

submitted in lieu of Form 3160-5

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

2000 JAN 11 PM 2:00

Sundry Notices and Reports on Wells

070 FARMINGTON, NM

1. Type of Well
GAS

2. Name of Operator

**BURLINGTON
RESOURCES**

OIL & GAS COMPANY

3. Address & Phone No. of Operator

PO Box 4289, Farmington, NM 87499. (505) 326-9700

4. Location of Well, Footage, Sec., T, R, M

1120' FSL, 825' FEL, Sec. 34, T-29-N, R-11-W, NMPM

5. Lease Number
SF-047020-A
If Indian, All. or
Tribe Name

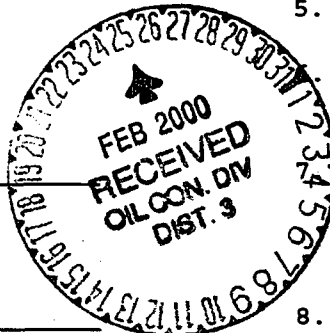
Unit Agreement Name

8. Well Name & Number
Congress #5E

9. API Well No.
30-045-24836

10. Field and Pool
Basin Fruitland Coal

11. County and State
San Juan Co, NM



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

Type of Submission

Type of Action

<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input type="checkbox"/> Subsequent Report	<input checked="" type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment	<input checked="" type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut off
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Other -	

13. Describe Proposed or Completed Operations

It is intended to plugback the Dakota and Chacra formations and recomplete in the Fruitland Coal formation according to the attached procedure and wellbore diagram.

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

Signed Adam Cole Title Regulatory Administrator Date 1/6/00
trc

(This space for Federal or State Office use)

APPROVED BY /s/ Charlie Beecham Title _____ Date FEB 24 2000

CONDITION OF APPROVAL, if any:

Hel C-104 for NCS
NMOC

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-102
Revised February 21, 1994
Instructions on back
Submit to Appropriate District Office
State Lease - 4 Copies
Fee Lease - 3 Copies

☐ AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

API Number 30-045-24836	Pool Code 71599 71629/82329/	Pool Name Basin Dakota Basin Fruitland Coal/Otero Chacra/
Property Code 6918	Property Name Congress	Well Number 5E
OGRID No. 14538	Operator Name Burlington Resources Oil & Gas Company	Elevation 5678' GR

¹⁰ Surface Location

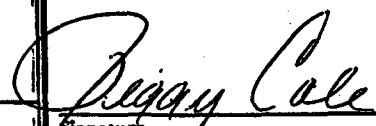
UL or lot no. P	Section 34	Township 29N	Range 11W	Lot Idn	Feet from the 1120'	North/South line South	Feet from the 825'	East/West line East	County SJ
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¹¹ Bottom Hole Location If Different From Surface

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
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¹² Dedicated Acres FTC-S/317.22 DK-E/32180, Cha-160	¹³ Joint or Infill	¹⁴ Consolidation Code	¹⁵ Order No.
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NO ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNTIL ALL INTERESTS HAVE BEEN CONSOLIDATED
OR A NON-STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION

16 Original plat from James P. Leese 9-30-80				17 OPERATOR CERTIFICATION I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief  Signature Peggy Cole Printed Name Regulatory Administrator Title 1-6-00 Date
				18 SURVEYOR CERTIFICATION I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief. Date of Survey Signature and Seal of Professional Surveyor: Certificate Number

CONGRESS #5E FRTC
Workover Procedure
P 34 29 11
San Juan County, N.M.
Lat-Long: 36 - 40.32 & 107 - 57.60

PROJECT SUMMARY: Plugback from the depleted Dakota and Chacra and recomple to the Fruitland Coal in this 1981 vintage dual well. The FRTC will be foam fraced through a frac string.

1. Comply to all NMOCD, BLM, and BROG rules and regulations. MOL and RU completion rig. NU BOP w/flow tee and stripping head. NU blooie line and 2-7/8" relief line.
2. Set blanking plug on slick line in "F" nipple of 2-3/8" tbg @ 6134' and pressure test tbg to 3000 psi. TOH w/198 jts 2-3/8" tbg and 4-1/2" Baker Model "R" double grip pkr.
3. TIH w/4-1/2" cmt ret on 2-3/8" tbg & set @ 6120'. Sq DK perms w/35 sx cl "G" cmt. This will fill inside the pipe from 6350' to 6120' w/100% excess cmt. Sting out of ret and spot 5 sx cmt on top of cmt ret @ 6120'. Reverse out cmt.
4. PU 2-3/8" tbg to 5390' (50' below top of Gallup). Spot 12 sx cmt. This will fill inside 4-1/2" csg 50' above and below the top of Gallup w/50% excess cmt. PU to 5200' and reverse out cmt.
5. PU 2-3/8" tbg to 3378' (50' below top of Mesaverde). Spot 12 sx cmt. This will fill inside 4-1/2" csg 50' above and below the top of Mesaverde w/50% excess cmt. PU to 3200' and reverse out cmt. TOH.
6. TIH w/4-1/2" cmt ret on 2-3/8" tbg & set @ 2700'. Sq Chacra perms w/30 sx cl "G" cmt. This will fill inside the pipe from 2889' to 2700' w/100% excess cmt. Sting out of ret and spot 5 sx cmt on top of cmt ret @ 2700'. Reverse out cmt.
7. MI Blue Jet. Set 4-1/2" top drillable BP @ 1800' on wireline. Pressure test 4-1/2" csg and BP to 500 psi. Run CBL from 1800' (stg tool @ 2991') to top of cmt in 4-1/2" csg and an advanced integrated data processed GSL neutron log 1800'-1300' and correlate to attached open hole logs. Pressure csg to 1000 psi if necessary to see bond. Hot-shot logs to Mike Pippin (326-9848) so perms can be picked.
8. TIH w/2-3/8" tbg open ended and spot 170 gal 15% HCL acid 1508'-1745'
All acid on this well to contain the following additives per 1000 gal:

2 gal	CI-22	corrosion inhibitor
5 gal	Ferrotrol-300L	iron control
1 gal	Flo-back 20	Surfactant
0.5 gal	Clay Master-5C	clay control
9. Using GSL log, Perf about 30' of FRTC w/2 spf from about 1508' to 1745'. Perf using 3-1/8" hollow steel carrier guns loaded w/Owen HSC 13 gm. charges phased at 90 degrees. Average perf dia. = 0.48". Average penetration is 18" in Berea.
10. Spot and fill 3-400 bbl. frac tanks w/1% KCL water. If necessary, filter all water to 25 microns. Two tanks are for gel and one tank for breakdown water. Usable water required for frac is 717 bbls.

11. TIH w/4-1/2" pkr on 2-7/8" 6.5# N-80 w/shaved collars (3.5" O.D. 2.441" I.D.) rental frac string (run 2 jts 2-3/8" N-80 on top of pkr) and set 200' above top perf. W/ 500 psi on annulus, breakdown and attempt to balloff FRTC perfs w/1500 gal 15% HCL acid and 150% excess RCN 7/8" 1.3 sp gr perf balls. Use same acid additives as in step #8. Max. pressure is 4550 psi. Lower pkr to 1750' to knock off perf balls. Reset pkr 50' above top perf.
12. Fracture treat FRTC down frac string w/100,000 gals. of 70 quality foam using 20# gel as the base fluid and 200,000# 20/40 Arizona sand. Pump at 40 BPM. Monitor bottomhole and surface treating pressures, rate, foam quality, and sand concentration with computer van. Sand to be tagged w/ 3 RA tracers. Max. pressure is 6000 psi and estimated treating pressure is 5156 psi. (Pipe friction is 3982 psi @ 50 BPM). Treat per the following schedule:

Stage	Foam Vol. (Gals.)	Gel Vol. (Gals.)	Sand Vol. (lbs.)
Pad	20,000	6,000	—
1.0 ppg	20,000	6,000	20,000
2.0 ppg	20,000	6,000	40,000
3.0 ppg	20,000	6,000	60,000
4.0 ppg	20,000	6,000	80,000
Flush	(364)	(107)	0
Totals	100,000	30,000	200,000#

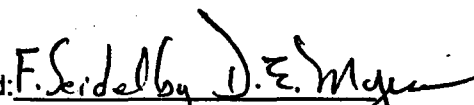
Shut well in after frac for 4 hours to allow the gel to break. Treat frac fluid w/the following additives per 1000 gallons:

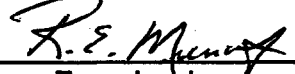
- | | |
|----------------------|--|
| * 20# J-48 | (Guar Gel mix in full tank - 16,000 gal) |
| * 1.0 gal. Aqua Flow | (Non-ionic Surfactant mix in full tank) |
| * 1.0# GVV-3 | (Enzyme Breaker mix on fly) |
| * 1.0# B - 5 | (Breaker mix on fly) |
| * 5.0 gal Fracfoam I | (Foamer mix on fly) |
| * 0.38# FracCide 20 | (Bacteriacide mix on full tank) |

13. Open well through choke manifold and monitor flow. Flow @ 20 bbl/hr, or less if sand is observed. Take pitot gauges when possible.
14. Release pkr and TOH w/frac string. TIH w/notched collar on 2-3/8" tbg and clean out to 1800' w/air/mist.
15. Monitor gas and water returns and take pitot gauges when possible.
16. When wellbore is sufficiently clean, TOH and run after frac gamma-ray log and perf eff. log from 1800'-1300'.
17. TIH w/2-3/8" tbg w/standard seating nipple one joint off bottom and again cleanout to 1800'. When wellbore is sufficiently clean, land tbg @ 1700' KB. Take final water and gas rates.
18. ND BOP and NU wellhead and tree. Rig down and release rig.

CONGRESS #5E FRTC - RECOMPLETE TO FRUITLAND COAL

Recommended: 
Production Engineer

Approved: 
Drilling Superintendent

Approved: 
Team Leader

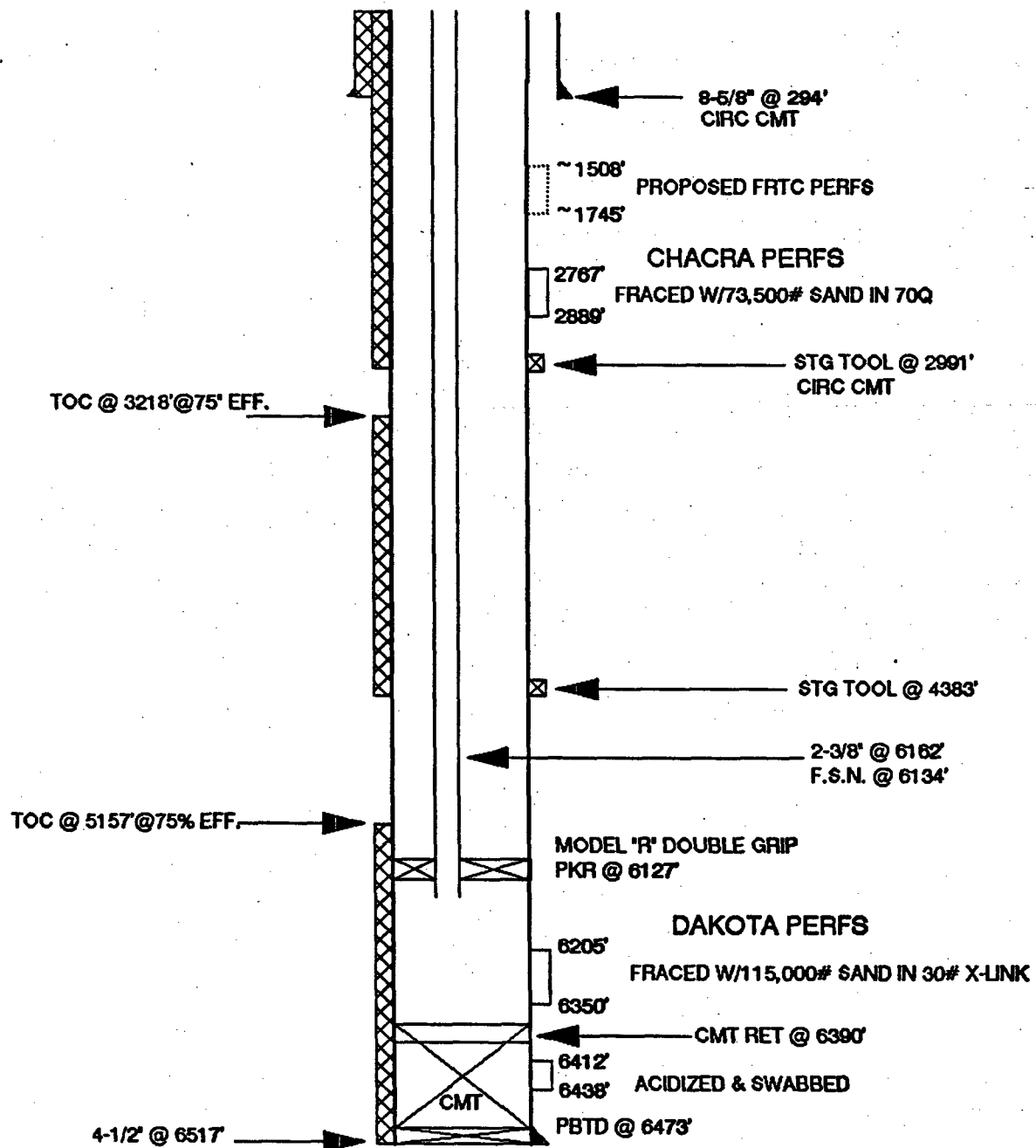
VENDORS:

Wireline:	Blue Jet	325-5584
Fracturing:	Howco	325-3575
RA Tagging:	Pro-Technics	326-7133
Packers:	Schlum.	325-5006

PMP

CONGRESS #5E FRTC

UNIT P SECTION 34 T29N R11W
SAN JUAN COUNTY, NEW MEXICO



CMD :
OG5SECT

ONGARD
INQUIRE LAND BY SECTION

07/18/00 19:32:48
OGOMES -TPET
PAGE NO: 1

Sec : 34 Twp : 29N Rng : 11W Section Type : NORMAL

D 40.00	C 40.00	B 40.00	A 40.00
Federal owned	Federal owned	Federal owned	Federal owned
A	A		A A
E 40.00	F 40.00	G 40.00	H 40.00
Federal owned	Federal owned	Federal owned	Federal owned
A	A	A A	

PF01 HELP	PF02	PF03 EXIT	PF04 GoTo	PF05	PF06
PF07 BKWD	PF08 FWD	PF09 PRINT	PF10 SDIV	PF11	PF12

CMD :
OG5SECTONGARD
INQUIRE LAND BY SECTION07/18/00 19:32:52
OGOMES -TPEI
PAGE NO: 2

Sec : 34 Twp : 29N Rng : 11W Section Type : NORMAL

L 40.00 Federal owned	K 40.00 Federal owned A A A A A	J 40.00 Federal owned	I 40.00 Federal owned A
4 38.99 Federal owned	3 39.22 Federal owned	2 39.44 Federal owned	1 39.66 Federal owned A A

PF01 HELP
PF07 BKWDPF02
PF08 FWDPF03 EXIT
PF09 PRINTPF04 GoTo
PF10 SDIVPF05
PF11PF06
PF12

79.44
79.66
159.10
10
319.10

CMD :
OG6IWCM

ONGARD
INQUIRE WELL COMPLETIONS

07/18/00 19:34:29
OGOMES -TPET

API Well No : 30 45 24836 Eff Date : 09-01-1981 WC Status : A
Pool Idn : 71599 BASIN DAKOTA (PRORATED GAS)
OGRID Idn : 14538 BURLINGTON RESOURCES OIL & GAS CO
Prop Idn : 6918 CONGRESS

Well No : 005E
GL Elevation: 5678

	U/L	Sec	Township	Range	North/South	East/West	Prop/Act (P/A)
	---	---	-----	-----	-----	-----	-----
B.H. Locn : 1	34	29N	11W	FTG 1120	F S FTG 825	F E	P

Lot Identifier:
Dedicated Acre: 321.58
Lease Type : F
Type of consolidation (Comm, Unit, Forced Pooling - C/U/F/O) :

M0025: Enter PF keys to scroll

PF01 HELP	PF02	PF03 EXIT	PF04 GoTo	PF05	PF06
PF07	PF08	PF09	PF10 NEXT-WC	PF11 HISTORY	PF12 NXTREC

CMD : ONGARD 07/18/00 19:34:36
OG6IWCM INQUIRE WELL COMPLETIONS OGOMES -TPEI

API Well No : 30 45 24836 Eff Date : 12-01-1981 WC Status : S
Pool Idn : 82329 OTERO CHACRA (GAS)
OGRID Idn : 14538 BURLINGTON RESOURCES OIL & GAS CO
Prop Idn : 6918 CONGRESS

Well No : 005E
GL Elevation: 5678

	U/L	Sec	Township	Range	North/South	East/West	Prop/Act (P/A)
	---	---	-----	-----	-----	-----	-----
B.H. Locn : 1	34	29N	11W	FTG 1120	F S FTG 825	F E	P

Lot Identifier:
Dedicated Acre: 160.00
Lease Type : F
Type of consolidation (Comm, Unit, Forced Pooling - C/U/F/O) :

PF01 HELP	PF02	PF03 EXIT	PF04 GoTo	PF05	PF06
PF07	PF08	PF09	PF10 NEXT-WC	PF11 HISTORY	PF12 NXTREC

OIL CONSERVATION DIVISION

PO Box 2088

Santa Fe, NM 87504-2088

☐ AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

¹ Operator Name and Address Burlington Resources Oil & Gas PO Box 4289 Farmington, NM 87499		² OGRID Number 14538
		³ Reason for Filing Code CO - 7/11/96
⁴ API Number 30-045-24836	⁵ Pool Name BASIN DAKOTA (PRORATED GAS)	⁶ Pool Code 71599
⁷ Property Code 006918	⁸ Property Name CONGRESS	⁹ Well Number #5E

II. ¹⁰ Surface Location

UI or lot no. P	Section 34	Township 029N	Range 011W	Lot.Idn	Feet from the 1120	North/South Line S	Feet from the 825	East/West Line E	County SAN JUAN
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¹¹ Bottom Hole Location

UI or lot no.	Section	Township	Range	Lot.Idn	Feet from the	North/South Line	Feet from the	East/West Line	County
¹² Lse Code	¹³ Producing Method Code	¹⁴ Gas Connection Date	¹⁵ C-129 Permit Number	¹⁶ C-129 Effective Date	¹⁷ C-129 Expiration Date				

III. Oil and Gas Transporters

¹⁸ Transporter OGRID 14538	¹⁹ Transporter Name and Address BURLINGTON RESOURCES OIL & GAS 5051 WESTHEIMER SUITE 1400 HOUSTON, TX 77056-2124	²⁰ POD	²¹ O/G G	²² POD ULSTR Location and Description P-34-T029N-R011W
9018	Giant Industries 5764 US Hwy 64 Farmington, NM 87401	1516510	O	P-34-T029N-R011W

IV. Produced Water

²³ POD	²⁴ POD ULSTR Location and Description
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V. Well Completion Data

²⁵ Spud Date	²⁶ Ready Date	²⁷ TD	²⁸ PBSD	²⁹ Perforations
³⁰ Hole Size	³¹ Casing & Tubing Size	³² Depth Set	³³ Sacks Cement	

VI. Well Test Data

³⁴ Date New Oil	³⁵ Gas Delivery Date	³⁶ Test Date	³⁷ Test Length	³⁸ Tbg. Pressure	³⁹ Csg. Pressure
⁴⁰ Choke Size	⁴¹ Oil	⁴² Water	⁴³ Gas	⁴⁴ AOF	⁴⁵ Test Method

⁴⁶ 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: *Dolores Diaz*

Printed Name:
Dolores Diaz

Title:
Production Associate

Date:
7/11/96

Phone
(505) 326-9700

OIL CONSERVATION DIVISION

Approved by: Frank T. Chavez

Title: District Supervisor

Approved Date: July 11, 1996

⁴⁷ If this is a change of operator fill in the OGRID number and name of the previous operator
14538 Meridian Oil Production

Previous Operator Signature

Printed Name

Title

Date

Signature: *Dolores Diaz*

Dolores Diaz

Production Associate

7/11/96

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

District II
P.O. 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

Form C-104
Revised February 21, 1994
Instructions on back
Submit to Appropriate District Office
5 Copies

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

☐ AMMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

¹ Operator Name and Address Burlington Resources Oil & Gas PO Box 4289 Farmington, NM 87499		² OGRID Number 14538
		³ Reason for Filing Code CO - 7/11/96
⁴ API Number 30-045-24836	⁵ Pool Name OTERO CHACRA (GAS)	⁶ Pool Code 82329
⁷ Property Code 006918	⁸ Property Name CONGRESS	⁹ Well Number #5E

II. ¹⁰ Surface Location

UI or lot no. P	Section 34	Township 029N	Range 011W	Lot.Idn	Feet from the 1120	North/South Line S	Feet from the 825	East/West Line E	County SAN JUAN
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¹¹ Bottom Hole Location

UI or lot no.	Section	Township	Range	Lot.Idn	Feet from the	North/South Line	Feet from the	East/West Line	County
¹² Lse Code	¹³ Producing Method Code	¹⁴ Gas Connection Date	¹⁵ C-129 Permit Number	¹⁶ C-129 Effective Date	¹⁷ C-129 Expiration Date				

III. Oil and Gas Transporters

¹⁸ Transporter OGRID 14538	¹⁹ Transporter Name and Address BURLINGTON RESOURCES OIL & GAS 5051 WESTHEIMER SUITE 1400 HOUSTON, TX 77056-2124	²⁰ POD	²¹ O/G G	²² POD ULSTR Location and Description P-34-T029N-R011W

IV. Produced Water

²³ POD	²⁴ POD ULSTR Location and Description
-------------------	--

V. Well Completion Data

²⁵ Spud Date	²⁶ Ready Date	²⁷ TD	²⁸ PBTD	²⁹ Perforations
³⁰ Hole Size	³¹ Casing & Tubing Size	³² Depth Set	³³ Sacks Cement	

VI. Well Test Data

³⁴ Date New Oil	³⁵ Gas Delivery Date	³⁶ Test Date	³⁷ Test Length	³⁸ Tbg. Pressure	³⁹ Csg. Pressure
⁴⁰ Choke Size	⁴¹ Oil	⁴² Water	⁴³ Gas	⁴⁴ AOF	⁴⁵ 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: *Dolores Diaz*

Printed Name:
Dolores Diaz

Title:
Production Associate

Date:
7/11/96

Phone
(505) 326-9700

OIL CONSERVATION DIVISION

Approved by: Frank T. Chavez

Title: District Supervisor

Approved Date: July 11, 1996

⁴⁷ If this is a change of operator fill in the OGRID number and name of the previous operator
14538 Meridian Oil Production

Previous Operator Signature

Printed Name

Title

Date

Signature: *Dolores Diaz*

Dolores Diaz

Production Associate

7/11/96

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

District II
P.O. 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
RECEIVED
95 DEC 4 AM 8 52

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

Form C-104
Revised February 21, 1994
Instructions on back
Submit to Appropriate District Office
5 Copies

☐ AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

¹ Operator Name and Address MERIDIAN OIL, INC. PO Box 4289 Farmington, NM 87499 DHC-1009		² OGRID Number 14538
		³ Reason for Filing Code CO/09-01-95
⁴ API Number 30-45-2483600	⁵ Pool Name BASIN DAKOTA (PRORATED GAS)	⁶ Pool Code 68
⁷ Property Code 71264800	⁸ Property Name CONGRESS	⁹ Well Number #5E

II. ¹⁰ Surface Location

UI or lot no. P	Section 34	Township 029N	Range 011W	Lot.Idn	Feet from the 1120	North/South Line S	Feet from the 825	East/West Line E	County SAN JUAN
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¹¹ Bottom Hole Location

UI or lot no.	Section	Township	Range	Lot.Idn	Feet from the	North/South Line	Feet from the	East/West Line	County
¹² Lse Code	¹³ Producing Method Code	¹⁴ Gas Connection Date	¹⁵ C-129 Permit Number	¹⁶ C-129 Effective Date	¹⁷ C-129 Expiration Date				

III. Oil and Gas Transporters

¹⁸ Transporter OGRID	¹⁹ Transporter Name and Address	²⁰ POD	²¹ O/G	²² POD ULSTR Location and Description
14538	MERIDIAN OIL PRODUCTION INC 5051 WESTHEIMER SUITE 140 HOUSTON, TX 77056-2124		G	P-34-T029N-R011W
9018	GIANT INDUSTRIES, INC. 5764 U.S. HWY. 64 FARMINGTON, NM 87401	1516510	O	P-34-T029N-R011W

IV. Produced Water

²³ POD	²⁴ POD ULSTR Location and Description
-------------------	--

V. Well Completion Data

²⁵ Spud Date	²⁶ Ready Date	²⁷ TD	²⁸ PBTD	²⁹ Perforations
³⁰ Hole Size	³¹ Casing & Tubing Size	³² Depth Set	³³ Sacks Cement	

VI. Well Test Data

³⁴ Date New Oil	³⁵ Gas Delivery Date	³⁶ Test Date	³⁷ Test Length	³⁸ Tbg. Pressure	³⁹ Csg. Pressure
⁴⁰ Choke Size	⁴¹ Oil	⁴² Water	⁴³ Gas	⁴⁴ AOF	⁴⁵ Test Method

⁴⁶ 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: *Dolores Diaz*

Printed Name:
Dolores Diaz
Title:
Production Assistant

Date:
27 September, 1995

Phone
(505) 326-9700

OIL CONSERVATION DIVISION

Approved by: *37.8*
SUPERVISOR DISTRICT #3

Title:
Approved Date: OCT - 4 1995

⁴⁷ If this is a change of operator fill in the OGRID number and name of the previous operator

Previous Operator Signature	Printed Name	Title	Date
-----------------------------	--------------	-------	------

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

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

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87500

RECEIVED
NOV 11 8 AM 9 27

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS**

I.

Operator Meridian Oil Inc.		Well API No.
Address P.O. Box 4289, Farmington, New Mexico 87499		
Reason(s) for Filing (Check proper box)		
New Well <input type="checkbox"/>	Change in Transporter of: <input type="checkbox"/>	Other (Please explain)
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/>	Change of Operator
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	Effective Date

If change of operator give name
and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name Congress	Well No. 5E	Pool Name, including Formation Basin Dakota	Kind of Lease State, Federal or Fee	Lease No. SF-047020
Location				
Unit Letter P	1120	Feet from the South	Line and 825	Feet From The East
Section 34	Township 29 North	Range 11 West	NMPM,	San Juan County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Meridian Oil Inc.	<input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form to be sent) P.O. Box 4289, Farmington, New Mexico 87499				
Name of Authorized Transporter of Casinghead Gas Meridian Oil Inc.	<input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form to be sent) P.O. Box 4289, Farmington, New Mexico 87499				
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	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 & must be equal to or exceed top allowable for this depth or be for full 24 hours.)

Date First New Oil Run To Tank	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. OPERATOR 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.

Signature <i>Susan Dolan</i>	Production Assistant
Printed Name Susan Dolan	Title 505-326-9510
Date 11/4/93	Telephone No.

OIL CONSERVATION DIVISION

Date Approved **NOV 5 1993**

By *[Signature]*
Title **SUPERVISOR DISTRICT 13**

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 8750004-2088

OIL CONSERVATION DIVISION

Form C-104
Revised 1-1-87 7-72
See Instructions
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator	MERIDIAN OIL INC.	Well API No.	
Address	P.O. Box 4289, Farmington, New Mexico 87499		
Reason(s) for Filing (Check proper box)	<input type="checkbox"/> Other (Please explain)		
New Well	<input type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Operator	<input type="checkbox"/>	Dry Gas	<input checked="" type="checkbox"/>
		Casinghead Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

If change of operator give name
and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
CONGRESS	5E	OTERO CHACRA	State, Federal or Fee	SF047020A
Location				
Unit Letter	P	1120	Feet From The	S
Section	34	Township	29N	Range
			11W	NMPM
			825	Feet From The
			E	Line
			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 checked="" type="checkbox"/>	Address (Give address to which approved copy of this form to be sent)
MERIDIAN OIL INC.				P. O. BOX 4289, FARMINGTON, NM 87499
Name of Authorized Transporter of Casinghead Gas	<input type="checkbox"/>	or Dry Gas	<input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form to be sent)
MERIDIAN OIL INC.				P. O. BOX 4289, FARMINGTON, NM 87499
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.
				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 & must be equal to or exceed top allowable for this depth or be for full 24 hours.)			
Date First New Oil Run To Tank	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. OPERATOR 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.

Signature	Production Asst.
Susan Dolan	
Printed Name	Title
6/21/93	505-326-9700
Date	Telephone No.

OIL CONSERVATION DIVISION

Date Approved	JUL 23 1993
By	Supervisor
Title	SUPERVISOR DISTRICT #3

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

OIL CONSERVATION DIVISION
RECEIVED DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

RECEIVED
BLM

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

93 JUN 21 AM 10 55

93 JUN -9 PM 3:45
070 FARMINGTON, NM

5. Lease Designation and Serial No.

SF-047020A

6. Indian, Allottee or Tribe Name

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

SUBMIT IN TRIPLICATE

1. Type of Well

☐ Oil Well ☒ Gas Well ☐ Other

2. Name of Operator

Meridian Oil Gathering Inc.

3. Address and Telephone No.

P.O. Box 4289, Farmington, NM 87499

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

34-29N-11W

1020'S - 0825'E

1120

7. If Unit or CA, Agreement Designation

8. Well Name and No.

CONGRESS #05F

9. API Well No.

10. Field and Pool, or Exploratory Area

CH

11. County or Parish, State

SAN JUAN, NM

12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

- ☒ Notice of Intent
☐ Subsequent Report
☐ Final Abandonment Notice

TYPE OF ACTION

- ☐ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☒ Other Buried Gas Pipeline
☐ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut-Off
☐ Conversion to Injection
☐ Dispose Water

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

13. 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.)*

MERIDIAN OIL GATHERING INC. PROPOSES TO LAY A BURIED NATURAL GAS PIPELINE FROM THE CONGRESS #05E TO THE EXISTING CONGRESS #13. THE LINE WILL BE BURIED A MINIMUM OF 36" BELOW THE SURFACE AND WILL BE MARKED WITH PIPELINE MARKERS.

TIE LENGTH (BLM) = 205.49'

PIPE SPECIFICATIONS: GAS - 2" STEEL
- WT = .156, GR=B
- WP = 100#
- OP = 1000#
- TEST PRESSURE = 1110#
- DEPTH = 36" MIN.

WATER - NONE

ARCH REPORT #: 93-SASI-019S(23)
ARCH REPORT DATE: 06-04-93

SEE ATTACHED COPIES OF SURVEY PLAT AND TOPO.

RECEIVED

JUN 18 1993

OIL CON. DIV.
DIST. 3

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

Signed

Title

KENT BEERS, ATTORNEY-IN-FACT

Date June 9, 1993

(This space for Federal or State office use)

Approved by

Title

Conditions of approval, if any:

Date

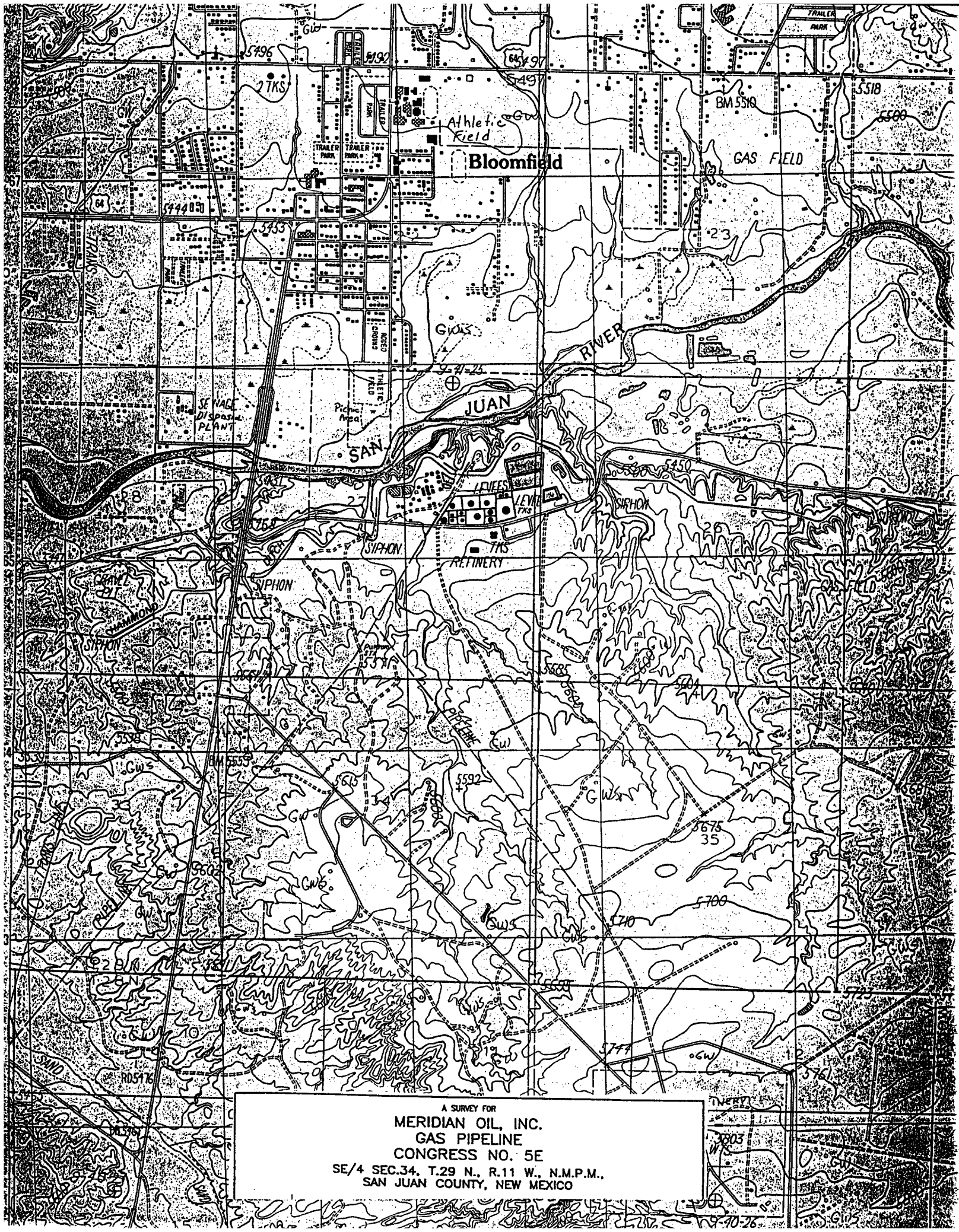
JUN 14 1993

DISTRICT MANAGER

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

*See Instruction on Reverse Side

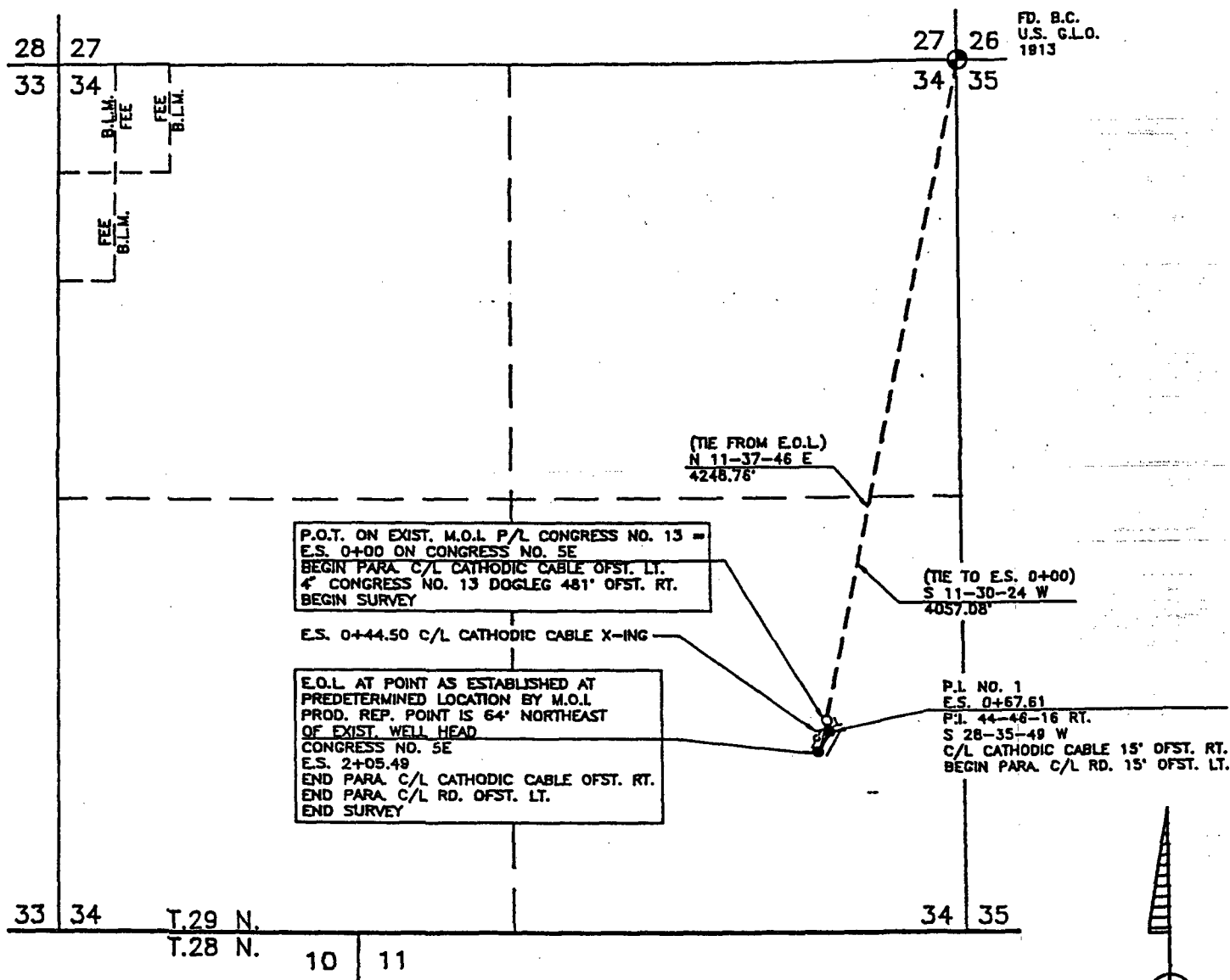
NMOC



A SURVEY FOR
MERIDIAN OIL, INC.
GAS PIPELINE
CONGRESS NO. 5E
SE/4 SEC.34, T.29 N., R.11 W., N.M.P.M.,
SAN JUAN COUNTY, NEW MEXICO

2003
9-70-76
G105

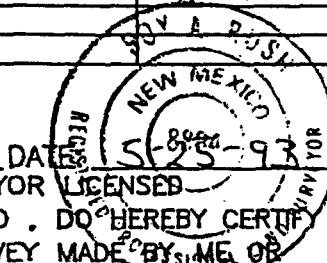
A SURVEY FOR
MERIDIAN OIL, INC.
GAS PIPELINE
CONGRESS NO. 5E
SE/4 SEC.34, T.29 N., R.11 W., N.M.P.M.,
SAN JUAN COUNTY, NEW MEXICO



NOTES:

1. BASIS OF BEARING: RECORD C.L.O. BEARING AS MEASURED ALONG THE EAST LINE OF SECTION 34, T.29 N., R.11 W., N.M.P.M., SAN JUAN COUNTY, NEW MEXICO. BEARS: NORTH
2. O = SET REBAR AT REFERENCE POINTS.

OWNER	STATION		FT./RODS
B.L.M.	0+00	TO 2+05.49	205.49/12.45



0 500 1000
 SCALE: 1"=1000'

REVISION REV. BY DATE
DAGGETT SURVEYING, INC.
 P.O. BOX NO.2789
 FARMINGTON, NEW MEXICO 87401
 (505) 326-1772
 REGISTERED LAND SURVEYOR

ROY A. RUSH, A DULY QUALIFIED LAND SURVEYOR LICENSED UNDER THE LAWS OF THE STATE OF NEW MEXICO, DO HEREBY CERTIFY THAT THIS PLAT CORRECTLY REPRESENTS A SURVEY MADE BY ME OR UNDER MY DIRECT SUPERVISION AND THAT THIS SURVEY MEETS THE AMENDED MINIMUM STANDARDS FOR LAND SURVEYS IN NEW MEXICO.

OIL CONSERVATION DIVISION
REC- OIL CONSERVATION DIVISION

'92 MAR 23 AM 10 18

HOBBS
P.O.BOX 1980
HOBBS , NM 88240

ARTESIA
P.O.DRAWER DD
ARTESIA , NM 88120

AZTEC
1000 RIO BRAZOS
AZTEC , NM 87410

NOTICE OF GAS WELL - CONNECTION / RECONNECTION / DISCONNECTION

THIS IS TO NOTIFY THE OIL CONSERVATION DIVISION OF THE FOLLOWING:

CONNECTION _____ FIRST DELIVERY _____
DATE _____ INITIAL POTENTIAL _____
RECONNECTION _____ FIRST DELIVERY _____
DATE _____ INITIAL POTENTIAL _____
DISCONNECTION X

FOR DELIVERY OF GAS FROM THE

Meridian Oil, Inc.
SOUTHERLAND ROYALTY COMPANY

OPERATOR

CONGRESS

LEASE

920130

5E

(P)

34-29-11

METER CODE

SITE CODE

WELL No.

UNIT LETTER

S-T-R

BASIN DAKOTA

POOL

WAS MADE ON

03-09-92

DATE

SUNTERRA GAS GATHERING

AOF

TRANSPORTER

CHOKE

RECEIVED
MAR 11 1992

OIL CON. DIV.
DIST. 3

ANITA VIGIL, PRODUCTION MONITOR

REPRESENTATIVE NAME / TITLE
(PLEASE TYPE or PRINT)

Anita Vigil

REPRESENTATIVE SIGNATURE

OCD USE ONLY

COUNTY SG

LAND TYPE F

LIQUID TRANSPORTER not

SUBMIT IN DUPLICATE TO THE APPROPRIATE DISTRICT OFFICE.

cc: Operator
NMOCD - Aztec
NMOCD - Santa Fe
Bureau of Land Management
Joel Levine - MS 519
Mark Orona - MS 516

Peter Armstrong - MS 214
Paul Mollo - MS 509
Dan Macias - MS 509
Jon Jones - Kutz
Kevin Lawrence - Kutz

Karen Ewing - MS 526
File (2)

DISTRICT II
P.O. Drawer DD, Aztec, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

90 JUL 30 AM

Operator MERIDIAN OIL INC.		Well API No.
Address P. O. Box 4289, Farmington, New Mexico 87499		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	Effect. 6/23/90
Change in Operator <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator Union Texas Petroleum Corporation, P. O. Box 2120, Houston, TX 77252-2120		

II. DESCRIPTION OF WELL AND LEASE

Lease Name CONGRESS	Well No. 5E	Pool Name, including Formation BASIN DAKOTA	Kind of Lease State, Federal or Fee	Lease No. SF047020A
Location Unit Letter P : 1120 Feet From The S Line and 825 Feet From The E Line Section 34 Township 29N Range 11W , 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 checked="" type="checkbox"/> Meridian Oil Inc.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 4289, Farmington, NM 87499	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Sunterra Gas Gathering co.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 26400, Albuquerque, NM 87125	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	Twsp.	Rgs.
	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 Tank	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 - Bbls.

RECEIVED
JUL 3 1990

GAS WELL

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

VI. OPERATOR 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.

Leslie Kahwajy
Signature
Leslie Kahwajy Prod. Serv. Supervisor
Printed Name
6/15/90 **(505)326-9700**
Date Telephone No.

OIL CONSERVATION DIVISION
JUL 03 1990

Date Approved
By **Bill D. Shum**
SUPERVISOR DISTRICT #3
Title

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

DISTRICT II
P.O. Drawer 00, Azusa, NM 88210

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

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

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS**

OIL CONSERVATION DIVISION
RECEIVED

90 JUL 30 AM 8 34

Operator MERIDIAN OIL INC.		Well API No.
Address P. O. Box 4289, Farmington, New Mexico 87499		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Operator <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>
Effect. 6/23/90		
If change of operator give name and address of previous operator Union Texas Petroleum Corporation, P. O. Box 2120, Houston, TX 77252-2120		

II. DESCRIPTION OF WELL AND LEASE

Lease Name CONGRESS	Well No. 5E	Pool Name, including Formation OTERO CHACRA	Kind of Lease State, Federal or Fee	Lease No. SF047020A
Location				
Unit Letter P	: 1120	Feet From The S	Line and 825	Feet From The E Line
Section 34	Township 29N	Range 11W	NMPM, SAN JUAN	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Meridian Oil Inc. <input checked="" type="checkbox"/>	or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P. O. Box 4289, Farmington, NM 87499				
Name of Authorized Transporter of Casinghead Gas Sunterra Gas Gathering co. <input type="checkbox"/>	or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. Box 26400, Albuquerque, NM 87125				
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rgn.	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 Tank	Date of Test	Producing Method (pilot, back pr.)
Length of Test	Tubing Pressure	Casing Pressure
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.

RECEIVED
JUL 3 1990
OIL CON. DIV.
DIST. 3

GAS WELL

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

VI. OPERATOR 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.

Signature Leslie Kahwajy
Printed Name **Leslie Kahwajy** Prod. Serv. Supervisor
Date **6/15/90** Telephone No. **(505)326-9700**

OIL CONSERVATION DIVISION

JUL 03 1990

Date Approved _____
By Barry J. Chang
Title **SUPERVISOR DISTRICT #3**

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

Submit to Counties
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

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

State of New Mexico
Energy, Minerals and Natural Resources Department
OIL CONSERVATION DIVISION
RECEIVED
P.O. Box 2088
Santa Fe, New Mexico 87504-2088
89 OCT 12 AM 11 28

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I. Operator Union Texas Petroleum Corporation Well APN No. _____

Address P.O. Box 2120 Houston, Texas 77252-2120

Reason(s) for Filing (Check proper box) ☐ Other (Please explain) _____

New Well ☐ Change in Transporter of: ☐ Dry Gas ☐
Recompletion ☐ Oil ☒ Dry Gas ☐
Change in Operator ☐ Casinghead Gas ☐ Condensate ☐

If change of operator give name and address of previous operator _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Congress Well No. 5E Pool Name, including Formation Basin (Dakota) Kind of Lease State, Federal or Fee Lease No. SF047020A

Location
Unit Letter P : 1120 Feet From The S Line and 825 Feet From The E Line
Section 34 Township 29N Range 11W .NMPM. SAN JUAN County _____

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Address (Give address to which approved copy of this form is to be sent)
Meridian Oil Inc. P.O. Box 4289, Farmington, NM 87499

Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒ Address (Give address to which approved copy of this form is to be sent)
Sunterra Gas Gathering Co. P.O. Box 26400, Albuquerque, NM 87125

If well produces oil or liquids, give location of tanks. Unit Sec. Twp. Rgs. 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 Tank	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 (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR 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.

Signature Annette C. Bisby Env. & Reg. Sec'rtry
Printed Name Annette C. Bisby Title
8-7-89 (713) 968-4012
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved AUG 28 1989

By [Signature]
Title SUPERVISION DISTRICT # 3

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

RECEIVED

'89 OCT 12 AM 11 28

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator Union Texas Petroleum Corporation Well API No. _____

Address P.O. Box 2120 Houston, Texas 77252-2120

Reason(s) for Filing (Check proper box)

New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☒ Dry Gas ☐
Change in Operator ☐ Casinghead Gas ☐ Condensate ☐

Other (Please explain) _____

If change of operator give name
and address of previous operator _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Congress Well No. 5E Pool Name, including Formation Otero (Chacra) Kind of Lease State, Federal or Fee Lease No. SF047020A
Location Unit Letter P : 1120 Feet From The S Line and 825 Feet From The E Line
Section 34 Township 29N Range 11W NMPM SAN JUAN County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Address (Give address to which approved copy of this form is to be sent)
Meridian Oil Inc. P.O. Box 4289, Farmington, NM 87499

Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒ Address (Give address to which approved copy of this form is to be sent)
Sunterra Gas Gathering Co. P.O. Box 26400, Albuquerque, NM 87125

If well produces oil or liquids, give location of tanks. Unit Sec. Twp. Rge. 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 Tank	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 (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR 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.

Signature Annette C. Bisby Env. & Reg. Sec'try
Printed Name Annette C. Bisby Title (713) 968-4012
Date 8-7-99 Telephone No. _____

OIL CONSERVATION DIVISION

Date Approved AUG 28 1999

By [Signature]
Title SUPERVISION DISTRICT # 8

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

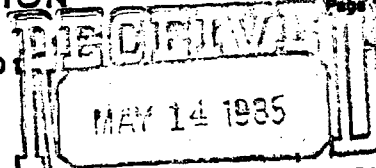
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ENERGY AND MINERALS DEPARTMENT

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	GAS
OPERATOR	
PRODUCTION OFFICE	

OIL CONSERVATION DIVISION

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

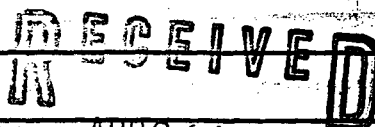
Form C-104
Revised 10-01-78
Format 06-01-83
Page 1



REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS SANTA FE

Operator
Union Texas Petroleum Corporation
Address
P. O. Box 1290, Farmington, New Mexico 87499

14



Reason(s) for filing (Check proper box)
☐ New Well
☐ Recompletion
☐ Change in Ownership
Change in Transporter of:
☐ Oil
☐ Condensate Gas
☒ Dry Gas
☒ Condensate

Other (Please explain) APR 26 1985
OIL CON. DIV./
DIST. 3

If change of ownership give name and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

Lease Name Congress	Well No. 5-E	Pool Name, Including Formation Basin Dakota	Kind of Lease State, Federal or Fee SF	Federal SF	Lease No. 047020A
Location Unit Letter P : 1120 Foot From The South Line and 825 Foot From The East Line of Section 34 Township 29N Range 11 NMPM San Juan County					

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1429, Bloomfield, N.M. 87413
Name of Authorized Transporter of Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P. O. Box 26400, Albuquerque, N.M. 87125
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When P 34 29N 11W Yes

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.

I. 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.

Kenneth E. Roddy (Signature)
Area Production Superintendent

4/26/85

(Title)

(Date)

OIL CONSERVATION DIVISION

APR 26 1985

APPROVED _____, 19____
BY
TITLE DEPUTY OIL & GAS INSPECTOR, DIST. #4

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

If this is a request for allowable (or 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.

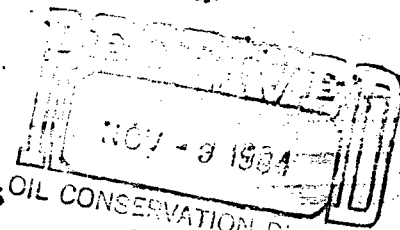
Separate Forms C-104 must be filed for each pool in multiply completed wells.

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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	GAS
OPERATOR	
PRODUCTION OFFICE	

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

I. Operator
Union Texas Petroleum Corporation
Address
P. O. Box 1290, Farmington, New Mexico 87499

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	<input type="checkbox"/> Change in Transporter of:	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Casinghead Gas	<input checked="" type="checkbox"/> Condensate	
<input type="checkbox"/> Change in Ownership			

Other (Please explain) **RECEIVED**
OCT 03 1984

If change of ownership give name and address of previous owner _____
OIL CON. DIV.
DIST. 3

II. DESCRIPTION OF WELL AND LEASE

Lease Name Congress	Well No. 5-E	Pool Name, including Formation Basin Daktoa	Kind of Lease State, Federal or Fee Fed. SE	Lease No. 047020-A
Location Unit Letter <u>P</u> : <u>1120</u> Feet From The <u>South</u> Line and <u>825</u> Feet From The <u>East</u> Line of Section <u>34</u> Township <u>29N</u> Range <u>11W</u> , NMPM, San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Gary Energy Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 489, Bloomfield, N.M. 87413
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Southern Union Gathering Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 26400, Albuquerque, N.M. 87125
If well produces oil or liquids, give location of tanks. Unit <u>P</u> Sec. <u>34</u> Twp. <u>29N</u> Rge. <u>11W</u>	Is gas actually connected? <u>Yes</u> When _____

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.

Kenneth E. Roddy
Kenneth E. Roddy (Signature)
Area Production Superintendent
(Title)
9/28/84
(Date)

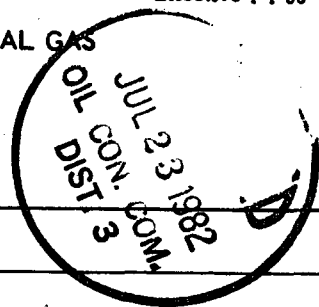
OIL CONSERVATION DIVISION
NOV 01 1984
APPROVED _____
BY _____
TITLE _____
SUPERVISOR DISTRICT # 3

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.

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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-105
Effective 1-1-65



I. Operator
Union Texas Petroleum Corporation
Address
1860 Lincoln Street, Suite 1010, Denver, Colorado 80295
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of: Oil ☐ Dry Gas ☐
Recompletion ☐ Casinghead Gas ☐ Condensate ☐
Change in Ownership ☒ Other (Please explain)
~~Change of Ownership to~~
~~Unicon Producing Company successor to~~
~~Supron Energy Corporation~~

If change of ownership give name and address of previous owner Supron Energy Corporation, P.O. Box 808, Farmington, New Mexico 87401

II. DESCRIPTION OF WELL AND LEASE

Lease Name Congress	Well No. 5-E	Pool Name, Including Formation Basin Dakota	Kind of Lease State, Federal or Fee Fed. SF	Lease No. 047020A
Location Unit Letter <u>P</u> ; <u>1120</u> Feet From The <u>South</u> Line and <u>825</u> Feet From The <u>East</u> Line of Section <u>34</u> Township <u>29N</u> Range <u>11W</u> , NMPM, San Juan Count				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" 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 checked="" type="checkbox"/> Southern Union Gathering Co.	Address (Give address to which approved copy of this form is to be sent) 1800 First International Building Dallas, TX 75201	
If well produces oil or liquids, give location of tanks.	Unit P	Sec. 34
	Twp. 29N	Rge. 11W
	Is gas actually connected? Yes	
	When 9/22/81	

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.
		X						
Date Spudded 3/21/81	Date Compl. Ready to Prod. 8/18/81	Total Depth 6520	P.B.T.D. 6473					
Elevations (DF, RKB, RT, GR, etc.) 5690 R.K.B.	Name of Producing Formation Dakota	Top Oil/Gas Pay 6205	Tubing Depth 6193					
Perforations 6205-6350	Depth Casing Shoe 6517							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE 12 1/4"	CASING & TUBING SIZE 8 5/8", 24.00#		DEPTH SET 294		SACKS CEMENT 220			
7 7/8"	4 1/2", 10.50#		6517		1350 (3 stages)			
	2 3/8", EUE, 4.70#		6193					

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of liquid and must be equal to or exceed top of hole for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow Meter, 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/MCF	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.

Union Texas Petroleum Corporation

J. S. Empire
(Signature)
Vice-President

6/10/82
(Date)

OIL CONSERVATION COMMISSION

APPROVED JUL 23 1982, 19____
BY Supervisor
TITLE SUPERVISOR DISTRICT # 2

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 all wells on new and recompleted wells.

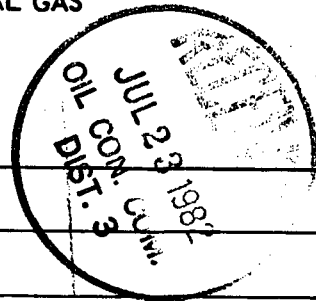
Fill out only Sections I, II, III, and VI for changes of ownership, well name or number, or transporter, or other such change of conditions.

Separate Forms C-104 must be filed for each pool in multi-

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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-105
Effective 1-1-65



I.

Operator Union Texas Petroleum Corporation	
Address 1860 Lincoln Street, Suite 1010, Denver, Colorado 80295	
Reason(s) for filing (Check proper box)	
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Other (Please explain) Change of Ownership to Unicon Producing Company Successor to Supron Energy Corporation
Change in Ownership <input checked="" type="checkbox"/>	

If change of ownership give name and address of previous owner Supron Energy Corporation, P.O. Box 808, Farmington, New Mexico 87401

II. DESCRIPTION OF WELL AND LEASE

Lease Name Congress	Well No. 5-E	Pool Name, including Formation Bloomfield Chacra Ext.	Kind of Lease State, Federal or Fed. SF	Lease No. 047020A
Location Unit Letter <u>P</u> ; <u>1120</u> Feet From The <u>South</u> Line and <u>825</u> Feet From The <u>East</u> Line of Section <u>34</u> Township <u>29N</u> Range <u>11W</u> , NMPM, <u>San Juan</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
<u>Southern Union Gathering Co.</u>	<u>1800 First International Building</u> <u>Dallas, TX 75201</u>	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	Twp.	Rge.
	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.
		X						
Date Spudded 3/21/81	Date Compl. Ready to Prod. 8/18/81	Total Depth 6520	P.B.T.D. 6473'					
Elevations (DF, RKB, RT, GR, etc.) 5690 R.K.B.	Name of Producing Formation Chacra	Top Oil/Gas Pay 2767	Tubing Depth No Tubing					
Perforations 2767-2889	Depth Casing Shoe 6517'							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/2"	8 5/8", 24.00#	294	220
7 7/8"	4 1/2", 10.50#	6517'	1350 (3 stages)
	No tubing		

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, pumpjack, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gravity MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate	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.

Union Texas Petroleum Corporation

J. S. Empire
(Signature)
Vice-President

6/10/82
(Date)

OIL CONSERVATION COMMISSION

APPROVED JUL 23 1982, 19____
BY Paul J. Dwyer
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 deviate tests taken on the well in accordance with RULE 111.

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

Separate Forms C-104 must be filed for each pool in multi-

OIL CONSERVATION DIVISION

Form C-104
Revised 10-1-78P. O. BOX 2088
SANTA FE, NEW MEXICO 87501REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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Operator

SUPRON ENERGY CORPORATION

Address

P.O. Box 808, Farmington, New Mexico 87401

Reason(s) for filing (Check proper box)

New Well ☒Recompletion ☐Change in Ownership ☐

Change in Transporter of:

Oil ☐Casinghead Gas ☐Dry Gas ☐Condensate ☐

Other (Please explain)

Add

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Congress</u>	Well No. <u>5-E</u>	Pool Name, including Formation <u>Bloomfield Chacra Ext.</u>	Kind of Lease State, Federal or Fee <u>Fed. SF</u>	Lease No. <u>047020A</u>
Location Unit Letter <u>P</u> : <u>1120</u> Feet From The <u>South</u> Line and <u>825</u> Feet From The <u>East</u> Line of Section <u>34</u> Township <u>29 North</u> Range <u>11 West</u> , NMPM, <u>San Juan</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
<u>Southern Union Gathering Company</u>	<u>First International Building - Dallas, Texas</u> <u>Attention: Mr. R.J. McCrary</u>	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	<u>Twp.</u>	<u>Rge.</u>
	Is gas actually connected? <u>No</u> 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.
		<u>XX</u>	<u>XX</u>					
Date Spudded <u>3-21-81</u>	Date Compl. Ready to Prod. <u>8-18-81</u>		Total Depth <u>6520</u>		P.B.T.D. <u>6473</u>			
Elevations (DF, RKB, RT, GR, etc.) <u>5690 R.K.B.</u>	Name of Producing Formation <u>Chacra</u>		Top Oil/Gas Pay <u>2767</u>		Tubing Depth <u>No Tubing</u>			
Perforations <u>2767 - 2889</u>					Depth Casing Shoe <u>6517</u>			

TUBING, CASING, AND CEMENTING RECORD

MOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>12-1/4"</u>	<u>8-5/8", 24.00#</u>	<u>294</u>	<u>220</u>
<u>7-7/8"</u>	<u>4-1/2", 10.50#</u>	<u>6517</u>	<u>1350 (3 stages)</u>
	<u>NO TUBING</u>		

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 <u>1689</u>	Length of Test <u>3 hours</u>	Bbls. Condensate, M/MCF	Gravity of Condensate
Testing Method (pilot, back pr.) <u>Back pressure</u>	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size
		<u>241</u>	<u>3/4"</u>

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 above is true and complete to the best of my knowledge and belief.

Kenneth E. Roddy

(Signature)

Production Superintendent

(Title)

August 20, 1981

(Date)

OIL CONSERVATION DIVISION

APPROVED

BY

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 name or number, or transporter, or other such change of condition. Form C-104 must be filed for each pool in multiple.

OIL CONSERVATION COMMISSION

1000 Rio Brazos Road

AZTEC, NEW MEXICO 87410

NOTICE OF GAS CONNECTION

DATE December 16, 1981

THIS IS TO NOTIFY THE OIL CONSERVATION COMMISSION THAT CONNECTION FOR THE PURCHASE OF

GAS FROM THE Supron Energy Corporation
OPERATOR

Congress

5-E

(P) 34-29N-11W

LEASE

WELL UNIT

S - T - R

Bloomfield Chacra Ext.

Southern Union Gathering Company

POOL

NAME OF PURCHASER

WAS MADE ON 12-16-81

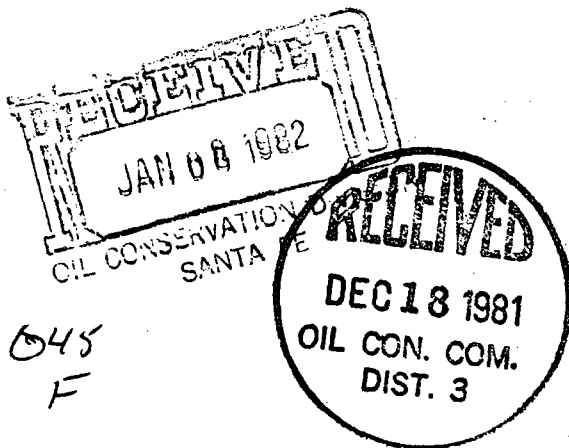
, FIRST DELIVERY 12-16-81

DATE

DATE

1725

INITIAL POTENTIAL



Southern Union Gathering Company
PURCHASER

James R. Large
REPRESENTATIVE
James R. Large
Dispatch Manager

TITLE

/sw

cc: OPERATOR

New Mexico Oil Conservation Commission - Aztec

U. S. Geological Survey

Mr. E. R. Corliss, Engineering

Mr. R. J. McCrary, Prorations

Mr. Jim Bowlby, Gas Accting.

Ms. Nylene Dickson, Gas Measurement

FORM 201-18 Mr. Mike Lambert, Gas Supply

Mr. Richard Thomas, Gas Supply

Mr. Perry McFarland, Kutz

File

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-1-78

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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	
Operator	

SEP 29 1981

REQUEST FOR ALLOWABLE
AND

TO TRANSPORT OIL AND NATURAL GAS

SUPRON ENERGY CORPORATION

Address

P.O. Box 808, Farmington, New Mexico 87401

Reason(s) for filing (Check proper box)

New Well ☒
Recompletion ☐
Change in Ownership ☐

Change in Transporter of:

Oil ☐ Dry Gas ☐
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>Congress</u>	Well No. <u>5-E</u>	Pool Name, Including Formation <u>Basin Dakota</u>	Kind of Lease State, Federal or Fee <u>Fed. SF</u>	Lease No. <u>047020A</u>
Location Unit Letter <u>P</u> ; <u>1120</u> Feet From The <u>South</u> Line and <u>825</u> Feet From The <u>East</u> Line of Section <u>34</u> Township <u>29 North</u> Range <u>11 West</u> , NMPM, <u>San Juan</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> <u>Plateau, Inc.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 108, Farmington, New Mexico 87401</u>			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <u>Southern Union Gathering Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>First International Building - Dallas, Texas</u> <u>Attention: Mr. R.J. McCrary</u>			
If well produces oil or liquids, give location of tanks.	Unit <u>P</u>	Sec. <u>34</u>	Twp. <u>29N</u>	Rge. <u>11W</u>
Is gas actually connected? <u>No</u> 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'
		<u>XX</u>	<u>XX</u>					
Date Spudded <u>3-21-81</u>	Date Compl. Ready to Prod. <u>8-18-81</u>		Total Depth <u>6520</u>		P.B.T.D. <u>6473</u>			
Elevations (DF, RKB, RT, GR, etc.) <u>5690 R.K.B.</u>	Name of Producing Formation <u>Dakota</u>		Top Oil/Gas Pay <u>6205</u>		Tubing Depth <u>6193</u>			
Perforations <u>6205 - 6350</u>					Depth Casing Shoe <u>6517</u>			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>12-1/4"</u>	<u>8-5/8", 24.00#</u>	<u>294</u>	<u>220</u>
<u>7-7/8"</u>	<u>4-1/2", 10.50#</u>	<u>6517</u>	<u>1350 (3 stages)</u>
	<u>2-3/8", EUE, 4.70#</u>	<u>6193</u>	

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
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.

GAS WELL

Actual Prod. Test-MCF/D <u>423</u>	Length of Test <u>3 hours</u>	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) <u>Back pressure</u>	Tubing Pressure (Shut-in) <u>605</u>	Casing Pressure (Shut-in) <u>----</u>	Choke Size <u>3/4"</u>

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 above is true and complete to the best of my knowledge and belief.

Kenneth E. Roddy

(Signature)

Production Superintendent

(Title)

August 20, 1981

(Date)

OIL CONSERVATION DIVISION

9-24-81

SEP 24 1981

APPROVED

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 deviated 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 conditions. Forms C-104 must be filed for each pool in multiple.

OIL CONSERVATION COMMISSION

1000 Rio Brazos Road

AZTEC, NEW MEXICO 87410

NOTICE OF GAS CONNECTION

DATE September 23, 1981

THIS IS TO NOTIFY THE OIL CONSERVATION COMMISSION THAT CONNECTION FOR THE PURCHASE OF
GAS FROM THE Supron Energy Corporation
OPERATOR

Congress

LEASE

5-E

WELL UNIT

(P) 34-29N-11W

S - T - R

Basin Dakota

POOL

Southern Union Gathering Company

NAME OF PURCHASER

WAS MADE ON 9-22-81

DATE

, FIRST DELIVERY 9-22-81

DATE

428

INITIAL POTENTIAL



Southern Union Gathering Company
PURCHASER

James R. Large
REPRESENTATIVE
James R. Large
Dispatch Manager

TITLE

/sw

cc: OPERATOR

New Mexico Oil Conservation Commission - Aztec

U. S. Geological Survey

Mr. E. R. Corliss, Engineering

Mr. R. J. McCrary, Prorations

Ms. Nylene Dickson, Gas Measurement

Mr. Jim Bowlby, Gas Accting.

Mr. Mike Lambert, Gas Supply

FORM 29-13 11-78
Mr. Richard Thomas, Gas Supply

Mr. Perry McFarland, Kutz

File

045

F

PLA



UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

(See other in-
structions on
reverse side)Form approved.
Budget Bureau No. 42-R355.5.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

1a. TYPE OF WELL:		OIL WELL <input type="checkbox"/>	GAS WELL <input checked="" type="checkbox"/>	DRY <input type="checkbox"/>	Other <input type="checkbox"/>										
b. TYPE OF COMPLETION:		NEW WELL <input checked="" type="checkbox"/>	WORK OVER <input type="checkbox"/>	DEEP-EN <input type="checkbox"/>	PLUG BACK <input type="checkbox"/>	DIFF. RESVR. <input type="checkbox"/>	Other <input type="checkbox"/>								
2. NAME OF OPERATOR SUPRON ENERGY CORPORATION															
3. ADDRESS OF OPERATOR P.O. Box 808, Farmington, New Mexico 87401															
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements). At surface 1120 ft./South ; 825 ft./East line At top prod. interval reported below Same as above At total depth Same as above															
14. PERMIT NO. DATE ISSUED OIL CON. COM. DIST. 3 AUG 25 1981															
5. LEASE DESIGNATION AND SERIAL NO. SF 047020 A		6. IF INDIAN, ALLOTTEE OR TRIBE NAME													
7. UNIT AGREEMENT NAME															
8. FARM OR LEASE NAME Congress															
9. WELL NO. 5-E															
10. FIELD AND POOL, OR WILDCAT Bloomfield Chacra Ext.															
11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA Sec. 34, T-29N, R-11W, NMPM															
12. COUNTY OR PARISH San Juan				13. STATE New Mexico											
15. DATE SPUDDED 3-21-81		16. DATE T.D. REACHED 4-11-81		17. DATE COMPL. (Ready to prod.) 8-18-81		18. ELEVATIONS (DF, REB, RT, GR, ETC.)* 5690 R.K.B.		19. ELEV. CASINGHEAD 5678							
20. TOTAL DEPTH, MD & TVD 6520 MD & TVD		21. PLUG, BACK T.D., MD & TVD 6473 MD & TVD		22. IF MULTIPLE COMPL., HOW MANY* 2		23. INTERVALS DRILLED BY ROTARY TOOLS 0 - 6520		25. WAS DIRECTIONAL SURVEY MADE No							
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 2767 - 2889 Chacra (MD & TVD)								27. WAS WELL CORED No							
26. TYPE ELECTRIC AND OTHER LOGS RUN Induction Electric and Compensated Density															
28. CASING RECORD (Report all strings set in well)															
CASING SIZE		WEIGHT, LB./FT.		DEPTH SET (MD)		HOLE SIZE		CEMENTING RECORD		AMOUNT PULLED					
8-5/8"		24.00		294		12-1/4"		220 sacks							
4-1/2"		10.50		6517		7-7/8"		1350 sacks (3 stages)							
29. LINER RECORD								30. TUBING RECORD							
SIZE		TOP (MD)		BOTTOM (MD)		SACKS CEMENT*		SCREEN (MD)		SIZE		DEPTH SET (MD)		PACKER SET (MD)	
										No Tubing				6158	
31. PERFORATION RECORD (Interval, size and number) 1 - 0.42" hole at each of the following depths: 2767, 70, 72, 74, 76, 2856, 60, 72, 75, 2878, 82, 84, 87, 89. (Total of 14 holes)								32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC. DEPTH INTERVAL (MD) 2767 - 2889 AMOUNT AND KIND OF MATERIAL USED 800 gal. 7 1/2% HCL, 73,500 lb. 20-40 sand, and 54,000 gal. 70-30 quality foam.							
33.* DATE FIRST PRODUCTION 8-18-81 HOURS TESTED 3 CHOKE SIZE 3/4" PROD'N. FOR TEST PERIOD OIL—BBL. GAS—MCF. WATER—BBL. OIL GRAVITY-API (CORR.)								PRODUCTION Flowing SANTA FE DIVISION Shut-In 211 1689							
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) Vented								TEST WITNESSED BY Clifton Gates							
35. LIST OF ATTACHMENTS															
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records.								RECEIVED FOR RECORD AUG 25 1981							

SIGNED Kenneth E. Roddy TITLE Production Superintendent DATE August 19, 1981

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

NMOCC

BY Sma
FARMINGTON DISTRICT

INSTRUCTIONS

General: This form is designed for submitting a complete and correct well completion report and log on all types of lands and leases to either a Federal agency or a State agency, or both, pursuant to applicable Federal and/or State laws and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office. See instructions on items 22 and 24, and 33, below regarding separate reports for separate completions.

If not filed prior to the time this summary record is submitted, copies of all currently available logs (drillers, geologists, sample and core analysis, all types electric, etc.), formation and pressure tests, and directional surveys, should be attached hereto, to the extent required by applicable Federal and/or State laws and regulations. All attachments should be listed on this form, see item 35.

Item 4: If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

Item 18: Indicate which elevation is used as reference (where not otherwise shown) for depth measurements given in other spaces on this form and in any attachments. **Items 22 and 24:** If this well is completed for separate production from more than one interval zone (multiple completion), so state in item 22, and in item 24 show the producing interval, or intervals, top(s), bottom(s) and name(s) (if any) for only the interval reported in item 33. Submit a separate report (page) on this form, adequately identified, for each additional interval to be separately produced, showing the additional data pertinent to such interval.

Item 29: "Sacks Cement": Attached supplemental records for this well should show the details of any multiple stage cementing and the location of the cementing tool. **Item 33:** Submit a separate completion report on this form for each interval to be separately produced. (See instruction for items 22 and 24 above.)

37. SUMMARY OF POROUS ZONES: SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF; CORDED INTERVALS; AND ALL DRILL-STEM TESTS, INCLUDING DEPTH INTERVAL TESTED, CUSHION USED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES				38. GEOLOGIC MARKERS		
FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	MEAS. DEPTH	TOP TRUE VERT. DEPTH
				Ojo Alamo	670	
				Kirtland	747	
				Fruitland	1490	
				Pictured Cliffs	1746	
				Chacra	2756	
				Cliff House	3328	
				Point Lookout	4114	
				Gallup	5340	
				Greenhorn (Base)	6147	
				Dakota	6183	

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

(See other in-
structions on
reverse side)Form approved.
Budget Bureau No. 42-R355.6.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG*

1a. TYPE OF WELL:		OIL WELL <input type="checkbox"/>	GAS WELL <input checked="" type="checkbox"/>	DRY <input type="checkbox"/>	Other <input type="checkbox"/>										
b. TYPE OF COMPLETION:		NEW WELL <input checked="" type="checkbox"/>	WORK OVER <input type="checkbox"/>	DEEP-EN <input type="checkbox"/>	PLUG BACK <input type="checkbox"/>	DIFF. RESVR. <input type="checkbox"/>	Other <input type="checkbox"/>								
2. NAME OF OPERATOR SUPRON ENERGY CORPORATION															
3. ADDRESS OF OPERATOR P.O. Box 808, Farmington, New Mexico 87401															
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 1120 ft./South ; 825 ft./East line At top prod. interval reported below Same as above At total depth Same as above															
14. PERMIT NO. <u>U.S. GEOLOGICAL SURVEY FARMINGTON, N. M.</u> DATE ISSUED <u>AUG 25 1981</u>															
5. LEASE DESIGNATION AND SERIAL NO. SF 047020 A		6. IF INDIAN, ALLOTTEE OR TRIBE NAME		UNIT AGREEMENT NAME		5. FARM OR LEASE NAME Congress									
9. WELL NO. 5-E		10. FIELD AND POOL, OR WILDCAT Basin Dakota		11. SEC. T., R., N., OR BLOCK AND SURVEY OR AREA Sec. 34, T-29N, R-11W, NMP		12. COUNTY OR PARISH San Juan		13. STATE New Mexico							
15. DATE SPUDDED 3-21-81	16. DATE T.D. REACHED 4-11-81	17. DATE COMPL. (Ready to prod.) 8-18-81	18. ELEVATIONS (DF, REB, BT, OR, ETC.)* 5690 R.K.B.		19. ELEV. CASINGHEAD 5678										
20. TOTAL DEPTH, MD & TVD 6520 MD & TVD	21. PLUG, BACK T.D., MD & TVD 6473 MD & TVD	22. IF MULTIPLE COMPL., HOW MANY* 2	23. INTERVALS DRILLED BY →		ROTARY TOOLS 0 - 6520		CABLE TOOLS ---								
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 6205 - 6350 Dakota (MD & TVD)								25. WAS DIRECTIONAL SURVEY MADE No							
26. TYPE ELECTRIC AND OTHER LOGS RUN Induction Electric and Compensated Density								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					
8-5/8"		24.00		294		12-1/4"		220 sacks							
4-1/2"		10.50		6517		7-7/8"		1350 sacks (3 stages)							
29. LINER RECORD								30. TUBING RECORD							
SIZE		TOP (MD)		BOTTOM (MD)		SACKS CEMENT*		SCREEN (MD)		SIZE		DEPTH SET (MD)		PACKER SET (MD)	
										2-3/8" EUP		6193		6158	
31. PERFORATION RECORD (Interval, size and number) 1 - 0.42" hole at each of the following depths: 6205, 06, 09, 10, 11, 55, 59, 61, 63, 66, 68, 70, 72, 6274, 76, 78, 80, 82, 93, 6332, 34, 36, 46, 48, 6350 (total of 25 holes).								32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.							
								DEPTH INTERVAL (MD)		AMOUNT AND KIND OF MATERIAL USED					
								6205 - 6350		1500 gal. 7 1/2% HCL, 115,000 lb. 20-40 sand, & 65,000 gal. 30 lb. cross-linked gel.					
33.*								PRODUCTION							
DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, Solubility, etc. and type of pump) Flowing						WELL STATUS (Producing or shut-in) Shut-In							
DATE OF TEST 8-11-81		HOURS TESTED 3		CHOKE SIZE 3/4"		PROD'N. FOR TEST PERIOD →		OIL—BBL. 423		GAS—MCF. 53		WATER—BBL.		OIL GRAVITY-API (CORR.)	
FLOW. TUBING PRESS. 25		CASING PRESSURE ---		CALCULATED 24-HOUR RATE →		OIL—BBL. 423		GAS—MCF. 53		WATER—BBL.		OIL GRAVITY-API (CORR.)			
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) Vented								TEST WITNESSED BY Clifton Gates							
35. LIST OF ATTACHMENTS															
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records.															
SIGNED Kenneth E. Roady		TITLE Production Superintendent						DATE August 19, 1981							

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

FARMINGTON DISTRICT

BY Jan

INSTRUCTIONS

General: This form is designed for submitting a complete and correct well completion report and log on all types of lands and leases to either a Federal agency or a State agency, or both, pursuant to applicable Federal and/or State laws and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office. See instructions on items 22 and 24, and 33, below regarding separate reports for separate completions.

If not filed prior to the time this summary record is submitted, copies of all currently available logs (drillers, geologists, sample and core analysis, all types electric, etc.), formation and pressure tests, and directional surveys, should be attached hereto, to the extent required by applicable Federal and/or State laws and regulations. All attachments should be listed on this form, see item 35.

Item 4: If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

Item 18: Indicate which elevation is used as reference (where not otherwise shown) for depth measurements given in other spaces on this form and in any attachments.

Items 22 and 24: If this well is completed for separate production from more than one interval zone (multiple completion), so state in item 22, and in item 24 show the producing interval, or intervals, top(s), bottom(s) and name(s) (if any) for only the interval reported in item 33. Submit a separate report (page) on this form, adequately identified, for each additional interval to be separately produced, showing the additional data pertinent to such interval.

Item 29: "Sacks Cement": Attached supplemental records for this well should show the details of any multiple stage cementing and the location of the cementing tool.

Item 33: Submit a separate completion report on this form for each interval to be separately produced. (See instruction for items 22 and 24 above.)

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				38. GEOLOGIC MARKERS		
FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	MEAS. DEPTH	TRUE VERT. DEPTH
				Ojo Alamo	670	
				Kirtland	747	
				Fruitland	1490	
				Pictured Cliffs	1746	
				Chacra	2756	
				Cliff House	3328	
				Point Lookout	4114	
				Gallup	5340	
				Greenhorn (Base)	6147	
				Dakota	6183	

MULTIPOINT AND ONE POINT BACK PRESSURE TEST FOR GAS WELL

Type Test <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Annual <input type="checkbox"/> Special					Test Date 8-11-81				
Company SUPRON ENERGY CORPORATION				Connection Southern Union Gathering Company					
Pool Basin				Formation Dakota				Unit	
Completion Date 5-29-81		Total Depth 6520		Plug Back TD 6473		Elevation 5690		Farm or Lease Name Congress	
Csq. Size 4.500	Wt. 10.50	d 4.052	Set At 6517	Perforations: From 6205 To 6350		Well No. 5-E			
Thq. Size 2.375	Wt. 4.70	d 1.995	Set At 6193	Perforations: NO PERFORATIONS From To		Unit, Sec. Twp. Rge. P 34 29N 11W			
Type Well - Single - Bradenhead - G.G. or G.O. Multiple Dual - Gas - Gas					Packer Set At 6158		County San Juan		
Producing Thru Tubing		Reservoir Temp. °F #		Mean Annual Temp. °F		Baro. Press. - P _g 12		State New Mexico	
L 6183	H	G _g 0.700	% CO ₂	% N ₂	% H ₂ S	Prover	Meter Run	Taps	

FLOW DATA						TUBING DATA		CASING DATA		Duration of Flow	
NO.	Prover Line Size	X	Orifice Size	Press. p.s.i.g.	Diff. h _w	Temp. °F	Press. p.s.i.g.	Temp. °F	Press. p.s.i.g.		Temp. °F
SI	2"		3/4"				605				7 days
1.							25	62°			3 hours
2.											
3.											
4.											
5.											

RATE OF FLOW CALCULATIONS							
NO.	Coefficient (24 Hour)	$\sqrt{h_w P_m}$	Pressure P _m	Flow Temp. Factor Ft.	Gravity Factor F _g	Super Compress. Factor, F _{pv}	Rate of Flow Q, Mcfd
1	12.3650		37	0.9981	0.9258	1.000	423
2.							
3.							
4.							
5.							

NO.	P _r	Temp. °R	z	Gas Liquid Hydrocarbon Ratio	Mcf/bbl.
1.				A.P.I. Gravity of Liquid Hydrocarbon	°Deg.
2.				Specific Gravity Separator Gas	XXXXXXXXXX
3.				Specific Gravity Flowing Fluid	XXXXXX
4.				Critical Pressure	P.S.I.A. P.S.I.A.
5.				Critical Temperature	R R

P _c 617	P _e 380,689		
NO.	P _i ²	P _w	P _w ²
1			5640
2			
3			
4			
5			

(1) $\frac{P_c^2}{P_e^2 - P_w^2} = 1.0150$

AOF = Q $\left[\frac{P_c^2}{P_e^2 - P_w^2} \right]^n = 428$

(2) $\left[\frac{P_c^2}{P_e^2 - P_w^2} \right]^n = 1.0111$

Absolute Open Flow 428 Mcfd @ 15.025	Angle of Slope @	Slope, n 0.75
Remarks:		

Approved By Division	Conducted By: Cliff Gates	Calculated By: Kenneth E. Roddu	Checked By:
----------------------	------------------------------	------------------------------------	-------------

MULTIPOINT AND ONE POINT BACK PRESSURE TEST FOR GAS WELL

Type Test <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Annual <input type="checkbox"/> Special						Test Date 8-18-81			
Company SUPRON ENERGY CORPORATION				Connection Southern Union Gathering Company					
Pool Bloomfield Est.				Formation Chacra				Unit	
Completion Date 5-29-81		Total Depth 6520		Plug Back TD 6473		Elevation 5690		Farm or Lease Name Congress	
Csq. Size 4.500	Wt. 10.50	d 4.052	Set At 6517	Perforations: From 2767 To 2889		Well No. 5-E			
Tbg. Size NO TUBING	Wt.	d	Set At	Perforations: From To		Unit Sec. Twp. Rge. P 34 29N 11W			
Type Well - Single - Brdenhead - G.G. or G.O. Multiple Dual - Gas - Gas						Packer Set At 6158		County San Juan	
Producing Thru Casing		Reservoir Temp. °F 8		Mean Annual Temp. °F		Baro. Press. - P _g 12		State New Mexico	
L 2757	H	G _g 0.650	% CO ₂	% N ₂	% H ₂ S	Prover	Meter Run	Taps	

FLOW DATA						TUBING DATA		CASING DATA		Duration of Flow	
NO.	Prover Line Size	X	Orifice Size	Press. p.s.i.g.	Diff. h _w	Temp. °F	Press. p.s.i.g.	Temp. °F	Press. p.s.i.g.	Temp. °F	
SI	2"		3/4"						941		14 days
1.									129	64°	3 hours
2.											
3.											
4.											
5.											

RATE OF FLOW CALCULATIONS							
NO.	Coefficient (24 Hour)	$\sqrt{h_w P_m}$	Pressure P _m	Flow Temp. Factor Ft.	Gravity Factor Fg	Super Compress. Factor, Fpv	Rate of Flow Q, Mcfd
1	12.3650		141	0.9962	0.9608	1.012	1689
2.							
3.							
4.							
5.							

NO.	R	Temp. °F	Gas Liquid Hydrocarbon Ratio	A.P.I. Gravity of Liquid Hydrocarbons	Specific Gravity Separator Gas	Specific Gravity Flowing Fluid	Critical Pressure	Critical Temperature
1.								
2.								
3.								
4.								
5.								

P _c 953	P _c ² 908,209	(1) $\frac{P_c^2}{R_c^2 - R_w^2} = 1.0284$	(2) $\left[\frac{R_c^2}{R_c^2 - R_w^2} \right]^n = 1.0212$	
NO	P _t ²	P _w	P _w ²	P _c ² - P _w ²
1			25,069	883,140
2				
3				
4				
5				

Absolute Open Flow 1725 Mcfd @ 15.025		Angle of Slope	Slope, n 0.75
Remarks:			

Approved By Division	Conducted By: Cliff Gates	Calculated By: Kenneth E. Roddy	Checked By:
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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
Supron Energy Corporation
3. ADDRESS OF OPERATOR
P.O. Box 808, Farmington, NM 87401
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1120 ft./S; 825 ft./E line
AT TOP PROD. INTERVAL: Same as above
AT TOTAL DEPTH: Same as above

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

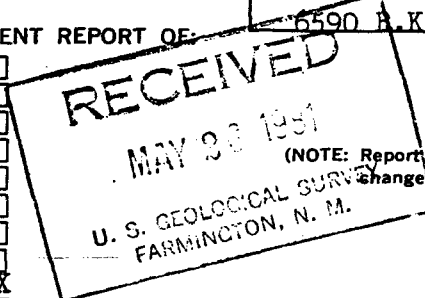
REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐

(other) Test lower Dakota Zone

SUBSEQUENT REPORT OF:

☐
☐
☐
☐
☐
☐
☐
☒



5. LEASE

SF 047020 A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Congress

9. WELL NO.

5-E

10. FIELD OR WILDCAT NAME

Basin Dakota-Bloomfield Chacra

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

Sec. 34, T29N, R11W, N.M.P.M.

12. COUNTY OR PARISH 13. STATE

San Juan

New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)

6590 R.K.B.



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.)*

1. Perforated lower Dakota zone with one shot at each of the following depths: 6412, 16, 20, 23, 27, 34, 36, and 38 ft. R.K.B.
2. Acidized with 300 gallons of 10% Acetic acid.
3. Swabbed well and made about 4 bbl. of water per hour with a trace of oil and gas.
4. Set cement retainer at 6390 ft. R.K.B.
5. Ran tubing and stung into retainer.
6. Squeezed perforations (6412 - 6438) with 50 sacks of class "B".
7. Final squeeze pressure was 3000 P.S.I.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED Kenneth E. Roddy TITLE Production Supt. DATE May 22, 1981
Kenneth E. Roddy

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

MAY 26 1981

*See Instructions on Reverse Side

NMOCC

BY FAH FARMINGTON DISTRICT

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
SUPRON ENERGY CORPORATION
3. ADDRESS OF OPERATOR
P.O. Box 808, Farmington, New Mexico 87401
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1120 ft./S ; 825 ft./E line
AT TOP PROD. INTERVAL: Same as above
AT TOTAL DEPTH: Same as above
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

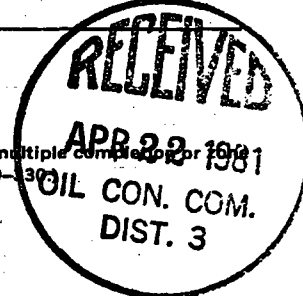
- TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐
(other) Ran 4½" casing ☒

SUBSEQUENT REPORT OF:

- ☐
☐
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RECEIVED
APR 16 1981U. S. GEOLOGICAL SURVEY
FARMINGTON, N. M.

(NOTE: Report results of multiple completions or change on Form 9-331)



5. LEASE
SF 047020 A
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Congress
9. WELL NO.
5-E
10. FIELD OR WILDCAT NAME
Basin Dakota; Bloomfield Chacra Ext.
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 34, T-29N, R-11W, N.M.P.M.
12. COUNTY OR PARISH San Juan 13. STATE New Mexico
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
6590 R.K.B.

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.)*

1. Drilled 7-7/8" hole w/mud to total depth of 6520 ft. R.K.B. Total depth was reached on 4-11-81.
2. Ran 159 joints of 4½", 10.50#, K-55 casing and set at 6517 ft. with the float collar at 6473 ft. R.K.B. Stage collars were set at 4383 ft. and 2991 ft. R.K.B.
3. Cemented first stage with 350 sacks of 50-50 POZ mix with 2% gel and 10% salt. Plug down at 9:45 a.m. 4-13-81. Cemented second stage with 250 sacks of 50-50 POZ mix with 4% gel and 50 sacks of class "B". Plug down at 1:15 p.m. 4-13-81. Cemented third stage with 600 sacks of 65-35-12 with 12½ lb. gilsonite per sack and 100 sacks of 50-50 POZ mix with 2% gel. Plug down at 4:00 p.m. 4-13-81.
4. Cement circulated to the surface.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED Kenneth E. Roddy TITLE Production Supt. DATE April 14, 1981

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

ACCEPTED FOR RECORD

NMOCC

APR 21 1981

*See Instructions on Reverse Side

FARMINGTON DISTRICT

BY _____

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 ☐ gas ☒ other ☐
well well
2. NAME OF OPERATOR
SUPRON ENERGY CORPORATION
3. ADDRESS OF OPERATOR
P.O. Box 808, Farmington, New Mexico 87401
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1120 ft./S ; 825 ft./E line
AT TOP PROD. INTERVAL: Same as above
AT TOTAL DEPTH: Same as above
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:

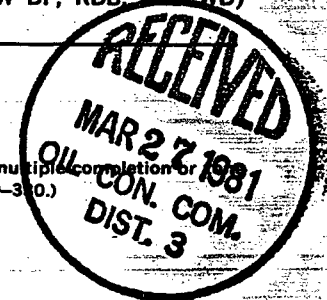
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RECEIVED

MAR 25 1981

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

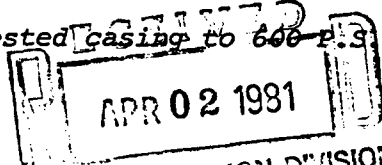
U. S. GEOLOGICAL SURVEY
FARMINGTON, N. M.



5. LEASE
SF 047020 A
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Congress
9. WELL NO.
5-E
10. FIELD OR WILDCAT NAME
Basin Dakota; Bloomfield Chacra Ext.
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 34, T-29N, R-11W, N.M.P.M.
12. COUNTY OR PARISH
San Juan
13. STATE
New Mexico
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
6590 R.K.B.

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.)*

- Spudded 12 1/4" hole at 9:00 p.m. 3-21-81.
- Drilled 12 1/4" surface hole to total depth of 296 ft. R.K.B.
- Ran 6 joints of 8-5/8", 24.00# H-40 casing and set at 294 ft. R.K.B.
- Cemented with 220 sacks of class "B" with 3% calcium chloride. Plug down at 6:15 a.m. 3-22-81. Cement circulated to the surface.
- Waited on cement for 12 hours.
- Pressure-tested casing to 600 P.S.I. for 30 minutes. Held OK.



Subsurface Safety Valve: Manual and Type SANTA FE

Set @ _____ Ft.

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

SIGNED Kenneth E. Roddy TITLE Production Supt. DATE March 24, 1981
Kenneth E. Roddy

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____ DATE _____

ACCEPTED FOR RECORD

MAR 26 1981

*See Instructions on Reverse Side

NMOCC

FARMINGTON DISTRICT
BY CSA

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. TYPE OF WORK

DRILL ☒DEEPEN ☐PLUG BACK ☐

b. TYPE OF WELL

OIL
WELL ☐GAS
WELL ☒OTHER ☐SINGLE
ZONE ☐MULTIPLE
ZONE ☒

2. NAME OF OPERATOR

SUPRON ENERGY CORPORATION

3. ADDRESS OF OPERATOR

P.O. Box 808, Farmington, New Mexico 87401

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)

At surface

1120 feet from the South and 825 feet from the U. S. GEOLOGICAL SURVEY FARMINGTON, N. M.

At proposed prod. zone

Same as above

14. DISTANCE IN MILES AND DIRECTION FROM NEAREST TOWN OR POST OFFICE*

2 1/2 miles southeast of Bloomfield New Mexico

15. DISTANCE FROM PROPOSED*

LOCATION TO NEAREST

PROPERTY OR LEASE LINE, FT.

(Also to nearest drig. unit line, if any)

825 ft.

825 ft.

18. DISTANCE FROM PROPOSED LOCATION*

TO NEAREST WELL, DRILLING, COMPLETED,
OR APPLIED FOR, ON THIS LEASE, FT.

220 ft.

16. NO. OF ACRES IN LEASE

400.28

19. PROPOSED DEPTH

6525 ft.

17. NO. OF ACRES ASSIGNED
TO THIS WELL

E 1/4 321.80 Dak; SE 1/4 160.00 Chacra

20. ROTARY OR CABLE TOOLS

Rotary

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

5678 Gr.

22. APPROX. DATE WORK WILL START*

March 10, 1981

23.

PROPOSED CASING AND CEMENTING PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	QUANTITY OF CEMENT
12-1/4"	8-5/8"	24.00	250 ft.	150 sx circulated
7-7/8"	4-1/2"	10.50	6525 ft.	950 sx cover the Ojo Alamo

This action is subject to administrative
approval pursuant to 30 CFR 290.1

We desire to drill 12 1/4" surface hole, using natural mud, to approx. 250 ft. Run new 8-5/8" 24.00# csg. Cement surface csg. in place. Circulate cement to the surface. Drill out w/7-7/8" ibt using mud as a circulating medium to T.D. of approx. 6525 ft. Log well. Run new 4 1/2" 10.50# csg. to T.D. w/D.V. tools at approx. 4400 ft. & @ approx. 3010 ft. Cement 1st stage w/approx. 300 sx of 50-50 POZ. Cement 2nd stage w/approx. 200 sx of 50-50 POZ followed by 50 sx of class "B". Cement 3rd stage w/approx. 325 sx of 65-35 followed by approx. 75 sx of class "B" cement. Drill D.V. tools out. Pressure test csg. Perforate and fracture the Dakota zone. Set a bridge plug. Perforate and fracture the Chacra zone. Clean Chacra zone up. Pull bridge plug. Clean Dakota zone up. Run tbg. w/a production packer and set above the Dakota zone. Test the production packer for leakage. Test Dakota zone. Test Chacra zone after nippleing down well head. Connect to a gathering system.

This gas was previously dedicated to a transporter.

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: If proposal is to deepen or plug back, give data on present productive zone and proposed new productive zone. If proposal is to drill or deepen directionally, give pertinent data on subsurface locations and measured and true vertical depths. Give blow out preventer program, if any.

24.

SIGNED

Rudy D. Mott

TITLE

Area Superintendent

DATE

January 9, 1981

(This space for Federal or State office use)

APPROVED
AS AMENDED

APPROVAL DATE

PERMIT NO.

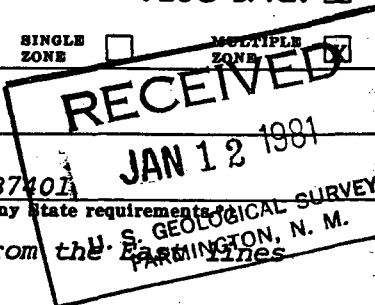
APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

JAN 30 1981
for JAMES F. SIMS
DISTRICT ENGINEER

NMOCC

DATE



30-045-24836

5. LEASE DESIGNATION AND SERIAL NO.

SF 047020 A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Congress

9. WELL NO.

5-E

10. FIELD AND POOL, OR WILDCAT

Basin Dakota
Bloomfield Chacra Extension11. SEC., T., R., M., OR BLK.
AND SURVEY OR AREA

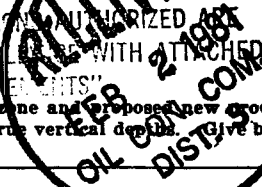
Sec. 34, T-29N, R-11W, NMPA

12. COUNTY OR PARISH

San Juan

13. STATE

New Mexico



**NEW MEXICO OIL CONSERVATION COMMISSION
WELL LOCATION AND ACREAGE DEDICATION PLAT**

Form C-102
Supersedes C-12
Effective 1-1-65

All distances must be from the outer boundaries of the Section.

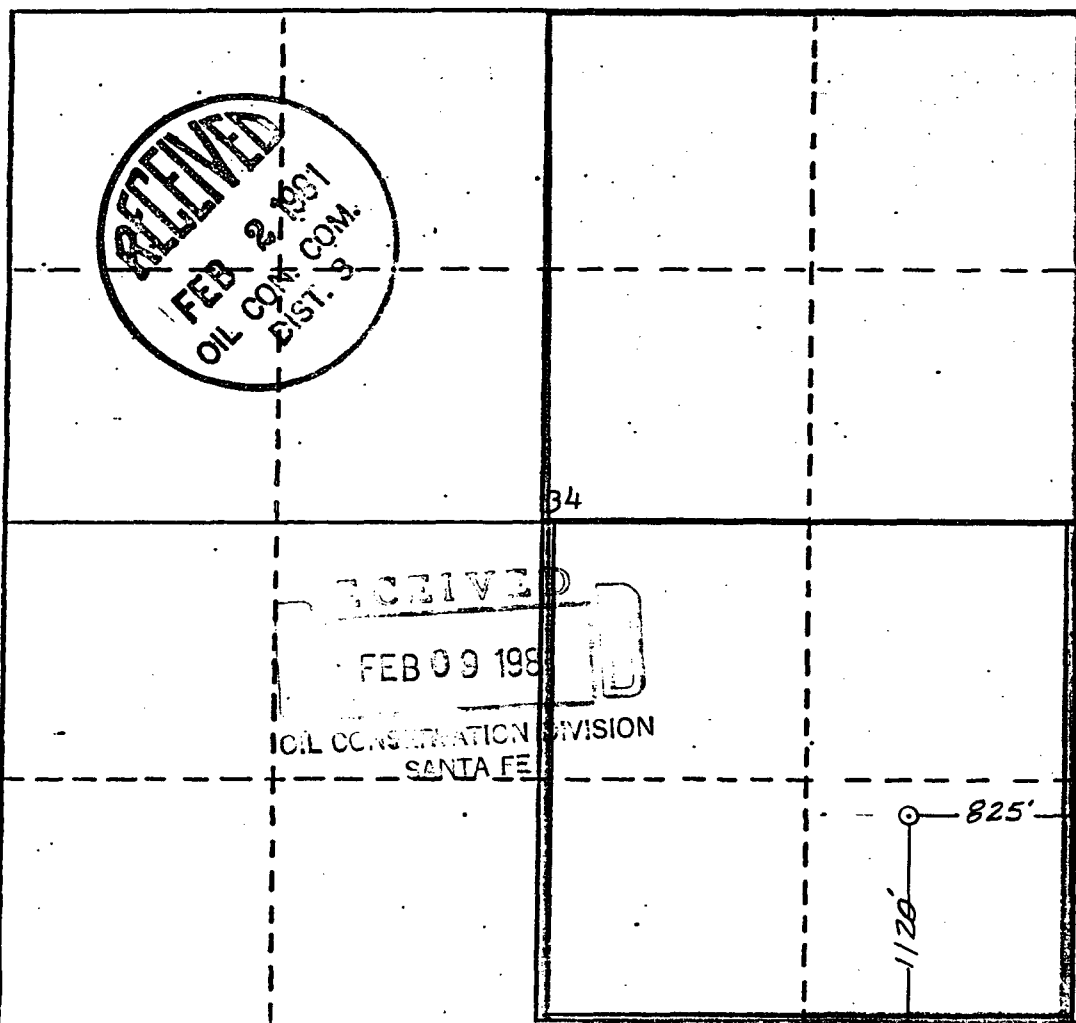
Operator SUPRON ENERGY CORPORATION			Lease CONGRESS		Well No. 5-E
Unit Letter P	Section 34	Township 29 NORTH	Range 11 WEST	County SAN JUAN	
Actual Footage Location of Well:					
1120 feet from the SOUTH line and		825 feet from the EAST line			
Ground Level Elev. 5678	Producing Formation Chacra Dakota	Pool Bloomfield Extension Basin	Dedicated Acreage: 334 149.00 127.80 Acres		

1. Outline the acreage dedicated to the subject well by colored pencil or hachure marks on the plat below.
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
3. If more than one lease of different ownership is dedicated to the well, have the interests of all owners been consolidated by communitization, unitization, force-pooling, etc?

☐ Yes ☐ No If answer is "yes," type of consolidation _____

If answer is "no," list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.) _____

No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interests, has been approved by the Commission.



CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.

Rudy D. Notto

Name

Rudy D. Notto

Position

Area Superintendent

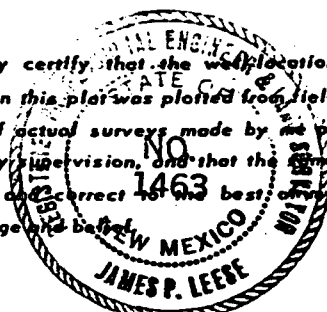
Company

SUPRON ENERGY CORPORATION

Date

October 10, 1980

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.



Date Surveyed

September 30, 1980

Registered Professional Engineer
and/or Land Surveyor

James P. Leese
James P. Leese

Certificate No.

1463

