

District I
PO Box 1980, Hobbs, NM 88241-1980
District II
PO Drawer DD, Artesia, NM 88211-0719
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
PO Box 2088, Santa Fe, NM 87504-2088

State of New Mexico
Energy, Minerals & Natural Resources Department

OIL CONSERVATION DIVISION
PO Box 2088
Santa Fe, NM 87504-2088

Form C-104
Revised February 10, 1994
Instructions on back
Submit to Appropriate District Office
5 Copies

☐ AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

Operator name and Address CONOCO INC. 10 Desta Drive Ste 100W MIDLAND, TEXAS 79705		OGRID Number 005073
		Reason for Filing Code CH
API Number 30 - 0 45-25751	Pool Name BASIN DAKOTA	Pool Code 71599
Property Code 17329	Property Name MESA TWIN MOUNDS 30	Well Number 1

II. Surface Location

Ul or lot no. D	Section 30	Township 30N	Range 14W	Lot.Idn	Feet from the 790	North/South Line NORTH	Feet from the 990	East/West line WEST	County SAN JUAN
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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
Lee Code F	Producing Method Code SI	Gas Connection Date	C-129 Permit Number	C-129 Effective Date	C-129 Expiration Date				

III. Oil and Gas Transporters

Transporter OGRID	Transporter Name and Address	POD	O/G	POD ULSTR Location and Description
009018	GIANT REFINERY P.O. BOX 256 FARMINGTON, NM 87499	2595810	0	30 30N 14W RETURNED TO CONOCO TO PLUG
7057	Epb	2595830	G	

RECEIVED
JUL 25 1995

IV. Produced Water

POD 2595850	POD ULSTR Location and Description
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OIL CON. DIV.
DIST. 3

V. Well Completion Data

Spud Date	Ready Date	TD	PBTD	Perforations
Hole Size	Casing & Tubing Size	Depth Set	Sacks Cement	

VI. Well Test Data

Date New Oil	Gas Delivery Date	Test Date	Test Length	Tbg. Pressure	Csg. Pressure
Choke Size	Oil	Water	Gas	AOF	Test Method

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: *Bill R Keathly*
Printed name: BILL R KEATHLY
Title: SR REGULATORY SPEC
Date: 7-20-95 Phone: (915) 686-5424

OIL CONSERVATION DIVISION

Approved by: *378*
Title: SUPERVISOR DISTRICT #3
Approval Date: JUL 25 1995

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

Previous Operator Signature <i>Wash Engr. & Prod.</i>	Printed Name	Title	Date
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UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

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

5. LEASE DESIGNATION AND SERIAL NO.

NM-27024

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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 Walsh Engineering & Production Corp.	8. FARM OR LEASE NAME Mesa Twin Mounds
3. ADDRESS OF OPERATOR P. O. Drawer 419 Farmington, New Mexico 87499	9. WELL NO. 30-1
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 790'FSL, 990'FWL	10. FIELD AND POOL, OR WILDCAT Undesignated Gallup-Dakota
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 30-T30N-R14W N.M.P.M.	12. COUNTY OR PARISH San Juan
13. STATE N.M.	
14. PERMIT NO.	15. ELEVATIONS (Show whether OF, RT, GR, etc.) 5505'

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)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANE

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

See Below

(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 data, 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 is a request for approval of an extension of shut in of March 3, 1990 for this well. Previous request was approved until March 3, 1990.

Conditions concerning the necessity of the shut in have not essentially changed since the approval of the previous request.

RECEIVED

MAR 16 1990

OIL CON. DIV.
DIST. 3

THIS APPROVAL EXPIRES **MAR 03 1991**

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

ORIGINAL SIGNED BY

SIGNED EWELL N. WALSH

TITLE President

DATE 2/22/90

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

APPROVED

MAR 12 1990

*See Instructions on Reverse Side

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 any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

for AREA MANAGER