

TRANSMITTAL COVER SHEET

**OIL CONSERVATION DIVISION
ENGINEERING BUREAU
(505) 827-7131 (OFFICE)
(505) 827-1389 (FAX)**

PLEASE DELIVER THIS FAX TO:

TO: Jeff Patton - Cross Timbers
FROM: Kathy Valdes
SUBJECT: NSL-4390
DATE: 1/18/00
PAGES: 1

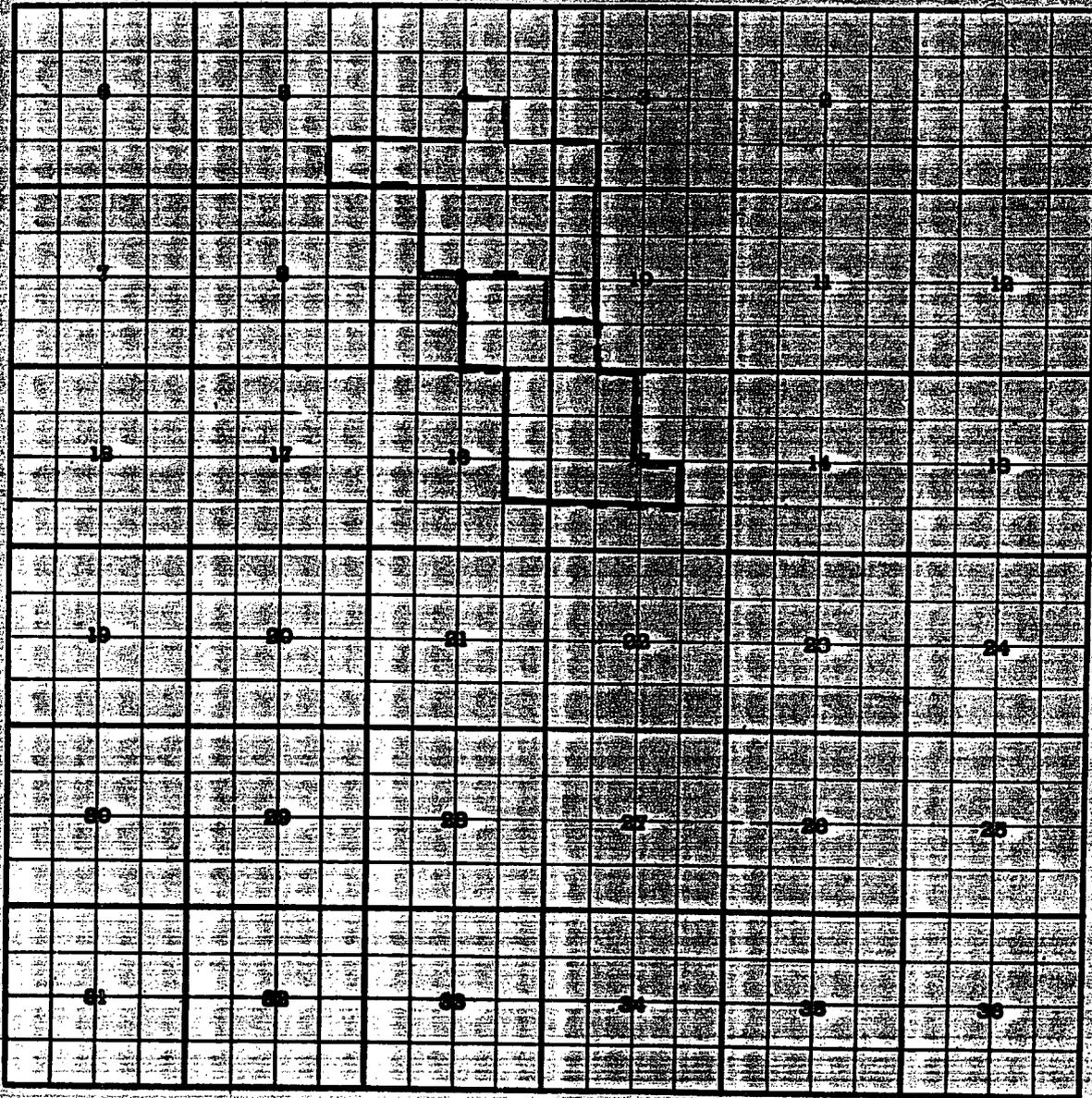
IF YOU HAVE ANY PROBLEMS RECEIVING THIS FAX, PLEASE CALL THE OFFICE NUMBER ABOVE.

County SAN JUAN

Pool BACA-GALLUP OIL

TOWNSHIP 26 N South, RANGE 8 W East

NEW MEXICO PRINCIPAL MERIDIAN



DESC: SEC 3: $\frac{SW}{4} \frac{SW}{4}$; SEC 4 $\frac{NW}{4} \frac{SE}{4} + \frac{S}{2} \frac{S}{2}$; SEC 5: $\frac{SE}{4} \frac{SW}{4}$; SEC 9: $\frac{NE}{4} + \frac{E}{2} \frac{NW}{4}$;
SEC 10: $\frac{W}{2} \frac{NW}{4} + \frac{NW}{4} \frac{SW}{4}$ (R-8713, 8/12/88)
Ext: $\frac{SE}{4}$ Sec 9, $\frac{SW}{4} \frac{SW}{4}$ Sec 10, $\frac{NW}{4}$, $\frac{N}{2} \frac{SW}{4}$, and $\frac{NW}{4} \frac{SE}{4}$ Sec 15, $\frac{E}{2} \frac{NE}{4}$ and $\frac{NE}{4} \frac{SE}{4}$
Sec 16 (R-10643, 8-19-96)

CMD : ONGARD 01/13/00 11:58:43
OG6IWCM INQUIRE WELL COMPLETIONS OGOMES -TPG7

API Well No : 30 45 11782 Eff Date : 01-01-1998 WC Status : A
Pool Idn : 71599 BASIN DAKOTA (PRORATED GAS)
OGRID Idn : 167067 CROSS TIMBERS OPERATING COMPANY
Prop Idn : 22608 FLORANCE

Well No : 068
GL Elevation: 6744

	U/L	Sec	Township	Range	North/South	East/West	Prop/Act (P/A)
B.H. Locn	: 0	20	27N	08W	FTG 1190 F S	FTG 2510 F E	P

Lot Identifier:

Dedicated Acre: 320.00

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 :
OG5SECT

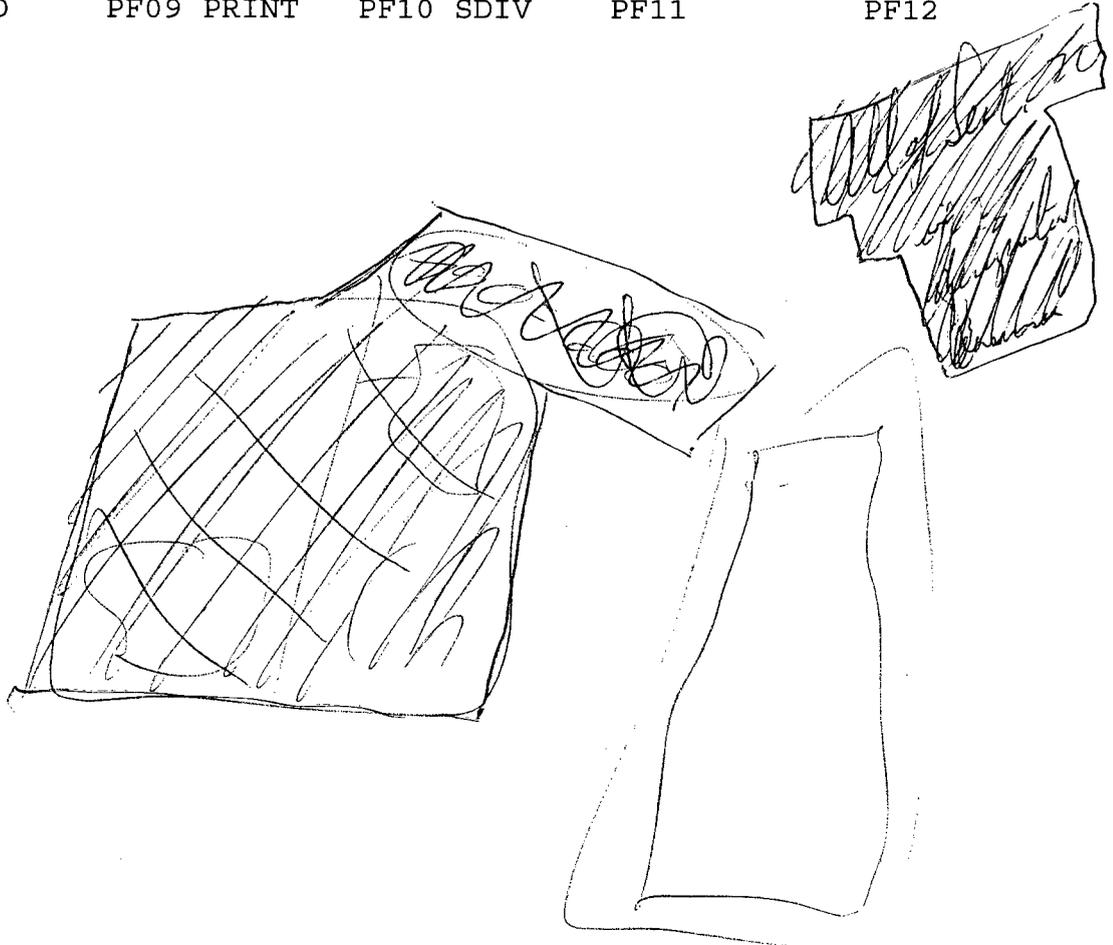
ONGARD
INQUIRE LAND BY SECTION

01/13/00 11:58:18
OGOMES -TPG7
PAGE NO: 2

Sec : 20 Twp : 27N Rng : 08W Section Type : NORMAL

<p>L 40.00</p> <p>Federal owned</p>	<p>K 40.00</p> <p>Federal owned</p> <p>A <i>NM03380</i></p>	<p>J 40.00</p> <p><i>NM03380</i></p> <p>Federal owned</p>	<p>I 40.00</p> <p>Federal owned</p>
<p>M 40.00</p> <p>Federal owned</p>	<p>N 40.00</p> <p>Federal owned</p>	<p>O 40.00</p> <p><i>NM03380</i></p> <p>Federal owned</p> <p>A A</p>	<p>P 40.00</p> <p>Federal owned</p> <p>A</p>

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



UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires November 30, 2000

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals. NOV 22 PM 2:02

SUBMIT IN TRIPLICATE - Other instructions on reverse side FARMINGTON, NM

1. Type of Well

Oil Well Gas Well Other

2. Name of Operator

Cross Timbers Operating Company OIL CON. DIV.

3a. Address

2700 Farmington Ave., Bldg. K. Ste 1 Farmington, NM 87401

3b. Phone No. (include area code)

5. Lease Serial No.

NMNM-0003380

6. If Indian, Allottee or Tribe Name

7. If Unit or CA/Agreement, Name and/or No.

8. Well Name and No.

Florence #68

9. API Well No.

30-045-11782

10. Field and Pool, or Exploratory Area

Basin Dakota

11. County or Parish, State

San Juan NM

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

TYPE OF SUBMISSION	TYPE OF ACTION			
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Recomplete	<input type="checkbox"/> Other _____
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

13. Describe Proposed or Completed Operation (clearly state all pertinent details, including estimated starting date of any proposed work and approximated duration thereof. If the proposal is to deepen directionally or recomplete horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompletion in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the final site is ready for final inspection.)

Cross Timbers is requesting approval to open addition pay in the Gallup formation. A copy of the recompletion procedure is enclosed for you review. Cross Timbers is planning to start this project by the end of the year.

Rule 104. D.(1)

HOLD 0104 FOR C-102 w/4000
USL

14. I hereby certify that the foregoing is true and correct
Name (Printed/Typed)

Jeffrey W. Patton



Title

Production Engineer

Date

11/18/99

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by

Title

Date

12/1/99

Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.

Office



Florance #68

OAP in the GALLUP WORKOVER PROCEDURE

WI - 100.0000%
NRI - 67.5000%

- Casing:** Surface: 8-5/8", 24.0# csg @ 1,004' KB.
Long String: 4 -1/2", 10.50# & 11.6# csg @ 7,460' KB. DV tools @ 2,888' KB & 5,298' KB. Cmt'd 1st stg w/150 sx class "C" w/7#/sx salt & 1.0% CFR-2. CBL showed no bond over the interval fr/7,210-6,800'. CBL showed good bond fr/6,800'-6,650'. Bond log ended @ 6,650'. Cmt'd 2nd stg w/200 sx class "B" w/10% gel, 0.4% HR-7 & 1/2#/sx Flocele. TOC not reported. Cmt'd 3rd stg w/550 sx class "B" w/10% gel, 0.4% HR-7 & 1/2#/sx Flocele. TOC not reported.
- Perforations:** Dakota fr/7,212'-22', 7,281'-89', 7,373'-76' & 7,384'-90'. (3 JSPF).
- Tubing:** 235 jts 2-3/8", 4.7#, J-55, EUE, 8rd tbg & "F" nipple. Landed EOT @ 7,348' KB. FN @ 7,344' KB.
- Current Status:** Dakota currently flwg @ 20 MCFPD & 0.5 BOPD.
- Objective:** Temporarily plugback the Dakota & OAP in the Gallup.

1. Test anchors on location.
2. MIRU PU, pmp & pit. Fill pit w/2% KCl wtr. MI ±10 jts of inspected and press tstd yellow band 2-3/8", 4.7#, J-55, EUE, 8RD tbg. Check and record tubing, casing and bradenhead pressures. Record production & pit tank gauges on gauge sheet. Report ending oil gauge for the Dakota to Cheryl Moore @ CTOC office.
3. Blow down well and kill w/2% KCl wtr if necessary.
4. ND WH. NU and pressure test BOP's.
5. TIH w/tbg & check for fill (PBD @ 7,410' KB). PU tbg as required. TOH w/tbg. Tally & visually inspect tbg while TOH. Replace tbg as needed.
6. MIRU WL trk. RIH w/GR, & CCL log fr/7,320' to 2,500'. Correlate collars to the gamma ray from the Schlumberger Formation Density Log dated 7/01/66.
7. RIH & set 4-1/2" Owen CIBP (dressed for 11.6# csg) @ ±7,155'. Csg collars @ 7,139' & 7,171'. RD WL.
8. PT csg & CIBP to 1,000 psig for 5".
 - If csg & CIBP will not tst, TIH w/4-1/2" model "C" fullbore (dressed for 11.6# csg) or equivalent pkr to CIBP. Tag CIBP to check depth. PU & set pkr. PT CIBP to 4,000 psig. PT TCA to 1,000 psig for 5":



Cross Timbers Operating Company

If TCA holds OK, then walk it up to 3,000 psig for 5". If TCA will not tst, then hunt for hole while TOH. Report results to CTOC Farmington office ASAP. Farmington office will review the situation for economic justification and will either specify a squeeze procedure or will SD operations.

- If csg & CIBP hold (to 1,000 psig) OK, then walk up to 3,000 psig for 5".
9. If the pressure test is acceptable, RU WL to perf the Gallup w/3-1/8" HSC select fire gun as follows: 6,596', 92', 84', 78', 72', 66', 60', 54', 40', 34', 28', 22', 16', 10', 02', 6,498', 93', 84', 76', 70', 64', 16', 12' & 08' (1 JSPF, 24 holes ttl, 12 gram charge). RD WL.
 10. PU & TIH w/SAP or Stradaset pkr ass'bly & 2-3/8" tbg. Hydro-tst tbg to 5,000 psig while TIH. The straddle pkr ass'bly needs to be run with the correct size of nipples & SV's for injection, retrieval and swabbing. If possible, install SV's @ the surface to insure vlvs are seated. If possible, tst the pkr ass'bly above top perf (@ 6,408') in blank pipe to 4,000 psig w/acid trk.
 11. RU acid crew. Use 60' of acid injection hose if possible. PU & straddle the btm perf @ 6,596'. Spot acid to end of tool. BD perf w/1 bbl 15% HCl acid (w/appropriate additives). Record rate, pressure & ISIP (if possible) for each perf. Rel tool & PU to next perf. Repeat the operation w/1 bbl of acid. Continue to repeat this operation for all 24 perfs. ±1,000 gals of 15% HCl acid will be required. Flush the last acid stg w/2% KCl wtr, if all acid has been pumped. If perfs communicate while acidizing move to the next setting. *Max pressure for BD is 4,000 psig.*
 12. PU w/the pkr ass'bly above the top perf (@ 6,408'). Fish SV(s). Bullhead any remaining acid w/2% KCL wtr. EIR into all perfs @ max press (4,000 psig) if possible. Record rate, pressure & ISIP, 5" SIP, 10" SIP & 15" SIP for the entire interval. RD acid crew.
 13. RU swab. Swab tst the interval for 2 hrs. Record the amount of fluid recovered. Also indicate the color and consistency of the fluid being recovered. Save samples of fluid recovered for testing. RD swab.
 14. TOH & LD pkr ass'bly. ND BOP. Kill well w/2% KCl wtr as needed. Install CTOC's 4" FO frac vlv. Contact Ron @ Stinger Wellhead for x-overs, spools or companion flanges as needed.
 15. RU frac crew. Frac the Gallup w/100,000 gals 20#, x-linked, gelled 2% KCl wtr carrying 115,000# 20/40 mesh Brady sd @ 40 BPM & 3,000 psig (max) dwn csg as follows:



Cross Timbers Operating Company

Stg		Stg Volume	Sd Conc	Fluid	Proppant Vol.
1	Pad	30,000 gals		20#, x-linked, gelled 2% KCl wtr	
2	SLF	25,000 gals	1 ppg	20#, x-linked, gelled 2% KCl wtr	25,000#
3	SLF	45,000 gals	2 ppg	20#, x-linked, gelled 2% KCl wtr	90,000#
4	Flush	±4,000 gals		Linear gelled 2% KCl wtr	

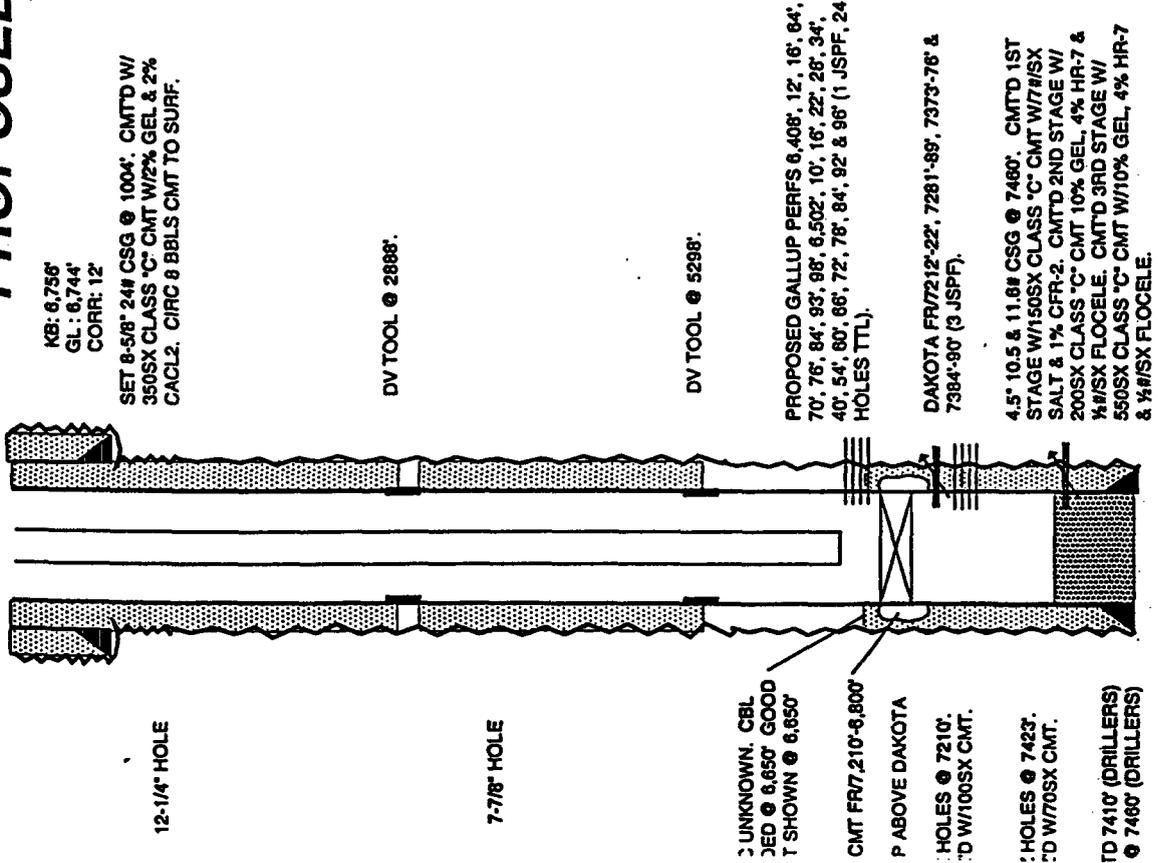
16. SWI for 2 hrs to allow gel to break. After 1 hr of SI, RU WL. Lubricate in hole w/temp survey. Survey fr/5,300' to btm perf. RDMO WL. Continue to leave well SI until the 2 hrs has passed. Flow well back until dead. Use ck if required. Record pressure hourly.
17. TIH w/notched collar, SN & 2-3/8" tbg. Tag sd. CO sd fill to top of CIBP (@ ±7,155'). A pmp bailer may be required to CO sd fill. Do not use air/foam unit unless absolutely necessary. DO NOT DRILL OUT CIBP.
18. Land the 2-3/8" production tbg @ ±6,350' KB.
19. ND BOP. NU WH. RU swab. Swab well to pit. Gauge production. Once well can produce & stay unloaded, RWTP dwn sales. Sell gas through Dakota separator & mtr run. Notify Vern Thomas that RTU & mtr will need to be adjusted accordingly.
20. RDMO PU. RU SU if necessary.
21. RWTP as soon as possible.

Approvals: _____

[Signature] 7/29/99

FLORANCE #68 WELLBORE DIAGRAM

PROPOSED



KB: 6,756'
GL: 6,744'
CORR: 12'

SET 8-5/8" 24# CSG @ 1004'. CMTD W/
350SX CLASS "C" CMT W/2% GEL & 2%
CACL2. CIRC 8 BBLs CMT TO SURF.

DV TOOL @ 2888'

DV TOOL @ 5298'

PROPOSED GALLUP PERFS 6,408', 12', 16', 64',
70', 76', 84', 93', 98', 6,502', 10', 16', 22', 28', 34',
40', 54', 60', 66', 72', 78', 84', 92' & 96' (1 JSPF, 24
HOLES TTL)

DAKOTA FR/7212'-22', 7281'-89', 7373'-76' &
7384'-90' (3 JSPF).

4.5" 10.5 & 11.6# CSG @ 7460'. CMTD 1ST
STAGE W/150SX CLASS "C" CMT W/7#ISX
SALT & 1% CFR-2. CMTD 2ND STAGE W/
200SX CLASS "C" CMT 10% GEL, 4% HR-7 &
1/2#ISX FLOCELE. CMTD 3RD STAGE W/
550SX CLASS "C" CMT W/10% GEL, 4% HR-7
& 1/2#ISX FLOCELE.

DATA

LOCATION: 1190' FSL, 2510' FEL, UNIT O SEC 20 T27N R8W
COUNTY/STATE: SAN JUAN, NEW MEXICO
FIELD: BASIN DAKOTA
FORMATION: DAKOTA
NM LEASE#: NM-03380 API#: 300451178200 CTQC WELL#: 70288
SPUD DATE: 6/14/66 COMPLETION DATE: 7/12/66
IP: F. 2839 (AOF) MCFPD (8/5/66).
PRODUCTION METHOD: FLWG
TUBING STRING: 2-3/8" 4.7# J-55 EUE TBG & B&R "F" NIPPLE. LANDED TBG @ 7348'. FN @ 7348'.
PERFS: DAKOTA FR/7212'-22', 7281'-89', 7373'-76' & 7384'-90'.

HISTORY

06/14/66 BRINKERHOFF DRLG CO SPUNDED 12-1/4" HOLE FOR TENNECO OIL CO. GL: 6,744'.
06/15/66 SET 8-5/8" 24# CSG @ 1,004'. CMTD W/350SX CLASS "C" CMT W/2% GEL & 2% CACL2.
CIRC 8 BBLs CMT TO SURF.
07/01/66 REACHED TD OF 7-7/8" HOLE @ 7,460'.
07/02/66 RAN SCHLUMBERGER OH LOGS. SET 4.5", 10.5 & 11.6# CSG @ 7,460'. DV TOOLS @ 5,298'
& 2,888'. CMTD 1ST STAGE W/150SX CLASS "C" CMT W/7#ISX SALT & 1% CFR-2. CMTD 2ND
STAGE W/200SX CLASS "C" CMT W/10% GEL, 0.4% HR-7 & 1/2#ISX FLOCELE. CMTD 3RD
STAGE W/550SX CLASS "C" CMT W/10% GEL, 0.4% HR-7 & 1/2#ISX FLOCELE.
07/06/66 DO DV TOOLS @ 2,888' & 5,298'. CO TO 7,425' (PBTD). EIR INTO CSG @ 1 BPM & 3,700
PSIG.
07/07/66 TIH W/RTTS PKR. PKR FAILED. LEFT RUBBERS & BTM SLIP IN HOLE. TIH W/3-7/8" BIT &
CSG SCRAPER TO 7,425'. POH. TIH W/RTTS PKR. TSTD DV TOOLS. HELD OK. FOUND
FLOAT COLLAR LEAKING. POH.
07/08/66 RAN GR LOG FR/7,430'-7,300'. PERFD W/2 JSPF @ 7,423'. SET RTTS PKR @ 7,400'.
SQUEEZED CSG LEAK W/70SX CMT @ 3,000 PSIG. WOC 12.5 HRS. RAN CMT BOND LOG.
NO CMT FR/6,800'-7,210'. POH W/RTTS PKR. PERFD 2 HOLES @ 7,210'.
07/09/66 TIH W/PKR. SET PKR @ 7,178'. SQUEEZED PERFS @ 7,210' W/100SX CLASS "C" CMT
W/0.5% HALAD-9. POH W/PKR. TIH W/3-7/8" BIT. DRLD CMT FR/7,205'-7,210'. FELL OUT
OF CMT TO 7,410'. TSTD CSG TO 1,500 PSIG. HELD OK.
07/10/66 SPOTTED 500 GALS 15% REG ACID IN CSG. POH. PERFD DAKOTA FR/7,390'-84' & 7,376'-
73' (3 JSPF). F. W/36,000 GALS WTR & 30,000# 20/40 SD @ 32.2 BPM & 4,200 PSIG. ISIP
1,500 PSIG. 5" SIP 1,300 PSIG. DISPLACED FRAC W/500 GALS 15% ACID. COULD NOT
SET BP FOR 2ND STAGE DUE TO SD IN CSG. TIH W/3-7/8" BIT. CO TO 7,410'. POH.
07/11/66 SET CIBP @ 7,350'. PERFD DAKOTA FR/7,289'-81' W/3 JSPF. BROKE DWN PERFS W/500
GALS HF ACID & 4 BS. F. W/36,000 GALS WTR & 30,000# 20/40 SD @ 42 BPM & 4,200 PSIG.
ISIP 1,900 PSIG. 5" SIP 1,700 PSIG. SET CIBP @ 7,260'. PERFD DAKOTA FR/7,222'-12' (3
JSPF). BROKE DWN PERFS W/500 GALS HF ACID & 4 BS. F. PERFS FR/7,212'-22' W/34,000
GALS TREATED WTR & 30,000# 20/40 SD @ 51 BPM & 4,200 PSIG. ISIP 2,000 PSIG. 5" SIP
1,800 PSIG.
07/12/66 DRLD BP @ 7,260' & 7,350'. CO TO 7,410'. TIH W/2-3/8" TBG W/B&R "F" NIPPLE ON BTM.
LANDED TBG @ 7,348'.
08/05/66 F. 2,839 MCFPD (AOF).
01/01/98 CTQC ASSUMED OPERATIONS.
09/21/98 MIRU SU. BFL 5,000' FS. S. 1 BO, 4 BW, 2 HRS (2 RUNS). FFL 5,500' FS. WELL KO FLWG
TO TNK. WELL FLWD 4 HRS. SWIFFBU.
09/22/98 OWU. WELL KO FLWG TO PIT. FLWD 2 HRS. SWIFFBU. RDMO SU.

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

District II
811 South First, Artesia, NM 88210

District III
1000 RioBrazos Rd., Aztec, NM 87410

District IV
2040 South Pacheco, Santa Fe, NM 87505

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

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

AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

¹ Operator name and Address CROSS TIMBERS OPERATING COMPANY 6001 Highway 64 Farmington, NM 87401		² OGRID Number 167067
		³ Reason for Filing Code Change of Operator 12/1/97 <i>11/1/98</i>
⁴ API Number 30-045-11782	⁵ Pool Name BASIN DAKOTA	⁶ Pool Code 71599
⁷ Property Code	⁸ Property Name FLORANCE	⁹ Well Number 68

II. ¹⁰ Surface Location

Ul or lot no.	Section	Township	Range	Lot.Idn	Feet from the	North/South Line	Feet from the	East/West line	County
O	20	27N	08W		1190	S	2510	E	SJ

¹¹ Bottom Hole Location

UL or lot no.	Section	Township	Range	Lot.Idn	Feet from the	North/South Line	Feet from the	East/West line	County
¹² Lse Code F	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

RECEIVED
DEC 19 1997

IV. Produced Water

²³ POD	²⁴ POD ULSTR Location and Description
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OIL CON. DIV.
DIST. 3

V. Well Completion Data

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

VI. Well Test Data

³⁵ Date New Oil	³⁶ Gas Delivery Date	³⁷ Test Date	³⁸ Test Length	³⁹ Tbg. Pressure	⁴⁰ Csg. Pressure
⁴¹ Choke Size	⁴² Oil	⁴³ Water	⁴⁴ Gas	⁴⁵ AOF	⁴⁶ Test Method

⁴⁷ I hereby certify that the rules of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief. Signature: <i>Vaughn O. Vennerberg</i>	OIL CONSERVATION DIVISIO Approved by: Frank T. Chavez Title: Supervisor District #3 Approval Date:
Printed Name: Vaughn O. Vennerberg, II	
Title: Sr. Vice President-Land	
Date: December 1, 1997 Phone: (505) 632-5200	

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

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

SUNDRY NOTICES AND REPORTS ON WELLS

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

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BLM

MAR 29 10:52 AM '97

5. Lease Designation and Serial No.

NMN/M 03380

6. If Indian, Allocated or Tribe Name

070 FARMINGTON, NM

7. If Unit or CA, Agreement Designation

1. Type of Well
 Oil Well Gas Well Other

2. Name of Operator Attention:
Amoco Production Company Mark Stelling (505) 326-9432

3. Address and Telephone No.
200 Amoco Court, Farmington NM 87401 (505) 326-9432

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
SW/4 SE/4 Sec. 20 T27N R8W

8. Well Name and No. Florence D LS #4A (MV)

Florence #68 (DK)

9. API Well No. 30-045-29258 (D LS #4A)

30-045-11782 (#68)

10. Field and Pool, or Exploratory Area
Basin Dakota / Blanco Mesaverte

11. County or Parish, State
SAN JUAN, NM

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

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

RECEIVED
MAR - 7 1997
OIL COMPANY

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

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

Per NMOC D commingling Order # PC-927 Amoco is providing the 2nd of four quarterly tests as required by the order. Once the quarterly testing is finished, the testing requirement is Annual. The results of the 11/22/97 test are as follows. Amoco will allocate production accordingly.

Well Name	API	Gas Production MCFD	%	Condensate Prod. BCPD	%
Florence D LS #4A (MV)	30-045-29258	177	78%	.5	33%
Florence #68 (DK)	30-045-11782	50	22%	1	67%
Total		227	100%	1.5	100%

cc: Wellfiles: Florence D LS #4A
Florence #68

100% GWE

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

Signed Mark R Stelling Title Business Analyst Date 1/27/97

(This space for Federal or State office use)

ACCEPTED FOR RECORD

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

JAN 30 1997

FARMINGTON DISTRICT OFFICE

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

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

SUNDRY NOTICES AND REPORTS ON WELLS

RECEIVED BLM

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.

07 JAN 1996

Use APPLICATION FOR PERMIT - for such purposes

95 OCT 31 PM 1:41

5. Lease Designation and Serial No. NMNM 03380

7. If Unit or CA, Agreement Designation 070 FARMINGTON, NM

1. Type of Well Oil Well Gas Well Other

2. Name of Operator Amoco Production Company Attention: Mark Stelling (505) 326-9432

3. Address and Telephone No. 200 Amoco Court, Farmington NM 87401 (505) 326-9432

4. Location of Well (Footage, Sec., T., R., M., or Survey Description) SW 1/4 SE 1/4 Sec. 20 T27N R8W Unit Letter "O" San Juan, NM

8. Well Name and No. FLORENCE D LS #41 FLORENCE #68 (DK)

9. API Well No. 30-045-29258 (D LS #4A) 30-045-11782 (#68)

10. Field and Pool, or Exploratory Area Basin Dakota / Blanco Mesverde

11. County or Parish, State San Juan, NM

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

Table with columns TYPE OF SUBMISSION and TYPE OF ACTION. Includes checkboxes for Notice of Intent, Subsequent Report, Final Abandonment Notice, Abandonment, Recompletion, Plugging Back, Casing Repair, Altering Casing, Other, Change of Plans, New Construction, Non-Routine Fracturing, Water Shut-Off, Conversion to Injection, Dispose Water.

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.)

Please reference Amoco's first delivery sundry dated 8/20/96 for the subject two wells. Per NMOC commingling order #PC-927 Amoco has completed the 1st production well test. The results of the 10/20/96 test yielded the following results. Amoco will allocate production accordingly.

Table with columns Well Name, API, Gas Production mCFD, Gas Production %, Condensate Prod. BCPD, Condensate Prod. %. Includes rows for Florence D LS #4A, Florence #68 (DK), and Total.

cc: Wellfile Florence D LS #4A Florence #68

100% GWE Both wells

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

Signed Mark Stelling

Title Business Analyst

Date 10/30/96

ACCEPTED FOR RECORD

NOV 06 1996

Approved by Conditions of approval, if any: Title

FARMINGTON DISTRICT OFFICE

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

State of New Mexico
 Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION

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

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**

Operator AMOCO PRODUCTION COMPANY		Well API No. 300451178200
Address P.O. BOX 800, DENVER, COLORADO 80201		
Reason(s) for Filing (Check proper box)		<input type="checkbox"/> Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	<input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>
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 FLORANCE	Well No. 68	Pool Name, Including Formation BASIN DAKOTA (PRORATED GAS)	Kind of Lease State, Federal or Fee	Lease No.
Location				
Unit Letter 0	1190	Feet From The FSL Line and 2510	Feet From The FEL	Line
Section 20	Township 27N	Range 8W	SAN JUAN	County NMPM,

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

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

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations				Depth Casing Shoe				
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		
RECEIVED								
AUG 23 1990								
OIL CON. DIV.								

V. TEST DATA AND REQUEST FOR ALLOWABLE

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

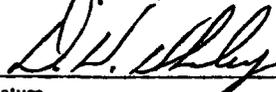
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF

GAS WELL

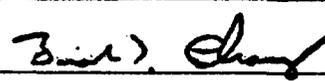
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

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


 Signature
Doug W. Whaley, Staff Admin. Supervisor
 Printed Name Title
July 5, 1990 **303-830-4280**
 Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved **AUG 23 1990**
 By 
SUPERVISOR DISTRICT #3
 Title

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

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



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 OIL CONSERVATION DIVISION
 SANTA FE

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

STATE OF NEW MEXICO
 ENERGY AND MINERALS DEPARTMENT

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

REQUEST FOR ALLOWABLE
 AND
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED
 NOV 16 1987
 OIL CON. DIV.
 DIST. 2

I. Operator
Tenneco Oil Company

Address
P.O. Box 3249, Englewood, CO 80155

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

New Well Change in Transporter of: Dry Gas
 Recompletion Oil Condensate
 Change in Ownership Casinghead Gas

Effective 12/1/87

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Florance	Well No. 68	Pool Name, including Formation Basin Dakota	Kind of Lease State, Federal or Fee FED	Lease No. NM-03380
Location				
Unit Letter 0	: 1190	Feet From The South	Line and 2510	Feet From The East
Line of Section 20	Township 27N	Range 8W	NMPM. San Juan	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Conoco	P.O. Box 460, Hobbs, NM 88240
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas	P.O. Box 4990, Farmington, NM 87401
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit Sec. Twp. Rge. 0 20 27N 8W	

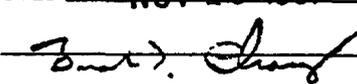
If this production is commingled with that from any other lease or pool, give commingling order number _____

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.


 Michael D. Gammon (Signature)
 Sr. Administrative Analyst (Title)
 11/13/87 (Date)

OIL CONSERVATION DIVISION
 APPROVED **NOV 16 1987**, 19_____
 BY 
 TITLE **SUPERVISION 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 Section I, II, III, and VI for changes of owner, well name and or number, or transporter, or other such change of condition.
 Separate Forms C-104 must be filed for each pool in multiply completed wells.

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

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

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

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

I.

Operator Amoco Production Company	Well API No. 3004511782
Address 1670 Broadway, P. O. Box 800, Denver, Colorado 80201	
Reason(s) for filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of: <input type="checkbox"/>
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 Tenneco Oil E & P, 6162 S. Willow, Englewood, Colorado 80155	

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SANTA FE

II. DESCRIPTION OF WELL AND LEASE

Lease Name FLORANCE	Well No. 68	Pool Name, including Formation BASIN (DAKOTA)	FEDERAL	Lease No. NM003380
Location				
Unit Letter 0	1190	Feet From The FSL	Line and 2510	Feet From The FEL Line
Section 20	Township 27N	Range 8W	NMPM,	SAN JUAN County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P. O. BOX 1429, BLOOMFIELD, NM 87413
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P. O. BOX 1492, EL PASO, TX 79978
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When ?

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

IV. COMPLETION DATA

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

V. TEST DATA AND REQUEST FOR ALLOWABLE

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

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

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (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.

J. L. Hampton
Signature
J. L. Hampton Sr. Staff Admin. Suprv.
Printed Name Title
January 16, 1989 303-830-5025
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved **MAY 08 1989**
By *[Signature]*
SUPERVISION DISTRICT # 3
Title _____

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

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

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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-11
Effective 1-1-65

15

I. OPERATOR

Operator
Tenneco Oil Company

Address
P.O. Box 3249 Englewood, CO 80155

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

New Well Change in Transporter of:

Recompletion Oil Dry Gas

Change in Ownership Casinghead Gas Condensate

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Florance	Well No. 68	Pool Name, Including Formation Basin Dakota	Kind of Lease State, Federal or Fee Federal	Lease No. NM-03380
Location Unit Letter 0 ; 1190 Feet From The South Line and 2510 Feet From The East				
Line of Section 20 Township 27N Range 8W , 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) 4 Inverness Ct. East Englewood, CO 80112-5591
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas	Address (Give address to which approved copy of this form is to be sent) P. O. Box 4990, Farmington, N. M. 87401
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	0 20 27N 8W

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 Tanks	Date of Test	Producing Method (Flow, Pump, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

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OIL CON. DIV.

GAS WELL

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

VI. CERTIFICATE OF COMPLIANCE

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

Martin A. Loman
(Signature)
Administrative Supervisor
(Title)
10/10/84
(Date)

OIL CONSERVATION COMMISSION

NOV 1 1984

APPROVED _____ 19
BY *Frank J. Quigg*
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 deviator tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allowable on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.
Separate Forms C-104 must be filed for each pool in multiple completed wells.

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OPERATOR	<input checked="" type="checkbox"/>
PRORATION OFFICE	

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

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

RECEIVED
SEP 3 10 51 AM '70
NEW MEXICO

I. OPERATOR
Operator: Tenneco Oil Company
Address: Suite 1200 Lincoln Tower Building, Denver, Colorado 80203

Reason(s) for filing (Check proper box):
 New Well Change in Transporter of:
 Recompletion Oil Dry Gas
 Change in Ownership Casinghead Gas Condensate Effective 9-1-70
From Inland

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Florance</u>	Well No. <u>68</u>	Pool Name, Including Formation <u>Basin Dakota</u>	Kind of Lease State, Federal or Fee <u>Federal</u>	Lease No.
Location Unit Letter <u>0</u> ; <u>1190</u> Feet From The <u>South</u> Line and <u>2510</u> Feet From The <u>East</u>				
Line of Section <u>20</u> Township <u>27N</u> Range <u>8W</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"/> <u>Plateau, Inc.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 108, Farmington, N. M. 87401</u>			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)			
If well produces oil or liquids, give location of tanks.	Unit <u>0</u>	Sec. <u>20</u>	Twp. <u>27</u>	Rge. <u>8</u>
Is gas actually connected?		When		

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	<input type="checkbox"/> Oil Well	<input type="checkbox"/> Gas Well	<input type="checkbox"/> New Well	<input type="checkbox"/> Workover	<input type="checkbox"/> Deepen	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Same Res'v.	<input type="checkbox"/> 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 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		COM.	
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

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

G.A. Frost
(Signature)
Sr. Production Clerk
(Title)
8-27-70
(Date)

OIL CONSERVATION COMMISSION
APPROVED SEP 3 1970, 19____
BY Arthur Sandwick
TITLE PETROLEUM ENGINEER DIST. NO. 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.

OIL CONSERVATION COMMISSION

BOX 697

120 EAST CHACO

AZTEC, NEW MEXICO

NOTICE OF GAS CONNECTION

DATE April 26, 1967

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

THE Tenneco Oil Company
OPERATOR

Florance #68 "0" 20-27-3
LEASE WELL UNIT S-T-R

Basin Dakota El Paso Natural Gas Company
POOL NAME OF PURCHASER

WAS MADE ON April 17, 1967 , FIRST DELIVERY April 22, 1967
DATE DATE

Choke 2,646
ADP 2,839
INITIAL POTENTIAL

El Paso Natural Gas Company
PURCHASER

REPRESENTATIVE

Assistant Chief Dispatcher
TITLE

CC: TO OPERATOR **Durango**
OIL CONSERVATION COMMISSION - SANTA FE
F. N. WOODRUFF - EL PASO
~~XXXXXXXXXX~~

FILE

MAIN OFFICE 000

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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

67 MAR 6

I.

Operator **Tenneco Oil Company**

Address **Box 1714, Durango, Colorado**

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

New Well <input checked="" type="checkbox"/>	Change in Transporter of:	Effective 1st Delivery
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Florance	Well No. 68	Pool Name, Including Formation Basin Dakota	Kind of Lease State, Federal or Fee Federal
Location			
Unit Letter 0	1190 Feet From The So Line and 2510 Feet From The East		
Line of Section 20	Township 27-N	Range 8-W	NMPM, San Juan County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Inland Crude, Inc.	Address (Give address to which approved copy of this form is to be sent) Box 1528, Farmington, New Mexico
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) Farmington, New Mexico
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	0 20 27 8 No On approval

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X	X					
Date Spudded 6/14/66	Date Compl. Ready to Prod. 8/5/66	Total Depth 7460	P.B.T.D. 7410					
Pool 6744 GR	Name of Producing Formation Dakota	Top Oil/Gas Pay 7212	Tubing Depth 7348					
Perforations 7212-7390	Depth Casing Shoe 7460							

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4	8 5/8	1004	350 sx
7 7/8	4 1/2	7460	1st Stage 150 sx
	2 3/8	7348	2nd " 200 sx
			3rd " 550 sx

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 2839	Length of Test 3 hrs.	Bbls. Condensate/MMCF	Gravity of Oil
Testing Method (pitot, back pr.) AOF Back PR	Tubing Pressure 200	Casing Pressure 552	Choke Size 3/4

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.

Harold C. Nichols

Harold C. Nichols

Senior Production Clerk

2/22/67

By: **Conoco**

OIL CONSERVATION COMMISSION
FEB 28 1967

APPROVED _____, 19____

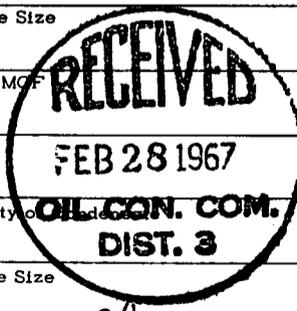
BY *Cammy Shue*
TITLE **SUPERVISOR DIST. #8**

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out Sections I, II, III, and VI only for changes of owner well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiple completions.



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

SUBMIT IN DUPLICATE*

(See other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R365.5.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

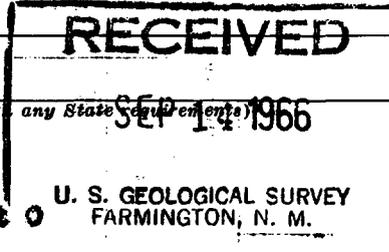
1a. TYPE OF WELL: OIL WELL GAS WELL DRY Other

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

2. NAME OF OPERATOR
Tenneco Oil Company

3. ADDRESS OF OPERATOR
P. O. Box 1714, Durango, Colorado

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)
At surface **1190 FHL 2510 FEL**
At top prod. interval reported below
At total depth **Same**



14. PERMIT NO. _____ DATE ISSUED _____

15. DATE SPUNDED **6/14/66** 16. DATE T.D. REACHED **7/3/66** 17. DATE COMPL. (Ready to prod.) **8/5/66** 18. ELEVATIONS (DF, REB, RT, GE, ETC.)* **6744' Cr.** 19. ELEV. CASINGHEAD **6744**

20. TOTAL DEPTH, MD & TVD **7460** 21. PLUG, BACK T.D., MD & TVD **7410** 22. IF MULTIPLE COMPL., HOW MANY* **→** 23. INTERVALS DRILLED BY **→** ROTARY TOOLS **0 - 7460** CABLE TOOLS **0**

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*
7212 - 7390 Dakota

25. WAS DIRECTIONAL SURVEY MADE
Yes

26. TYPE ELECTRIC AND OTHER LOGS RUN
IES and Density

27. WAS WELL CORED
NO

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

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
8 5/8"	24#	1004	12 1/4	350 sx	None
4 1/2"	10.5 & 11.6#	7460	7 7/8	1st stage 150 sx 2nd stage 200 sx 3rd stage 550 sx	

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	7348	

31. PERFORATION RECORD (Interval, size and number)

7384 - 90	3 HFF
7373 - 76	3 HFF
7281 - 85	3 HFF
7212 - 22	3 HFF

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

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
7380 - 7373	30000 # ad, 48300 gal. wtr.
7281 - 7285	36000 gal. wtr, 30000# ad, (500 gal. acid)
7212 - 7222	30000# ad, 34000 gal wtr, (500 gal. acid)

33.* PRODUCTION

DATE FIRST PRODUCTION **Shut in** PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) **Flowing** WELL STATUS (Producing or shut-in) **Shut in**

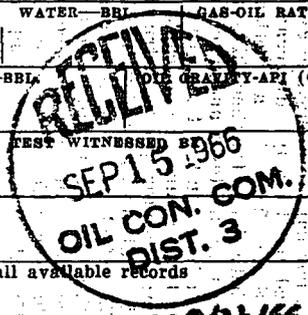
DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
8/5/66	3	3/4"	→				
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	DIST. QUALITY-API (CORR.)	
200	552	→		2839			

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

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 **Harold C. Nichols** TITLE **Senior Production Clerk** DATE **9/14/66**



DISTRIBUTION:
5-USGS, 1-Continental, 1-File

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

INSTRUCTIONS

General: This form is designed for submitting a complete and correct well completion report and log on all types of lands and leases to either a Federal agency or a State agency, or both, pursuant to applicable Federal and/or State laws and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office. See instructions on items 22 and 24, and 38, below regarding separate reports for separate completions. If not filed prior to the time this summary record is submitted, copies of all currently available logs (drillers, geologists, sample and core analysis, all types electric, etc.), formation and pressure tests, and directional surveys, should be attached hereto, to the extent required by applicable Federal and/or State laws and regulations. All attachments should be listed on this form, see item 35.

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

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

Items 22 and 24: If this well is completed for separate production from more than one interval zone (multiple completion), so state in item 22 and in item 24 show the producing interval, or intervals, top(s), bottom(s) and name(s) (if any) for only the interval reported in item 38. Submit a separate report (page) on this form, adequately identified, for each additional interval to be separately produced, showing the additional data pertinent to such interval.

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

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

37. SUMMARY OF POROUS ZONES:
 SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF; CORRE INTERVALS; AND ALL DRILL-STEM TESTS, INCLUDING DEPTH INTERVAL, TESTED, COUSION USED, FINE TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES

FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	38. GEOLOGIC MARKERS	
				NAME	MEAS. DEPTH TOP TRUE VERT. DEPTH
Platycrystalline	2795	2830	Sand - Gas		
Intermediate	4720	5255	Sand - Gas		
Dakota	7153	7504	Sand - Gas		

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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

Form approved.
Budget Bureau No. 42-R1424.

U. LEASE DESIGNATION AND SERIAL NO.

SUNDRY NOTICES AND REPORTS ON WELLS

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

1. OIL WELL GAS WELL OTHER

2. NAME OF OPERATOR
Tenneco Oil Company

3. ADDRESS OF OPERATOR
P. O. Box 1714 - Durango, Colorado

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface
1190' FSL, 2510' FEL

5. ELEVATIONS (Show whether DF, ST, GR, etc.)
6744' GR

6. THE INDIAN ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Florance

9. WELL NO.
68

10. FIELD AND POOL, OR WILDCAT
Basin-Dakota

11. SEC., T., R., M. OR BLM. AND SURVEY OR AREA
Sec 20 T-27N R-8-W

12. COUNTY OR PARISH
Santa Juan

13. STATE
New Mexico

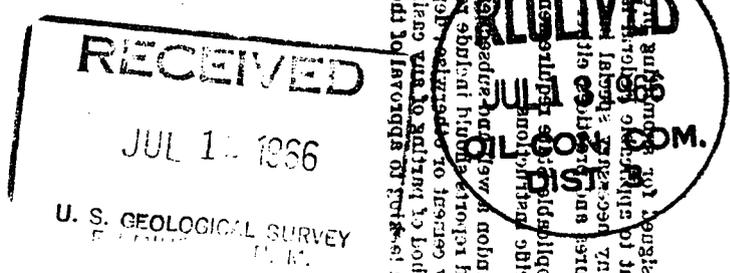
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

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

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

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

Spud 6-14-66, drill to 1004'. Ran 32 joints 8-5/8" 24# ST&C J-55 casing set at 1004' with 350 sacks cement. Good circulation of cement WOC. Drilled cement and drilled to T.D. 7460'. Logged, IES and Density, ran 236 joints 4-1/2" 16.5 and 11.6# J-55 ST&C casing set at 7460' with 150 sacks cement 1st stage and 200 sacks 2nd stage and 550 sacks 3rd stage. Stage collars set at 2888' and 5298', cement circulated. WOC. PBTB 7425'. Waiting on completion. Released rig 7-3-66.



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

SIGNED Harold C. Nichols TITLE Senior Production Clerk

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____

CONDITIONS OF APPROVAL, IF ANY:

Distribution:
5 - USGS
1 - Continental
1 - File

*See instructions on Reverse Side

UNITED STATES DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY

MINING OFFICE JUN 16 AM 10:02

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. TYPE OF WORK DRILL [x] DEEPEN [] PLUG BACK []

b. TYPE OF WELL OIL WELL [] GAS WELL [x] OTHER [] SINGLE ZONE [x] MULTIPLE ZONE []

2. NAME OF OPERATOR Tenneco Oil Company

3. ADDRESS OF OPERATOR P. O. Box 1714, Durango, Colorado

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*) At surface 1190 FBL, 2510 FBL, Unit 0 At proposed prod. zone

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

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

16. NO. OF ACRES IN LEASE 320

17. NO. OF ACRES ASSIGNED TO THIS WELL 320 1/2

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

19. PROPOSED DEPTH 7390

20. ROTARY OR CABLE TOOLS Rotary

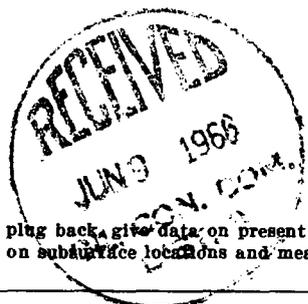
21. ELEVATIONS (Show whether DF, RT, GR, etc.) 6744 GR

22. APPROX. DATE WORK WILL START* June 14, 1966

23. PROPOSED CASING AND CEMENTING PROGRAM

Table with columns: SIZE OF HOLE, SIZE OF CASING, WEIGHT PER FOOT, SETTING DEPTH, QUANTITY OF CEMENT. Includes data for 12-1/4" and 7-7/8" holes.

We propose to rig up, drill to approximate TD 7390, run GR-Induction & GR-Density Logs. Cement above casing w/stage collar set approximately 300' below bottom of Mesaverde. Perforate, frac and complete as a single Basin Dakota well. Conduct deliverability tests.



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

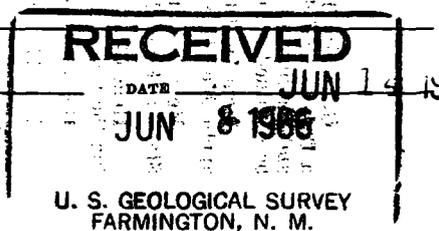
24. Original Signed By HAROLD C. NICHOLS SIGNED H. C. Nichols TITLE Senior Production Clerk DATE June 6, 1966

(This space for Federal or State office use)

PERMIT NO. APPROVAL DATE

APPROVED BY [Signature] TITLE SUPERVISOR DIST #3 DATE JUN 8 1966

CONDITIONS OF APPROVAL, IF ANY:



*See Instructions On Reverse Side

NEW MEXICO OIL CONSERVATION COMMISSION
AMENDED WELL LOCATION AND ACERAGE DEDICATION PLAT TO CORRECT DEDICATED
ACREAGE ONLY

All distances must be from the outer boundaries of the Section

Operator TENNECO OIL COMPANY		Lease FLORANCE		Well 1190	
Unit Letter 0.	Section 20	Township 27 North	Range 8 West	County San Juan	
Actual Footage Location of Well: 1190 feet from the South line and 2510 feet from the East line					
Ground Level Elev. 6744 ungraded	Producing Formation Basin Dakota		Pool Basin Dakota	Dedicated Acreage: 320 1/2 5/2 Acres	

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

() Yes () No If answer is "yes," type of consolidation

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

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

CERTIFICATION

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

Original Signed By
HAROLD C. NICHOLS

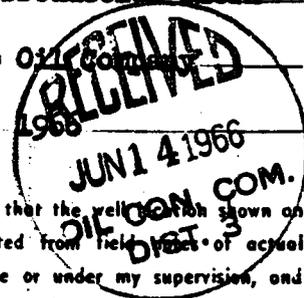
Name **Harold C. Nichols**

Position

Senior Production Clerk
 Company

Date **Tenneco Oil Company**

June 7, 1966



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.

4 June 1966

Date Surveyed

Robert H. Ernst
 Registered Professional Engineer
 and/or Land Surveyor

Robert H. Ernst
N. Mex. P.E. & L.S. 2463
 Certificate No.

