Form 3160-4 (November 1983) (formerly 9-330)

5 BLM 1 Clark 1 Hickman 1 File 1 MW 1 RS Form approved. 2 EPNG
Budget Bureau No. 1004-0137
Expires August 31, 1985

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN DUPLICATE* (See other instructions on reverse side)

WELL COMPLETION OR RECOMPLETION REPORT AND LOG*

5. LEASE DESIGNATION AND SERIAL NO.: NM 03011

6. IF INDIAN, ALLOTTEE OR TRIBE NAME:

7. UNIT AGREEMENT NAME:

8. FARM OR LEASE NAME: Clark

9. WELL NO.: 11

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

11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA: Sec. 5, T24N, R3W, NMPM

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

2. NAME OF OPERATOR: J. Felix Hickman

3. ADDRESS OF OPERATOR: P O Box 208, Farmington, NM 87499

RECEIVED
APR 17 1985
BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*
At surface: 1865' FNL - 550' FEL
At top prod. interval reported below
At total depth

14. PERMIT NO.	DATE ISSUED	12. COUNTY OR PARISH	13. STATE
	12-10-84	Rio Arriba	NM

15. DATE SPUDDED	16. DATE T.D. REACHED	17. DATE COMPL. (Ready to prod.)	18. ELEVATIONS (DF, RKB, RT, GR, ETC.)*	19. ELEV. CASINGHEAD
12-30-84	1-13-85	3-28-85	7063' GL	7063'

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
7816'	7770'		→	T.D.	

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*
6634' - 6858' Gallup
7478' - 7757' Dakota

25. WAS DIRECTIONAL SURVEY MADE: no

26. TYPE ELECTRIC AND OTHER LOGS RUN: IEL, CDL, GR-Collar

27. WAS WELL CORED: no

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

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
9-5/8" OD	36#	234' RKB	12¼"	148 cf class "B" +2% $CaCl_2$	---
5-1/2"	15.5# & 17#	7816'	7-7/8"	2343 cf in 3 stages (See Reverse for detailed cementing record.)	---

29. LINER RECORD

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

30. TUBING RECORD

SIZE	DEPTH SET (MD)	PACKER SET (MD)
2-7/8"	7599'	

31. PERFORATION RECORD (Interval, size and number)
SEE REVERSE SIDE

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

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
6634-6858'	80,000 gals 20# gelled water
	97,500 lbs 20/40 sand
7478-7757'	68,000 gals Versagel 1300
	84,000 lbs 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)
2-9-85	Swabbing and flowing	Shut In

DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD →	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
3-27-85	6	---	→	83	75	*40	904

FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE →	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)
40	490	→	332	300	*160	42 est.

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.): Vented - to be sold.

TEST WITNESSED BY:

35. LIST OF ATTACHMENTS: *Water is frac water

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

SIGNED Jim J. Jacobs TITLE Geologist DATE 4-16-85

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

NMOCC

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the

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.

28. Casing Record (Continued from front page).

Cemented 1st stage w/ 350 sx 50/50 B-Poz w/2% gel, 6¼# gilsonite/sk & ¼# flocele/sk (490 cf). Cemented 2nd stage w/ 285 sx 65/35 B-Poz w/ 12% gel & ¼# flocele/sk & 50 sx 50/50 B-Poz w/ 2% gel & ¼# flocele/sk (697 cf). Cemented 3rd stage w/ 445 sx 65/35 B-Poz w/ 12% gel and ¼# flocele/sk & 120 sx 50/50 B-Poz w/ 2% gel, 6¼# gilsonite and ¼# flocele/ sk (1156 cf). (TOTAL CEMENT SLURRY USED 2343 cf).

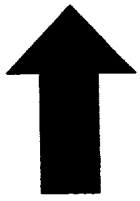
DV Tools @ 3478 & 5923'

31. PERFORATION RECORD (Con't from front)

Perforated Gallup w/ 3-1/8" gun and 1 JSPF: 6634,37,40,50,56,59,62,67,70,82,84,88,98; 6700,02,04,06,08,10,17,19,29,41,45; 6801,03,05, 6807,20,27,33,42,46,49 and 58.(Total of 35 0.34" holes). and Perforated Dakota w/ 3-1/8" gun: 7478,88,97; 7516,29,33,64,66,68,72,74; 7739-41 (3) and 7744-57 (14) (Total of 28 holes). TOTAL HOLES PERFORATED - 63.

38. GEOLOGIC MARKERS

NAME	TOP MEAS. DEPTH	TOP TRUE VERT. DEPTH
Ojo Alamo	2935'	
Kirtland	3043'	
Fruitland	3193'	
Pictured Cliffs	3330'	
Lewis	3444'	
Cliff House	4962'	
Menefee	5013'	
Point Lookout	5446'	
Mancos	5830'	
Gallup	6145'	
Greenhorn	7473'	
Graneros	7537'	
Dakota	7562'	



LTR

Job separation sheet

5 BLM
Form 3160-5
(November 1983)
(Formerly 9-331)

1 Clark 1 Hickman 1 File

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE* (Other instructions on reverse side)

Form approved.
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 [X] GAS WELL [X] OTHER

2. NAME OF OPERATOR: J. Felix Hickman

3. ADDRESS OF OPERATOR: P O Box 208, Farmington, NM 87499

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface: 1865' FNL - 550' FEL

RECEIVED
APR 17 1985
BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

5. LEASE DESIGNATION AND SERIAL NO.: NM 03011

6. IF INDIAN, ALLOTTEE OR TRIBE NAME:

7. UNIT AGREEMENT NAME:

8. FARM OR LEASE NAME: Clark

9. WELL NO.: 11

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

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA: Sec.5, T24N,R3W, NMPM

12. COUNTY OR PARISH: Rio Arriba

13. STATE: NM

14. PERMIT NO.:

15. ELEVATIONS (Show whether DF, RT, GR, etc.): 7063' GL

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

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
TEST WATER SHUT-OFF		PULL OR ALTER CASING		WATER SHUT-OFF		REPAIRING WELL	
FRACTURE TREAT		MULTIPLE COMPLETE		FRACTURE TREATMENT		ALTERING CASING	
SHOOT OR ACIDIZE		ABANDON*		SHOOTING OR ACIDIZING		ABANDONMENT*	
REPAIR WELL		CHANGE PLANS		(Other) P.B.T.D.			X
(Other)				(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.)*

P.B.T.D. of 7770'

APR 25 1985
OIL CON. DIV.
DIST. 3

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

SIGNED Jim L. Jacobs TITLE Geologist DATE 4-15-85

(This space for Federal or State office use)

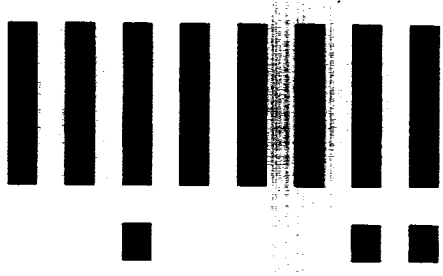
APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

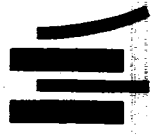
ACCEPTED FOR RECORD
APR 24 1985
FARMINGTON RESOURCE AREA
BY _____

*See Instructions on Reverse Side

NMOCC



LTR



Job separation sheet

5-NMOCD Aztec 1-Giant 1- J. Felix Hickman 1-File

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED
APR 25
OIL CON. DIV.

I.

Operator: J. Felix Hickman

Address: P.O. Box 208, Farmington, NM 87499

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

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

Other (Please explain): Effective 5/1/85

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 (State, Federal or Fee)	Lease No.
Clark	11	West Lindrith Gallup-Dakota	Federal	NM-03011

Location
Unit Letter H ; 1865 Feet From The North Line and 550 Feet From The East

Line of Section 5 Township 24N Range 3W , NMPM, Rio Arriba County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [XX] or Condensate [ ]: Giant Refining Company
Address (Give address to which approved copy of this form is to be sent): P.O. Box 256, Farmington, NM 87499

Name of Authorized Transporter of Casinghead Gas [XX] or Dry Gas [ ]: El Paso Natural Gas
Address (Give address to which approved copy of this form is to be sent): P.O. Box 4990, Farmington, NM 87499

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	H	5	24N	3W	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.

Jim L. Jacobs
(Signature)

Geologist
(Title)

4/23/85
(Date)

OIL CONSERVATION DIVISION

APPROVED APR 25 1985, 19____

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.