David L. Wacker
Division Manager
Production Department
Hobbs Division
North American Production

Conoco Inc.
P.O. Box 460
726 East Michigan
Hobbs, NM 88240
(505) 397-5800

September 9, 1988

Mr. William LeMay, Director
State of New Mexico
Energy & Minerals Department
Oil Conservation Division
P.O. Box 2088
Santa Fe, NM 87501-2088

Dear Mr. LeMay:

Request for Unorthodox Location - Jicarilla 30 No. 15, 2070' FNL & 1980' FWL, Section 32, T25N, R4W, Rio Arriba County, New Mexico. Mesaverde Pool

Conoco Inc. respectfully requests administrative approval of the unorthodox location for the subject well.

This well is currently completed as an oil well in the West Lindrith Gallup Dakota. Conoco is proposing to recomplete the well to the Mesaverde with the possibility of a dual completion in the future. Conoco is the only operator with Mesaverde rights offsetting this well.

Attached is a lease map and Form C-102 showing the well location and dedication. Please contact Ms. Ceal Yarbrough at (505) 397-5825 if you have any questions.

Yours very truly,

David L. Wacker

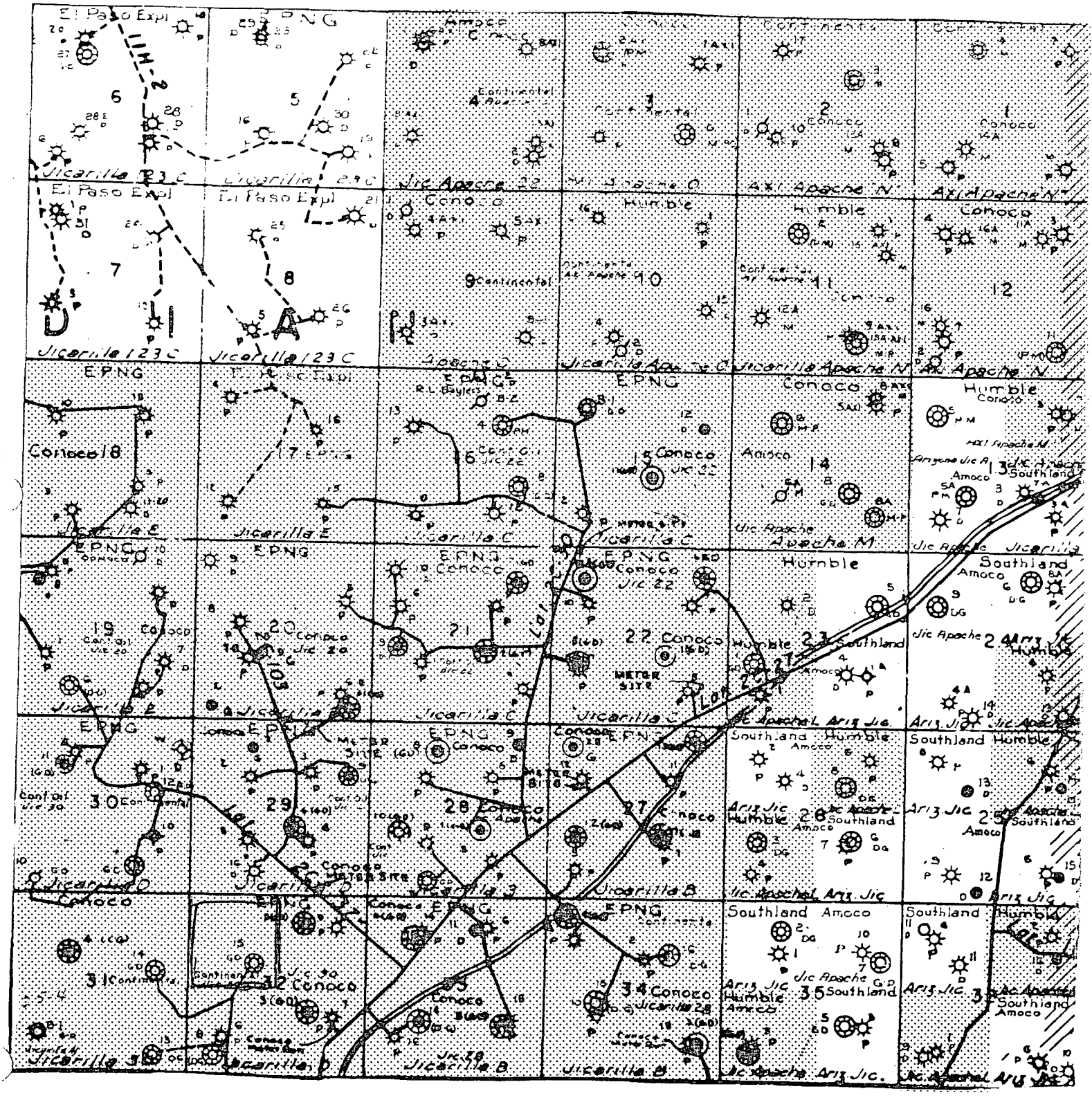
David L. Wacker

COY/cln

attachment

cc: NMOCD - Aztec

T-25N R-4W



conoco acreage

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	Lease	Well No.
Conoco Inc.	Jicarilla 30	15

Unit Letter	Section	Township	Range	County
F	32	25N	4W	Rio Arriba

Actual Footage Location of Well:
2070 feet from the North line and 1980 feet from the West line

Ground Level Elev.	Producing Formation	Pool	Dedicated Acreage:
6835'	Mesaverde	Und. Mesaverde	160 Acres

1. Outline the acreage dedicated to the subject well by colored pencil or hachure marks on the plat below.

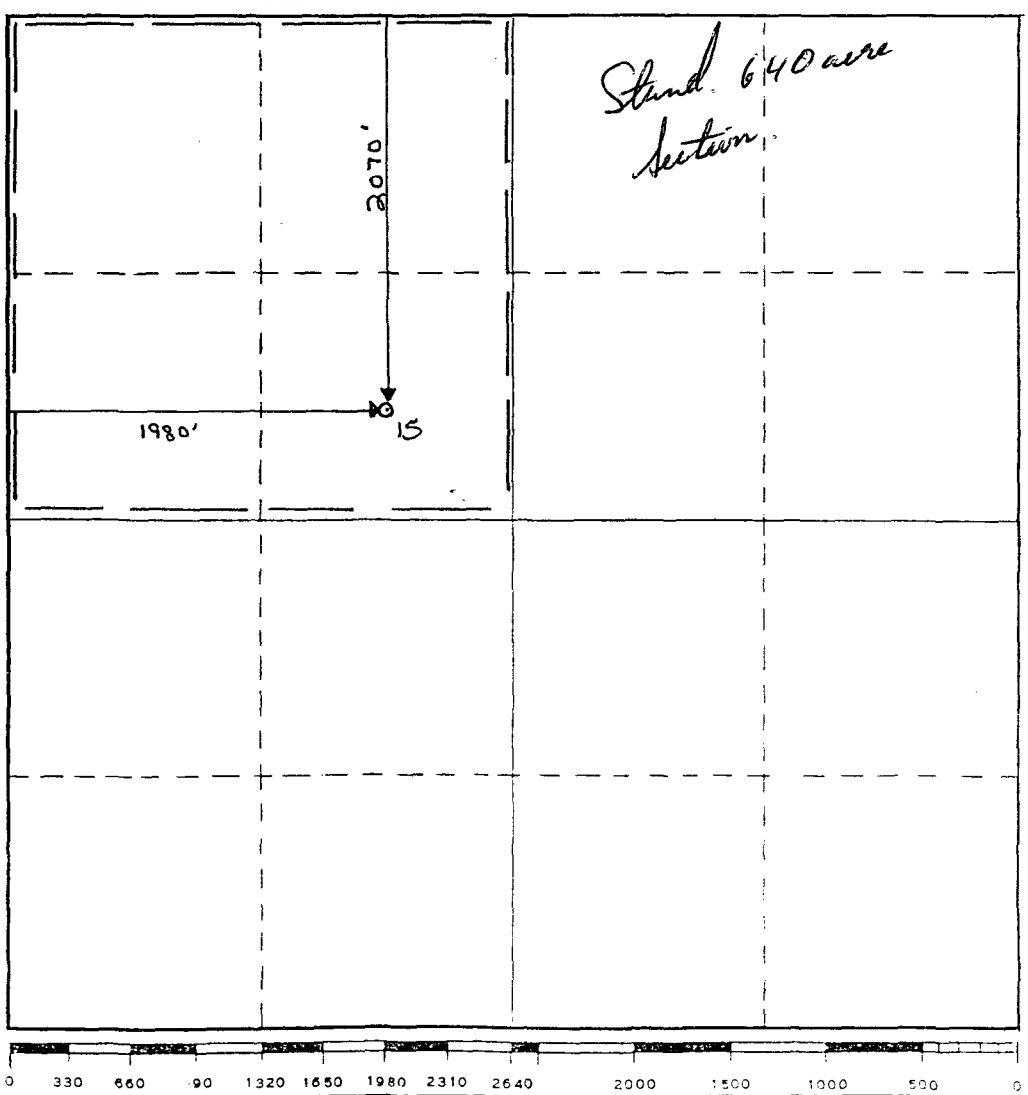
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).

3. If more than one lease of different ownership is dedicated to the well, have the interests of all owners been consolidated by communitization, unitization, force-pooling. etc?

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

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

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



CERTIFICATION

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

Name: Matina Simpson for D.F. Finney
Position: Adm. Supervisor
Company: Conoco Inc.
Date: 9/8/88

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

Date Surveyed

Registered Professional Engineer and/or Land Surveyor

Certificate No.

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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
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

Operator: Conoco Inc.

Address: P. O. Box 460, Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box)

- New Well [ ]
- Recompletion [ ]
- Change in Ownership [ ]
- Change in Transporter of: Oil [X] Dry Gas [ ] Casinghead Gas [ ] Condensate [ ]
- Other (Please explain): AU

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

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Jicarilla 30	15	Lindrith Gallup Dakota, West	State, Federal or Fee Jic. Indian	C-41

Location: Unit Letter F ; 2070 Feet From The North Line and 1980 Feet From The West

Line of Section 32 Township 25N Range 4W , NMPM, Rio Arriba County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [XX] or Condensate [ ]	Address (Give address to which approved copy of this form is to be sent)
Conoco Inc. Surface Transportation	P. O. Box 1429, Bloomfield, New Mexico 87413
Name of Authorized Transporter of Casinghead Gas [XX] or Dry Gas [ ]	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Company	Petroleum Plaza, Farmington, New Mexico 87401

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	O	29	25N	4W	Yes	

If this production is commingled with that from any other lease or pool, give commingling order number: PC-299

COMPLETION DATA

Designate Type of Completion – (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. R

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

(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)

OIL WELL

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

RECEIVED
NOV 16 1984
OIL CON. DIV.
DIST. 3

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

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.

David A. Smylie
(Signature)

Administrative Supervisor
(Title)

November 16, 1984
(Date)

OIL CONSERVATION DIVISION

APPROVED NOV 16 1984, 19____

BY Frank T. Chavez

TITLE SUPERVISOR DISTRICT # 3

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

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

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

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

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

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

NEW MEXICO SERVICES		
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FILE		
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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

OIL CONSERVATION DIVISION

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

Form C-104
Revised 10-1-78

OIL CONSERVATION DIVISION
DEC 1982

RECEIVED
NOV 22 1982
OIL CON. COM.
DIST. 3

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator: Conoco Inc.

Address: P.O. Box 460 Hobbs, NM 88240

Reason(s) for filing (Check proper box)

- New Well [ ]
- Recompletion [ ]
- Change in Ownership [ ]
- Change in Transporter of: Oil [X] Dry Gas [ ] Casinghead Gas [ ] Condensate [ ]
- Other (Please explain)

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Jicarilla 30	15	Lindrith Gallup Dakota-West	State, Federal or Fee Indian C-41	

Location
Unit Letter F : 2070 Feet From The N Line and 1980 Feet From The W

Line of Section 32 Township 25N Range 4W , NMPM, Rio Arriba County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [X] or Condensate [ ]	Address (Give address to which approved copy of this form is to be sent)
Ciniza Pipeline Company	P. O. Box 1887, Bloomfield, NM
Name of Authorized Transporter of Casinghead Gas [X] or Dry Gas [ ]	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Company	Petroleum Plaza, Farmington NM

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	O	29	25	4	Yes	

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 Resv.	Diff. Resv.

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 (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)

OIL WELL

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 (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

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

Diane A. Thies
(Signature)
Administrative Supervisor
(Title)
November 17, 1982
(Date)

OIL CONSERVATION DIVISION
APPROVED NOV 22 1982, 19__
BY Frank T. Chavez
TITLE Fr SUPERVISOR DISTRICT # 3

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

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

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

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

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

NO. OF COPIES RECEIVED	5	
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TRANSPORTER OIL		
TRANSPORTER GAS		
OPERATOR	1	
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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: ~~Continental Oil Co.~~ Conoco, Inc.

Address: P.O. Box 460 Hobbs New Mexico 88240

Reason(s) for filing (Check proper box)
New Well [X]
Recompletion [ ]
Change in Ownership [X]

Change in Transporter of:
Oil [ ] Dry Gas [ ]
Casinghead Gas [ ] Condensate [ ]

Other (Please explain)
Request general allowable on this 6 well's I.P. Open. name change

If change of ownership give name and address of previous owner: Continental Oil Co

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Jicarilla -30	15	Lindrith, Gallup Dakota West	State, Federal or Fee Indian	Contract 29-41

Location
Unit Letter F : 2070 Feet From The North Line and 1980 Feet From The West

Line of Section 32 Township 25 N Range 4W NMPM Rio Arriba County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [X] or Condensate [ ]	Address (Give address to which approved copy of this form is to be sent)
Shell Pipeline Company	Farmington New Mexico
Name of Authorized Transporter of Casinghead Gas [X] or Dry Gas [ ]	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas	Box 1492 El Paso Texas

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	O	20	25	4	NO	N/A

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

IV. COMPLETION DATA

Designate Type of Completion – (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
	X		X					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
3-30-79	5-5-79	7580	7529

Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
6825	D & E Gallup Dakota	6354	7376

Perforations	Depth Casing Shoe
6357-7377	—

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12¼	8 5/8	516 GL	Circ. 20 SX
7 7/8	5½	7550 KB	TOC 2200

V. TEST DATA AND REQUEST FOR ALLOWABLE (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)

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
5-18-79	6-16-79	Flow	
Length of Test	**Tubing Pressure**	**Casing Pressure**	**Choke Size**
24	830	815	N/A
Actual Prod. During Test	**Oil-Bbls.**	**Water-Bbls.**	**Gas-MCF**
—	58	2	225

160 A - Dev. Gr

Gravity 44°

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**

JUN 25 1979
OIL CON. COM.
DIST. 3

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.

Ben A. Lee
(Signature)
administrative Supervisor
(Title)
6-21-79
(Date)

OIL CONSERVATION COMMISSION

APPROVED JUL 10 1979, 19

BY A. R. Kendrick

TITLE SUPERVISOR DISTRICT # 3

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

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

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

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

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

(WMOCD-Aztec (5)) USGS Roswell, NM FI.

Form 23-119 (Rev. 4-73)

EL PASO NATURAL GAS COMPANY
POST OFFICE BOX 990
FARMINGTON, NEW MEXICO

NOTICE OF GAS CONNECTION DATE August 9, 1979

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

GAS FROM Continental Oil Company (Operator) Jicarilla 30 #15 (Well Name)

90-636-01	27499-01	F	32-25-4
Meter Code	Site Code	Well Unit	S–T–R

West Lindrith Gallup Dakota (Pool) El Paso Natural Gas Company (Name of Purchaser)

WAS MADE ON July 31, 1979 (Date) FIRST DELIVERY July 31, 1979 (Date)

AOF 255

CHOKE 255

El Paso Natural Gas Company
Purchaser

Representative

Chief Dispatcher
Title

cc: Operator Casper
Oil Conservation Commission – 2
Proration – El Paso

File

Form 9-330
(Rev. 5-63)

FILE

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 *

5. LEASE DESIGNATION AND SERIAL NO.: contract no. 41

6. IF INDIAN, ALLOTTEE OR TRIBE NAME: Jicarilla Apache

7. UNIT AGREEMENT NAME:

1a. TYPE OF WELL: OIL WELL [X] GAS WELL [ ] DRY [ ] Other

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

8. FARM OR LEASE NAME: Jicarilla -30

2. NAME OF OPERATOR: Continental Oil Co.

9. WELL NO.: 15

3. ADDRESS OF OPERATOR: P.O.Box 460 Hobbs N.M. 88240

10. FIELD AND POOL, OR WILDCAT: Lindrith Gallup Dakota W.

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

At surface: 2070' FNL and 1980' FWL

11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA: SEC. 32 T 25N R 4W

At top prod. interval reported below: SAME

At total depth: SAME

14. PERMIT NO.	DATE ISSUED	12. COUNTY OR PARISH	13. STATE
		Rio Arriba	N.M.

15. DATE SPUDDED	16. DATE T.D. REACHED	17. DATE COMPL. (Ready to prod.)	18. ELEVATIONS (DF, RKB, RT, GR, ETC.)*	19. ELEV. CASINGHEAD
3-30-79	4-16-79	5-5-79	6835' GR	-

20. TOTAL DEPTH, MD & TVD	21. PLUG, BACK T.D., MD & TVD	22. IF MULTIPLE COMPL., HOW MANY*	23. INTERVALS DRILLED BY	ROTARY TOOLS	CABLE TOOLS
7580'	7495'	-	→	ALL	-

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*
6357-6610 Gallup
7178-7377 Dakota

25. WAS DIRECTIONAL SURVEY MADE: YES

26. TYPE ELECTRIC AND OTHER LOGS RUN: GR-CAL FDC SERIES BDC

27. WAS WELL CORED: NO

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

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
8 5/8"	24#	516' GL	12 1/4"	270sx	circ 20sx
5 1/2"	15.5#, 17#	7580' KB	7 7/8"	500sx DV tool 4941' 2nd stage 305sx	TOC 2200'

29. LINER RECORD

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

30. TUBING RECORD

SIZE	DEPTH SET (MD)	PACKER SET (MD)
2 3/8	7376'	

31. PERFORATION RECORD (Interval, size and number)

6357, 59, 64, 87, 90, 93, 96, 6414, 96, 6514, 17, 20, 35, 37, 64, 66, 77, 79, 6608, 6610 w/1 JSPF

7178', 81, 84, 87, 7210, 12, 14, 7318, 21, 24, 46, 48, 62, 65, 68, 71, 74, 7377 w/1 JSPF

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

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
6357-6610	1500 gals 15% HCl-NE, 119,000 gals gel. fluid 316,000# 20/40 sd
7178-7377	1500 gals 15% HCl-NE Foam, 101,000 gals gel fluid 327,500# 20/40 sd.

33.* PRODUCTION

DATE FIRST PRODUCTION	PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)	WELL STATUS (Producing or shut-in)
5-11-79	FLWG	PROD

DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD →	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
6-16-79	24			58	255	22	4397

FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE →	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)
150	815		58	255	22	45

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

TEST WITNESSED BY

35. LIST OF ATTACHMENTS

AUG 2 1979
OIL CON. COM.
DIST. 3

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

SIGNED Wm A Buttingfield TITLE Admin Prod Supervisor DATE 6-29-79

USGS Durango 5
BCS
MJC
File

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

INSTRUCTIONS

General: This form is designed for submitting a complete and correct well completion report and log on all types of lands and leases to either a Federal agency or a State agency, or both, pursuant to applicable Federal and/or State laws and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office. See instructions on items 22 and 24, and 33, 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:
SHOW ALL 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

FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.
Gallup	6317	6903	Oil
Dakota	7175	7578	Oil

38. GEOLOGIC MARKERS

NAME	TOP MEAS. DEPTH	TOP TRUE VERT. DEPTH
Pictured Cliff	2988	
Chacra	3546	
Cliff House	4632	
Point Lookout	5153	
Gallup	6317	
Greenhorn	7094	
Graneros	7154	
Dakota	7175	
Morrison	7584	

U.S. GOVERNMENT PRINTING OFFICE: 1963—O-683636

Form 9-330
(Rev. 5-63)

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*

5. LEASE DESIGNATION AND SERIAL NO.: contract no. 41

6. IF INDIAN, ALLOTTEE OR TRIBE NAME: Jicarilla Apache

1a. TYPE OF WELL: OIL WELL [X] GAS WELL [ ] DRY [ ] Other

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

7. UNIT AGREEMENT NAME:

2. NAME OF OPERATOR: Continental Oil Co.

8. FARM OR LEASE NAME: Jicarilla - 30

9. WELL NO.: 15

3. ADDRESS OF OPERATOR: P.O. Box 460 Hobbs N.M. 88240

10. FIELD AND POOL, OR WILDCAT: Lindrith Gallup Dakota W.

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*
At surface: 2070' FNL & 1980' FWL
At top prod. Interval reported below: SAME
At total depth: SAME

11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA: SEC. 32 T 25 N R 4 W

14. PERMIT NO.	DATE ISSUED	12. COUNTY OR PARISH	13. STATE
		Rio Arriba	N.M.

15. DATE SPUDDED	16. DATE T.D. REACHED	17. DATE COMPL. (Ready to prod.)	18. ELEVATIONS (DF, RKB, RT, GR, ETC.)*	19. ELEV. CASINGHEAD
3-30-79	4-16-79	5-5-79	6835' GR	-

20. TOTAL DEPTH, MD & TVD	21. PLUG, BACK T.D., MD & TVD	22. IF MULTIPLE COMPL., HOW MANY*	23. INTERVALS DRILLED BY	ROTARY TOOLS	CABLE TOOLS
7580'	7495'	--	→	ALL	-

24. PRODUCING INTERVAL(S), OF THIS COMPLETION - TOP, BOTTOM, NAME (MD AND TVD)*
6357 - 6610 Gallup
7178 - 7377 Dakota

25. WAS DIRECTIONAL SURVEY MADE: YES

26. TYPE ELECTRIC AND OTHER LOGS RUN: GR-CAL FDC SFNES DIC

27. WAS WELL CORED: NO

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

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
8 5/8"	24#	516' GL	12 1/4"	270 sx	circ 20 sx
5 1/2"	15.5#, 17#	7580' KB	7 7/8"	500 sx DV tool 4941' 2nd stage 305 sx	TOC 2200'

29. LINER RECORD

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

30. TUBING RECORD

SIZE	DEPTH SET (MD)	PACKER SET (MD)
2 3/8	7376'	

31. PERFORATION RECORD (Interval, size and number)
6357, 89, 84, 87, 90, 93, 96, 6494, 96, 6514, 17, 20, 35, 37, 64, 66, 77, 79, 6608, 6610 w/1 JSPF
7178', 81, 84, 87, 7210, 12, 14, 7318, 21, 24, 46, 48, 67, 65, 68, 71, 74, 7377 w/1 JSPF

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

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
6357-6610	1500 gals 15% HCl-NE, 119,000 gals gel fluid
	316,000# 20/40 sd.
7178-7377	1500 15% HCl-NE-Nefe acid, 101,000 gal gel fluid
	327,500# 20/40 sd.

33.* PRODUCTION

DATE FIRST PRODUCTION	PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)	WELL STATUS (Producing or shut-in)
5-11-79	FLWG	PROD

DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD →	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
6-16-79	24			58		102	4397

FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE →	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)
150	815		58	255		45

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

TEST WITNESSED BY

35. LIST OF ATTACHMENTS

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JUN 27 1979
OIL CON. COM.
DIST. 3

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

SIGNED W. A. Whitfield TITLE Administrative Supervisor DATE 6-19-79

USGS Durango 5
BGA
MJC
File

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

INSTRUCTIONS

General: This form is designed for submitting a complete and correct well completion report and log on all types of lands and leases to either a Federal agency or a State agency, or both, pursuant to applicable Federal and/or State laws and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office. See instructions on items 22 and 24, and 33, 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:
SHOW ALL 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

FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.
Gr Hop	6317	6903	Oil
Dakota	7175	7570	Oil

38. GEOLOGIC MARKERS

NAME	TOP MEAS. DEPTH	TOP TRUE VERT. DEPTH
Niobrara Chalk	2938	
Chalk	3546	
Codell Sand	4632	
Blue Lake Shale	5159	
Fort Hays	6317	
[illegible]	7046	
[illegible]	7154	
Dakota	7175	
Morrison	7570	

U.S. GOVERNMENT PRINTING OFFICE : 1963—O—683636

Form 9-331
Dec. 1973

Form Approved.
Budget Bureau No. 42-R1424

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
CONTINENTAL OIL COMPANY

3. ADDRESS OF OPERATOR
P. O. Box 460, Hobbs, N.M. 88240

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 2070' FNL & 1980' FWL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

5. LEASE
CONTRACT NO. 41

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
Jicarilla Apache

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Jicarilla 30

9. WELL NO.
15

10. FIELD OR WILDCAT NAME
W. Lindrith Gallup-Dakota

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
SEC. 32 T26N R4W

12. COUNTY OR PARISH
RIO ARRIBA

13. STATE
N.M

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
6835' GR

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

REQUEST FOR APPROVAL TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	☐		☐
FRACTURE TREAT	☐		☐
SHOOT OR ACIDIZE	☐		☐
REPAIR WELL	☐		☐
PULL OR ALTER CASING	☐		☐
MULTIPLE COMPLETE	☐		☐
CHANGE ZONES	☐		☐
ABANDON*	☐		☐
(other) set prod csg			X

(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.)*

drld to TD of 7580' 4-16-79 RUN logs.

4-17 RAN csg as follows: FS, 43' SJ, FC, 29 jts 5 1/2" 17# csg, 34 jts 5 1/2", 15.5# csg, DV tool, 172 jts 5 1/2", 15.5# csg. Set @ 7580' KB.

DV tool @ 4941' cmtd w/ 300 sx Lite w/additives follo'd w/ 200 sx Class "B"

cmt 2nd stage w/ 305 sx Lite cmt. TOC by temp survey 2200'

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

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

SIGNED Bea A. Rae TITLE Admin. Supv. DATE 4-18-79

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APR 24 1979
OIL CON. COM.
DIST. 3

(This space for Federal or State office use)

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

USGS DURANGO 5
BEA
MJL
FILE

*See Instructions on Reverse Side

Form 9-331
Dec. 1973

Form Approved.
Budget Bureau No. 42-R1424

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
CONTINENTAL OIL COMPANY

3. ADDRESS OF OPERATOR
P. O. Box 460, Hobbs, N.M. 88240

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 2070' FNL & 1980 FWL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

5. LEASE
CONTRACT NO. 41

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
Jicarilla Apache

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Jicarilla -30

9. WELL NO.
15

10. FIELD OR WILDCAT NAME
Lind. Gallup-Dakota, West

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
SEC. 32 T25N R4W

12. COUNTY OR PARISH
Rio Arriba

13. STATE
NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
6835' GL

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

REQUEST FOR APPROVAL TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	☐		☐
FRACTURE TREAT	☐		☐
SHOOT OR ACIDIZE	☐		☐
REPAIR WELL	☐		☐
PULL OR ALTER CASING	☐		☐
MULTIPLE COMPLETE	☐		☐
CHANGE ZONES	☐		☐
ABANDON*	☐		☐
(other) spud well, set 8 5/8" surf csg	X		

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OIL CONSERVATION DIVISION
SANTA FE

(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.)*

3-30-79 spud 12¼" hole @ 11:00 AM.

drld to 532' surf csg TD.

WIH w/ 12 jts 8⅝", 24#, K-55

surf csg & cmtd w/ 270 sx

Class "B" cmt w/ additives. WOC

press. test to 1000# held ok.

total pipe 516' GL.

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OIL CON. COM.
DIST. 3

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

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

SIGNED Wm A. Rutherford TITLE Admin Supv DATE 4-3-79

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

USGS Durango 5
BEA
MJL
FILE

*See Instructions on Reverse Side

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U.S. GEOLOGICAL SURVEY
DURANGO, COLO.

Form 9-331
Dec. 1973

Form Approved.
Budget Bureau No. 42-R1424

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
CONTINENTAL OIL COMPANY

3. ADDRESS OF OPERATOR
P. O. Box 460, Hobbs, N.M. 88240

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 2070' FNL + 1980' FWL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

5. LEASE
CONTRACT NO. 41

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
JICARILLA APACHE

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
JICARILLA 30

9. WELL NO.
15

10. FIELD OR WILDCAT NAME
W. LINDRITH GALLUP DAKOTA

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
SEC. 32 T25N R4W

12. COUNTY OR PARISH
RIO ARRIBA

13. STATE
N.M

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
6835' GR

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

REQUEST FOR APPROVAL TO:		SUBSEQUENT REPORT OF:
TEST WATER SHUT-OFF	☐	☐
FRACTURE TREAT	☐	☐
SHOOT OR ACIDIZE	☐	☐
REPAIR WELL	☐	☐
PULL OR ALTER CASING	☑	☐
MULTIPLE COMPLETE	☐	☐
CHANGE ZONES	☐	☐
ABANDON*	☐	☐
(other)		

(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.)*

It is proposed to change the casing program on Application to Drill" subject well from 1000', 8 5/8", 24# to 500', 8 5/8, 24#

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DIST. 3

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

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

SIGNED Wm A. Batterfield TITLE Admin Supv DATE 1-10-79

(This space for Federal or State office use)

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

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U. S. GEOLOGICAL SURVEY
FARMINGTON, COLO.

USGS DURANGO 5
BEA
MJL
FILE

*See Instructions on Reverse Side

Form 9-331 C
(May 1963)

COPY TO O. C. C.

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1425.

30 039 21986

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

5. LEASE DESIGNATION AND SERIAL NO.: Contract No. 41

6. IF INDIAN, ALLOTTEE OR TRIBE NAME: Jicarilla Apache

7. UNIT AGREEMENT NAME:

1a. TYPE OF WORK: DRILL ☒ DEEPEN ☐ PLUG BACK ☐

b. TYPE OF WELL: OIL WELL ☒ GAS WELL ☐ OTHER — SINGLE ZONE ☒ MULTIPLE ZONE ☐

8. FARM OR LEASE NAME: Jicarilla - 30

2. NAME OF OPERATOR: Continental Oil Company

9. WELL NO.: 15

3. ADDRESS OF OPERATOR: P.O. Box 460 Hobbs, N.M. 88240

10. FIELD AND POOL, OR WILDCAT: Lindrith Gallup Dakota West

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*)
At surface: 2070' FNL & 1980' FWL
At proposed prod. zone: SAME

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA: Sec. 32, T-25N, R-4W

12. COUNTY OR PARISH: Rio Arriba | 13. STATE: N.M.

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

DEC 28 1978
OIL CON. COM.
DIST. 3

15. DISTANCE FROM PROPOSED* LOCATION TO NEAREST PROPERTY OR LEASE LINE, FT. (Also to nearest drlg. unit line, if any)	16. NO. OF ACRES IN LEASE	17. NO. OF ACRES ASSIGNED TO THIS WELL
	2560	160
18. DISTANCE FROM PROPOSED LOCATION* TO NEAREST WELL, DRILLING, COMPLETED, OR APPLIED FOR, ON THIS LEASE, FT.	**19. PROPOSED DEPTH**	**20. ROTARY OR CABLE TOOLS**
	8000'	ROTARY

21. ELEVATIONS (Show whether DF, RT, GR, etc.): 6835' GL

22. APPROX. DATE WORK WILL START*: 1-5-78

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#	1000'	550 sx
7 7/8"	5 1/2"	15.5# / 17#	6300' / 1280'	805 sx

It is proposed to drill a straight hole to a TD of 7580' and complete as a Gallup-Dakota oil well.

See attachment for 10 point well plan

See attached for 13 point surface use plan

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U. S. GEOLOGICAL SURVEY

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DEC 22 1978
U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

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 Wm A. Butterfield TITLE Administrative Supervisor DATE 12-20-78

(This space for Federal or State office use)

PERMIT NO. _____ APPROVAL DATE _____

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

USGS 6 ok Frank
BEA
MJL
FILE
RELEASE FOLDER

*See Instructions On Reverse Side

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	Lease	Well No.
CONTINENTAL OIL COMPANY	JICARILLA 30	15

Unit Letter	Section	Township	Range	County
F	32	25N	4W	RIO ARRIBA

Actual Footage Location of Well:
2070 feet from the North line and 1980 feet from the West line

Ground Level Elev.	Producing Formation	Pool	Dedicated Acreage:
6835	Gallup Dakota	West Lindrith Gallup Dakota	160 Acres

1. Outline the acreage dedicated to the subject well by colored pencil or hachure marks on the plat below.

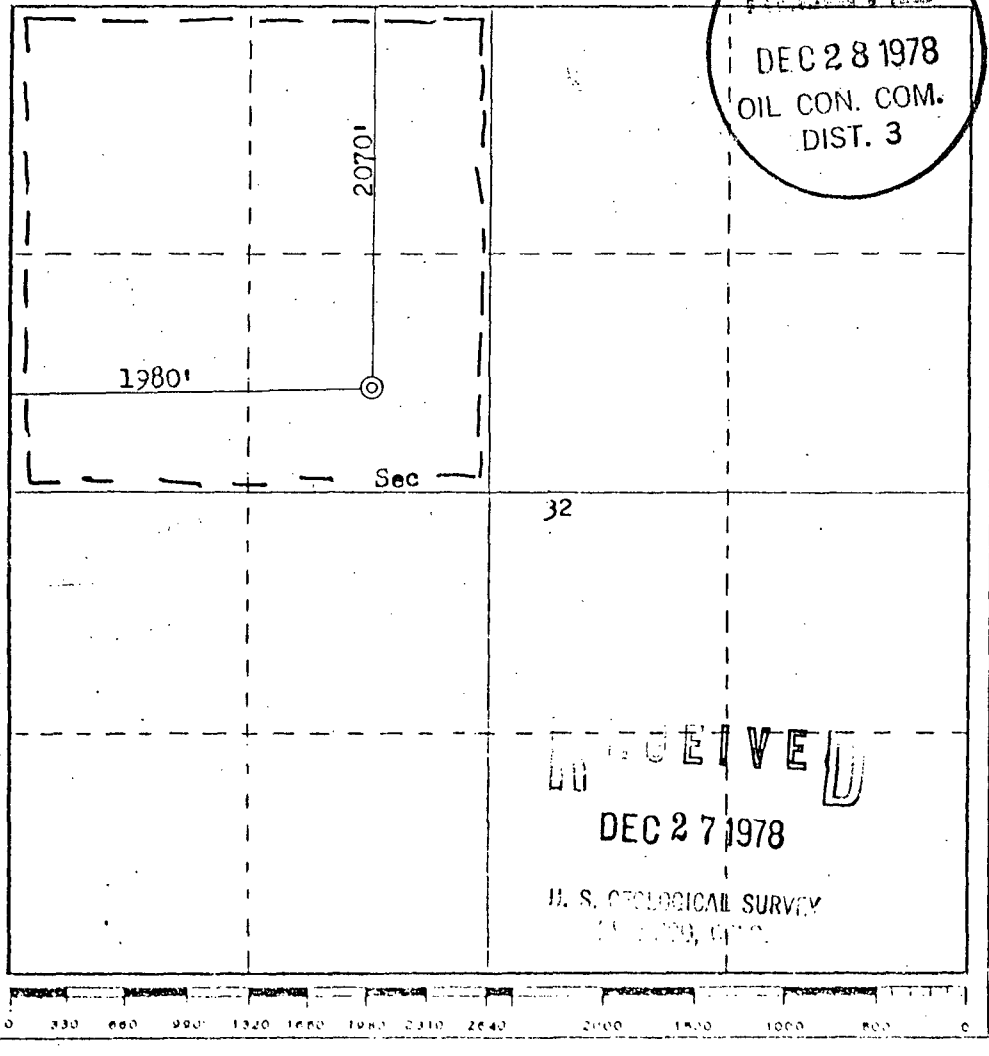
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).

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.



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DEC 28 1978
OIL CON. COM.
DIST. 3

RECEIVED
DEC 27 1978
U. S. GEOLOGICAL SURVEY

0 330 660 990 1320 1650 1980 2310 2640 2000 1500 1000 500 0

CERTIFICATION

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

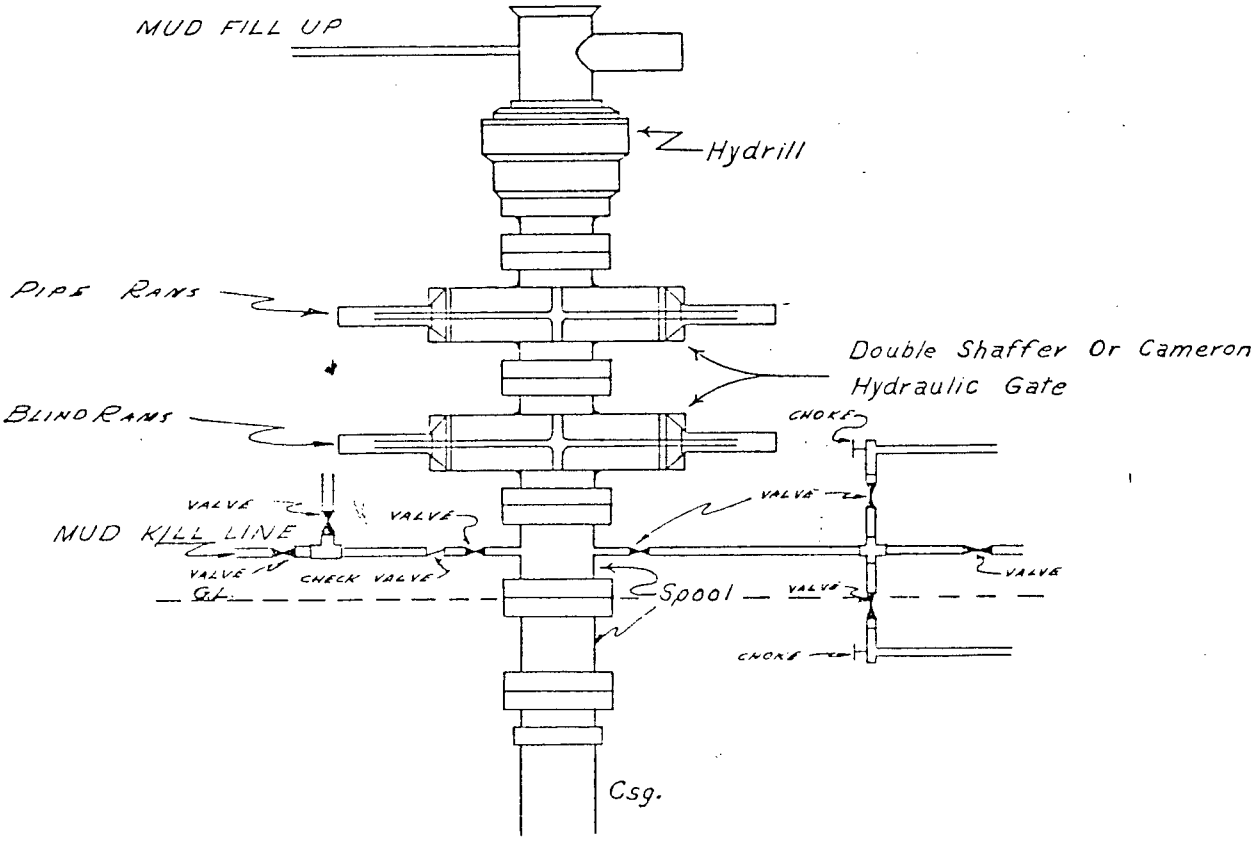
Name: Wm A. Pennington
Position: Administrative Supervisor
Company: Continental Oil Co
Date: 12/20/78

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

Date Surveyed: August 22, 1978
Registered Professional Engineer and/or Land Surveyor
Certificate No. 3950
Fred B. Kerr Jr.

REGISTERED LAND SURVEYOR
FRED B. KERR, JR.
NO. 3950

CONTINENTAL OIL COMPANY
Blow-out Preventer Specifications

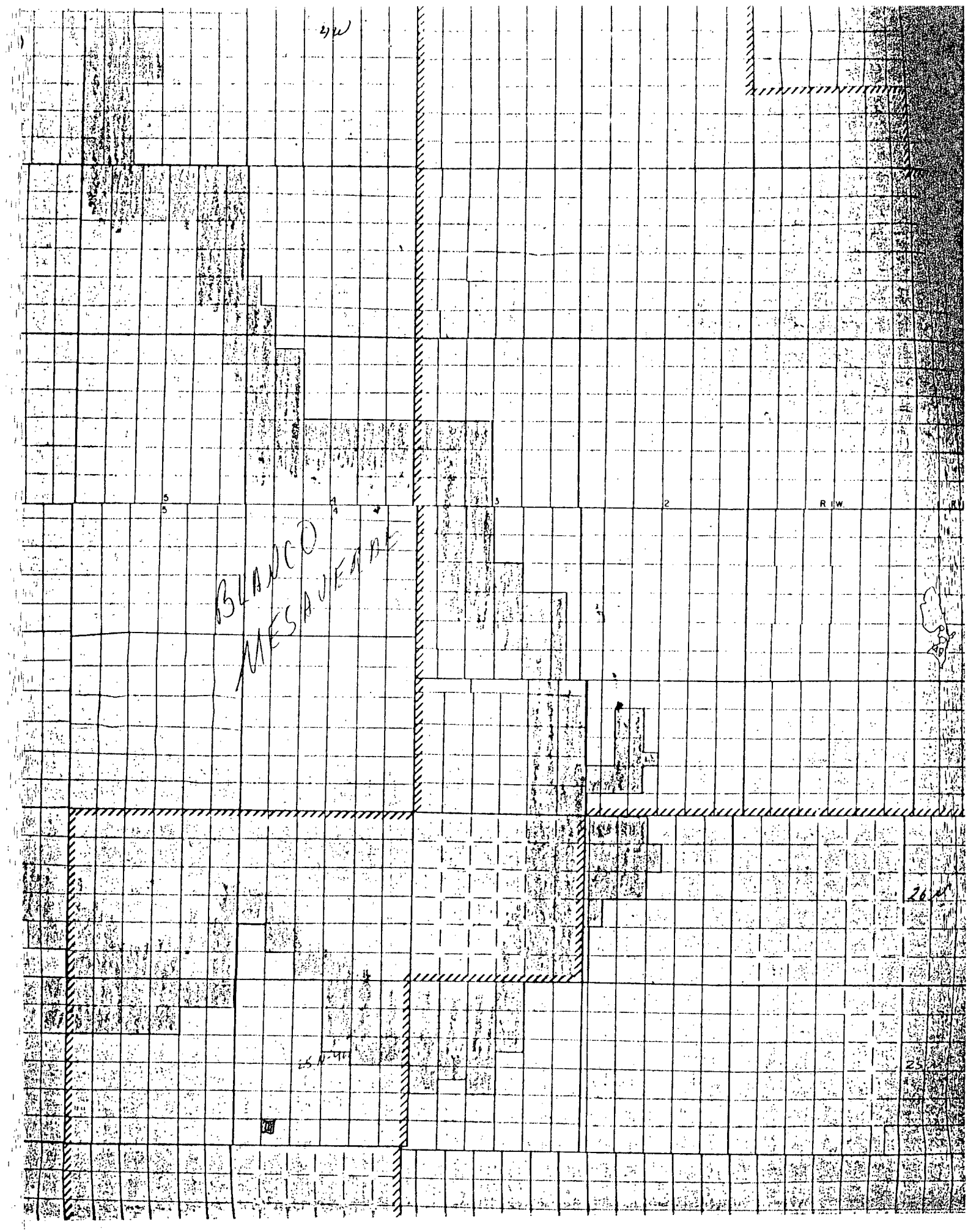


API Series 900

NOTE:

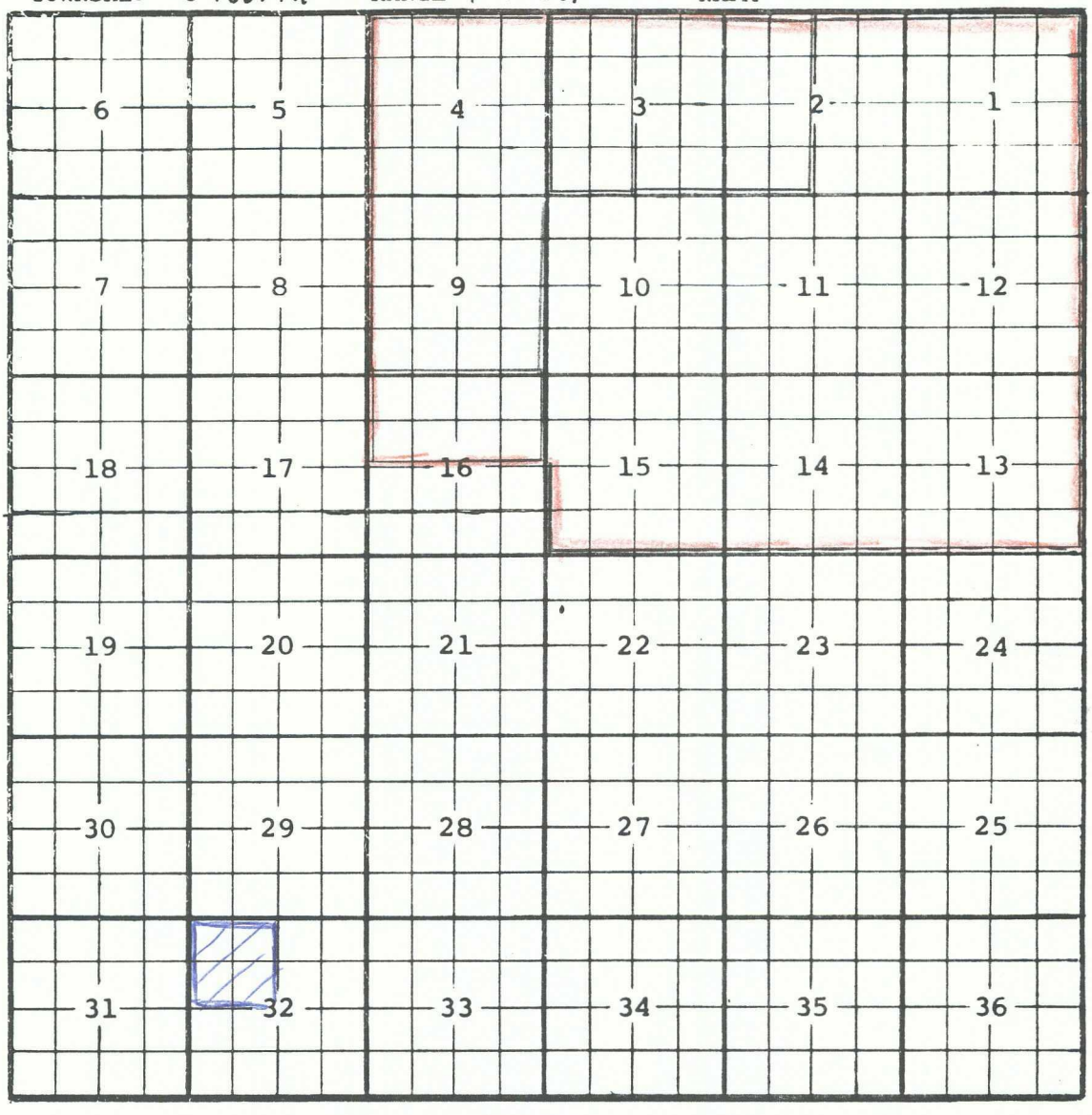
Manual and Hydraulic controls with closing unit no less than 75' from well head.
Remote controls on rig floor.

DUE TO SUBSTRUCTURE CLEARANCE,
HYDRILL MAY OR MAY NOT BE USED.


2W
5
5
4
4
3
2
R 1 W
R 1
BLANCO
MESA JEGA
26
25

Rio Arriba &
COUNTY San Juan POOL Blanco - Mesaverde

TOWNSHIP 25 North RANGE 4 West NMPM



Ext: W/2 Sec 3 (R-4963, 3-1-75) Ext: W/2 Sec 2, E/2 Sec 3, All Sec 4 & 9, - N/2 Sec 16 (R-5339, 2-1-77) Ext: All Sec 1, E/2 Sec 2 - All Secs 10, 11, 12, 13, 14, & 15 (R-5596, 1-1-78)

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT
OIL CONSERVATION DIVISION
AZTEC DISTRICT OFFICE

1000 RIO BRAZOS ROAD
AZTEC, NEW MEXICO 87410
(505) 334-6178

OIL CONSERVATION DIVISION
BOX 2088
SANTA FE, NEW MEXICO 87501

DATE 9-15-88

RE: Proposed MC _____
Proposed DHC _____
Proposed NSL X
Proposed SWD _____
Proposed WFX _____
Proposed PMX _____

RECEIVED
SEP 16 1988
OIL CONSERVATION DIVISION
SANTA FE

Gentlemen:

I have examined the application dated 9-14-88

for the CONOCO INC. Jic. 30 #15 F-32-25N-4W
Operator Lease and Well No. Unit, S-T-R

and my recommendations are as follows:

A.P. Approve

Yours truly,

E. Kendall