

Sec : 19 Twp : 30N Rng : 13W Section Type : NORMAL

1	C	B	A
5.90	40.00	40.00	40.00
Federal owned	Federal owned	Federal owned	Federal owned
2	F	G	H
5.70	40.00	40.00	40.00
Federal owned	Federal owned	Federal owned	Federal owned
3	K	J	I
5.50	40.00	40.00	40.00
Federal owned	Federal owned	Federal owned	Federal owned
4	N	O	P
5.30	40.00	40.00	40.00
Federal owned	Federal owned	Federal owned	Federal owned

45.50
 45.30
90.80

County SAN JUAN

Pool HARPER HILL FRUITLAND-^{SAND}PICTURED CLIFFS

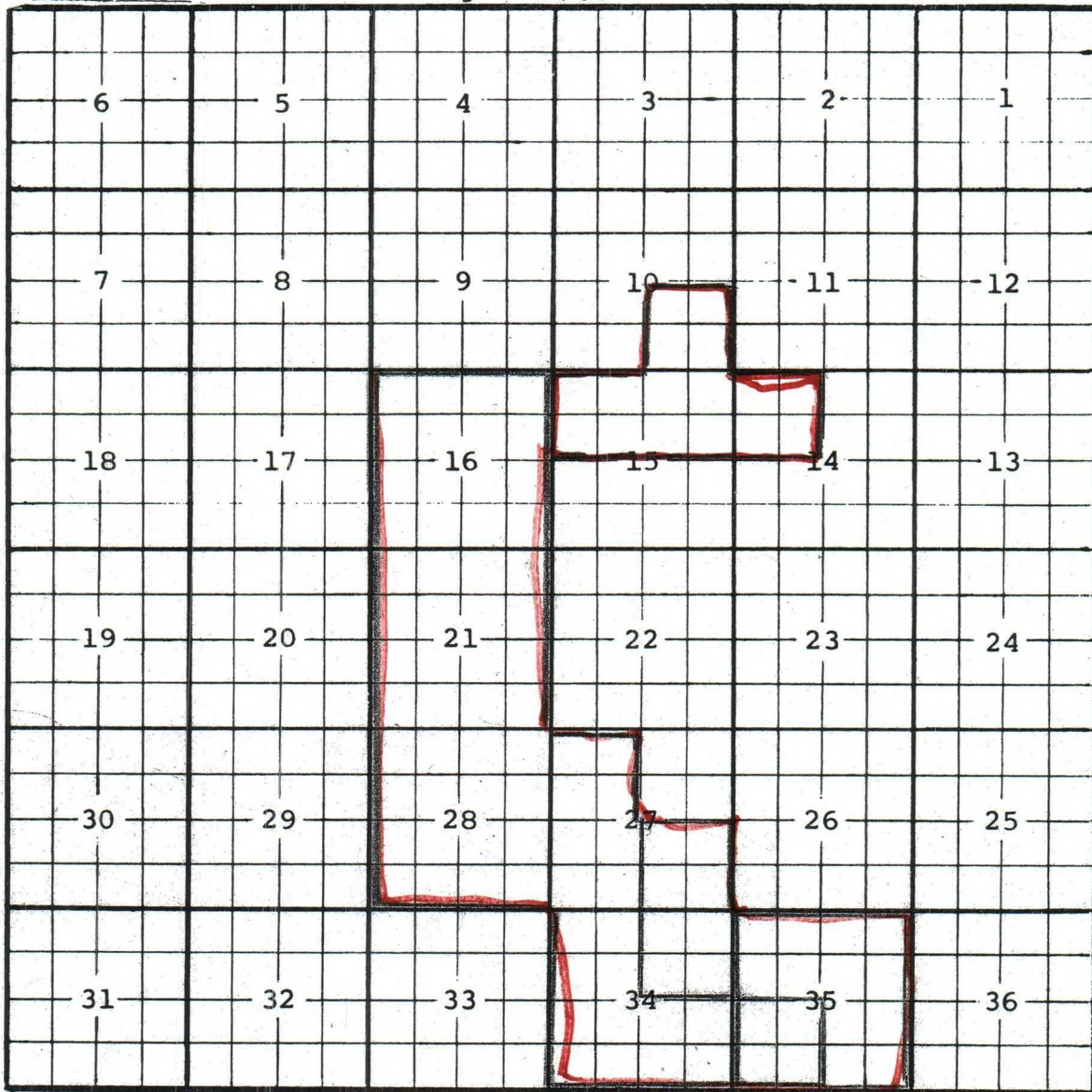
TOWNSHIP

30 N

Range

14 W

NMPM



78160

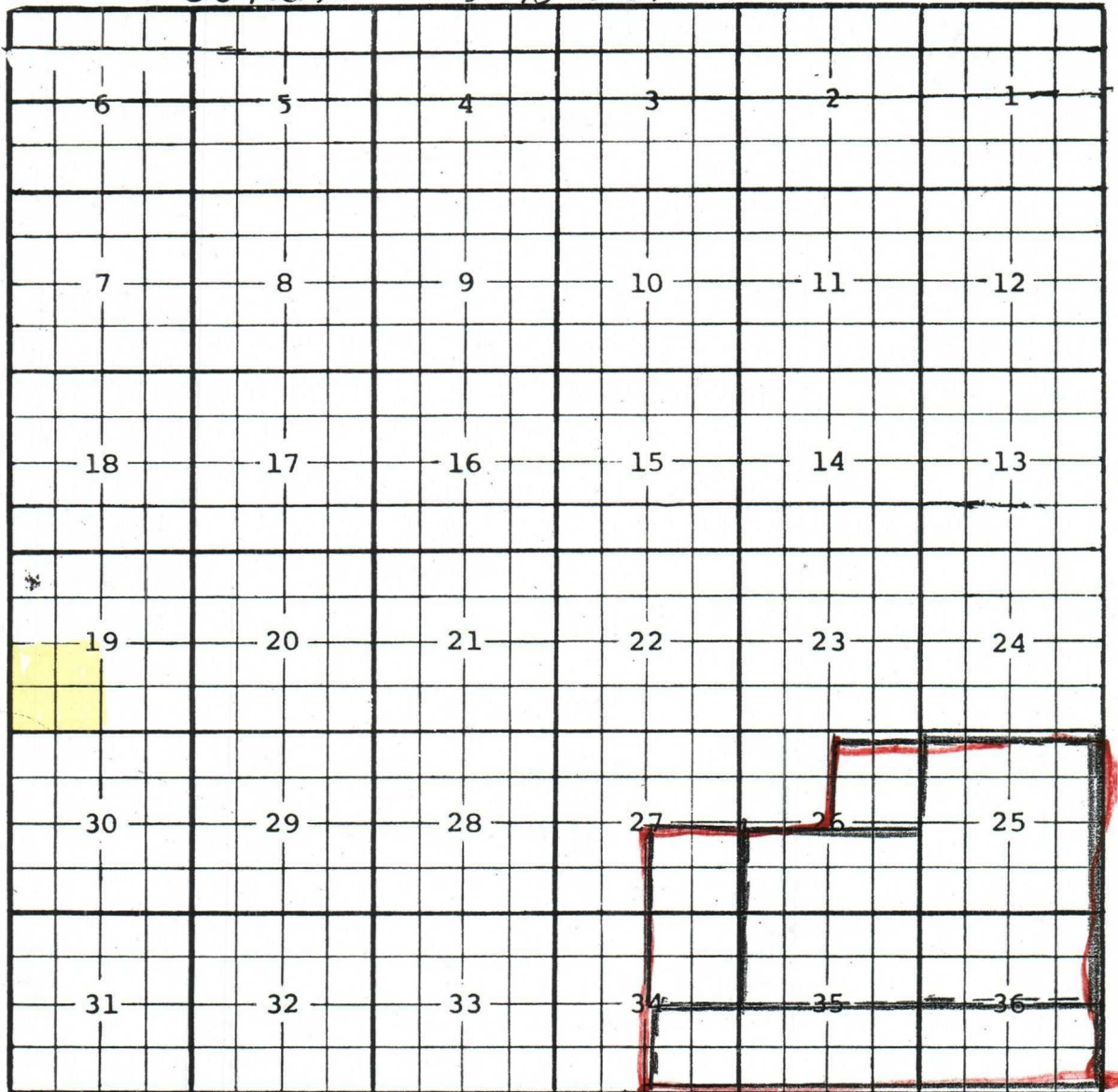
Ext: $N\frac{1}{2} + SE\frac{1}{4}$ Sec. 35 (R-6180, 11-1-79) Ext: $SE\frac{1}{4}$ Sec. 27, $NE\frac{1}{4}$ Sec. 34,
 $SW\frac{1}{4}$ Sec. 35 (R-6327, 5-1-80) REDESIGNATED (R-8769, 10/17/88)

Ext: All Sec. 16, All Sec. 21, $W\frac{1}{2}$ Sec. 27, All Sec. 28, $SE\frac{1}{4}$ and $W\frac{1}{2}$ Sec. 34 (R-11445, 9-5-00)

Ext: $SE\frac{1}{4}$ Sec. 10, $NE\frac{1}{4}$ Sec. 14, $N\frac{1}{2}$ Sec. 15 (R-11540, 2-26-01)

County San Juan Pool Fulcher Kutz-Pictured Cliffs

TOWNSHIP 30 North Range 13 West NMPM



Ext. $\frac{SE}{4}$ Sec. 34, $\frac{S}{2}$ Sec. 35, $\frac{S}{2}$ Sec. 36 (R-10990, 5-20-98)

Ext. All Sec. 25, $\frac{S}{2}$ Sec. 26, $\frac{N}{2}$ Sec. 35, $\frac{N}{2}$ Sec. 36 (R-11173, 5-5-99)

Ext. $\frac{NE}{4}$ Sec. 26, $\frac{SE}{4}$ Sec. 27, $\frac{NE}{4}$ Sec. 34 (R-11445, 9-5-00)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

APPLICATION FOR PERMIT TO DRILL OR REENTER

FORM APPROVED
OMB No. 1004-0136
Expires November 30, 2000

1a. Type of Work: ☒ DRILL ☐ REENTER

2004 JUL 12 PM 4

RECEIVED

1b. Type of Well: ☐ Oil Well ☒ Gas Well ☐ Other ☒ Single Zone ☐ Multiple Zone

2. Name of Operator
Yates Petroleum Corporation

3a. Address **105 South 4th Street
Artesia, NM 88210**

3b. Phone No. (include area code)
(505) 748-1471

5. Lease Serial No.
NMSF- 0 078977

6. If Indian, Allottee or Tribe Name
N/A

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

8. Lease Name and Well No.
Viersen Federal 3

9. API Well No.
30-045- 32462

10. Field and Pool, or Exploratory
Fulcher Kutz Pictured Cliffs

11. Sec., T., R., M., or Blk. and Survey or Area
K 19-30n-13w NMPM

4. Location of Well (Report location clearly and in accordance with any State requirements. *)

At surface **1825' FSL & 1520' FWL**

At proposed prod. zone **Same**

14. Distance in miles and direction from nearest town or post office*
4 air miles NW of Farmington, New Mexico

12. County or Parish **San Juan** 13. State **NM**

15. Distance from proposed*
location to nearest
property or lease line, ft.
(Also to nearest drig. unit line, if any) **1,520'**

16. No. of Acres in lease
2,553.94

17. Spacing Unit dedicated to this well
90.8 acres (≈SW4 Sec. 19)

18. Distance from proposed location*
to nearest well, drilling, completed,
applied for, on this lease, ft. **1,753'**

19. Proposed Depth
1,645'

20. BLM/BIA Bond No. on file
BLM nation wide (NM-2811)

21. Elevations (Show whether DF, KDB, RT, GL, etc.)
5,648' ungraded

22. Approximate date work will start*
Upon Approval

23. Estimated duration
2 weeks

24. Attachments

The following, completed in accordance with the requirements of Onshore Oil and Gas Order No.1, shall be attached to this form:

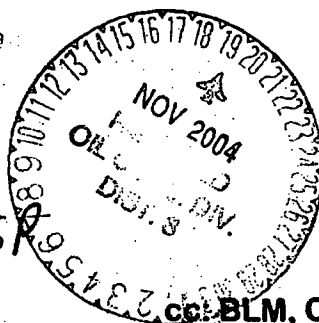
1. Well plat certified by a registered surveyor.
2. A Drilling Plan.
3. A Surface Use Plan (if the location is on National Forest System Lands, the SUPO shall be filed with the appropriate Forest Service Office).

4. Bond to cover the operations unless covered by an existing bond on file (see Item 20 above).
5. Operator certification.
6. Such other site specific information and/or plans as may be required by the authorized officer.

Comments

DRILLING OPERATIONS AUTHORIZED ARE
SUBJECT TO COMPLIANCE WITH ATTACHED
"GENERAL REQUIREMENTS".

This action is subject to technical and
procedural review pursuant to 43 CFR 3165.2
and appeal pursuant to 43 CFR 3165.4



HOLD C104 FOR NSL, NSP

cc: BLM, OCD (via BLM), May

25. Signature

Name (Printed/Typed)

Brian Wood

Date

7-8-04

Title

Consultant

Phone: 505 466-8120

FAX: 505 466-9682

Approved by (Signature)

Name (Printed/Typed)

Date

11/16/04

Title

AFM

Office

FFO

Application approval does not warrant or certify the the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.

Conditions of approval, if any, are attached.

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make 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.

NMOCD

State of New Mexico
Energy, Minerals & Mining Resources Department

Form C - 102

OIL CONSERVATION DIVISION
2040 South Pacheco
Santa Fe, NM 87505

☐ AMENDED REPORT

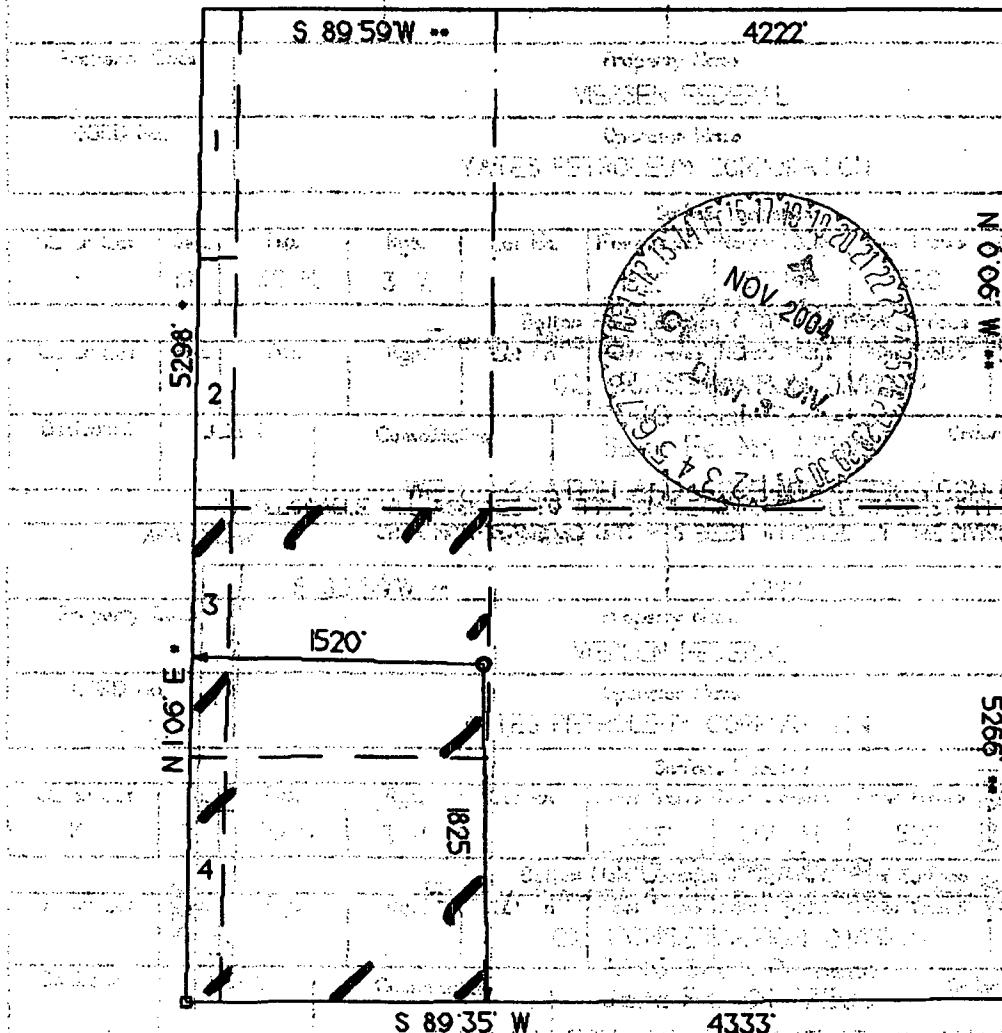
WELL LOCATION AND ACREAGE DEDICATION PLAT

APA Number 30-045-32462	Pool Code 77200	Pool Name FULCHER KUTZ PICTURED CLIFFS
Property Code 28267	Property Name VERSEN FEDERAL	
OGRD No. 25575	Operator Name YATES PETROLEUM CORPORATION	
		Well Number 3
		Elevation 5648'

Surface Location									
UL or Lot K	Sec. 19	Twp. 30 N	Rge. 13 W	Lot Ltr. 	Feet from 1825'	North/South SOUTH	Feet from 1520'	East/West WEST	County SAN JUAN

Bottom Hole Location if Different From Surface									
UL or Lot 	Sec. 	Twp. 	Rge. 	Lot Ltr. 	Feet from 	North/South 	Feet from 	East/West 	County
Dedication Joint ? Consolidation Order No. <input type="checkbox"/> AMENDED REPORT									

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



OPERATOR CERTIFICATION	
I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.	
Signature	<i>Brian Wood</i>
Printed Name	BRIAN WOOD
Title	CONSULTANT
Date	JULY 8, 2004
SURVEYOR CERTIFICATION	
I hereby certify that the well location 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.	
Date of Survey	JULY 8, 2004
Signature	<i>[Signature]</i>
Professional Surveyor	6844
REGISTERED LAND SURVEYOR	

Submit 3 Copies To Appropriate District
Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Ave., Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM
87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
May 27, 2004

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

WELL API NO.	30-045-32462
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/>	
6. State Oil & Gas Lease No. NMSF-0 078977	
7. Lease Name or Unit Agreement Name VIERSEN FEDERAL	
8. Well Number	3
9. OGRID Number	25575
10. Pool name or Wildcat FULCHER KUTZ PIC. CLIFFS	

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" (FORM C-101) FOR SUCH
PROPOSALS.)

1. Type of Well: Oil Well ☐ Gas Well ☒ Other
2. Name of Operator YATES PETROLEUM CORPORATION
3. Address of Operator 105 SOUTH 4TH STREET, ARTESIA, NM 88210

4. Well Location
Unit Letter K : 1825 feet from the SOUTH line and 1520 feet from the WEST line
Section 19 Township 30N Range 13W NMPM County SAN JUAN

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
5,648' GL

Pit or Below-grade Tank Application ☒ or Closure ☐

Pit type Reserve Depth to Groundwater 215' Distance from nearest fresh water well ~1.3 mi Distance from nearest surface water ~1914'

Pit Liner Thickness: mil Below-Grade Tank: Volume bbls Construction Material

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐

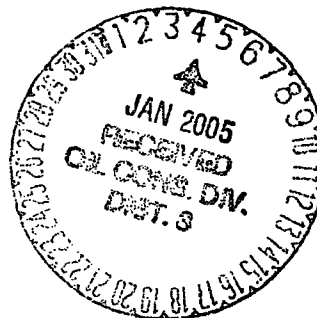
SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ P AND A ☐
CASING/CEMENT JOB ☐

OTHER: RESERVE PIT

OTHER: ☐

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.



I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines ☒ a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE Craig M. Fiehler TITLE Biologist DATE 12/30/04

Type or print name Craig M. Fiehler
For State Use Only

E-mail address: craig@permitswest.com

Telephone No. 505-466-8120

APPROVED BY: [Signature] TITLE DEPUTY OIL & GAS INSPECTOR, DIST. 3

DATE JAN - 4 2004

Conditions of Approval (if any)

(SUBMIT IN TRIPLICATE)

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

Land Office Santa Fe
Lease No. 4250
Unit RECEIVED

JUL 10 1962
OIL CON. COM.
DIST. 3

SUNDRY NOTICES AND REPORTS ON WELLS

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

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

July 5, 1962

Well No. Butte 1-19 is located 1060 ft. from N line and 790 ft. from E line of sec. 19
SW Section 19 T 30 N R 13 W NMPM
(1/4 Sec. and Sec. No.) (Twp.) (Range) (Meridian)
Basin-Dakota San Juan County New Mexico
(Field) (County or Subdivision) (State or Territory)

The elevation of the derrick floor above sea level is 5545 G. L. ft.

DETAILS OF WORK

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

Compass proposes to drill an oil and/or gas test at the above location to an approximate total depth of 6200'. The well will be drilled through the Dakota formation. Drilling procedure to be as follows:

- 1.) Drill to approximately 250', run 8-5/8" surface casing and set with sufficient cement to circulate
- 2.) Drill to total depth (6200'), run IES & GRS logs.
- 3.) If production is encountered, run 4-1/2" casing and cement with approximately 125 sms.

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

Company Compass Exploration, Inc.
Address 101 University Boulevard
Denver 6, Colorado

By R. Farrelly
Title Chief Geologist

NEW MEXICO OIL CONSERVATION COMMISSION

SECTION A

OPERATOR Compass Exploration Company

WELL NO. 1-19

LOCATED 1960

COUNTY SAN JUAN

UNIT LETTER N

FEET FROM 5448

SECTION 19

LEASE 1960

DATE July 5, 1962

TOWNSHIP 30 North

RANGE 13 West

FEET FROM West

DEDICATED ACREAGE 316.83

POOL Basin Dakota

NAME OF PRODUCING FORMATION Dakota

1. IF THE OPERATOR THE LAND OWNERS IN THE DEDICATED ACREAGE OUTLINED ON THE PLAT BELOW? YES NO X
2. IF THE ANSWER TO QUESTION ONE IS "NO," HAVE THE INTERESTS OF ALL THE OWNERS BEEN CONSOLIDATED BY COMMUNITATION AGREEMENT OR OTHERWISE? YES X NO NO IF ANSWER IS "YES," TYPE OF CONSOLIDATION IN PROCESS OF CONTINUATION
3. IF THE ANSWER TO QUESTION TWO IS "NO," LIST ALL THE OWNERS AND THEIR RESPECTIVE INTERESTS BELOW

RECEIVED
JUL 10 1962
OIL CON. COM.
DIST. 3

RECEIVED
JUL 10 1962



THIS IS TO CERTIFY THAT THE INFORMATION IN SECTION A ABOVE IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Compass Exploration, Inc.

101 University Boulevard
Denver 6, Colorado

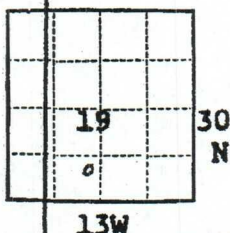
THIS IS TO CERTIFY THAT THE WELL LOCATED SHOWN ON THE PLAT IN SECTION A WAS PLOTTED FROM FIELD NOTES OF ACTUAL SURVEYS MADE BY ME OR UNDER MY SUPERVISION AND THAT THE SAME IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

DATE July 3, 1962
REGISTERED ENGINEER ON LAND SURVEYING
CERTIFICATE NO. 3602

(SUBMIT IN TRIPLICATE)

Land Office Santa FeLease No. 079877

Unit _____



UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

RECEIVED
DEC 6 1962

SUNDRY NOTICES AND REPORTS ON WELLS

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

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

December 5, 1962

Well No. Butte 1-19 is located 1060 ft. from 19 line and 790 ft. from 13W line of sec. 19

SW Section 19
(1/4 Sec. and Sec. No.)

30N
(Twp.)

13W
(Range)

NMPM
(Meridian)

Basin-Dakota
(Field)

San Juan County
(County or Subdivision)

New Mexico
(State or Territory)

The elevation of the derrick floor above sea level is 5559 ft.

DETAILS OF WORK

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

Spud 7/9/62. Drilled 205', 12-1/4" hole. Ran 189' 2-5/8" surface casing set @ 200' KB w/125 sxs regular.

Drilled 7-7/8" hole to total depth 6199'. Ran IES and GRS log.

Ran 194 jts 4-1/2" production casing set @ 6198' w/175 sxs cement.

Perforated selected interval 5922-34, 5946-56, 5986-6004, 6010-14, 6030-40 w/4 shots/foot.

Frac as follows:

First Stage: 6010-40, 30,000# 20-40 sd., 36,162 gal water.
ITP 2600 psi, AIR 39.6 Bbls/min.

Second Stage: 5986-6004, 40,000# 20-40 sd., 38,050 gal water.
ITP 2700 psig, AIR 38.6/Bbl/min

(OVER)

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

Company Compass Exploration, Inc.

Address 101 University Boulevard

Denver 6, Colorado

By R. J. Lundy

Title Chief Geologist

Third Stage: 5922-34, 5946-56, Frac. 25,000# 20-40 sd.
32,840 gal water. ITP 2200# AIR 38.3 Bbl/min.

Picked up tubing & drilled bridge plugs.

Ran 186 jts 1-1/2", 2.4# 10 Rd. tubing - set @ 6044'.

Initial potential test 8/9/62

Gauge 2391 MCFGPD

CAOF 2931 MCFGPD

7-day shut in tubing press. 1891 psig

7-day shut in casing press. 1901 psig

COMPASS EXPLORATION, INC.

DEVIATION RECORD

WELL: Butte #1-19

LOCATION: Section 19, Township 30 North, Range 13 West, San Juan County,
New Mexico

<u>DEPTH</u>	<u>DEVIATION</u>
500'	1/2°
1580'	3/4
2380'	3/4
3350'	3/4
3780'	1-3/4
4316'	1
4812'	1-1/4
5390'	3/4

6

I hereby swear or affirm that the information given herewith is complete and correct to the best of my knowledge.

December 4, 1962

Date

COMPASS EXPLORATION, INC.
101 University Boulevard
Denver 6, Colorado

By:

Peter J. Farrelly
Chief Geologist

STATE OF COLORADO)

CITY OF DENVER)

The foregoing information was acknowledged before me this 4th
day of December, 1962, by Peter J. Farrelly
Chief Geologist for COMPASS EXPLORATION, INC.

Witness my hand and official seal.

My commission expires:
January 4, 1965

Annice Kainer
Notary Public

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TRANSPORTER	OIL
	GAS
PRODUCTION OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

Santa Fe, New Mexico

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

REQUEST FOR (OIL) - (GAS) ALLOWABLE

New Well **XX**
Recompletion

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

Denver, Colorado

December 4, 1962

(Place)

(Date)

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

Compass Exploration, Inc.

Butte

Well No. 1-19

in SE

1/4 SW

1/4

(Company or Operator)

(Lease)

N 19

T. 30N

R. 13W

NMPM, Basin-Dakota

Pool

San Juan

County. Date Spudded 7/9/62

Date Drilling Completed 7/26/62

Elevation 5559 RKB

Total Depth 6199

PBTD

6166'

Please indicate location:

13W

Top Oil/Gas Pay 5922

Name of Prod. Form. Dakota

PRODUCING INTERVAL -

Perforations 5922-34, 5946-56, 5986-6004, 6010-14, 6030-40

Open Hole

Depth Casing Shoe 6198

Depth Tubing 6044'

OIL WELL TEST -

Natural Prod. Test: _____ bbls. oil, _____ bbls. water in _____ hrs, _____ min. Choke Size _____

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

GAS WELL TEST -

Natural Prod. Test: _____ MCF/Day; Hours flowed _____ Choke Size _____

Method of Testing (pitot, back pressure, etc.): _____

Test After Acid or Fracture Treatment: CAOF 2931 MCF/Day; Hours flowed 3

Choke Size 3/4" Method of Testing: single point back pressure

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 95,000# 10-20 sd., 107,052 gallons water

Casing Press. 1901 Tubing Press. 1891 Date first new oil run to tanks

Oil Transporter LaMar Trucking Company

Gas Transporter El Paso Natural Gas Company

Remarks:

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

Approved DEC 6 1962, 19

Compass Exploration, Inc.

(Company or Operator)

OIL CONSERVATION COMMISSION

By: Original Signed by W. B. Smith

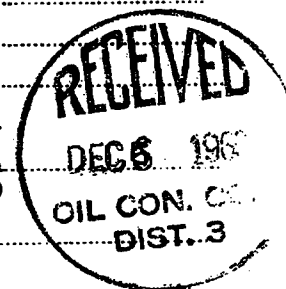
Title DEPUTY OIL & GAS INSPECTOR DIST. NO. 3

By: P. J. Farrelly (Signature)

Title Chief Geologist

Send Communications regarding well to:

Name P. J. Farrelly
101 University Boulevard
Denver 6, Colorado



30 N

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LAND OFFICE	
TRANSPORTER	OIL
	GAS
PRODUCTION OFFICE	
OPERATOR	

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

FORM C-110
 (Rev. 7-60)

FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE

Company or Operator Compass Exploration, Inc.				Lease Butte		Well No. 1-19	
Unit Letter N	Section 19	Township 30N	Range 13W	County San Juan			
Pool Basin-Dakota				Kind of Lease (State, Fed, Fee) Federal			
If well produces oil or condensate give location of tanks				Unit Letter N	Section 19	Township 30N	Range 13W
Authorized transporter of oil <input type="checkbox"/> or condensate <input checked="" type="checkbox"/> (Inland Crude, Inc.) LaMar Trucking Co.				Address (give address to which approved copy of this form is to be sent) 701 E. El Paso Drive Farmington, New Mexico			
Is Gas Actually Connected? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
Authorized transporter of casing head gas <input type="checkbox"/> or dry gas <input checked="" type="checkbox"/> El Paso Natural Gas Company				Date Connected P. O. Box 997 Farmington, New Mexico			

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

Shut in, awaiting pipeline connection

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

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

Remarks

NOV 29 1962

DIST. 3

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

Executed this the **27th** day of **November**, 19 **62**

OIL CONSERVATION COMMISSION

Approved by

Original Signed by W. B. Smith

Title

DEPUTY CHIEF OF GAS INSPECTION DIST. NO. 3

Date

NOV 29 1962

By

Title

Company

Chief Geologist

Compass Exploration, Inc.

Address

101 University Boulevard
Denver 6, Colorado

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LAND OFFICE	
TRANSPORTER	OIL
	GAS
PRODUCTION OFFICE	
OPERATOR	

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

FORM C-110
 (Rev. 7-60)

FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE

Company or Operator Compass Exploration, Inc.				Lease Butte		Well No. 1-19	
Unit Letter N	Section 19	Township 30N	Range 13W		County San Juan		
Pool Basin-Dakota					Kind of Lease (State, Fed, Fee) Federal		
If well produces oil or condensate give location of tanks			Unit Letter N	Section 19	Township 30N	Range 13W	
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			

Is Gas Actually Connected? Yes ☒ No ☐

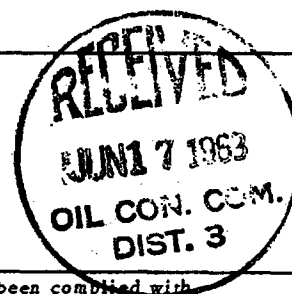
Authorized transporter of casing head gas <input type="checkbox"/> or dry gas <input checked="" type="checkbox"/> El Paso Natural Gas Company		Date Connected 6-11-63 Approx.	Address (give address to which approved copy of this form is to be sent) P. O. Box 997 Farmington, New Mexico
---	--	--	---

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

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

New Well ☐ Change in Ownership ☐
 Change in Transporter (check one)
 Oil ☐ Dry Gas ☐
 Casing head gas ☐ Condensate... ☒

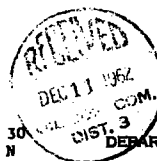
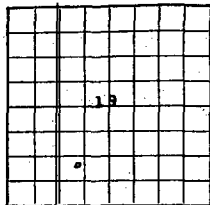
Remarks



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

Executed this the 14th day of June, 19 63.

OIL CONSERVATION COMMISSION		By
Approved by Original Signed By A. R. KENDRICK		<i>P. J. Farrelly</i>
Title PETROLEUM ENGINEER DIST. NO. 3		Title Manager of Exploration & Production
Date JUN 17 1963		Company Compass Exploration, Inc.
		Address 101 University Boulevard Denver 6, Colorado



UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

LOG OF OIL OR GAS WELL

LOCATE WELL CORRECTLY

Company Huron Drilling Company, Inc. Address 101 University Blvd., Denver, Colo.Lessor or Tract Butte Field Basin-Dakota State New MexicoWell No. 1-19 Sec. 19 T. 32N R. 13E Meridian NMPM County San JuanLocation 1080 ft. 18 of 8 Line and 795 ft. 18 of W Line of Sec. 19 Elevation 5559

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

Date December 6, 1962 Title Chief Geologist

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

Commenced drilling 7/9 Finished drilling 7/26 1962No. 1, from 5272 to 5049 (CG) No. 4, from 5049 (CG) to 5049 (CG)No. 2, from 5049 (CG) to 5049 (CG) No. 5, from 5049 (CG) to 5049 (CG)No. 3, from 5049 (CG) to 5049 (CG) No. 6, from 5049 (CG) to 5049 (CG)No. 7, from 5049 (CG) to 5049 (CG) No. 8, from 5049 (CG) to 5049 (CG)No. 9, from 5049 (CG) to 5049 (CG) No. 10, from 5049 (CG) to 5049 (CG)No. 11, from 5049 (CG) to 5049 (CG) No. 12, from 5049 (CG) to 5049 (CG)No. 13, from 5049 (CG) to 5049 (CG) No. 14, from 5049 (CG) to 5049 (CG)No. 15, from 5049 (CG) to 5049 (CG) No. 16, from 5049 (CG) to 5049 (CG)No. 17, from 5049 (CG) to 5049 (CG) No. 18, from 5049 (CG) to 5049 (CG)No. 19, from 5049 (CG) to 5049 (CG) No. 20, from 5049 (CG) to 5049 (CG)No. 21, from 5049 (CG) to 5049 (CG) No. 22, from 5049 (CG) to 5049 (CG)No. 23, from 5049 (CG) to 5049 (CG) No. 24, from 5049 (CG) to 5049 (CG)No. 25, from 5049 (CG) to 5049 (CG) No. 26, from 5049 (CG) to 5049 (CG)No. 27, from 5049 (CG) to 5049 (CG) No. 28, from 5049 (CG) to 5049 (CG)No. 29, from 5049 (CG) to 5049 (CG) No. 30, from 5049 (CG) to 5049 (CG)No. 31, from 5049 (CG) to 5049 (CG) No. 32, from 5049 (CG) to 5049 (CG)No. 33, from 5049 (CG) to 5049 (CG) No. 34, from 5049 (CG) to 5049 (CG)No. 35, from 5049 (CG) to 5049 (CG) No. 36, from 5049 (CG) to 5049 (CG)No. 37, from 5049 (CG) to 5049 (CG) No. 38, from 5049 (CG) to 5049 (CG)No. 39, from 5049 (CG) to 5049 (CG) No. 40, from 5049 (CG) to 5049 (CG)No. 41, from 5049 (CG) to 5049 (CG) No. 42, from 5049 (CG) to 5049 (CG)No. 43, from 5049 (CG) to 5049 (CG) No. 44, from 5049 (CG) to 5049 (CG)No. 45, from 5049 (CG) to 5049 (CG) No. 46, from 5049 (CG) to 5049 (CG)No. 47, from 5049 (CG) to 5049 (CG) No. 48, from 5049 (CG) to 5049 (CG)No. 49, from 5049 (CG) to 5049 (CG) No. 50, from 5049 (CG) to 5049 (CG)No. 51, from 5049 (CG) to 5049 (CG) No. 52, from 5049 (CG) to 5049 (CG)No. 53, from 5049 (CG) to 5049 (CG) No. 54, from 5049 (CG) to 5049 (CG)No. 55, from 5049 (CG) to 5049 (CG) No. 56, from 5049 (CG) to 5049 (CG)No. 57, from 5049 (CG) to 5049 (CG) No. 58, from 5049 (CG) to 5049 (CG)No. 59, from 5049 (CG) to 5049 (CG) No. 60, from 5049 (CG) to 5049 (CG)No. 61, from 5049 (CG) to 5049 (CG) No. 62, from 5049 (CG) to 5049 (CG)No. 63, from 5049 (CG) to 5049 (CG) No. 64, from 5049 (CG) to 5049 (CG)No. 65, from 5049 (CG) to 5049 (CG) No. 66, from 5049 (CG) to 5049 (CG)No. 67, from 5049 (CG) to 5049 (CG) No. 68, from 5049 (CG) to 5049 (CG)No. 69, from 5049 (CG) to 5049 (CG) No. 70, from 5049 (CG) to 5049 (CG)No. 71, from 5049 (CG) to 5049 (CG) No. 72, from 5049 (CG) to 5049 (CG)No. 73, from 5049 (CG) to 5049 (CG) No. 74, from 5049 (CG) to 5049 (CG)No. 75, from 5049 (CG) to 5049 (CG) No. 76, from 5049 (CG) to 5049 (CG)No. 77, from 5049 (CG) to 5049 (CG) No. 78, from 5049 (CG) to 5049 (CG)No. 79, from 5049 (CG) to 5049 (CG) No. 80, from 5049 (CG) to 5049 (CG)No. 81, from 5049 (CG) to 5049 (CG) No. 82, from 5049 (CG) to 5049 (CG)No. 83, from 5049 (CG) to 5049 (CG) No. 84, from 5049 (CG) to 5049 (CG)No. 85, from 5049 (CG) to 5049 (CG) No. 86, from 5049 (CG) to 5049 (CG)No. 87, from 5049 (CG) to 5049 (CG) No. 88, from 5049 (CG) to 5049 (CG)No. 89, from 5049 (CG) to 5049 (CG) No. 90, from 5049 (CG) to 5049 (CG)No. 91, from 5049 (CG) to 5049 (CG) No. 92, from 5049 (CG) to 5049 (CG)No. 93, from 5049 (CG) to 5049 (CG) No. 94, from 5049 (CG) to 5049 (CG)No. 95, from 5049 (CG) to 5049 (CG) No. 96, from 5049 (CG) to 5049 (CG)No. 97, from 5049 (CG) to 5049 (CG) No. 98, from 5049 (CG) to 5049 (CG)No. 99, from 5049 (CG) to 5049 (CG) No. 100, from 5049 (CG) to 5049 (CG)No. 101, from 5049 (CG) to 5049 (CG) No. 102, from 5049 (CG) to 5049 (CG)No. 103, from 5049 (CG) to 5049 (CG) No. 104, from 5049 (CG) to 5049 (CG)No. 105, from 5049 (CG) to 5049 (CG) No. 106, from 5049 (CG) to 5049 (CG)No. 107, from 5049 (CG) to 5049 (CG) No. 108, from 5049 (CG) to 5049 (CG)No. 109, from 5049 (CG) to 5049 (CG) No. 110, from 5049 (CG) to 5049 (CG)No. 111, from 5049 (CG) to 5049 (CG) No. 112, from 5049 (CG) to 5049 (CG)No. 113, from 5049 (CG) to 5049 (CG) No. 114, from 5049 (CG) to 5049 (CG)No. 115, from 5049 (CG) to 5049 (CG) No. 116, from 5049 (CG) to 5049 (CG)No. 117, from 5049 (CG) to 5049 (CG) No. 118, from 5049 (CG) to 5049 (CG)No. 119, from 5049 (CG) to 5049 (CG) No. 120, from 5049 (CG) to 5049 (CG)No. 121, from 5049 (CG) to 5049 (CG) No. 122, from 5049 (CG) to 5049 (CG)No. 123, from 5049 (CG) to 5049 (CG) No. 124, from 5049 (CG) to 5049 (CG)No. 125, from 5049 (CG) to 5049 (CG) No. 126, from 5049 (CG) to 5049 (CG)No. 127, from 5049 (CG) to 5049 (CG) No. 128, from 5049 (CG) to 5049 (CG)No. 129, from 5049 (CG) to 5049 (CG) No. 130, from 5049 (CG) to 5049 (CG)No. 131, from 5049 (CG) to 5049 (CG) No. 132, from 5049 (CG) to 5049 (CG)No. 133, from 5049 (CG) to 5049 (CG) No. 134, from 5049 (CG) to 5049 (CG)No. 135, from 5049 (CG) to 5049 (CG) No. 136, from 5049 (CG) to 5049 (CG)

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Spud 7/9/62, Drilled 205', 12-14" hole. Ran 189' 8-5/8" surface casing
Set @ 200' KB w/125 sxs regular

Drilled 7-7/8" hole to total depth 6199'. Ran IDS and GRS log.

Ran 194 jts 4-1/2" production casing set 8,619' w/175 sxs cement.

Perforated selected intervals 5922-34, 5948-56, 5986-6004, 6010-14,

Fracs as follows: First Stage: 6010440; 36900 ²⁰⁻⁷⁰ gal. sd., 36,452 gal water.

Second Stage: 5986-6084; 42,000 gal water. ITP 2700

Continued from page 10

Picked up tubing & drilled another plug.

THE UNIVERSITY OF CHICAGO

Initial potential test 8/9/62

Gauge 2391 MCFGRD
CAOF 2931 MCFGRD

7-day shot in tubing press. 1891 psi

7-day shut in casing press. 1901 psig

FOR OF SIG OF CYS MEIT

100

OFFICIALS OF THE POLICE
CIVIL SERVICE

1. *Chlorophyll a* and *Chlorophyll b* were determined using a spectrophotometer (Shimadzu UV-1601) at 663 nm and 646 nm, respectively. The concentration of chlorophyll was calculated using the following formula: $\text{Chlorophyll concentration (mg/L)} = \frac{\text{Absorbance} \times 1000}{\text{Path length (cm)}} \times \text{Extinction coefficient}$.

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	GAS	
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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-110
 Effective 1-1-65

I. Operator
Compass Exploration, Inc.
 Address
P. O. Box 1138, Farmington, New Mexico
 Reason(s) for filing (Check proper box)
 New Well ☐ Change in Transporter of:
 Recompletor ☐ Oil ☐ Dry Gas ☐
 Change in Ownership ☐ Casinghead Gas ☐ Condensate ☒
 Other (Please explain)

If change of ownership give name
 and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Butte	Well No. 1-19	Pool Name, Including Formation Basin Dakota	Kind of Lease State, Federal or Fee Federal
Location Unit Letter N ; 1060 Feet From The South Line and 790 Feet From The West Line of Section 19 , Township 30 N Range 13 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"/> La Mar Trucking, Inc.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1528, Farmington, New Mexico	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit N	Sec. 19
	Twp. 30N	Rge. 13W
	Is gas actually connected? Yes	When 6-10-63

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

IV. COMPLETION DATA

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

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

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

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
GAS WELL			
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size

VI. CERTIFICATE OF COMPLIANCE

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

Ed Ellis
 Area Manager (Signature)
 (Title)
 April 19, 1965 (Date)

OIL CONSERVATION COMMISSION

APPROVED APR 20 1965, 19
 BY Original Signed Emery C. Arnold
 Supervisor Dist. #3
 TITLE

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

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

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

I. OPERATOR

Operator **McCulloch Oil Corporation of California**

Address **924 Vaughn Building, Midland, Texas 79701**

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"/>	Well name changed from Butte #1-19
Change in Ownership	<input checked="" type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>	to Butte #1
		Dry Gas	<input type="checkbox"/>	
		Condensate	<input type="checkbox"/>	

If change of ownership give name and address of previous owner **Compass Exploration, Inc., Box 1136, Farmington, New Mexico**

II. DESCRIPTION OF WELL AND LEASE

Lease Name Butte	Well No. 1	Pool Name, including Formation Basin Dakota	Kind of Lease State, Federal or Fee Federal
Location			
Unit Letter H ; 1069 Feet From The South Line and 790 Feet From The West			
Line of Section 19 , Township 30 N Range 13 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"/>	Address (Give address to which approved copy of this form is to be sent)
La Mar Trucking, Inc.	Box 1528, Farmington, New Mexico
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 San Natural Gas Co.	Box 1164, Farmington, New Mexico
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit H Sec. 19 Twp. 30N Rge. 13W	Yes 6-10-63

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

IV. COMPLETION DATA

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

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

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

GAS WELL

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

VI. CERTIFICATE OF COMPLIANCE

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

Earl R. Brown
(Signature)
Dist. Mgr.
(Title)
1-19-66
(Date)

OIL CONSERVATION COMMISSION
JAN 17 1966
APPROVED _____, 19____
BY **Original Signed Emory C. Arnold**
TITLE **Supervisor Dist. # 3**

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

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

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

I. OPERATOR

Operator **McCulloch Oil Corporation of California**

Address **904 Tanager Building, Midland, Texas 79701**

Reason(s) for filing (Check proper box)

New Well <input type="checkbox"/>	Change in Transporter of:	Other (Please explain)
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 checked="" type="checkbox"/>

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Bata	Well No. 1	Pool Name, Including Formation Basin Dakota	Kind of Lease State, Federal or Fee Federal	Lease No. BY 070577 NM 09867-A
Location				
Unit Letter H	1060	Feet From The South	Line and 790	Feet From The West
Line of Section 19	Township 30N	Range 13W	, 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)
Rock Island Oil & Refining Company	110 S. Fairview Ave., Farmington, New Mexico
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	H 19 30N 13W Yes 6-10-63

If this production is commingling 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)

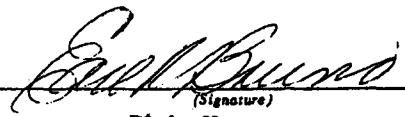
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

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

VI. CERTIFICATE OF COMPLIANCE

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


(Signature)
Earl Burns
(Title)
2-22-66 effective 3-11-66
(Date)

OIL CONSERVATION COMMISSION

APPROVED **MAR 3 1966**, 19_____
BY **Original Signed Emery C. Arnold**
TITLE **Supervisor Dist. # 3**

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

NO. OF COPIES RECEIVED	3
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FILE	1
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL 1 GAS
OPERATOR	2
PRORATION OFFICE	

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

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

I. OPERATOR

Operator McCulloch Oil Corporation of California

Address 924 Vaughn Building, Midland, Texas 79701

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

New Well ☐ Change in Transporter of: Oil ☐ Dry Gas ☐

Recompletion ☐ Casinghead Gas ☐ Condensate ☒

Change in Ownership ☐

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Butte	Well No. 1	Pool Name, Including Formation Basin Dakota	Kind of Lease State, Federal or Fee Federal	Lease No. SP 078977 NM 09867-A
Location Unit Letter N ; 1060 Feet From The South Line and 790 Feet From The West				
Line of Section 19 Township 30N Range 13W , 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 Corp.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1528, Farmington, New Mexico 87401
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit N Sec. 19 Twp. 30N Rge. 13W Is gas actually connected? Yes When 6-10-63

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

IV. COMPLETION DATA

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

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be a test of capacity allowable for this depth or be for full 24 hours)

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

GAS WELL

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

VI. CERTIFICATE OF COMPLIANCE

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

Earl Bruno
(Signature)
District Manager
(Title)
3/21/67 effective 4/1/67
(Date)

OIL CONSERVATION COMMISSION

APPROVED MAR 27 1967
BY Original Signed by Emery C. ...
TITLE SUPERVISOR DIST. #3

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

NO. OF COPIES RECEIVED		5
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	/
	GAS	/
OPERATOR		
PRORATION OFFICE		

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

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

I. OPERATOR

Operator Ladd Petroleum Corporation

Address 830 Denver Club Bldg., Denver, Colorado 80202

Reason(s) for filing (Check proper box)

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

If change of ownership give name and address of previous owner McCulloch Oil Corporation, 924 Vaughn Bldg., Midland, Texas 79701

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Butte</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Basin Dakota</u>	Kind of Lease <u>Federal</u>	Lease No. <u>NM 09867A</u>
Location <u>SF 078977</u>				
Unit Letter <u>N</u>	<u>1060</u> Feet From The <u>South</u> Line and <u>790</u> Feet From The <u>West</u>			
Line of Section <u>19</u>	Township <u>30 N</u>	Range <u>13 W</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)
<u>Inland Corporation</u>	<u>P.O. Box 1528, Farmington, New Mexico 87401</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>El Paso Natural Gas Company</u>	<u>P.O. Box 1161, Farmington, New Mexico</u>
If well produces oil or liquids, give location of tanks. Unit <u>N</u> Sec. <u>19</u> Twp. <u>30N</u> Rge. <u>13W</u>	Is gas actually connected? <u>Yes</u> When <u>6/10/63</u>

If this production is commingled with that from any other lease or pool, give commingling order number: None

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, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

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

VI. CERTIFICATE OF COMPLIANCE

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

L. E. Barrett
(Signature) L. E. Barrett
Vice President (Title)
February 5, 1970 (Date)

OIL CONSERVATION COMMISSION

APPROVED FEB 10 1970
BY Original Signed by Emery C. Arnold
SUPERVISOR DIST. #8
TITLE _____

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

UNIT	
DATE	
FILE	
U.S.S.	
AND OFFICE	
TRANSPORTER	OIL
	GAS
PERATOR	
REGISTRATION 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-210
Effective 1-1-55

Operator Ladd Petroleum Corporation

Address 830 Denver Club Bldg, Denver, CO 80202

Reason(s) for filing (Check proper box)

Oil Well <input type="checkbox"/>	Change in Transporter of:	Other (Please explain)
Completion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Castinhead Gas <input type="checkbox"/>	Condensate <input checked="" type="checkbox"/>

Change of ownership give name and address of previous owner _____

DESCRIPTION OF WELL AND LEASE

Well Name Butte	Well No. 1 Pool Name, including Formation Basin Dakota	Kind of Lease XXXX Federal XXXX	Lease No. NM09867A
Section N 1060	Line and S 790	Feet From The W	
Line of Section 19	Township 30N	Range 13W	County San Juan

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Giant Refining Company	Security Life Bldg., Suite 1230, 1616 Glenarm Pl
Name of Authorized Transporter of Castinhead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Co.	P.O. Box 1592, El Paso, TX 79999
Does well produce oil or liquids, give location of tanks.	Is gas actually connected? When

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <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 Restv. <input type="checkbox"/>	Diff Restv. <input type="checkbox"/>
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.S.T.D.					
Deviation (DF, RKB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pcy	Tubing Depth					
Perforations	Depth Casing Shoe							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE 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 (Shot-in)	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 (plug, back pr.)	Tubing Pressure (Shot-in)	Casing Pressure (Shot-in)	Choke Size

CERTIFICATE OF COMPLIANCE

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

William K. SL
(Signature)
Production Engineer
(Title)
5/12/87

OIL CONSERVATION COMMISSION

APPROVED **MAY 20 1987**, 19
BY **Original signed by FRANK J. CHAVIZ**
SUPERVISOR, DISTRICT 8
TITLE _____

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allowable on new and recompleted wells.
Fill out only Sections 1, 11, 111, and 112 for changes of owner.

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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. OPERATOR

Operator Ladd Petroleum Corporation

Address 830 Denver Club Building, Denver, Colorado 80202

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

New Well ☐ Change in Transporter of: ☐ Oil ☐ Dry Gas ☐

Recompletion ☐ Casinghead Gas ☐ Condensate ☒

Change in Ownership ☐

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Butte</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Basin Dakota</u>	Kind of Lease <u>State/Federal or Other</u>	Lease No. <u>NM0986</u>
Location Unit Letter <u>N</u> : <u>1060</u> Feet From The <u>S</u> Line and <u>790</u> Feet From The <u>W</u>				
Line of Section <u>19</u> Township <u>30N</u> Range <u>13W</u> , NMPM, <u>San Juan</u> 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"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Inland Corporation</u>	<u>P.O. Box 1528 Farmington New Mexico 87401</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>El Paso Gas Company</u>	<u>P.O. Box 1592, El Paso, Texas 79999</u>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? <u>When</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)	<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
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								
CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT		

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

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

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

GAS WELL

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

VI. CERTIFICATE OF COMPLIANCE

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

Denise B. McDonald
(Signature)
Senior Production Clerk
(Title)
March 30 1982
(Date)

OIL CONSERVATION DIVISION

APPROVED APR 7 1982, 10
BY Original Signed by FRANK T. CHAVEZ

TITLE SUPERVISOR-DISTRICT #3

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

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

Form C-104
Revised 10-01-78
Format 58-01-83
Page 1

NO. OF COPIES DESIRED	
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TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Owner
Ladd Petroleum Corporation
Address
830 Denver Club Building, Denver, CO 80202
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)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

<u>Lease Name</u> Butte	<u>Well No.</u> 1	<u>Pool Name, including Formation</u> Basin Dakota	<u>Kind of Lease</u> State, Federal or Fee Federal	<u>Lease No.</u> NM09867A
<u>Location</u> Unit Letter <u>N</u> : <u>1060</u> Feet From The <u>South</u> Line and <u>790</u> Feet From The <u>West</u> Line of Section <u>19</u> Township <u>30N</u> Range <u>13W</u> N.M.P.M. <u>San Juan</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

<u>Name of Authorized Transporter of Oil</u> <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	<u>Address (Give address to which approved copy of this form is to be sent)</u>
Giant Refining Company	P.O. Box 9156, Phoenix, AZ 85068
<u>Name of Authorized Transporter of Casinghead Gas</u> <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	<u>Address (Give address to which approved copy of this form is to be sent)</u>
El Paso Natural Gas Company	P.O. Box 990, Farmington, NM 87499
<u>If well produces oil or liquids, give location of lease.</u> Unit <u>N</u> Sec. <u>19</u> Twp. <u>30N</u> Rge. <u>13W</u>	<u>Is gas actually connected?</u> YES when <u>August 1962</u>

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

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

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.

Denise R. Lindemanis
(Signature)

Senior Production Clerk
(Title)

November 9, 1984
(Date)

OIL CONSERVATION DIVISION

APPROVED NOV 15 1984
BY Frank J. [Signature]
TITLE SUPERVISOR DISTRICT # 3

This form is to be filed in compliance with RULE 1184.

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.

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil well	Gas well	New well	Workover	Seepen	Plug Seal	Same Resrv.	Diff. Resrv.
Date Spudded	Date Casing Run in Prod.		Total Depth		P.S.T.S.			
Elevations (OP, RKB, RT, CR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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

Is First New Oil Run To Test	Date of Test	Producing horizons (Flow, prod, gas lift, etc.)	
Length of Test	Tubing Procedure	Casing Procedure	Cross Flow
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 horizon (Block, sand, etc.)	Tubing Procedure (SBH-1B)	Casing Procedure (SBH-1B)	Cross Flow

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Form 3160-5
Budget Bureau No. 1004-01
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

SF 078977

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Butte

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Basin Dakota

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

Sec. 19 T30N R13W

12. COUNTY OR PARISH 13. STATE

San Juan

N.M.

SUNDRY NOTICES AND REPORTS ON WELLS

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

1. OIL WELL ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR

Ladd Petroleum Corporation

3. ADDRESS OF OPERATOR

3525E. 30th. Suite 224 A Farmington, New Mexico 87401

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

1060 ' FSL 790' FWL

RECEIVED

MAY 20 1986

14. PERMIT NO.

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

BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PCLL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

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

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

A new well sign was ordered on 5-19-86, and should be installed by 5-23-86.
The trash was cleaned up on 5-17-86.

RECEIVED

MAY 22 1986

OIL CON. DIV.
BISCUIT

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

SIGNED

Phil Emery

TITLE Field Supt.

DATE 5-19-86

(This space for Federal or State office use)

MAY 21 1986

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side

NMOCC

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

OIL CONSERVATION DIVISION
P. O. BOX 2028
SANTA FE, NEW MEXICO 87301

RECEIVED

AUG 11 1986

OIL CON. DIV.
DIST. 3

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Owner
Ladd Petroleum Corporation
Address
370 17th Street, Suite 1700, Denver, CO 80202

Reason(s) for filing (Check proper box)

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

Change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Well Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Butte	1	Basin Dakota	State, Federal or Free Federal	NM09867A

Unit Location N 1060 Feet From The South Line and 790 Feet From The West

Line of Section 19 Township 30N Range 13W N.M.P.M. San Juan County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil	Address (Give address to which approved copy of this form is to be sent)
The Mancos Corporation	P.O. Box 1320, Farmington, NM 87499
Name of Authorized Transporter of Condensate Gas or Dry Gas	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Company	P.O. Box 990, Farmington, NM 87499

Well produces oil or liquids. (Initials of owner) N 19 30N 13W

Is gas actually transported? YES

When August 1962

This production is commingled with that from any other lease or pool. Give commingling order number:

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

CERTIFICATE OF COMPLIANCE

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

Denise R. Hindemanis
(Signature)
Senior Production Clerk
8-5-86
(Date)

OIL CONSERVATION DIVISION

APPROVED *Frank J. Dwyer* AUG 17 1986
BY
TITLE SUPERVISOR DISTRICT 3

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil well	Gas well	New well	Workover	Reopen	Plug Back	Same Resrv.	Oil Resrv.
Date Drilled	Date Casing Ready to Prod.		Total Depth		P.S.T.C.			
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE (Tests must be after recovery of usual volume of liquid oil and must be equal to or exceed test allowable for this depth or be for full 24 hours)

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

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

Form C-104
Revised 10-01-78
Format 28-31-83
Page 1

RECEIVED
MAR 23 1987
OIL CON. DIV.
DIST. 3

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Ladd Petroleum Corporation

370 17th Street, Suite 1700, Denver, CO 80202

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

Change of ownership give name & address of previous owner

DESCRIPTION OF WELL AND LEASE				
Well Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Butte	1	Basin Dakota	State, Federal or Free Federal	NM09867A
Well Depth	N	1060 Feet From The	South	Line One
				790 Feet From The
				West
Kind of Section	19	Township	30N	Range
				13W
				San Juan
				County

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)			
Permian Corporation	P.O. Box 1702, Farmington, NM 87401			
Name of Authorized Transporter of Condensate Gas or Dry Gas	Address (Give address to which approved copy of this form is to be sent)			
El Paso Natural Gas Company	P.O. Box 990, Farmington, NM 87499			
Well produces oil or leases, no location of tanks.	Unit	Sec.	Twp.	Range
	N	19	30N	13W
Is gas actually transported?	YES			
	August 1962			

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

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

CERTIFICATE OF COMPLIANCE

new 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 knowledge and belief.

Denise P. Lindemanis
(Signature)

Senior Production Clerk

March 16, 1987
(Date)

OIL CONSERVATION DIVISION

APPROVED *Franklin J. [Signature]* MAR 23 1987
BY *Franklin J. [Signature]*
TITLE SUPERVISOR DISTRICT 3

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

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBJECT TO REGULATION
(Other instructions on re-
verse side)

Expiry August 31, 1985

SUNDRY NOTICES AND REPORTS ON WELLS

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

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Ladd Petroleum Corporation	8. FARM OR LEASE NAME Butte
3. ADDRESS OF OPERATOR 3535 E. 30th Suite 224A Farmington, New Mexico 87401	9. WELL NO. 1
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface	10. FIELD AND POOL, OR WILDCAT Basin Dakota
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 19 T30 w R13w	12. COUNTY OR PARISH San Juan
13. STATE N. M.	
14. PERMIT NO. 1060 FSL 790 FWL	15. ELEVATIONS (Show whether DF, RT, GR, etc.) GI 5548

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

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

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

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

Plan to P&A well as follows

Load hole spot 25sx cement plug @ 6000'
Perforate @ 5150'
50' plug inside & outside 41/2 5105- 5055'
Perforate @ 2895'
50' plug inside & outside 2895 -2845'
Perforate @ 1390'
50' plug inside & outside 1390 -1340'
Perforate @ 250/
Establish circulation with brandenhead & cement w/85 sx. of cement. (enough cement. to circulate)

see attached

NOV 16 1987

OIL CON. DIV.
DIST. 3

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

SIGNED Phil M. [Signature]

TITLE Field Supt.

DATE 11-5-87

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE 11-5-87
AREA MANAGER

*See Instructions on Reverse Side

NMOCG

BUREAU OF LAND MANAGEMENT
CALLER SERVICE 4104
FARMINGTON, NEW MEXICO 87499

Attachement of Notice of
Intention to Abandon

Re: Permanent Abandonment

Well: 1 Butte

CONDITIONS OF APPROVAL

1. Plugging operations authorized are subject to the attached "General Requirements for Permanent Abandonment of Wells on Federal Leases."
2. The Farmington Office, telephone (505) 325-4572, is to be notified in sufficient time for a representative to witness all plugging operations.
3. Blowout prevention equipment is required.
4. The following modifications to your plugging program are to be made (when applicable):

- 1) Bring bottom plug up to 5872' (50' above Dakota top 5922')
- 2) Perf @ 5100, plug inside and outside 4 1/2" casing 5100-5000' Gallup
- 3) " " 2895, " " " " " " 2895-2795' Mesquite
- 4) " " 2450, " " " " " " 2450-2350 Chisna
- 5) " " 1390, " " " " " " 1390-1290' Pictured Cliffs
- 6) " " 860, " " " " " " 860-760' Fruitland
- 7) " " 250, " " " " " " 250'-0'

Office Hours: 7:45 A.M. to 4:30 P.M.

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE
(Other instructions on reverse side)

Form 1000-01
August 31, 1985
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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR LADD PETROLUEM CORPATION	8. FARM OR LEASE NAME BUTTE
3. ADDRESS OF OPERATOR 3535 East 30th Suite 224A Farmington, New Mexico 87401	9. WELL NO. 1
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface	10. FIELD AND POOL, OR WILDCAT BASIN DAKOTA
14. PERMIT NO. 1060 FSL 790 FWL	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SEC. 19 T30N R13W
15. ELEVATIONS (Show whether DF, RT, GR, etc.) GL 5548	12. COUNTY OR PARISH SAN JUAN
	13. STATE N.M.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
(Other) ☐

PULL OR ALTER CASING ☐
MULTIPLE COMPLETION ☐
ABANDON* ☐
CHANGE PLANE ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐
FRACTURE TREATMENT ☐
SHOOTING OR ACIDIZING ☐
(Other) ☐

REPAIRING WELL ☐
ALTERING CASING ☐
ABANDONMENT* ☒

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

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

Plugged well as follows Nov. 18, 1987
Plug at 5966 10 sks.
Perf. at 5100
Spotted 25sks cement plug at 5100 Displaced 4 BBL. thru Perfs.
Perf. at 2895
Spotted 25sks cement plug at 2895 Displaced 4 BBL. thru Perfs.
Perf at 2450
Spotted 25sks cement plug at 2450 Displaced 4 BBL. thru Perfs.
Perf. at 1390
Spotted 25sks cement plug at 1390 Displaced 4 BBL. thru Perfs.
Perf at 860
Spotted 25sks cement plug at 860 Displaced 4 BBL. thru Perfs.
Perf. at 250
Established circulation down 4½ casing and up 4½ by 8 5/8 annulus.
cement with 100 sks.
Circulated cement to surface.
Install P&A marker

As required as to plugging of the well bore.
100% cement bond is retained until
surface circulation is completed.

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

SIGNED

TITLE Field Supt.

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

APPROVED

DATE 12-7-87

DEC 14 1987
DATE

AREA MANAGER
FACIL. DESIGN RESOURCE AREA

*See Instructions on Reverse Side

NMOCC

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SEE INSTRUCTIONS ON REVERSE SIDE

LEASE DESIGNATION AND NUMBER

SF- 078977

APPROPRIATE AGENCY OR TRIBE NAME

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. WELL TYPE <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER X	2. NAME OF OPERATOR Ladd Petroleum Corporation	3. ADDRESS OF OPERATOR 3535 East 30th. Suite 224A Farmington, New Mexico 87401	4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1060 FSL, 790 FWL.	5. UNIT AGREEMENT NAME FARMINGTON RESOURCE AREA FARMINGTON, NEW MEXICO	6. NAME OF LEASE 1	7. WELL NO. 1	8. FIELD AND POOL, OR WILDCAT Basin Dakota	9. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 19 T30N R13W	10. COUNTY OR PARISH San Juan	11. STATE N.M.
12. PERMIT NO.	13. ELEVATIONS (Show whether DF, RT, GR, etc.)									

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

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

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

17. SET RISE 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.)

IN reference to your letter dated Dec. 22, 1987. Due to the weather conditions we asking for an extension of 120 days to comply with these stipulations.

RECEIVED
JAN 28 1988
OIL CON. DIV.
DIST. 3

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

SIGNED Phil Emery TITLE Field Supt. DATE 1-14-88

(This space for Federal or State office use)

APPROVED BY Alan B. Hiner TITLE AREA MANAGER

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side