

NO. OF COPIES RECEIVED	41
DISTRIBUTION	
SANTA FE	/
FILE	/
U.S.G.S.	/
LAND OFFICE	
OPERATOR	/

NEW MEXICO OIL CONSERVATION COMMISSION

70-031-20975
Form C-101
Revised 1-1-65

5A. Indicate Type of Lease
STATE FEE

5. State Oil & Gas Lease No.

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work		7. Unit Agreement Name	
b. Type of Well DRILL <input checked="" type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> SINGLE ZONE <input type="checkbox"/> MULTIPLE ZONE <input type="checkbox"/>		8. Farm or Lease Name Santa Fe Pacific	
2. Name of Operator Colorado Plateau Geological Services, Inc.		9. Well No. 1	
3. Address of Operator P. O. Box 537; Farmington, New Mexico		10. Field and Pool, or Wildcat Chaco Wash	
4. Location of Well UNIT LETTER <u>P</u> LOCATED <u>165</u> FEET FROM THE <u>South</u> LINE AND <u>965</u> FEET FROM THE <u>East</u> LINE OF SEC. <u>21</u> TWP. <u>20N</u> RGE. <u>9W</u> NMPM		12. County McKinley	
19. Proposed Depth 500'		19A. Formation Menefee	20. Rotary or C.T. Rotary
21. Elevations (Show whether DF, RT, etc.) 6418 GR	21A. Kind & Status Plug. Bond Single Well	21B. Drilling Contractor CPGS (own rig)	22. Approx. Date Work will start 1/30/75

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
		9.5	310'	25	surface

BEFORE EXAMINER OATANACH
OIL CONSERVATION DIVISION
OCD EXHIBIT NO. 1
CASE NO. 11813

11 to 500' to test the Menefee sands. If no deep we will plug back to 340', run 4 1/2" casing to 310' 310' to 340' out of the Chaco Wash Menefee oil sand.

APPROVAL VALID FOR 90 DAYS UNLESS DRILLING COMMENCED,

EXPIRES 5-5-75



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. GIVE BLOWOUT PREVENTER PROGRAM, IF ANY.

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

Signed Bruce A. Black Title President Date 1/28/75

APPROVED BY AK Kendrick TITLE PETROLEUM ENGINEER DIST. NO. 3 DATE FEB 4 1974

CONDITIONS OF APPROVAL, IF ANY:

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

Form C-103
Superseded C-128
Effective 1-4-65

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

Operator Colorado Plateau Geological Services		Lease Santa Fe Pacific		Well No. 1
---	--	----------------------------------	--	----------------------

Unit Letter P	Section 21	Township 20N	Range 9W	County McKinley
-------------------------	----------------------	------------------------	--------------------	---------------------------

Actual Footage Location of Well:
165 feet from the **South** line and **965** feet from the **East** line

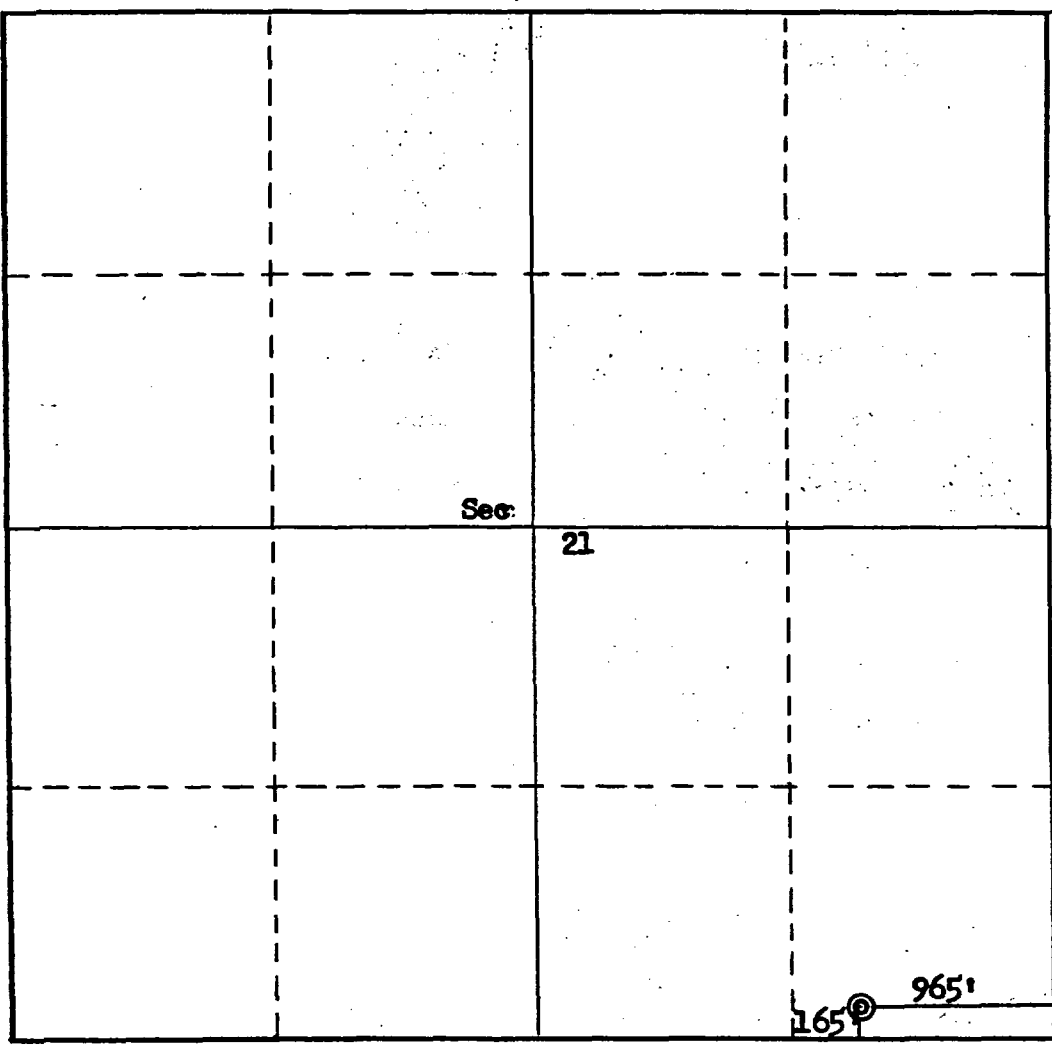
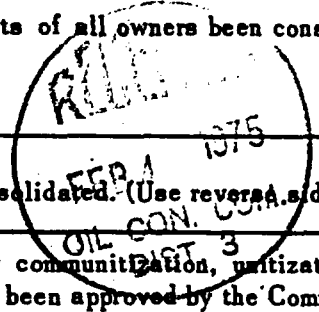
Ground Level Elev. 618	Producing Formation Menefee	Pool Chaco Wash	Dedicated Acreage: July 40 Acres
----------------------------------	---------------------------------------	---------------------------	--

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

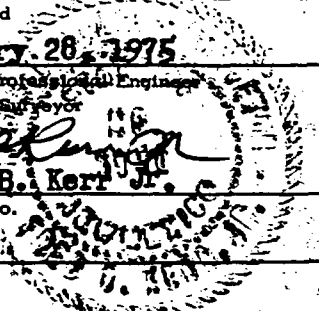
I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.

Bruce A. Black

Name	Bruce A. Black
Position	President
Company	Colorado Plateau Geological Services
Date	2/2/75

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	January 28, 1975
Registered Professional Engineer and/or Land Surveyor	<i>Fred B. Kerr Jr.</i> Fred B. Kerr Jr.
Certificate No.	3950



OIL CONSERVATION COMMISSION
P. O. BOX 2088
SANTA FE NEW MEXICO 87501

Santa Fe Pac #1

February 5, 1975



C
O
P
Y

Colorado Plateau Geological Services, Inc.
Box 537
Farmington, New Mexico

Re: \$5,000 One-Well Plugging Bond,
Colorado Plateau Geological
Services, Inc., Principal,
Fidelity and Deposit Company,
Surety, Bond No. 8843440
165' from South line, 965'
from East line - Section 21,
Township 20 North, Range 9
West, NMPM, McKinley County.

Gentlemen:

The Oil Conservation Commission hereby approves the
above-captioned One-Well Plugging Bond.

Very truly yours,

A. L. PORTER, Jr.
Secretary-Director

ALP/WEA/og

cc: Oil Conservation Commission
Artesia
Astec
Hobbs

RECEIVED

FEB 10 1975

O. C. C.
ARTESIA OFFICE

DISTRIBUTION		
SANTA FE	/	
FILE	/	✓
U.S.G.S.	/	
LAND OFFICE	/	
OPERATOR	/	

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
 Supersedes Old
 C-102 and C-103
 Effective 1-1-65

56. Indicate Type of Lease
 State Fee
 5. State Oil & Gas Lease No.

SUNDRY NOTICES AND REPORTS ON WELLS
 (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)

OIL WELL GAS WELL OTHER
 Name of Operator

Colorado Plateau Geological Services, Inc.
 Address of Operator

P. O. Box 537; Farmington, New Mexico 87401
 Location of Well

UNIT LETTER P 165' FEET FROM THE South LINE AND 965 FEET FROM
 THE East LINE, SECTION 21 TOWNSHIP 20N RANGE 9W NMPM.

7. Unit Agreement Name

8. Farm or Lease Name
 Santa Fe Pacific

9. Well No.
 No. 1

10. Field and Pool, or Wildcat
 Chaco Wash Mesaverde

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

12. County
 McKinley

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK
 TEMPORARILY ABANDON
 PULL OR ALTER CASING
 OTHER

PLUG AND ABANDON
 CHANGE PLANS

SUBSEQUENT REPORT OF:

REMEDIATION WORK
 COMMENCE DRILLING OPNS.
 CASING TEST AND CEMENT JOB
 OTHER

ALTERING CASING
 PLUG AND ABANDONMENT

7. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1703.

Spud 2/5/75. Drilled 6½ hole to 500'. Cored 311 - 323'. Cut 12'. Recovered 2 feet oil sand. Plugged back 350' to 300' w/10 sx cement. Reamed hole from surface to 316' w/6 3/4" bit. Ran 9 Jts (306') 4½", 10.50# used casing. Cemented with 25 sx regular cement above cement basket @ 306'. Left open hole 306' - 316'. Pressure tested casing to 400 PSI for 15 minutes. Held o.k. Drilled out plug and shoe. Ran 10 joints (306.6') 2 3/8" EUE tubing. Swabbed well. Ran downhole pump and 5/8" rods. Waiting on pumping, unit, tank and electricity to test and complete.



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

SIGNED Mark E. Weidler TITLE Consulting Petroleum Geologist DATE 3/12/75
 Mark E. Weidler

Original Signed by Emery C. Arnold TITLE SUPERVISOR DIST. #3 DATE MAR 21 1975
 APPROVED BY _____

CONDITIONS OF APPROVAL, IF ANY:

NO. OF COPIES RECEIVED	5
DISTRIBUTION	
SANTA FE	1
FILE	1
U.S.G.S.	2
LAND OFFICE	
OPERATOR	1

Form C-105
Revised 1-1-65

NEW MEXICO OIL CONSERVATION COMMISSION WELL COMPLETION OR RECOMPLETION REPORT AND LOG

5a. Indicate Type of Lease
State Free

5. State Oil & Gas Lease No.

6. TYPE OF WELL
OIL WELL GAS WELL DRY OTHER _____

7. Unit Agreement Name

8. TYPE OF COMPLETION
NEW WELL WORK OVER DEEPEN PLUG BACK DIFF. RESVR. OTHER _____

8. Farm or Lease Name

Name of Operator
Colorado Plateau Geological Services, Inc.

9. Well No.
1

Address of Operator
P. O. Box 537; Farmington, New Mexico 87401

10. Field and Pool, or Wildcat
Chaco Wash Mesaverde

Location of Well

11. LETTER **P** LOCATED **165'** FEET FROM THE **South** LINE AND **965** FEET FROM

12. County
McKinley

East LINE OF SEC. **21** TWP. **20N** RGE. **9W** NMPM

13. Date Spudded **2/5/75** 16. Date T.D. Reached **2/7/75** 17. Date Compl. (Ready to Prod.) **4/1/75**

18. Elevations (DF, RKB, RT, GR, etc.) **6418 GR 6421 Rt** 19. Elev. Casinghead **6418**

20. Total Depth **500'** 21. Plug Back T.D. **316'** 22. If Multiple Compl., How Many _____

23. Intervals Drilled By Rotary Tools **0-500** Cable Tools _____

24. Producing Interval(s), of this completion - Top, Bottom, Name
OH 306-316

25. Was Directional Survey Made
No

26. Type Electric and Other Logs Run
Century Geophysical E-Log

27. Was Well Cored
Yes 311-323

8. CASING RECORD (Report all strings set in well)

CASING SIZE	WEIGHT LB./FT.	DEPTH SET	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
4 1/2	10.50	306	6 1/2	10 SX	

9. LINER RECORD 30. TUBING RECORD

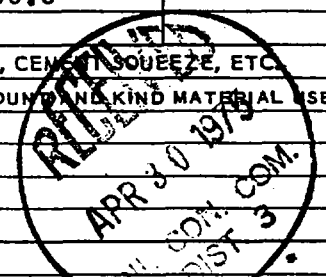
SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN	SIZE	DEPTH SET	PACKER SET
					2 3/8 EUE	306.6'	

1. Perforation Record (Interval, size and number)

OH 306-316

32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

DEPTH INTERVAL	AMOUNT AND KIND MATERIAL USED



3. PRODUCTION

Date First Production **4/1/75** Production Method (Flowing, gas lift, pumping - Size and type pump) **Pumping** Well Status (Prod. or Shut-in) **Producing**

Date of Test 4/3/75	Hours Tested 24	Choke Size open	Prod'n. For Test Period 5	Oil - Bbl. TSTM	Gas - MCF 20	Water - Bbl. TSTM	Gas - Oil Ratio 42° @ 64°F
----------------------------	------------------------	------------------------	----------------------------------	------------------------	---------------------	--------------------------	-----------------------------------

Flow Tubing Press. 0	Casing Pressure 0	Calculated 24-Hour Rate 5	Oil - Bbl. TSTM	Gas - MCF 20	Water - Bbl. 42° @ 64°F
-----------------------------	--------------------------	----------------------------------	------------------------	---------------------	--------------------------------

4. Disposition of Gas (Sold, used for fuel, vented, etc.) **Vented** Test Witnessed By **Bruce A. Black**

5. List of Attachments
E-Log

6. I hereby certify that the information shown on both sides of this form is true and complete to the best of my knowledge and belief.

SIGNED Mark E Weidle TITLE Vice President DATE 4/29/75

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

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

NO. OF COPIES RECEIVED	
DISTRIBUTION	5
SANTA FE	1
FILE	1
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL 1 GAS 1
OPERATOR	1
PRORATION OFFICE	

Operator
Henry S. Birdseye

Address
P. O. Box 537; Farmington, New Mexico

Reason(s) for filing (Check proper box) Other (Please explain)

New Well Change in Transporter of: Oil Dry Gas
 Recompletion Casinghead Gas Condensate
 Change in Ownership

If change of ownership give name and address of previous owner: **This is a change in the name of the operator**

I. DESCRIPTION OF WELL AND LEASE

Lease Name Santa Fe Pacific	Well No. 13	Pool Name, including Formation Chaco Wash Mesaverde	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter P ; 165 Feet From The South Line and 965 Feet From The East Line of Section 21 Township 20N Range 9W , NMPM, McKinley County				

I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Plateau, Inc.	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When P 21 20N 9W No

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

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 2/5/75	Date Compl. Ready to Prod. 4/1/75	Total Depth 500	P.B.T.D. 316					
Elevations (DF, RKB, RT, CR, etc.) 6418 GR 6421 Rt	Name of Producing Formation Menefee	Top Oil/Gas Pay 306	Tubing Depth 306					
Perforations							Depth Casing Shoe	

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
6 1/2	4 1/2" 10.50#	306	10
	2 3/8 EUE	306	

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 4/1/75	Date of Test 4/3/75	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs	Tubing Pressure 0	Casing Pressure 0	Choke Size open
Actual Prod. During Test	Oil - Bbls. 5	Water - Bbls. 20	Gas - MCF TSTM

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF 2 1975	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in) JUN 2 1975	Casing Pressure (shut-in) OIL CON. COM. DIST. 3	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.

APPROVED _____
Original Signed by Emery G. Arnold
 BY _____
 TITLE **SUPERVISOR DIST. #3**

JUN 12 1975

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

OIL CONSERVATION COMMISSION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

May 14, 1976

Colorado Plateau Geological Services, Inc.
Box 537
Farmington, New Mexico

Re: \$5,000 One-Well Plugging Bond,
Colorado Plateau Geological
Services, Inc., Principal,
Fidelity and Deposit Company,
Surety, 165' FSL, 965' FEL,
Section 21, Township 20 North,
Range 9 West, McKinley County.

88 43440

Gentlemen:

The New Mexico Oil Conservation Commission
hereby approves release of the above-captioned One-
Well Plugging Bond.

Very truly yours,

JOE D. RAMEY
Secretary-Director

JDR/WEA/og

cc: Oil Conservation Commission
Artesia, Aztec, Hobbs



C
O
P
Y

NO. OF COPIES RECEIVED	4
DISTRIBUTION	
SANTA FE	1
FILE	1
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL 1
	GAS
OPERATOR	1
PRORATION OFFICE	

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

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

B.R.

Operator
COLORADO PLATEAU GEOLOGICAL SERVICES, INC. (Change of Operator)

Address
P.O. Box 537, Farmington, New Mexico 87401

Reason(s) for filing (Check proper box) Other (Please explain)

New Well Change in Transporter of:

Recompletion Oil Dry Gas

Change in Ownership Casinghead Gas Condensate

If change of ownership give name and address of previous owner *Nary S. Birakeye*

I. DESCRIPTION OF WELL AND LEASE

Lease Name SANTA FE PACIFIC	Well No. 13	Pool Name, including Formation Chaco Wash (MV)	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter P ; 165 Feet From The South Line and 965 Feet From The East				
Line of Section 21 Township 20N Range 9W , NMPM, McKinley County				

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Plateau, Inc.	Address (Give address to which approved copy of this form is to be sent) 1921 Bloomfield Blvd, Farmington, N.M. 87401
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit P Sec. 21 Twp. 20N Rge. 9W Is gas actually connected? No When

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

III. 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

IV. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

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

GAS WELL

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

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.

Bruce A. Blodgett
(Signature)
President, Colorado Plateau Geological Serv., INC.
(Title)
May 15, 1978
(Date)

OIL CONSERVATION COMMISSION
JUN 5 1978
APPROVED _____, 19____
BY **Original Signed by FRANK T. CHAVEZ**
DEPUTY OIL & GAS INSPECTOR, DIST. #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 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.

OIL CONSERVATION DIVISION
 P. O. BOX 20011
 SANTA FE, NEW MEXICO 87501

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

Red Mountain Associates, L.P. c/o K & A/Helton, Inc.

Address: 951 W. Werner Court - Energy II - Suite 250, Casper, WY 82601

Reason(s) for filing (Check proper box)

Size Well	<input type="checkbox"/>	Change in Transporter of:	Oil	<input type="checkbox"/>	Dry Gas	<input type="checkbox"/>	Other (Please explain)
Rec completion	<input type="checkbox"/>	Change in Ownership	Cashhead Gas	<input type="checkbox"/>	Condensate	<input type="checkbox"/>	
Change in Ownership	<input checked="" type="checkbox"/>						

If change of ownership give name Colorado Plateau Geological Service, Inc. and address of previous owner P. O. Box 537 - Farmington, NM 87401

1. DESCRIPTION OF WELL AND LEASE

Lease Name Santa Fe Pacific	Well No. 113	Foot Name, Including Formation Chaco Wash Mesaverde	Kind of Lease Fee	Lease No.
Location Unit Letter P	165	Feet From The south	Line and 965	Feet From The east
Line of Section 21	Township 20N	Range 9W	County McKinley	

1. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Plateau, Inc.	or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) Box 108, Farmington, New Mexico 87401
Name of Authorized Transporter of Cashhead Gas <input type="checkbox"/>	or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
NA		
If well produces oil or liquids, give location of tanks. Unit N Sec. 22 Twp. 20N Rge. 9W	Is gas actually connected?	When Not Planned

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Some Rest'.	Diff. Rest'.
Date Spudded			Date Compl. Ready to Prod.	Total Depth			P.B.T.D.	
Elevenens (Oil)	<input checked="" type="checkbox"/>		Name of Producing Formation	Top Oil/Gas Pay			Tubing Depth	
Perforations							Depth Casing Shoe	
TUBING, CASING, AND CEMENTING RECORD								
MOLE SIZE			CASING & TUBING SIZE			DEPTH SET		SACKS CEMENT



STATE OF NEW MEXICO
ENERGY, MINERALS and NATURAL RESOURCES DEPARTMENT
OIL CONSERVATION DIVISION
AZTEC DISTRICT OFFICE

State of New Mexico

BRUCE KING
GOVERNOR

ANITA LOCKWOOD
CABINET SECRETARY

1000 RIO BRAZOS ROAD
AZTEC, NEW MEXICO 87410
(505) 334-6178

August 10, 1992

Mr. David Boyd, P.A.
Court Appointed Trustee
Geo. Engineering, Inc.
310 Louisiana Blvd., SE
Albuquerque, NM 87108

RE: Temporarily Abandoned Wells

To Whom It May Concern:

Thank you for responding to Memorandum (3-91-10) dated December 27, 1991, however, you failed to submit the plans to bring the attached list of wells into compliance that were to be in this office by June 30, 1992. These wells are still inactive and require P&A or TA approval under Rules 201, 202 and 203. Your failure to respond will result in violation of Rule 201. If you do not respond by October 1, 1992, we may assess fines or take other appropriate measures.

Sincerely,

Dianna K. Fairhurst

Dianna K. Fairhurst
Deputy Oil & Gas Inspector

XC: TA File
DKF File
Well File

Geo. Engineering, Inc.

Santa Fe Pacific #2	O-20-20N-09W
Santa Fe Pacific #3	O-20-20N-09W
Santa Fe Pacific #4	O-20-20N-09W
Santa Fe Pacific #9	O-20-20N-09W
Santa Fe Pacific #47	O-20-20N-09W
Santa Fe Pacific #23	O-20-20N-09W
Santa Fe Pacific #28	O-20-20N-09W
Santa Fe Pacific #24	P-20-20N-09W
Santa Fe Pacific #110	P-21-20N-09W
Santa Fe Pacific #101	P-21-20N-09W
Santa Fe Pacific #102	P-21-20N-09W
Santa Fe Pacific #113	P-21-20N-09W
Santa Fe Pacific #114	N-22-20N-09W
State #1	A-28-20N-09W
State #3	B-28-20N-09W
State #13	B-28-20N-09W
State #22	B-28-20N-09W
State #25	B-28-20N-09W
State #2	B-28-20N-09W
State #100	G-28-20N-09W
Santa Fe Pacific #20	B-29-20N-09W
Santa Fe Pacific #42	B-29-20N-09W
Santa Fe Pacific #34	B-29-20N-09W

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

RECEIVED
JUN 18 1984
OIL CON. DIV.
DIST. 3

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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator Geo Engineering, Inc.
Address P.O. Box 2966, Santa Fe, New Mexico 87501
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)

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>SFP</u>	Well No. <u>113</u>	Pool Name, including Formation <u>Chaco Wash, MV</u>	Kind of Lease State, Federal or Fee <u>State</u>	Lease No. <u>FEE</u>
Location Unit Letter <u>P</u> : <u>165</u> Feet From The <u>South</u> Line and <u>965</u> Feet From The <u>East</u> Line of Section <u>21</u> Township <u>20 North</u> Range <u>9 West</u> , NMPM. Count _____				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>The Permian Corporation</u>	Address (Give address to which approved copy of this form is to be sent) <u>Petroleum Plaza Bldg, Farmington 8741</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit <u>P</u> Sec. <u>21</u> Twp. <u>20N</u> Rge. <u>9W</u>
Is gas actually connected?	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.

Jim Law
(Signature)
Petroleum Engineer
(Title)
June 7, 1984
(Date)

OIL CONSERVATION DIVISION

APPROVED JUN 18 1984 19 _____
BY Frank J. Law
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 deviator 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 well name or number, or transporter or other such change of condition.
Separate Forms C-104 must be filed for each pool in multicompleted wells.

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 08-01-83
Page 1

RECEIVED

MAY 15 1985

OIL CON. DIV
DIST. 3

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator GEO ENGINEERING INC

Address PO BOX 2966, SANTA FE, NEW MEXICO 87504

Reason(s) for filing (Check proper box)

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

Other (Please Explain)

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name SFP Well No. 113 Pool Name, including Formation CHACO WASH MV Kind of Lease FEE Lease No. 669776

Location

Unit Letter P : 16.5 Feet From The S Line and 96.5 Feet From The E

Line of Section 21 Township 20N Range 9W , NMPM, McKINLEY County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>GARY ENERGY CORP</u>	<u>PO BOX 159 BLOOMFIELD, NM</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>NONE</u>	<u>87413</u>
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	<u>A 28 20N 9W N/A N/A</u>

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.

J.M. Saw
(Signature)
PETROLEUM ENGINEER
(Title)
5-26-85
(Date)

OIL CONSERVATION DIVISION
APPROVED MAY 15 1985
Frank J. Law
BY _____
TITLE _____ SUPERVISOR DISTRICT # _____

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.

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT
OIL CONSERVATION DIVISION



BRUCE KING
GOVERNOR
LARRY KEHOE
SECRETARY

July 25, 1979

POST OFFICE BOX 2008
STATE LAND OFFICE BUILDING
SANTA FE, NEW MEXICO 87501
(505) 827-2434

Four Corners Agency, Inc.
P. O. Box 569
Farmington, New Mexico 87401

113

P-21

Re: \$5,000 One-Well Plugging Bond
Colorado Plateau Geological
Services, Inc., Principal
Fidelity and Deposit Company
of Maryland, Surety
165' FSL and 965' FEL of
Sec. 21, T-20-N, R-9-W,
McKinley County, Depth: 500 ft.
Bond No. 9192816

Gentlemen:

The Oil Conservation Division hereby approves release
of the above-captioned one-well plugging bond.

Very truly yours,

JOE D. RAMEY,
Director

JDR/dr

cc: Oil Conservation Division
Aztec, New Mexico

Colorado Plateau Geological
Services, Inc.



NO. OF COPIES RECEIVED	4
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL <input checked="" type="checkbox"/> GAS <input type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
PRORATION OFFICE	

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

Form C-104
Supersedes Old C-104 and C-111
Effective 1-1-65

Operator
COLORADO PLATEAU GEOLOGICAL SERVICES, INC.

Address
P.O. Box 537, Farmington, New Mexico 87401

Reason(s) for filing (Check proper box)

New Well	<input type="checkbox"/>	Change in Transporter of:		Other (Please explain)	Change of well No. from Santa Fe Pacific #13 to Santa Fe Pacific No. 113	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>	Dry Gas		<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>	Condensate		<input type="checkbox"/>

If change of ownership give name and address of previous owner _____

DESCRIPTION OF WELL AND LEASE

Lease Name Santa Fe Pacific	Well No. 113	Pool Name, including Formation Chaco Wash MV	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter P ; 165 Feet From The South Line and 965 Feet From The East				
Line of Section 21 Township 20N Range 9W , NMPM, McKinley County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Plateau, Inc.	Address (Give address to which approved copy of this form is to be sent) Box 108, Farmington, New Mexico 87401			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> NA	Address (Give address to which approved copy of this form is to be sent)			
If well produces oil or liquids, give location of tanks.	Unit N	Sec. 22	Twp. 20N	Rge. 9W
	Is gas actually connected? No		When Not Planned	

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

COMPLETION DATA

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

TUBING, CASING, AND CEMENTING RECORD

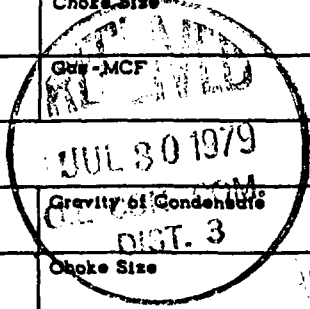
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
		1	

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 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



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.

Mark S Weidler
(Signature)
Vice President
(Title)

OIL CONSERVATION COMMISSION
NOV 19 1979
APPROVED _____, 19____
Original Signed by A. R. Kendrick
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 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.

NO. OF COPIES RECEIVED	4
DISTRIBUTION	
SANTA FE	1
FILE	1
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL 1 GAS
OPERATOR	1
PRODUCTION OFFICE	

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

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

Operator
COLORADO PLATEAU GEOLOGICAL SERVICES, INC.

Address
P.O. Box 537, Farmington, New Mexico 87401

Reason(s) for filing (Check proper box) Other (Please explain)

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

If change of ownership give name and address of previous owner **Henry S. Birdseye(deceased), P.O. Box 537, Farmington, N.M. 87401**

DESCRIPTION OF WELL AND LEASE

Lease Name Santa Fe Pacific	Well No. 13	Pool Name, Including Formation Chaco Wash MV	Kind of Lease State, Federal or Fee	Fee	Lease No.
Location					
Unit Letter	P	: 165 Feet From The South	Line and	965 Feet From The East	
Line of Section	21	Township	20N	Range	9W , NMPM, McKinley County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)				
Plateau, Inc.	Box 108, Farmington, New Mexico 87401				
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)				
NA	NA				
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	is gas actually connected? When
	0	20	20N	9W	NO

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

COMPLETION DATA

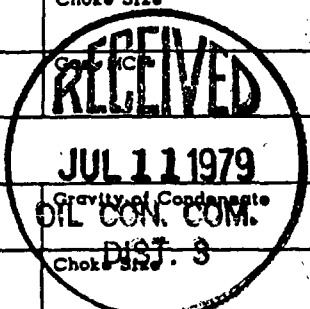
Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		

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 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



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.

Mark E. Weidell
(Signature)

Vice President

(Title)

July 6, 1979

OIL CONSERVATION COMMISSION

JUL 11 1979

APPROVED _____, 19

BY Original Signed by A. R. Kendrick

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.

GOVERNOR
NICK FRANKLIN
SECRETARY

Colorado Plateau Geological
Services, Inc.
Box 537
Farmington, New Mexico 87401

Re: \$5,000 One-Well Plugging Bond
Colorado Plateau Geological
Services, Inc., Principal
Fidelity and Deposit Company
of Maryland, Surety
165' FSL and 965' FEL of
Sec. 21, T-20-N, R-9-W,
McKinley County, Depth 500 ft.
Bond No. 9192816

Gentlemen:

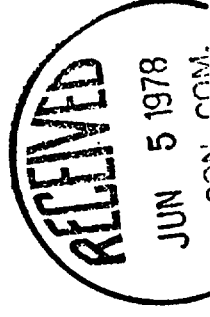
The Oil Conservation Division hereby approves
the above-captioned one-well plugging bond.

Very truly yours,

JOE D. RAMEY,
Division Director

JDR/LT/dr

cc: Oil Conservation Division
Aztec, New Mexico



RECEIVED
JUL 10 1997

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CON. DIV.
OIL CONSERVATION DIVISION
Dist. 9, P. O. BOX 1086
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-79
Form 02-01-02
Page 1

NO. OF COPIES DESIRED	
COPYRIGHT NO.	
SANTA FE	
FILE	
U.S.S.	
LAND OFFICE	
TRANSPORTER	Oil
OPERATOR	Gas
OPERATOR'S USE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

JUN 25 1984
OIL CONSERVATION DIVISION
SANTA FE

Operator Geo Engineering, Inc.
 Address P.O. Box 2966 Santa Fe, N.M. 87501
 Reason(s) for filing (Check proper box)
 New Well
 Recompletion
 Change in Ownership
 Change in Transporter of Oil Gas
 Gas/Liquid Gas Dry Gas
 Other (Please explain) _____

RECEIVED
JUN 04 1984
OIL CON. DIV.
DIST. 9

If change of ownership give name and address of previous owner Red Mountain Assoc.

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>SFP 108</u>	Well No. <u>113</u>	Pool Name, including Formation <u>Chaco Wash, MV</u>	Kind of Lease State, Federal or Fee <u>Fee</u>	Lease No. -
Location UTM Letter <u>P</u> , <u>16S</u> Feet From The <u>South</u> Line and <u>965</u> Feet From The <u>East</u> Line of Section <u>21</u> Township <u>20N</u> Range <u>9W</u> , <u>NMPA</u> County _____				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Commingled <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) <u>Plateau Inc.</u> <u>Box 108, Farmington, N.M. 87409</u>
Name of Authorized Transporter of Commingled Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) _____
If well produces oil or liquids, give location of tanks. Unit <u>P</u> Sec. <u>21</u> Twp. <u>20N</u> Rng. <u>9W</u>	Is gas actually commingled? <input type="checkbox"/> 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.

J. M. Sam
(Signature)
Petroleum Engineer
5-31-84
(Date)

OIL CONSERVATION DIVISION
APPROVED JUN 04 1984
BY [Signature]
TITLE SUPERVISOR DISTRICT 9

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.