## Gand or radi/ Mexico Energy, Minerals and Natural Resources,

Form C-103 Revised 1-1-89

| Appropriate                              |                 | • |                 |                   | /                   |                  |                             | ,                |           |
|--|-----------------|---|-----------------|-------------------|---------------------|------------------|-----------------------------|------------------|-----------|
| DISTRICT I                               | OI              | L CONSE                                 | ERVAT           | ION DI            | VISION              |                  | ·                           |                  |           |
| P.O. Box 1980, Hobbs, NM                 |                 |   | P.O.Box         | 2088              |                     | WELL AP          |                             | 24042            |           |
| DISTRICT II                              |                 | Santa Fe,                               | New Mex         | ico 8750 <b>♠</b> | 2088 TELEVI         | 1 = - F. Indio:  | 300452<br>ate Type of Lease |                  |           |
| P.O. Drawer DD, Artesia, N               | M 88210         |   |                 |                   | 已仍但川                | <b>小島</b> 二      | STA                         | TE :             | FEE 🛛     |
| DISTRICT III 1000 Rio Brazos Rd., Azteo  | , NM            |   |                 |                   |                     | 6. Hale          | Oil & Gas Lease             |                  |           |
|  |                 |   |                 |                   | <i>UUI</i> 5 ;      | iggr             |                             |                  |           |
|  | SUNDRY NO       | TICES AND REP                           | ORTS ON WE      | LLS (C)(I)        | T 6000              |                  |                             | . Altioritis     |           |
| (DO NOT USE THIS FORM                    |                 |   |                 | DEEPEN OR         | THE BOOKELO         | M Meas           | e Name or Unit A            | greement Nan     | те        |
| DIFFERE                                  |                 | OIR. USE "APF<br>01) FOR SUCH           |                 |                   | " তাগ্রা, গু        |                  |                             |                  |           |
| Type of Well:                            | <u> </u>        | <u></u>                                 |                 |                   |                     |                  | THURSTO                     | IN COM A         |           |
| OIL OIL                                  | GAS X           |   | THER            |                   |                     |                  |                             |                  |           |
| 2. Name of Operator                      | 001401111       |   | Attention       | Cail M            | Taffamaan           | 8. Well          |                             |                  |           |
| AMOCO PRODUCTION                         | COMPANY         |   |                 | Gail M.           | Jefferson           |                  | #                           | 1                |           |
| D.O. Day 200 Damy                        |                 | Colorado                                | 90004           | (202)             | 000 (157            | 9. Pool          | name or Wildcat             | AVOTA            |           |
| P.O. Box 800 Denve                       | er              | Colorado                                | 80201           | (303)             | 830-6157            |                  | BASIN D                     | AKUTA            |           |
| Well Location     Unit Letter            | . 790           | Feet From Th                            | <sub>e</sub> NO | ORTH              | Line and            | 790 <sub>F</sub> | eet From The                | EAST             | Line      |
|  | - · <del></del> | _,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | <u> </u>        |                   |                     |                  |                             |                  |           |
| Sectio 3                                 | 31              | Township                                | 31N             | Rang              | 11W                 | NMPM             | SAN JU                      | JAN              | County    |
|  |                 | 10. Elev                                | ation (Show     | whether DF,       | RKB, RT, GR, etc    | c.)              |                             |                  | Salah.    |
|  |                 |   |                 | 5810              | GR                  |                  | algebraich                  |                  |           |
|  |                 | priate Box to                           | Indicate N      | Nature of N       | lotice Report o     |                  | ita<br>NT REPORT            | OE.              |           |
| NOTICE                                   | OI 1141E1       | TION TO.                                | _               | _                 | 31                  | OBSEQUE          | —                           | OI .             |           |
| PERFORM REMEDIAL WOR                     | к 🔛             | PLUG AND ABA                            | ANDON           | _ REM             | IEDIAL WORK         |                  | ALTERIN                     | G CASING         |           |
| TEMPORARILY ABANDON                      |                 | CHANGE PLAN                             | is [            |                   | MENCE DRILLIN       | IG OPNS          | PILICAN                     | ID ABANDON       | MENT [    |
|  |                 | OII/MOET BAN                            |                 | _                 |                     |                  |                             | ID ADAMDON       | IVILIAI [ |
| PULL OR ALTER CASING                     |                 |   |                 | CAS               | ING TEST AND C      | CEMENT JOE       | · [_]                       |                  |           |
| OTHER: Plug                              | Dakota Reco     | om to MV                                | [>              | √ отн             | ER:                 |                  |                             |                  |           |
| 5711ETK                                  |                 |   |                 | _                 |                     |                  |                             |                  |           |
| 12. Describe Proposed or Co              | ompleted Op     | erations (Clearly                       | state all pe    | rtinent details   | s, and give pertine | ent dates, incl  | uding estimated o           | late of starting | any       |
| AMOCO PRODUCTION CO                      | MPANY REC       | QUESTS THAT                             | OUR PLANS       | S AUTHORIZ        | ED BY THE NMC       | OCD TO P&A       | THIS WELL BE                | CANCELLED /      | AND       |
| INSTEAD REQUESTS PER ATTACHED PROCEDURES | MISSION TO      |   |                 |                   |                     |                  |                             |                  |           |
| IF YOU HAVE ANY TECHN                    | ICAL OLIEST     | TIONS DI EASE                           | CONTACT         | DEAN TING!        | EV AT (303) 830.    | 61/1 OP GA       | II IEEEERSONII              | FOR ANY          |           |
| ADMINISTRATIVE CONCER                    |                 | HONS PLEASE                             | CONTACT         | DEAN THIS         | ET AT (303) 630     | -0141 OK GA      | IL JEIT ERSON               | ORANI            |           |
|  |                 |   |                 |                   |                     |                  |                             |                  |           |
|  |                 |   |                 |                   |                     |                  |                             |                  |           |
|  |                 |   |                 |                   |                     |                  |                             |                  |           |
|  |                 |   |                 |                   |                     |                  |                             |                  |           |
|  |                 |   |                 |                   |                     |                  |                             |                  |           |
|  |                 |   |                 |                   |                     |                  |                             |                  |           |
| I hereby certify that the info           | rmation abo     | ve is true and co                       | mplete to th    | e best of my      | knowledge and b     | elief.           |                             |                  |           |
|  | 111 /           | Heison                                  | _               |                   | Sr. Admir           | Ctoff            | Acct                        | 09-30-19         | 98        |
| SIGNATURE                                | -u.             | 1                                       |                 | TITLE _           | SI. AUNIT           | ı. stall         | ASSL. DAT                   | E                |           |
| TYPE OR PRINT NAME                       | Gail M.         | Jeffersor                               | 1               |                   |                     |                  | TELEPHONE NO. (             | (303) 830        | -6157<br> |
| (This space for State                    |                 |   |                 |                   |                     |                  |                             |                  |           |
|  | TAT SIGNET      | BY ERNIE BU                             | ISCH            | 0                 | EPUTY OIL & GA      | ls inspecto      | M, DIST. #3                 | OCT 1            | 5 100A    |
| APPROVED BY                              |                 |   |                 | TITLE -           |                     |                  | DAT                         |                  | ~ 1//0    |

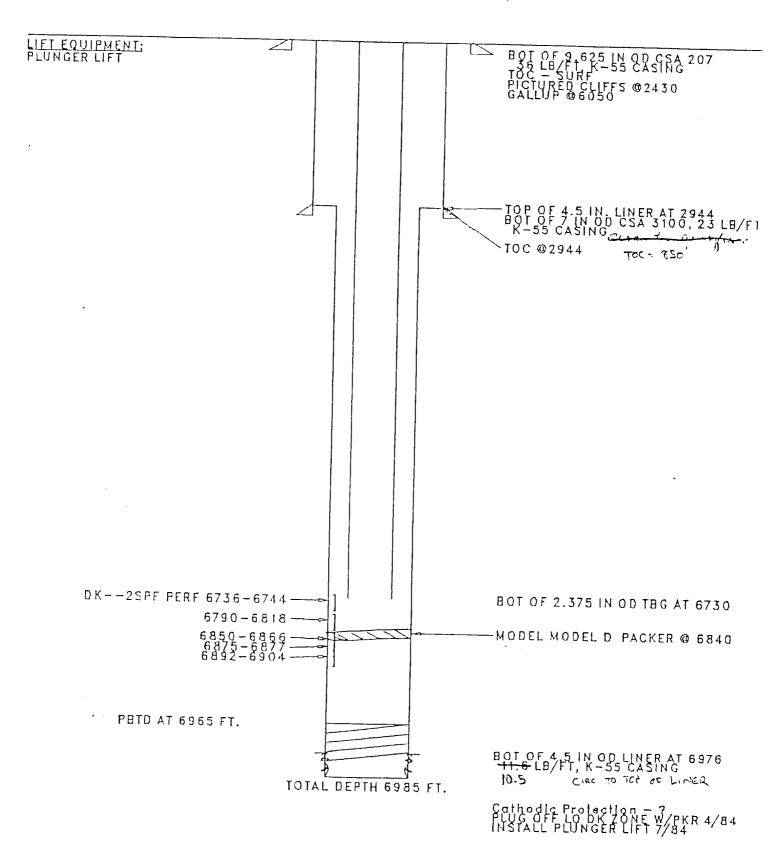
## Thurston Com A #1 TD = 6985' PBTD = 6840' Page 2 of 2

- 1. Check anchors. MIRUSU.
- 2. Check and record tubing, casing and bradenhead pressures.
- 3. Blow down wellhead, kill if necessary.
- 4. Nipple down wellhead, nipple up and pressure test BOP.
- 5. TOH with 2.375" tubing (landed at 6730'). TIH with Bit X Scraper to 6730'. TOH w/ Bit X Scraper.
- 6. RU DS Wireline Unit and Packoff.
- 7. TIH with CIBP set at 6710'.
- 8. Spot 890' Cement (101 sx.) on top of CIBP to 5820' to plug Dakota and isolateGallup.
- 9. Pressure test Casing to 1000#.
- 10. Log with CBL/GR/CCL to insure zonal isolation across MV and find TOC. Please fax logs to (303) 830-5388.
- 11. Perforate the following PLO interval 120 deg. phasing using 3 1/8 HSC ported guns (12.5 GM, .34" EHD. 13.13 TTP, Select Fire). Correlate with Dresser Atlas D/N log dated 4/7/80:

4716, 4713, 4676, 4673, 4656, 4652, 4646, 4642, 4637, 4634, 4631, 4628, 4625, 4621, 4616, 4608, 4598, 4592

- 12. Break down and balloff perfs with 1.5 X's excess; 1.1 SG RCN balls.
- 13. Retrieve balls with WL junk basket.
- 14. Fracture Stimulate PLO down casing according to schedule 'A'.
- 15. Flow back immediately, untill well logs off.
- 16. TIH with 2 3/8"; land at 4630.
- 17. Flow Test well reporting volumes to Denver.
- 18. Return well to production; set plunger if deemed necessary.

## SINGLE DK Orig.Completion — 5/80 Last File Update — 1/89 by DDM



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

District II 811 South First, Artesia, NM 88210

District III 1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico Energy, Minerals & Natural Resources Department

## OIL CONSERVATION DIVISION 2040 South Pacheco Santa Fe, NM 87505

Form C-102 Revised October 18, 1994 Instructions on back Submit to Appropriate District Office State Lease - 4 Copies

Fee Lease - 3 Copies

☐ AMENDED REPORT

| District IV<br>2040 South Pacheco,    | Santa Fe           | , NM 87     | 505<br>WELL LO             | CATION      | AND AC                      | CREAGE D                 | EDICAT  | ION                       | PLAT  |   |                         |
|---------------------------------------|--------------------|-------------|----------------------------|-------------|-----------------------------|--------------------------|---|---------------------------|---|---|-------------------------|
| API Number                            |                    | Pool C      |                            | 1           |                             |                          |   |                           |   |   |                         |
| 3004524042                            |                    |             | 72319                      |             |                             | Blanco M                 |   |                           |   |   |                         |
| <sup>4</sup> Property                 | Code               |             |                            |             | <sup>3</sup> P <sub>1</sub> | roperty Name             |   |                           |   | <sup>6</sup> Well Nun   | nber                    |
| 001169                                |                    |             | Thurston Com A             |             |                             |                          |   |                           |   | #1  |                         |
| OGRID No.                             |                    |             |                            |             | 8O                          |                          |   | <sup>9</sup> Elevation    |   |   |                         |
| 000778                                |                    |             |                            |             |                             | 5810                     |   |                           |   |   |                         |
|                                       |                    |             |                            |             |                             | e Location               |   | -                         |   |   |                         |
| UI or lot no.                         | Section            | 1           | Township                   | Range       | Lot.Idn                     | Feet from the            | North/South                                   | Line                      | Line Feet from the                              | East/West Line  | County                  |
| A                                     | 31                 |             | 31N                        | 11W         |                             | 790                      | North   |                           | 790   | East  | SJ                      |
|                                       | ·                  |             | 11 Bot                     | tom Hole    | Location                    | ı If Differen            | t From Si                                     | ırfac                     | e   |   |                         |
| UI or lot no.                         | or lot no. Section |             | Township                   | Range       | Lot.Idn                     | Feet from the            | North/South Line                              |                           | Feet from the                                   | East/West Line  | County                  |
| 12 Dedicated Acres                    | 13 Join            | t or Infill |                            | 14 Consolid | dation Code                 | 15 Order Numbe           | <u>l                                     </u> |                           | l   | ·   |                         |
|                                       |                    |             |                            |             |                             |                          |   |                           |   |   |                         |
| 322.3                                 |                    |             |                            |             |                             |                          |   |                           |   |   |                         |
| NO ALLOWA                             | ABLE V             | WILL E      | BE ASSIGNED<br>R A NON-STA | TO THIS     | COMPLE UNIT HAS             | TION UNTIL<br>BEEN APPRO | ALL INTE                                      | THE                       | TS HAVE BEI<br>DIVISION                         | EN CONSOLIE   | ATED                    |
| 16                                    | ~~                 | ~           |                            |             |                             |                          |   | 17 OF                     | PERATOR CE                                      | RTIFICATION   |                         |
|                                       |                    |             |                            |             |                             | 790                      | 790'  | I herel                   | by certify that the info                        | formation contained he<br>fnty knowledge and be                                       | erein is true<br>lief   |
|                                       | Ì                  |             |                            |             |                             | •                        | 790   |                           | ,   | , ,   | *                       |
|                                       |                    |             |                            |             |                             |                          |   | 1                         |   |   |                         |
|                                       |                    |             |                            |             |                             |                          |   |                           | 209   | 111 Oestes  | am                      |
| · · · · · · · · · · · · · · · · · · · |                    |             |                            |             |                             |                          |   | Signa                     | ture Gail                                       | M. Jeffers  | on                      |
|                                       |                    |             |                            |             |                             |                          |   | Printe                    | d Name<br>Sr. Adn                               | nin. Staff  | Asst.                   |
| ,                                     |                    |             |                            |             |                             |                          |   | Title                     |   | 20 100  | 0                       |
|                                       |                    |             |                            |             |                             |                          |   | Date                      | Septemb   | oer 30, 199   | 8                       |
|                                       |                    |             |                            |             |                             | -                        |   | 10.07                     | THE LOD OF                                      | DELECC ATION  | T                       |
|                                       |                    |             |                            |             |                             |                          |   | I here<br>plotte<br>under | by certify that the we<br>d from field notes of | ERTIFICATION ell location shown on te actual surveys made b I that the same is true a | his plat was<br>y me or |
|                                       |                    |             |                            |             |                             |                          |   |                           | August 16.                                      | <b>,</b> 1979   |                         |
|                                       |                    |             |                            |             |                             |                          |   | Date                      | of Survey                                       |   |                         |
|                                       |                    |             |                            |             |                             |                          |   | _                         |   | rofessional Surveyer  | :                       |
|                                       |                    |             |                            |             |                             |                          |   | F                         | red B. Ken                                      | rr Jr.  |                         |
|                                       |                    |             |                            |             |                             |                          |   |                           | 3950  |   |                         |
|                                       |                    |             |                            |             |                             |                          |   | Certi                     | ficate Number                                   |   |                         |