



San Juan South Asset

Cherry Hlava
WL1-19.178
281-366-4081 (direct)
281-366-0700 (FAX)
hlavacl@bp.com

P. O. Box 3092
Houston, Texas 77253-3092
501 Westlake Park Boulevard
Houston, Texas 77079

September 29, 2005

Mr. Michael Stogner
New Mexico Oil Conservation Division
1220 South St Francis Drive
Santa Fe, NM 87505

Application for Non-Standard Well Location
Hughes C well # 6A API # 30-045-23110
W/2 Section 33-T29N-R08W
Otero Chacra Pool
San Juan County, New Mexico

BP America Production Company respectfully requests an administrative approval for a non-standard well location for the Hughes C well No. 6A to be downhole commingled at the existing well location of 2355' FNL and 2040' FWL of Section 33, T29N-R08W. The non-standard location is currently producing from the Mesaverde. The Mesaverde formation was approved under Energy and Minerals Department's Administrative Order NSL-943, May 22, 1978 (copy attached).

To aid in your review attached is a C-102 and a 9 Section well location plat and list of offset operators.

Your attention to this matter is greatly appreciated. Should you have any questions concerning this application, please do not hesitate to call me at 281-366-4081.

Sincerely,

A handwritten signature in cursive script that reads "Cherry Hlava".

Cherry Hlava

cc: Charlie Perrin, Supervisor
NMOCD District III
1000 Rio Brazos Road
Aztec, NM 87410

Re: Hughes C #6A
2355' FNL & 2040' FWL, Section 33, T29N, R08W, San Juan Country, NM

I hereby certify that the following offset owners/operators have been notified by certified mail of our application for administrative approval for non-standard well location of the above well.

Burlington Resources
Attn: David Valdez
P.O. Box 4289
Farmington, NM 87499-4289

ConcoPhillips
Attn: Jane Strickland
600 North Dairy Ashford WL-3
Houston, TX 77079-1175

Thompson Engineering & Production Corporation
7415 E Main Street
Farmington, NM 87402

Sincerely,

A handwritten signature in cursive script that reads "Cherry Hlava".

Cherry Hlava
BP America
Regulatory Analyst
281-366-4081



STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT
OIL CONSERVATION DIVISION

6-19
2-19



JERRY APODACA
GOVERNOR
NICK FRANKLIN
SECRETARY

May 22, 1978

POST OFFICE BOX 2088
STATE LAND OFFICE BUILDING
SANTA FE, NEW MEXICO 87501
(505) 827-2434

El Paso Natural Gas Company
P. O. Box 990
Farmington, New Mexico 87401

Attention: D. C. Walker

*Chaura will be
NSL 943 A*

Administrative Order NSL-943

Gentlemen:

Reference is made to your application for a non-standard location for your Hughes A Well No. 6A to be located 2355 feet from the North line and 2040 feet from the West line of Section 33, Township 29 North, Range 8 West, NMPM, Blanco Mesaverde Pool, San Juan County, New Mexico.

By authority granted me under the provisions of Rule 104 F of the Division Rules and Regulations, the above-described unorthodox location is hereby approved.

Very truly yours,

JOE D. RAMEY,
Division Director

JDR/RLS/dr

cc: Oil Conservation Division - Aztec
Oil & Gas Engineering Committee - Hobbs
Central Leasing - State Land Office - Santa Fe



District I
 1625 N. French Dr., Hobbs, NM 88240

District II
 811 South First, Artesia, NM 88210

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

District IV
 2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico
 Energy, Minerals & Natural Resources Department

OIL CONSERVATION DIVISION
 2040 South Pacheco
 Santa Fe, NM 87505

Form C-102
 Revised August 15, 2000

Submit to Appropriate District Office
 State Lease - 4 Copies
 Fee Lease - 3 Copies

AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

| | | |
|--|--|---|
| ¹ API Number 30-045-23110 | ² Pool Code 82329 | ³ Pool Name Otero Chacra |
| ⁴ Property Code 000703 | ⁵ Property Name Hughes C | |
| ⁷ OGRID No. 000778 | ⁸ Operator Name BP America Production Company | ⁶ Well Number 6A |
| | | ⁹ Elevation |

¹⁰ Surface Location

| | | | | | | | | | |
|---------------------------|----------------------|------------------------|---------------------|---------|---------------------------|-----------------------------|--------------------------|--------------------------|---------------------------|
| UL or lot no. F | Section 33 | Township 29N | Range 08W | Lot Idn | Feet from 2355' | North/South North | Feet from 2040 | East/West West | County San Juan |
|---------------------------|----------------------|------------------------|---------------------|---------|---------------------------|-----------------------------|--------------------------|--------------------------|---------------------------|

¹¹ Bottom Hole Location If Different From Surface

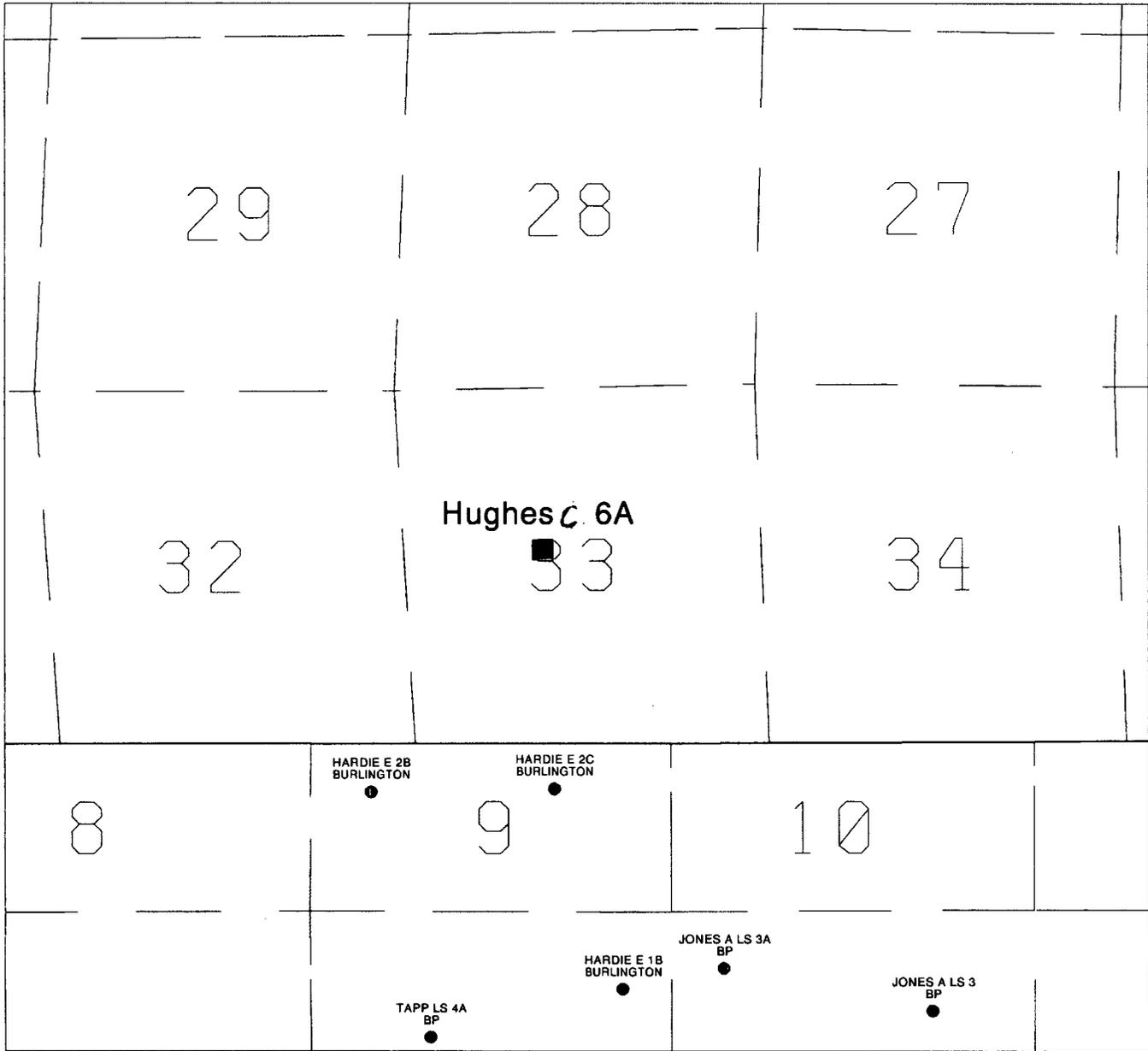
| | | | | | | | | | |
|---------------|---------|----------|-------|---------|-----------|-------------|------|-----------|--------|
| UL or lot no. | Section | Township | Range | Lot Idn | Feet from | North/South | Feet | East/West | County |
|---------------|---------|----------|-------|---------|-----------|-------------|------|-----------|--------|

| | | | |
|---|-------------------------------|----------------------------------|---|
| ¹² Dedicated Acres 160 | ¹³ Joint or Infill | ¹⁴ Consolidation Code | ¹⁵ Order No. NSL - 943 5/22/1978 |
|---|-------------------------------|----------------------------------|---|

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

| | |
|--|--|
| | <p>¹⁷ OPERATOR CERTIFICATION <i>I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.</i></p> <p><i>Cherry Hlava</i> Signature</p> <p>Cherry Hlava Printed Name</p> <p>Regulatory Analyst Title</p> <p>7/27/2005 Date</p> |
| | <p>¹⁸ SURVEYOR CERTIFICATION <i>I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief.</i></p> <p>4/5/1978 Date of Survey</p> <p>Signature and Seal of Professional Surveyor: Fred B Kerr Jr. Certificate Number 3950</p> |

Standard 640-acre Section



| | | |
|--|------------------|------------------|
| BP America Production Co. Houston, TX | | |
| T29N R8W Sec. 33 Hughes C 6A Chacra Wells | | |
| SCALE | DRAWN M. J. RITZ | DATE 29-SEP-2005 |
| DRAWING | | |



San Juan South Asset

Cherry Hlava
WL1-19.178
281-366-4081 (direct)
281-366-0700 (FAX)
hlavacl@bp.com

P. O. Box 3092
Houston, Texas 77253-3092
501 Westlake Park Boulevard
Houston, Texas 77079

September 29, 2005

RE: Notice of Intent to Apply for Non-Standard well location

Hughes C Well #6A
W/2 Section 33-T29N-R08W
Otero Chacra Pool
San Juan County, New Mexico

To: All offset operators.

BP America Production Co. is applying for permission to drill the above referenced well in a Non-Standard location as per the attached application.

Should you have any objections or concerns please contact the New Mexico Oil Conservation Division 1220 South St. Francis Drive, Santa Fe, NM 87505 with in 20 days of receipt of this letter.

Sincerely,

A handwritten signature in cursive script that reads "Cherry Hlava".

Cherry Hlava
Regulatory Analyst
BP America

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

30-045-23110

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. TYPE OF WORK
 DRILL DEEPEN PLUG BACK

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

2. NAME OF OPERATOR
 El Paso Natural Gas Company

3. ADDRESS OF OPERATOR
 PO Box 990, Farmington, NM 87401

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.)*
 At surface 2355'N, 2040'W,
 At proposed prod. zone

14. DISTANCE IN MILES AND DIRECTION FROM NEAREST TOWN OR POST OFFICE*
 8 miles from Blanco, NM

15. DISTANCE FROM PROPOSED* LOCATION TO NEAREST PROPERTY OR LEASE LINE, FT. (Also to nearest drlg. unit line, if any) 2040'

16. NO. OF ACRES IN LEASE 1920

17. NO. OF ACRES ASSIGNED TO THIS WELL w/ 320.00

18. DISTANCE FROM PROPOSED LOCATION* TO NEAREST WELL, DRILLING, COMPLETED, OR APPLIED FOR, ON THIS LEASE, FT. 800'

19. PROPOSED DEPTH 5245'

20. ROTARY OR CABLE TOOLS
 Rotary

21. ELEVATIONS (Show whether DF, RT, GR, etc.)
 6062'GR

22. APPROX. DATE WORK WILL START*

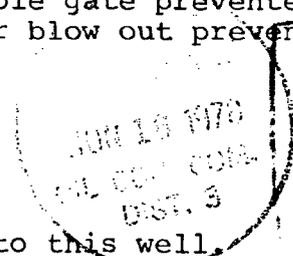
23. PROPOSED CASING AND CEMENTING PROGRAM

| SIZE OF HOLE | SIZE OF CASING | WEIGHT PER FOOT | SETTING DEPTH | QUANTITY OF CEMENT |
|--------------|----------------|-----------------|---------------|------------------------------|
| 13 3/4" | 9 5/8" | 32.3# | 200' | 224 cu.ft. to circulate |
| 8 3/4" | 7" | 20.0# | 2920' | 302 cu.ft. to cover Ojo Alar |
| 6 1/4" | 4 1/2" liner | 10.5# | 2770-5245' | 432 cu.ft. to fill to 2770' |

Selectively perforate and sandwater fracture the Mesa Verde formation.

A 3000 psi WP and 6000 psi test double gate preventer equipped with blind and pipe rams will be used for blow out prevention on this well.

This gas is dedicated.



The E/2 of Section 33 is dedicated to this well.

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

24. SIGNED [Signature] TITLE Drilling Clerk DATE May 1, 1978

(This space for Federal or State office use)

PERMIT NO. _____ APPROVAL DATE _____

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

[Signature]

*See Instructions On Reverse Side

NS 1-3-78

NEW MEXICO OIL CONSERVATION COMMISSION
WELL LOCATION AND ACREAGE DEDICATION PLAT

Form C-102
Supersedes C-128
Effective 1-1-65

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

| | | | | | |
|--|--|------------------------|--------------------------------------|---|-----------------------|
| Operator El Paso Natural Gas Company | | | Lease Hughes A (SF-078049) | | Well No. 6A |
| Unit Letter F | Section 33 | Township 29N | Range 8W | County San Juan | |
| Actual Footage Location of Well: 2355 feet from the North line and 2040 feet from the West line | | | | | |
| Ground Level Elev. 6062 | Producing Formation Mesa Verde | | Pool Blanco Mesa Verde | Dedicated Acreage: 320.00 Acres | |

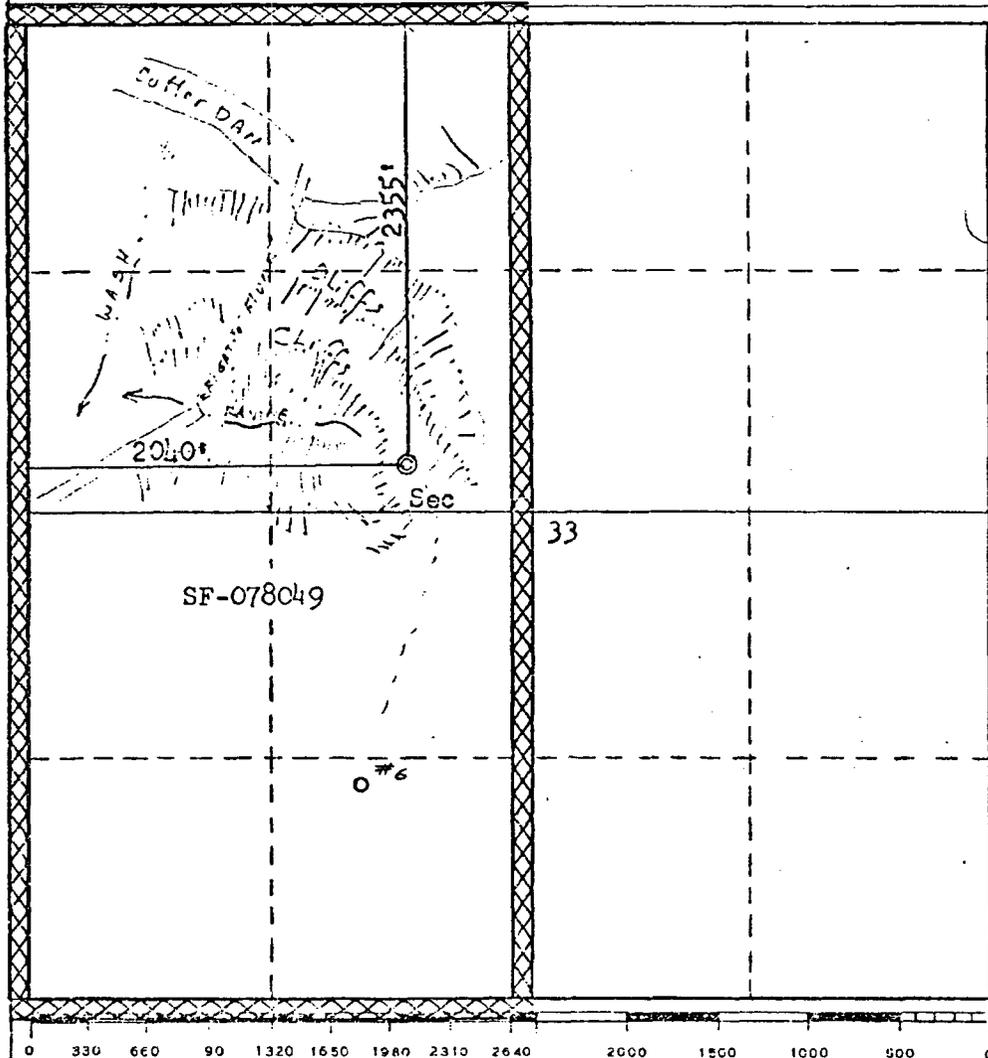
1. Outline the acreage dedicated to the subject well by colored pencil or hachure marks on the plat below.
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
3. If more than one lease of different ownership is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

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

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

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

RE-ISSUED TO SHOW PARENT WELL



CERTIFICATION

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

Ready Bradford
Name
Drilling Clerk
Position
El Paso Natural Gas Co.
Company
May 1, 1978
Date

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

Date Surveyed: **April 5, 1978**
Registered Professional Engineer and/or Land Surveyor
Fred B. Schmitt
Certificate No. **3950**

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use Form 9-331-C for such proposals.)

1. oil well gas well other _____

2. NAME OF OPERATOR
EL PASO NATURAL GAS CO.

3. ADDRESS OF OPERATOR
BOX 990, FARMINGTON, NEW MEXICO

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 2355'N, 2040'W
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

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

| | | | |
|--------------------------|--------------------------|-----------------------|-------------------------------------|
| REQUEST FOR APPROVAL TO: | | SUBSEQUENT REPORT OF: | |
| TEST WATER SHUT-OFF | <input type="checkbox"/> | | <input checked="" type="checkbox"/> |
| FRACTURE TREAT | <input type="checkbox"/> | | <input type="checkbox"/> |
| SHOOT OR ACIDIZE | <input type="checkbox"/> | | <input type="checkbox"/> |
| REPAIR WELL | <input type="checkbox"/> | | <input type="checkbox"/> |
| PULL OR ALTER CASING | <input type="checkbox"/> | | <input type="checkbox"/> |
| MULTIPLE COMPLETE | <input type="checkbox"/> | | <input type="checkbox"/> |
| CHANGE ZONES | <input type="checkbox"/> | | <input type="checkbox"/> |
| ABANDON* | <input type="checkbox"/> | | <input type="checkbox"/> |
| (other) | <input type="checkbox"/> | | <input type="checkbox"/> |

5. LEASE
SF 078049

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Hughes A

9. WELL NO.
6A

10. FIELD OR WILDCAT NAME
Blanco Mesa Verde

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 33, T-29-N, R-8-W NMPM

12. COUNTY OR PARISH
San Juan

13. STATE
New Mexico

14. API NO.

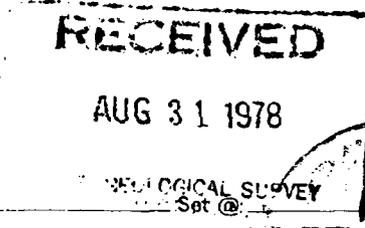
15. ELEVATIONS (SHOW DF, KDB, AND WD)
6062' GL

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

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.)*

8/27/78: Spudded well. Drilled surface hole.

8/28/78: Ran 5 joints 9 5/8", 32.3# H-40 surface casing, 224' set at 237'. Cemented with 224 cu. ft. cement. Circulated to surface. WOC 12 hours; held 600#/30 minutes.



Subsurface Safety Valve: Manu. and Type _____

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

SIGNED D. J. [Signature] TITLE Drilling Clerk DATE 8/29/78

(This space for Federal or State office use)

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

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

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use Form 9-331-C for such proposals.)

1. oil well gas well other

2. NAME OF OPERATOR
EL PASO NATURAL GAS CO.

3. ADDRESS OF OPERATOR
BOX 289, FARMINGTON, NEW MEXICO

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 2355'N, 2040'W
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

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

| | | |
|--------------------------|--------------------------|-------------------------------------|
| REQUEST FOR APPROVAL TO: | | SUBSEQUENT REPORT OF: |
| TEST WATER SHUT-OFF | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| FRACTURE TREAT | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| SHOOT OR ACIDIZE | <input type="checkbox"/> | <input type="checkbox"/> |
| REPAIR WELL | <input type="checkbox"/> | <input type="checkbox"/> |
| PULL OR ALTER CASING | <input type="checkbox"/> | <input type="checkbox"/> |
| MULTIPLE COMPLETE | <input type="checkbox"/> | <input type="checkbox"/> |
| CHANGE ZONES | <input type="checkbox"/> | <input type="checkbox"/> |
| ABANDON* | <input type="checkbox"/> | <input type="checkbox"/> |
| (other) | | |

5. LEASE
SF 078049

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Hughes A

9. WELL NO.
6A

10. FIELD OR WILDCAT NAME
Blanco MV

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 33, T-29-N, R-8-W
NMPM

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

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
6062' GL

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

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.)*

8/31/78: T.D. 2920'. Ran 73 joints 7", 20# H-40 intermediate casing, 2909' set at 2920'. Cemented with 380 cu. ft. cement. WOC 12 hours, held 1200#/30 minutes. Top of cement at 1100'.

9/4/78: T.D. 5277'. Ran 71 joints 4 1/2", 10.5#, K-55 casing liner, 2523' set 2754-5277'. Float collar set at 5261'. Cemented with 515 cu. ft. cement. WOC 18 hours. Top of cement 2754'.

10/20/78: PBSD 5261'. Tested casing to 3500#, OK. Perfed 4207,4214,4233, 4239,4246,4260,4272,4278,4293,4300,4314,4320,4326,4332,4458,4588,4636,4699, 4716,4724 with 1 SPZ. Fraced w/76,500# 20/40 sand and 139,500 gal. water. Flushed w/6000 gal. water. Perfed Mass. and Lower P.L. 4814,4819,4825,4842, (OVER)

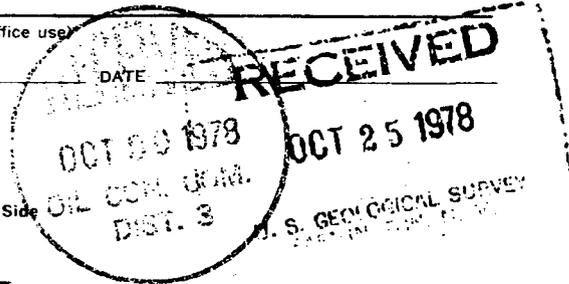
Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED *A. P. Lucas* TITLE Drilling Clerk DATE 10/23/78

(This space for Federal or State office use)

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



*See Instructions on Reverse Side

NMOCC

Instructions

General: This form is designed for submitting proposals to perform certain well operations, and reports of such operations when completed, as indicated, on Federal and Indian lands pursuant to applicable Federal law and regulations, and, if approved or accepted by any State, on all lands in such State, pursuant to applicable State law 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.

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 17: Proposals to abandon a well and subsequent reports of abandonment should include such special information as is required by local Federal and/or State offices. In addition, such proposals and reports should include reasons for the abandonment; data on any former or present productive zones, or other zones with present significant fluid contents not sealed off by cement or otherwise; depths (top and bottom) and method of placement of cement plugs; mud or other material placed below, between and above plugs; amount, size, method of parting of any casing, liner or tubing pulled and the depth to top of any left in the hole; method of closing top of well; and date well site conditioned for final inspection looking to approval of the abandonment.

GPO : 1976 O - 214-149

4847,4853,4858,4898,4905,4912,4927,4976,5031,5067,
5074,5090,5154,5172,5180 with 1 SPZ. Fraced w/
72,000# 20/40 sand and 127,000 gal. water. Flushed
w/6000 gal. water.

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

SUBMIT IN DUPLICATE*

(See other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R333.5.

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
El Paso Natural Gas Co.

3. ADDRESS OF OPERATOR
Box 289, Farmington, NM

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*
At surface 2355'N, 2040'W

At top prod. interval reported below

At total depth

14. PERMIT NO. _____ DATE ISSUED _____

5. LEASE DESIGNATION AND SERIAL NO.
SF 078049

6. IF INDIAN, ALLOTTEE OR TRIBE NAME _____

7. UNIT AGREEMENT NAME _____

8. FARM OR LEASE NAME
Hughes A

9. WELL NO.
6A

10. FIELD AND POOL, OR WILDCAT
Blanco MV

11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA
Sec. 33, t-29-N, R-8-W

12. COUNTY OR PARISH
San Juan

13. STATE
NM

15. DATE SPUDDED 8-27-78 16. DATE T.D. REACHED 9-3-78 17. DATE COMPL. (Ready to prod.) 10-30-78 18. ELEVATIONS (DF, REB, RT, GR, ETC.)* 6062 GL 19. ELEV. CASINGHEAD _____

20. TOTAL DEPTH, MD & TVD 5277" 21. PLUG, BACK T.D., MD & TVD 5261' 22. IF MULTIPLE COMPL., HOW MANY* _____ 23. INTERVALS DRILLED BY _____ ROTARY TOOLS 0-5277' CABLE TOOLS _____

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*
4207 - 5180 (MV) 25. WAS DIRECTIONAL SURVEY MADE NO

26. TYPE ELECTRIC AND OTHER LOGS RUN
Ind. - GR; CDL - GR; Temperature Survey 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 |
|-------------|-----------------|----------------|-----------|------------------|---------------|
| 9 5/8" | 32.3# | 237' | 13 3/4" | 224 cf | |
| 7" | 20# | 2920' | 8 3/4" | 380 cf | |

29. LINER RECORD

| SIZE | TOP (MD) | BOTTOM (MD) | SACKS CEMENT* | SCREEN (MD) |
|--------|----------|-------------|---------------|-------------|
| 4 1/2" | 2754' | 5277' | 515 cf | |

30. TUBING RECORD

| SIZE | DEPTH SET (MD) | PACKER SET (MD) |
|-------|----------------|-----------------|
| 2 3/8 | 5182' | |

31. PERFORATION RECORD (Interval, size and number) 4207, 4214, 4233, 4239, 4246, 4260, 4277, 4278, 4293, 4300, 4314, 4320, 4326, 4332, 4458, 4588, 4636, 4699, 4716, 4724, w/1 SPZ. 4814, 4819, 4825, 4842, 4847, 4853, 4858, 4898, 4905, 4912, 4927, 4976, 5031, 5067, 5074, 5090, 5154, 5172, 5180 w/ 1 SPZ.

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

| DEPTH INTERVAL (MD) | AMOUNT AND KIND OF MATERIAL USED |
|---------------------|-------------------------------------|
| 4207-4724 | 76,500# 20/40 sand; 139 gal. water |
| 4814-5180 | 72,000#. 20/40 sand; 127 gal. water |

33.* PRODUCTION

DATE FIRST PRODUCTION _____ PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)
After Frac Gauge - 3201 MCF/D WELL STATUS (Producing or shut-in) SI

DATE OF TEST 10-30-78 HOURS TESTED _____ CHOKER SIZE _____ PROD'N. FOR TEST PERIOD _____ OIL—BBL. _____ GAS—MCF. _____ WATER—BBL. _____ GAS-OIL RATIO _____

FLOW. TUBING PRESS. SI 739 CASING PRESSURE SI 744 CALCULATED 24-HOUR RATE _____ OIL—BBL. _____ GAS—MCF. _____ WATER—BBL. _____ OIL GRAVITY-API (CORR.) _____

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) _____ TEST WITNESSED BY N. Waggoner

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 John Bradford TITLE Drilling Clerk DATE 11-17-78

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

| | |
|-------------------|-----|
| STATE | |
| S.G.S. | |
| AND OFFICE | |
| TRANSPORTER | OIL |
| | GAS |
| OPERATION | |
| PRODUCTION 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

Operator
 El Paso Natural Gas Co.

Address
 Box 289, Farmington, NM

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

DESCRIPTION OF WELL AND LEASE

| | | | | |
|--|----------------|---|---|---------------------|
| Lease Name Hughes A | Well No. 6A | Pool Name, including Formation Blanco MV | Kind of Lease State, Federal or Fee SF | Lease No. 078049 |
| Location Unit Letter <u>F</u> ; <u>2355'</u> Feet From The <u>North</u> Line and <u>2040'</u> Feet From The <u>West</u> | | | | |
| Line of Section <u>33</u> Township <u>29N</u> Range <u>8W</u> , NMPM, <u>San Juan</u> County | | | | |

I. 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) |
| El Paso Natural Gas | Box 289, Farmington, NM |
| 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 | Box 289, Farmington, NM |
| If well produces oil or liquids, give location of tanks. | Unit Sec. Twp. Rge. Is gas actually connected? When |
| | F 33 29N 8W |

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

COMPLETION DATA

| | | | | | | | | |
|--|---|--|--|--------------------------------------|---------------------------------|------------------------------------|---------------------------------------|--|
| Designate Type of Completion - (X) | Oil Well <input type="checkbox"/> | Gas Well <input checked="" type="checkbox"/> | New Well <input checked="" type="checkbox"/> | Workover <input type="checkbox"/> | Deepen <input type="checkbox"/> | Plug Back <input type="checkbox"/> | Same Res'tv. <input type="checkbox"/> | Diff. Res'tv. <input type="checkbox"/> |
| Date Spudded 8-27-78 | Date Compl. Ready to Prod. 10-30-78 | Total Depth 5277' | | P.B.T.D. 5261' | | | | |
| Elevations (DF, RKB, RT, GR, etc.) 6062 G.L. | Name of Producing Formation Mesa Verde | Top Gas Pay 4207' | | Tubing Depth 5182' | | | | |
| Perforations 4207, 4214, 4233, 4239, 4246, 4260, 4277, 4278, 4293, 4300, 4314, 4320, 4326, 4332, 4458, 4588, 4636, 4699, 4716, 4724, 4814, 4819, 4825, 4842, 4847, 4853, 4858, 4898, 4905, 4912, 4927, 4976, 5031, 5067, 5074, 5090, 5154, 5172, 5189 w/ | | Depth Casing Shoe 5277' | | TUBING, CASING, AND CEMENTING RECORD | | | | |
| HOLE SIZE | | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | |
| 1 SP7 13 3/4" | | 9 5/8" | | 237' | | 224 cf | | |
| 8 3/4" | | 7" | | 2920' | | 380 cf | | |
| 6 1/4" | | 4 1/2" liner | | 2754-5277 | | 515 cf | | |
| | | 2 3/8" | | 5182 | | tubing | | |

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 (piston, back pr.) | Tubing Pressure (Shut-in) 739 | Casing Pressure (shut-in) 744 | 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.

Dean Brackley
 (Signature)
 Drilling Clerk
 (Title)
 11-17-78
 (Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____

BY Original Signed by

TITLE Drilling Clerk

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.

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

| | | | |
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| OPERATOR | GAS | | |
| PRORATION OFFICE | | | |

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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED
SEP 06 1985
OIL CON. DIV
DIST. #

I.

Operator
Tenneco Oil Company ~~E. C. P. WRMD~~

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

Reason(s) for filing (Check proper box)

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

Other (Please explain)

If change of ownership give name and address of previous owner **El Paso Natural Gas, P.O. Box 4990, Farmington, NM 87499**

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|----------------------------------|------------------------|--|---|----------------------------|
| Lease Name Hughes A LS | Well No. 6 A | Pool Name, Including Formation Blanco-MV | Kind of Lease State, Federal or Fee USA SF | Lease No. 078049 |
| Location | | | | |
| Unit Letter F | 2355 | Feet From The N | Line and 2040 | Feet From The W |
| Line of Section 33 | Township 29N | 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"/> Conoco Inc. Surface Transportation | Address (Give address to which approved copy of this form is to be sent) P. O. Box 460, Hobbs, NM 88240 |
| 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, NM 87499 |
| If well produces oil or liquids, give location of tanks. | Unit Sec. Twp. Rge. Is gas actually connected? When |
| | F 33 29N 8W Yes |

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.

Scott McKinnis
(Signature)
Sr. Regulatory Analyst
(Title)
SEP 1 1985
(Date)

OIL CONSERVATION DIVISION
APPROVED *Frank J. Quigg* **SEP. 06 1985**
BY _____
TITLE **SUPERVISOR DISTRICT # 2**

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or 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 Huerfano Rd., Aztec, NM 87410

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

I.

| | |
|---|--|
| Operator Amoco Production Company | Well API No. 3004523110 |
| 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: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> |
| Recompletion <input type="checkbox"/> | Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> |
| Change in Operator <input checked="" type="checkbox"/> | |
| If change of operator give name and address of previous operator Tenneco Oil E & P, 6162 S. Willow, Englewood, Colorado 80155 | |

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|--|-----------------------|---|---------|------------------------------|
| Lease Name HUGHES A LS | Well No. 6A | Pool Name, including Formation BLANCO (MESAVERDE) | FEDERAL | Lease No. SF078049 |
| Location Unit Letter F : 2355 Feet From The FNL Line and 2040 Feet From The FWL Line Section 33 Township 29N 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"/> COMOCO | 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"/> 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 | Soc. | 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) | <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, RI, GR, etc.) | Name of Producing Formation | | Top Oil/Gas Pay | Tubing Depth | | 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 (piston, 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]*
Title **SUPERVISION DISTRICT # 3**

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

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

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

State of New Mexico
Energy, Minerals and Natural Resources Department

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. 300452311000 |
| 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 HUGHES A LS | Well No. 6A | Pool Name, Including Formation BLANCO MESAVERDE (PRORATED GAS) | Kind of Lease State, Federal or Fee | Lease No. |
| Location | | | | |
| Unit Letter F | 2355 | Feet From The FNL | Line and 2040 | Feet From The FWL |
| Section 33 | Township 29N | Range 8W | NMPM, | County SAN JUAN |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

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

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

IV. COMPLETION DATA

| | | | | | | | | |
|--|-----------------------------|----------|-----------------|----------|--------|--------------|-------------------|------------|
| Designate Type of Completion - (X) | Oil Well | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v | Diff Res'v |
| Date Spudded | Date Compl. Ready to Prod. | | Total Depth | | | P.B.T.D. | | |
| Elevations (DF, RKB, RT, CR, etc.) | Name of Producing Formation | | Top Oil/Gas Pay | | | Tubing Depth | | |
| Perforations | | | | | | | Depth Casing Shoe | |
| TUBING, CASING AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | | 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 24 hours) | | | |
| Date First New Oil Run To Tank | Date of Test | Producing Method (Flow, pump, gas lift, etc.) | |
| Length of Test | Tubing Pressure | Casing Pressure | Choke Size |
| Actual Prod. During Test | Oil - Bbls. | Water - Bbls. | Gas - MCF |

GAS WELL

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

VI. OPERATOR CERTIFICATE OF COMPLIANCE

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

D. W. Whaley
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 *[Signature]*
Title **SUPERVISOR DISTRICT #3**

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

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

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. 3004523110 |
| Address P. O. BOX 800, DENVER, COLORADO 80201 | | |
| Reason(s) for filing (Check proper box) <input checked="" type="checkbox"/> Other (Please explain) | | |
| New Well <input type="checkbox"/> | Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> | NAME CHANGE - Hughes A LS #6A |
| Recompletion <input type="checkbox"/> | Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> | |
| Change in Operator <input type="checkbox"/> | | |
| If change of operator give name and address of previous operator _____ | | |

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|--|-----------------------|---|---------------------------------|------------------------------|
| Lease Name HUGHES /A/ | Well No. 6A | Pool Name, Including Formation BLANCO (NESAVERDE) | Kind of Lease FEDERAL | Lease No. SF078049 |
| Location Unit Letter F : 2355 Feet From The FNL Line and 2040 Feet From The FWL Line Section 33 Township 29N 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 type="checkbox"/> AMOCO | 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 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) | <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 flood 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 |
| OCT 29 1990 | | | |

GAS WELL

| | | | |
|----------------------------------|---------------------------|---------------------------|------------|
| Actual Prod. Test - MCF/D | Length of Test | Bbls. Condensate/MCF | Choke Size |
| 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.

D. W. Whaley
Signature
Doug W. Whaley, Staff Admin. Supervisor
Printed Name Title
October 22, 1990
Date **303-830-4280**
Telephone No.

OIL CONSERVATION DIVISION

Date Approved **OCT 29 1990**
By *[Signature]*
Title **SUPERVISOR DISTRICT #3**

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

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

Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88210

State of New Mexico
Energy, Minerals and Natural Resources Department

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

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

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I. OPERATOR

| | |
|---|--|
| Operator Amoco Production Co. | Well A/N No. 30-045-23110 |
| Address P.O. Box 800, Denver, Colorado 80126 | |
| Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> Other (Please explain) NAME CHANGE - Hughes / A / #6A | |
| New Well <input type="checkbox"/> | Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> |
| Recompletion <input type="checkbox"/> | Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> |
| Change in Operator <input type="checkbox"/> | |

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

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|--|-----------------------|---|--|------------------------------|
| Lease Name Hughes / C / | Well No. 6A | Pool Name, including Formation Blanco Mesaverde | Kind of Lease State, Federal or-les | Lease No. SF078049 |
| Location Unit Letter F : 2355 Feet From The FNL Line and 2040 Feet From The FwL Line Section 33 Township 29N 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"/> Meridian Oil Inc. | Address (Give address to which approved copy of this form is to be sent) 3535 E. 30th St. Farmington, NM 87401 | | | | | |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Co. | Address (Give address to which approved copy of this form is to be sent) P.O. Box 4990, Farmington, NM 87499 | | | | | |
| If well produces oil or liquids, give location of tanks. | Unit | Sec. | Twp. | Rge. | Is gas actually connected? | When? |

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

IV. COMPLETION DATA

| Designate Type of Completion - (X) | Oil Well | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v | Dif 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 lost oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

| | | | |
|--------------------------------|-----------------|---|--------------------------------|
| Date First New Oil Run To Tank | Date of Test | Producing Method (Flow, pump, gas lift, etc.) | |
| Length of Test | Tubing Pressure | Casing Pressure | RECEIVED JUL 17 1991 |
| 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. 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.

D.W. Whaley
Signature
D.W. Whaley
Printed Name
7-12-91
Date

Staff Admin Super
Title
(303) 830-4280
Telephone No.

OIL CONSERVATION DIVISION

Date Approved **JUL 12 1991**

By **[Signature]**

Title **SUPERVISOR DISTRICT #3**

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

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

District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Avenue, Artesia, NM 88210
District III
1000 Rio Brazos Road, 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-104B
March 19, 2001

Oil Conservation Division
1220 South St. Francis Dr.
Santa Fe, NM 87505

Submit 1 copy of the final affected wells list along with 1 copy of this form per number of wells on that list to appropriate District Office

Change of Operator Name

OGRID: 000778
Effective Date: 12/31/2001

Previous Operator Name and Information:

Name: Amoco Production Company
Address: P.O. Box 3092
Address: _____
City, State, Zip: Houston, Texas 77253

New Operator Name and Information:

New Name: BP America Production Company
Address: P.O. Box 3092
Address: _____
City, State, Zip: Houston, Texas 77253

I hereby certify that the rules of the Oil Conservation Division have been complied with and that the information given on this form and the attached list of wells is true and complete to the best of my knowledge and belief.

Signature: *Mary Corley*
Printed name: Mary Corley
Title: Senior Regulatory Specialist
Date: 12/10/2001 Phone: 281-366-4491



| | |
|-----------------------|-------------------------------|
| NMOCD Approval | |
| Signature: _____ | <u>278</u> |
| Printed Name: _____ | <u>SUPERVISOR DISTRICT #3</u> |
| District: _____ | <u>JAN 22 2002</u> |
| Date: _____ | |

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

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

Form C-103 May 27, 2004

| |
|--|
| WELL API NO. 30-045-23110 |
| 5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/> |
| 6. State Oil & Gas Lease No. |
| 7. Lease Name or Unit Agreement Name Hughes C |
| 8. Well Number 6A |
| 9. OGRID Number 000778 |
| 10. Pool name or Wildcat Blanco Mesaverde/Otero Chacra |

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
BP America Production Company - Attn: Mary Corley

3. Address of Operator
P.O. Box 3092 Houston, TX 77253

4. Well Location
Unit Letter F : 2355 feet from the North line and 2040' feet from the West line
Section 33 Township 29N Range 08W NMPM San Juan County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
6062' GR

Pit or Below-grade Tank Application or Closure
Pit type Workover Depth to Groundwater >100' Distance from nearest fresh water well >500' Distance from nearest surface water >1000'
Pit Liner Thickness: 12 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
- TEMPORARILY ABANDON
- PULL OR ALTER CASING
- PLUG AND ABANDON
- CHANGE PLANS
- MULTIPLE COMPL

SUBSEQUENT REPORT OF:

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

OTHER: Complete into Chacra & DHC w/Mesaverde

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.

BP America Production Company request permission to recomplete the subject well into the Otero Chacra Pool and commingle production Downhole with the existing Blanco Mesaverde as per the attached procedure. The Blanco Mesaverde (72319) and Otero Chacra (82329) Pools are Pre-Approved Pools for Downhole Commingling per NMOCD order R-11363. The working and overriding royalty interest owners in the proposed commingled pools are identical, therefore no additional notification is required. BLM has been notified via FORM 3160-5. Production is proposed to be allocated based on the subtraction method using the projected future decline for production from the Mesaverde. That production shall serve as a base for production subtracted from the total production for the commingled well. The balance of the production will be attributed to the Chacra. Attached is the future production decline estimates for the Mesaverde. Commingling Production Downhole in the subject well from the proposed Pools will not reduce the value of the total remaining production

Construct a lined workover pit per BP America - San Juan Basin Drilling/ Workover Pit Construction Plan issued date of 11/17/2004. Pit will be closed according to closure plan on file.

DHC 1942 AZ

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 Cherry Hlava TITLE Regulatory Analyst DATE 07/27/2005
Type or print name Cherry Hlava E-mail address: hlavacl@bp.com Telephone No. 281-366-4081

APPROVED BY: [Signature] TITLE DEPUTY OIL & GAS INSPECTOR, DIST. 4 DATE AUG 01 2005
Conditions of Approval (if any):

District I
1625 N. French Dr., Hobbs, NM 88240

District II
811 South First, Artesia, NM 88210

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

District IV
2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico
Energy, Minerals & Natural Resources Department

Form C-102
Revised August 15, 2000

OIL CONSERVATION DIVISION
2040 South Pacheco
Santa Fe, NM 87505

Submit to Appropriate District Office
State Lease - 4 Copies
Fee Lease - 3 Copies

AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

| | | |
|--|--|---|
| ¹ API Number 30-045-23110 | ² Pool Code 82329 | ³ Pool Name Otero Chacra |
| ⁴ Property Code 000703 | ⁵ Property Name Hughes C | |
| ⁷ OGRID No. 000778 | ⁸ Operator Name BP America Production Company | ⁶ Well Number 6A |
| | | ⁹ Elevation |

¹⁰ Surface Location

| UL or lot no. | Section | Township | Range | Lot Idn | Feet from | North/South | Feet from | East/West | County |
|---------------|-----------|------------|------------|---------|--------------|--------------|-------------|-------------|-----------------|
| F | 33 | 29N | 08W | | 2355' | North | 2040 | West | San Juan |

¹¹ Bottom Hole Location If Different From Surface

| UL or lot no. | Section | Township | Range | Lot Idn | Feet from | North/South | Feet | East/West | County |
|---------------|---------|----------|-------|---------|-----------|-------------|------|-----------|--------|
| | | | | | | | | | |

| | | | |
|---|-------------------------------|----------------------------------|---|
| ¹² Dedicated Acres 160 | ¹³ Joint or Infill | ¹⁴ Consolidation Code | ¹⁵ Order No. NSL - 943 5/22/1978 |
|---|-------------------------------|----------------------------------|---|

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

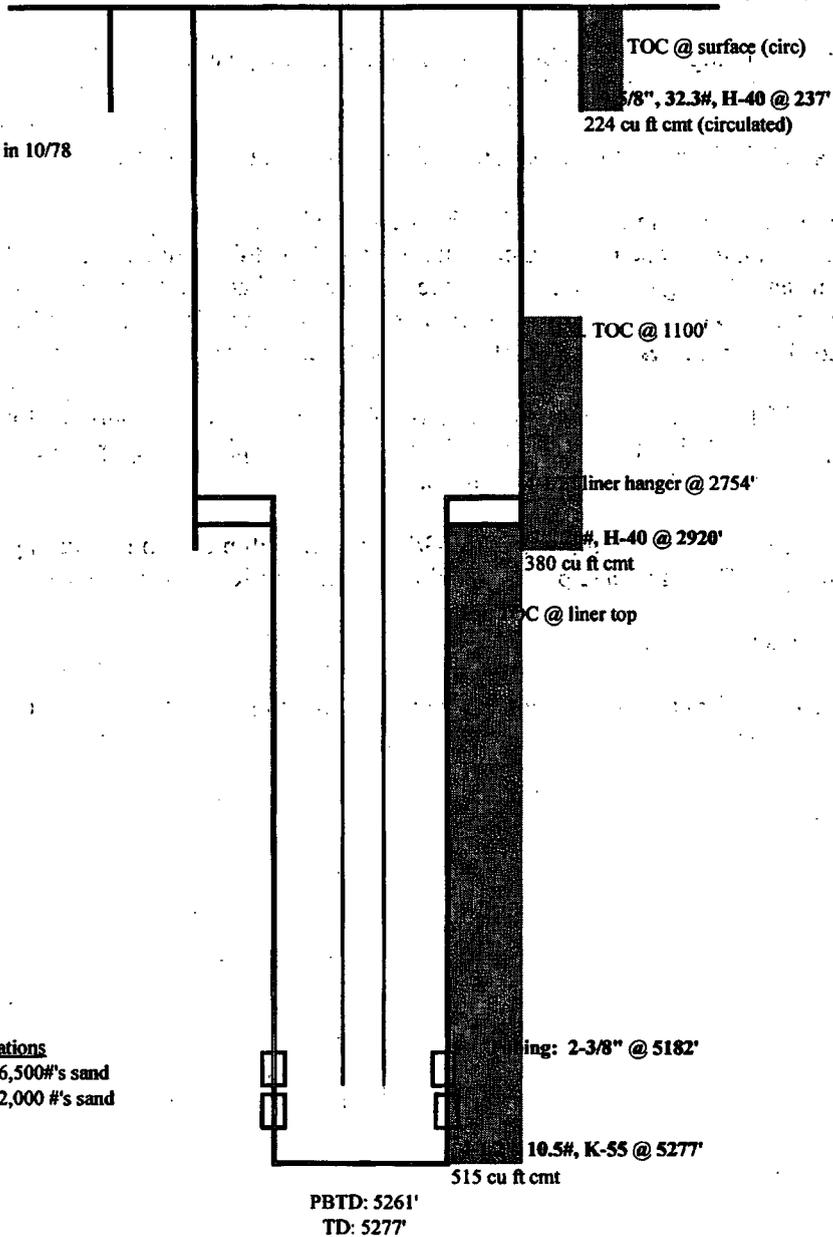
| | |
|--|---|
| | <p>¹⁷ OPERATOR CERTIFICATION <i>I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.</i></p> <p><i>Cherry Hlava</i> Signature</p> <p>Cherry Hlava Printed Name</p> <p>Regulatory Analyst Title</p> <p>7/27/2005 Date</p> |
| | <p>¹⁸ SURVEYOR CERTIFICATION <i>I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief.</i></p> <p>4/5/1978 Date of Survey</p> <p>Signature and Seal of Professional Surveyor: Fred B Kerr Jr.</p> <p>Certificate Number 3950</p> |

Huges C 6 A
Sec 33, T29N, R8W
API # 30-045-23110

GL: 6062'

History:
Completed as MV in 10/78

Mesaverde Perforations
4207' - 4724' w/ 76,500#'s sand
4814' - 5180' w/ 72,000 #'s sand



updated: 2/14/05 CFR



STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT
OIL CONSERVATION DIVISION

May 22, 1978

JERRY APODACA
GOVERNOR

NICK FRANKLIN
SECRETARY

POST OFFICE BOX 2088
STATE LAND OFFICE BUILDING
SANTA FE, NEW MEXICO 87501
(505) 827-2434

El Paso Natural Gas Company
P. O. Box 990
Farmington, New Mexico 87401

Attention: D. C. Walker

Administrative Order NSL-943

Gentlemen:

Reference is made to your application for a non-standard location for your Hughes A Well No. 6A to be located 2355 feet from the North line and 2040 feet from the West line of Section 33, Township 29 North, Range 8 West, NMPM, Blanco Mesaverde Pool, San Juan County, New Mexico.

By authority granted me under the provisions of Rule 104 F of the Division Rules and Regulations, the above-described unorthodox location is hereby approved.

Very truly yours,

JOE D. RAMEY,
Division Director

JDR/RLS/dr

cc: Oil Conservation Division - Aztec
Oil & Gas Engineering Committee - Hobbs
Central Leasing - State Land Office - Santa Fe