

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. TYPE OF WORK

DRILL ☒DEEPEN ☐PLUG BACK ☐

b. TYPE OF WELL

OIL
WELL ☐GAS
WELL ☒

OTHER

SINGLE
ZONE ☒MULTIPLE
ZONE ☐

2. NAME OF OPERATOR

Tenneco Oil Company

3. ADDRESS OF OPERATOR

P. O. Box 1714, Durango, Colorado

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.)*

At surface

1850 FSL, 1850 FWL

At proposed prod. zone

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

--

15. DISTANCE FROM PROPOSED*

LOCATION TO NEAREST

PROPERTY OR LEASE LINE, FT.

(Also to nearest drlg. unit line, if any)

18. DISTANCE FROM PROPOSED LOCATION*

TO NEAREST WELL, DRILLING, COMPLETED,
OR APPLIED FOR, ON THIS LEASE, FT.

16. NO. OF ACRES IN LEASE

320

19. PROPOSED DEPTH

7700

17. NO. OF ACRES ASSIGNED
TO THIS WELL

320

20. ROTARY OR CABLE TOOLS

Rotary

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

6633 GR

22. APPROX. DATE WORK WILL START*

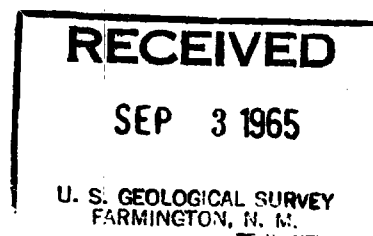
Septe ber 15, 1965

23.

PROPOSED CASING AND CEMENTING PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	QUANTITY OF CEMENT
12-1/4"	8-5/8"	24#	450'	225 sx.
7-7/8" to 7100'	4-1/2"	10.5#	0 - 6700'	1st Stage - 235 sx.
6-3/4" to 7700'	4-1/2"	11.6#	6700 - 7700'	2nd Stage - Sufficient to circulate to surface.

We propose to rig up, drill to approximately 7700'. Set casing with stage collar set approximately 300' below bottom of Mesaverde. WOC. Log, perforate and frac Dakota formation and complete as a single Dakota producer. Run 2-3/8" tubing and test.



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

24.

Original Signed By

SIGNED HAROLD C. NICHOLS

H. C. Nichols

TITLE Senior Production Clerk

DATE 9-2-65

(This space for Federal or State office use)

PERMIT NO.

APPROVAL DATE

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions On Reverse Side

TENNECO OIL COMPANY

3-25-68

WELLS REQUIRING FILE CORRECTIONS ONLY

<u>LEASE NAME & WELL NUMBER</u>	<u>LOCATION</u>	<u>POOL</u>	<u>PRESENT ACREAGE</u>	<u>CORRECT ACREAGE</u>
Jicarilla A #1	L-18-26N-5W	Basin Dakota	W 320	W 319.20 ✓
Jicarilla A #4	K-19-26N-5W	Basin Dakota	W 320	W 319.16 ✓
Foster #2	D-18-26N-7W	Basin Dakota	W 320	W 319.52 ✓
Moore B #1	G-3-26N-11W	Basin Dakota	E 320	E 319.63 ✓
Dawson A #1	N-4-27N-8W	Blanco MV	W 320	W 321.33 ✓
Dawson A #1	N-4-27N-8W	Basin Dakota	W 320	W 321.33 ✓
Schwerdtfeger A #3	D-6-27N-8W	Basin Dakota	W 320	W 320.68 ✓
Schwerdtfeger A #5	O-6-27N-8W	Basin Dakota	E 320	E 320.84 ✓
Florance #65	E-18-27N-8W	Basin Dakota	W 320	W 321.70 ✓
Lodewick #4	F-18-27N-9W	Basin Dakota	N 320	N 321.32 ✓
Lodewick #3	M-18-27N-9W	Basin Dakota	S 320	S 321.08 ✓
Bolack A #1	B-2-27N-11W	Basin Dakota	N 320	N 322.68 ✓
Schwerdtfeger A #2 X	D-31-28N-8W	Basin Dakota	W 291	W 291.16 ✓
Storey C #2	M-35-28N-9W	Basin Dakota	W 320	W 323.65 ✓
Schwerdtfeger A #1	C-36-28N-9W	Basin Dakota	W 320	W 318.85 ✓
Florance #30	M-1-29N-8W	Blanco MV	W 323.09	W 323.15 ✓
Florance #30	M-1-29N-8W	Basin Dakota	W 320	W 323.15 ✓
Florance #41	A-21-29N-9W	Blanco MV	E 312.90	E 312.80 ✓
Florance #96	H-24-29N-9W	Blanco PC	148.50	148.54 ✓
Dudley Cornell A #1	O-1-29N-12W	Basin Dakota	E 320	E 319.60 ✓
Central Cha Cha Unit #6	N-30-29N-13W	Cha Cha Gai.	85 (S/2 SW/4 & SW/4 SE/4)	86.09 ✓
Pritchard #1	M-1-30N-9W	Basin Dakota	W 320	W 323 ✓
Florance #47 X	G-5-30N-9W	Blanco PC	160	161.80 ✓
Florance #47 X	G-5-30N-9W	Blanco MV	E 320	E 321.80 ✓
Blanco Com 1 #1	G-2-30N-11W	Blanco MV	E 320	E 320.30 ✓
Blanco Com 2 #1	K-2-30N-11W	Blanco MV	W 320	W 320.10 ✓
Coldiron Com A #1	K-2-30N-11W	Basin Dakota	W 320	W 320.10 ✓

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)Form approved.
Budget Bureau No. 42-R1424.

SUNDRY NOTICES AND REPORTS ON WELLS

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

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	5. LEASE DESIGNATION AND SERIAL NO. Jicarilla Contract 110
2. NAME OF OPERATOR Tenneco Oil Company	6. IF INDIAN, ALLOTTEE OR TRIBE NAME Jicarilla Dulce, N.M.
3. ADDRESS OF OPERATOR P. O. Box 1714 - Durango, Colorado	7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1850' FSL, 1850' FWL	8. FARM OR LEASE NAME Jicarilla "A"
14. PERMIT NO.	9. WELL NO. #4
15. ELEVATIONS (Show whether DF, RT, OR, etc.) 6633' GR	10. FIELD AND FOOT, OR WILDCAT Basin Dakota
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 19, T-26-N, R-5-W
	12. COUNTY OR PARISH Rio Arriba
	13. STATE New Mexico

16.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF
FRACTURE TREAT
SHOOT OR ACIDIZE
REPAIR WELL
(Other)☐
☐
☐
☐
☐PULL OR ALTER CASING
MULTIPLE COMPLETE
ABANDON*
CHANGE PLANS☐
☐
☐
☐
☐

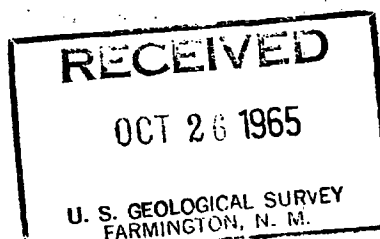
SUBSEQUENT REPORT OF:

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

Rig up, spud 9-22-65, drill to 467: Ran 14 joints 8-5/8" 24# J-55 casing set at 434' with 250 sacks cement. Wait on cement. Drill cement and drill to TD 7585' on 10-15-65. Logged. Ran 237 joints 4-1/2" 11.6# and 10.5# J-55 casing set at 7584' with 300 sacks cement on first stage. Second stage with 310 sacks, good circulation. Wait on cement. Cemented third stage with 570 sacks cement. Wait on cement. Released rig 10-15-65. Waiting on completion rig.



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

SIGNED

Harold C. Nichols
Harold C. Nichols

TITLE

Senior Production Clerk

DATE

October 22, 1965

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side

TABULATION OF DEVIATION TESTS

TENNECO OIL COMPANY

JICARILLA "A" 4

DEPTH	INCLINATION
250'	1°
467'	1-1/4°
1000'	1°
1450'	3/4°
2000'	1/2°
2737'	3/4°
4493'	- 0 -
5373'	1/2°
5594'	3/4°
5905'	1/2°
6968'	1/2°
7241'	1/2°
7433'	1/2°

A F F I D A V I T

THIS IS TO CERTIFY that to the best of my knowledge the above tabulation details the deviation test taken on TENNECO OIL COMPANY'S JICARILLA "A" 4, Basin Dakota Field, located in Section 19, T-26-N, R-5-W, Rio Arriba County, New Mexico.

Signed

Harold C. Nichols
Senior Production Clerk

THE STATE OF COLORADO)
COUNTY OF LA PLATA)

BEFORE ME, the undersigned authority, on this day personally appeared Harold C. Nichols known to me to be Senior Production Clerk for Tenneco Oil Company and to be the person whose name is subscribed to the above statement, who, being by me duly sworn on oath, states that he has knowledge of the facts stated herein and that said statement is true and correct.

SUBSCRIBED AND SWORN TO before me, a Notary Public in and for said County and State this 15th day of December, 1965.

Marie L. How

My commission expires June 28, 1969.

Distribution:

- 1 Copy - New Mexico Oil Conservation Commission
- 1 Copy - Continental
- 1 Copy - Atlantic
- 1 Copy - File



UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPPLICATE-
(Other instructions on re-
verse side)Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

Jicarilla Cont. 110

6. IF INDIAN, ALLOTTEE 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.)

Jicarilla Dulce, New Mexico

7. UNIT AGREEMENT NAME

1. OIL WELL ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR

Tenneco Oil Company

3. ADDRESS OF OPERATOR

P. O. Box 1714 - Durango, Colorado

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

1850' FSL, 1850' FWL

8. FARM OR LEASE NAME

Jicarilla "A"

9. WELL NO.

4

10. FIELD AND POOL, OR WILDCAT

Basin Dakota

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

Sec 19, T-26-N, R-5-W

14. PERMIT NO.

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

6633' GR

12. COUNTY OR PARISH

13. STATE

Rio Arriba

New Mexico

16.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETION

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.)

Rig up completion rig 11-20-65. Cleaned out to 7526'. Spotted 300 gallons acid on bottom. Perf 7490-7396. Re-perf 7483-7397. Acidized with 150 gallons acid. Frac with 90,000 pounds sand and 112,000 gallons water. Perf 7255-7274'. Frac with 40,000 pounds sand and 58,000 gallons water. Cleaned out to 7526' PBTD. Ran 2-3/8" tubing set at 7490'. Job complete 11-23-65. Will conduct deliverability test.

RECEIVED

DEC 21 1965

OIL CON. COM.
DIST. 3

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

SIGNED

Harold C. Nichols

TITLE Senior Production Clerk

DATE December 17, 1965

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side

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NEW MEXICO OIL CONSERVATION COMMISSION

REQUEST FOR ALLOWABLE

AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

INLAND CORPORATION PURCHASED ALL THE ASSETS
OF BOTH LAMAR TRUCKING, INC. AND INLAND CRUDE,
INC. THIS PURCHASE INCLUDED N. M. S. C. C. 1 - Cont.
PERMIT # 670 WHICH HAS BEEN TRANSFERRED TO 1 - File
INLAND CORPORATION. - Atlantic

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-66

CLYDE C. LAMAR, PRESIDENT
INLAND CORPORATION

Pennaco Oil Company

P. O. Box 1714, Durango, Colorado 81301

Reasons for filing: (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/> Extension <input type="checkbox"/> Change in Ownership <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Effective First Delivery	

If change of ownership give name
and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

Lease Name	Lease No.	Well No.	Pool Name, Including Formation	State, Federal or Foreign
J. Carrillo	"A"	4	Basin Dakota	Federal
Unit Letter: K, 1850 Feet From The South Line and 1850 Feet From The West				
Range	Township	Range	County	
10	26-N	5-W	Rio Arriba	

II. 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)
Pennaco, Inc.	P. O. 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 Natural Gas	P. O. Box 990, Farmington, New Mexico
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Pge. is gas actually connected? When
	X 19 26 5 No On Approval

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

I. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Some Restv. Diff. Restv.
		X	X				
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.				
9/22/65	11/23/65	7585	7526				
Elevations (ft), RAB, RT, GR, etc.	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth				
6633 GR	Basin Dakota	7255	7490				
Perforations	Depth Casing Shoe						
7255-7490	7585						

TUBING, CASING, AND CEMENTING RECORD

PIPE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
2 1/2	8-5/8	434	250 sx
2-3/4	4-1/2	7584	1st stage 300 sx
			2nd stage 310 sx
	2-3/8 tbgs.	7490	3rd stage 570 sx

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
9994	3 Hours	---	---
Testing Method (pilot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size
Back Pr.	611	1243	3/4

CERTIFICATE OF COMPLIANCE

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

Harold C. Nichols
Harold C. Nichols (Signature)

Supervisor Production Group
(Title)

March 21, 1966

(Date)

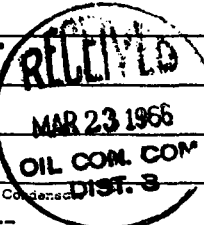
OIL CONSERVATION COMMISSION

APPROVED *MAR 23 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 change of owner, well name or number, or transporter, or other such change of condition.
Separate Forms C-104 must be filed for each pool in multiply completed wells.



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	GAS
OPERATOR	/
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

I. OPERATOR

Operator Tenneco Oil Company

Address P. O. Box 1714, Durango, Colorado

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"/>	Effective December 1, 1966
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Dry 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 <u>Jicarilla "A"</u>	Lease No. <u>4</u>	Well No. <u>4</u>	Pool Name, including Formation <u>Basin Dakota</u>	Kind of Lease State, Federal or Fee <u>Federal</u>
Location Unit Letter <u>K</u> ; <u>1850</u> Feet From The <u>South</u> Line and <u>1850</u> Feet From The <u>West</u>				
Line of Section <u>19</u> Township <u>26 N</u> Range <u>5 W</u> , NMPM, <u>Rio Arriba</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)
<u>Rock Island Oil and Refining</u>	<u>P. O. Box 328, Farmington, New Mexico</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	<u>K 19 26N 5W</u>

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

3. COMPLETION DATA

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

TEST DATA AND REQUEST FOR ALLOWABLE 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 (pitot, back pr.)	Tubing Pressure	Casing Pressure	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.

Harold C. Nichols

Harold C. Nichols (Signature)

Senior Production Clerk

(Title)

11/28/66

(Date)

OIL CONSERVATION COMMISSION

NOV 29 1966

APPROVED _____, 19

BY Original Signed by 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.

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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

Operator	
Tenneco Oil Company	
Address	
Suite 1200 Lincoln Tower Bldg. - Denver, Colorado 80203	
Reason(s) for filing (Check proper box)	
New Well <input type="checkbox"/>	Change in Transporter of:
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"/>
Other (Please explain) Change of authorized transporter of condensate only. Effective 3/13/70	

If change of ownership give name and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Sicanilla A</u>	Well No. <u>4</u>	Pool Name, including Formation <u>Basin Dakota</u>	Kind of Lease State, Federal or Fee	Lease No.
Location				
Unit Letter <u>K</u>	<u>1150</u> Feet From The	<u>S</u> Line and	<u>1150</u> Feet From The	<u>W</u>
Line of Section <u>19</u>	Township <u>26N</u>	Range <u>5W</u>	NMPM, <u>Rio Arriba</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)
<u>Plateau, Inc.</u>	<u>P. O. Box 108, Farmington, New Mexico</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	
Unit	Sec.
Twp.	Rge.
Is gas actually connected?	When

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

II. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res't.	Diff. Res't.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
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

III. 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)

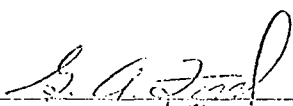
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

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

IV. 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) G. A. Ford,
 Sr. Production Clerk

OIL CONSERVATION COMMISSION

APPROVED MAR 20 1970

BY Original Signed by Emery C. Arnold

TITLE SUPERVISOR DE

This form is to be filed in compliance with RULE 1114.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the downhole tests taken on the well in accordance with RULE 1111.

All sections of this form must be filled out completely for filing.

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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

Operator Tenneco Oil Company

Address Suite 1200 Lincoln Tower Bldg., Denver, Colorado 80203

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

New Well ☐ Change in Transporter of: ☐ Oil ☐ Dry Gas ☒ Effective January 1, 1974

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 Jicarilla "A" Well No. 4 Pool Name, including Formation Basin Dakota Kind of Lease Indian Lease No. Jicarilla Cont. 110

Location Unit Letter K ; 1850 Feet From The South Line and 1850 Feet From The West

Line of Section 19 Township 26N Range 5W , NMPM, Rio Arriba County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☐ Address (Give address to which approved copy of this form is to be sent) _____

Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒ Address (Give address to which approved copy of this form is to be sent) 501 Airport Drive, Farmington, New Mexico 87401

Northwest Pipeline Corporation

If well produces oil or liquids, give location of tanks. Unit K Sec. 19 Twp. 26 Rge. 5 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't. ☐ Diff. Res't.

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 equal to or greater than 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.

Donna W. Moore
 (Signature)
Production Clerk
 (Title)
12/13/73
 (Date)

OIL CONSERVATION COMMISSION

APPROVED FEB 7 1974, 19____

BY Original signed by A. E. Kendrick

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.

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

(See other instructions on reverse side)

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

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

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

b. TYPE OF COMPLETION:

NEW WELL ☒ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ Other _____

2. NAME OF OPERATOR

Tenneco Oil Company

3. ADDRESS OF OPERATOR

P. O. Box 1714 - Durango, Colorado

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*

At surface 1850' FSL, 1850' FWL

At top prod. interval reported below Same

At total depth Same

14. PERMIT NO. U. S. GEOLOGICAL SURVEY
FARMINGTON, N.M.

5. LEASE DESIGNATION AND SERIAL NO.

Jicarilla Cont 110

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Jicarilla Dulce, New Mexico

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Jicarilla "A"

9. WELL NO.

4

10. FIELD AND POOL, OR WILDCAT

Basin Dakota

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

Sec 19, T-26-N, R-5-W

12. COUNTY OR PARISH

Rio Arriba

13. STATE

New Mexico

15. DATE SPUDDED 16. DATE T.D. REACHED 17. DATE COMPL. (Ready to prod.) 18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 19. ELEV. CASINGHEAD

9-22-65

10-15-65

11-23-65

6633 GR

6633

20. TOTAL DEPTH, MD & TVD 21. PLUG, BACK T.D., MD & TVD 22. IF MULTIPLE COMPL., HOW MANY* 23. INTERVALS, ROTARY TOOLS, CABLE TOOLS

7585

7526

6633 GR

0

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

7255 - 7490 Dakota

25. WAS DIRECTIONAL SURVEY MADE

Yes

26. TYPE ELECTRIC AND OTHER LOGS RUN

Induction Electric, Sonic Log and Gamma Ray

27. WAS WELL CORED

No

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

CASINO SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
8-5/8	24#	4 3/4	12-1/4	250 sacks	None
4-1/2	11.6# & 10.5#	7584	6-3/4	300 sacks, 1st stage	None
				310 sacks, 2nd stage	None
				570 sacks, 3rd stage	None

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
					2-3/8	7490	None

31. PERFORATION RECORD (Interval, size and number)

7490 - 7396 - 300 gallons acid
7483 - 7397 - 150 gallons acid
7255 - 7274 -

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

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
7483 - 7397	90,000 lbs sand & 112,000 gal vtr
7255 - 7274	40,000 lbs sand & 58,000 gal vtr.

33.* PRODUCTION

DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)				WELL STATUS (Producing or shut-in)	
Shut In		Flowing				Shut In	
DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
12-5-65	3 hours	3/4	→	---	---	---	---
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)	
611	Packer	→	---	994	---	---	

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

TEST WITNESSED BY

Terteller, Inc.

35. LIST OF ATTACHMENTS

None

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

Original Signed by
HAROLD C. NICHOLS

SIGNED

Harold C. Nichols

TITLE Senior Production Clerk

DATE December 22, 1965

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

Distribution:

5 to UEGS in Farmington, 1 to Atlantic, 1 to Continental, 1 to File

INSTRUCTIONS

General: This form is designed for submitting a complete and correct well completion report and log on all types of lands and leases to either a Federal agency or a State agency, or both, pursuant to applicable Federal and/or State laws and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office. See instructions on items 22 and 24, and 53, below regarding separate reports for separate completions. If not filed prior to the time this summary record is submitted, copies of all currently available logs (drillers, geologists, sample and core analysis, all types electric, etc.), formation and pressure tests, and directional surveys, should be attached hereto, to the extent required by applicable Federal and/or State laws and regulations. All attachments should be listed on this form, see item 35.

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

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

Items 22 and 24: If this well is completed for separate production from more than one interval zone (multiple completion), so state in item 22, and in item 24 show the producing interval, or intervals, top(s), bottom(s) and name(s) (if any) for only the interval reported in item 33. Submit a separate report (page) on this form, adequately identified, for each additional interval to be separately produced, showing the additional data pertinent to such interval.

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

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

37. SUMMARY OF POROUS ZONES: FORMATION, INTERVAL, AND IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF; CORED INTERVALS; AND ALL DRILL-STEM TESTS, INCLUDING DEPTH INTERVAL TESTED, CUSHION USED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES			38. GEOLOGIC MARKERS			
FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	MEAS. DEPTH	TRUE VERT. DEPTH
Pictured Cliffs	3020	3080	Sand - Gas	Same		
Mesaverde	4720	5385	Sand - Gas			
Dakota	7245	7580	Sand - Gas			

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TRANSPORTER	OIL <input type="checkbox"/> GAS <input type="checkbox"/>
OPERATOR	
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-11
 Effective 1-1-65

I. OPERATOR

Operator: Tenneco Oil Company

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

Reason(s) for filing (Check proper box):

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

Recompletion ☐ Casinghead Gas ☐ Condensate ☒

Change in Ownership ☐

Other (Please explain):

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

II. DESCRIPTION OF WELL AND LEASE

*Jicarilla Cont 110

Lease Name <u>Jicarilla A</u>	Well No. <u>4</u>	Pool Name, including Formation <u>Basin Dakota</u>	Kind of Lease State, Federal or Fee <u>Indian</u>	Lease No. <u>*</u>
Location				
Unit Letter <u>K</u>	<u>1850</u>	Feet From The <u>South</u> Line and <u>1850</u>	Feet From The <u>West</u>	
Line of Section <u>19</u>	Township <u>26N</u>	Range <u>5W</u>	N.M.P.M. <u>Rio Arriba</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>Gary Energy Corporation</u>	<u>4 Inverness Ct. East Englewood, CO 80112-5591</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>Northwest Pipeline</u>	<u>P. O. Box 90, Farmington, N. M. 87401</u>
If well produces oil or liquids, give location of tanks.	Unit <u>K</u> Sec. <u>19</u> Twp. <u>26</u> Rge. <u>5</u>
Is gas actually connected? <input type="checkbox"/>	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 <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. <input type="checkbox"/>
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 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.

Martin A. Schuman
 (Signature)

Administrative Supervisor

10/10/84

(Date)

OIL CONSERVATION COMMISSION

APPROVED NOV 01 1984

BY [Signature]

TITLE SUPERVISOR DISTRICT 3

This form is to be filed in compliance with RULE 1104.

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

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

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

Separate Forms C-104 must be filed for each pool in multiply

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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	GAS
OPERATOR	
PRODUCTION OFFICE	

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

Form C-104
Revised 10-01-78
Format 05-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED
DEC 02 1987
OIL CON. DIV.
DIST. 3

Operator Tenneco Oil Company	
Address P.O. Box 3249, Englewood, CO 80155	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership <input type="checkbox"/> Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas <input checked="" type="checkbox"/> Dry Gas <input checked="" type="checkbox"/> Condensate	change of condensate transporter from Gary Energy to Conoco effective 12/1/87

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

II. DESCRIPTION OF WELL AND LEASE

* Jicarilla Cont. 110

Lease Name Jicarilla A	Well No. 4	Pool Name, including Formation Basin Dakota	Kind of Lease State, Federal or Fee Indian	Lease No. *
Location Unit Letter <u>K</u> : <u>1850</u> Feet From The <u>South</u> Line and <u>1850</u> Feet From The <u>West</u> Line of Section <u>19</u> Township <u>26N</u> Range <u>5W</u> , NMPM. <u>Rio Arriba</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"/> Conoco	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"/> Northwest Pipeline	Address (Give address to which approved copy of this form is to be sent) P.O. Box 90, Farmington, NM 87401	
If well produces oil or liquids, give location of tanks.	Unit <u>K</u>	Sec. <u>19</u>
	Twp. <u>26N</u>	Range <u>5W</u>
	Is gas actually connected? <u>Yes</u>	

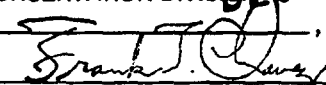
If this production is commingled with that from any other lease or pool, give commingling order number _____

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.


(Signature)
Sr. Administrative Analyst
(Title)
11/20/87
(Date)

OIL CONSERVATION DIVISION
APPROVED _____, 19
BY 
TITLE SUPERVISOR DISTRICT #3

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

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

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

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

State of New Mexico
Energy, Minerals and Natural Resources Department

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Amoco Production Company		Well API No. 3003908062
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 JICARILLA A	Well No. 4	Pool Name, Including Formation BASIN (DAKOTA)	FEDERAL	Lease No. 9000110
Location Unit Letter K : 1850 Feet From The FSL Line and 1850 Feet From The FWL Line Section 19 Township 26N Range 5W , NMPM , RIO ARRIBA County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P. O. BOX 1429, BLOOMFIELD, NM 87413
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P. O. BOX 8900, SALT LAKE CITY, UT 84108-0899
Name of Authorized Transporter NORTHWEST PIPELINE CORPORATION	
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, RAB, 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 trial volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

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

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (prior, 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 **SUPERVISOR DISTRICT # 3**

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

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

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

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

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

State of New Mexico
Energy, Minerals and Natural Resources Department

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator AMOCO PRODUCTION COMPANY		Well API No. 300390806200
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: <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>	
Recompletion <input type="checkbox"/>	Oil <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 JICARILLA A	Well No. 4	Pool Name, Including Formation BASIN DAKOTA (PRORATED GAS)	Kind of Lease State, Federal or Fee State	Lease No.
Location Unit Letter K : 1850 Feet From The FSL Line and 1850 Feet From The FWL Line Section 19 Township 26N Range 5W , NMPM , RIO ARRIBA County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) 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) P.O. BOX 8900, SALT LAKE CITY, UT 84108-0899	
NORTHWEST PIPELINE CORPORATION	Unit	Sec.
If well produces oil or liquids, give location of tanks.	Twsp.	Rge.
	Is gas actually connected?	When?

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

IV. COMPLETION DATA

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

V. TEST DATA AND REQUEST FOR ALLOWABLE

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

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

GAS WELL

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

VI. OPERATOR CERTIFICATE OF COMPLIANCE

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

Signature
Doug W. Whaley
Printed Name
Doug W. Whaley, Staff Admin. Supervisor
Title
July 5, 1990
Date
303-830-4280
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 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

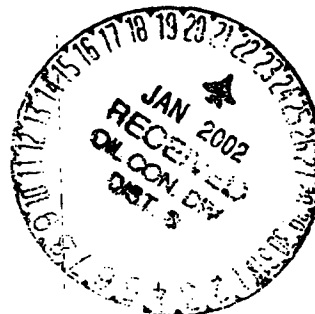
I hereby certify that the rules of the Oil Conservation Division have been complied with and that the information given on this form and the attached list of wells is true and complete to the best of my knowledge and belief.

Signature: Mary Corley

Printed name: Mary Corley

Title: Senior Regulatory Specialist

Date: 12/10/2001 Phone: 281-366-4491



NMOCD Approval

Signature: [Signature]

Printed Name: SUPERVISOR DISTRICT #3

District: JAN 22 2002

Date: _____

District I
1625 N. French Dr., Hobbs, NM 88240
District II
811 South First, Artesia, NM 88210
District III
1000 Rio Brazos Road, Aztec, NM 87410
District IV
2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico
Energy Minerals and Natural Resources

Oil Conservation Division
2040 South Pacheco
Santa Fe, NM 87505

Form C-104A

Submit to appropriate District Office

Change of Operator

Previous Operator Information:

OGRID: 000778
Name: BP America Production Company
Address: P.O. Box 3092
Address: _____
City, State, Zip: Houston, TX 77253-3092

New Operator Information:

Effective Date: January 1, 2004
New Ogrid: 222374
New Name: CDX Rio, LLC
Address: 4801 N. Butler Ave. #2000
Address: _____
City, State, Zip: Farmington, NM 87401

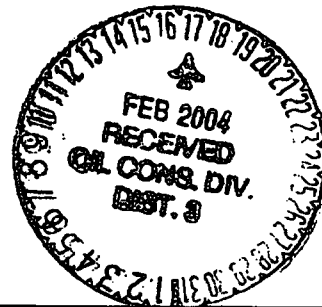
I hereby certify that the rules of the Oil Conservation Division have been complied with and that the information given to the new operator on this form and the attached list of wells is true and complete to the best of my knowledge and belief.

Signature: Ronald D. Johnston

Printed name: ~~Eric Grubb~~ Ronald D. Johnston

Title: ~~Production Accounting Spec.~~ Operations Manager

Date: 1/12/04 Phone: 505-325-4007



Previous operator complete below:

Previous Operator: BP America Production Company

Previous OGRID: 000778

Signature: Cherry Hlava

Printed Name: Cherry Hlava

NMOCD Approval

Signature: 228

SUPERVISOR DISTRICT #3

Printed Name: _____

District: _____

Date: FEB 17 2004