AND POOL, OR WILDCAT

Mary Reeks Gilling

11. SEC. T., S., E., OR S.E., AND SURVEY OR AREA

Sec. 17, T11N, R16W

12. COUNTY OR PARISH

San Juan

New Mex.

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 **Water Injection**

2. NAME OF OPERATOR
The Atlantic Refining Company

3. ADDRESS OF OPERATOR
Box 2197, Farmington, New Mexico

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

660' FSL & 660' FSL (Unit P) Section 17

14. PERMIT NO.

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

GR. 5096', RKB. 5096'

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT ON:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREAT

MULTIPLE COMPLETE

FRACTURE TREATMENT

ALTERING CASING

SHOOT OR ACIDIZE

ABANDON*

SHOOTING OR ACIDIZING

ABANDONMENT*

REPAIR WELL

CHANGE PLANS

(Other) **Convert to Water Inj.**

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

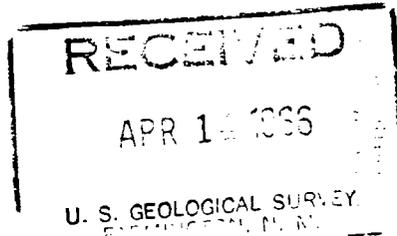
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to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

On 3/31/66 treated perfs. 1764-1772 and 1633-1638 (each zone separately) with 2000 gal. water plus 3% detergent followed by 1000 gal. 1% HCl. Sucked back.

Ran Baker Model A tension packer on 2" tubing, set packer at 1692'. Started injecting water into lower zone through tubing and into upper zone through casing tubing annulus on 4/2/66.

ILLEGIBLE

"Effective May 3, 1966, The Atlantic Refining Company changed its name to Atlantic Richfield Company"



18. I hereby certify that the foregoing is true and correct
SIGNED B. J. Sartore TITLE Dir. Prod. Supt. DATE 4/13/66

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:



Form 9-331
(May 1963)

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE*
(Other instructions on reverse side)

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

14-20-600-3531

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Nav. Ute-Mtn.

7. UNIT AGREEMENT NAME

Many Rocks Gallup Pro.

8. FARM OR LEASE NAME

Many Rocks Gallup

9. WELL NO.

10. FIELD AND POOL, OR WILDCAT

Many Rocks Gallup

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

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 Water Injection Wells

2. NAME OF OPERATOR
Atlantic Richfield

3. ADDRESS OF OPERATOR
Box 2197, Farmington, N. Mex.

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

14. PERMIT NO.

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

12. COUNTY OR PARISH 13. STATE

San Juan N. Mex.

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) Shut-In Injection Wells

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

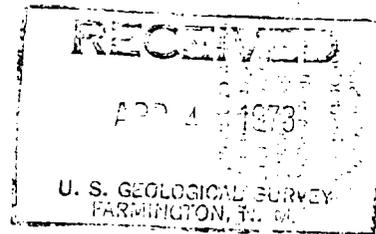
ABANDONMENT*

(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.)*

As per USGS approval, dated Jan. 23, 1973, of supplemental plan of development -- We have discontinued water injection as of March 29, 1973 on the following wells: #16, 18, 19, 21, 22, 23, & 26.

Also include Water Supply well #1-W as being shut-in March 29, 1973



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

SIGNED R.R. Markun

TITLE Acting Drlg. Pro. Supv.

DATE 4/2/73

(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-E1424.

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.)

<p>1. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Injection</p> <p>2. NAME OF OPERATOR Atlantic Richfield Company</p> <p>3. ADDRESS OF OPERATOR 1860 Lincoln Street, Suite 501, Denver, Colorado 80203</p> <p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface Unit P, 660' f/South & 660' f/East lines Sec. 17</p>		<p>5. LEASE DESIGNATION AND SERIAL NO. 14-20-600-3531</p> <p>6. IF INDIAN, ALLOTTEE OR TRIBE NAME Navajo-Ute Mountain</p> <p>7. UNIT AGREEMENT NAME Many Rocks Gallup Unit</p> <p>8. FARM OR LEASE NAME Many Rocks Gallup</p> <p>9. WELL NO. 26</p> <p>10. FIELD AND POOL, OR WILDCAT Many Rocks Gallup</p> <p>11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 17-31N-16W</p> <p>12. COUNTY OR PARISH San Juan</p> <p>13. STATE New Mexico</p>
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, ST, OR, etc.) 5686'	

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Shut In</u> <input type="checkbox"/>	

(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.)*

Unit production declined to 27 BOPD which is below the economic limit. Injection stopped to reduce expenses and evaluate unit performance without injection. This well was shut in 3-29-73. U.S.G.S. approved Supplemental Plan of Development 1-23-73. This well is in a Unit. Waterflood operations have been temporarily suspended. Future plans are to conduct waterflood and tertiary recovery studies. These studies may result in a revised waterflood plan or in a tertiary recovery program that may require the use of this well in order to recover the maximum amount of oil from this reservoir.

Two copies sent to New Mexico Oil Conservation Commission

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

SIGNED W.A. Walther, Jr. / ps TITLE Dist. Prod. & Drlg. Supt. DATE 10/18/74
W. A. Walther, Jr.

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
 CONDITIONS OF APPROVAL, IF ANY:

DEPARTMENT OF THE INTERIOR (Other instructions on reverse side)
GEOLOGICAL SURVEY

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

14-20-600-3531

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.)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Navajo-Ute Mountain

7. UNIT AGREEMENT NAME

Many Rocks Gallup Unit

8. FARM OR LEASE NAME

Many Rocks Gallup

9. WELL NO.

26

10. FIELD AND POOL, OR WILDCAT

Many Rocks Gallup

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

Sec. 17-31N-16W

12. COUNTY OR PARISH | 13. STATE

San Juan | New Mexico

1. OIL WELL GAS WELL OTHER Injection

2. NAME OF OPERATOR
Atlantic Richfield Company

3. ADDRESS OF OPERATOR
1860 Lincoln Street, Suite 501, Denver, Colorado 80203

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

Unit P, 660' f/South & 660' f/East lines Section 17

14. PERMIT NO. | 15. ELEVATIONS (Show whether DF, RT, OR, etc.)
5686'

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) Shut In, Extension Request

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.)*

Unit production declined to 27 BOPD which is below the economic limit. Injection stopped to reduce expenses and evaluate unit performance without injection.

This well was shut in 3-29-73. U.S.G.S. approved Supplemental Plan of Development 1-23-73.

This well is in a unit. Waterflood operations have been temporarily suspended. Future plans are to conduct waterflood and tertiary recovery studies. These studies may result in a revised waterflood plan or in a tertiary recovery program that may require the use of this well in order to recover the maximum amount of oil from this reservoir.



TEMPORARY ABANDONMENT
 EXPIRES

JUN 1 1977

Two copies sent to New Mexico Oil Conservation Commission

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

SIGNED W. A. Walther, Jr. TITLE Operations Manager DATE 6/04/76

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
 CONDITIONS OF APPROVAL, IF ANY:

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FILE	
U.S.E.A.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
OPERATOR 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

RECEIVED
JUL 03 1984
OIL CON. DIV
DIST.

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator
BK Petroleum, Inc.
Address
501 Airport Dr.-Suite 165, Farmington, N.M. 87401

Reason(s) for filing (Check proper box)		Other (Please explain)	
<input type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Condensate	
<input type="checkbox"/> Change in Ownership			

Change of ownership give name and address of previous owner: Arco Oil & Gas Co., P.O. Box 5540, Denver, Co. 80217

DESCRIPTION OF WELL AND LEASE

Well Name Many Rocks Gallup Unit	Well No. 26	Pool Name, including Formation Many Rocks Gallup	Kind of Lease State, Federal or Fee Fed. 14-20-600 3531	Lease No.
Location Unit Letter <u>P</u> : <u>660</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>East</u>	Line of Section <u>17</u>	Township <u>31N</u>	Range <u>16W</u>	NMPM, <u>San Juan</u> County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> Water injection well - shut in	Address (Give address to which approved copy of this form is to be sent) 501 Airport Dr.-Suite 165, Farmington, N.M. 87401
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Well produces oil or liquids, or location of tanks	Unit Sec. Twp. Rge. Is gas actually connected? When

If 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.

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.

[Signature]
Resident
Date June 1, 1984

OIL CONSERVATION DIVISION

APPROVED JUL 03 1984
BY [Signature]
TITLE SUPERVISOR DISTRICT # 3

This form is to be filed in compliance with RULE 110a.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for all wells on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.
Separate Forms C-104 must be filed for each pool in multiply completed wells.

DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

14-20-600-3531

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. TYPE OF WELL OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		7. WELL IDENTIFICATION NAME Nava jo-Ute Mtn.	
2. NAME OF OPERATOR BK Petroleum, Inc.		8. WELL IDENTIFICATION NAME Many Rocks Gallup Project	
3. ADDRESS OF OPERATOR 501 Airport Dr., Suite 165, Farmington, NM 87401		9. WELL NO. 26	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface		10. FIELD AND POOL, OR WELLSHIP Many Rocks Gallup	
660' FSL, 660' FEL, Sec. 17, T31N, R16W		11. COUNTY, STATE, AND SECTION OF AREA Sec. 17, T31N, R16W	
14. PERMIT NO.	15. SURVAYORS (Show whether sr, sr, or, etc.) GL 5686	12. COUNTY OR PARISH	13. STATE NM

RECEIVED

SEP 25 1984

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

NOTICE OF INTERVENTION NO:		CORRECTIVE MEASURES BY:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
RACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	RACTURE TREATMENT <input type="checkbox"/>	ABANDON CASING <input type="checkbox"/>
SHOOT OR ACCEPT <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACCEPTING <input type="checkbox"/>	ABANDON WELL* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent casing, perforation, completion, etc. data. Indicate date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all sections and casing points pertinent to this work.)

Effective June 1, 1984 BK Petroleum, Inc. became Unit Operator.

RECEIVED

SEP 28 1984

OIL CON
DIST. 9

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

SIGNED Mildred L. Luckera TITLE Petroleum Engineer DATE 9-21-84

(This space for Signature of Field Office Use)

APPROVED BY _____ TITLE _____

CONFIRMED BY APPROVAL, IF ANY: _____

ACCEPTED FOR RECORD

SEP 27 1984

FARMINGTON RESOURCE AREA
BY PJO

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.

NMOCC

(November 1983)
(Formerly 9-331)

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
(Other instructions on reverse side)

Expires August 31, 1985
5. LEASE DESIGNATION AND SERIAL NO.
14-20-600-3531

SUNDRY NOTICES AND REPORTS ON WELLS

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

RECEIVED

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
Navajo-Ute Mountain

7. UNIT AGREEMENT NAME
Many Rocks Gallup Project

8. FARM OR LEASE NAME
Many Rocks Gallup

9. WELL NO.
26

10. FIELD AND POOL, OR WILDCAT
Many Rocks Gallup

11. SEC., T., R., M., OR BLM. AND SURVEY OR AREA
17-T31N-R16W-NMPM

12. COUNTY OR PARISH 13. STATE
San Juan NM

1. OIL WELL GAS WELL OTHER

OCT 10 1985

2. NAME OF OPERATOR
BK Petroleum, Inc. BUREAU OF LAND MANAGEMENT

3. ADDRESS OF OPERATOR
P.O. Box 826, Farmington, NM 87499 FARMINGTON RESOURCE AREA

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)
At surface
660' FSL, 660' FEL, Sec. 17, T31N, R16W

14. PERMIT NO. 15. ELEVATIONS (Show whether DF, ST, OR, etc.)
5686 GLE

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF
FRACTURE TREAT
SHOOT OR ACIDIZE
REPAIR WELL

PULL OR ALTER CASING
MULTIPLE COMPLETE
ABANDON*
CHANGE PLANS

WATER SHUT-OFF
FRACTURE TREATMENT
SHOOTING OR ACIDIZING

REPAIRING WELL
ALTERING CASING
ABANDONMENT*

(Other) Return well to production

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

17. DESCRIBE PROMISED 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.)

Water injection was discontinued at the subject well on 3/29/73.
It is planned to convert this well to production by:

- 1) Acidizing with 1000 gall ons acid
- 2) Running rods and pump
- 3) Hang well on pump

RECEIVED
OCT 25 1985
OIL CON. DIV.
DIST. 3

18. I hereby certify that the foregoing is true and correct
SIGNED Mildred L. Kuchera TITLE Engineer
(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE NMOC
~~ENGINEER~~

*See Instructions on Reverse Side

APPROVED
DATE 10/8/85
John D. Keller
AREA MANAGER
FARMINGTON RESOURCE AREA

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.

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instruction
verse side)

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

3. LEASE DESIGNATION AND SERIAL NO.
14-20-600-3531

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
Navajo-Ute Mountain

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back a well. Use "APPLICATION FOR PERMIT..." for such purposes.)

RECEIVED

1. OIL WELL GAS WELL OTHER OCT 10 1985

2. NAME OF OPERATOR
BK Petroleum, Inc. BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

3. ADDRESS OF OPERATOR
P.O. Box 826, Farmington, NM 87499

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface
660' FSL, 660' FEL, Sec. 17, T31N, R16W

7. UNIT AGREEMENT NAME
Many Rocks Gallup Project

8. FARM OR LEASE NAME
Many Rocks Gallup

9. WELL NO.
26

10. FIELD AND POOL, OR WILDCAT
Many Rocks Gallup

11. SEC., T., R., M., OR R&L, AND SURVEY OR AREA
17-T31N-R16W-NMPM

12. COUNTY OR PARISH
San Juan

13. STATE
NM

14. PERMIT NO.

15. ELEVATIONS (Show whether OP, RT, OR, etc.)
5686 GLE

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANK <input type="checkbox"/>	(Other) <input type="checkbox"/>	
(Other) Return well to production <input type="checkbox"/>		(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	

17. DESCRIBE PROMISED 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.)*

Water injection was discontinued at the subject well on 3/29/73.
It is planned to convert this well to production by:

- 1) Acidizing with 1000 gall ons. acid
- 2) Running rods and pump .
- 3) Hang well on pump

RECEIVED
SEP 04 1990
OIL CON. DIV
DIST. 2

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

SIGNED Mildred L. Kuchera TITLE Engineer

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____

CONDITIONS OF APPROVAL, IF ANY:

APPROVED
DATE 10/8/85

OCT 21 1985
DATE
[Signature]
AREA MANAGER
FARMINGTON RESOURCE AREA

TO WHOM IT MAY CONCERN:
A COPY OF THE ATTACHED APPLICATION
HAS BEEN FORWARDED TO NMOCC.

OPERATOR
*See Instructions on Reverse Side



U. S. LAND OFFICE **Col. 110**
 SERIAL NUMBER **Nav. Ute Tribal**
 LEASE OR PERMIT TO PROCEED

UNITED STATES **11-2600-3531**
 DEPARTMENT OF THE INTERIOR
 GEOLOGICAL SURVEY
 1963

LOG OF OIL OR GAS WELL

LOCATE WELL CORRECTLY

Company **The Atlantic Refining Co** Address **Box 2197, Farmington N M**
 Lessor or Tract **Navajo** Field **Many Rocks** State **New Mexico**
 Well No. **1755** Sec. **17** T. **34N** R. **10W** Meridian **NPM** County **San Juan**
 Location **660** ft. **N** of **A** line and **660** ft. **W** of **B** Line of **Sec 17** Elevation **5695**
(Denote base relative to sea level)

The information given herewith is a complete and correct record of the well and all work done thereon so far as can be determined from all available records.

Date **8-16-63** Signed **B. J. Dastain** Title **Drig. & Prod. Supv.**

The summary on this page is for the condition of the well at above date.

Commenced drilling **7-29-63**, 19... Finished drilling **7-29-63**, 19...

OIL OR GAS SANDS OR ZONES

(Denote gas by G)

No. 1, from **1632** to **1638** No. 4, from _____ to _____
 No. 2, from **1764** to **1772** No. 5, from _____ to _____
 No. 3, from _____ to _____ No. 6, from _____ to _____

IMPORTANT WATER SANDS

No. 1, from _____ to _____ No. 3, from _____ to _____
 No. 2, from _____ to _____ No. 4, from _____ to _____

CASING RECORD

Size casing	Weight per foot	Threads per inch	Make	Amount	Kind of shoe	Cut and pulled from	Perforated		Purpose
							From-	To-	
8-5/8	23	3	105	105	105	105	105	105	105
4-1/2	23	3	105	105	105	105	105	105	105

MUDDING AND CEMENTING RECORD

Size casing	Where set	Number sacks of cement	Method used	Mud gravity	Amount of mud used
8-5/8	105.18	5	pump & plug	8.7	cement circulated
4-1/2	1835.01	100 + 25 gal	"	8.7	40 bbl

PLUGS AND ADAPTERS

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1935-1307

1307

1307

OLD MARK

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SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL <input checked="" type="checkbox"/>
	GAS <input checked="" type="checkbox"/>
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-11
 Effective 1-1-65

B.T.

I. Operator **THE ATLANTIC REFINING COMPANY**

Address **BOX 2197 FARMINGTON, NEW MEXICO**

Reason(s) for filing (Check proper box) Other (Please explain)

New Well Change in Transporter of: Oil Dry Gas

Recompletion Casinghead Gas Condensate

Change in Ownership

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name **Many Rocks Gallup Project** Well No. **26** Pool Name, Including Formation **Many Rocks Gallup** Kind of Lease **Tribal**

Location

Unit Letter **P** ; **660** Feet From The **South** Line and **660** Feet From The **East**

Line of Section **17** , Township **31N** Range **16W** , NMPM, **San Juan** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate
Shell Oil Company Address (Give address to which approved copy of this form is to be sent)
Box 1538, Farmington, New Mexico

Name of Authorized Transporter of Casinghead Gas or Dry Gas
None Address (Give address to which approved copy of this form is to be sent)

If well produces oil or liquids, give location of tanks. Unit **L** Sec. **17** Twp. **31N** Rge. **16W** Is gas actually connected? **No** When

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res'tv.

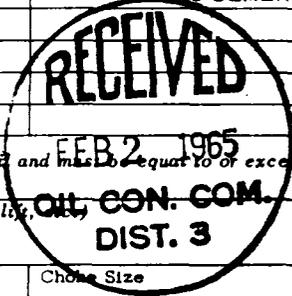
TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift)
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
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size

VI. CERTIFICATE OF COMPLIANCE

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

B J Sartain
 (Signature)
Drilling & Production Supervisor
 (Title)
2/1/65
 (Date)

OIL CONSERVATION COMMISSION
 FEB 2 1965
 APPROVED _____, 19____
 BY **Original Signed Emery C. Arnold**
 TITLE **Supervisor Dist. # 3**

This form is to be filed in compliance with RULE 1104.
 If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.
 All sections of this form must be filled out completely for allowable on new and recompleted wells.
 Fill out Sections I, II, III, and VI only for changes of owner, well name or number, or transporter, or other such change of condition.
 Separate Forms C-104 must be filed for each pool in multiply completed wells.

DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR		3	
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-1
Effective 1-1-65

I. OPERATOR
 Operator: ARCO Oil and Gas Company, Division of Atlantic Richfield Company
 Address: 1860 Lincoln St., Suite 501, Denver, Colorado 80295
 Reason(s) for filing (Check proper box):
 New Well Change in Transporter of:
 Recompletion Oil Dry Gas
 Change in Ownership Casinghead Gas Condensate
 Other (Please explain) Effective 4/1/79
 Assumed name for formerly Atlantic Richfield Company.

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Many Rocks Gallup	Well No. 26	Pool Name, including Formation Many Rocks Gallup	Kind of Lease State, Federal or Fee Fed. 14-20	Lease No. 600-35
Location Unit Letter <u>P</u> ; <u>660</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>East</u> Line of Section <u>17</u> Township <u>31N</u> Range <u>16W</u> , NMPM, <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 type="checkbox"/> Water Injection Well - Shut In	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 type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit 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, CR, 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 tank 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/MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

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

J. R. Lopez
 Accounting Supervisor
 March 9, 1979

OIL CONSERVATION COMMISSION
MAR 12 1979
 APPROVED _____, 19____
 BY Original Signed by A. B. Kendrick
 SUPERVISOR DIST. 43
 TITLE _____

This form is to be filed in compliance with RULE 1104.
 If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.
 All sections of this form must be filled out completely for allowable on new and recompleted wells.
 Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of conditions.
 Separate Forms C-104 must be filed for each pool in multiply completed wells.

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

OIL CONSERVATION DIVISION

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

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

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
 TO TRANSPORT OIL AND NATURAL GAS**

Operator BK Petroleum, Inc.	Well API No.
Address P.O. Box 826, Farmington, NM 87499	
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 checked="" type="checkbox"/> Dry Gas <input type="checkbox"/> Changed Crude Oil Transporter from
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> Ciniza P/L to Giant Transportation
If change of operator give name and address of previous operator _____	

I. DESCRIPTION OF WELL AND LEASE

Lease Name Many Rocks Gallup Unit	Well No. 26	Pool Name, Including Formation Many Rocks Gallup	Kind of Lease State, Federal or Fee	Lease No. 4-20-600-3531
Location Unit Letter <u>P</u> : <u>660</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>East</u> Line Section <u>17</u> Township <u>31N</u> Range <u>16W</u> , NMPM, San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Giant Transportation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 12999, Scottsdale, AZ 85255
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Gas Used on lease	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When ?
	L 17 31N 16W

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 - MCF	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.

Mildred L. Kuchera
 Signature
Mildred L. KUCHERA OWNER
 Printed Name
9/4/90 505-326-3139
 Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved SEP 05 1990
 By [Signature]
 Title SUPERVISOR DISTRICT #3

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.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

State of New Mexico
ENERGY, MINERALS and NATURAL RESOURCES DEPARTMENT

2040 South Pacheco
P.O. Box 6429
Santa Fe, New Mexico 87505-5472

Hold
Fold at line over top of envelope to
the right of the return address

CERTIFIED

P 410 425 226

MAIL

87401-2646 03

State of New Mexico
ENERGY, MINERALS and NATURAL RESOURCES DEPARTMENT

2040 South Pacheco
P.O. Box 6429
Santa Fe, New Mexico 87505-5472

RECEIVED
Fold at line over top of envelope to
the right of the return address

CERTIFIED

P 410 425 225

MAIL

87499-0826



BK Petroleum, Inc.
501 Airport Dr., Suite 165
Farmington, NM 87401

- Not Deliverable As Addressed
- Unable to Forward
- Insufficient Address
- Moved, With No Address
- Unclaimed
- Attempted - Not Known
- No Such Street
- Vacant
- Return Mail Receiptable
- Box Closed - No Order
- Returned For Error Address
- Postage Due

[Handwritten signature]



RECEIVED
AUG 30 2003
SANTA FE, NM

BK Petroleum, Inc.
Post Office Box 826
Farmington, NM 87499-0826

MAIL

87499-0826

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

BK Petroleum Inc.
 501 Airport Drive, Suite 165
 Farmington, NM 87401

4a. Article Number

P 410 425 226

4b. Service Type

- Registered
- Express Mail
- Return Receipt for Merchandise
- COD
- Certified
- Insured

7. Date of Delivery

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

Thank you for using Return Receipt Service.

I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

BK Petroleum, Inc.
 P.O. Box 826
 Farmington, NM 87499-0826

4a. Article Number

P 410 425 225

4b. Service Type

- Registered
- Express Mail
- Return Receipt for Merchandise
- COD
- Certified
- Insured

7. Date of Delivery

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X

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PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt