

Hearing Date 8/1/94

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

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

RECEIVED
JAN 19 1984
OIL CON. DIV.
DIST. 3
Form C-104
Revised 10-01-78
Format 08-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator Greenwood Resources Inc.

Address 315 Inverness Way South, Englewood, CO 80112-5898

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)

If change of ownership give name and address of previous owner Caribou Four Corners, Inc. P.O. Box 2105, Farmington, NM 874

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Kirtland</u>	Well No. <u>3</u>	Pool Name, including Formation <u>NW Cha Cha Gallup</u>	Kind of Lease State, Federal or Fee	Fee	Lease No.
Location					
Unit Letter <u>B</u>	<u>730</u>	Feet From The <u>North</u>	Line and <u>2250</u>	Feet From The <u>East</u>	
Line of Section <u>18</u>	Township <u>29N</u>	Range <u>14W</u>	<u>NMPM,</u>	<u>San Juan</u>	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)				
<u>Inland Corporation</u>	<u>P.O. Box 1528, Farmington, NM 87401</u>				
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)				
<u>Intrastate Gathering Corporation</u>	<u>P.O. Box 32999, San Antonio, TX 78216</u>				
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected? When
	<u>B</u>	<u>18</u>	<u>29N</u>	<u>14W</u>	<u>Yes May 23, 1982</u>

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

Complete Parts IV and V on reverse side if necessary.

STATE OF COMPLIANCE

I certify that the rules and regulations of the Oil Conservation Division have been read and understood and that the information given is true and complete to the best of my knowledge and belief.

Paul E. Roebuck

(Signature)

Manager of Engineering

(Title)

1/13/84

(Date)

OIL CONSERVATION DIVISION

APPROVED

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 deeper 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 owner, well name or number, or transporter, or other such change of conditions.

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

OIL CONSERVATION DIVISION

P. O. BOX 2000
SANTA FE, NEW MEXICO 87501Form C-104
Revised 10-1-79REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. OPERATOR OPERATION OFFICE Operator CARIBOU FOUR CORNERS, INC.	
Address PO BOX 2105, Farmington, NM 87401	
Reason(s) for filing (Check proper box)	
New Well ☐	Change in Transporter of: Oil ☐ Dry Gas ☐ Casinghead Gas ☐ Condensate ☐
Recompletion ☐	
Change in Ownership ☐	
Other (Please explain) OIL CONSERVATION DIV. Adding Casinghead Transporter	

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Kirtland	Well No. 3	Pool Name, including Formation Cha-Cha Gallup	Kind of Lease State, Federal or Fee	Fee	Lease No.
Location Unit Letter <u>B</u> : <u>730</u> Feet From The <u>North</u> Line and <u>2250</u> Feet From The <u>East</u> Line of Section <u>18</u> Township <u>29N</u> Range <u>14W</u> , NMPM, San Juan County					

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☐ <u>Inland Transportation</u>	Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐ <u>Intrastate Gathering Corp</u>	Address (Give address to which approved copy of this form is to be sent) <u>PO Box 32999, San Antonio, Tx 78216</u>	
If well produces oil or liquids, give location of tanks.	Unit <u>B</u> Sec. <u>18</u> Twp. <u>29N</u> Rng. <u>14W</u>	Is gas actually connected? <u>Yes</u> When <u>May 23, 1982</u>

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	Some Rea'v.	Drill Rea'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, R.R.D, 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 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 (split, 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 Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Patty Hedgcock
Land Records & Accounting Manager
July 7, 1982

OIL CONSERVATION DIVISION

APPROVED JUL 8 1982, 19_____
BY [Signature]
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 or new and recompleted wells.

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

U.S. DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
OIL CONSERVATION DIVISION
Form O-104
Revised 10-1-70

OIL CONSERVATION DIVISION
P.O. BOX 2006
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

API 30-045-23736

Operator
CARIBOU FOUR CORNERS, INC.
Address
219 TRANSWESTERN LIFE BLDG., 404 N 31ST ST., BILLINGS, MT. 59101
Person(s) for filing (check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ 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 KIRTLAND	Well No. 3	Pool Name, including Formation Cha Cha Gallup	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter B : 730 Feet From The North Line and 2250 Feet From The East Line of Section 18 Township 29N Range 14W , NMDP, San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Inland Corporation	Address (Give address to which approved copy of this form is to be sent) P O Box 1528, Farmington, NM 87401	
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	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 B	Sec. 18
	Twp. 29N	Range 14W
	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) XXX	Oil Well XXX	Gas Well	New Well XXX	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 6-18-79	Date Compl. Ready to Prod. 11-2-79	Total Depth 4750		P.B.T.D. 4540				
Locations (DF, RKB, RT, GR, etc.) 5204KB 5193GL	Name of Producing Formation Gallup	Top Oil/Gas Pay 4512		Tubing Depth 4532.70KB				
Perforations 17 holes 4514-4554				Depth Casing Shoe				
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT				
12 inch	8 5/8"	342KB		385				
7 7/8"	4 1/2"	4750KB		975				
	2 3/8"	4532.70KB						

V. TEST DATA AND REQUEST FOR ALLOWABLE

(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 10/21/79	Date of Test 11/1/79	Producing Method (Flow, pump, gas lift, etc.) Swabbing	
Conductivity Test 24 hrs	Tubing Pressure 130	Casing Pressure 300	Choke Size 25 vit.
Actual Prod. During Test	Oil-Bbls. 87	Water-Bbls. 378	Gas-MCF 25 vit.

GAS WELL

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

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.

Donny G. Faust
Donny G. Faust (Signature)
Geologist (Title)

11/1/79

OIL CONSERVATION DIVISION

APPROVED **NOV 9 1979**
BY **Frank S. Ewing**

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

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 1104.
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 not a new well or a recompleted well.

DISTRIBUTION	
SANTA FE	1
FILE	1
U.S.G.S.	2
LAND OFFICE	
OPERATOR	1

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

Revised 1-1-65

5a. Indicate Type of Lease
State ☐ Fee ☒

5. State Oil & Gas Lease No.

1a. TYPE OF WELL

b. TYPE OF COMPLETION

OIL WELL ☒ GAS WELL ☐ DRY ☐ OTHER _____

NEW WELL ☒ WORK OVER ☐ DEEPEN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ OTHER _____

2. Name of Operator

Caribou Four Corners, Inc.

3. Address of Operator

219 Transwestern Life Bldg., 404 N. 31st St., Billings, Mt. 59101

4. Location of Well

UNIT LETTER B LOCATED 730 FEET FROM THE North LINE AND 2250 FEET FROM

THE East LINE OF SEC. 18 TWP. 29N RGE. 14W NMPM

15. Date Spudded 8-18-79

16. Date T.D. Reached 9-18-79

17. Date Compl. (Ready to Prod.) 11-2-79

18. Elevations (DF, RKB, RT, GR, etc.) 5204KB 5193GL

20. Total Depth 4750

21. Plug Back T.D. 4540

22. If Multiple Compl., How Many _____

23. Intervals Drilled By _____

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

4514-4521 Gallup

25. Was Directional Survey Made

Yes

26. Type Electric and Other Logs Run

DIL FDC-CNL

27. Was Well Cored

No

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

CASING SIZE	WEIGHT LB./FT.	DEPTH SET	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
8 5/8	24#	343KB	12"	385 sacks	
4 1/2	9.5# & 10.5#	4750KB	7 7/8"	975 sacks	

29. LINER RECORD

SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN

30. TUBING RECORD

SIZE	DEPTH SET	PACKER SET
2 3/8	4532.70KB	4540KB
		Bridge plug

31. Perforation Record (Interval, size and number)

17 holes - .37" diameter

4514 4518 4546 4550 4554

4515 4519 4547 4551

4520 4548 4552

4521 4549 4553

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

DEPTH INTERVAL	AMOUNT AND KIND MATERIAL USED
4514-4554	17 shots - Frack with 47,000 gal. 30#/gal. gelled water & 40,500# 20/40 sand and 10,000 10/20 sand.

PRODUCTION

Production Method (Flowing, gas lift, pumping - Size and type pump)

Swabbing

Well Status (Prod. or Shut-in)

Shut-in

Hours Tested 24

Choke Size

Prod'n. For Test Period

Oil - Bbl. 87

Gas - MCF good gas

Water - Bbl. 378

Gas - Oil Ratio 287/1

Casing Pressure 300

Calculated 24-Hour Rate

Oil - Bbl. 87

Gas - MCF 25 vis est

Water - Bbl. 378

Oil Gravity - API (Corr.) 42.0

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

Test Witnessed By

Harold Bledge

42.0

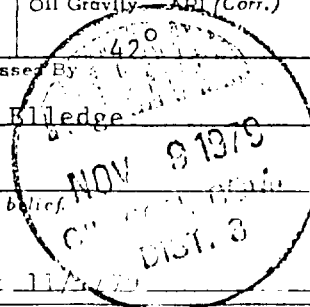
33. List of Attachments

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 Denny G. Faust

TITLE Geologist

DATE 11/2/79



This form is to be filed with the appropriate District Office of the Commission not later than 20 days after the completion of any newly-drilled or deepened well. It shall be accompanied by one copy of all electrical and radioactivity logs run on the well and a summary of all special tests conducted, including drill stem tests. All depths reported shall be measured by the, in the case of directionally drilled wells, true vertical depths shall also be reported. For multiple completions, Items 30 through 34 shall be reported for each zone. The form is to be filed in quintuplicate except on state land, where six copies are required. See Rule 1105.

INDICATE FORMATION TOPS IN CONFORMANCE WITH GEOGRAPHICAL SECTION OF STATE

Southeastern New Mexico

Northwestern New Mexico

T. Anhy _____	T. Canyon _____	T. Ojo Alamo _____	T. Penn. "B" _____
T. Salt _____	T. Strawn _____	T. Kirtland-Fruitland _____	T. Penn. "C" _____
B. Salt _____	T. Atoka _____	T. Pictured Cliffs <u>290</u>	T. Penn. "D" _____
T. Yates _____	T. Miss _____	T. Cliff House <u>1440</u>	T. Leadville _____
T. 7 Rivers _____	T. Devonian _____	T. Menefee <u>2070</u>	T. Madison _____
T. Queen _____	T. Silurian _____	T. Point Lookout <u>2970</u>	T. Elbert _____
T. Grayburg _____	T. Montoya _____	T. Mancos <u>3235</u>	T. McCracken _____
T. San Andres _____	T. Simpson _____	T. Gallup <u>4183</u>	T. Ignacio Qtzite _____
T. Glorieta _____	T. McKee _____	Base Greenhorn _____	T. Granite _____
T. Paddock _____	T. Ellenburger _____	T. Dakota _____	T. _____
T. Blinebry _____	T. Gr. Wash _____	T. Morrison _____	T. _____
T. Tubb _____	T. Granite _____	T. Todilto _____	T. _____
T. Drinkard _____	T. Delaware Sand _____	T. Entrada _____	T. _____
T. Abo _____	T. Bone Springs _____	T. Wingate _____	T. _____
T. Wolfcamp _____	T. _____	T. Chinle _____	T. _____
T. Penn. _____	T. _____	T. Permian _____	T. _____
T. Cisco (Bough C) _____	T. _____	T. Penn. "A" _____	T. _____

OIL OR GAS SANDS OR ZONES

No. 1, from <u>4514</u> to <u>4554</u>	No. 4, from _____ to _____
No. 2, from _____ to _____	No. 5, from _____ to _____
No. 3, from _____ to _____	No. 6, from _____ to _____

IMPORTANT WATER SANDS

Include data on rate of water inflow and elevation to which water rose in hole.

No. 1, from _____ to _____ feet.	_____
No. 2, from _____ to _____ feet.	_____
No. 3, from _____ to _____ feet.	_____
No. 4, from _____ to _____ feet.	_____

FORMATION RECORD (Attach additional sheets if necessary)

To	Thickness in Feet	Formation	From	To	Thickness in Feet	Formation
794	404	Pictured Cliffs				
2070	630	Cliff House				
2070	900	Menefee				
4183	948	Mancos				
4600	417	Gallup				
2970	265	Point Lookout				

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LAND OFFICE	
OPERATOR	/

NEW MEXICO OIL CONSERVATION COMMISSION

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

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 ☐ GAS WELL ☐ OTHER-		7. Unit Agreement Name
2. Name of Operator CARIBOU FOUR CORNERS, INC.		8. Farm or Lease Name KIRTLAND
3. Address of Operator 219 TRANSWESTERN LIFE BLDG., 404 N. 31st St., Billings, Mt. 59101		9. Well No. 3
4. Location of Well UNIT LETTER <u>B</u> <u>730</u> FEET FROM THE <u>North</u> LINE AND <u>2250</u> FEET FROM THE <u>East</u> LINE, SECTION <u>18</u> TOWNSHIP <u>29N</u> RANGE <u>14W</u> NMPM.		10. Field and Pool, or Wellcat NW Cha Cha Gallup
15. Elevation (Show whether DF, RT, GR, etc.) 5204KB 5193GL		12. County San Juan

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐
PULL OR ALTER CASING ☐	OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐	ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☒	PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐	OTHER ☐

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.

8/18/79 Spudded cable tool
8/23/79 TD 335, Ran 330' 8 5/8" 24# with 385 sacks cement
9/12/79 Spudded with rotary tools
9/18/79 TD 4751, logging
9/19/79 Ran 4759.58' 9.5# and 10.5# 4 1/2"
set at 4750 KB with 975 sacks cement.



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

SIGNED <u>Denny Fought</u>	TITLE <u>Geologist</u>	DATE <u>11/6/79</u>
APPROVED BY <u>Frank S. Chazy</u>	TITLE <u>DEPUTY OIL & GAS COMMISSIONER</u>	DATE <u>NOV 9 1979</u>

CONDITIONS OF APPROVAL, IF ANY:

DATE RECEIVED	3
DISTRIBUTION	
SANTA FE	1
FILE	
U.S.G.S.	2
LAND OFFICE	
OPERATOR	1

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 Caribou Four Corners, Inc.	
3. Address of Operator 404 N. 31st St. Transwestern Life Bldg., Room 219, Billings, Mt. 59101	
4. Location of Well UNIT LETTER <u>B</u> LOCATED <u>730</u> FEET FROM THE <u>North</u> LINE <u>2250</u> FEET FROM THE <u>East</u> LINE OF SEC. <u>18</u> TWP. <u>29N</u> RGE. <u>14W</u> NADEN	
19. Proposed Depth 4700	19A. Formation Sanostee
20. Rotary or C.T. CT to 350' Rotary 350'-	22. Approx. Date Work will start August 15, 1979
21. Elevations (Show whether DE, RT, etc.) 5193 GL	21A. Kind & Status Plug. Bond State wide
21B. Drilling Contractor CT - Maness Rotary - Odeco	

5A. Indicate Type of Lease STATE ☐ FEDERAL ☒
5. State Oil & Gas Lease No.
7. Unit Agreement Name
8. Name of Lease Name Kirtland
9. Well No. #3
10. Field and Pool, or Wildcat NW Cha-Cha
12. County San Juan

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
12 1/4	8 5/8	24#	300'	110	Circ.
7 7/8	4 1/2	9.5#	4700'	900	Circ.

The long string is to be two staged.
4700-3500 and 3200-surface, a total of
approximately 900 sacks of cement will
be used.
An 8" 900 series double BOP with rotating
head will be used on the rotary hole.
The BOP will be tested to 1500#.

APPROVAL VALID
FOR 90 DAYS IF PRESS
(DRILLING COMMENCED,

EXPIRES 11-7-79



ABOVE SPACE DESCRIBE PROPOSED PROGRAM (IF PROPOSAL IS TO DEEPEN OR PLUG BACK, GIVE DATA ON PRESENT PRODUCTIVE ZONE AND PROPOSED NEW
ZONES. 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 Dennis J. [Signature] Title Geologist Date Aug. 6, 1979

(This space for State Use)

APPROVED BY [Signature] TITLE SUPERVISOR, DISTRICT 3 DATE AUG 9 1979
CONDITIONS OF APPROVAL, IF ANY:

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

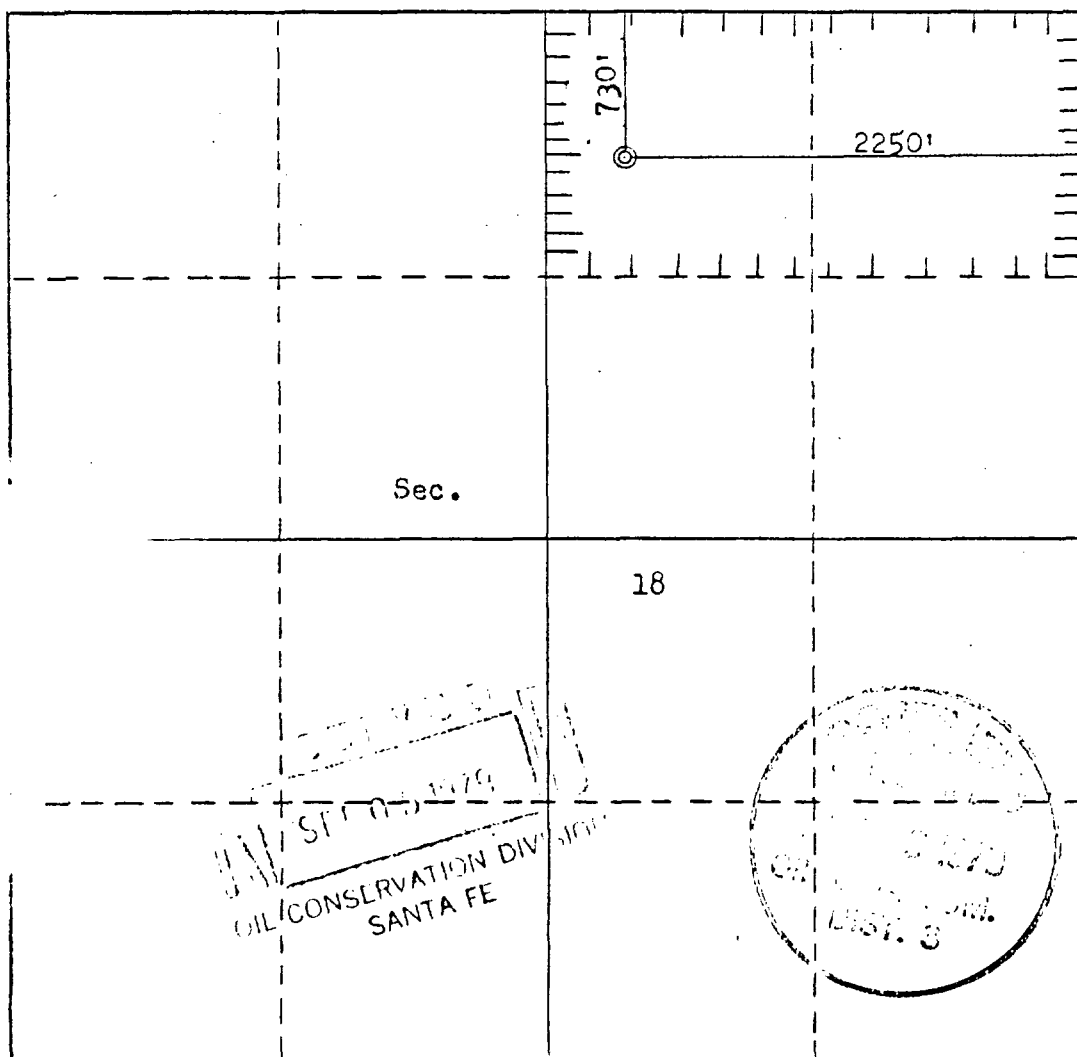
Operator CARIBOU FOUR CORNERS, INCORPORATED			Lease KIRTLAND		Well No. 3
Unit Letter B	Section 18	Township 29N	Range 14W	County San Juan	
Actual Footage Location of Well:					
730		feet from the North line and		2250 feet from the East line	
Ground Level Elev. 5193	Producing Formation Gallup		Pool NW Cha-Cha		Dedicated Acreage: 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 All leases held by Caribou Four Corners

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.

Name: Donny G. Fair
Position: Geologist

Company: Caribou Four Corners, Inc.

Date: 8/6/79

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

May 23, 1979

Registered Professional Engineer and/or Geologist

Donny G. Fair
Certification No. 3839
STATE OF NEW MEXICO

DISTRIBUTION	
TAPE	
PA.	
D OFFICE	
TRANSPORTER	OIL
ATOR	GAS
ATION 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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED

MAR 09 1984

OIL CON.

DIST. 3

GREENWOOD RESOURCES INC.

315 Inverness Way South Englewood, Colorado 80112-5898

on(s) for filing (Check proper box)

Change in Transporter of:
☒ Oil
☐ Gas
☐ Condensate
☐ Change in Ownership

Other (Please explain)

Change of ownership give name
address of previous owner

DESCRIPTION OF WELL AND LEASE

Well Name Kirtland	Well No. 4	Pool Name, including Formation NW Cha-Cha Gallup	Kind of Lease State, Federal or Fee	Lease No.
-----------------------	---------------	---	--	-----------

Section E : 595 Feet From The West Line and 1450 Feet From The North

Line of Section 18 Township 29 North Range 14 West . NMPM, San Juan County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

of Authorized Transporter of Oil ☒ or Condensate ☐ GIANT REFINING CO. Address (Give address to which approved copy of this form is to be sent) P.O. Box 256, Farmington, NM 87499	of Authorized Transporter of Gas ☒ or Dry Gas ☐ INTRASTATE GATHERING CORP Address (Give address to which approved copy of this form is to be sent) P.O. Box 32999, San Antonio, TX 78216
Unit <u>E</u> Sec. <u>18</u> Twp. <u>29</u> Rge. <u>14</u> Is gas actually connected? YES	When May 23, 1982

Is production in commingled with that from any other lease or pool, give commingling order number

E: Complete Parts IV and V on reverse side if necessary.

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.

Jean M. Griesheimer
(Signature)
production analyst
(Title)
Feb. 24, 1984
(Date)

OIL CONSERVATION DIVISION

APPROVED MAR 09 1984, 19
 BY Frank J. [Signature]
 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 deepener 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 allow-able 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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OPERATOR	GAS
PRODUCTION OFFICE	

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

RECEIVED
JAN 19 1984
OIL CON. DIV.
DIST. 3
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
Greenwood Resources Inc.

Address
315 Inverness Way South, Englewood, CO 80112-5898

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 gas transporter

If change of ownership give name and address of previous owner
 Caribou Four Corners, Inc. P.O. Box 2105, Farmington, NM 87401

II. DESCRIPTION OF WELL AND LEASE

Lease Name Kirtland	Well No. 4	Pool Name, including Formation NW Cha Cha Gallup	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter <u>E</u> ; <u>595</u> Feet From The <u>West</u> Line and <u>1450</u> Feet From The <u>North</u> Line of Section <u>18</u> Township <u>29N</u> Range <u>14W</u> , NMPM, San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Inland Corporation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1528, Farmington, NM 87401
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ Intrastate Gathering Corporation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 32999, San Antonio, TX 78216
If well produces oil or liquids, give location of tanks. Unit <u>E</u> Sec. <u>18</u> Twp. <u>29N</u> Rge. <u>14W</u>	Is gas actually connected? <u>Yes</u> When <u>May 23, 1982</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.

Paul E. Pouchen
(Signature)
MANAGER of Engineering
(Title)
1/13/84
(Date)

OIL CONSERVATION DIVISION
APPROVED Frank J. Quigley JAN 19 1984
BY Frank J. Quigley
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.

1	2	3	4	5	6	7	8	9	10
11	12	13	14	15	16	17	18	19	20
21	22	23	24	25	26	27	28	29	30
31	32	33	34	35	36	37	38	39	40
41	42	43	44	45	46	47	48	49	50
51	52	53	54	55	56	57	58	59	60
61	62	63	64	65	66	67	68	69	70
71	72	73	74	75	76	77	78	79	80
81	82	83	84	85	86	87	88	89	90
91	92	93	94	95	96	97	98	99	100

OIL CONSERVATION DIVISION
P. O. BOX 2000
SANTA FE, NEW MEXICO 87501

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

Caribou Four Corners, Inc.
Address
Rm 219 Transwestern Building, 404 N. 31st Street, Billings, Montana 59101
Person(s) for filing (check proper box)
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 _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Kirtland	Well No. 4	Pool Name, including Formation NW Cha Cha Gallup	Kind of Lease State, Federal or Free Free
Location Unit Letter E ; 595 Feet From The West Line and 1450 Feet From The North Line of Section 18 Township 29N Range 14W , NMPM, County			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Inland Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1528, Farmington, New Mexico 87401
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	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 E Sec. 18 Twp. 29N Rge. 14W Is gas actually connected? ☐ When _____

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 ☒	Gas well	New Well ☒	Workover	Deepen	Plug Back	Come Heav. Diff. Heav.
Date Spudded 9-5-79	Date Compl. Ready to Prod. 10-16-79	Total Depth 4705	P.B.T.D. 4642				
Elevations (DF, KAB, RT, GR, etc.) 5153 KB 5143 GL	Name of Producing Formation Gallup	Top Oil/Gas Pay 4448	Tubing Depth 4524 KB				
Perforations 20 holes 4448-4520			Depth Casing Shoe 4705 KB				
TUBING, CASING, AND CEMENTING RECORD							
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT				
12 inch	8 5/8	346 KB	275				
7 7/8 inch	4 1/2	4705 KB	875				
	2 3/8	4524 KB					

VI. 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)

Note First New Oil Run To Tanks 10-15-79	Date of Test 10-16-79	Producing Method (Flow, pump, gas lift, etc.) Swabbing	
Length of Test 24 hrs	Tubing Pressure 20 psi	Casing Pressure 125 psi	Choke Size
Actual Prod. During Test	Oil-Bble. 78 BO	Water-Bble. 60 BW	Gas-MCF 60 vis est

64.37 A - Dev. oil

GAS WELL

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

7. 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.

Dennis G. Faust
(Signature)

(Title)
10-22-79
(Date)

OIL CONSERVATION DIVISION

APPROVED **OCT 22 1979**, 19
BY *W. S. Sengstacke*
SUPERVISOR DISTRICT 7
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 1111.
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 recompleted wells.

DISTRIBUTION		
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LAND OFFICE		
OPERATOR	1	

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

Revised 1-1-65

5a. Indicate Type of Lease
State ☐ Fee ☒
5. State Oil & Gas Lease No.

a. TYPE OF WELL

OIL WELL ☒

GAS WELL ☐

DRY ☐

OTHER ☐

b. TYPE OF COMPLETION

NEW WELL ☒

WORK OVER ☐

DEEPEN ☐

PLUG BACK ☐

DIFF. RESVR. ☐

OTHER ☐

c. Name of Operator

aribou Four Corners, Inc.

d. Address of Operator

219 Transwestern Building, 404 N. 31st St. Billings, Montana 59191

e. Location of Well

UNIT LETTER E LOCATED 595 FEET FROM THE West LINE AND 1450 FEET FROM

North LINE OF SEC. 18 TWP. 29N RGE. 14W NMPM

6. Date Spudded 7. Date T.D. Reached 8. Date Compl. (Ready to Prod.) 9. Elevations (DF, RKB, RT, GR, etc.) 10. Elev. Casinghead

4-5-79 9-29-79 10-16-79 5153 KB 5143' GL

11. Total Depth 12. Plug Back T.D. 13. If Multiple Compl., How Many 14. Intervals Drilled By 15. Rotary Tools 16. Cable Tools
4705 4642 Many 346-TD 0-346

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

44448-4520

Gallup

18. Was Directional Survey Made

Yes

19. Type Electric and Other Logs Run

DIL FDC-CNL

20. Was Well Cored

No

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

CASING SIZE	WEIGHT LB./FT.	DEPTH SET	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
8 5/8	24	346	12 inch	275 sx	
4 1/2	9.5 & 10.5	4705	7 7/8 inch	875 sx	

22. LINER RECORD

SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN

23. TUBING RECORD

SIZE	DEPTH SET	PACKER SET

24. Perforation Record (Interval, size and number)

INTERVAL	SIZE	NUMBER	DESCRIPTION
4448	56	96	1 per foot
49	57	4501	totaling 20 shots
53	58	02	.37 inch
54	78	08	diameter
55	79	12	20

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

DEPTH INTERVAL	AMOUNT AND KIND MATERIAL USED
4448-4520	20 shots
	Frack with 50,022 gals, 30#/gal
	gelled wtr and 40,500# 20/40 sd
	and 10,000# 10/20 sd

26. PRODUCTION

Date First Production 10-15-79 Production Method (Flowing, gas lift, pumping - Size and type pump) Swabbing Well Status (Prod. or Shut-in) Shut-In

Date of Test	Hours Tested	Choke Size	Prod'n. For Test Period	Oil - Bbl.	Gas - MCF	Water - Bbl.	Gas - Oil Ratio
10-16-79	24		→	78	gd gas	60	769-2
Flow Tubing Press.	Casing Pressure	Calculated 24-Hour Rate	Oil - Bbl.	Gas - MCF	Water - Bbl.	Oil Gravity (API) (Corr.)	
	275	→	78	60 vis est.	60	42.67	

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

None

Test Witnessed By
Harold Elledge

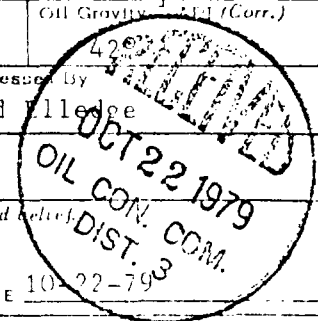
28. List of Attachments

None

29. 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 Dennis H. Faust TITLE Geologist

DATE 10-22-79



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NEW MEXICO OIL CONSERVATION COMMISSION

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

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 ON TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR.
USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)

1. ☒ OIL WELL ☐ GAS WELL ☐ OTHER-

2. Name of Operator
Caribou Four Corners, Inc.

3. Address of Operator
Rm 219 Transwestern Building, 404 N. 31st Street, Billings, Mont. 59101

4. Location of Well
UNIT LETTER E, 595 FEET FROM THE FWL LINE AND 1450 FEET FROM
THE North LINE, SECTION 18 TOWNSHIP 29N RANGE 14 N14PM.

7. Unit Agreement No.

8. State of Lease

Kirtland

#4

9. Well Name

NW Cha Cha

12. County

San Juan

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

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

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK ☐	REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐	COMMENCE DRILLING OPNS. ☒
PULL OR ALTER CASING ☐	CASING TEST AND CEMENT JOBS ☐
OTHER ☐	OTHER ☐
PLUG AND ABANDON ☐	ALTERING CASING ☐
CHANGE PLANS ☐	PLUG AND ABANDONMENT ☐

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.

9-5-79 Spudded cable tool

9-8-79 TD 346 KB

9-9-79 Ran 332' 8 5/8" 24#

9-21-79 Spudded with rotary tools

9-29-79 TD 4705, Logging

9-30-79 Ran 4717.62" 9.5# & 10.5# 4 1/2"

Set at 4705' KB with 875 sx cement



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

Original Signed by: Denny G. Foust TITLE Geologist DATE 10-22-79

APPROVED BY: AR. [Signature] TITLE SUPERVISOR DISTRICT 3 DATE OCT 22 1979

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

30-045-23716
Form C-101
Revised 10-1-70

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LAND OFFICE	
OPERATOR	1

5A. Indicate Type of Lease	
STATE ☐	FEL ☒
5. State Oil & Gas Lease No.	

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

Caribou Four Corners, Inc.

3. Address of Operator

Rm 219, Transwestern Bldg, 404 N 31st. St. Billings, MT 59101

4. Location of Well

UNIT LETTER E LOCATED 595 FEET FROM THE West LINE

AND 1450 FEET FROM THE North LINE OF SEC. 18 TWP. 29N RGE. 14W NMPW

7. Unit Agreement Name

8. Form or Lease Name

Kirtland

9. Well No.

#4

10. Field and Pool, etc.

NW Cha Cha

12. County

San Juan

15. Proposed Depth

4700

19A. Formation

Sanostee

20. Rotary or C.T.

CT 350' Rotary 350-4700

21. Elevations (Show whether DF, RT, etc.)

5143' GL

21A. Kind & Status Plug. Bond

Statewide

21B. Drilling Contractor

CT Maness
Rotary Odeco

22. Approx. Date Work will start

August 25, 1979

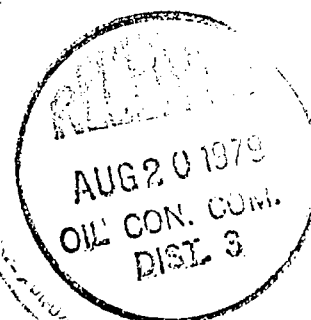
23.

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
12 1/2	8 5/8	24#	350	275	Circ
7 7/8	4 1/2	9.5#	4700	900	Circ

The long string will be two staged 4700-3500, 3200 - surface, A series 8" - 900 LWS double Shaffer BOP will be used on the rotary hole, pressure tested to 1500 lbs.

APPROVAL VALID
FOR 90 DAYS UNLESS
DRILLING COMMENCED,
EXPIRES 11-18-79



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 Dennis G. Faust Title Geologist Date August 17, 1979

(This space for State Use)

APPROVED BY Frank J. Chang TITLE DEPUTY OIL & GAS INSPECTOR DIST. #13 DATE AUG 20 1979

CONDITIONS OF APPROVAL, IF ANY:

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

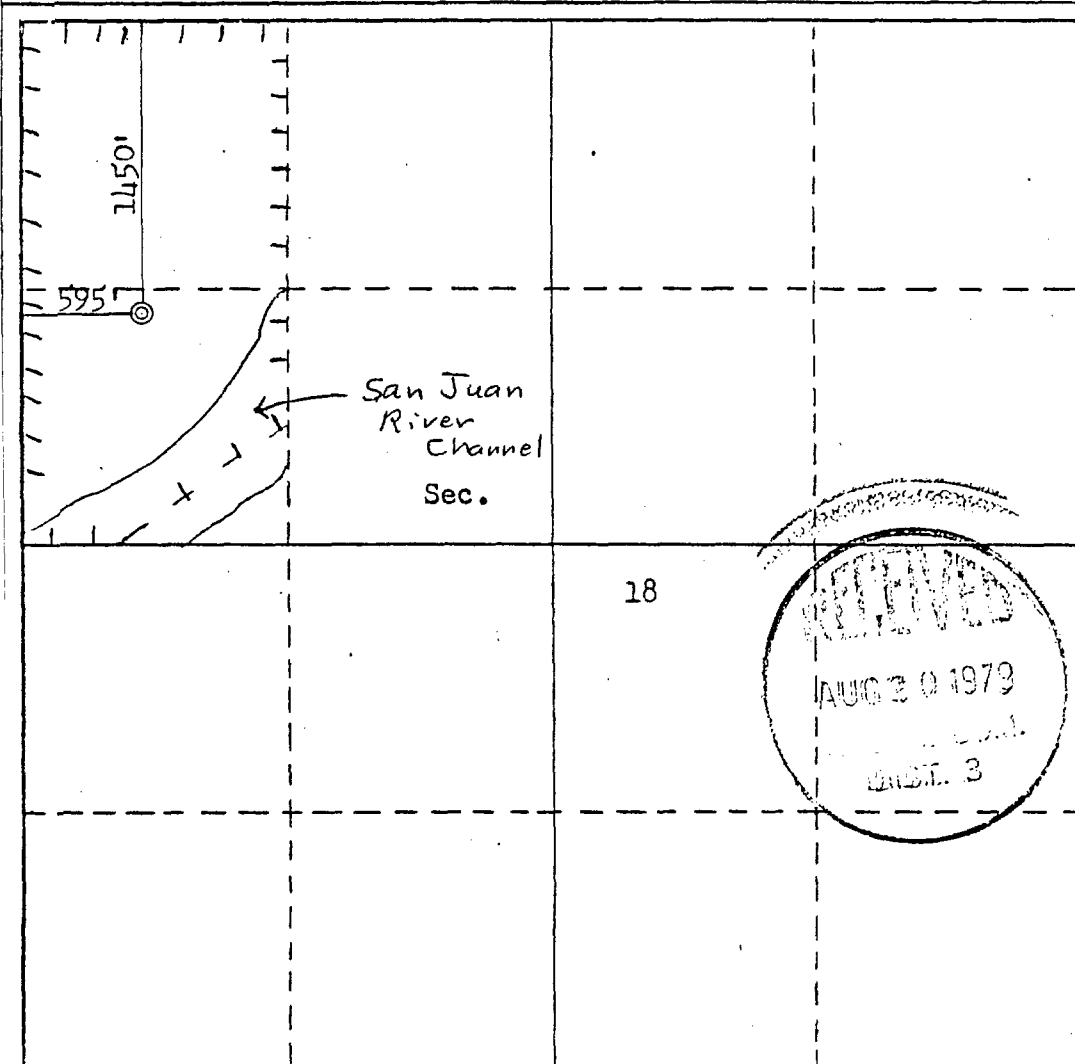
Operator CARIBOU FOUR CORNERS, INCORPORATED			Lease KIRTLAND		Well No. 4
Unit Letter E	Section 18	Township 29N	Range 14W	County San Juan	
Actual Footage Location of Well: 1450 feet from the North line and 595 feet from the West line					
Ground Level Elev. 5143	Producing Formation Gallup	Pool NW Cha-Cha		Dedicated Acreage: 64.32 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 well 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

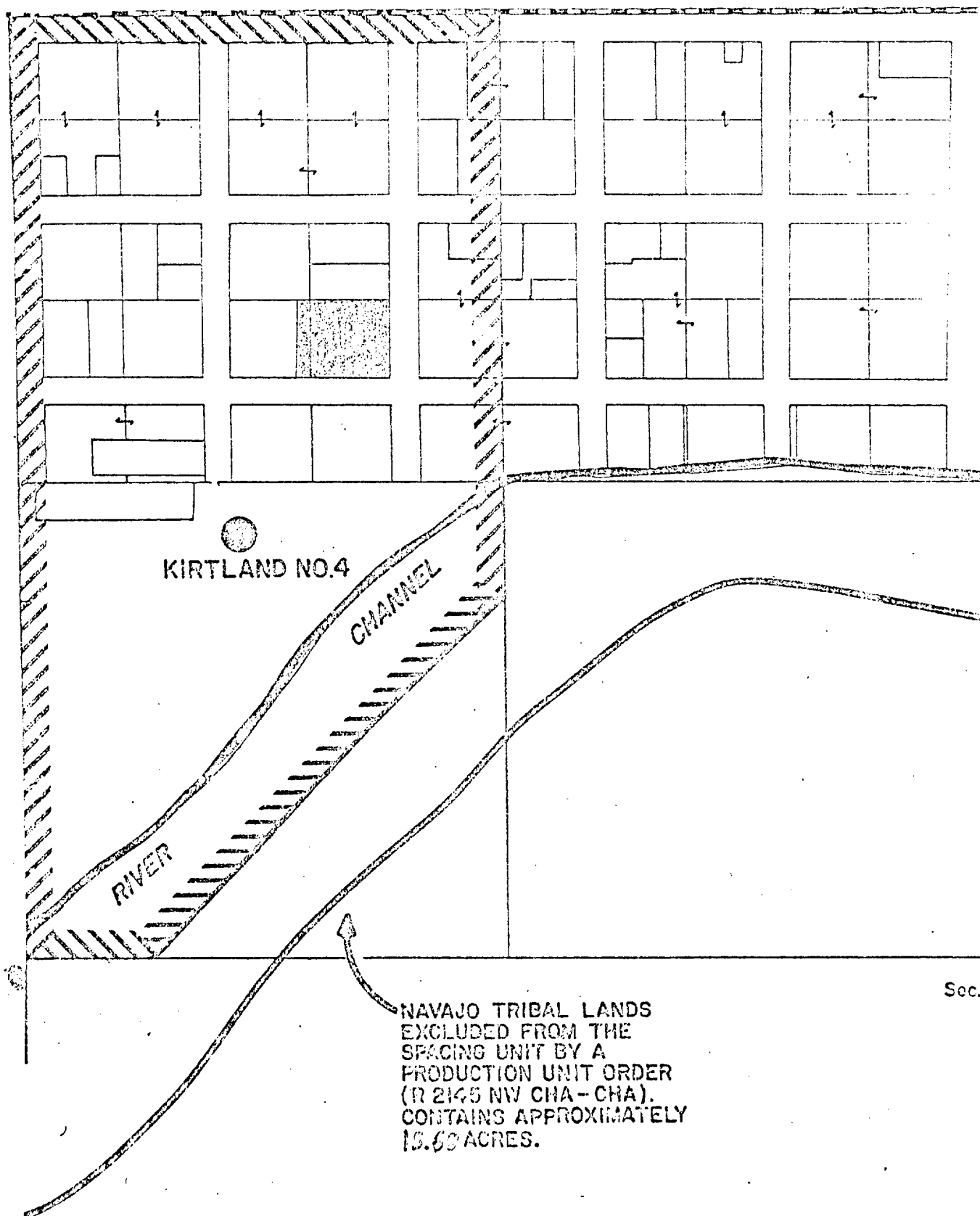
I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.

Name
Denny G. Faust
Position
Geologist
Company
Caribou Four Corners, Inc.
Date
August 17, 1979

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
May 22, 1979
Registered Professional Engineer and/or Land Surveyor
Frederick E. Kern Jr.
Certificate No. **1151**

All lands are fee, Caribou Four Cornes, Inc. has all leases with the exception of 1.1 acres owned by George and Ruby Thomas of Kirtland, who have refused to sign a lease. The force pooling hearing is scheduled for August 22, 1979.



STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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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

RECEIVED
MAR 09 1984
OIL CON.
DIST. 3

GREENWOOD RESOURCES INC.

315 Inverness Way South Englewood, Colorado 80112-5898

Reason(s) for filing (Check proper box)

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

Other (Please explain)

Change of ownership give name
address of previous owner

DESCRIPTION OF WELL AND LEASE

Well Name	Well No.	Pool Name, Including Formation	Kind of Lease	Fee	Lease No.
Kirtland	11	Cha-Cha Gallup	State, Federal or Fee		

Location

Unit Letter C : 1310 Feet From The North Line and 1740 Feet From The West

Line of Section 18 Township 29 North Range 14 West . NMPM. San Juan County

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)
GIANT REFINING CO.	P.O. Box 256, 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)
INTRASTATE GATHERING CORP	P.O. Box 32999, San Antonio, TX 78216
Well produces oil or liquids, or location of tanks.	Is gas actually connected? When
Unit <u>C</u> Sec. <u>18</u> Twp. <u>29</u> Rge. <u>14</u>	YES May 23, 1982

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

NOTE: Complete Parts IV and V on reverse side if necessary.

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.

Jean M. Griesheimer
(Signature)
production analyst
(Title)
Feb 24 1984
(Date)

OIL CONSERVATION DIVISION

APPROVED MAR 09 1984, 19
BY Frank J. Givens
TITLE SUPERVISOR DISTRICT 25

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.

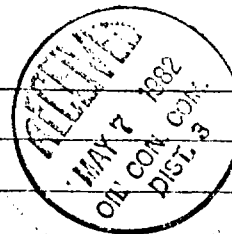
Separate Forms C-104 must be filed for each pool in multiply completed wells.

OIL CONSERVATION DIVISION
P. O. BOX 7088
SANTA FE, NEW MEXICO 87501

Revised 10-1-78

TRANSPORTER	OIL
OPERATOR	GAS
REGISTRATION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS



1. **Caribou Four Corners, Inc.**
Address: **P.O. Box 2105, Farmington, NM 87401**

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): _____

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name: Kirtland	Well No.: 11	Pool Name, including Formation: Cha-Cha Gallup	Kind of Lease: _____
Location: _____			
Unit Letter: C	: 1310	Feet From The North Line and 1740	Feet From The West
Line of Section: 18	Township: 29N	Range: 14W	NMPM, San Juan County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Inland Corp.	Address (Give address to which approved copy of this form is to be sent): 5101 E. Main, Farmington, NM 87401
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ Interstate Gathering Corp.	Address (Give address to which approved copy of this form is to be sent): P.O. Box 32999 San Antonio Tx 78216
If well produces oil or liquids, give location of tanks: _____	Is gas actually connected? Yes When: 5-23-82

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 ☐ Some Res'v. ☐ Diff. Res'v. ☐
Date Spudded: 11-14-81	Date Compl. Ready to Prod.: 1-20-82
Elevations (D.F., R.R., RT, CR, etc.): 5141 G.L., 5153 D.F.	Name of Producing Formation: Gallup
Perforations: 4396-4561	Total Depth: 4700
	Top Oil/Gas Pay: 4396
	Tubing Depth: 4576.11
	Depth Casing Shoe: _____

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/2	8 5/8	350'	275
7 7/8	4 1/2	4576.11	1000 950
	2 3/8		NONE

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 sap allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks: 1-20-82	Date of Test: 1-25-82	Producing Method (Flow, pump, gas lift, etc.): Swabbing
Length of Test: 24 hr.	Tubing Pressure: _____	Casing Pressure: 150
Actual Prod. During Test: as follows	Oil - Bbls.: 30 BO	Water - Bbls.: 80 BW
		Gas - MCF: visual Est. 50 MCFPD

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. 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.

Sam Baul
(Signature)

David M. ...
(Title)

4-15-82
(Date)

OIL CONSERVATION DIVISION

1-2-10-82-
APPROVED

MAY 10 1982

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 deviation tests taken on the well in accordance with RULE 1111.
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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OIL CONSERVATION DIVISION

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SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

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 SALT TO A DIFFERENT RESERVOIR.
USE APPLICATION FOR PERMIT (FORM C-101) FOR SUCH PROPOSALS.

WELL ☒ GAS WELL ☐ OTHER-

Name of Operator

CARIBOU FOUR CORNERS, INC.

Address of Operator

PO BOX 2105, FARMINGTON, NM 87401

Location of well

UNIT LETTER C 1310 FEET FROM THE North LINE AND 1740 FEET FROM

West LINE, SECTION 18 TOWNSHIP 29N RANGE 14W N.M.P.M.

15. Elevation (Show whether D.F., R.T., G.R., etc.)

5141 G.L. 5153 D.F.

12. County

San Juan

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

FORM REMEDIAL WORK

☐

PLUG AND ABANDON

☐

REMEDIAL WORK

☐

ALTERING CASING

☐

TEMPORARILY ABANDON

☐

COMMENCE DRILLING OPNS.

☒

PLUG AND ABANDONMENT

☐

OR ALTER CASING

☐

CHANGE PLANS

☐

CASING TEST AND CEMENT JOBS

☐

OTHER

OTHER

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.

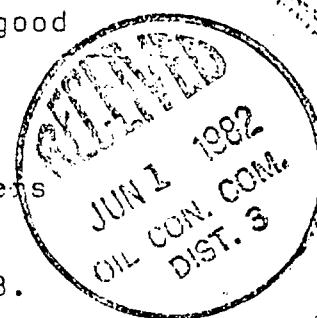
11-7-81 M.I. & R.U. MANESS cable tool, spud 7: A.M.

11-14-81 TD 346' ran 8 jts 8 5/8" 23# casing measuring 339.67' cemented w/275 sx reg cmt, 1/4# flo-seal 3% calc, good returns throughout, circ 75 sx to pit. *Calc*

12-21-81 MI & RU Aztec #73 rotary rig.

12-28-81 TD @ 4714 K.B. 1:00 P.M. Log w/Schlumberger (loggers TD 4714 K.B.) Dual Induction-SFL and FDC-CNL.

12-29-81 Ran 117 jts. 4 1/2" 9.5# casing measuring 4706.27' K.B. P.B.T.D. @ 4671.08' K.B. D.V. Tool @ 3432.70' K.B. cemented in two stages. 1st stage 300 sxs. 2nd stage 650 sxs. plug down @ 5:45 P.M.



JUL 20 1982

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

TITLE Area Manager

DATE 1-27-82

SUPERVISOR DISTRICT # 3

JUN 21 1982

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

WELL COMPLETION OR RECOMPLETION REPORT AND LOG

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OPERATOR	

a. Indicate Type of Lease	
State ☐	Fee ☒
b. State Oil & Gas Lease No.	

10. TYPE OF WELL

OIL WELL ☐ GAS WELL ☐ DRY ☐

b. TYPE OF COMPLETION

NEW WELL ☒ WORK OVER ☐ DEEPEN ☐ PLUG BACK ☐ DIFF. RESV. ☐

2. Name of Operator

Caribou Four Corners, Inc.

3. Address of Operator

PO Box 2105, Farmington, NM 87401

4. Location of Well

UNIT LETTER C LOCATED 1310 FEET FROM THE North LINE AND 1740 FEET FROMWest 18 TWP. 29N. RGE. 14W.LINE OF SEC. 18 TWP. 29N. RGE. 14W. NMPM15. Date Spudded 11-14-81 16. Date T.D. Reached 12-28-81 17. Date Compl. (Ready to Prod.) 1-20-82 18. Elevations (DF, RKB, RT, GR, etc.) 5141 GL 5153DF 19. Elev. Casinghead20. Total Depth 4700' 21. Plug Back T.D. 4612 22. If Multiple Completions, How Many 1 23. Intervals Perforated By 330 TD Cable Tools 0-350'

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

4396-4561 Gallup

26. Type Electric and Other Logs Run

Dual Induction-FDC-CNL

OIL CONSERVATION DIVISION
SANTA FE

27. Was Well Cored

No

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

CASING SIZE	WEIGHT LB./FT.	DEPTH SET	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
8 5/8"	23#	350'	12 1/2"	275 SX	
4 1/2"	9.5 #	4500	7 7/8"	950 SX	

29. LINER RECORD

SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN	SIZE	DEPTH SET	PACKER SET

Casing Record (Interval, size and number)

1170	75	17	4561
71	95	22	
72	96	33	
73	4509	36	
74	12	41	

total 19 holes

.38"

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

DEPTH INTERVAL	AMOUNT AND KIND MATERIAL USED
4396-4561	spot 300 gal 7 1/8 Hcl over perfs
	frac w/40500# 20/40 sand and
	10000# 10/20 sand frac w/1143
	bbis KCL gelled water

PRODUCTION

a. Production		Production Method (Flowing, gas lift, pumping - Size and type pump)				Well Status (Prod. or Shut-in)	
<u>10-82</u>		<u>Swabbing</u>				<u>prod</u>	
Test	Hours Tested	Choke Size	Prod'n. For Test Period	Oil - Bbl.	Gas - MCF	Water - Bbl.	Gas - Oil Ratio
<u>25-82</u>	<u>24 hrs</u>	<u>32/64</u>	<u>30</u>	<u>30</u>	<u>50MCF VIS EST</u>	<u>80</u>	
Casing Press.	Casing Pressure	Calculated 24-Hour Rate	Oil - Bbl.	Gas - MCF	Water - Bbl.	Oil Gravity - API (Corr.)	
<u>125</u>	<u>350</u>	<u>30</u>	<u>30</u>	<u>50</u>	<u>80</u>	<u>42</u>	

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

vented

Test Witnessed By

Phil Sharpe

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.

Area Manager

6-1-82

This form is to be filed with the appropriate District Office of the Division not later than 20 days after the completion of any newly-drilled or deepened well. It shall be accompanied by one copy of all electric and radioactivity logs run on the well and a summary of all special tests conducted, including drill stem tests. All depths reported shall be measured depths. In the case of directionally drilled wells, true vertical depths shall also be reported. For multiple completions, Items 30 through 34 shall be reported for each zone. The form is to be filed in quadruplicate except on state land, where six copies are required. See Rule 1195.

INDICATE FORMATION TOPS IN CONFORMANCE WITH GEOGRAPHICAL SECTION OF STATE

Southeastern New Mexico
Northwestern New Mexico

T. Anhy
T. Salt
D. Salt
T. Yates
T. 7 Rivers
T. Queen
T. Grayburg
T. San Andres
T. Glorieta
T. Paddock
T. Blinebry
T. Tubb
T. Drinkard
T. Abo
T. Wolfcamp
T. Penn.
T. Cisco (Bough C)

T. Canyon
T. Strawn
T. Atoka
T. Miss
T. Devonian
T. Silurian
T. Montoya
T. Simpson
T. McKee
T. Ellenburger
T. Gr. Wash
T. Granite
T. Delaware Sand
T. Bone Springs
T.
T.
T.

T. Ojo Alamo
T. Kirtland-Fruitland
T. Pictured Cliffs
T. Cliff House
T. Menefee
T. Point Lookout
T. Mancos
T. Gallup
Base Greenhorn
T. Dakota
T. Morrison
T. Todilto
T. Entrada
T. Wingate
T. Chinle
T. Permian
T. Penn. "A"

T. Penn. "B"
T. Penn. "C"
T. Penn. "D"
T. Leadville
T. Madison
T. Elbert
T. McCracken
T. Ignacio Qtzte
T. Granite
T.
T.
T.
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T.

OIL OR GAS SANDS OR ZONES

No. 1, from 4465 to 4538
No. 2, from to
No. 3, from to
No. 4, from to
No. 5, from to
No. 6, from to

IMPORTANT WATER SANDS

Include data on rate of water inflow and elevation to which water rose in hole.

No. 1, from to feet
No. 2, from to feet
No. 3, from to feet
No. 4, from to feet

FORMATION RECORD (Attach additional sheets if necessary)

To	Thickness in Feet	Formation	From	To	Thickness in Feet	Formation
2004	658	Cliffhouse				
2863	859	Menefee				
3145	282	Point Lookout				
4125	980	Mancos				
4575	450	Gallup				

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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

DRILL ☒PLUG BACK ☐

b. Type of Well

OIL WELL ☒GAS WELL ☐OTHER ☐

2. Name of Operator

Caribou Four Corners, Inc.

3. Address of Operator

Box 627, Kirtland, New Mexico 87417

4. Location of Well

UNIT LETTER C LOCATED 1310 FEET FROM THE North LINEAND 1740FEET FROM THE WestLINE OF SEC. 18TWP. 29NRGE. 14W

NMPM

12. County
San Juan19. Proposed Depth
4700'19A. Formation
Gallup20. Rotary or C.T.
C.T.-350'

21. Elevations (Show whether DT, RT, etc.)

5141 G.L.

21A. Kind & Status Plug. Bond

Statewide

21B. Drilling Contractor

Maness-Aztec

22. Approx. Date Work will start

10-25-81

23.

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
12 1/2	8 5/8	23#	350'	275 sx	circ.
7 7/8	4 1/2	9.5#	4700'	1000 sx	circ.

I. Drill to 350' w/Cable tool and set 8 jts, 8 5/8" 23# casing w/275 sx cement. Cement should circulate.

II. Move in Rotary and drill to approximately 4700'.

III. Mud logger will be on well during rotary drilling.

IV. Log w/Schlumberger later log-SFL and FDC-CNL.

V. Casing to T.D. and cement in two stages.

VI. Cable tool @ approximately 3300' and cement bottom stage w/300 sx and cement top stage w/700 sx cement.

APPROVAL VALID
FOR 60 DAYS UNLESS
DRILLING COMMENCED,

JAN 20 1982

EX-105

JAN 14 1982

I, John B. Buehl, certify that the information above is true and complete to the best of my knowledge and belief.

Title Area Manager

Date October 17, 1981

(This space for State Use)

SUPERVISOR DISTRICT #, 3

DATE

JAN 14 1982

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

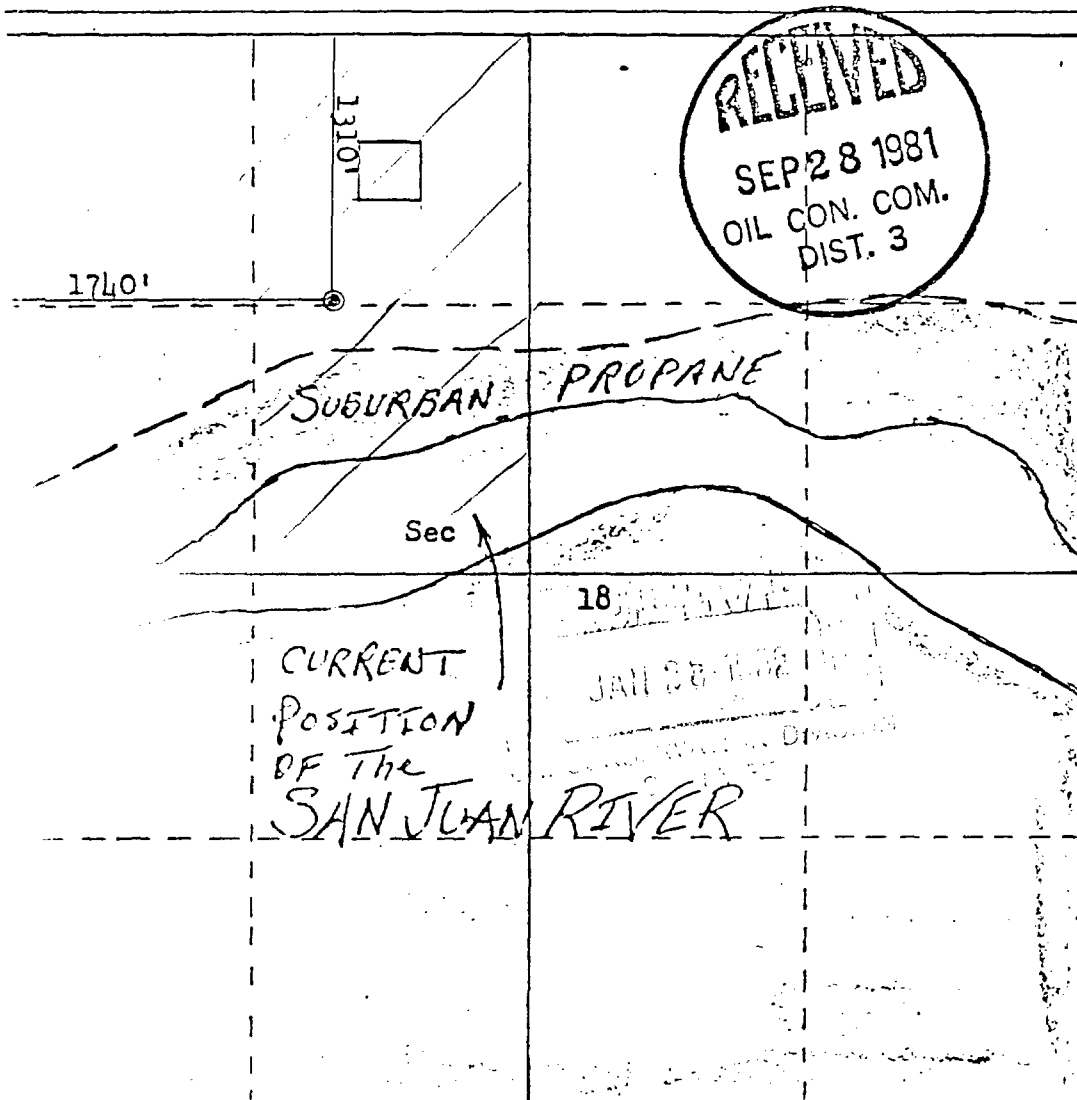
Operator Caribou Four Corners Inc.		Lease Kirtland		Well No. 11	
Well Letter C	Section 18	Township 29N	Range 14W	County San Juan	
Actual Footage Location of Well: 1310 feet from the North line and 1740 feet from the West line					
Ground Level Elev: 5141	Producing Formation Gallup		Pool Cha Cha	Dedicated Acreage 80 Acres	

1. Outline the acreage dedicated to the subject well by colored pencil or hatchure 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.

Name _____
Area Manager
Position _____
Caribou Four Corners, Inc.
Company _____
9-25-81
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 _____
5-25-81
Registered Professional Engineer and Land Surveyor
Fred B. Aguirre
Certificate No. 3950

