

STATE NEW MEXICO
COUNTY San Juan SEC. 19 T. 29N R. 16W
FIELD OR AREA _____ LOCATION 330' N, 2310' E
LEASE Navajo Indian Reservation WELL NO. 7
COMPANY Stanolind SPD. 3-2-24 COMPLETED 3-27-24
ELEV. 4999' Gr. 5000' DF T.D. 657' P.B. _____
CASING 8 1/4" @ 49' cmtd. 6-5/8" @ 645'

SHOT OR ACID _____

PERF. _____

I.P. 450 bbls. oil 45 min.

PRODUCING FORM _____

PRODUCTIVE DEPTH OR INTERVAL _____

REMARKS:

Producing 74 bbls. daily July 1933

REQUEST FOR (OIL) - (GAS) ALLOWABLE

New Well
Recompletion

This form shall be submitted by the operator before an initial allowable will be assigned to any completed Oil or Gas well. Form C-104 is to be submitted in QUADRUPLICATE to the same District Office to which Form C-101 was sent. The allowable will be assigned effective 7:00 A.M. on date of completion or recompletion, provided this form is filed during calendar month of completion or recompletion. The completion date shall be that date in the case of an oil well when new oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

Farmington, New Mexico January 21, 1958
(Place) (Date)

WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS: Pan American Petroleum Corporation USG Section 19 Well No. 7, in NW 1/4 NE 1/4,
(Company or Operator) (Lease)

B Sec. 19 T. 29N R. 16W NMPM. Hogback-Dakota Pool
Unit Letter

San Juan County. Date Spudded 3/2/24 Date Drilling Completed 3/27/24
Elevation 4992 Total Depth 657 PBDT ---

Please indicate location:

D	C	B	A
E	F	G	H
L	K	J	I
M	N	O	P

Top Oil/Gas Pay 647-657 Name of Prod. Form. Dakota

PRODUCING INTERVAL -

Perforations _____
Open Hole _____ Depth _____
Casing Shoe 645 Depth _____
Tubing 657

OIL WELL TEST -

Natural Prod. Test: 36 bbls. oil, 32 bbls water in 24 hrs, 0 min. Size _____
Test taken 9/5/57 against the back pressure of 148 PSIG.
Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of
load oil used): _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Size _____

GAS WELL TEST -

Natural Prod. Test: _____ MCF/Day; Hours flowed _____ Choke Size _____

Method of Testing (pitot, back pressure, etc.): _____

Test After Acid or Fracture Treatment: _____ MCF/Day; Hours flowed _____

Choke Size _____ Method of Testing: _____

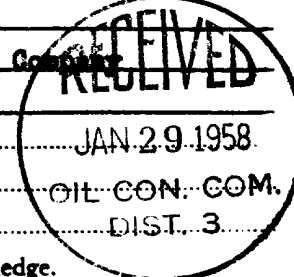
Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): _____

Casing _____ Tubing _____ Date first new
Press. _____ Press. _____ oil run to tanks

Oil Transporter Four States-Western Oil Refining Company

Gas Transporter none

Remarks: C-104 is being filed due to oil proration.



I hereby certify that the information given above is true and complete to the best of my knowledge.

Approved JAN 29 1958, 19____

Pan American Petroleum Corporation
(Company or Operator)

ORIGINAL SIGNED BY

By: L. O. Speer, Jr. (Signature)

Title Field Superintendent

Send Communications regarding well to:

Name Pan American Petroleum Corporation

Address Box 487, Farmington, New Mexico

OIL CONSERVATION COMMISSION

By: Original Signed Emery C. Arnold

Supervisor Dist. # 3

Title _____

Company or Operator Stanolind Oil and Gas Company Lease USG Sec. 19-29-16

Address Box F, Hobbs, New Mexico Box 591, Tulsa, Oklahoma
(Local or Field Office) (Principal Place of Business)

Unit B Wells No. 7 Sec. 19 T 29-N R 16-W Field Hogback County San Juan

Kind of Lease Federal Location of Tanks SE/4 NW/4 Sec. 19

Transporter Stanolind Oil and Gas Company Address of Transporter Box F, Hobbs, N.M.
(Local or Field Office)

Box 591, Tulsa, Oklahoma Percent of oil to be transported 100 Other transporters authorized to transport oil from this unit are None — %

REMARKS:

The undersigned certifies that the rules and regulations of the Oil Conservation Commission have been complied with except as noted above and that gathering agent is authorized to transport the percentages of oil produced from the above described property and that this authorization will be valid until further notice to the transporter named herein or until cancelled by the Oil Conservation Commission of New Mexico.

Stanolind Oil and Gas Company
(Company or Operator)
By Ralph L. Henneluckson
Title Field Superintendent

State of New Mexico }
County of Lea } ss.

Subscribed and sworn to before me, this the 4th day of August, 1960

Approved: 8-7-1950

OIL CONSERVATION COMMISSION

By Al Green

Oil and Gas Inspector Dist. #3.

(See Instructions on Reverse Side)

NEW MEXICO OIL CONSERVATION COMMISSION
SANTA FE, NEW MEXICO

Form C-110
Revised 7/1/55

(File the original and 4 copies with the appropriate district office)

CERTIFICATE OF COMPLIANCE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Company or Operator PAN AMERICAN PETROLEUM CORPORATION Lease U.S.G. SECTION 19

Well No. 7 Unit Letter B S 19 T 29N R 16W Pool Hogback-Dakota

County San Juan Kind of Lease (State, Fed. or Patented) Federal

If well produces oil or condensate, give location of tanks: Unit J S 19 T 29N R 16W

Authorized Transporter of Oil or Condensate Four States Western Oil Refining Company

Address Box 1877, Farmington, New Mexico

(Give address to which approved copy of this form is to be sent)

Authorized Transporter of Gas _____

Address _____
(Give address to which approved copy of this form is to be sent)

If Gas is not being sold, give reasons and also explain its present disposition:

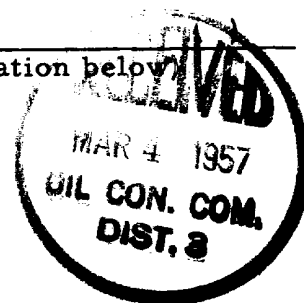
Reasons for Filing: (Please check proper box) New Well _____ ()

Change in Transporter of (Check One): Oil (X) Dry Gas () C'head () Condensate ()

Change in Ownership _____ () Other _____

Remarks:

(Give explanation below)



The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.

Executed this the 1st day of March 19 57

ORIGINAL SIGNED BY
D. J. SCOTT

By _____

Approved MAR 4 1957 19

Title Field Clerk

OIL CONSERVATION COMMISSION

Company PAN AMERICAN PETROLEUM CORPORATION

P. O. BOX 487

FARMINGTON, NEW MEXICO

Address _____

By Original Signed Emery C. Arnold

Title Oil and Gas Inspector DIST. #3.

NEW MEXICO OIL CONSERVATION COMMISSION
SANTA FE, NEW MEXICO

Form C-110
Revised 7/1/55

(File the original and 4 copies with the appropriate district office)

CERTIFICATE OF COMPLIANCE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Company or Operator Pan American Petroleum Corporation Lease U.S.G. Section 19

Well No. 7 Unit Letter B S19 T 29N R 16W Pool Hogback-Dakota

County San Juan Kind of Lease (State, Fed. or Patented) Federal

If well produces oil or condensate, give location of tanks: Unit J S 19 T 29N R 16W

Authorized Transporter of Oil or Condensate Oriental Refining Company

Address Box 390, Alamosa, Colorado
(Give address to which approved copy of this form is to be sent)

Authorized Transporter of Gas _____

Address _____
(Give address to which approved copy of this form is to be sent)

If Gas is not being sold, give reasons and also explain its present disposition:

Reasons for Filing: (Please check proper box) New Well _____ ()

Change in Transporter of (Check One): Oil (☒) Dry Gas () C'head () Condensate ()

Change in Ownership _____ () Other _____ ()

Remarks: _____ (Give explanation below)



The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.

Executed this the 19th day of March 19 58

ORIGINAL SIGNED BY

By D. J. SCOTT

Approved MAR 20 1958 19 58

Title Field Clerk

OIL CONSERVATION COMMISSION

Company Pan American Petroleum Corporation

By Original Signed Emery C. Arnold

Address Box 487, Farmington, New Mexico

Title Supervisor Dist. # 3

NEW MEXICO OIL CONSERVATION COMMISSION
SANTA FE, NEW MEXICO

Form C-110
Revised 7/1/55

(File the original and 4 copies with the appropriate district office)

CERTIFICATE OF COMPLIANCE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Company or Operator PAN AMERICAN PETROLEUM CORPORATION Lease U.S.O. Section 19

Well No. 7 Unit Letter B S 19 T 29-N R 16-W Pool Hogback-Dakota

County San Juan Kind of Lease (State, Fed. or Patented) Federal

If well produces oil or condensate, give location of tanks: Unit J S 19 T 29-N R 16-W

Authorized Transporter of Oil or Condensate Plataan, Inc.

Address P. O. Box 567, Bloomfield, New Mexico
(Give address to which approved copy of this form is to be sent)

Authorized Transporter of Gas _____

Address _____ Date Connected _____
(Give address to which approved copy of this form is to be sent)

If Gas is not being sold, give reasons and also explain its present disposition:

Reasons for Filing: (Please check proper box) New Well _____ ()

Change in Transporter of (Check One): Oil (☒) Dry Gas () C'head () Condensate ()

Change in Ownership _____ () Other _____ ()

Remarks: _____ (Give explanation below)

This is to report a temporary change in transporter from Four Corners Pipeline Company to Plataan, Inc. for a period of approximately 90 days.

The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.

Executed this the 16th day of July 19 60

ORIGINAL SIGNED BY
G. L. Hamilton

By _____

Approved JUL 20 1960 19 _____

Title Area Clerk

OIL CONSERVATION COMMISSION

Company Pan American Petroleum Corporation

By Original Signed Emery C. Arnold

Address P. O. Box 400

Title Supervisor Dist. # 3

Farmington, New Mexico



NEW MEXICO OIL CONSERVATION COMMISSION
SANTA FE, NEW MEXICO

Form C-110
Revised 7/1/55

(File the original and 4 copies with the appropriate district office)

CERTIFICATE OF COMPLIANCE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Company or Operator Pan American Petroleum Corporation Lease U.S.G Section 19

Well No. 7 Unit Letter B S 19 T 29N R 16W Pool Hogback-Dakota

County San Juan Kind of Lease (State, Fed. or Patented) Federal

If well produces oil or condensate, give location of tanks: Unit J S 19 T 29N R 16W

Authorized Transporter of Oil or Condensate Four Corners Pipeline Company

Address Box 1200, Farmington, New Mexico

(Give address to which approved copy of this form is to be sent)

Authorized Transporter of Gas _____

Address _____ Date Connected _____

(Give address to which approved copy of this form is to be sent)

If Gas is not being sold, give reasons and also explain its present disposition:

Reasons for Filing: (Please check proper box) New Well _____ ()

Change in Transporter of (Check One): Oil (☒) Dry Gas () C'head () Condensate ()

Change in Ownership _____ () Other _____ ()

Remarks: _____ (Give explanation below)

This is to report change in transporter from Plateau, Inc. to Four Corners Pipeline Company effective November 1, 1960.

The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.

Executed this the 19th day of October 19 60

ORIGINAL SIGNED BY
G. L. Hamilton

Approved OCT 20 1960 19 _____

Title Area Clerk

OIL CONSERVATION COMMISSION

Company Pan American Petroleum Corporation

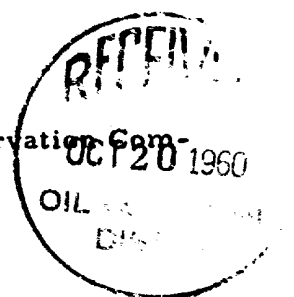
By Original Signed Emery C. Arnold

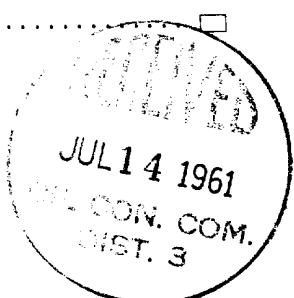
Address Box 480


Title Supervisor Dist. # 3

Farmington, New Mexico

Attn: L. O. Speer, Jr.



NUMBER OF COPIES RECEIVED DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE TRANSPORTATION OIL GAS PRODUCTION OFFICE OPERATOR		NEW MEXICO OIL CONSERVATION COMMISSION SANTA FE, NEW MEXICO CERTIFICATE OF COMPLIANCE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS		FORM C-110 (Rev. 7-60)	
FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE					
Company or Operator Pan American Petroleum Corporation			Lease USG Section 19		Well No. 7
Unit Letter B	Section 19	Township T-29-N	Range R-16-W	County San Juan	
Pool Hogback-Dakota			Kind of Lease (State, Fed, Fee) Federal		
If well produces oil or condensate give location of tanks		Unit Letter J	Section 19	Township T-29-N	Range R-16-W
Authorized transporter of oil <input checked="" type="checkbox"/> or condensate <input type="checkbox"/> Platam, Inc.			Address (give address to which approved copy of this form is to be sent) Box 567, Bloomfield, New Mexico		
Is Gas Actually Connected? Yes _____ No _____					
Authorized transporter of casing head gas <input type="checkbox"/> or dry gas <input type="checkbox"/>		Date Connected	Address (give address to which approved copy of this form is to be sent)		
If gas is not being sold, give reasons and also explain its present disposition:					
REASON(S) FOR FILING (please check proper box)					
New Well <input type="checkbox"/>		Change in Ownership <input type="checkbox"/>			
Change in Transporter (check one)		Other (explain below)			
Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>					
Casing head gas . <input type="checkbox"/> Condensate.. <input type="checkbox"/>					
					
Remarks This is to report a temporary change in transporter from Four Corners Pipeline Company to Platam, Inc. for the period 7:00 A.M. July 16, 1961 to 7:00 A.M. October 1, 1961.					
The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.					
Executed this the <u>14th</u> day of <u>July</u> , 19 <u>61</u> .					
OIL CONSERVATION COMMISSION			By ORIGINAL SIGNED BY A. R. TURNER		
Approved by Original Signed Emery C. Arnold			Title Administrative Clerk		
Title Supervisor Dist. # 3			Company Pan American Petroleum Corporation		
Date JUL 14 1961			Address Box 480, Farmington, New Mexico Attn: L. O. Speer, Jr.		

NUMBER OF COPIES RECEIVED DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE TRANSPORTER OIL GAS PRORATION OFFICE OPERATOR		NEW MEXICO OIL CONSERVATION COMMISSION SANTA FE, NEW MEXICO CERTIFICATE OF COMPLIANCE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS		FORM C-110 (Rev. 7-60)
FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE				
Company or Operator Pan American Petroleum Corporation			Lease USC Section 19	Well No. 7
Unit Letter B	Section 19	Township T-29-N	Range R-16-W	County San Juan
Pool Hogback-Dakota			Kind of Lease (State, Fed, Fee) Federal	
If well produces oil or condensate give location of tanks		Unit Letter J	Section 19	Township T-29-N
			Range R-16-W	
Authorized transporter of oil <input checked="" type="checkbox"/> or condensate <input type="checkbox"/> Four Corners Pipeline Company			Address (give address to which approved copy of this form is to be sent) Box 1200, Farmington, New Mexico	
Is Gas Actually Connected? Yes _____ No _____				
Authorized transporter of casing head gas <input type="checkbox"/> or dry gas <input type="checkbox"/>		Date Connected	Address (give address to which approved copy of this form is to be sent)	
If gas is not being sold, give reasons and also explain its present disposition: <div style="text-align: right; padding-right: 50px;"> Eff. 2-1-71, Pan American Petro. Corp. has changed its name to AMOCO PROD. CO. </div>				
REASON(S) FOR FILING (please check proper box)				
New Well <input type="checkbox"/> Change in Ownership <input type="checkbox"/> Change in Transporter (check one) Other (explain below) Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/> Casing head gas . <input type="checkbox"/> Condensate.. <input type="checkbox"/>				
				
Remarks This is to report change in transporter from Plateau, Inc. to Four Corners Pipeline Company effective October 16, 1961.				
The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.				
Executed this the <u>16th</u> day of <u>September</u> , 19 <u>61</u> .				
OIL CONSERVATION COMMISSION			By	
Approved by			ORIGINAL SIGNED BY L. R. TURNER	
(Original Signed Emery C. Arnold)			Title Administrative Clerk	
Title Supervisor Dist. # 3			Company Pan American Petroleum Corporation	
Date SEP 19 1961			Address Box 480, Farmington, New Mexico Attn: L. O. Seeger, Jr.	

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

SUNDRY NOTICES AND REPORTS ON WELLS

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

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. I-89-IND-58	
2. NAME OF OPERATOR AMOCO PRODUCTION COMPANY		6. IF INDIAN, ALLOTTEE OR TRIBE NAME Navajo Tribal	
3. ADDRESS OF OPERATOR 501 Airport Drive, Farmington, New Mexico 87401		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 330' FNL & 2310' FNL, Section 19, T-29N, R-16W		8. FARM OR LEASE NAME USG Section 19	
14. PERMIT NO.		9. WELL NO. 7	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) Elev 4992' GL		10. FIELD AND POOL, OR WILDCAT Hogback Dakota	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA NE/4 Section 19, T-29-N, R-16-W	
		12. COUNTY OR PARISH San Juan	13. STATE New Mexico

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <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:

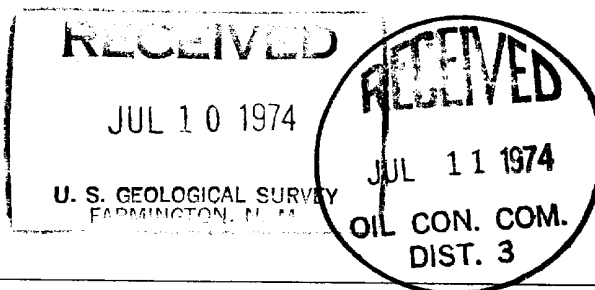
WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input checked="" type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input type="checkbox"/>	

(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.)*

On June 17, 1974, removed old wellhead, pulled 2" tubing and packer. Ran 2-3/8" tubing and 7" packer with packer set at 460'. Welded on new 7" collar for new wellhead and hooked up blowout preventer. Packer set at 636'. Pressured backside with 950 psi and pressure dropped to 250 psi. Pumped in 1-1/4 BPM at 300 psi. Released packer and cleaned out hole 645-652'. Spotted frac sand 652-644' and reversed out surplus sand. Set 4-1/2" casing at 644' on June 18, 1974 with 100 sacks Class "A" cement with 4% Gel and cement circulated. Cleaned out well to 657'. Ran 2-3/8" tubing to 640', put well on pump and returned well to sales line.

Production before repair 0 BO and 0 BW. Production after repair 3 BOPD and 120 BWPD.



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

SIGNED

B. L. Hamilton

TITLE

Area Adm. Supvr.

DATE

July 8, 1974

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-1.
Effective 1-1-65

I. Operator
AMOCO PRODUCTION COMPANY
Address
501 Airport Drive Farmington, New Mexico 87401
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☒ Dry Gas ☐
Change in Ownership ☐ 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 U.S.G. Section 19	Well No. 7	Pool Name, Including Formation Hogback Dakota	Kind of Lease Indian	Lease No. I-89-IND-58
Location Unit Letter B ; 330 Feet From The North Line and 2310 Feet From The East Line of Section 19 Township 29N Range 16W , NMPM, San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Plateau, Inc.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 108 Farmington, NM 87401			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)			
If well produces oil or liquids, give location of tanks.	Unit B	Sec. 19	Twp. 29N	Rge. 16W
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 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 Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Original Signed By
E. E. SVOBODA

(Signature)

Area Administrative Supervisor

(Title)

7/6/78

(Date)

OIL CONSERVATION COMMISSION

APPROVED JUL 7 1978, 19

BY Original Signed By FRANK J. HAYZ

TITLE DEPUTY OIL & GAS INSPECTOR, DIST. #3

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

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

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

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

Supersedes Form C-104 must be filed for each well in multiple

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

Amoco Production Company

3. ADDRESS OF OPERATOR

501 Airport Drive, Farmington, N.M. 87401

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: 330' FNL x 2310' FEL

AT TOP PROD. INTERVAL: same

AT TOTAL DEPTH: same

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

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

CHANGE ZONES ☐

ABANDON* ☐

(other) ☐

SUBSEQUENT REPORT OF:

☐

☒

☐

☐

☐

☐

☐

☐

☐

RECEIVED

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

OCT 20 1983

BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

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 9-21-83. Tripped in with 2 3/8" tubing and packer. Landed tubing at 600'. Reversed circulation of oil out of the annulus so that any oil accumulated in the well bore could be salvaged. Fraced open hole interval (647'-657') with 8250 gallons of 20# gelled water containing 2% KCl with 1 gallon surfactant per 1000 gallons gelled water and 5000# of 20-40 sand. Landed tubing at 500'. Returned well to production. Released service unit 9-22-83.

Subsurface Safety Valve: Manu. and Type _____

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

SIGNED _____

TITLE Dist. Adm. Supervisor DATE 10-18-83

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____ DATE _____

NMOCC

*See Instructions on Reverse Side

OIL CON. DIV.
DIST. 3

Set @ _____ Ft.

ACCEPTED FOR RECORD

OCT 20 1983

FARMINGTON RESOURCE AREA

BY _____

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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator

Amoco Production Company

Address

501 Airport Drive, Farmington, N.M. 87401

Reason(s) for filing (Check proper box)

New Well ☐

Change in Transporter of:

Recompletion ☐Oil ☒Dry Gas ☐Change in Ownership ☐Casinghead Gas ☐Condensate ☐

Other (Please explain)

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.
U.S.G. Section 19	7	Hogback Dakota	State, Federal or Fee Indian	I-89-IND-58
Location				
Unit Letter	B	: 330 Feet From The North	Line and 2310 Feet From The East	
Line of Section	19	Township	29N	Range
			16W	NMPM, San Juan County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Giant Refinery	P.O. Box 256, Farmington, N.M. 87499					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	J	19	29N	16W		

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

COMPLETION DATA

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

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE
OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or greater than allowable for this depth or be for full 24 hours)

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

GAS WELL

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

Original Signed By

(Signature)

District Administrative Supervisor

(Title)

October 20, 1983

OIL CONSERVATION DIVISION

OCT 24 1983

APPROVED

Original Signed by FRANK T. CHAVEZ

BY

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 derived
tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for all
able on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of ow
well name or number, or transporter or other such change of condition.

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on reverse 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 a well. Use "APPLICATION FOR PERMIT—" for such proposals.)

DEC 16 1985

BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

Amoco Production Co.

3. ADDRESS OF OPERATOR

501 Airport Drive, Farmington, N M 87401

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

330' FNL X 2310' FEL

14. PERMIT NO.

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

4992' GL

5. LEASE DESIGNATION AND SERIAL NO.
I-89-IND-58

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Navajo

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

USG Section 19

9. WELL NO.

7

10. FIELD AND POOL, OR WILDCAT

Hogback Dakota

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

NW/NE Sec 19, T29N, R16W

12. COUNTY OR PARISH

San Juan

13. STATE

New Mexico

16.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

PLUG OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

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

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

Revised in and rigged up service unit on 11-26-85. Total depth of the well is 657'. Tripped out 16 joints of 2 3/8" tubing. Squeezed interval 0'-657' with 77 cu. ft. Class B Portland cement. Cut off wellhead and weld on dryhole marker. The subject well is now permanently abandoned. Released the rig on 11-26-85.

Approved as to description of work and bore.
Lithology and depth of hole (LWD)
Surface representation of well bore

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

SIGNED

B. Shaw

TITLE Adm. Supervisor

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

NMOCG

Title 18 U.S.C. Section 1001, makes it a crime for any person to knowingly and willfully to make to any Government official

RECEIVED
DEC 19 1985
OIL CON. DIV.
DIST. 3

APPROVED
DATE 12-6-85
DEC 17 1985
John R. Kelly
FOR

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

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I-89-IND-58

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NW/NE Sec 19, T29N, R16W

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13. STATE

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DEC 16 1985

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See also space 17 below.)
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4992' GL

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NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETION

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

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

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Amoco Production Co. intends to permanently abandon the subject well.
Verbal approval was received from Jim LeVate on 9-30-85.

RECEIVED
DEC 19 1985
OIL CON. DIV.
DIST. 3

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

SIGNED

B. Shaw

TITLE Adm. Supervisor

DATE 12-6-85

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

DATE

John Kellum

*See Instructions on Reverse Side

NMOCC