STATE OF NEW MEXICO

Dill CONSERVATION DIVISION   Format 6001-83     Extransmittee   Format 6001-83     Autthorization or for extransmittee   Format 6001-83     P.O. Box 90 - Farmington, New Mexico   87499     Reception   Other (Please explain)     Change in Orenership   Costingheed Gas     Condense in Orenership   Costingheed Gas     It bear Mome   Amoco Production Co 501 Airport Dr Farmington, NM 87499     It bear Mome   Weil No. Pool Name, including Formation     It	ENERGY AND MINERALS DEPART	MENT					Form C-104
Interaction   Pice 1     Pice 1   Pice 1							Revised 10-01-78 Format 06-01-83
Operator   OVST. 3     Northwest Pipeline Corporation     Address     P.O. Box 90 - Farmington, New Mexico   87499     Restance in funnes in Transporter of:   Other (Picase explain)     Change of Operator   Change of Operator     Change of ownership   Costinghend Gos   Condensate     If change of ownership give name   Amoco Production Co 501 Airport Dr Farmington, NM 87499     II. DESCRIPTION OF WELL AND LEASE   Its of section   SKXK Federal & Kind of Lease     Lease Name   Metil No. Pool Name, Including Formation   Kind of Lease     Rosa Unit   115   Undesignated Gallup   SKXK Federal & Kind     Unit Letter   H   :   1510   Feet From The North Line and 1050   Feet From The East     Line of Section   22   Township   31N   Remove   6W   NMPM. Rio Arriba     Marrie of Authorized Transporter of Cost of Dry Gos   Address (Give address to which approved copy of this form is to be     Northwest Pipeline Corporation   P.O. Box 90 - Farmington, NM 87499     It well produces of of unapporter of Casinghead Gas (X) or Dry Gos (D)   Address to which approved copy of this form is to be     Northwest Pipeline Corporation   P.O. Box 90 - Farmington,		OIL	Deces 4				
Operator   OIST. 3     Address   P.O. Box 90 - Farmington, New Mexico   87499     Restantal for filing (Check proper bos)   Other (Picase explain)   Change of Operator     Image of ownership   Other (Picase explain)   Change of Operator     Image of ownership   Other (Picase explain)   Change of Operator     Image of ownership   Costingbood Gos   Condensate     If change of ownership   Amoco Production Co 501 Airport Dr Farmington, NM 87499     III. DESCRIPTION OF WELL AND LEASE   Image of previous owner   Meil No. Pool Name, including Formation     Rosa Unit   115   Undesignated Gallup   SWXK Federal/SKR#     Unit Letter   H   :   1510   Feet From The North Line and 1050   Feet From The East     Line of Section   22   Township   SIN   Remove   Address to which approved copy of this form is to be     Name of Authorized Transporter of Costinghead Gos (D) or Dry Gos (D)   Address to which approved copy of this form is to be     Northwest Pipeline Corporation   P.O. Box 90 - Farmington, NM 87499     It well produces of transporter of Castinghead Gos (D) or Dry Gos (D)   Address to which approved copy of this form is to be     Northwest Pipeline Corporation   P.O. Box 90	FILE	P. O. BOX:2088					
Operator   OIST. 3     Address   P.O. Box 90 - Farmington, New Mexico   87499     Restantal for filing (Check proper bos)   Other (Picase explain)   Change of Operator     Image of ownership   Other (Picase explain)   Change of Operator     Image of ownership   Other (Picase explain)   Change of Operator     Image of ownership   Costingbood Gos   Condensate     If change of ownership   Amoco Production Co 501 Airport Dr Farmington, NM 87499     III. DESCRIPTION OF WELL AND LEASE   Image of previous owner   Meil No. Pool Name, including Formation     Rosa Unit   115   Undesignated Gallup   SWXK Federal/SKR#     Unit Letter   H   :   1510   Feet From The North Line and 1050   Feet From The East     Line of Section   22   Township   SIN   Remove   Address to which approved copy of this form is to be     Name of Authorized Transporter of Costinghead Gos (D) or Dry Gos (D)   Address to which approved copy of this form is to be     Northwest Pipeline Corporation   P.O. Box 90 - Farmington, NM 87499     It well produces of transporter of Castinghead Gos (D) or Dry Gos (D)   Address to which approved copy of this form is to be     Northwest Pipeline Corporation   P.O. Box 90	V.8.a.s.	SAN	NTA FE, NE	W MEXIC	0 87501	IN G B	Ban.
Operator   DIST. 3     Morthwest Pipeline Corporation     Address     P.O. Box 90 - Farmington, New Mexico   87499     Research in the proper bost   Other (Please explain)     Change of Operator   Change in Transporter of:     Drage of ownership   Other (Please explain)     Change of ownership give name   Costingheed Gos     If change of ownership give name   Amoco Production Co 501 Airport Dr Farmington, NM 87499     II. DESCRIPTION OF WELL AND LEASE   Its one of previous owner     Lever Name   Meti No. Pool Name, including Formation     Rosa Unit   115     Unit Letter   H     Location   SIN     Mame of Authorized Transporter of Cit and Name   North Line and 1050     Name of Authorized Transporter of Cit or Condensate   Address (Give address to which approved copy of this form is to be     Name of Authorized Transporter of Casingheed Gos (X) or Dry Gos (C)   Address to which approved copy of this form is to be     Name of Authorized Transporter of Casingheed Gos (X) or Dry Gos (C)   Address to which approved copy of this form is to be     Name of Authorized Transporter of Casingheed Gos (X) or Dry Gos (C)   Address to which approved copy of this form is to be     Name of Authorized Transporter of C		·				all a	
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Operator   DIST. 3     Morthwest Pipeline Corporation     Address     P.O. Box 90 - Farmington, New Mexico   87499     Research in the proper bost   Other (Please explain)     Change of Operator   Change in Transporter of:     Drage of ownership   Other (Please explain)     Change of ownership give name   Costingheed Gos     If change of ownership give name   Amoco Production Co 501 Airport Dr Farmington, NM 87499     II. DESCRIPTION OF WELL AND LEASE   Its one of previous owner     Lever Name   Meti No. Pool Name, including Formation     Rosa Unit   115     Unit Letter   H     Location   SIN     Mame of Authorized Transporter of Cit and Name   North Line and 1050     Name of Authorized Transporter of Cit or Condensate   Address (Give address to which approved copy of this form is to be     Name of Authorized Transporter of Casingheed Gos (X) or Dry Gos (C)   Address to which approved copy of this form is to be     Name of Authorized Transporter of Casingheed Gos (X) or Dry Gos (C)   Address to which approved copy of this form is to be     Name of Authorized Transporter of Casingheed Gos (X) or Dry Gos (C)   Address to which approved copy of this form is to be     Name of Authorized Transporter of C				AND		Oli -	9 1985 <b>U</b>
Operator   DIST. 3     Morthwest Pipeline Corporation     Address     P.O. Box 90 - Farmington, New Mexico   87499     Research in the proper bost   Other (Please explain)     Change of Operator   Change in Transporter of:     Drage of ownership   Other (Please explain)     Change of ownership give name   Costingheed Gos     If change of ownership give name   Amoco Production Co 501 Airport Dr Farmington, NM 87499     II. DESCRIPTION OF WELL AND LEASE   Its one of previous owner     Lever Name   Meti No. Pool Name, including Formation     Rosa Unit   115     Unit Letter   H     Location   SIN     Mame of Authorized Transporter of Cit and Name   North Line and 1050     Name of Authorized Transporter of Cit or Condensate   Address (Give address to which approved copy of this form is to be     Name of Authorized Transporter of Casingheed Gos (X) or Dry Gos (C)   Address to which approved copy of this form is to be     Name of Authorized Transporter of Casingheed Gos (X) or Dry Gos (C)   Address to which approved copy of this form is to be     Name of Authorized Transporter of Casingheed Gos (X) or Dry Gos (C)   Address to which approved copy of this form is to be     Name of Authorized Transporter of C		AUTHORIZAT	ION TO TRAN	SPORT OIL	AND NATU	IRAL GAS' COA	1
Northwest Pipeline Corporation     Address     P.O. Box 90 - Farmington, New Mexico   87499     Ressen(1) for filling (Check proper box)   Other (Please explain)     Change in Transporter of:   Change in Transporter of:     Recompletion   Out   Dry Gas     Change of Operator   Change of Operator     Change of ownership   Castinghead Gas   Condensate     If change of ownership give name   Amoco   Production Co 501 Airport Dr Farmington, NM 87499     If change of previous owner   Amoco   Production Co 501 Airport Dr Farmington, NM 87499     If change of previous owner   Mecio Production Co 501 Airport Dr Farmington, NM 87499     II. DESCRIPTION OF WELL AND LEASE   Lease Name   Kind of Lease     Lease Name   Well No. Pool Name, including Formation   Xind of Lease     Rosa Unit   115   Undessignated Gallup   SixXX FederalXXR#     Unit Letter   H   :   1510   Feet From The Morth Line and 1050   Feet From The East     Location   22   Township   31N   Ramee   NMPM, Rio Arriba     Mare of Authorised Transporter of Oil   or Condensete   Address (Give address to which approved copy of this form	Operator				·····		- D/1/
P.O. Box 90 - Farmington, New Mexico   87499     Retion(a) for tiling (Check proper box)   Other (Please explain)     Prove Vell   Change in Transporter of:   Other (Please explain)     Prove Vell   Change in Transporter of:   Change of Operator     Prove Vell   Condensate   Change of Operator     Change of ownership   Casinghead Gas   Condensate     If change of ownership give name   Amoco Production Co 501 Airport Dr Farmington, NM 87499     II. DESCRIPTION OF WELL AND LEASE   Well No. Pool Name, including Formation   Kind of Lease     Rosa Unit   115   Undessignated Gallup   SKXK FederalXKRVE     Unit Letter   H   :   1510   Feet From The   North     Unit Letter   H   :   1510   Feet From The   East     II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS   Name of Authorized Transporter of Casinghead Gae Cor Or Dry Gas   Address (Give address to which approved copy of this form is to be     Name of Authorized Transporter of Casinghead Gae Cor Or Dry Gas   Address to which approved copy of this form is to be     Name of Authorized Transporter of Casinghead Gae Cor Or Dry Gas   Address to which approved copy of this form is to be     Nor thwest Pipeline Corporation   <	Northwest Pipelin	e Corporation	•				3
Resign(s) for filing (Check proper bos)   Other (Please explain)     New Well   Change in Transporter of:   Change of Operator     Recompisition   Other (Please explain)   Change of Operator     Change in Overership   Other (Please explain)   Change of Operator     If change of overership give name   Other (Please explain)   Change of Operator     If change of overership give name   Amoco Production Co 501 Airport Dr Farmington, NM 87499     II. DESCRIPTION OF WELL AND LEASE   Vell No. Pool Name, including Formation   Kind of Lease     Rosa Unit   115   Undesignated Gallup   SXXX Federal XKR*   SF     Location   Unit Letter   H   : 1510   Feet From The   North   Une and   1050   Feet From The   EaSt     Line at Section   22   Township   31N   Rame of Well Address to which approved copy of this form is to be     Name of Authorized Transporter of Casinghead Gae   or Orby Gas   Address (Give address to which approved copy of this form is to be     Name of Authorized Transporter of Casinghead Gae   or Orby Gas   Address (Give address to which approved copy of this form is to be     Name of Authorized Transporter of Casinghead Gae   or Orby Gas   Address to which approved copy of		mington Now Mo	vice 97/1	00		······	
Wew Well   Change in Transporter of:   Change of Operator     Precompletion   Oil   Dry Gas   Change of Operator     Change in Ownership   Casingheod Gas   Condensate   Change of Operator     If change of ownership give name   Amoco Production Co 501 Airport Dr Farmington, NM 87499     If change of ownership give name   Amoco Production Co 501 Airport Dr Farmington, NM 87499     In DESCRIPTION OF WELL AND LEASE   Well No. Pool Name, Including Formation     Rosa Unit   115   Undesignated Gallup     Stack Federal%KR%   SF     Location   Unit Letter   H     Unit Letter   H   : 1510     Township   31N   Farnee     Mame of Authorized Transporter of Calinghead Gae   Or Dry Gas     Name of Authorized Transporter of Casinghead Gae   or Dry Gas     Northwest Pipeline Corporation   P.O. Box 90 - Farmington, NM 87499     If well produces of or inguide,   Unit     Unit   Sec.   Twp. Rge.     Is gas actually connected?   When     No   No			<u>(ICU_074</u> )	<u> </u>	Other (Plane		
Accompletion   Oil   Dry Gas     Change in Ownership   Casinghead Gas   Condensate     I change of ownership give name   Amoco   Production Co 501 Airport Dr Farmington, NM   87499     In DESCRIPTION OF WELL AND LEASE   Lease Name   Well No.   Pool Name, including Formation   Kind of Lease   I     Lease Name   Well No.   Pool Name, including Formation   Kind of Lease   SF     Lease Name   Well No.   Pool Name, including Formation   Kind of Lease   SF     Lease Name   Well No.   Pool Name, including Formation   Kind of Lease   SF     Lease Name   Well No.   Pool Name, including Formation   Kind of Lease   SF     Lease Name   Well No.   Pool Name, including Formation   Kind of Lease   SF     Lease Name   Well No.   Pool Name, including Formation   Kind of Lease   SF     Lease Name   115   Undestignated Gallup   SKXK Federal XKR#   SF     Lease Name   Station   Station   Address for NMPM, Rio Arriba   SF     Last of Section   22   Township   31N   Farmage 6W   NMPM, Rio Arriba     Name of Authorized Transporter of Oiii   or Condensate   <			sporter of			-	
Change in Ownership   Casinghead Gas   Condensate     I change of ownership give name and address of previous owner   Amoco Production Co 501 Airport Dr Farmington, NM 87499     II. DESCRIPTION OF WELL AND LEASE   III. Description of Well AND LEASE     Lease Nome   Well No. Pool Name, Including Formation     Rosa Unit   115     Unit   115     Undesignated Gallup   SXXX Federal XKR*     SF     Location     Unit Letter   H     I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS     Name of Authorized Transporter of Oil Casinghead Gae Cor Dry Gas     NorthWest Pipeline Corporation     P.O. Box 90   Farmington, NM 87499     If well produces all or liquide, give location of tanks.				David	Chang	je of Uperator	
I change of ownership give name   Amoco Production Co 501 Airport Dr Farmington, NM   87499     II. DESCRIPTION OF WELL AND LEASE   III. Description of Well And Lease   Kind of Lease   L     Rosa Unit   115   Undesignated Gallup   SkX4K FederalXKR#   SF     Location   Unit Letter   H   :							
and address of previous owner   AMOCO Production to Sul Airport Dr Farmington, NM   8/499     II. DESCRIPTION OF WELL AND LEASE   Vell No. Pool Name, including Formation   Kind of Lease   L     Rosa Unit   115   Undesignated Gallup   SXXX/ Federal XXX// Federal X	Change in Ownership	Casinghead		Condensate			_
Location   Unit Letter   H   :			Name, Including	Formation		Kind of Lease	Lease N
Location     Unit Letter   H   :	Rosa Unit	115 1	Indesignate	ed Gallur	h	SX4X Federal XX R 🚧	SF07876
Line of Section   22   Township   31N   Range   6W   , NMPM,   Rio Arriba     III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS     Name of Authorized Transporter of Oil   or Condensale   Address (Give address to which approved copy of this form is to be     Name of Authorized Transporter of Casinghead Gas   or Dry Gas   Address (Give address to which approved copy of this form is to be     Northwest Pipeline Corporation   P.O. Box 90 - Farmington, NM 87499     If well produces all or liquids,   Unit   Sec.   Twp.   Rge.   Is gas actually connected?   When     No   I   No   I   No   I   I			Sindle Sindle				
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS     Name of Authorized Transporter of OIL     Name of Authorized Transporter of OIL     Or Condensale     Address (Give address to which approved copy of this form is to be     Name of Authorized Transporter of Casinghead Gas     Northwest Pipeline Corporation     P.O. Box 90 - Farmington, NM     87499     If well produces all or liquids,     Unit     Sec.     Twp.     Rge.     No	Unit LetterH;	1510 Feet From The	<u>North</u>	ine and	050	Feet From TheEas	st
Name of Authorized Transporter of OII   or Condensale   Address (Give address to which approved copy of this form is to be     Name of Authorized Transporter of Casinghead Gas (X)   or Dry Gas   Address (Give address to which approved copy of this form is to be     Northwest Pipeline Corporation   P.O. Box 90 - Farmington, NM 87499     If well produces oil or liquids, give location of tanks.   Unit   Sec.   Twp.   Rge.   Is gas actually connected?   When	Line of Section 22	Township 3]N	Range	<u>6W</u>	, NMPM	Rio_Arriba	Coun
Name of Authorized Transporter of OII   or Condensale   Address (Give address to which approved copy of this form is to be     Name of Authorized Transporter of Casinghead Gas (X)   or Dry Gas   Address (Give address to which approved copy of this form is to be     Northwest Pipeline Corporation   P.O. Box 90 - Farmington, NM 87499     If well produces oil or liquids, give location of tanks.   Unit   Sec.   Twp.   Rge.   Is gas actually connected?   When	III. DESIGNATION OF TRA	NSPORTER OF OIL A	ND NATURA	AL GAS			
Northwest Pipeline Corporation P.O. Box 90 - Farmington, NM 87499   If well produces all or liquide, give location of tanks. Unit Sec. Twp. Rge. Is gas actually connected? When					Give address :	to which approved copy of	this form is to be sent;
If well produces all or liquids, Unit Sec. Twp. Rge. Is gas actually connected? When give location of tanks. NO	Name of Authorized Transporter of	Casinghead Gas 💢 of	r Dry Gas	Address (	Give address i	to which approved copy of	this form is to be sent;
If well produces oil or liquids, Unit Sec. Twp. Rge. 1s gas actually connected? When give location of tanks. NO	Northwest Pipelin	e Corporation		P.0.	Box 90 -	· Farmington, NM	87499
		Unit Sec.	Twp. Rge.	ls gas act			· · · ·
If this production is commingled with that from any other lease or pool, give commingling order number:	If this production is commingled	with that from any othe	er lease or pool		ingling order	r number:	
NOTE: Complete Parts IV and V on reverse side if necessary.							

VI. CERTIFICATE OF COMPLIANCE

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

(Signature)

Production & Drilling Clerk (Tule)

9-11-85

(Dase)

OIL CONSERVATION DIVISION					
APPROVED	JAN - 8 1986,				
BY	Original Signed by FRANK K. 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 deeper well, this form must be accompanied by a tabulation of the deviat tests taken on the well in accordance with AULE 111.

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

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

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

## IV. COMPLETION DATA

Designate Type of Completio	on - (X)	Oli Well	Gas Well X	New Well X	Workover	Deepen	Plug Back	Same Restv.	DILL R
Date Spudded 7-7-84	10-	pl. Ready to P )-26-84		Total Deptr 810			P.B.T.D. 8060'	 	<u> </u>
Elevations (DF, RKB, RT, GR, etc.) 6266 <sup>1</sup> KB Perforations	1	ignated	Top Oll/Gas Pay ted Gallup 6748'			Tubing Depth			
6748'-7176'							Depth Castr Packer	r set at	72401
		TUBING,	CASING, AND	DCEMENTI	NG RECOR	<u> </u>	idenci	<u> </u>	1240
HOLE SIZE 17-1/2" 7-7/8"	13-	-3/8"	NG SIZE		<u>рертн se</u> 374' 8109'	the second s		ACKS CEMEN 413 CU.	ft.
	<u> </u>							3640 cu.1	<u>+t.</u>

· -

# 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 of OIL WELL 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.)				
Langth of Test	Tubing Pressure	Casing Pressure	Chote Size			
Actual Prod. During Test	Oll-Bbls.	Water-Bbie.	Gas-MCF			

#### GAS WELL

Actual Prod. Test-MCF/D	Longth of Test		
		Bbis. Condensate/MMCF	Gravity of Condensate
AOF=3523 Q=3060 MCF/D	3 hrs.		
Testing Method (puot, back pr.)	Tubing Pressure (Shut-im)	Castas David States ( - )	
Back Pressure	2510	Casing Pressure (Shut-im)	Choke Size
Duck Tressure	2510	2510	2"X 750"

#### STATE OF NEW MEXICO NERGY AND MINERALS DEPARTMENT

ENERGY AND MINERALS DEPA	RTMENT				Form C-104
					Revised 10-01-78
DISTRIBUTION BANTA FE	01	L CONSERV.	ATION DIVISI	ON	Format 06-01-83 Page 1
FILE		P. O. 80	DX:2088		
U.S.G.A.	S	SANTA FE. NE	W MEXICO 8750	1	
LAND OFFICE	_	·····		•	
TAANSPORTER OIL			R ALLOWABLE	DECEIV	En
OPERATOR		· ·	10		
PROBATION OFFICE	- AUTHORIZ		RODT OUL AND MAT	URAL GAS SEP 1 9 1985	ש
[			I ORT OIL AND NAT	SEP 1 9 1985	
Operator		······································			
Northwest Pipel	ine Corporation	•		OIL CON. D	IV.
Address					
	armington, New I	Mexico 8749	9	DIST. 3	
Reeson(s) for tiling (Check pro	per bozj		Other (Plea	se expiainj	
X New Well	Change in T	ransporter of:	Char	ige of Operator	
Recompletion			ry Gas	ge et operater	
Change in Ownership	Casinat	head Gas	ondensate		
I. DESCRIPTION OF WEI Lease Name Rosa Unit		ooi Name, Including F Basin Dakota	ormation	Kind of Lease	SF07876
Location		Dasin Dakota			5F07070
Unit Letter H ;	1510 Feet From	The North Lir	• and1050	Feet From TheEa	st
Line of Section 22	Township 311	N Flange	6W . NMP	м. Rio Arriba	Count
II. DESIGNATION OF T	ANSPORTER OF OT	I AND NATTRAI	GAS		
Name of Authorized Transporte			Address (Give address	to which approved copy of t	his form is to be sentj
Name of Authorized Transporte	r of Casinghead Gas	or Dry Gas	Address (Give address	to which approved copy of th	his form is to be send
	ine Corporation				
	Unit Sec.	17.un 10-		- Farmington, NM	87499
If well produces oil or liquids, give location of tanks.	Unit 50C.	Twp. Rge.	is gas actually connective NO	when	
this production is comming	led with that from any a	other lease or pool.	give commingling orde	er number:	
			and a second string of a		
NOTE: Complete Parts IV	and V on reverse side	e if necessary.	0		

### 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.

7017 (Signature)

Production & Drilling Clerk

9-11-85

(Dase)

OIL CONSERVATION DIVISION						
APPROVED_	<u>JAN - 8 1986</u>					
BY	Original Signed by FRAGK T. CHAVEZ					
TITLE	SUPERVISOR DISTRICT # 3					

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

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

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

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

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

# IV. COMPLETION DATA

on - (X)	Oll Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resty.	DIL R.
Date Comr	J. Ready to F		X Total Deal		 		1	a L
1						P.B.T.D.		
			<u> </u>	)9'		8060'		
Name of Pr	roducing Form	netion	Top OU/G	as Pay				
Bar	sin Dako <sup>.</sup>	ta •	776	i6'		1 .		
							ng Shoe	
	TUBING,	CASING, AN	D CEMENTI	NG RECORI		8109.		
CASI			1		the second s		CKS CENEN	
17	13-3/8"		1					
	4-1/2"		1					
	2-3/8"						3040 CU.I	[τ.
1	· · · ·	······································		7512		_ <u>_</u>		
	Date Comp. 10- Name of Pr Bas	Date Compl. Ready to P <u>10-26-84</u> Name of Producing Form Basin Dakot <u>TUBING, 6</u> <u>CASING &amp; TUBIN</u> <u>13-3/8"</u> <u>4-1/2"</u>	Date Compl. Ready to Prod. 10-26-84 Name of Producing Formation Basin Dakota TUBING, CASING, AN CASING & TUBING SIZE 13-3/8" 4-1/2"	Date Compl. Ready to Prod. X X   Date Compl. Ready to Prod. Total Dept   10-26-84 810   Name of Producing Formation Top Oll/Ga   Basin Dakota 776   TUBING, CASING, AND CEMENTI   CASING & TUBING SIZE 13-3/8"   4-1/2" 0.0000	X X   Date Compl. Ready to Prod. Total Depth   10-26-84 8109'   Name of Producing Formation Top Oll/Gas Pay   Basin Dakota 7766'   TUBING, CASING, AND CEMENTING RECORD   CASING & TUBING SIZE DEPTH SE   13-3/8" 374'   4-1/2" 8109'	X X   Date Compl. Ready to Prod. Total Depth   10-26-84 8109'   Name of Producing Formation Top Oll/Gas Pay   Basin Dakota 7766'   TUBING, CASING, AND CEMENTING RECORD   CASING & TUBING SIZE DEPTH SET   13-3/8" 374'   4-1/2" 8109'	X X X   Date Compl. Ready to Prod. Total Depth P.B.T.D.   10-26-84 8109' 8060'   Name of Producing Formation Top Oll/Gas Pay Tubing Dep   Basin Dakota 7766' 7912'   Depth Casin 8109' 8109'   TUBING, CASING, AND CEMENTING RECORD 8109'   CASING & TUBING SIZE DEPTH SET   13-3/8" 374'   4-1/2" 8109'	Date Compl. Ready to Prod. X X   Date Compl. Ready to Prod. Total Depth P.B.T.D.   10-26-84 8109' 8060'   Name of Producing Formation Top Oll/Gas Pay Tubing Depth   Basin Dakota 7766' 7912'   Depth Casing Shoe 8109'   Image of Producing Formation Top Oll/Gas Pay Tubing Depth   Basin Dakota 7766' 7912'   Depth Casing Shoe 8109'   Image of TUBING, CASING, AND CEMENTING RECORD SACKS CEMEN   CASING & TUBING SIZE DEPTH SET SACKS CEMEN   13-3/8" 374' 413 cu.t   4-1/2" 8109' 3640 cu.t

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## 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 al OIL WELL able for this depth or be for full 24 houre)

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

### GAS WELL

Actual Prod. Tonto MCF/D AOF=1775 Q=1770 MCF/D	Length of Test 3 hrs.	Bbis. Condensate/MMCF	Gravity of Condensate
Testing Method (puot, back pr.)	Tubing Pressure (Shut-is)	Casing Pressure (Shut-in)	Choke Size
Back Pressure	2835		2" X .750"

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