

NSL

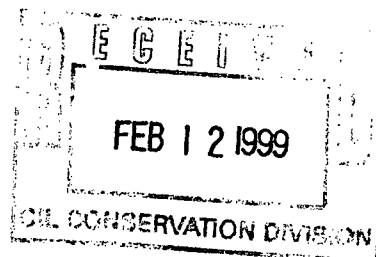
3/4/99

**Cross Timbers Oil Company**

February 9, 1999

CERTIFIED MAIL

Lori Wrotenbery, Director
New Mexico Oil Conservation Division
2040 South Pacheco
Santa Fe, New Mexico 87505



RE: Request for Administrative Approval of an
Unorthodox Location
Basin Fruitland Coal Pool
H.B. McGrady "A" #1E
S/2 Section 14-27N-12W
San Juan County, New Mexico

Gentlemen:

Cross Timbers Operating Company hereby request administrative approval to move from the Dakota formation and complete in the Fruitland Coal formation in the following unorthodox location:

Well Name:	H.B. McGrady "A" #1E
Pool:	Basin Fruitland Coal
Location:	1,000' FSL & 1,000' FWL
Acreage Dedication:	S/2 Section 14-27N-12W, containing 320 acres, more or less
County/State:	San Juan County, New Mexico
Pool Rules:	Well Location in NE/4 or SW/4

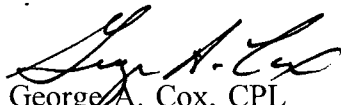
Attached is the following support and documentation for said application:

1. C-102 Plat
2. Geologic discussion
3. Copy of certified letter sent to offset operator/owners
 - A. Plat of offset operators and production

NMOCD Letter
Dated February 9, 1999
Page 2.

We look forward to your approval and should you have any questions, please contact me at (817) 870-8454.

Sincerely,
CROSS TIMBERS OIL COMPANY



George A. Cox, CPL
Landman

cc: Gary Markstead - Farmington
Bobby Smith - CTOC Midland
Loren Fothergill - CTOC Farmington
Gary Burch
Offset Operators/Owners

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

Operator AMOCO PRODUCTION COMPANY		Lease H. B. McGRADY "A"		Well No. 1E
Unit Letter P	Section 14	Township 27N	Range 12W	County San Juan
Actual Footage Location of Well: 1000 feet from the South line and 1000 feet from the East line				
Ground Level Elev. 6036	Producing Formation Dakota	Pool Basin Dakota	Dedicated Acreage 320 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.

		<p style="text-align: center;">RECEIVED SEP 05 1984 BUREAU OF LAND MANAGEMENT FARMINGTON RESOURCE AREA</p>	
<p style="text-align: center;">Sec. 14</p>		<p style="text-align: center;">14</p>	
<p style="text-align: center;">1000'</p>		<p style="text-align: center;">1000'</p>	

Scale: 1"=1000'

CERTIFICATION	
<p>I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.</p> <p style="text-align: right;">Original Signed By D.D. Lawson</p>	
Name	D.D. Lawson
Position	District Adm. Supervisor
Company	Amoco Production Company
Date	August 31, 1984
<p>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.</p>	
Date Surveyed	August 15, 1984
Registered Professional Engineer and Land Surveyor	Fred E. Kerr Jr.
Certificate No.	1222

H.B. McGrady "A" #1E
SE $\frac{1}{4}$, Sec. 14-T27N-R12W
San Juan County, NM

Proposal to Recomplete to the Fruitland Coal

GEOLOGIC DISCUSSION

The H.B. McGrady "A" #1E is currently an inactive well which was drilled and completed in the Dakota Formation in 1984. The well is no longer able to produce from the Dakota Formation due to mechanical problems. The mechanical problems are below the Fruitland Coal, thereby allowing the well bore to be used for production from the Fruitland Coal. Salvaging the upper portion of this well bore eliminates the need to drill an additional well.

The H. B. McGrady "A" #1E is at an unorthodox location for the Fruitland Coal in the SE $\frac{1}{4}$ of Sec. 14, 1000' FSL and 1000' FEL of the section. The S $\frac{1}{2}$ Section 14 proration unit for the Fruitland Coal contains one well in the SW $\frac{1}{4}$, the CTOC H.B McGrady "A" #1. The H.B. McGrady "A" #1E (SE $\frac{1}{4}$) was chosen over the H.B. McGrady "A" #1 (SW $\frac{1}{4}$) for recompletion to the Fruitland Coal for the following reasons:

- 1) The McGrady "A" #1 is still an active, economic Dakota well. Therefore, it would not be feasible to attempt a Fruitland Coal workover on this well at this time.
- 2) Coal thickness decreases from approx. 12 ft. in the McGrady "A" #1E to approx. 6 ft. in the McGrady "A" #1. It is not certain at this point if 6 ft. of coal can yield economic amounts of gas. Two successful coal wells offsetting to the NE in Sec. 12 have 16 ft. and 22 ft. of coal.
- 3) The McGrady "A" #1E is closer to and more in line of the producing trend of successful Fruitland Coal wells to the northeast. Risk associated with reservoir quality would be lower in the McGrady "A" #1E.
- 4) The McGrady "A" #1E is far enough from any lease line (1000') that producing from the Fruitland Coal at this location should not have any negative impact upon surrounding sections.

Dary K. Burch
Jan. 11, 1999



Cross Timbers Oil Company

February 9, 1999

CERTIFIED MAIL:


Owners
(See Attached List)

RE: Unorthodox Location
H.B. McGrady "A" #1E
1,000'FNL & 1,000'FEL
S/2 Unit in Section 14-27N-12W
San Juan County, NM

Gentlemen:

Cross Timbers Operating Company filed the attached application for administrative approval of the above unorthodox location with the New Mexico Oil Conservation Division on February 9, 1999. Cross Timbers proposes to move from the Dakota formation to the Fruitland Coal formation in the existing wellbore. If you object to the application, you must file a written objection with the Oil Conservation Division within 20 days of the date the application was filed.

Sincerely,
CROSS TIMBERS OPERATING COMPANY


George A. Cox, CPL
Landman

Enclosures

**OFFSET OPERATORS/OWNERS
UNORTHODOX LOCATION
H. B. MCGRADY "A" #1E
S/2 SECTION 14-27N-12W
SAN JUAN COUNTY, NEW MEXICO**

Kennedy Oil Company
P.O. Box 151
Artesia, NM

Joe F. Elledge
P.O. Box 111
Farmington, NM 87499

C.B. Buck
108 W. Alicante Road
Santa Fe, NM 87505

The Caswell Silver Partnership
c/o P & M Petroleum Management
1600 Broadway, Ste. 625
Denver, CO 80202

Evelyn Simmons & Len Cason,
Co-Trustees of the Charles L.
Jenkins Revocable Living Trust
UTA Dated 6-13-80
1700 W. Wilshire Blvd.
Oklahoma City, OK 73116

Eureka Gas Co., Inc.
P.O. Box 4037
Midland, TX 79704

Dugan Production Corp.
P.O. Box 420
Farmington, NM 87499

Frank W. Podpechan
Box 549
Claremore, OK 74018

Sylvia F. Little Trustee UTA
dated 5-25-90
P.O. Box 1258
Farmington, NM 87499

M.R. Schalk
P.O. Box 25825
Albuquerque, NM 87125

Susan Lynne Little Trust
c/o Sylvia F. Little Trustee
P.O. Box 1258
Farmington, NM 87499

Robert Ontee Little Trust
c/o Sylvia F. Little Trustee
P.O. Box 1258
Farmington, NM 87499

Carmel Gutierrez
11 Road 5297-3027-R
Farmington, NM 87401

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Kennedy Oil Company
P.O. Box 151
Artesia, NM

4a. Article Number

P 166 768 002

4b. Service Type

- ☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)

X

PS Form 3811, December 1994

102595-98-B-0229

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

C.B. Buck
108 W. Alicante Road
Santa Fe, NM 87505

4a. Article Number

P 166 768 003

4b. Service Type

- ☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)

X

PS Form 3811, December 1994

102595-98-B-0229

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Evelyn Simmons & Len Cason,
Co-Trustees of the Charles L.
Jenkins Revocable Living Trust
UTA Dated 6-13-80
1700 W. Wilshire Blvd.
Oklahoma City, OK 73116

4a. Article Number

P 166 768 004

4b. Service Type

- ☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)

X

PS Form 3811, December 1994

102595-98-B-0229

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Dugan Production Corp.
P.O. Box 420
Farmington, NM 87499

4a. Article Number

P 166 768 005

4b. Service Type

- ☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994

102595-98-B-0229

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Sylvia F. Little Trustee UTA
dated 5-25-90
P.O. Box 1258
Farmington, NM 87499

4a. Article Number

P 166 768 006

4b. Service Type

- ☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994

102595-98-B-0229

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Susan Lynne Little Trust
c/o Sylvia F. Little Trustee
P.O. Box 1258
Farmington, NM 87499

4a. Article Number

P 166 768 007

4b. Service Type

- ☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994

102595-98-B-0229

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Robert Ontee Little Trust
c/o Sylvia F. Little Trustee
P.O. Box 1258
Farmington, NM 87499

4a. Article Number

P 166 768 008

4b. Service Type

- ☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)

X

PS Form 3811, December 1994

102595-98-B-0229

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Carmel Gutierrez
11 Road 5297-3027-R
Farmington, NM 87401

4a. Article Number

P 166 768 009

4b. Service Type

- ☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)

X

PS Form 3811, December 1994

102595-98-B-0229

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Joe F. Elledge
P.O. Box 111
Farmington, NM 87499

4a. Article Number

P 166 768 010

4b. Service Type

- ☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)

X

PS Form 3811, December 1994

102595-98-B-0229

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

The Caswell Silver Partnership
c/o P&M Petroleum Management
1600 Broadway, Ste. 625
Denver, CO 80202

4a. Article Number

P 166 768 011

4b. Service Type

- ☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)

X

PS Form 3811, December 1994

102595-98-B-0229

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Eureka Gas Co., Inc.
P.O. Box 4037
Midland, TX 79704

4a. Article Number

P 166 768 012

4b. Service Type

- ☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)

X

PS Form 3811, December 1994

102595-98-B-0229

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Frank W. Podpechan
Box 549
Claremore, OK 74018

4a. Article Number

P 166 768 013

4b. Service Type

- ☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)

X

PS Form 3811, December 1994

102595-98-B-0229

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

M.R. Schalk
P.O. Box 25825
Albuquerque, NM 87125

4a. Article Number

P 166 768 014

4b. Service Type

- | | |
|---|---|
| <input type="checkbox"/> Registered | <input checked="" type="checkbox"/> Certified |
| <input type="checkbox"/> Express Mail | <input type="checkbox"/> Insured |
| <input type="checkbox"/> Return Receipt for Merchandise | <input type="checkbox"/> COD |

7. Date of Delivery

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X

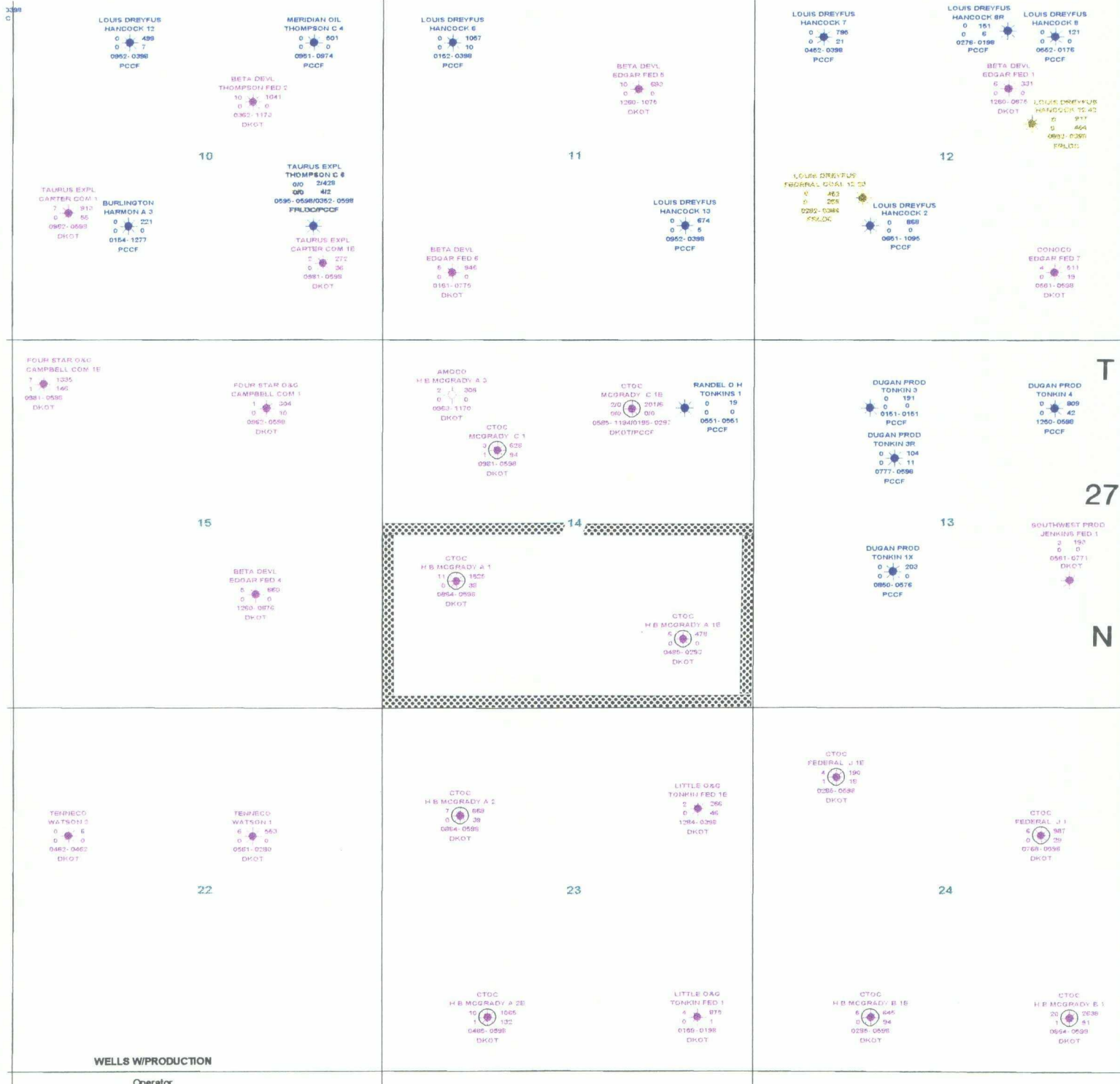
8. Addressee's Address (Only if requested and fee is paid)

Thank you for using Return Receipt Service.

PS Form 3811, December 1994

102595-98-B-0229

Domestic Return Receipt



Operator
Well Name & Number
Cum Oil MBO ● Cum Gas MMCF
Curr Rate Bopd Curr Rate Mcfd
Start-End Date
Formation

WELLS W/NO PROD DATA

Well Name
Well Number
Status ● TD
Operator
Completion Date

R-12-W

CROSS TIMBERS OIL COMPANY		
CUMULATIVE PRODUCTION		
AS OF 5/98		
9 SEC AREA CENTERED ON 14-27N-12W		
Well Name	Operator	Production
Well Name	Operator	Production

San Juan County, New Mexico

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

SUNDRY NOTICES AND REPORTS ON WELLS

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

5. Lease Designation and Serial No.
NM-035634

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.
H. B. Mc Grady A 1E
API Well No.
3004526095

10. Field and Pool, or Exploratory Area
Basin Dakota

11. County or Parish, State
SAN JUAN NEW MEXICO

1. Type of Well
☐ Oil Well ☒ Gas Well ☐ Other

2. Name of Operator
AMOCO PRODUCTION COMPANY
Attention: Pat Archuleta

3. Address and Telephone No.
P.O. BOX 800 DENVER, COLORADO 80201
(303) 830-5217

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
1000' FSL 1000' FEL Sec. 14 T 27N R 12W UNIT P

RECEIVED
NOV - 5 1998
OIL CON. DIV.
DIST. 3

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

TYPE OF SUBMISSION	TYPE OF ACTION
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input checked="" type="checkbox"/> Other Letter Dated 10/2/98
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Dispose Water

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

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

Amoco Production Company no longer owns this well, it was sold to:

Cross Timbers Operating Company
6001 Highway 64
Farmington, NM 87401

Reference NMNM-035634.

RECEIVED
NOV 21 PM 12:55
OIL CON. DIV. NM

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

Signed Pat Archuleta Title Staff Assistant Date NOV - 2 1998

(This space for Federal or State office use)

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

ACCEPTED FOR RECORD
NOV - 2 1998
FARMINGTON DISTRICT OFFICE

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

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

District II
811 South First, Artesia, NM 88210

District III
1000 RioBrazos Rd., Aztec, NM 87410

District IV
2040 South Pacheco, Santa Fe, NM 87505

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

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

☐ AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

¹ Operator name and Address CROSS TIMBERS OPERATING COMPANY 6001 Highway 64 Farmington, NM 87401		² OGRID Number 167067
		³ Reason for Filing Code Change of Operator 12/1/97 1/1/98
⁴ API Number 30-045-26095	⁵ Pool Name BASIN DAKOTA	⁶ Pool Code 71599
⁷ Property Code	⁸ Property Name H B MCGRADY A	⁹ Well Number 1E

II. ¹⁰ Surface Location

Ul or lot no.	Section	Township	Range	Lot.Idn	Feet from the	North/South Line	Feet from the	East/West line	County
P	14	27N	12W		1000	S	1000	E	SJ

¹¹ Bottom Hole Location

Ul or lot no.	Section	Township	Range	Lot.Idn	Feet from the	North/South Line	Feet from the	East/West line	County
¹² Lse Code F	¹³ Producing Method Code	¹⁴ Gas Connection Date	¹⁵ C-129 Permit Number	¹⁶ C-129 Effective Date	¹⁷ C-129 Expiration Date				

III. Oil and Gas Transporters

¹⁸ Transporter OGRID	¹⁹ Transporter Name and Address	²⁰ POD	²¹ O/G	²² POD ULSTR Location and Description

RECEIVED
DEC 1 9 1997

IV. Produced Water

²³ POD	²⁴ POD ULSTR Location and Description
-------------------	--

OIL CON. DIV.
DIST. 3

V. Well Completion Data

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

VI. Well Test Data

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

⁴⁷ I hereby certify that the rules of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.
Signature: *Vaughn O. Vannerberg*

Printed Name: Vaughn O. Vannerberg, II

Title: Sr. Vice President-Land

Date: December 1, 1997

Phone: (505) 632-5200

OIL CONSERVATION DIVISIO

Approved by: Frank T. Chavez

Title: Supervisor District #3

Approval Date:

⁴⁸ If this is a change of operator fill in the OGRID number and name of the previous operator

Amoco Production Company OGRID# 000778

Gail Jefferson

Senior Administrative Staff Assistant

12/01/97

Previous Operator Signature

Printed Name

Title

Date

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

SUNDRY NOTICES AND REPORTS ON WELLS

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

5. Lease Designation and Serial No.

NM-035634

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

H. B. Mc Grady a

1E

9. API Well No.

3004526095

10. Field and Pool, or Exploratory Area

Basin Dakota

11. County or Parish, State

SAN JUAN

NEW MEXICO

1. Type of Well

☐ Oil

☒ Gas

☐ Other

2. Name of Operator

AMOCO PRODUCTION COMPANY

Attention:

Pat Archuleta

3. Address and Telephone No.

P.O. BOX 800 DENVER, COLORADO 80201

303-830-5217

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

1000' FSL

1000' FEL

Sec. 14 T 27N R 12W

UNIT P

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

TYPE OF SUBMISSION

TYPE OF ACTION

☐ Notice of Intent

☒ Subsequent Report

☐ Final Abandonment Notice

☐ Abandonment

☐ Recompletion

☐ Plugging Back

☐ Casing Repair

☐ Altering Casing

☒ Other Demand Letter 10/2/97

☐ Change of Plans

☐ New Construction

☐ Non-Routine Fracturing

☐ Water Shut-Off

☐ Conversion to Injection

☐ Dispose Water

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

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

This well is still in temporary abandonment status, and still being evaluated.

Reference letter NMSF-078903B

THIS APPROVAL EXPIRES OCT 01 1998

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

Signed

Pat Archuleta

Title

Staff Assistant

Date

10-08-1997

(This space for Federal or State office use)

Approved by

/S/ Duane W. Spencer/

Title

Date

OCT 22 1997

Conditions of approval, if any:

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

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

SUNDRY NOTICES AND REPORTS ON WELLS

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

Use "APPLICATION FOR PERMIT - " for such proposals

6. Lease Designation and Serial No.

NM 035634

8. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

H. B. McGrady A 1 E

9. API Well No.

3004526095

10. Field and Pool, or Exploratory Area

Basin Dakota

11. County or Parish, State

San Juan New Mexico

1. Type of Well

☐ Oil Well ☒ Gas Well ☐ Other

2. Name of Operator

Amoco Production Company

Attention:

Pat Archuleta, Room 1205C

3. Address and Telephone No.

P.O. Box 800, Denver, Colorado 80201

(303) 830-5217

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

1000'FSL 1000'FEL Sec. 14 T 27N R 12W Unit P

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

TYPE OF SUBMISSION

TYPE OF ACTION

☒ Notice of Intent

☐ Subsequent Report

☐ Final Abandonment Notice

☐ Abandonment

☐ Recompletion

☐ Plugging Back

☐ Casing Repair

☐ Altering Casing

☒ Other Letter dated 9/24/96

☐ Change of Plans

☐ New Construction

☐ Non-Routine Fracturing

☐ Water Shut-Off

☐ Conversion to Injection

☐ Dispose Water

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

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

The status of this well has not changed, we are still evaluating and have performed a casing integrity test to 500#.

Reference letter NMNM-035634 (WC) 3162.3-2 (7400).

RECEIVED
NOV 20 1996

If you have any questions contact Dave Smith at (303) 830-4502.

OIL CON. DIV.
DIST. 3

THIS APPROVAL EXPIRES OCT 01 1997

RECEIVED
NOV 15 AM 9:31

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

Signed

Pat Archuleta

Title

Staff Assistant

Date

09-13-1996

(This space for Federal or State office use)

Approved by

Title

Conditions of approval, if any:

APPROVED

/S/ Duane W. Spencer

NOV 1 8 1996

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

DISTRICT MANAGER

UNITED STATES
DEPARTMENT OF THE INTERIOR
OIL CONSERVATION BUREAU OF LAND MANAGEMENT

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

RECEIVED

RECEIVED

MAIL ROOM

SUNDRY NOTICES AND REPORTS ON WELLS

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

Use "APPLICATION FOR PERMIT - " for such proposals

070 FARMINGTON, NM

1. Type of Well

☐ Oil Well ☒ Gas Well ☐ Other

2. Name of Operator

Amoco Production Company

Attention:

Patty Haeefe

3. Address and Telephone No.

P.O. Box 800, Denver, Colorado 80201

(303) 830-4988

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

1000 FSL 1000 FEL

Sec. 14 T 27N R 12W

Unit P

5. Lease Designation and Serial No.

NM 035634

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

H. B. McGrady A 1 E

9. API Well No.

3004526095

10. Field and Pool, or Exploratory Area

Basin Dakota

11. County or Parish, State

San Juan

New Mexico

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

TYPE OF SUBMISSION

TYPE OF ACTION

- ☐ Notice of Intent
☒ Subsequent Report
☐ Final Abandonment Notice

- ☐ Abandonment
☐ Recompletion
☒ Plugging Back
☐ Casing Repair
☐ Altering Casing
☐ Other

- ☐ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut-Off
☐ Conversion to Injection
☐ Dispose Water

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

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

Amoco Production Company performed the following repair work:

MIRUSU 8/7/95. Cleanout fill 6300-6218 ft. RDMOSU 8/9/95. MIRUSU 8/28/95. TIH, run freepoint on stuck tubing, free point at 5990 ft, anchor at 5980 ft. TIH. Cut off tubing at 5965 ft. Set CIBP at 5940 ft. With wireline bailer, set 100' cement plug on top of CIBP to 5840 ft, used 15 sx Class B neat, 15.6 ppg. Dakota zone is now temporarily abandoned. RDMOSU 9/1/95. Will evaluate wellbore for future work.

THIS APPROVAL EXPIRES SEP 19 1996

RECEIVED
SEP 22 1995

OIL CON. DIV.
DIST. 3

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

Signed

Patty Haeefe

Title

Staff Assistant

Date

09-15-1995

(This space for Federal or State office use)

Approved by

Title

Conditions of approval, if any:

SEP 19 1995

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

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUNDRY NOTICES AND REPORTS ON WELLS

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

Use APPLICATION FOR PERMIT - " for such proposals.

070 FARMINGTON, NM

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

5. Lease Designation and Serial No.

NM 035634

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

H. B. McGrady A 1 E

9. API Well No.

3004526095

10. Field and Pool, or Exploratory Area

Basin Dakota

11. County or Parish, State

San Juan New Mexico

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

TYPE OF SUBMISSION

TYPE OF ACTION

- ☒ Notice of Intent
- ☐ Subsequent Report
- ☐ Final Abandonment Notice

- ☐ Abandonment
- ☐ Recompletion
- ☒ Plugging Back
- ☐ Casing Repair
- ☐ Altering Casing
- ☐ Other

- ☐ Change of Plans
- ☐ New Construction
- ☐ Non-Routine Fracturing
- ☐ Water Shut-Off
- ☐ Conversion to Injection
- ☐ Dispose Water

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

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

Amoco Production Company request permission to plugback the Dakota Formation.

See Attached Procedures

RECEIVED
SEP 11 1995
OIL CON. DIV.
DIST. 3

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

Signed Lois Raeburn Title Staff Assistant

Date 08-31-1995

(This space for Federal or State office use)

APPROVED

Approved by _____ Title _____

Conditions of approval, if any:

SEP 07 1995

Special Agent: STEVEN

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

DISTRICT MANAGER

* See Instructions on Reverse

NMOOD

MacGrady #A1E
TD = 6425', PBTD = 6314'
Page 2 of 2

1. Set CIBP between 6020-6070.
2. Spot 100' plug above CIBP (Approx 7.6 SX)
3. Pressure Test Casing to 500 psi
4. Temp. Abandon Well.

OIL CONSERVATION DIVISION

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

OIL CONSERVATION DIVISION
Form C-104
Revised 4-1-89
See Instructions
at Bottom of Page
'90 AUG 22 AM 10 58

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator AMOCO PRODUCTION COMPANY	Well API No. 300452609500
Address P.O. BOX 800, DENVER, COLORADO 80201	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input checked="" type="checkbox"/>
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name H B MCGRADY A	Well No. 1E	Pool Name, Including Formation BASIN DAKOTA (PRORATED-GAS)	Kind of Lease State, Federal, or Fee	Lease No.
Location				
Unit Letter P	1000	Feet From The FSL	Line and 1000	Feet From The FEL
Section 14	Township 27N	Range 12W	SAN JUAN County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

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

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

IV. COMPLETION DATA

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

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE

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

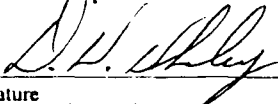
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

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

VI. OPERATOR CERTIFICATE OF COMPLIANCE

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


Signature
Doug W. Whaley, Staff Admin. Supervisor
Printed Name
June 25, 1990
Date
303-830-4280
Telephone No.

OIL CONSERVATION DIVISION

Date Approved
JUL 2 1990
By
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.

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.L.	
LAND OFFICE	
TRANSPORTER	OIL
OPERATOR	GAS
PRODUCTION OFFICE	

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

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

REQUEST FOR ALLOWABLE
AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Amoco Production Company	
Address 501 Airport Drive, Farmington, NM 87401	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input checked="" type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Gas <input type="checkbox"/> Condensate

RECEIVED

FEB 19 1985

OIL CON. DIV.
DIST. 3

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name H.B. McGrady "A"	Well No. 1E	Pool Name, including Formation Basin Dakota	Kind of Lease State, Federal or Fee Federal	Lease No. NM-0356
Location				
Unit Letter <u>P</u> : <u>1000</u> Feet From The <u>South</u> Line and <u>1000</u> Feet From The <u>East</u>				
Line of Section <u>14</u> Township <u>27N</u> Range <u>12W</u> , NMPM, <u>San Juan</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Permian Corporation	P.O. Box 1702, Farmington, NM 87499
Name of Authorized Transporter of 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, NM 87499
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit <u>P</u> Sec. <u>14</u> Twp. <u>27N</u> Rge. <u>12W</u>	No

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.

Original Signed By
D.D. Lawson

District Administrative Supervisor

2/6/85

(Date)

OIL CONSERVATION DIVISION

APPROVED

FEB 28 1985

BY Original Signed by FRANK T. CHAVEZ

TITLE SUPERVISOR DISTRICT # 3

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

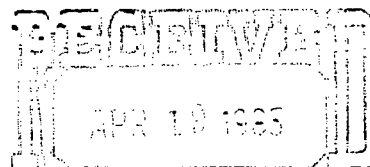
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

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

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

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

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



OIL CONSERVATION
SANTA FE

16

NOTICE OF GAS CONNECTION

DATE April 15, 1985

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

GAS FROM Amoco Production Co.
OperatorH. B. McGrady A #1-E

Well Name

95-226-01

Meter Code

73899-51

Site Code

P

Well Unit

14-27-12

S-T-R

Basin Dakota

Pool

El Paso Natural Gas Company

Name of Purchaser

WAS MADE ON March 28, 1985,
DateFIRST DELIVERY April 8, 1985
DateAOF 5,156CHOKE 4,383

F
043
PER

El Paso Natural Gas Company
Purchaser

Representative

Title

cc: Operator Farmington
Oil Conservation Commission - 2
~~XXXXXXXXXX~~ El Paso Production Control
Lease Development
Contract Administration
File

APR 15 1985
OIL CONSERVATION
SANTA FE

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.A.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

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

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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
Amoco Production Company

Address
501 Airport Drive, Farmington, NM 87401

Reason(s) for filing (Check proper box)

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

Other (Please explain)

RECEIVED
FEB 19 1985

If change of ownership give name
and address of previous owner

OIL CON. DIV.
DIST. 3

II. DESCRIPTION OF WELL AND LEASE

Lease Name H.B. McGrady "A"	Well No. 1E	Pool Name, including Formation Basin Dakota	Kind of Lease State, Federal or Fee Federal	Lease No. NM-0356
Location Unit Letter <u>P</u> : <u>1000</u> Feet From The <u>South</u> Line and <u>1000</u> Feet From The <u>East</u> Line of Section <u>14</u> Township <u>27N</u> Range <u>12W</u> , NMPM, <u>San Juan</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1702, Farmington, NM 87499
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas	Address (Give address to which approved copy of this form is to be sent) P.O. Box 990, Farmington, NM 87499
If well produces oil or liquids, give location of tanks. Unit <u>P</u> Sec. <u>14</u> Twp. <u>27N</u> Rge. <u>12W</u>	Is gas actually connected? <u>No</u> When

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.

DD Lawson
District Administrative Supervisor

(Title)

2/6/85

(Date)

OIL CONSERVATION DIVISION

2-28-85
APPROVED

BY

[Signature]
SUPERVISOR DISTRICT # 3

TITLE

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

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

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

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

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

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Re
			X	X					
Date Spudded	Date Compl. Ready to Prod.			Total Depth			P.B.T.D.		
12/17/84	1/17/85			6425'			6314'		
Electrions (DF, RKB, RT, GR, etc.)	Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth		
6036' GR	Dakota			6176'			6272'		
Perforations							Depth Casing Shoe		
6196'-6176', 6248'-6218'							6424'		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8", 24#	322'	271 c.f.
7-7/8"	4-1/2", 10.5#	6424'	2693 c.f.
	2-3/8"	6272'	

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 all able 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/MCF	Gravity of Condensate
245/85 4383	3 hrs.	548	
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
Back pressure	1760 psig	1810 psig	.75"

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN DUPLICATE*

(See other In-
structions on
reverse side)

Form approved.
Budget Bureau No. 1004-0137
Expires August 31, 1985

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

Amoco Production Company

3. ADDRESS OF OPERATOR

501 Airport Drive, Farmington, NM 87401

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

At surface

1000' FSL x 1000' FEL

At top prod. interval reported below

Same

At total depth Same

FARMINGTON DISTRICT

FEB 26 1985

DS

DAS

DE

NOF

SDF

DDS

5. LEASE DESIGNATION AND SERIAL NO.

NM-035634

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

H. B. McGrady "A"

9. WELL NO.

1E

10. FIELD AND POOL, OR WILDCAT

Basin Dakota

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

SE/SE Sec. 14, T27N, R12W

12. COUNTY OR PARISH

San Juan

13. STATE

NM

15. DATE SPUDDED

12/17/84

16. DATE T.D. REACHED

12/28/84

17. DATE COMPL. (Ready to prod.)

1/17/85

18. ELEVATIONS (DF, RKB, RT, GR, ETC.)*

6049' KB

19. ELEV. CASINGHEAD

6036' GR

20. TOTAL DEPTH, MD & TVD

6425'

21. PLUG BACK T.D., MD & TVD

6314'

22. IF MULTIPLE COMPL., HOW MANY*

single

23. INTERVALS DRILLED BY

ROTARY TOOLS

CABLE TOOLS

O-TD

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

6176'-6248' Dakota

25. WAS DIRECTIONAL SURVEY MADE

Yes

26. TYPE ELECTRIC AND OTHER LOGS RUN

DIL-SP-GR-FDC-CNL-GR

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#, J-55	322'	12-1/4"	271 c.f. Class B	
4-1/2"	10.5#, K-55	6424'	7-7/8"	Stage 1: 1,324 c.f. Pozzolanic 50:50 poz & tailed in w/118 c.f. Class B Ideal	
				Stage 2: 1251 c.f. Pozzolanic 65:35 poz.	

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
					2-3/8"	6272'	

31. PERFORATION RECORD (Interval, size and number)

6196'-6176', 6248'-6218', 4 jsfp, .43", total of 200 holes.

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

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
6176'-6248'	90,000 gal. 70 quality foam & 120,000# 20-40 sand.

33.* PRODUCTION

DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)				WELL STATUS (Producing or shut-in)	
2/4/85		Flowing				Shut-in	
DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
2/5/85	3	.75"	→		548		
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)	
354 psig	792 psig	→		4383			

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

To be sold

TEST WITNESSED BY

J.J. Barnett

35. LIST OF ATTACHMENTS

None

ACCEPTED FOR RECORD

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

SIGNED

B. D. Shaw

TITLE

OIL CON. DIV.
DIST. 3

Admin. Supervisor

DATE

FEB 20 1985
2/6/85

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

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

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.	NAME	TOP	
					MEAS. DEPTH	TRUE VERT. DEPTH
Ojo Alamo	180'	393'				
Fruitland	1185'	1594'				
Pic. Cliffs	1594'	1783'				
Cliffhouse	3165'	3366'				
Menefee	3366'	4025'				
Pt. Lookout	4025'	4250'				
Gallup	5282'	6051'				
Greenhorn	6051'	6208'				
Dakota	6208'	6430'				

38. GEOLOGIC MARKERS

MULTIPOINT AND ONE POINT BACK PRESSURE TEST FOR GAS WELL

RECEIVED

Type Test <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Annual <input checked="" type="checkbox"/> Special		Test Date 2/5/85		FEB 14 1985							
Company Amoco Production Company		Connection El Paso Natural Gas Company		OIL CON. DIV.							
Pool Basin		Formation Dakota		Unit DIST. 3							
Completion Date 1/17/85		Total Depth 6424		Plug Back TD 6314							
Elevation 6036 GR		Farm or Lease Name H.B. McGrady "A"		Well No. 1E							
Csq. Size 4.500	Wt. 10.5	d 4.052	Set At 6424	Perforations: From 6176 To 6248	Unit Soc. Twp. Rye. P 14 27 12						
Thq. Size 2375	Wt. 4.7	d 1.995	Set At 6272	Perforations: From open To ended	Unit Soc. Twp. Rye. P 14 27 12						
Type Well - Single - Bradenhead - G.C. or G.O. Multiple single				Packer Set At None							
Producing Thru tubing		Reservoir Temp. °F θ		Mean Annual Temp. °F							
Baro. Press. - P _a		County San Juan		State New Mexico							
L	H	Gg	% CO ₂	% N ₂	% H ₂ S						
Prover		Meter Run		Taps							
FLOW DATA											
NO.	Prover Line Size	X	Orifice Size	Press. p.s.i.g.	Diff. h _w	Temp. °F	Press. p.s.i.g.	Temp. °F	Press. p.s.i.g.	Temp. °F	Duration of Flow
1.	12 days						1760		1810		
2.	2375	.750					354		792		3 hrs.
3.											
4.											
5.											
RATE OF FLOW CALCULATIONS											
NO.	Coefficient (24 Hour)	$\sqrt{h_w P_m}$	Pressure P _m	Flow Temp. Factor Ft.	Gravity Factor Fg	Super Compress. Factor, Fpv	Rate of Flow Q, Mcfd				
1.	12.365		366	1.000	.9258	1.046	4383				
2.											
3.											
4.											
5.											
NO.	P _t	Temp. °R	T _i	Z	Gas Liquid Hydrocarbon Ratio _____ Mcf/bbl.						
1.					A.P.I. Gravity of Liquid Hydrocarbons _____ Deg.						
2.					Specific Gravity Separator Gas _____ X X X X X X X X						
3.					Specific Gravity Flowing Fluid _____ X X X X X						
4.					Critical Pressure _____ P.S.I.A. _____ P.S.I.A.						
5.					Critical Temperature _____ R _____ R						
P _c 1822 P _c ² 3319684											
NO.	P _t ²	P _w	P _w ²	P _c ² - P _w ²	(1) $\frac{P_c^2}{P_c^2 - P_w^2} = 1.2418$ (2) $\left[\frac{P_c^2}{P_c^2 - P_w^2} \right]^n = 1.1764$						
1.		804	646416	2673268							
2.											
3.											
4.											
5.											
Absolute Open Flow 5156 Mcfd @ 15.025 Angle of Slope θ _____ Slope, n .75											
Remarks: Lite H ₂ O, med. oil, flared											
Approved By Division			Conducted By: J.J. Barnett			Calculated By: J.J. Barnett			Checked By: B		

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Budget Bureau No. 1004-0135
Expires August 31, 1985

SUNDRY NOTICES AND REPORTS ON WELLS

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

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Amoco Production Company	8. FARM OR LEASE NAME H.B. McGrady "A"
3. ADDRESS OF OPERATOR 501 Airport Drive, Farmington, NM 87401	9. WELL NO. 1E
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1000' FSL x 1000' F	10. FIELD AND POOL, OR WILDCAT Basin Dakota
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SE/SE Sec. 14, T27N, R12W
15. ELEVATIONS (SHOW WHETHER OF, BY, OR TO) FARMINGTON RESOURCE AREA 6036' GR	12. COUNTY OR PARISH San Juan
	13. STATE NM

RECEIVED
JAN 29 1985

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input type="checkbox"/> completion	

(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.)*

Moved in and rigged up service unit 1/6/85. Total depth of the well is 6425' and plugback depth is 6314'. Pressure tested production casing to 3000 psi. Perforated the following intervals: 6196'-6176', 6248'-6218', 4 jspf, .43" in diameter, for a total of 200 holes. Fraced interval 6176'-6248' with 90,000 gal. 70 quality foam and 120,000# 20-40 sand.

Landed 2-3/8" tubing at 6272' and released the rig on 1/17/85.

RECEIVED
FEB 11 1985
OIL CON. DIV.
DIST. 3

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

SIGNED Original Signed By
B. D. Shaw

TITLE Administrative Supervisor DATE 1/23/85

(This space for Federal or State office use)

ACCEPTED FOR RECORD

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____ DATE FEB 04 1985

FARMINGTON RESOURCE AREA

*See Instructions on Reverse Side

NMOCC

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Budget Bureau No. 1004-0135
Expires August 31, 1985

8. LEASE DESIGNATION AND SERIAL NO.

NM-035634

9. IF INDIAN, ALLOTTEE OR TRIBE NAME

11. UNIT AGREEMENT NAME

12. FARM OR LEASE NAME

H.B. McGrady "A"

13. WELL NO.

1E

14. FIELD AND POOL, OR WILDCAT

Basin Dakota

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

SE/SE Sec. 14, T27N, R12W

16. COUNTY OR PARISH

San Juan

17. STATE

NM

SUNDRY NOTICES AND REPORTS ON WELLS

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

1. OIL WELL ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR

Amoco Production Company

3. ADDRESS OF OPERATOR

501 Airport Drive, Farmington, NM 87401

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

1000' FSL x 1000' FEL

RECEIVED

JAN 18 1985

18. PERMIT NO.

19. ELEVATIONS (Show whether DE, RT, or etc.)

6036' GR

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)

PLUG OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANE

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) spud & set casing

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

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

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

Spud α 12-1/4" hole on 12/17/84. Drilled to 329'. Set 8-5/8", 24#, J-55 casing at 322' and cemented with 271 c.f. of Class B. Circulated cement to surface. Pressure tested casing to 1000 psi. Drilled a 7-7/8" hole to a TD of 6425' on 12/28/84. Set 4-1/2", 10.5#, K-55 casing at 6424'. Stage 1: cemented with 1324 c.f. Pozzolanic Ideal with 50:50 poz and tailed in with 118 c.f. Class B Ideal. Stage 2: cemented with 1251 c.f. Pozzolanic Ideal with 65:35 poz. Circulated cement to surface after both stages. The DV tool was set at 2389' and the rig was released on 12/29/84.

RECEIVED

FEB 11 1985

OIL CON. DIV.
DIST. 3

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

SIGNED

Original Signed By

D.D. LAWSON

TITLE

District

Administrative Supervisor

ACCEPTED FOR RECORD

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

FEB 06 1985

CONDITIONS OF APPROVAL, IF ANY:

FARMINGTON RESOURCE AREA

BY

Smm

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Budget Bureau No. 1004-0135
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

NM-035634

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

H. B. McGrady "A"

9. WELL NO.

1E

10. FIELD AND POOL, OR WILDCAT

Basin Dakota

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

SE/SE Sec 14 T27N, R12W

14. PERMIT NO.

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

6036' GR

12. COUNTY OR PARISH

San Juan

13. STATE

NM

16.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

PCLL OR ALTER CASING

FRACURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other) Notice of Gathering System

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACURE 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.)*

Amoco Production Company is making notification of our Gallegos Canyon Unit gathering system pipeline. The pipe will be 4-1/2" outside diameter and have a .156 wall. The pipe will be butt welded and then buried 3', with 4' deep in the fields. Please see attached pipeline drawing and vicinity map.

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

SIGNED

Original Signed By

TITLE Admin. Supervisor

B. D. Shaw

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

APPROVED

DATE 10/31/84

DATE NOV 26 1984

For AREA MANAGER
FARMINGTON, N.M.

*See Instructions on Reverse Side

NMOCC

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1A. TYPE OF WORK

DRILL ☒

DEEPEN ☐

PLUG BACK ☐

D. TYPE OF WELL

OIL
WELL ☐

GAS
WELL ☒

OTHER

SINGLE
ZONE ☒

MULTIPLE
ZONE ☐

2. NAME OF OPERATOR

Amoco Production Company

3. ADDRESS OF OPERATOR

501 Airport Drive, Farmington, NM 87401

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

At surface

1000' FSL x 1000' FEL

At proposed prod. zone

Same

SEP 05 1984

14. DISTANCE IN MILES AND DIRECTION FROM NEAREST TOWN OF FARMINGTON RESOURCE AREA

12 miles southwest of Bloomfield

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

1000'

16. NO. OF ACRES IN LEASE

1120

17. NO. OF ACRES ASSIGNED
TO THIS WELL

320

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

1 mile E

19. PROPOSED DEPTH

6170'

20. ROTARY OR CABLE TOOLS

Rotary

21. ELEVATIONS (Show whether DF, RT, or LM) OPERATIONS AUTHORIZED ARE

6036' GR

SUBJECT TO COMPLIANCE WITH ATTACHED

22. APPROX. DATE WORK WILL START*

As soon as permitted.

23. GENERAL REQUIREMENTS
PROPOSED CASING AND CEMENTING PROGRAM

This action is subject to administrative
appeal pursuant to 30 CFR 290.

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	QUANTITY OF CEMENT
12-1/4"	8-5/8"	24# J-55	300'	354 cu. ft. Class B
7-7/8"	4-1/2"	10.5# K-55	6170'	2016 cu. ft. Class B
(This string may be two staged but the cement types and volumes remain the same)				

Amoco proposes to drill the above well to further develop the Basin Dakota reservoir. The well will be drilled to the surface casing point using native mud. The well will then be drilled to TD with a low-solids nondispersed mud system. Completion design will be based on open hole logs. Copy of all logs will be filed upon completion. Amoco's standard blowout prevention will be employed; see attached drawing for blowout preventer design. Upon completion the well site will be cleaned and the reserve pit filled and leveled. The gas from this well is dedicated to El Paso Natural Gas under contract No. 56,742.

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 D.D. Lawson District
SIGNED Adm. Supervisor TITLE

(This space for Federal or State use only)

PERMIT NO. SEP 24 1984

APPROVAL DATE

APPROVED BY OIL CON. DIV. TITLE
CONDITIONS OF APPROVAL, IF ANY: DIST. 3

NMOCC

*See Instructions On Reverse Side

APPROVED
DATE <u>August 31, 1984</u>
AS AMENDED
<u>SEP 20 1984</u>
DATE <u>7s/ J. Stan McKee</u>
AREA MANAGER FARMINGTON RESOURCE AREA

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

Operator AMOCO PRODUCTION COMPANY			Lease H. B. McGRADY "A"		Well No. 1E
Unit Letter P	Section 14	Township 27N	Range 12W	County San Juan	
Actual Footage Location of Well:					
1000 feet from the South line and		1000 feet from the East line			
Ground Level Elev: 6036	Producing Formation Dakota	Pool Basin Dakota		Dedicated Acreage 320 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.

Sec.		<p align="center">RECEIVED SEP 05 1984 BUREAU OF LAND MANAGEMENT FARMINGTON RESOURCE AREA</p>	
14		1000'	
<p align="center">RECEIVED SEP 24 1984 OIL CON. DIV. 1 DIST. 3</p>		1000'	

Scale: 1"=1000'

CERTIFICATION	
I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.	
Original Signed By D.D. Lawson	
Name	D.D. Lawson
Position District	Adm. Supervisor
Company	Amoco Production Company
Date	August 31, 1984
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 15, 1984
Registered Professional Engineer and Land Surveyor	Fred B. Kerr Jr.
Certificate No.	3950

CMD :
OG5SECTONGARD
INQUIRE LAND BY SECTION02/16/99 15:59:54
OGOMES -TPVF
PAGE NO: 1

Sec : 14 Twp : 27N Rng : 12W Section Type : NORMAL

D 40.00 Federal owned	C 40.00 Federal owned	B 40.00 Federal owned A	A 40.00 Federal owned
E 40.00 Federal owned	F 40.00 Federal owned A	G 40.00 Federal owned	H 40.00 Federal owned

PF01 HELP
PF07 BKWDPF02
PF08 FWDPF03 EXIT
PF09 PRINTPF04 GoTo
PF10 SDIVPF05
PF11PF06
PF12

CMD :
OG5SECT

ONGARD
INQUIRE LAND BY SECTION

02/16/99 16:00:00
OGOMES -TPVF
PAGE NO: 2

Sec : 14 Twp : 27N Rng : 12W Section Type : NORMAL

L 40.00	K 40.00	J 40.00	I 40.00
Federal owned A	Federal owned	Federal owned	Federal owned
M 40.00	N 40.00	O 40.00	P 40.00
Federal owned	Federal owned	Federal owned	Federal owned A

PF01 HELP
PF07 BKWD

PF02
PF08 FWD

PF03 EXIT
PF09 PRINT

PF04 GoTo
PF10 SDIV

PF05
PF11

PF06
PF12