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LAND OFFICE	
OPERATOR	

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 b. Type of Well DRILL <input type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> SINGLE ZONE <input type="checkbox"/> MULTIPLE ZONE <input type="checkbox"/>		7. Unit Agreement Name
2. Name of Operator		8. Farm or Lease Name
3. Address of Operator		9. Well No.
4. Location of Well UNIT LETTER _____ LOCATED _____ FEET FROM THE _____ LINE AND _____ FEET FROM THE _____ LINE OF SEC. _____ TWP. _____ RGE. _____ NMPM		10. Field and Pool, or Wildcat
19. Proposed Depth		19A. Formation
20. Rotary or C.T.		
21. Elevations (Show whether DF, RT, etc.)	21A. Kind & Status Plug. Bond	21B. Drilling Contractor
		22. Approx. Date Work will start

23. PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP

BEFORE THE
OIL CONSERVATION COMMISSION
Santa Fe, New Mexico
Case No. 9509 Hearing No. 1-A
Submitted by _____
Hearing Date _____

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 _____ Title _____ Date _____

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

OIL CONSERVATION DIVISION

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

P. O. BOX 2088
SANTA FE, NEW MEXICO 37501

Form C-102
Revised 10-1-79

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

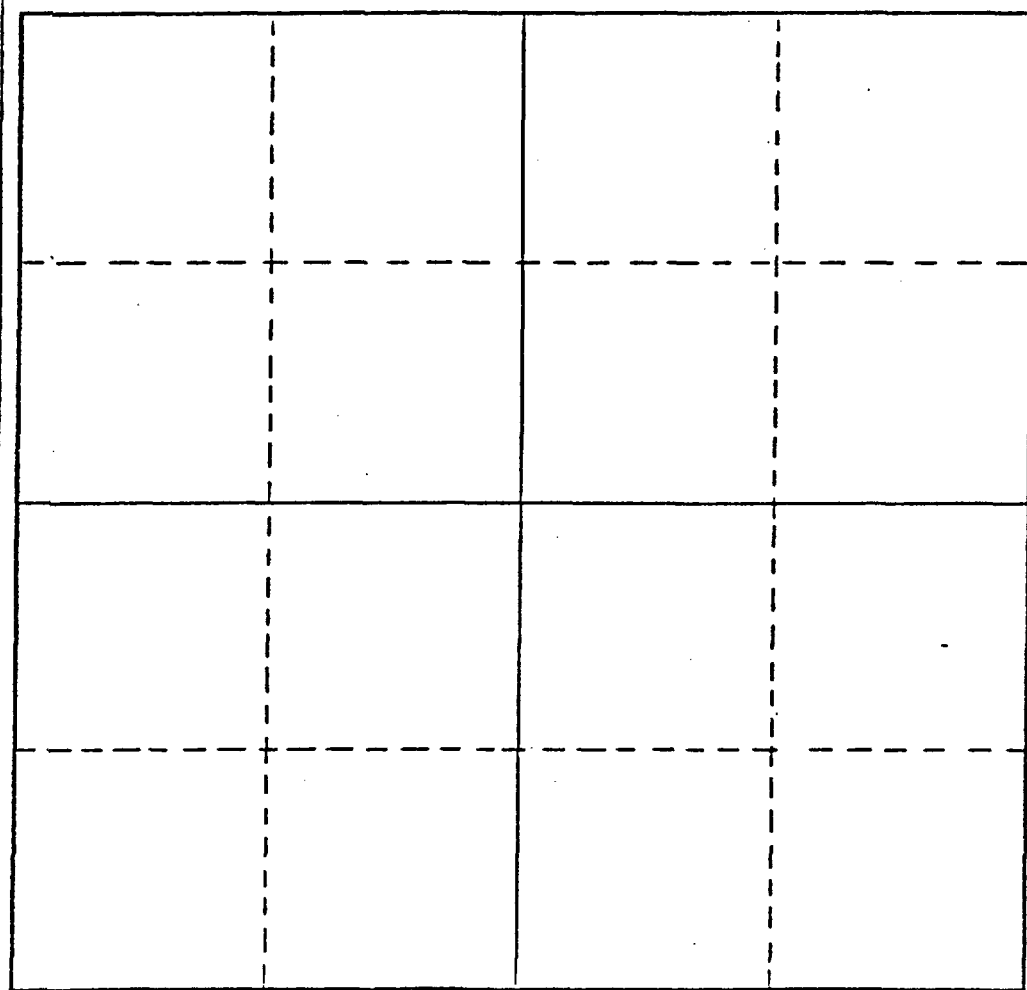
Operator			Lease			Well No.	
Unit Letter	Section	Township	Range	County			
Actual Footage Location of Well:							
feet from the		line and		feet from the		line	
Ground Level Elev.	Producing Formation		Pool	Dedicated Acreage:			Acres

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 Division.



CERTIFICATION

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

Name

Position

Company

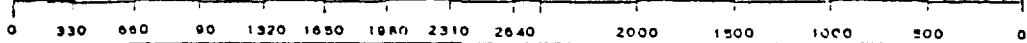
Date

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

Registered Land Surveyor

Certificate No.



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LAND OFFICE	
OPERATOR	

5a. 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.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- _____	7. Unit Agreement Name
2. Name of Operator	8. Farm or Lease Name
3. Address of Operator	9. Well No.
4. Location of Well UNIT LETTER _____ FEET FROM THE _____ LINE AND _____ FEET FROM THE _____ LINE, SECTION _____ TOWNSHIP _____ RANGE _____ NMPM.	10. Field and Pool, or Wildcat
15. Elevation (Show whether DF, RT, GR, etc.)	12. County

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER _____ <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER _____ <input type="checkbox"/>

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

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

SIGNED _____ TITLE _____ DATE _____

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

NO. OF COPIES RECEIVED		
DISTRIBUTION		
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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator _____

Address _____

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

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

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease State, Federal or Fee	Lease No.
Location				
Unit Letter _____ ; _____ Feet From The _____ Line and _____ Feet From The _____				
Line of Section	Township	Range	NMPM,	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 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

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.

(Signature)

(Title)

(Date)

OIL CONSERVATION DIVISION

APPROVED _____, 19____

BY _____

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 deviator 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 2088
SANTA FE, NEW MEXICO 87501

WELL COMPLETION OR RECOMPLETION REPORT AND LOG

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LAND OFFICE		
OPERATOR		

5a. Indicate Type of Lease
State Fee

5. State Oil & Gas Lease No.

1a. TYPE OF WELL
OIL WELL GAS WELL DRY OTHER _____
b. TYPE OF COMPLETION
NEW WELL WORK OVER DEEPEN PLUG BACK DIFF. RESVR. OTHER _____

7. Unit Agreement Name

8. Farm or Lease Name

2. Name of Operator

9. Well No.

3. Address of Operator

10. Field and Pool, or Wildcat

4. Location of Well

UNIT LETTER _____ LOCATED _____ FEET FROM THE _____ LINE AND _____ FEET FROM _____

12. County

THE _____ LINE OF SEC. _____ TWP. _____ RGE. _____ NMPM _____

15. Date Spudded 16. Date T.D. Reached 17. Date Compl. (Ready to Prod.) 18. Elevations (DF, RKB, RT, GR, etc.) 19. Elev. Casinghead

20. Total Depth 21. Plug Back T.D. 22. If Multiple Compl., How Many 23. Intervals Drilled By Rotary Tools Cable Tools

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

25. Was Directional Survey Made

26. Type Electric and Other Logs Run

27. Was Well Cored

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

CASING SIZE	WEIGHT LB./FT.	DEPTH SET	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED

29. LINER RECORD

30. TUBING RECORD

SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN	SIZE	DEPTH SET	PACKER SET

31. Perforation Record (Interval, size and number)

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

DEPTH INTERVAL AMOUNT AND KIND MATERIAL USED

33. PRODUCTION

Date First Production Production Method (Flowing, gas lift, pumping - Size and type pump) Well Status (Prod. or Shut-in)

Date of Test Hours Tested Choke Size Prod'n. For Test Period Oil - Bbl. Gas - MCF Water - Bbl. Gas - Oil Ratio

Flow Tubing Press. Casing Pressure Calculated 24-Hour Rate Oil - Bbl. Gas - MCF Water - Bbl. Oil Gravity - API (Corr.)

34. Disposition of Gas (Sold, used for fuel, vented, etc.)

Test Witnessed By

35. List of Attachments

36. 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 _____ TITLE _____ DATE _____

OPERATOR'S MONTHLY REPORT

Company or Operator: _____ (Address) _____ (City) _____ (State) _____ (Zip) _____
 For Month _____ (Month) _____ (Year) Page _____ of _____

WELL NAME (Underline) *Lease Name	WELL NO	UNIT	SEC	TWP	RNG	WELL STATUS	INJECTION		TOTAL LIQUIDS PRODUCED		GAS PRODUCED (MCF)	DISPOSITION OF GAS	DISPOSITION OF OIL	
							VOLUME	PRESS.	MONTHLY OIL ALLOWABLE	ACTUAL BARRELS OF WATER PRODUCED			BARRELS OF WATER PRODUCED	OTHER
<p>EASE NAME - Include State Land Lease Number or Federal Lease Number</p>														
<p>STATUS CODE</p> <p>F.....FLOWING P.....PUMPING G.....GAS LIFT S.....SHUT IN T.....TEMP ABANDONED I.....INJECTION D.....DISCONTINUED</p>														
<p>OTHER - GAS DISPOSITION CODE</p> <p>X.....USED OFF LEASE D.....USED FOR DRILLING / OTHER G.....GAS LIFT L.....LOST (MCF ESTIMATED) R.....EXPLANATION ATTACHED V.....VENIED U.....USED ON LEASE</p>														
<p>OTHER - OIL DISPOSITION CODE</p> <p>C.....CIRCULATING OIL L.....LEAST S.....SEGMENTATION (SEE M) E.....EXPLANATION ATTACHED</p>														
<p>I HEREBY CERTIFY THAT THE INFORMATION GIVEN IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE</p>														
<p>(NAME) _____ (SIGNATURE NUMBER) _____</p> <p>(POSITION) _____</p>														

Form C-115
Revised 10-1-78

(SIGNATURE) _____ (DATE) _____

GAS-OIL RATIO TESTS

Operator		Pool		County	
Address		TYPE OF TEST - (X)		Scheduled <input type="checkbox"/>	
LEASE NAME		WELL NO.		CHOKE SIZE	
		LOCATION		T.B.G. PRESS.	
		U S T R		DAILY ALLOWABLE	
		DATE OF TEST		LENGTH OF TEST HOURS	
				Completion <input type="checkbox"/>	
				PROD. DURING TEST	
				WATER GRAV. OIL BBLs.	
				OIL BBLs.	
				GAS M.C.F.	
				GAS - OIL RATIO CU. FT./BBL.	

No well will be assigned an allowable greater than the amount of oil produced on the official test.
 During test-off ratio test, each well shall be produced at a rate not exceeding the top unit allowable for the pool in which well is located by more than 25 percent. Operator is encouraged to take advantage of this 25 percent tolerance in order that well can be assigned increased allowable when authorized by the Division.
 Gas volumes must be reported in MCF measured at a pressure base of 15.025 psia and a temperature of 60° F. Specific gravity base will be 0.60.

Report casing pressure in lieu of tubing pressure for any well producing through casing.
 Mail original and one copy of this report to the district office of the New Mexico Oil Conservation Division in accordance with Rule 301 and appropriate pool rules.

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

 (Signature)

 (Title)

 (Date)

REQUEST FOR THE EXTENSION OF AN EXISTING POOL
OR
THE CREATION OF A NEW POOL

TO: The Oil Conservation Division
State of New Mexico

Date....., 19.....

The.....
Name of Operator Name of Lease

Well No. Located.....feet from the.....line and.....feet

from the.....line of.....
Section Township Range

is outside the boundaries of any pool producing from the same formation. On the basis of the information submitted here-
with on form C-105, we hereby request that the.....
pool be extended to include the following described area.....

or that a new pool be created to include the following described area.....

Suggested name:

.....
Operator

Name of Producing Formation:.....

.....
Representative

AUTHORIZATION TO MOVE PRODUCED WATER

Transporter Name _____

Address _____ Office Location (If different) _____

Phone Number(s) _____

State Corporation Commission Permit No. _____

NOTE: It is the responsibility of each holder of an approved Form C-133 to familiarize its personnel with the content of Division Rules 709 and 710 and to assure operations in compliance therewith. Failure to move and dispose of produced water in accordance with Division Rules 709 and 710 are cause for cancellation of Form C-133 and the authority to move produced water.

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

Signed _____ Title _____

Date _____

(This space for State Use)

Approved by _____ Title _____

Date _____

This form is not to
be used for reporting
packer leakage tests
in Northwest New Mexico

SOUTHEAST NEW MEXICO PACKER LEAKAGE TEST

Operator		Lease				Well No.
LOCATION OF WELL	Unit	Sec.	Twp.	Rge.	County	
	NAME OF RESERVOIR OR POOL		TYPE OF PROD. (Oil or Gas)	METHOD OF PROD. FLOW, ART LIFT	PROD. MEDIUM (Tbg or Csg)	CHOKE SIZE
Upper Compl.						
Lower Compl.						

FLOW TEST NO. 1

Both zones shut-in at (hour, date): _____

Well opened at (hour, date): _____

Indicate by (X) the zone producing _____

Pressure at beginning of test _____

Stabilized? (Yes or No) _____

Maximum pressure during test _____

Minimum pressure during test _____

Pressure at conclusion of test _____

Pressure change during test (Maximum minus Minimum) _____

Was pressure change an increase or a decrease? _____

Well closed at (hour, date): _____

Oil Production During Test: _____ bbls; Grav. _____; Gas Production During Test _____ MCF; GOR _____

Remarks: _____

