

submitted in lieu of Form 3160-5

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

2000 JAN 11 PM 2:00

Sundry Notices and Reports on Wells

070 FARMINGTON, NM

1. Type of Well
GAS

2. Name of Operator
BURLINGTON RESOURCES OIL & GAS COMPANY

3. Address & Phone No. of Operator
PO Box 4289, Farmington, NM 87499. (505) 326-9700

4. Location of Well, Footage, Sec., T, R, M
1120' FSL, 825' FEL, Sec. 34, T-29-N, R-11-W, NMPM



5. Lease Number
SF-047020-A
If Indian, All. or
Tribe Name

Unit Agreement Name

8. Well Name & Number
Congress #5E

9. API Well No.
30-045-24836

10. Field and Pool
Basin Fruitland Coal

11. County and State
San Juan Co, NM

12. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OTHER DATA

Type of Submission

Type of Action

- | | | |
|--|---|--|
| <input checked="" type="checkbox"/> Notice of Intent | <input type="checkbox"/> Abandonment | <input type="checkbox"/> Change of Plans |
| <input type="checkbox"/> Subsequent Report | <input checked="" type="checkbox"/> Recompletion | <input type="checkbox"/> New Construction |
| <input type="checkbox"/> Final Abandonment | <input checked="" 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 - | |

13. Describe Proposed or Completed Operations

It is intended to plugback the Dakota and Chacra formations and recomplete in the Fruitland Coal formation according to the attached procedure and wellbore diagram.

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

Signed *Dean Cole* Title Regulatory Administrator Date 1/6/00
trc

(This space for Federal or State Office use)
APPROVED BY */s/ Charlie Beecham* Title _____ Date FEB 24 2000

CONDITION OF APPROVAL, if any:

Hold C-104 for NMOCD

District I
 PO Box 1980, Hobbs, NM 88241-1980
 District II
 PO Drawer DD, Artesia, NM 88211-0719
 District III
 1000 Rio Brazos Rd., Aztec, NM 87410
 District IV
 PO Box 2088, Santa Fe, NM 87504-2088

State of New Mexico
 Energy, Minerals & Natural Resources Department

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

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

AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

API Number 30-045-24836		Pool Code 71599 71629/82329/		Pool Name Basin Dakota Basin Fruitland Coal/Otero Chacra/	
Property Code 6918		Property Name Congress			Well Number 5E
OGRID No. 14538		Operator Name Burlington Resources Oil & Gas Company			Elevation 5678' GR

¹⁰ Surface Location

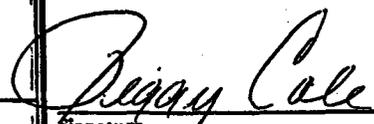
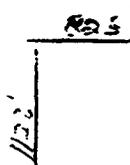
UL or lot no.	Section	Township	Range	Lot Ida	Feet from the	North/South line	Feet from the	East/West line	County
P	34	29N	11W		1120'	South	825'	East	SJ

¹¹ Bottom Hole Location If Different From Surface

UL or lot no.	Section	Township	Range	Lot Ida	Feet from the	North/South line	Feet from the	East/West line	County

¹² Dedicated Acres FTC-S/317.22 DK-E/321	¹³ Joint or Infill 80, Cha-160	¹⁴ Consolidation Code	¹⁵ Order No.
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NO ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNTIL ALL INTERESTS HAVE BEEN CONSOLIDATED OR A NON-STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION

16 Original plat from James P. Leese 9-30-80	* 5	17 OPERATOR CERTIFICATION <i>I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief</i>	
		Signature  Printed Name Peggy Cole Title Regulatory Administrator Date 1-6-00	
		18 SURVEYOR CERTIFICATION <i>I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief.</i>	
		Date of Survey Signature and Seal of Professional Surveyer:  Certificate Number	

CONGRESS #5E FRTC
Workover Procedure
P 34 29 11
San Juan County, N.M.
Lat-Long: 36 - 40.32 & 107 - 57.60

PROJECT SUMMARY: Plugback from the depleted Dakota and Chacra and recompleate to the Fruitland Coal in this 1981 vintage dual well. The FRTC will be foam fraced through a frac string.

1. Comply to all NMOCD, BLM, and BROG rules and regulations. MOL and RU completion rig. NU BOP w/flow tee and stripping head. NU blooie line and 2-7/8" relief line.
2. Set blanking plug on slick line in "F" nipple of 2-3/8" tbg @ 6134' and pressure test tbg to 3000 psi. TOH w/198 jts 2-3/8" tbg and 4-1/2" Baker Model "R" double grip pkr.
3. TIH w/4-1/2" cmt ret on 2-3/8" tbg & set @ 6120'. Sq DK perms w/35 sx cl "G" cmt . This will fill inside the pipe from 6350' to 6120' w/100% excess cmt. Sting out of ret and spot 5 sx cmt on top of cmt ret @ 6120'. Reverse out cmt.
4. PU 2-3/8" tbg to 5390' (50' below top of Gallup). Spot 12 sx cmt. This will fill inside 4-1/2" csg 50' above and below the top of Gallup w/50% excess cmt. PU to 5200' and reverse out cmt.
5. PU 2-3/8" tbg to 3378' (50' below top of Mesaverde). Spot 12 sx cmt. This will fill inside 4-1/2" csg 50' above and below the top of Mesaverde w/50% excess cmt. PU to 3200' and reverse out cmt. TOH.
6. TIH w/4-1/2" cmt ret on 2-3/8" tbg & set @ 2700'. Sq Chacra perms w/30 sx cl "G" cmt . This will fill inside the pipe from 2889' to 2700' w/100% excess cmt. Sting out of ret and spot 5 sx cmt on top of cmt ret @ 2700'. Reverse out cmt.
7. MI Blue Jet. Set 4-1/2" top drillable BP @ 1800' on wireline. Pressure test 4-1/2" csg and BP to 500 psi. Run CBL from 1800' (stg tool @ 2991') to top of cmt in 4-1/2" csg and an advanced integrated data processed GSL neutron log 1800'-1300' and correlate to attached open hole logs. Pressure csg to 1000 psi if necessary to see bond. Hot-shot logs to Mike Pippin (326-9848) so perms can be picked.
8. TIH w/2-3/8" tbg open ended and spot 170 gal 15% HCL acid 1508'-1745'
All acid on this well to contain the following additives per 1000 gal:

2 gal	CI-22	corrosion inhibitor
5 gal	Ferrotrol-300L	iron control
1 gal	Flo-back 20	Surfactant
0.5 gal	Clay Master-5C	clay control
9. Using GSL log, Perf about 30' of FRTC w/2 spf from about 1508' to 1745'. Perf using 3-1/8" hollow steel carrier guns loaded w/Owen HSC 13 gm. charges phased at 90 degrees. Average perf dia. = 0.48". Average penetration is 18" in Berea.
10. Spot and fill 3-400 bbl. frac tanks w/1% KCL water. If necessary, filter all water to 25 microns. Two tanks are for gel and one tank for breakdown water. Usable water required for frac is 717 bbls.

CONGRESS #5E FRTC – RECOMPLETE TO FRUITLAND COAL

11. TIH w/4-1/2" pkr on 2-7/8" 6.5# N-80 w/shaved collars (3.5" O.D. 2.441" I.D.) rental frac string (run 2 jts 2-3/8" N-80 on top of pkr) and set 200' above top perf. W/ 500 psi on annulus, breakdown and attempt to balloff FRTC perms w/1500 gal 15% HCL acid and 150% excess RCN 7/8" 1.3 sp gr perf balls. Use same acid additives as in step #8. Max. pressure is 4550 psi. Lower pkr to 1750' to knock off perf balls. Reset pkr 50' above top perf.
12. Fracture treat FRTC down frac string w/100,000 gals. of 70 quality foam using 20# gel as the base fluid and 200,000# 20/40 Arizona sand. Pump at 40 BPM. Monitor bottomhole and surface treating pressures, rate, foam quality, and sand concentration with computer van. Sand to be tagged w/ 3 RA tracers. Max. pressure is 6000 psi and estimated treating pressure is 5156 psi. (Pipe friction is 3982 psi @ 50 BPM). Treat per the following schedule:

<u>Stage</u>	<u>Foam Vol. (Gals.)</u>	<u>Gel Vol. (Gals.)</u>	<u>Sand Vol. (lbs.)</u>
Pad	20,000	6,000	—
1.0 ppg	20,000	6,000	20,000
2.0 ppg	20,000	6,000	40,000
3.0 ppg	20,000	6,000	60,000
4.0 ppg	20,000	6,000	80,000
Flush	(364)	(107)	0
Totals	100,000	30,000	200,000#

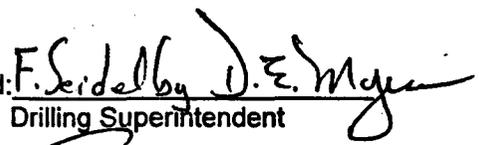
Shut well in after frac for 4 hours to allow the gel to break. Treat frac fluid w/the following additives per 1000 gallons:

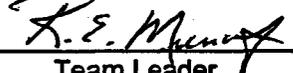
- * 20# J-48 (Guar Gel mix in full tank - 16,000 gal)
- * 1.0 gal. Aqua Flow (Non-ionic Surfactant mix in full tank)
- * 1.0# GVW-3 (Enzyme Breaker mix on fly)
- * 1.0# B - 5 (Breaker mix on fly)
- * 5.0 gal Fracfoam I (Foamer mix on fly)
- * 0.38# FracCide 20 (Bacteriacide mix on full tank)

13. Open well through choke manifold and monitor flow. Flow @ 20 bbl/hr, or less if sand is observed. Take pitot gauges when possible.
14. Release pkr and TOH w/frac string. TIH w/notched collar on 2-3/8" tbg and clean out to 1800' w/air/mist.
15. Monitor gas and water returns and take pitot gauges when possible.
16. When wellbore is sufficiently clean, TOH and run after frac gamma-ray log and perf eff. log from 1800'-1300'.
17. TIH w/2-3/8" tbg w/standard seating nipple one joint off bottom and again cleanout to 1800'. When wellbore is sufficiently clean, land tbg @ 1700' KB. Take final water and gas rates.
18. ND BOP and NU wellhead and tree. Rig down and release rig.

CONGRESS #5E FRTC - RECOMPLETE TO FRUITLAND COAL

Recommended: 
Production Engineer

Approved: 
Drilling Superintendent

Approved: 
Team Leader

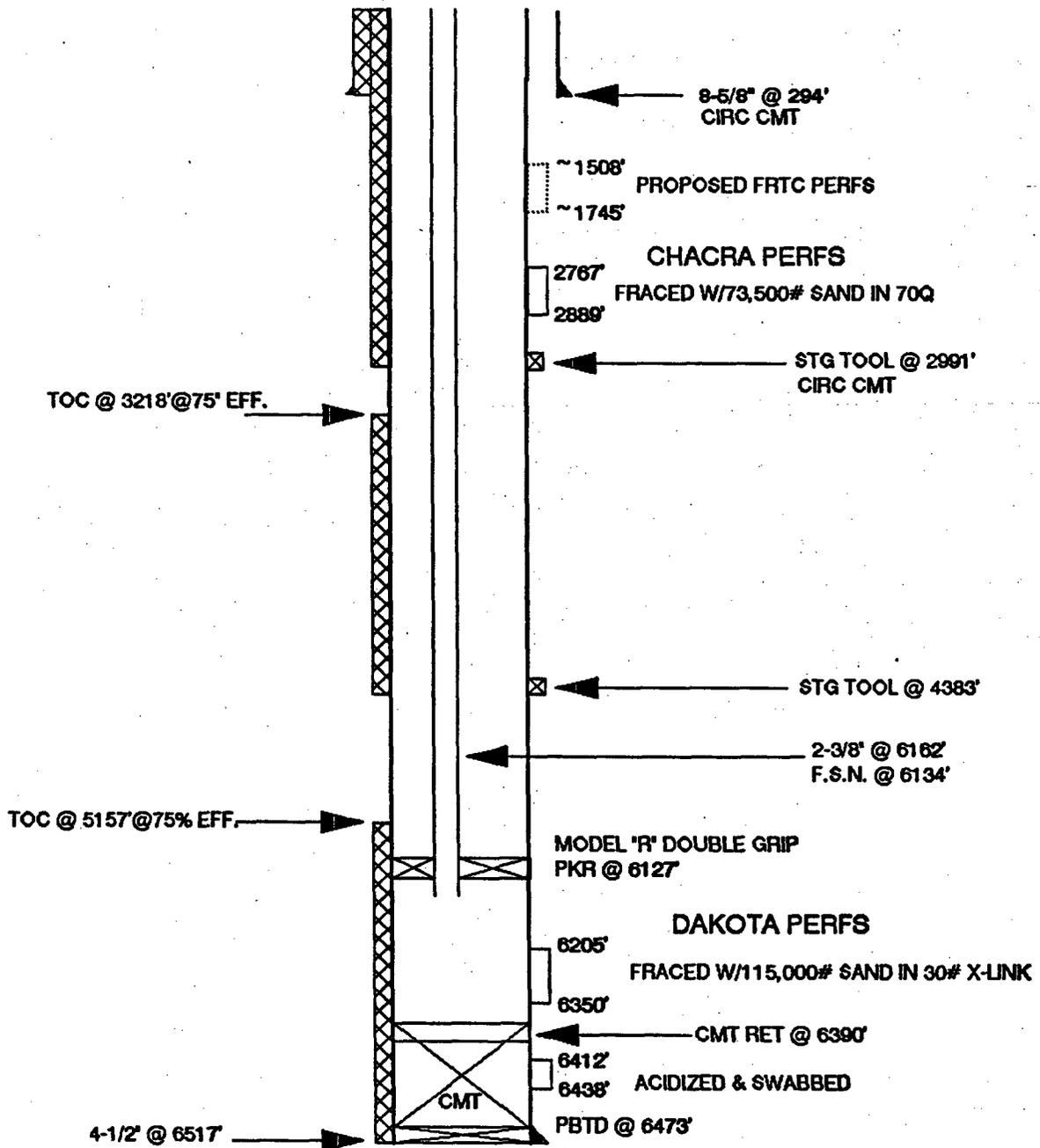
VENDORS:

Wireline:	Blue Jet	325-5584
Fracturing:	Howco	325-3575
RA Tagging:	Pro-Technics	326-7133
Packers:	Schlum.	325-5006

PMP

CONGRESS #5E FRTC

UNIT P SECTION 34 T29N R11W
SAN JUAN COUNTY, NEW MEXICO



CMD :
OG5SECT

ONGARD
INQUIRE LAND BY SECTION

07/18/00 19:32:48
OGOMES -TPEI
PAGE NO: 1

Sec : 34 Twp : 29N Rng : 11W Section Type : NORMAL

D 40.00 Federal owned A	C 40.00 Federal owned A	B 40.00 Federal owned	A 40.00 Federal owned A A
E 40.00 Federal owned A	F 40.00 Federal owned A	G 40.00 Federal owned A A	H 40.00 Federal owned

PF01 HELP PF02 PF03 EXIT PF04 GoTo PF05 PF06
PF07 BKWD PF08 FWD PF09 PRINT PF10 SDIV PF11 PF12

CMD :
OG5SECT

ONGARD
INQUIRE LAND BY SECTION

07/18/00 19:32:52
OGOMES -TPEI
PAGE NO: 2

Sec : 34 Twp : 29N Rng : 11W Section Type : NORMAL

L 40.00 Federal owned	K 40.00 Federal owned A A A A A	J 40.00 Federal owned	I 40.00 Federal owned A
4 38.99 Federal owned	3 39.22 Federal owned	2 39.44 Federal owned	1 39.66 Federal owned A A

PF01 HELP PF02 PF03 EXIT PF04 GoTo PF05 PF06
PF07 BKWD PF08 FWD PF09 PRINT PF10 SDIV PF11 PF12

$$\begin{array}{r}
 79.44 \\
 79.66 \\
 \hline
 159.10 \\
 10 \\
 \hline
 319.10
 \end{array}$$

CMD :
OG6IWCM

ONGARD
INQUIRE WELL COMPLETIONS

07/18/00 19:34:29
OGOMES -TPEI

API Well No : 30 45 24836 Eff Date : 09-01-1981 WC Status : A
Pool Idn : 71599 BASIN DAKOTA (PRORATED GAS)
OGRID Idn : 14538 BURLINGTON RESOURCES OIL & GAS CO
Prop Idn : 6918 CONGRESS

Well No : 005E
GL Elevation: 5678

	U/L	Sec	Township	Range	North/South	East/West	Prop/Act (P/A)
B.H. Locn	: 1	34	29N	11W	FTG 1120 F S FTG	825 F E	P

Lot Identifier:

Dedicated Acre: 321.58

Lease Type : F

Type of consolidation (Comm, Unit, Forced Pooling - C/U/F/O) :

M0025: Enter PF keys to scroll

PF01 HELP	PF02	PF03 EXIT	PF04 GoTo	PF05	PF06
PF07	PF08	PF09	PF10 NEXT-WC	PF11 HISTORY	PF12 NXTREC

CMD : ONGARD 07/18/00 19:34:36
OG6IWCM INQUIRE WELL COMPLETIONS OGOMES -TPEI

API Well No : 30 45 24836 Eff Date : 12-01-1981 WC Status : S
Pool Idn : 82329 OTERO CHACRA (GAS)
OGRID Idn : 14538 BURLINGTON RESOURCES OIL & GAS CO
Prop Idn : 6918 CONGRESS

Well No : 005E
GL Elevation: 5678

	U/L	Sec	Township	Range	North/South	East/West	Prop/Act (P/A)
	---	---	-----	---	-----	-----	-----
B.H. Locn	: 1	34	29N	11W	FTG 1120 F S FTG	825 F E	P

Lot Identifier:

Dedicated Acre: 160.00

Lease Type : F

Type of consolidation (Comm, Unit, Forced Pooling - C/U/F/O) :

PF01 HELP PF02 PF03 EXIT PF04 GoTo PF05 PF06
PF07 PF08 PF09 PF10 NEXT-WC PF11 HISTORY PF12 NXTREC

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

AMMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

¹ Operator Name and Address Burlington Resources Oil & Gas PO Box 4289 Farmington, NM 87499		² OGRID Number 14538
		³ Reason for Filing Code CO - 7/11/96
⁴ API Number 30-045-24836	⁵ Pool Name BASIN DAKOTA (PRORATED GAS)	⁶ Pool Code 71599
⁷ Property Code 006918	⁸ Property Name CONGRESS	⁹ Well Number #5E

II. ¹⁰ Surface Location

UI or lot no.	Section	Township	Range	Lot.Idn	Feet from the	North/South Line	Feet from the	East/West Line	County
P	34	029N	011W		1120	S	825	E	SAN JUAN

¹¹ Bottom Hole Location

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

III. Oil and Gas Transporters

¹⁸ Transporter OGRID	¹⁹ Transporter Name and Address	²⁰ POD	²¹ O/G	²² POD ULSTR Location and Description
14538	BURLINGTON RESOURCES OIL & GAS 5051 WESTHEIMER SUITE 1400 HOUSTON, TX 77056-2124		G	P-34-T029N-R011W
9018	Giant Industries 5764 US Hwy 64 Farmington, NM 87401	1516510	O	P-34-T029N-R011W

IV. Produced Water

²³ POD	²⁴ POD ULSTR Location and Description
-------------------	--

V. Well Completion Data

²⁵ Spud Date	²⁶ Ready Date	²⁷ TD	²⁸ PBDT	²⁹ Perforations
³⁰ Hole Size	³¹ Casing & Tubing Size	³² Depth Set	³³ Sacks Cement	

VI. Well Test Data

³⁴ Date New Oil	³⁵ Gas Delivery Date	³⁶ Test Date	³⁷ Test Length	³⁸ Tbg. Pressure	³⁹ Csg. Pressure
⁴⁰ Choke Size	⁴¹ Oil	⁴² Water	⁴³ Gas	⁴⁴ AOF	⁴⁵ Test Method

⁴⁶ I hereby certify that the rules of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature: *Dolores Diaz*

Printed Name:
Dolores Diaz
Title:
Production Associate

Date:
7/11/96

Phone
(505) 326-9700

OIL CONSERVATION DIVISION

Approved by: Frank T. Chavez

Title: District Supervisor

Approved Date: July 11, 1996

⁴⁷ If this is a change of operator fill in the OGRID number and name of the previous operator
14538 Meridian Oil Production

Previous Operator Signature

Signature: *Dolores Diaz*

Printed Name

Dolores Diaz

Title

Production Associate

Date

7/11/96

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

District II
P.O. Drawer DD, Artesia, NM 88211-0719

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

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

State of New Mexico
Energy, Minerals, & Natural Resources Department

Form C-104
Revised February 21, 1994
Instructions on back
Submit to Appropriate District Office
5 Copies

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

AMMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

¹ Operator Name and Address Burlington Resources Oil & Gas PO Box 4289 Farmington, NM 87499		² OGRID Number 14538
		³ Reason for Filing Code CO - 7/11/96
⁴ API Number 30-045-24836	⁵ Pool Name OTERO CHACRA (GAS)	⁶ Pool Code 82329
⁷ Property Code 006918	⁸ Property Name CONGRESS	⁹ Well Number #5E

II. ¹⁰ Surface Location

UI or lot no.	Section	Township	Range	Lot.Idn	Feet from the	North/South Line	Feet from the	East/West Line	County
P	34	029N	011W		1120	S	825	E	SAN JUAN

¹¹ Bottom Hole Location

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

III. Oil and Gas Transporters

¹⁸ Transporter OGRID	¹⁹ Transporter Name and Address	²⁰ POD	²¹ O/G	²² POD ULSTR Location and Description
14538	BURLINGTON RESOURCES OIL & GAS 5051 WESTHEIMER SUITE 1400 HOUSTON, TX 77056-2124		G	P-34-T029N-R011W

IV. Produced Water

²³ POD	²⁴ POD ULSTR Location and Description
-------------------	--

V. Well Completion Data

²⁵ Spud Date	²⁶ Ready Date	²⁷ TD	²⁸ PBTD	²⁹ Perforations
³⁰ Hole Size	³¹ Casing & Tubing Size	³² Depth Set	³³ Sacks Cement	

VI. Well Test Data

³⁴ Date New Oil	³⁵ Gas Delivery Date	³⁶ Test Date	³⁷ Test Length	³⁸ Tbg. Pressure	³⁹ Csg. Pressure
⁴⁰ Choke Size	⁴¹ Oil	⁴² Water	⁴³ Gas	⁴⁴ AOF	⁴⁵ Test Method

⁴⁶ I hereby certify that the rules of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature: *Dolores Diaz*

Printed Name:
Dolores Diaz
Title:
Production Associate

Date:
7/11/96

Phone
(505) 326-9700

OIL CONSERVATION DIVISION

Approved by: Frank T. Chavez

Title: District Supervisor

Approved Date: July 11, 1996

⁴⁷ If this is a change of operator fill in the OGRID number and name of the previous operator
14538 Meridian Oil Production

Previous Operator Signature	Printed Name	Title	Date
Signature: <i>Dolores Diaz</i>	Dolores Diaz	Production Associate	7/11/96

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

District II
P.O. Drawer DD, Artesia, NM 88211-0719

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

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

State of New Mexico
Energy, Minerals, & Natural Resources Department

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

Form C-104
Revised February 21, 1994
Instructions on back
Submit to Appropriate District Office
5 Copies

OIL CONSERVATION DIVISION
RECEIVED
95 DEC 4 AM 8 52

AMMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

¹ Operator Name and Address MERIDIAN OIL, INC. PO Box 4289 Farmington, NM 87499		² OGRID Number 14538
DHC-1009		³ Reason for Filing Code CO/09-01-95
⁴ API Number 30-45-2483600	⁵ Pool Name BASIN DAKOTA (PRORATED GAS)	⁶ Pool Code 68
⁷ Property Code 71264800	⁸ Property Name CONGRESS	⁹ Well Number #5E

II. ¹⁰ Surface Location

UI or lot no. P	Section 34	Township 029N	Range 011W	Lot.Idn	Feet from the 1120	North/South Line S	Feet from the 825	East/West Line E	County SAN JUAN
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¹¹ Bottom Hole Location

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

III. Oil and Gas Transporters

¹⁸ Transporter OGRID	¹⁹ Transporter Name and Address	²⁰ POD	²¹ O/G	²² POD ULSTR Location and Description
14538	MERIDIAN OIL PRODUCTION INC 5051 WESTHEIMER SUITE 140 HOUSTON, TX 77056-2124		G	P-34-T029N-R011W
9018	GIANT INDUSTRIES, INC. 5764 U.S. HWY. 64 FARMINGTON, NM 87401	1516510	O	P-34-T029N-R011W

IV. Produced Water

²³ POD	²⁴ POD ULSTR Location and Description
-------------------	--

V. Well Completion Data

²⁵ Spud Date	²⁶ Ready Date	²⁷ TD	²⁸ PBDT	²⁹ Perforations
³⁰ Hole Size	³¹ Casing & Tubing Size	³² Depth Set	³³ Sacks Cement	

VI. Well Test Data

³⁴ Date New Oil	³⁵ Gas Delivery Date	³⁶ Test Date	³⁷ Test Length	³⁸ Tbg. Pressure	³⁹ Csg. Pressure
⁴⁰ Choke Size	⁴¹ Oil	⁴² Water	⁴³ Gas	⁴⁴ AOF	⁴⁵ Test Methods

⁴⁶ I hereby certify that the rules of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature: *Dolores Diaz*

Printed Name: Dolores Diaz
Title: Production Assistant
Date: 27 September, 1995
Phone: (505) 326-9700

OIL CONSERVATION DIVISION

Approved by: *Z.S.*
SUPERVISOR DISTRICT #3

Title:
Approved Date: OCT - 4 1995

⁴⁷ If this is a change of operator fill in the OGRID number and name of the previous operator

Previous Operator Signature	Printed Name	Title	Date
-----------------------------	--------------	-------	------

RECEIVED
OCT - 4 1995

OIL CON. DIV.

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
 Bottom of Page

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

OIL CONSERVATION DIVISION

P.O. Box 2088
 Santa Fe, New Mexico 87500
 93 NOV 11 8 AM 9 27

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
 TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Meridian Oil Inc.		Well API No.
Address P.O. Box 4289, Farmington, New Mexico 87499		
Reason(s) for Filing (Check proper box)		
New Well <input type="checkbox"/>	Change in Transporter of: <input type="checkbox"/>	Other (Please explain)
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/>	Change of Operator
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	Effective Date _____

If change of operator give name and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name Congress	Well No. 5E	Pool Name, including Formation Basin Dakota	Kind of Lease State, Federal or Fee	Lease No. SF-047020
Location				
Unit Letter P	1120	Feet from the South	Line and 825	Feet From The East
Section 34	Township 29 North	Range 11 West	NMPM,	Line San Juan County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Meridian Oil Inc.	<input type="checkbox"/>	or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form to be sent) P.O. Box 4289, Farmington, New Mexico 87499
Name of Authorized Transporter of Casinghead Gas Meridian Oil Inc.	<input type="checkbox"/>	or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form to be sent) P.O. Box 4289, Farmington, New Mexico 87499
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.
	Rge.	Is gas actually connected?	When ?

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

IV. COMPLETION DATA

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

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE

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

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

GAS WELL

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

VI. OPERATOR CERTIFICATE OF COMPLIANCE

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

Signature <i>Susan Dolan</i>	Production Assistant
Printed Name Susan Dolan	Title
Date 11/4/93	Telephone No. 505-326-9510

OIL CONSERVATION DIVISION

Date Approved	NOV 5 1993
By	<i>[Signature]</i>
Title	SUPERVISOR DISTRICT 13

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

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- All sections of this form must be filled out for allowable on new and recompleted wells.
- Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- Separate Form C-104 must be filed for each pool in multiply completed 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 1-1-87 7-72
 See Instructions
 at Bottom of Page

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

OIL CONSERVATION DIVISION

P.O. Box 2088
 Santa Fe, New Mexico 875004-2088

OIL CONSERVATION DIVISION
 RECEIVED
 '93 JUL 26 AM 11 13

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

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

I.

Operator MERIDIAN OIL INC.	Well API No.
Address P.O. Box 4289, Farmington, New Mexico 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 type="checkbox"/> Dry Gas <input checked="" type="checkbox"/> EFFECTIVE 6/23/90
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of operator give name and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name CONGRESS	Well No. SE	Pool Name, Including Formation OTERO CHACRA	Kind of Lease State Federal or Fee	Lease No. SF047020A
Location				
Unit Letter P	1120	Feet From The S	Line and 825	Feet From The E
Section 34	Township 29N	Range 11W	NMPM SAN JUAN	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil MERIDIAN OIL INC.	<input checked="" type="checkbox"/>	or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form to be sent) P. O. BOX 4289, FARMINGTON, NM 87499	
Name of Authorized Transporter of Casinghead Gas MERIDIAN OIL INC.	<input type="checkbox"/>	or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form to be sent) P. O. BOX 4289, FARMINGTON, NM 87499	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.
				Is gas actually connected?
				When ?

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

IV. COMPLETION DATA

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

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE

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

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

GAS WELL

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

RECEIVED
JUL 23 1993
OIL CON. DIV.
DIST. 3

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.

Susan Dolan
 Signature
Susan Dolan
 Printed Name
 6/21/93
 Date

Production Asst.
 Title
 505-326-9700
 Telephone No.

OIL CONSERVATION DIVISION

Date Approved **JUL 23 1993**

By *[Signature]*
 Title **SUPERVISOR DISTRICT #3**

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

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- All sections of this form must be filled out for allowable on new and recompleted wells.
- Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- Separate Form C-104 must be filed for each pool in multiply completed wells.

OIL CONSERVATION DIVISION
RECEIVED DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

RECEIVED
BLM

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

93 JUN 21 AM 10 55
93 JUN -9 PM 3 45

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.

070 FARMINGTON, NM

5. Lease Designation and Serial No.
SF-047020A
6. Indian, Allottee or Tribe Name

SUBMIT IN TRIPLICATE

1. Type of Well
 Oil Well Gas Well Other

7. If Unit or CA, Agreement Designation

2. Name of Operator
Meridian Oil Gathering Inc.

8. Well Name and No.

CONGRESS #05F

3. Address and Telephone No.
P.O. Box 4289, Farmington, NM 87499

9. API Well No.

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

34-29N-11W
=====
1020'S - 0825'E
1120

10. Field and Pool, or Exploratory Area

CH

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 Buried Gas Pipeline

- 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.)*

MERIDIAN OIL GATHERING INC. PROPOSES TO LAY A BURIED NATURAL GAS PIPELINE FROM THE CONGRESS #05E TO THE EXISTING CONGRESS #13. THE LINE WILL BE BURIED A MINIMUM OF 36" BELOW THE SURFACE AND WILL BE MARKED WITH PIPELINE MARKERS.

TIE LENGTH (BLM) = 205.49'

PIPE SPECIFICATIONS: GAS - 2" STEEL
- WT = .156, GR=B
- WP = 100#
- OP = 1000#
- TEST PRESSURE = 1110#
- DEPTH = 36" MIN.

WATER - NONE

ARCH REPORT #: 93-SASI-019S(23)
ARCH REPORT DATE: 06-04-93

SEE ATTACHED COPIES OF SURVEY PLAT AND TOPO.

RECEIVED
JUN 18 1993
OIL CON. DIV.
DIST. 3

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

Signed [Signature] Title KENT BEERS, ATTORNEY-IN-FACT Date June 9, 1993

(This space for Federal or State office use)

Approved by _____ Title _____ Date JUN 14 1993

Conditions of approval, if any:

APPROVED
DISTRICT MANAGER

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

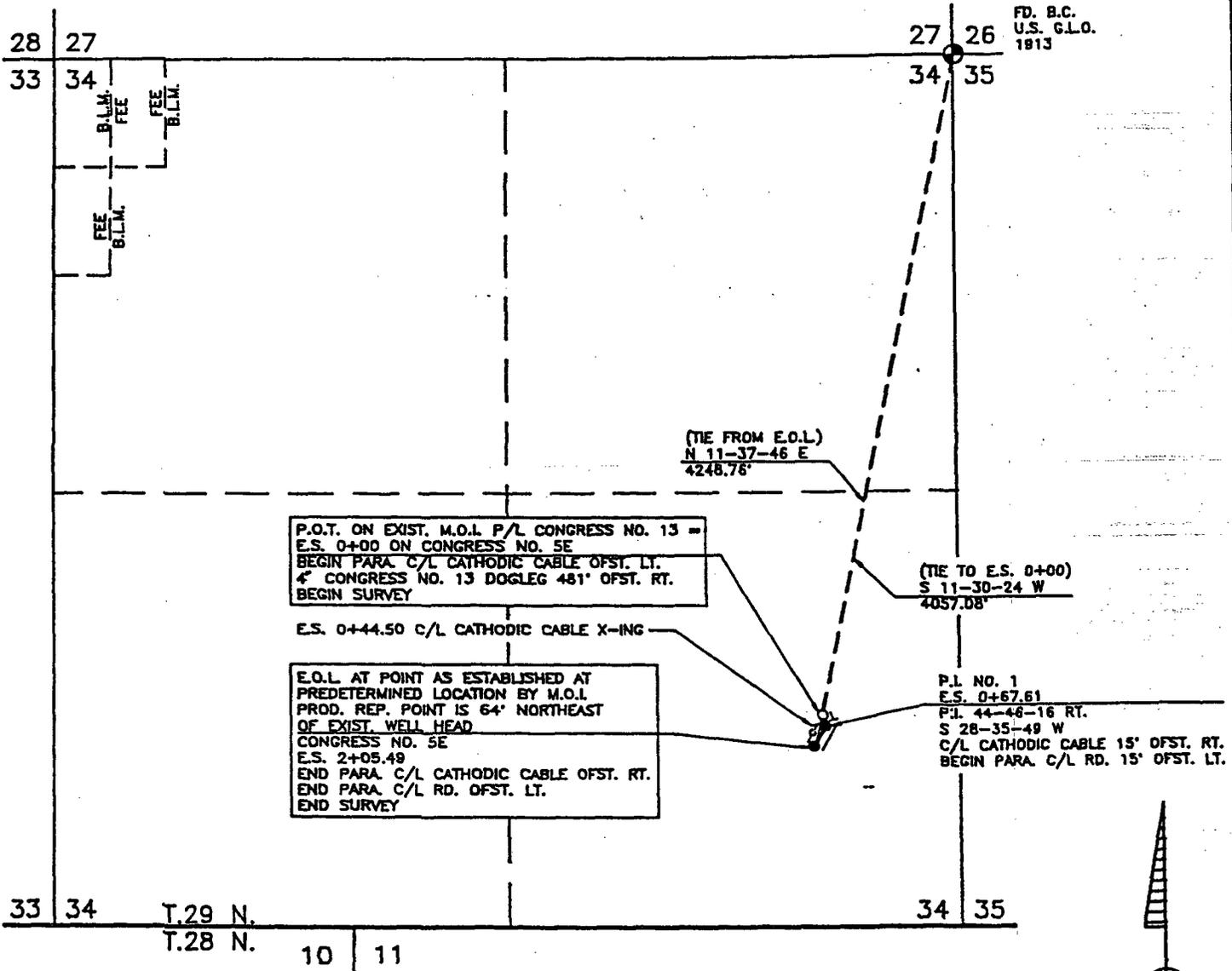
NMOC



A SURVEY FOR
MERIDIAN OIL, INC.
GAS PIPELINE
CONGRESS NO. 5E
 SE/4 SEC.34, T.29 N., R.11 W., N.M.P.M.,
 SAN JUAN COUNTY, NEW MEXICO



A SURVEY FOR
MERIDIAN OIL, INC.
GAS PIPELINE
CONGRESS NO. 5E
SE/4 SEC.34, T.29 N., R.11 W., N.M.P.M.,
SAN JUAN COUNTY, NEW MEXICO



P.O.T. ON EXIST. M.O.L P/L CONGRESS NO. 13 =
 E.S. 0+00 ON CONGRESS NO. 5E
 BEGIN PARA. C/L CATHODIC CABLE OFST. LT.
 4" CONGRESS NO. 13 DOGLEG 481' OFST. RT.
 BEGIN SURVEY

E.S. 0+44.50 C/L CATHODIC CABLE X-ING

E.O.L. AT POINT AS ESTABLISHED AT
 PREDETERMINED LOCATION BY M.O.L
 PROD. REP. POINT IS 64' NORTHEAST
 OF EXIST. WELL HEAD
 CONGRESS NO. 5E
 E.S. 2+05.49
 END PARA. C/L CATHODIC CABLE OFST. RT.
 END PARA. C/L RD. OFST. LT.
 END SURVEY

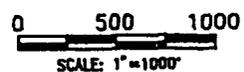
(TIE TO E.S. 0+00)
 S 11-30-24 W
 4057.08'

P.I. NO. 1
 E.S. 0+67.61
 P.I. 44-48-16 RT.
 S 28-35-49 W
 C/L CATHODIC CABLE 15' OFST. RT.
 BEGIN PARA. C/L RD. 15' OFST. LT.

- NOTES:**
1. BASIS OF BEARING: RECORD G.L.O. BEARING AS MEASURED ALONG THE EAST LINE OF SECTION 34, T.29 N., R.11 W., N.M.P.M., SAN JUAN COUNTY, NEW MEXICO. BEARS: NORTH
 2. O = SET REBAR AT REFERENCE POINTS.

OWNER	STATION	FT./RODS
B.L.M.	0+00 TO 2+05.49	205.49/12.45

[Signature]



REVISION	REV. BY	DATE
----------	---------	------

DAGGETT SURVEYING, INC.
 P.O. BOX NO.2789
 FARMINGTON, NEW MEXICO 87401
 (505) 326-1772
 REGISTERED LAND SURVEYOR

ROY A. RUSH, A DULY QUALIFIED LAND SURVEYOR LICENSED UNDER THE LAWS OF THE STATE OF NEW MEXICO, DO HEREBY CERTIFY THAT THIS PLAT CORRECTLY REPRESENTS A SURVEY MADE BY ME OR UNDER MY DIRECT SUPERVISION AND THAT THIS SURVEY MEETS THE AMENDED MINIMUM STANDARDS FOR LAND SURVEYS IN NEW MEXICO.

OIL CONSERVATION DIVISION
REC- OIL CONSERVATION DIVISION

'92 MAR 23 AM 10 18

HOBBS
P.O. BOX 1980
HOBBS , NM 88240

ARTESIA
P.O. DRAWER DD
ARTESIA , NM 88120

AZTEC
1000 RIO BRAZOS
AZTEC , NM 87410

NOTICE OF GAS WELL - CONNECTION / RECONNECTION / DISCONNECTION

THIS IS TO NOTIFY THE OIL CONSERVATION DIVISION OF THE FOLLOWING:

CONNECTION _____	FIRST DELIVERY _____	DATE _____	INITIAL POTENTIAL _____
RECONNECTION _____	FIRST DELIVERY _____	DATE _____	INITIAL POTENTIAL _____
DISCONNECTION <u> X </u>			

FOR DELIVERY OF GAS FROM THE

Meridian Oil, Inc.
SOUTHLAND ROYALTY COMPANY

OPERATOR

CONGRESS

LEASE

920130

5E

(P)

34-29-11

METER CODE

SITE CODE

WELL No.

UNIT LETTER

S-T-R

BASIN DAKOTA

POOL

WAS MADE ON

03-09-92

DATE

SUNTERRA GAS GATHERING

AOF

TRANSPORTER

CHOKE

RECEIVED

MAR 11 1992

OIL CON. DIV. J
DIST. 3

ANITA VIGIL, PRODUCTION MONITOR

REPRESENTATIVE NAME / TITLE
(PLEASE TYPE or PRINT)

Anita Vigil

REPRESENTATIVE SIGNATURE

OCD USE ONLY
COUNTY <u> Sg. </u>
LAND TYPE <u> F </u>
LIQUID TRANSPORTER <u> not </u>

SUBMIT IN DUPLICATE TO THE APPROPRIATE DISTRICT OFFICE.

- cc: Operator Peter Armstrong - MS 214 Karen Ewing - MS 526
 NMOCD - Aztec Paul Mollo - MS 509 File (2)
 NMOCD - Santa Fe Dan Macias - MS 509
 Bureau of Land Management Jon Jones - Kutz
 Joel Levine - MS 519 Kevin Lawrence - Kutz
 Mark Orona - MS 516

DISTRICT II
P.O. Drawer DD, Aztec, 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**

'90 JUL 30 AM

I. OPERATOR

Operator MERIDIAN OIL INC.	Well API No.
Address P. O. Box 4289, Farmington, New Mexico 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 type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator Union Texas Petroleum Corporation, P. O. Box 2120, Houston, TX 77252-2120	

II. DESCRIPTION OF WELL AND LEASE

Lease Name CONGRESS	Well No. 5E	Pool Name, including Formation BASIN DAKOTA	Kind of Lease State, Federal or Fee	Lease No. SF047020A
Location				
Unit Letter P	1120	Feet From The S Line and 825 Feet From The E Line		
Section 34	Township 29N	Range 11W	County SAN JUAN	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate <input checked="" type="checkbox"/> Meridian Oil Inc.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 4289, Farmington, NM 87499
Name of Authorized Transporter of Casinghead Gas or Dry Gas <input checked="" type="checkbox"/> Sunterra Gas Gathering co.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 26400, Albuquerque, NM 87125
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When?

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations		Depth Casing Shoe						
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		

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

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

Leslie Kahwajy
Signature
Leslie Kahwajy Prod. Serv. Supervisor
Printed Name
Date **6/15/90** Telephone No. **(505)326-9700**

OIL CONSERVATION DIVISION
JUL 03 1990

Date Approved _____
By *Bill D. Shroy*
SUPERVISOR DISTRICT #3
Title _____

RECEIVED
JUL 3 1990

OIL CON. DIV.
DIST. 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.

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

OIL CONSERVATION DIVISION
 RECEIVED
 30 JUL 30 AM 8 34

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

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

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

I. OPERATOR

Operator: **MERIDIAN OIL INC.** Well API No. _____

Address: **P. O. Box 4289, Farmington, New Mexico 87499**

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

New Well Change in Transporter of: Dry Gas

Recompletion Oil Casinghead Gas Condensate

Change in Operator Effect: **6/23/90**

If change of operator give name and address of previous operator: **Union Texas Petroleum Corporation, P. O. Box 2120, Houston, TX 77252-2120**

II. DESCRIPTION OF WELL AND LEASE

Lease Name CONGRESS	Well No. 5E	Pool Name, including Formation OTERO CHACRA	Kind of Lease State, Federal or Fee	Lease No. SF047020A
Location Unit Letter P : 1120 Feet From The S Line and 825 Feet From The E Line Section 34 Township 29N Range 11W , NMPM, SAN JUAN County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Meridian Oil Inc. <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P. O. Box 4289, Farmington, NM 87499
Name of Authorized Transporter of Casinghead Gas Sunterra Gas Gathering co. <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. Box 26400, Albuquerque, NM 87125
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When?

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.	Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay			Tubing Depth			
Perforations			Depth Casing Shoe					
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET			SACKS CEMENT			

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

Date First New Oil Run To Tank	Date of Test	Producing Method	Choke Size
Length of Test	Tubing Pressure	Casing Pressure	JUL 3 1990
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	OIL CON. DIV. DIST. 3

GAS WELL

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

VI. OPERATOR CERTIFICATE OF COMPLIANCE

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

Signature: Leslie Kahwajy
 Printed Name: **Leslie Kahwajy** Prod. Serv. Supervisor
 Date: **6/15/90** Telephone No. **(505)326-9700**

OIL CONSERVATION DIVISION
JUL 03 1990

Date Approved _____
 By: Bill J. Shroy
 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.

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

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

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

State of New Mexico
Energy, Minerals and Natural Resources Department
OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

RECEIVED
89 OCT 12 AM 11 28

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I. Operator Union Texas Petroleum Corporation Well API No. _____

Address P.O. Box 2120 Houston, Texas 77252-2120

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

If change of operator give name and address of previous operator _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Congress Well No. 5E Pool Name, including Formation Basin (Dakota) Kind of Lease _____ Lease No. SF047020A

Location Unit Letter P : 1120 Feet From The S Line and 825 Feet From The E Line
Section 34 Township 29N Range 11W .NMPM. SAN JUAN County _____

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent) Meridian Oil Inc. P.O. Box 4289, Farmington, NM 87499

Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent) Sunterra Gas Gathering Co. P.O. Box 26400, Albuquerque, NM 87125

If well produces oil or liquids, give location of tanks. Unit _____ Sec. _____ Twp. _____ Rgs. _____ Is gas actually connected? _____ When? _____

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

IV. COMPLETION DATA

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

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE

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

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

GAS WELL

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

VI. OPERATOR CERTIFICATE OF COMPLIANCE

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

Signature Annette C. Bisby
Annette C. Bisby Env. & Reg. Sec'try
Printed Name Title
8-7-89 (713) 968-4012
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved AUG 28 1989

By [Signature]

Title SUPERVISION 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.

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

OIL CONSERVATION DIVISION
RECEIVED
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

'89 OCT 12 AM 11 28

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 Union Texas Petroleum Corporation Well API No. _____

Address P.O. Box 2120 Houston, Texas 77252-2120

Reason(s) for Filing (Check proper box) New Well Recompletion Change in Operator Other (Please explain) _____
Change in Transporter of: Oil Dry Gas Casinghead Gas Condensate
If change of operator give name and address of previous operator _____

II. DESCRIPTION OF WELL AND LEASE
Lease Name Congress Well No. 5E Pool Name, including Formation Otero (Chacra) Kind of Lease State, Federal or Fee Lease No. SF047020A
Location Unit Letter P : 1120 Feet From The S Line and 825 Feet From The E Line
Section 34 Township 29N Range 11W NMPM. SAN JUAN County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil Meridian Oil Inc. or Condensate Address (Give address to which approved copy of this form is to be sent) P.O. Box 4289, Farmington, NM 87499
Name of Authorized Transporter of Casinghead Gas Sunterra Gas Gathering Co. or Dry Gas Address (Give address to which approved copy of this form is to be sent) P.O. Box 26400, Albuquerque, NM 87125
If well produces oil or liquids, give location of tanks. Unit _____ Sec. _____ Twp. _____ Rgs. _____ 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	Sams 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		
Perforances						Depth Casing Shoe		

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE
OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)
Date First New Oil Run To Tank _____ Date of Test _____ Producing Method (Flow, pump, gas lift, etc.) _____
Length of Test _____ Tubing Pressure _____ Casing Pressure _____ Choke Size _____
Actual Prod. During Test _____ Oil - Bbls. _____ Water - Bbls. _____ Gas - MCF _____

GAS WELL
Actual Prod. Test - MCF/D _____ Length of Test _____ Bbls. Condensate/MMCF _____ Gravity of Condensate _____
Testing Method (pilot, back pr.) _____ Tubing Pressure (Shut-in) _____ Casing Pressure (Shut-in) _____ Choke Size _____

VI. OPERATOR CERTIFICATE OF COMPLIANCE
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.
Annette C. Bisby
Signature Annette C. Bisby Env. & Reg. Sec'rtry
Printed Name 8-7-99 Title (713) 968-4012
Date Telephone No.

OIL CONSERVATION DIVISION
Date Approved AUG 28 1989
By [Signature]
Title SUPERVISION DISTRICT # 8

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.

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

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MAY 14 1985

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS SANTA FE

NO. OF WELLS DESIGNED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.L.	
LAND OFFICE	
TRANSPORTED	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

I. Operator
Union Texas Petroleum Corporation

Address
P. O. Box 1290, Farmington, New Mexico 87499

Reason(s) for filing (Check proper box)

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

Other (Please explain) APR 26 1985

RECEIVED
OIL CON. DIV. /
DIST. 3

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Congress	Well No. 5-E	Pool Name, including Formation Basin Dakota	Kind of Lease State, Federal or Fee SF	Federal SF	Lease No. 047020A
Location Unit Letter <u>P</u> : <u>1120</u> Foot From The <u>South</u> Line and <u>825</u> Foot From The <u>East</u> Line of Section <u>34</u> Township <u>29N</u> Range <u>11</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 checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Conoco, Inc. Surface Transportation	P. O. Box 1429, Bloomfield, N.M. 87413
Name of Authorized Transporter of Conventional Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Southern Union Gathering Company	P. O. Box 26400, Albuquerque, N.M. 87125
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	P 34 29N 11W Yes

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

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

IV. CERTIFICATE OF COMPLIANCE

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

Kenneth E. Roddy
Kenneth E. Roddy (Signature)
Area Production Superintendent
4/26/85
(Date)

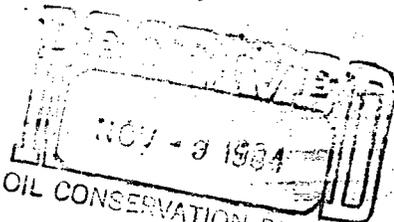
OIL CONSERVATION DIVISION
APR 26 1985
APPROVED _____, 19____
BY Charles Halson
TITLE DEPUTY OIL & GAS INSPECTOR, DIST. #4

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable (or 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.

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

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



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	NATURAL GAS
OPERATOR	
OPERATION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

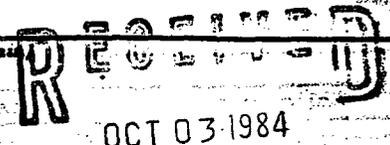
I. Operator
Union Texas Petroleum Corporation

Address
P. O. Box 1290, Farmington, New Mexico 87499

Reason(s) for filing (Check proper box)

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

Other (Please explain):



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

OIL CON. DIV.
DIST. 3

II. DESCRIPTION OF WELL AND LEASE

Lease Name Congress	Well No. 5-E	Pool Name, including Formation Basin Daktoa	Kind of Lease State, Federal or Fee Fed. SF	Lease No. 047020-A
Location Unit Letter <u>P</u> : <u>1120</u> Feet From The <u>South</u> Line and <u>825</u> Feet From The <u>East</u> Line of Section <u>34</u> Township <u>29N</u> Range <u>11W</u> NMPM. San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Gary Energy Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 489, Bloomfield, N.M. 87413
Name of Authorized Transporter of Castinhead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Southern Union Gathering Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 26400, Albuquerque, N.M. 87125
If well produces oil or liquids, give location of tanks. Unit: <u>P</u> Sec: <u>34</u> Twp: <u>29N</u> Rng: <u>11W</u>	Is gas actually connected? <u>Yes</u> When:

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

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

VI. CERTIFICATE OF COMPLIANCE

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

Kenneth E. Roddy
Kenneth E. Roddy (Signature)
Area Production Superintendent

(Title)
9/28/84
(Date)

OIL CONSERVATION DIVISION
NOV 01 1984

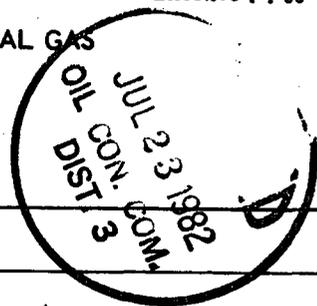
APPROVED _____
BY [Signature]
SUPERVISOR DISTRICT # 3

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 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.

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	GAS
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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



I. OPERATOR
 Operator: Union Texas Petroleum Corporation
 Address: 1860 Lincoln Street, Suite 1010, Denver, Colorado 80295

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

Other (Please explain): Change of Ownership to Union Producing Company successor to Supron Energy Corporation

If change of ownership give name and address of previous owner: Supron Energy Corporation, P.O. Box 808, Farmington, New Mexico 87401

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Congress</u>	Well No. <u>5-E</u>	Pool Name, including Formation <u>Basin Dakota</u>	Kind of Lease State, Federal or Fee <u>Fed. SF</u>	Lease No. <u>047020A</u>
Location Unit Letter <u>P</u> ; <u>1120</u> Feet From The <u>South</u> Line and <u>825</u> Feet From The <u>East</u> Line of Section <u>34</u> Township <u>29N</u> Range <u>11W</u> , NMPM, San Juan Count				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> <u>Plateau, Inc.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 108, Farmington, NM 87401</u>			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <u>Southern Union Gathering Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>1800 First International Building Dallas, TX 75201</u>			
If well produces oil or liquids, give location of tanks.	Unit <u>P</u>	Sec. <u>34</u>	Twp. <u>29N</u>	Rge. <u>11W</u>
	Is gas actually connected? <u>Yes</u>		When <u>9/22/81</u>	

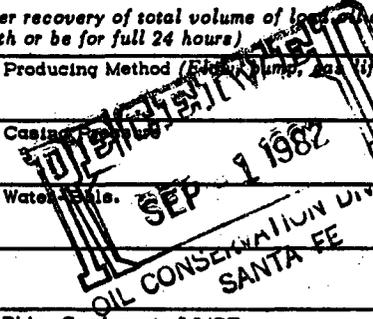
If this production is commingled with that from any other lease or pool, give commingling order number: _____

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		<u>X</u>						
Date Spudded <u>3/21/81</u>	Date Compl. Ready to Prod. <u>8/18/81</u>	Total Depth <u>6520</u>	P.B.T.D. <u>6473</u>					
Elevations (DF, RKB, RT, GR, etc.) <u>5690 R.K.B.</u>	Name of Producing Formation <u>Dakota</u>	Top Oil/Gas Pay <u>6205</u>	Tubing Depth <u>6193</u>					
Perforations <u>6205-6350</u>	Depth Casing Shoe <u>6517</u>							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
<u>12 1/4"</u>	<u>8 5/8", 24.00#</u>	<u>294</u>	<u>220</u>					
<u>7 7/8"</u>	<u>4 1/2", 10.50#</u>	<u>6517</u>	<u>1350 (3 stages)</u>					
	<u>2 3/8", EUE, 4.70#</u>	<u>6193</u>						

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of loss and must be equal to or exceed top oil flow rate 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.

Union Texas Petroleum Corporation

J. J. Empire (Signature)
Vice-President (Title)

6/10/82 (Date)

OIL CONSERVATION COMMISSION

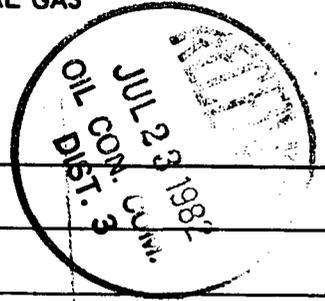
APPROVED JUL 23 1982, 19____
 BY [Signature]
 TITLE SUPERVISOR DISTRICT # 2

This form is to be filed in compliance with RULE 1104.
 If this is a request for allowable for a newly drilled or deeper 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 well name or number, or transporter, or other such change of conditions.
 Separate Forms C-104 must be filed for each pool in multi-

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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-105
Effective 1-1-65



I. OPERATOR
 Operator: Union Texas Petroleum Corporation
 Address: 1860 Lincoln Street, Suite 1010, 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)
~~Change of Ownership to Unicon Producing Company Successor to Supron Energy Corporation~~

If change of ownership give name and address of previous owner: Supron Energy Corporation, P.O. Box 808, Farmington, New Mexico 87401

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Congress</u>	Well No. <u>5-E</u>	Pool Name, including Formation <u>Bloomfield Chacra Ext.</u>	Kind of Lease State, Federal or Fed <u>Fed. SF</u>	Lease No. <u>047020A</u>
Location Unit Letter <u>P</u> ; <u>1120</u> Feet From The <u>South</u> Line and <u>825</u> Feet From The <u>East</u> Line of Section <u>34</u> Township <u>29N</u> Range <u>11W</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)
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Southern Union Gathering Co.</u>	<u>1800 First International Building Dallas, TX 75201</u>
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

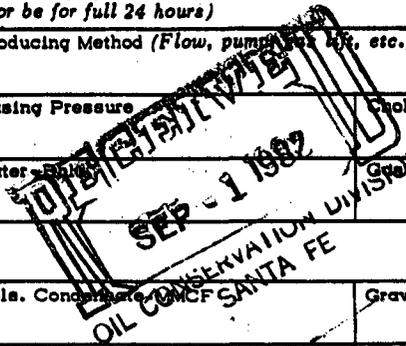
Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res
		X						
Date Spudded <u>3/21/81</u>	Date Compl. Ready to Prod. <u>8/18/81</u>	Total Depth <u>6520</u>	P.B.T.D. <u>6473'</u>					
Elevations (DF, RKB, RT, GR, etc.) <u>5690 R.K.B.</u>	Name of Producing Formation <u>Chacra</u>	Top Oil/Gas Pay <u>2767</u>	Tubing Depth <u>No Tubing</u>					
Perforations <u>2767-2889</u>			Depth Casing Shoe <u>6517'</u>					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>12 1/2"</u>	<u>8 5/8", 24.00#</u>	<u>294</u>	<u>220</u>
<u>7 7/8"</u>	<u>4 1/2", 10.50#</u>	<u>6517'</u>	<u>1350 (3 stages)</u>
	<u>No tubing</u>		

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed 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, etc.)
Length of Test	Tubing Pressure	Casing Pressure Choke Size
Actual Prod. During Test	Oil-Bble.	Water-Bble. Gravity MCF



GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bble. 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.

Union Texas Petroleum Corporation

J. S. Empire (Signature)
 Vice-President (Title)
6/10/82 (Date)

OIL CONSERVATION COMMISSION

APPROVED JUL 23 1982, 19____
 BY Frank J. Dwyer
 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 deeper well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE 111.
 All sections of this form must be filled out completely for all wells on new and recompleted wells.
 Fill out only Sections I, II, III, and VI for changes of ownership, well name or number, or transporter, or other such change of conditions.
 Separate Forms C-104 must be filed for each pool in multi-

OIL CONSERVATION DIVISION

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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

I. Operator
SUPRON ENERGY CORPORATION
Address
P.O. Box 808, Farmington, New Mexico 87401
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) Add

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Congress</u>	Well No. <u>5-E</u>	Pool Name, including Formation <u>Bloomfield Chacra Ext.</u>	Kind of Lease State, Federal or Fee <u>Fed. SF</u>	Lease No. <u>047020A</u>
Location Unit Letter <u>P</u> ; <u>1120</u> Feet From The <u>South</u> Line and <u>825</u> Feet From The <u>East</u> Line of Section <u>34</u> Township <u>29 North</u> Range <u>11 West</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)
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) <u>First International Building - Dallas, Texas</u> <u>Attention: Mr. R.J. McCrary</u>
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. 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'
		XX	XX					
Date Spudded <u>3-21-81</u>	Date Compl. Ready to Prod. <u>8-18-81</u>	Total Depth <u>6520</u>	P.B.T.D. <u>6473</u>					
Elevations (DF, RKB, RT, GR, etc.) <u>5690 R.K.B.</u>	Name of Producing Formation <u>Chacra</u>	Top Oil/Gas Pay <u>2767</u>	Tubing Depth <u>No Tubing</u>					
Perforations <u>2767 - 2889</u>	Depth Casing Shoe <u>6517</u>							

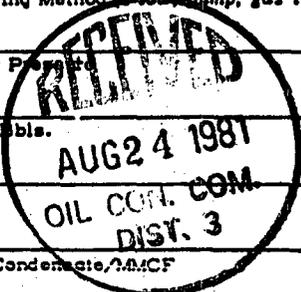
TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>12-1/4"</u>	<u>8-5/8", 24.00#</u>	<u>294</u>	<u>220</u>
<u>7-7/8"</u>	<u>4-1/2", 10.50#</u>	<u>6517</u>	<u>1350 (3 stages)</u>
	<u>NO TUBING</u>		

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed 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 <u>1689</u>	Length of Test <u>3 hours</u>	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pr.) <u>Back pressure</u>	Tubing Pressure (shut-in)	Casing Pressure (shut-in) <u>241</u>	Choke Size <u>3/4"</u>

VI. CERTIFICATE OF COMPLIANCE

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

Kenneth E. Roddy
(Signature)
Production Superintendent
(Title)
August 20, 1981
(Date)

OIL CONSERVATION DIVISION
APPROVED AUG 24 1981
BY Chuck Johnson
TITLE DEPUTY OIL & GAS INSPECTOR, 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 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 name or number, or transporter, or other such change of condition. Form C-104 must be filed for each pool in multiple completions.

OIL CONSERVATION COMMISSION

1000 Rio Brazos Road

AZTEC, NEW MEXICO 87410

NOTICE OF GAS CONNECTION

DATE December 16, 1981

THIS IS TO NOTIFY THE OIL CONSERVATION COMMISSION THAT CONNECTION FOR THE PURCHASE OF GAS FROM THE Supron Energy Corporation OPERATOR

Congress

5-E

(P) 34-29N-11W

LEASE

WELL UNIT

S - T - R

Bloomfield Chacra Ext.

Southern Union Gathering Company

POOL

NAME OF PURCHASER

WAS MADE ON 12-16-81

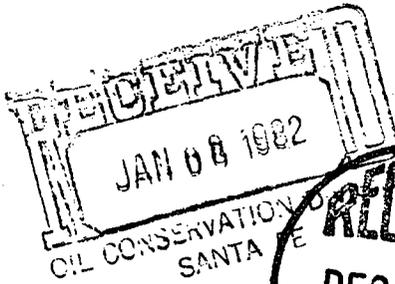
, FIRST DELIVERY 12-16-81

DATE

DATE

1725

INITIAL POTENTIAL



045
F

Southern Union Gathering Company
PURCHASER

James R. Large

REPRESENTATIVE

James R. Large

Dispatch Manager

TITLE

/sw

cc: OPERATOR

- New Mexico Oil Conservation Commission - Aztec
- U. S. Geological Survey
- Mr. E. R. Corliss, Engineering
- Mr. R. J. McCrary, Prorations
- Mr. Jim Bowlby, Gas Accting.
- Ms. Nylene Dickson, Gas Measurement
- Mr. Mike Lambert, Gas Supply
- Mr. Richard Thomas, Gas Supply
- Mr. Perry McFarland, Kutz
- File

C105.MC, 17

STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION

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

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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	
Operator	

RECEIVED
SEP 29 1981
 OIL CONSERVATION DIVISION
 SANTA FE

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Address
 SUPRON ENERGY CORPORATION
 P.O. Box 808, Farmington, New Mexico 87401

Reason(s) for filing (Check proper box)

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

Other (Please explain)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Congress	Well No. 5-E	Pool Name, including Formation Basin Dakota	Kind of Lease State, Federal or Fee Fed. SF	Lease No. 047020A
Location Unit Letter P ; 1120 Feet From The South Line and 825 Feet From The East				
Line of Section 34 Township 29 North Range 11 West NMPM, San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Plateau, Inc.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 108, Farmington, New Mexico 87401			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Southern Union Gathering Company	Address (Give address to which approved copy of this form is to be sent) First International Building - Dallas, Texas Attention: Mr. R.J. McCrary			
If well produces oil or liquids, give location of tanks.	Unit P	Sec. 34	Twp. 29N	Rge. 11W
	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'
		XX	XX					
Date Spudded 3-21-81	Date Compl. Ready to Prod. 8-18-81		Total Depth 6520		P.B.T.D. 6473			
Elevations (DF, RKB, RT, GR, etc.) 5690 R.K.B.	Name of Producing Formation Dakota		Top Oil/Gas Pay 6205		Tubing Depth 6193			
Perforations 6205 - 6350					Depth Casing Shoe 6517			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8", 24.00#	294	220
7-7/8"	4-1/2", 10.50#	6517	1350 (3 stages)
	2-3/8", EUE, 4.70#	6193	

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 all able 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
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.

RECEIVED
 Gas-MCF
AUG 24 1981
 OIL CON. COM.
 DIST. 3

GAS WELL

Actual Prod. Test-MCF/D 423	Length of Test 3 hours	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) Back pressure	Tubing Pressure (Shut-in) 605	Casing Pressure (Shut-in)	Choke Size 3/4"

VI. CERTIFICATE OF COMPLIANCE

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

Kenneth E. Roddy
 (Signature)
 Production Superintendent
 (Title)
 August 20, 1981
 (Date)

OIL CONSERVATION DIVISION
 9-24-81
SEP 24 1981
 APPROVED _____, 19____
 BY **Frank J. Cherry**
 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 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.

OIL CONSERVATION COMMISSION

1000 Rio Brazos Road

AZTEC, NEW MEXICO 87410

NOTICE OF GAS CONNECTION

DATE September 23, 1981

THIS IS TO NOTIFY THE OIL CONSERVATION COMMISSION THAT CONNECTION FOR THE PURCHASE OF GAS FROM THE Supron Energy Corporation OPERATOR

Congress LEASE 5-E WELL UNIT (P) 34-29N-11W S - T - R
Basin Dakota POOL Southern Union Gathering Company NAME OF PURCHASER

WAS MADE ON 9-22-81 DATE , FIRST DELIVERY 9-22-81 DATE

428
INITIAL POTENTIAL



Southern Union Gathering Company
PURCHASER

James R. Large
REPRESENTATIVE
James R. Large
Dispatch Manager
TITLE

/sw
cc: OPERATOR
New Mexico Oil Conservation Commission - Aztec
U. S. Geological Survey
Mr. E. R. Corliss, Engineering
Mr. R. J. McCrary, Prorations
Ms. Nylene Dickson, Gas Measurement
Mr. Jim Bowlby, Gas Accting.
Mr. Mike Lambert, Gas Supply
Mr. Richard Thomas, Gas Supply
Mr. Perry McFarland, Kutz

File
045
F
PLA



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

SUBMIT IN DUPLICATE*

(See other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R355.5.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

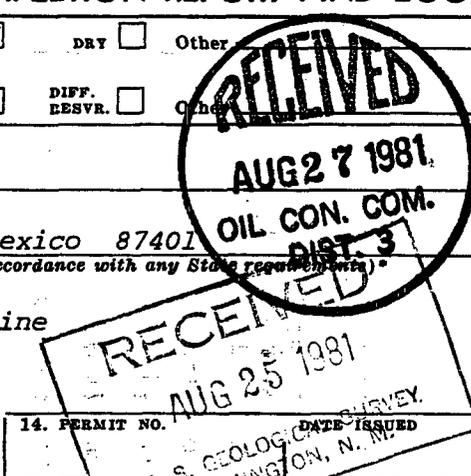
1a. TYPE OF WELL: OIL WELL GAS WELL DRY Other

b. TYPE OF COMPLETION:
NEW WELL WORK OVER DEEP-EN PLUG BACK DIFF. RESVR. Other

2. NAME OF OPERATOR
SUPRON ENERGY CORPORATION

3. ADDRESS OF OPERATOR
P.O. Box 808, Farmington, New Mexico 87401

4. LOCATION OF WELL (Report location clearly and in accordance with any State regulations).
At surface
1120 ft./South ; 825 ft./East line
At top prod. interval reported below
Same as above
At total depth
Same as above



14. PERMIT NO. _____ DATE ISSUED _____

15. DATE SPUNDED **3-21-81** 16. DATE T.D. REACHED **4-11-81** 17. DATE COMPL. (Ready to prod.) **8-18-81** 18. ELEVATIONS (DF, BEB, BT, GR, ETC.)* **5690 R.K.B.** 19. ELEV. CASINGHEAD **5678**

20. TOTAL DEPTH, MD & TVD **6520 MD & TVD** 21. PLUG, BACK T.D., MD & TVD **6473 MD & TVD** 22. IF MULTIPLE COMPL., HOW MANY* **2** 23. INTERVALS DRILLED BY ROTARY TOOLS **0 - 6520** CABLE TOOLS _____

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*
2767 - 2889 Chacra (MD & TVD)

25. WAS DIRECTIONAL SURVEY MADE **No**

26. TYPE ELECTRIC AND OTHER LOGS RUN
Induction Electric and Compensated Density

28. CASING RECORD (Report all strings set in well)

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
8-5/8"	24.00	294	12-1/4"	220 sacks	
4-1/2"	10.50	6517	7-7/8"	1350 sacks (3 stages)	

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)

30. TUBING RECORD

SIZE	DEPTH SET (MD)	PACKER SET (MD)
No Tubing		6158

31. PERFORATION RECORD (Interval, size and number)
1 - 0.42" hole at each of the following depths: 2767, 70, 72, 74, 76, 2856, 60, 72, 75, 2878, 82, 84, 87, 89. (Total of 14 holes)

32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
2767 - 2889	800 gal. 7% HCL, 73,500 lb. 20-40 sand, and 54,000 gal. 70-30 quality foam.

33. DATE FIRST PRODUCTION _____ PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) **Flowing SANTA FE CONSERVATION DIVISION** WELL STATUS (Producing or shut-in) **Shut-In**

DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
8-18-81	3	3/4"	→		211		
FLOW. TURING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)	
	129	→		1689			

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) **Vented** TEST WITNESSED BY **Clifton Gates**

35. LIST OF ATTACHMENTS _____

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records.
SIGNED Kenneth E. Roddy TITLE Production Superintendent DATE August 19, 1981

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

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

(See other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R355.6

WELL COMPLETION OR RECOMPLETION REPORT AND LOG*

1a. TYPE OF WELL: OIL WELL GAS WELL DRY Other _____

b. TYPE OF COMPLETION: NEW WELL WORK OVER DEEP-EN PLUG BACK DIFF. RESVR. Other _____

2. NAME OF OPERATOR
SUPRON ENERGY CORPORATION

3. ADDRESS OF OPERATOR
P.O. Box 808, Farmington, New Mexico 87401

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*
At surface **1120 ft./South ; 825 ft./East line**
At top prod. interval reported below **Same as above**
At total depth **Same as above**

5. LEASE DESIGNATION AND SERIAL NO.
SF 047020 A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME _____

UNIT AGREEMENT NAME _____

7. FARM OR LEASE NAME
Congress

8. WELL NO.
5-E

9. FIELD AND POOL, OR WILDCAT
Basin Dakota

10. SEC. T., R., N., OR BLOCK AND SURVEY OR AREA
Sec. 34, T-29N, R-11W, NMP

11. COUNTY OR PARISH
San Juan

12. STATE
New Mexico

RECEIVED
AUG 27 1981
OIL CON. COM.
DISL 3

RECEIVED
AUG 25 1981
GEOLOGICAL SURVEY
FARMINGTON, N. M.

14. PERMIT NO. _____ DATE ISSUED _____

15. DATE SPUDDED **3-21-81** 16. DATE T.D. REACHED **4-11-81** 17. DATE COMPL. (Ready to prod.) **8-18-81** 18. ELEVATIONS (DF, REB, BT, GR, ETC.)* **5690 R.K.B.** 19. ELEV. CASINGHEAD **5678**

20. TOTAL DEPTH, MD & TVD **6520 MD & TVD** 21. PLUG, BACK T.D., MD & TVD **6473 MD & TVD** 22. IF MULTIPLE COMPL., HOW MANY* **2** 23. INTERVALS DRILLED BY **0 - 6520**

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*
6205 - 6350 Dakota (MD & TVD)

25. WAS DIRECTIONAL SURVEY MADE
No

26. TYPE ELECTRIC AND OTHER LOGS RUN
Induction Electric and Compensated Density

27. WAS WELL CORED
No

29. CASING RECORD (Report all strings set in well)

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
8-5/8"	24.00	294	12-1/4"	220 sacks	
4-1/2"	10.50	6517	7-7/8"	1350 sacks (3 stages)	

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)

30. TUBING RECORD

SIZE	DEPTH SET (MD)	PACKER SET (MD)
2-3/8" EUP	6193	6158

31. PERFORATION RECORD (Interval, size and number)
1 - 0.42" hole at each of the following depths: 6205, 06, 09, 10, 11, 55, 59, 61, 63, 66, 68, 70, 72, 6274, 76, 78, 80, 82, 93, 6332, 34, 36, 46, 48, 6350 (total of 25 holes).

32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
6205 - 6350	1500 gal. 7 1/2% HCL, 115,000 lb. 20-40 sand, & 65,000 gal. 30 lb. cross-linked gel.

33.*

DATE FIRST PRODUCTION _____ PRODUCTION METHOD (Flowing, gas lift, subsiding, etc.) and type of pump
Flowing

WELL STATUS (Producing or shut-in)
Shut-In

DATE OF TEST **8-11-81** HOURS TESTED **3** CHOKE SIZE **3/4"** PROD'N. FOR TEST PERIOD _____

WATER—BBL. **53** GAS-OIL RATIO _____

FLOW. TUBING PRESS. **25** CASING PRESSURE _____ CALCULATED 24-HOUR RATE _____ OIL—BBL. _____ GAS—MCF. **423** WATER—BBL. _____ OIL GRAVITY-API (CORR.) _____

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)
Vented

TEST WITNESSED BY
Clifton Gates

35. LIST OF ATTACHMENTS _____

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

SIGNED **Kenneth E. Roady** TITLE **Production Superintendent** DATE **August 19, 1981**

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

MULTIPOINT AND ONE POINT BACK PRESSURE TEST FOR GAS WELL

Type Test <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Annual <input type="checkbox"/> Special				Test Date 8-11-81	
Company SUPRON ENERGY CORPORATION			Connection Southern Union Gathering Company		
Pool Basin			Formation Dakota		Unit
Completion Date 5-29-81		Total Depth 6520	Plug Back TD 6473	Elevation 5690	Farm or Lease Name Congress
Csq. Size 4.500	Wt. 10.50	d 4.052	Set At 6517	Perforations: From 6205 To 6350	
Thq. Size 2.375	Wt. 4.70	d 1.995	Set At 6193	Perforations: NO PERFORATIONS From To	
Type Well - Single - Bradenhead - G.G. or G.O. Multiple Dual - Gas - Gas				Packer Set At 6158	
Producing Thru Tubing		Reservoir Temp. °F #	Mean Annual Temp. °F	Baro. Press. - P _g 12	State New Mexico
L 6183	H	G _g 0.700	% CO ₂	% N ₂	% H ₂ S
Prover		Meter Run		Taps	

FLOW DATA						TUBING DATA		CASING DATA		Duration of Flow	
NO.	Prover Line Size	X	Orifice Size	Press. p.s.i.g.	Diff. h _w	Temp. °F	Press. p.s.i.g.	Temp. °F	Press. p.s.i.g.	Temp. °F	Duration of Flow
SI	2"		3/4"				605				7 days
1.							25	62°			3 hours
2.											
3.											
4.											
5.											

RATE OF FLOW CALCULATIONS							
NO.	Coefficient (24 Hour)	$\sqrt{h_w P_m}$	Pressure P _m	Flow Temp. Factor Ft.	Gravity Factor F _g	Super Compress. Factor, F _{pv}	Rate of Flow Q, Mcfd
1	12.3650		37	0.9981	0.9258	1.000	423
2.							
3.							
4.							
5.							

NO.	R	Temp. °R	Gas Liquid Hydrocarbon Ratio	Mcf/bbl.
1.			A.P.I. Gravity of Liquid Hydrocarbon	Deg.
2.			Specific Gravity Separator Gas	XXXXXXX
3.			Specific Gravity Flowing Fluid	XXXXXX
4.			Critical Pressure	P.S.I.A.
5.			Critical Temperature	R

P _c	617	P _c ²	380,689			
NO.	P _i ²	P _w	R _w ²	P _c ² - R _w ²	(1) $\frac{P_c^2}{P_c^2 - R_w^2} = 1.0150$	(2) $\left[\frac{P_c^2}{P_c^2 - R_w^2} \right]^n = 1.0111$
1			5640	375,049		
2						
3						
4						
5						

AOF = Q $\left[\frac{P_c^2}{P_c^2 - R_w^2} \right]^n = 428$

Absolute Open Flow 428 Mcfd @ 15.025 Angle of Slope θ _____ Slope, n 0.75

Remarks: _____

Approved By Division	Conducted By: Cliff Gates	Calculated By: Kenneth E. Roddu	Checked By:
----------------------	------------------------------	------------------------------------	-------------

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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 Form 9-331-C for such proposals.)

1. oil well gas well other

2. NAME OF OPERATOR
Supron Energy Corporation

3. ADDRESS OF OPERATOR
P.O. Box 808, Farmington, NM 87401

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1120 ft./S; 825 ft./E line
AT TOP PROD. INTERVAL: Same as above
AT TOTAL DEPTH: Same as above

5. LEASE
SF 047020 A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Congress

9. WELL NO.
5-E

10. FIELD OR WILDCAT NAME
Basin Dakota-Bloomfield Chacra

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 34, T29N, R11W, N.M.P.M.

12. COUNTY OR PARISH | 13. STATE
San Juan | New Mexico

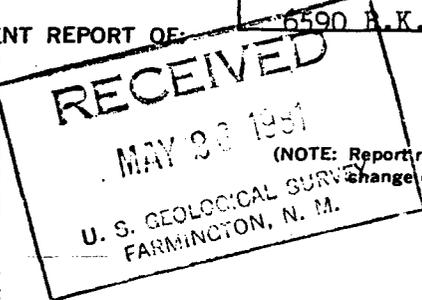
14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
6590 R.K.B.

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF	<input type="checkbox"/>	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>	<input type="checkbox"/>
CHANGE ZONES	<input type="checkbox"/>	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>	<input type="checkbox"/>
(other) <u>Test lower Dakota Zone</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>



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.)*

1. Perforated lower Dakota zone with one shot at each of the following depths: 6412, 16, 20, 23, 27, 34, 36, and 38 ft. R.K.B.
2. Acidized with 300 gallons of 10% Acetic acid.
3. Swabbed well and made about 4 bbl. of water per hour with a trace of oil and gas.
4. Set cement retainer at 6390 ft. R.K.B.
5. Ran tubing and stung into retainer.
6. Squeezed perforations (6412 - 6438) with 50 sacks of class "B".
7. Final squeeze pressure was 3000 P.S.I.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED Kenneth E. Roddy TITLE Production Supt. DATE May 22, 1981
Kenneth E. Roddy

(This space for Federal or State office use)

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

ACCEPTED FOR RECORD

MAY 26 1981

*See Instructions on Reverse Side

NMOCC

FARMINGTON DISTRICT
BY [Signature]

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

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 Form 9-331-C for such proposals.)

1. oil well gas well other

2. NAME OF OPERATOR
SUPRON ENERGY CORPORATION

3. ADDRESS OF OPERATOR
P.O. Box 808, Farmington, New Mexico 87401

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1120 ft./S ; 825 ft./E line
AT TOP PROD. INTERVAL: Same as above
AT TOTAL DEPTH: Same as above

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

5. LEASE
SF 047020 A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Congress

9. WELL NO.
5-E

10. FIELD OR WILDCAT NAME
Basin Dakota; Bloomfield Chacra Ext.

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 34, T-29N, R-11W, N.M.P.M.

12. COUNTY OR PARISH | 13. STATE
San Juan | New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
6590 R.K.B.

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

PULL OR ALTER CASING

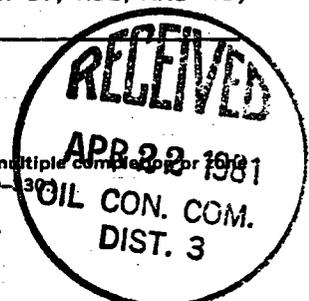
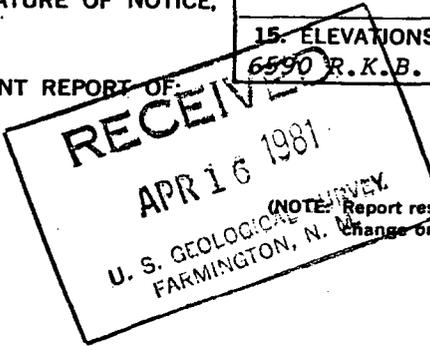
MULTIPLE COMPLETE

CHANGE ZONES

ABANDON*

(other) Ran 4 1/2" casing

SUBSEQUENT REPORT OF:



NOTE: Report results of multiple completions or change on Form 9-331

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.)*

1. Drilled 7-7/8" hole w/mud to total depth of 6520 ft. R.K.B. Total depth was reached on 4-11-81.
2. Ran 159 joints of 4 1/2", 10.50#, K-55 casing and set at 6517 ft. with the float collar at 6473 ft. R.K.B. Stage collars were set at 4383 ft. and 2991 ft. R.K.B.
3. Cemented first stage with 350 sacks of 50-50 POZ mix with 2% gel and 10% salt. Plug down at 9:45 a.m. 4-13-81. Cemented second stage with 250 sacks of 50-50 POZ mix with 4% gel and 50 sacks of class "B". Plug down at 1:15 p.m. 4-13-81. Cemented third stage with 600 sacks of 65-35-12 with 12 1/2 lb. gilsonite per sack and 100 sacks of 50-50 POZ mix with 2% gel. Plug down at 4:00 p.m. 4-13-81.
4. Cement circulated to the surface.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED Kenneth E. Roddy TITLE Production Supt. DATE April 14, 1981

(This space for Federal or State office use)

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

ACCEPTED FOR RECORD

NMOCC

APR 21 1981

*See Instructions on Reverse Side

FARMINGTON DISTRICT

BY _____

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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 Form 9-331-C for such proposals.)

1. oil well gas well other

2. NAME OF OPERATOR
SUPRON ENERGY CORPORATION

3. ADDRESS OF OPERATOR
P.O. Box 808, Farmington, New Mexico 87401

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: *1120 ft./S ; 825 ft./E line*
AT TOP PROD. INTERVAL: *Same as above*
AT TOTAL DEPTH: *Same as above*

5. LEASE
SF 047020 A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Congress

9. WELL NO.
5-E

10. FIELD OR WILDCAT NAME
Basin Dakota; Bloomfield Chacra Ext.

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 34, T-29N, R-11W, N.M.P.M.

12. COUNTY OR PARISH | 13. STATE
San Juan | New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
6590 R.K.B.

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

PULL OR ALTER CASING

MULTIPLE COMPLETE

CHANGE ZONES

ABANDON*

(other)

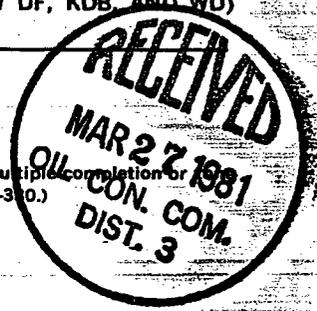
SUBSEQUENT REPORT OF:

RECEIVED

MAR 25 1981

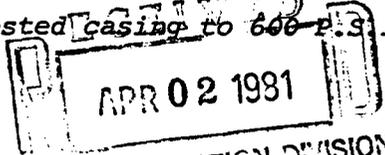
(NOTE: Report results of multiple completion or change on Form 9-330.)

U. S. GEOLOGICAL SURVEY
FARMINGTON, N. M.



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 12 1/4" hole at 9:00 p.m. 3-21-81.
- Drilled 12 1/4" surface hole to total depth of 296 ft. R.K.B.
- Ran 6 joints of 8-5/8", 24.00# H-40 casing and set at 294 ft. R.K.B.
- Cemented with 220 sacks of class "B" with 3% calcium chloride. Plug down at 6:15 a.m. 3-22-81. Cement circulated to the surface.
- Waited on cement for 12 hours.
- Pressure-tested casing to 600 P.S.I. for 30 minutes. Held OK.



Subsurface Safety Valve: Material and Type _____ Set @ _____ Ft.

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

SIGNED *Kenneth E. Roddy* TITLE *Production Supt.* DATE *March 24, 1981*

(This space for Federal or State office use)

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

ACCEPTED FOR RECORD

MAR 26 1981

*See Instructions on Reverse Side

NMOCC

FARMINGTON DISTRICT

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

30-045-24836

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. TYPE OF WORK
 DRILL DEEPEN PLUG BACK

b. TYPE OF WELL
 OIL WELL GAS WELL OTHER
 SINGLE ZONE MULTIPLE ZONE

2. NAME OF OPERATOR
 SUPRON ENERGY CORPORATION

3. ADDRESS OF OPERATOR
 P.O. Box 808, Farmington, New Mexico 87401

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)
 At surface: 1120 feet from the South and 825 feet from the East
 At proposed prod. zone: Same as above

14. DISTANCE IN MILES AND DIRECTION FROM NEAREST TOWN OR POST OFFICE*
 2 1/2 miles southeast of Bloomfield New Mexico

15. DISTANCE FROM PROPOSED LOCATION TO NEAREST PROPERTY OR LEASE LINE, FT.
 (Also to nearest drig. unit line, if any)
 825 ft.

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

21. ELEVATIONS (Show whether DF, RT, GR, etc.)
 5678 Gr.

23. PROPOSED CASING AND CEMENTING PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	QUANTITY OF CEMENT
12-1/4"	8-5/8"	24.00	250 ft.	150 sx circulated
7-7/8"	4-1/2"	10.50	6525 ft.	950 sx cover the Ojo Alamo

This action is subject to administrative appeal pursuant to 30 CFR 290.1

We desire to drill 12 1/4" surface hole, using natural mud, to approx. 250 ft. Run new 8-5/8" 24.00# csg. Cement surface csg. in place. Circulate cement to the surface. Drill out w/7-7/8" ibt using mud as a circulating medium to T.D. of approx. 6525 ft. Log well. Run new 4 1/2" 10.50# csg. to T.D. w/D.V. tools at approx. 4400 ft. & @ approx. 3010 ft. Cement 1st stage w/approx. 300 sx of 50-50 POZ. Cement 2nd stage w/approx. 200 sx of 50-50 POZ followed by 50 sx of class "B". Cement 3rd stage w/approx. 325 sx of 65-35 followed by approx. 75 sx of class "B" cement. Drill D.V. tools out. Pressure test csg. Perforate and fracture the Dakota zone. Set a bridge plug. Perforate and fracture the Chacra zone. Clean Chacra zone up. Pull bridge plug. Clean Dakota zone up. Run tbg. w/a production packer and set above the Dakota zone. Test the production packer for leakage. Test Dakota zone. Test Chacra zone after nippleing down well head. Connect to a gathering system.

This gas was previously dedicated to a transporter.

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 blow out preventer program, if any.

24. SIGNED Rudy D. Mott TITLE Area Superintendent DATE January 9, 1981

(This space for Federal or State office use)
APPROVED AS AMENDED

APPROVED BY JAMES F. SIMS TITLE DISTRICT ENGINEER
 DATE JAN 30 1981

APPROVAL DATE _____ DATE _____
 NMOCC

RECEIVED
 JAN 12 1981
 S. GEOLOGICAL SURVEY
 FARMINGTON, N. M.

5. LEASE DESIGNATION AND SERIAL NO.
 SF 047020 A
 6. IF INDIAN, ALLOTTEE OR TRIBE NAME
 7. UNIT AGREEMENT NAME
 8. FARM OR LEASE NAME
 Congress
 9. WELL NO.
 5-E
 10. FIELD AND POOL, OR WILDCAT
 Basin Dakota
 Bloomfield Chacra Extention
 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
 Sec. 34, T-29N, R-11W, NMPM
 12. COUNTY OR PARISH
 San Juan
 13. STATE
 New Mexico
 16. NO. OF ACRES IN LEASE
 400.28
 17. NO. OF ACRES ASSIGNED TO THIS WELL
 3/4 321.80 Dak; SE 1/4 160.00 Chacra
 20. ROTARY OR CABLE TOOLS
 Rotary
 22. APPROX. DATE WORK WILL START*
 March 10, 1981

RECEIVED
 FEB 2 1981
 OIL CON. DIVISION
 DISTRICT

**NEW MEXICO OIL CONSERVATION COMMISSION
WELL LOCATION AND ACREAGE DEDICATION PLAT**

Form C-102
Supersedes C-12
Effective 1-1-65

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

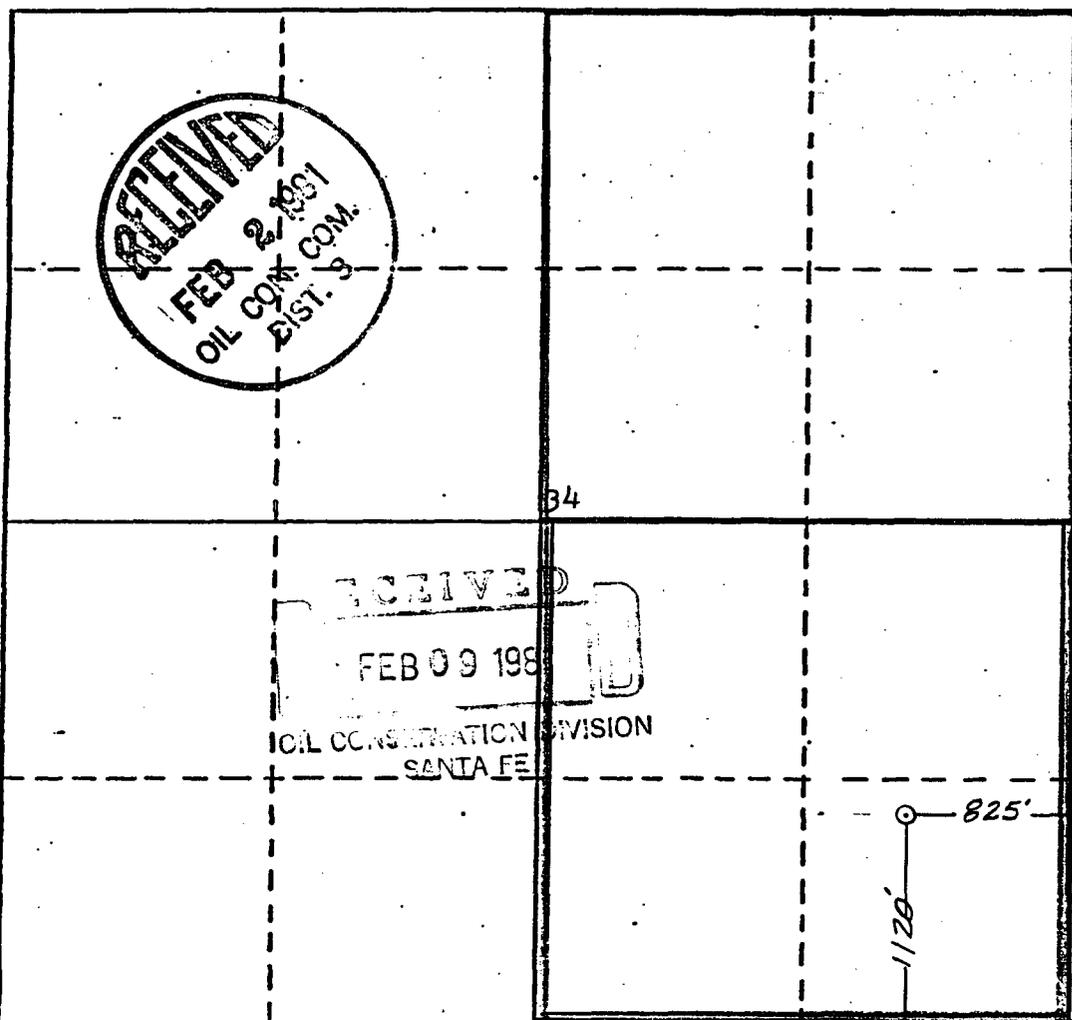
Operator SUPRON ENERGY CORPORATION		Lease CONGRESS		Well No. 5-E
Unit Letter P	Section 34	Township 29 NORTH	Range 11 WEST	County SAN JUAN
Actual Footage Location of Well: 1120 feet from the SOUTH line and 825 feet from the EAST line				
Ground Level Elev. 5678	Producing Formation Chacra Dakota	Pool Bloomfield Extension Basin	Dedicated Acreage: 334 149.00 127.80 Acres	

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

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

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

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



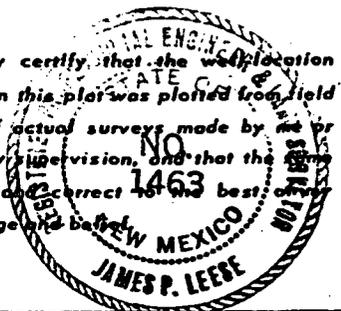
CERTIFICATION

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

Ludy D. Nocco

Name Ludy D. Nocco
Position Area Superintendent
Company SUPRON ENERGY CORPORATION
Date October 10, 1980

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.



Date Surveyed September 30, 1980
Registered Professional Engineer and/or Land Surveyor <i>James P. Leese</i> James P. Leese
Certificate No. 1463

