NEW MEXICO ENERGY, MINERALS and NATURAL RESOURCES DEPARTMENT

his form is not to
e used for reporting
acker leakage tests
1 Southeast New Mexico

Page 1
Revised 11/16/98

NORTHWEST NEW MEXICO PACKER-LEAKAGE TEST

Operator Dominion Prod. + Exp. Lease Name MKL Well No 16-R

ocation of Well: Unit Letter J Sec 5 Twp 26N Rge 7W API # 30-0 39-22917

	NAME OF RESERVOIR OR POOL	TYPE OF PROD. (Oil or Gas)	METHOD OF PROD. (Flow or Art. Lift)	PROD. MEDIUM (Tbg. or Csg.)
Upper Completion	Pictured Cliff	Gas	compressor	Tbg.
Lower Completion	Chacra	Gas	Flow	Tbg.

PRE-FLOW SHUT-IN PRESSURE DATA

	Hour, date shut-in	Length of time shut-in	SI press. Psig	Stabilized? (Yes or No)
Upper Completion	10-14-02	3 days	45	Yes
Lower Completion	10-14-02	3 days	205	Yes

FLOW TEST NO. 1

Commenced at (hour, date)* Zone producing (Upper or Lower): Lower

TIME (hour, date)	LAPSED TIME SINCE*	PRESSURE		PROD. ZONE TEMP.	REMARKS
		Upper Completion	Lower Completion		
10-17	1 day.	45	205		Flowed Lower zone
					to tank for 30 min.
					Lower zone to 18
					Lbs. Upper zone
					no change. Witnessed
					by Bruce Martin
					OCD

Production rate during test

Oil: _____ BOPD based on _____ Bbls. in _____ Hours _____ Grav. _____ GOR

Gas: 68 MCFPD; Tested thru (Orifice or Meter): Meter

MID-TEST SHUT-IN PRESSURE DATA

	Hour, date shut-in	Length of time shut-in	SI press psig	Stabilized? (Yes or No)
Upper Completion				
Lower Completion	Hour, date shut-in	Length of time shut-in	SI press. psig	Stabilized? (Yes or No)

(Continue on reverse side)

FLOW TEST NO. 2

Commenced at (hour, date)**				Zone producing (Upper or Lowr):	
TIME (hour,date)	LAPSED TIME Since**	PRESSURE Upper Completion	PRESSURE Lower Completion	PROD. ZONE	REMARKS

Production rate during test

Oil:_____BOPD based on_____Bbls. in_____Hours._____Grav._____GOR
Gas:_____MCFPD:Tested thru (Orfice or Meter):

Remarks:

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

Approved_____20__
New Mexico Oil Conservation Division

By_____

Title_____

Operator Dominion
By Tom Stalk
Title Contract Pumper
Date 10-20-02

NORTHWEST NEW MEXICO PACKER LEAKAGE TEST INSTRUCTIONS

1. A packer leakage test shall be commenced on each multiply completed well within seven days after actual completion of the well, and annually thereafter as prescribed by the order authorizing the multiple completion. Such tests shall also be commenced on all multiple completions within seven days following recompletion and/or chemical or fracture treatment, and whenever remedial work has been done on a well during which the packer or the tubing have been disturbed. Tests shall also be taken at any time that communication is suspected or when requested by the Division.

2. At least 72 hours prior to the commencement of any packer leakage test, the operator shall notify the Division in writing of the exact time the test is to be commenced. Offset operators shall also be so notified.

3. The packer leakage test shall commence when both zones of the dual completion are shut-in for pressure stabilization. Both zones shall remain shut-in until the well-head pressure in each has stabilized, provided however, that they need not remain shut-in more than seven days.

4. For Flow Test No. 1, one zone of the dual completion shall be produced at the normal rate of production while the other zone remains shut-in. Such test shall be continued for seven days in the case of a gas well and for 24 hours in the case of an oil well. Note: if, on an initial packer leakage test, a gas well is being flowed to the atmosphere due to the lack of a pipeline connection the flow period shall be three hours.

5. Following completion of Flow Test No. 1, the well shall again be shut-in, in accordance with Paragraph 3 above.

6. Flow Test No. 2 shall be conducted even though no leak was indicated during Flow Test No. 1. Procedure for Flow Test no. 2 is to be the same as for Flow Test No. 1 except

that the previously produced zone shall remain shut-in while the zone which was previously shut-in is produced.

7. Pressures for gas-zone tests must be measured on each zone with a deadweight pressure gauge at time intervals as follows: 3 hours tests: immediately prior to the beginning of each flow-period, at fifteen-minute intervals during the first hour thereof, and at hourly intervals thereafter, including one pressure measurement immediately prior to the beginning of each flow period, at least one time during each flow period (at approximately the midway point) and immediately prior to the conclusion of each flow period. Other pressures may be taken as desired, or may be requested on wells which have previously shown questionable test date.

24-hour oil zone tests: all pressures, throughout the entire test, shall be continuously measured and recorded with recording pressure gauges the accuracy of which must be checked at least twice, once at the beginning and once at the end of each test, with a deadweight pressure gauge. If a well is a gas-oil or an oil-gas dual completion, the recording gauge shall be required on the oil zone only, with deadweight pressures as required above being taken on the gas zone.

8. The result s of the above-described tests shall be filed in triplicate within 15 days after completion of the test. Tests shall be filed with the Aztec District Office of the New Mexico oil Conservation Division on northwest new Mexico packer leakage Test Form Revised 11-16-98 with all deadweight pressures indicated thereon as well as the flowing temperatures (gas zones only) and gravity and GOR (oil zones only).

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	GAS	
OPERATOR		
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

I.

Operator
DEPCO, Inc.

Address
1000 Petroleum Building -- Denver, CO 80202

Reason(s) for filing *(Check proper box)*

New Well [X]
Recompletion [ ]
Change in Ownership [ ]

Change in Transporter of:
Oil [ ] Dry Gas [ ]
Casinghead Gas [ ] Condensate [ ]

Other *(Please explain)*

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Lease No.	Well No.	Pool Name, Including Formation	Kind of Lease
Burns Federal		1M	Basin Dakota	~~State~~, Federal ~~Fee~~

Location
Unit Letter I ; 1490 Feet From The South Line and 730 Feet From The East

Line of Section 5 Township 26N Range 7W , NMPM, Rio Arriba County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [ ] or Condensate [X]	Address *(Give address to which approved copy of this form is to be sent)*
Plateau Inc.	501 Airport Drive, Farmington, NM 87401
Name of Authorized Transporter of Casinghead Gas [ ] or Dry Gas [X]	Address *(Give address to which approved copy of this form is to be sent)*
Gas Company of New Mexico	Box 1692, Albuquerque, NM 87103

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	I	5	26N	7W	No	-

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

IV. COMPLETION DATA

Designate Type of Completion – (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X	X					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
6-26-80	10-6-80	6912' KB	6830' KB
Elevations *(DF, RKB, RT, GR, etc.)*	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
6067' GR, 6080' KB	Dakota	6556' KB	6756' KB
Perforations			**Depth Casing Shoe**
6556-62', 6604-10', 6641-52', 6685-6703', 6725-30', 6765-96'			6888' KB

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8"	307' KB	200 sx
7-7/8"	5-1/2"	6888' KB	1150 sx (3-stage)
	1-1/2"	6756' KB	

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)

OIL WELL

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**

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DIST. 3

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
747	3 hr	-	-
Testing Method *(pitot, back pr.)*	**Tubing Pressure**	**Casing Pressure**	**Choke Size**
Back Pressure	48 psig	Behind Pkr	3/4"

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.

Wm. L. Schwenn
(Signature)

Production Superintendent - Southern Rockies
(Title)

November 11, 1980
(Date)

OIL CONSERVATION COMMISSION

APPROVED NOV 14 1980, 19 _____

Original Signed by FRANK T. CHAVEZ

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.

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

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	GAS	
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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

I.

Operator: DEPCO, Inc.

Address: 1000 Petroleum Building -- Denver, CO 80202

Reason(s) for filing *(Check proper box)*: New Well [X]; Recompletion [ ]; Change in Ownership [ ]; Change in Transporter of: Oil [ ], Dry Gas [ ], Casinghead Gas [ ], Condensate [ ]

Other *(Please explain)*:

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Lease No.	Well No.	Pool Name, Including Formation	Kind of Lease
Burns Federal		1M	Blanco Mesaverde	~~State~~ Federal ~~Fee~~

Location: Unit Letter I ; 1490 Feet From The South Line and 730 Feet From The East

Line of Section 5 Township 26N Range 7W , NMPM, Rio Arriba County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [ ] or Condensate [X]: Plateau Inc.

Address *(Give address to which approved copy of this form is to be sent)*: 501 Airport Drive, Farmington, NM 87401

Name of Authorized Transporter of Casinghead Gas [ ] or Dry Gas [X]: El Paso Natural Gas Company

Address *(Give address to which approved copy of this form is to be sent)*: P. O. Box 1492, El Paso, TX 79978

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	I	5	26N	7W	No	-

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

IV. COMPLETION DATA

Designate Type of Completion – (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X	X					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
6-26-80	10-6-80	6912' KB	6830' KB
Elevations *(DF, RKB, RT, GR, etc.)*	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
6067' GR, 6080' KB	Point Lookout	4504' KB	4555' KB
Perforations			**Depth Casing Shoe**
4504'-30'; 4562-80' KB			6888' KB

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8"	307' KB	200 sx
7-7/8"	5-1/2"	6888' KB	1150 sx (3-stage)
	1-1/4"	4555' KB	

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)

OIL WELL

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**

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GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
1154	3 hr	-	-
Testing Method *(pitot, back pr.)*	**Tubing Pressure**	**Casing Pressure**	**Choke Size**
Back pressure	81 psig	470 psig	3/4"

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.

W. L. Adams
(Signature)

Production Superintendent - Southern Rockies
(Title)

November 11, 1980
(Date)

OIL CONSERVATION COMMISSION

APPROVED NOV 24 1980, 19

Original Signed by CHARLES GHOLSON

BY _____

TITLE DEPUTY OIL & GAS INSPECTOR, DIST. #3

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

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, 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

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

Form C-107
Revised 10-1-78

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

Operator	Lease	Well No.
DEPCO INCORPORATED	BURNS-FEDERAL	1-M

Unit Letter	Section	Township	Range	County
I	5	26N	7W	Rio Arriba

Actual Footage Location of Well:
1490 feet from the South line and 730 feet from the East line

Ground Level Elev.	Producing Formation	Pool	Dedicated Acreage:
6067	Mesaverde	Blanco Mesaverde	321.45 Acres

1. Outline the acreage dedicated to the subject well by colored pencil or hachure marks on the plat below.

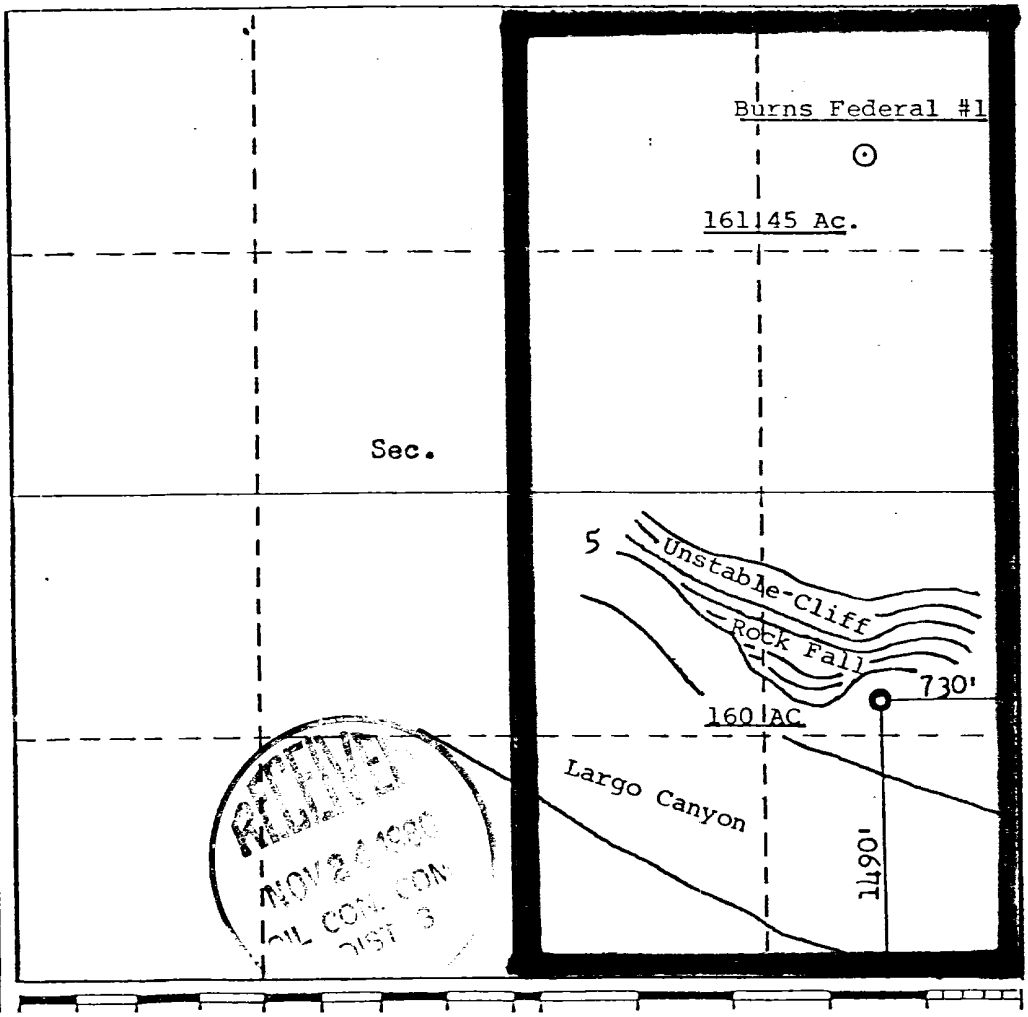
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).

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.

Name: W. F. Schwenn

Position: Production Superintendent

Company: DEPCO, Inc.

Date: 4-30-80

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: April 15, 1980

Registered Professional Engineer and/or Land Surveyor: Fred B. Kerr Jr.

Certificate No.

THE APPLICATION OF DEPCO, INC.
FOR A DUAL COMPLETION ORDER NO. MC-2336

ADMINISTRATIVE ORDER
OF THE OIL CONSERVATION DIVISION

Under the provisions of Rule 112-A, Depco, Inc. made application to the New Mexico Oil Conservation Division on October 20, 1980, for permission to dually complete its Burns Federal No. 1M located in Unit I of Section 5, Township 26 North, Range 7 West, NMPM, Rio Arriba County, New Mexico, in such a manner as to permit production of gas from the Point Lookout formation and the Dakota formation.

Now, on this 20th day of November, 1980, the Division Director finds:

1. That application has been filed under the provisions of Rule 112-A of the Division's Rules and Regulations;

2. That satisfactory information has been provided that all operators of offset acreage have been duly notified;

3. That no objections have been received within the waiting period as prescribed by said rule;

4. That the proposed dual completion will not cause waste nor impair correlative rights; and

5. That the mechanics of the proposed dual completion are feasible and consonant with good conservation practices.

IT IS THEREFORE ORDERED:

That the applicant herein, Depco, Inc., be and the same is hereby authorized to dually complete its Burns Federal No. 1M located in Unit I of Section 5, Township 26 North, Range 7 West, NMPM, Rio Arriba County, New Mexico, in such a manner as to permit production of gas from the Point Lookout formation and the Dakota formation through parallel strings of tubing.

PROVIDED HOWEVER

That applicant shall complete, operate, and produce said well in accordance with the provisions of Rule 112-A.

PROVIDED FURTHER, That applicant shall take packer-leakage tests upon completion and annually thereafter.

IT IS FURTHER ORDERED: That jurisdiction of this cause is hereby retained for the entry of such further orders as the Division may deem necessary.

DONE at Santa Fe, New Mexico, on the day and year herein-above designated.

STATE OF NEW MEXICO
OIL CONSERVATION DIVISION

JOE D. RAMEY
Division Director

SEAL

OIL CONSERVATION COMMISSION
Aztec DISTRICT

OIL CONSERVATION COMMISSION
BOX 2088
SANTA FE, NEW MEXICO

DATE October 21, 1950

RE: Proposed MC ∝
Proposed DHC
Proposed NSL
Proposed SWD
Proposed WFX
Proposed PMX

Gentlemen:

I have examined the application dated October 20, 1950

for the Depco Inc. Burns Federal #1M F-5-26N-7W
Operator Lease and Well No. Unit, S-T-R

and my recommendations are as follows:

Approve

Yours very truly,

Frank S. Clay

NEW MEXICO OIL CONSERVATION COMMISSION
SANTA FE, NEW MEXICO

APPLICATION FOR MULTIPLE COMPLETION

Form C-107
5-1-61

Operator	County	Date
DEPCO, Inc.	Rio Arriba	September 26, 1980
Address	**Lease**	**Well No.**
1000 Petroleum Bldg--Denver, CO 80202	Burns Federal	1M

Location of Well	Unit	Section	Township	Range
	I	5	26N	7W

1. Has the New Mexico Oil Conservation Commission heretofore authorized the multiple completion of a well in these same pools or in the same zones within approximately one mile of the subject well? YES X NO _____

2. If answer is yes, identify one such instance: Order No. DC 755 ; Operator Lease, and Well No.: El Paso Natural Gas Company San Juan 28-7 Unit No. 98

3. The following facts are submitted:	Upper Zone	Intermediate Zone	Lower Zone
a. Name of Pool and Formation	Point Lookout		Dakota
b. Top and Bottom of Pay Section (Perforations)	4504' - 80'		6556' - 6796'
c. Type of production (Oil or Gas)	Gas		Gas
d. Method of Production (Flowing or Artificial Lift)	Flowing		Flowing

4. The following are attached. (Please check YES or NO)

Yes	No	
X		a. Diagrammatic Sketch of the Multiple Completion, showing all casing strings, including diameters and setting depths, centralizers and/or turbolizers and location thereof, quantities used and top of cement, perforated intervals, tubing strings, including diameters and setting depth, location and type of packers and side door chokes, and such other information as may be pertinent.
X		b. Plat showing the location of all wells on applicant's lease, all offset wells on offset leases, and the names and addresses of operators of all leases offsetting applicant's lease.
X		c. Waivers consenting to such multiple completion from each offset operator, or in lieu thereof, evidence that said offset operators have been furnished copies of the application.*
X		d. Electrical log of the well or other acceptable log with tops and bottoms of producing zones and intervals of perforation indicated thereon. (If such log is not available at the time application is filed it shall be submitted as provided by Rule 112-A.)

5. List all offset operators to the lease on which this well is located together with their correct mailing address.

Lively Exploration Co., 1010 First City National Bank Bldg - Houston, TX 77002

El Paso Natural Gas Co. -- P. O. Box 990 -- Farmington, NM 87401

Ladd Petroleum Corp -- 830 Denver Club Bldg -- Denver, CO 80202

Bolin Oil Co., -- 1120 Oil & Gas Building -- Wichita Falls, TX 76301

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OIL CON. COM.
DIST. 3

6. Were all operators listed in Item 5 above notified and furnished a copy of this application? YES X NO _____ If answer is yes, give date of such notification September 26, 1980 .

CERTIFICATE: I, the undersigned, state that I am the Dist. Prod. Supt. of the DEPCO, Inc. (company), and that I am authorized by said company to make this report; and that this report was prepared under my supervision and direction and that the facts stated therein are true, correct and complete to the best of my knowledge.

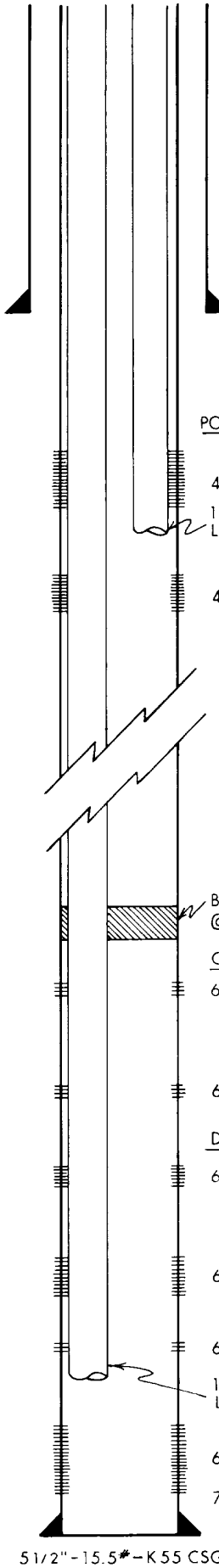
Wm. S. Schwerin
Signature

*Should waivers from all offset operators not accompany an application for administrative approval, the New Mexico Oil Conservation Commission will hold the application for a period of twenty (20) days from date of receipt by the Commission's Santa Fe office. If, after said twenty-day period, no protest nor request for hearing is received by the Santa Fe office, the application will then be processed.

NOTE: If the proposed multiple completion will result in an unorthodox well location and/or a non-standard proration unit in one or more of the producing zones, then separate application for approval of the same should be filed simultaneously with this application.

DIAGRAMMATIC SKETCH OF DUAL GAS COMPLETION

BURNS FEDERAL #1-M



CMT. 3RD STAGE THRU DV TOOL @ 3381' KB
W/270 SX 65/35 POZMIX, 12% GEL, 12 1/2#
GILSONITE/SK, FOLLOWED BY 230 SX 50/50
POZMIX, 2% GEL, 1/4# FLOCELE/SK.

CMT. 2ND STAGE THRU DV TOOL @ 4666' KB
W/100 SX 65/35 POZMIX, 12% GEL, 12 1/2#
GILSONITE/SK, FOLLOWED BY 200 SX 50/50
POZMIX, 2% GEL, 1/4# FLOCELE/SK.

FORMATION TOPS:

OJO ALAMO –	1193'
PICTURED CLIFFS –	2202'
CHACRA –	3103'
CLIFF HOUSE –	3900'
POINT LOOKOUT –	4496'
GALLUP –	5595'
GALLEGOS –	5848'
GREENHORN –	6440'
GRANEROS –	6550'
DAKOTA –	6640'

CALCULATED CEMENT TOPS:

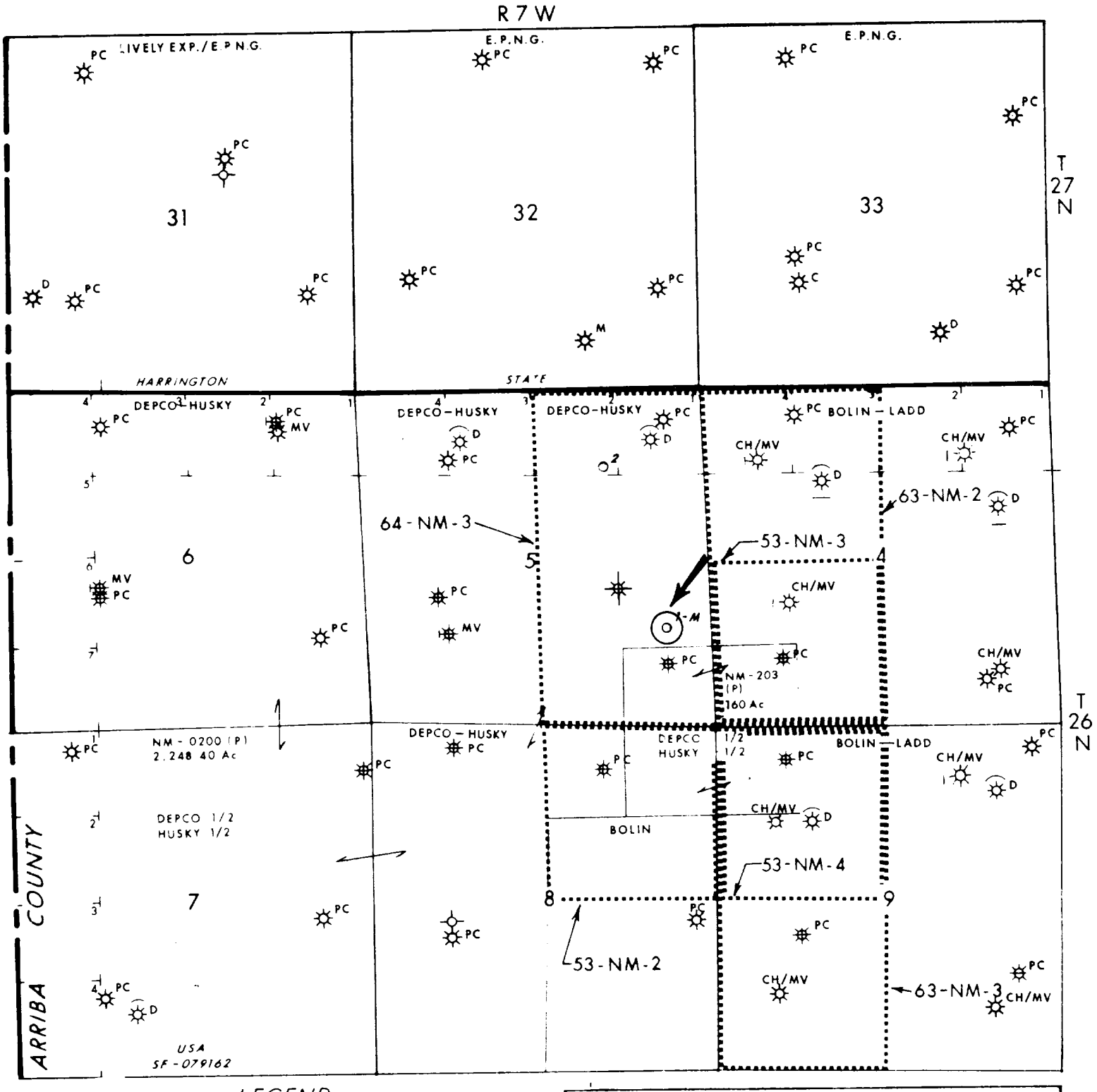
1ST STAGE — 5145' KB
2ND STAGE — 3641' KB
3RD STAGE — 1703' KB

DEPCO INC.
1000 PETROLEUM BUILDING
DENVER, COLORADO 80202

APPLICATION FOR DUAL GAS COMPLETION

BURNS FEDERAL #1-M

NE/4 – SE/4 SEC. 5 T-26-N R-7-W
RIO ARRIBA COUNTY, N.M.



LEGEND

PC - PICTURED CLIFFS
CH - CHACRA
MV - MESAVERDE
D - DAKOTA
G - GRANEROS

DEPCO INC.

1000 PETROLEUM BUILDING
DENVER, COLORADO 80202

APPLICATION FOR DUAL GAS COMPLETION

POINT LOOKOUT / DAKOTA
BURNS FEDERAL NO. 1-M
NE/4 - SE/4 Sec. 5 T-26-N R-7-W
RIO ARRIBA COUNTY, N.M

Certified Mail
No. 887950

DEPCO, Inc.

PRODUCTION & EXPLORATION

September 26, 1980

Lively Exploration Company
1010 First City National Bank Building
Houston, Texas 77002

RE: Burns Federal No. 1M
NE/4 - SE/4, Sec. 5-T26N-R7W
Rio Arriba County, New Mexico

Gentlemen:

DEPCO, Inc. proposes to dually complete the subject well in the Dakota and MesaVerde formations. In compliance with New Mexico Oil Conservation Division rules and regulations, a copy of the application for Multiple Completion is enclosed together with a plat showing the location and producing zones as well as the operator of all wells located on offset leases; a diagrammatic sketch of the proposed completion; and a copy of Administrative Order NSL-1189 non-standard location approval.

As an offset operator to the subject well, it is requested that if you have no objection to this dual completion, you indicate your consent by signing and returning the attached copy of this letter in the enclosed self-addressed envelope.

Very truly yours,

W. F. Schwenn

WFS:jz

We hereby consent to the dual completion of the Burns Federal No. 1M well as proposed in DEPCO, Inc's Application for Multiple Completion dated September 26, 1980.

By:_____
Title_____
Date:_____

1000 PETROLEUM BUILDING • DENVER, COLORADO 80202 • PHONE 303/292-0980

No. 887950

RECEIPT FOR CERTIFIED MAIL

**NO INSURANCE COVERAGE PROVIDED—
NOT FOR INTERNATIONAL MAIL**

(See Reverse)

SENT TO Lively Exploration Company	
STREET AND NO. 1010 First City Natl Bank Bldg	
P.O., STATE AND ZIP CODE Houston, TX 77002	
POSTAGE	$
CERTIFIED FEE	¢
SPECIAL DELIVERY	¢
RESTRICTED DELIVERY	¢
RETURN RECEIPT SERVICE — SHOW TO WHOM AND DATE DELIVERED	¢
RETURN RECEIPT SERVICE — SHOW TO WHOM, DATE, AND ADDRESS OF DELIVERY	¢
RETURN RECEIPT SERVICE — SHOW TO WHOM AND DATE DELIVERED WITH RESTRICTED DELIVERY	¢
RETURN RECEIPT SERVICE — SHOW TO WHOM, DATE AND ADDRESS OF DELIVERY WITH RESTRICTED DELIVERY	¢
TOTAL POSTAGE AND FEES	$
POSTMARK OR DATE	

CONSULT POSTMASTER FOR FEES — OPTIONAL SERVICES

PS Form 3800, Apr. 1976

PS Form 3811, Apr. 1977

RETURN RECEIPT, REGISTERED, INSURED AND CERTIFIED MAIL

● SENDER: Complete items 1, 2, and 3.
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   - ☐ Show to whom, date, and address of delivery. . ¢
   - ☐ RESTRICTED DELIVERY
     Show to whom and date delivered. . . . . ¢
   - ☐ RESTRICTED DELIVERY
     Show to whom, date, and address of delivery. $
     (CONSULT POSTMASTER FOR FEES)

2. ARTICLE ADDRESSED TO:
Lively Exploration Company
1010 First City National Bank Bldg
Houston, TX 77002

3. ARTICLE DESCRIPTION:

REGISTERED NO.	CERTIFIED NO.	INSURED NO.
	887950	

(Always obtain signature of addressee or agent)

I have received the article described above.
SIGNATURE ☐ Addressee ☐ Authorized agent

4. DATE OF DELIVERY 10-2 — POSTMARK OCT 2 1980

5. ADDRESS (Complete only if requested)

6. UNABLE TO DELIVER BECAUSE: — CLERK'S INITIALS

☆GPO: 1977—0—249-595

DEPCO, Inc.

PRODUCTION & EXPLORATION

Certified Mail
No. 887949

September 26, 1980

El Paso Natural Gas Company
P. O. Box 990
Farmington, New Mexico 87401

RE: Burns Federal No. 1M
NE/4 - SE/4, Sec. 5-T26N-R7W
Rio Arriba County, New Mexico

Gentlemen:

DEPCO, Inc. proposes to dually complete the subject well in the Dakota and MesaVerde formations. In compliance with New Mexico Oil Conservation Division rules and regulations, a copy of the application for Multiple Completion is enclosed together with a plat showing the location and producing zones as well as the operator of all wells located on offset leases; a diagrammatic sketch of the proposed completion; and a copy of Administrative Order NSL-1189 non-standard location approval.

As an offset operator to the subject well, it is requested that if you have no objection to this dual completion, you indicate your consent by signing and returning the attached copy of this letter in the enclosed self-addressed envelope.

Very truly yours,

Wm. F. Schwenn

W. F. Schwenn

WFS:jz

We hereby consent to the dual completion of the Burns Federal No. 1M well as proposed in DEPCO, Inc's Application for Multiple Completion dated September 26, 1980.

By: John A. Allen
Title: Regional Land Manager
Date: Oct 13, 1980

1000 PETROLEUM BUILDING • DENVER, COLORADO 80202 • PHONE 303/292-0980

No. 887949

RECEIPT FOR CERTIFIED MAIL

**NO INSURANCE COVERAGE PROVIDED—
NOT FOR INTERNATIONAL MAIL**

(See Reverse)

SENT TO El Paso Natural Gas Co.	
STREET AND NO. P.O. Box 990	
P.O., STATE AND ZIP CODE Farmington, NM 87401	
POSTAGE	$
CERTIFIED FEE	¢
SPECIAL DELIVERY	¢
RESTRICTED DELIVERY	¢
RETURN RECEIPT SERVICE — SHOW TO WHOM AND DATE DELIVERED	¢
RETURN RECEIPT SERVICE — SHOW TO WHOM, DATE, AND ADDRESS OF DELIVERY	¢
RETURN RECEIPT SERVICE — SHOW TO WHOM AND DATE DELIVERED WITH RESTRICTED DELIVERY	¢
RETURN RECEIPT SERVICE — SHOW TO WHOM, DATE AND ADDRESS OF DELIVERY WITH RESTRICTED DELIVERY	¢
TOTAL POSTAGE AND FEES	$
POSTMARK OR DATE	

CONSULT POSTMASTER FOR FEES — OPTIONAL SERVICES

PS Form 3800, Apr. 1976

PS Form 3811, Apr. 1977

RETURN RECEIPT, REGISTERED, INSURED AND CERTIFIED MA

● SENDER: Complete items 1, 2, and 3.
Add your address in the "RETURN TO" space on reverse.

1. The following service is requested (check one).
   - ☑ Show to whom and date delivered . . . . . ¢
   - ☐ Show to whom, date, and address of delivery . . . ¢
   - ☐ RESTRICTED DELIVERY
     Show to whom and date delivered . . . . . ¢
   - ☐ RESTRICTED DELIVERY
     Show to whom, date, and address of delivery . $
     (CONSULT POSTMASTER FOR FEES)

2. ARTICLE ADDRESSED TO:
   El Paso Natural Gas Co.
   P.O. Box 990
   Farmington, NM 87401

3. ARTICLE DESCRIPTION:

REGISTERED NO.	CERTIFIED NO.	INSURED NO.
	887949	

(Always obtain signature of addressee or agent)

I have received the article described above.
SIGNATURE ☐ Addressee ~~☐~~ Authorized agent

4. Mary D Coston
DATE OF DELIVERY 10-10-80

POSTMARK — FARMINGTON NM 1980 USPO

5. ADDRESS *(Complete only if requested)*

6. UNABLE TO DELIVER BECAUSE:

CLERK'S INITIALS

RECEIVED
OCT 06 1980

Certified Mail
No. 887951

DEPCO, Inc.

PRODUCTION & EXPLORATION

September 26, 1980

Ladd Petroleum Corporation
830 Denver Club Building
Denver, Colorado 80202

RE: Burns Federal No. 1M
NE/4 - SE/4, Sec. 5-T26N-R7W
Rio Arriba County, New Mexico

Gentlemen:

DEPCO, Inc. proposes to dually complete the subject well in the Dakota and MesaVerde formations. In compliance with New Mexico Oil Conservation Division rules and regulations, a copy of the application for Multiple Completion is enclosed together with a plat showing the location and producing zones as well as the operator of all wells located on offset leases; a diagrammatic sketch of the proposed completion; and a copy of Administrative Order NSL-1189 non-standard location approval.

As an offset operator to the subject well, it is requested that if you have no objection to this dual completion, you indicate your consent by signing and returning the attached copy of this letter in the enclosed self-addressed envelope.

Very truly yours,

Wm F. Schwenn

W. F. Schwenn

WFS:jz

We hereby consent to the dual completion of the Burns Federal No. 1M well as proposed in DEPCO, Inc's Application for Multiple Completion dated September 26, 1980.

By: John E. Stein
Title Mgr. of Operations
Date: 10-2-80

No 887951

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED—
NOT FOR INTERNATIONAL MAIL

(See Reverse)

SENT TO Ladd Petroleum	
STREET AND NO. 830 Denver Club Bldg	
P.O., STATE AND ZIP CODE Denver, Co 80202	
POSTAGE	$
CERTIFIED FEE	¢
SPECIAL DELIVERY	¢
RESTRICTED DELIVERY	¢
RETURN RECEIPT SERVICE — SHOW TO WHOM AND DATE DELIVERED	¢
RETURN RECEIPT SERVICE — SHOW TO WHOM, DATE, AND ADDRESS OF DELIVERY	¢
RETURN RECEIPT SERVICE — SHOW TO WHOM AND DATE DELIVERED WITH RESTRICTED DELIVERY	¢
RETURN RECEIPT SERVICE — SHOW TO WHOM, DATE AND ADDRESS OF DELIVERY WITH RESTRICTED DELIVERY	¢
TOTAL POSTAGE AND FEES	$
POSTMARK OR DATE	

CONSULT POSTMASTER FOR FEES — OPTIONAL SERVICES

PS Form 3800, Apr. 1976

PS Form 3811, Apr. 1977

RETURN RECEIPT, REGISTERED, INSURED AND CERTIFIED MAIL

● SENDER: Complete items 1, 2, and 3.
Add your address in the "RETURN TO" space on reverse.

1. The following service is requested (check one).
   - ☑ Show to whom and date delivered . . . . . ¢
   - ☐ Show to whom, date, and address of delivery . . ¢
   - ☐ RESTRICTED DELIVERY
     Show to whom and date delivered . . . . . ¢
   - ☐ RESTRICTED DELIVERY
     Show to whom, date, and address of delivery . $
     (CONSULT POSTMASTER FOR FEES)

2. ARTICLE ADDRESSED TO:
   Ladd Petroleum
   830 Denver Club Bldg.
   Denver, CO 80202

3. ARTICLE DESCRIPTION:

REGISTERED NO.	CERTIFIED NO.	INSURED NO.
	887951	

(Always obtain signature of addressee or agent)

I have received the article described above. Prod. Dept
SIGNATURE ☐ Addressee ☑ Authorized agent

D. Rankin

4. DATE OF DELIVERY 10-1-82

POSTMARK

5. ADDRESS *(Complete only if requested)*

6. UNABLE TO DELIVER BECAUSE:

CLERK'S INITIALS

☆GPO

Certified Mail
No. 887971

DEPCO, Inc.

PRODUCTION & EXPLORATION

September 26, 1980

Bolin Oil Company
1120 Oil and Gas Building
Wichita Falls, Texas 76301

RE: Burns Federal No. 1M
NE/4 - SE/4, Sec. 5-T26N-R7W
Rio Arriba County, New Mexico

Gentlemen:

DEPCO, Inc. proposes to dually complete the subject well in the Dakota and MesaVerde formations. In compliance with New Mexico Oil Conservation Division rules and regulations, a copy of the application for Multiple Completion is enclosed together with a plat showing the location and producing zones as well as the operator of all wells located on offset leases; a diagrammatic sketch of the proposed completion; and a copy of Administrative Order NSL-1189 non-standard location approval.

As an offset operator to the subject well, it is requested that if you have no objection to this dual completion, you indicate your consent by signing and returning the attached copy of this letter in the enclosed self-addressed envelope.

Very truly yours,

Wm F. Schwenn

W. F. Schwenn

WFS:jz

We hereby consent to the dual completion of the Burns Federal No. 1M well as proposed in DEPCO, Inc's Application for Multiple Completion dated September 26, 1980.

By:_____
Title_____
Date:_____

1000 PETROLEUM BUILDING • DENVER, COLORADO 80202 • PHONE 303/292-0980

NO. 887971

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED—
NOT FOR INTERNATIONAL MAIL
(See Reverse)

SENT TO: Bolin Oil Company				
STREET AND NO.: 1120 Oil & Gas Bldg				
P.O., STATE AND ZIP CODE: Wichita Falls, TX 76301				
POSTAGE				$
CONSULT POSTMASTER FOR FEES	CERTIFIED FEE			¢
	OPTIONAL SERVICES	SPECIAL DELIVERY		¢
		RESTRICTED DELIVERY		¢
		RETURN RECEIPT SERVICE	SHOW TO WHOM AND DATE DELIVERED	¢
			SHOW TO WHOM, DATE, AND ADDRESS OF DELIVERY	¢
			SHOW TO WHOM AND DATE DELIVERED WITH RESTRICTED DELIVERY	¢
			SHOW TO WHOM, DATE AND ADDRESS OF DELIVERY WITH RESTRICTED DELIVERY	¢
TOTAL POSTAGE AND FEES				$
POSTMARK OR DATE				

PS Form 3800, Apr. 1976

PS Form 3811, Apr. 1977 RETURN RECEIPT, REGISTERED, INSURED AND CERTIFIED MAIL

● SENDER: Complete items 1, 2, and 3.
Add your address in the "RETURN TO" space on reverse.

1. The following service is requested (check one).
   - ☑ Show to whom and date delivered ..... ¢
   - ☐ Show to whom, date, and address of delivery .... ¢
   - ☐ RESTRICTED DELIVERY
     Show to whom and date delivered ..... ¢
   - ☐ RESTRICTED DELIVERY
     Show to whom, date, and address of delivery . $
     (CONSULT POSTMASTER FOR FEES)

2. ARTICLE ADDRESSED TO:
   Bolin Oil Company
   1120 Oil & Gas Bldg
   Wichita Falls, TX 76301

3. ARTICLE DESCRIPTION:

REGISTERED NO.	CERTIFIED NO.	INSURED NO.
	887971	

(Always obtain signature of addressee or agent)

I have received the article described above.
SIGNATURE ☐ Addressee ☐ Authorized agent

Gary Hunt

4. DATE OF DELIVERY: 10-7-80

POSTMARK: WICHITA FALLS, TX OCT 3 1980 REGISTERED

5. ADDRESS (Complete only if requested)

6. UNABLE TO DELIVER BECAUSE:

CLERK'S INITIALS

☆GPO: 1977—O—249-595

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT
OIL CONSERVATION DIVISION

BRUCE KING
GOVERNOR

LARRY KEHOE
SECRETARY

May 19, 1980

POST OFFICE BOX 2088
STATE LAND OFFICE BUILDING
SANTA FE, NEW MEXICO 87501
(505) 827-2434

F. P. Crum, Jr.
P. O. Box 400
Aztec, New Mexico 87410

Administrative Order NSL-1189

Dear Mr. Crum:

Reference is made to your application on behalf of Depco, Inc. for approval of a non-standard location for their Burns Federal Well No. 1-E to be located 730 feet from the East line and 1490 feet from the South line of Section 5, Township 26 North, Range 7 West, NMPM, Basin Dakota and Undesignated Chacra Pools, Rio Arriba County, New Mexico.

By authority granted me under the provisions of Rule 3 of Order No. R-1670 and Rule 104 F of the Division Rules and Regulations, the above-described unorthodox location is hereby approved.

Sincerely,

JOE D. RAMEY,
Director

JDR/RLS/dr

cc: Oil Conservation Division - Aztec
Oil & Gas Engineering Committee - Hobbs
U. S. Geological Survey - Farmington

THE APPLICATION OF DEPCO, INC.
FOR A DUAL COMPLETION

ORDER NO. MC-2736

ADMINISTRATIVE ORDER
OF THE OIL CONSERVATION DIVISION

Under the provisions of Rule 112-A, Depco, Inc. made application to the New Mexico Oil Conservation Division on October 20, 1980, for permission to dually complete its Burns Federal No. 1M located in Unit I of Section 5, Township 26 North, Range 7 West, NMPM, Rio Arriba County, New Mexico, in such a manner as to permit production of gas from the Point Lookout formation and the Dakota formation.

Now, on this 20th day of November, 1980, the Division Director finds:

1. That application has been filed under the provisions of Rule 112-A of the Division's Rules and Regulations;

2. That satisfactory information has been provided that all operators of offset acreage have been duly notified;

3. That no objections have been received within the waiting period as prescribed by said rule;

4. That the proposed dual completion will not cause waste nor impair correlative rights; and

5. That the mechanics of the proposed dual completion are feasible and consonant with good conservation practices.

IT IS THEREFORE ORDERED:

That the applicant herein, Depco, Inc., be and the same is hereby authorized to dually complete its Burns Federal No. 1M located in Unit I of Section 5, Township 26 North, Range 7 West, NMPM, Rio Arriba County, New Mexico, in such a manner as to permit production of gas from the Point Lookout formation and the Dakota formation through parallel strings of tubing.

PROVIDED HOWEVER

That applicant shall complete, operate, and produce said well in accordance with the provisions of Rule 112-A.

PROVIDED FURTHER, That applicant shall take packer-leakage tests upon completion and annually thereafter.

IT IS FURTHER ORDERED: That jurisdiction of this cause is hereby retained for the entry of such further orders as the Division may deem necessary.

DONE at Santa Fe, New Mexico, on the day and year herein-above designated.

STATE OF NEW MEXICO
OIL CONSERVATION DIVISION

JOE D. RAMEY
Division Director

SEAL

RECEIVED
JUN 1 1981
OIL CON. COM.
DIST. 3

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 10-1-78

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator: DEPCO, Inc.

Address: 1000 Petroleum Building - Denver, CO 80202

Reason(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	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Burns Federal	1M	Blanco Mesaverde	~~State~~, Federal ~~Fee~~	SF079162

Location

Unit Letter I : 1490 Feet From The South Line and 730 Feet From The East

Line of Section 5 Township 26N Range 7W , NMPM, Rio Arriba County

II. 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)
Gary Energy Corp.	P. O. Box 489, Bloomfield, NM 87413
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Company	P. O. Box 990, Farmington, NM 87401

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	I	5	26N	7W	Yes	2-16-81

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	Same Res'v.	Diff. Res'v.

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations			Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE

(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)

OIL WELL

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

RECEIVED
SEP 24 1984
OIL CON. DIV.
DIST. 3

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

I. CERTIFICATE OF COMPLIANCE

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

Wm. P. Schwenn
(Signature)

Production Superintendent-Southern Rockies
(Title)

September 18, 1984
(Date)

OIL CONSERVATION DIVISION

APPROVED NOV 21 1984, 19 _____

BY Frank T. Chavez
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.

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

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

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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	GAS	
OPERATOR		
PRORATION OFFICE		

OIL CONSERVATION DIVISION

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

Form C-104
Revised 10-1-78

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator: DEPCO, Inc.

Address: 1000 Petroleum Building - Denver, CO 80202

Reason(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	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Burns Federal	1M	Basin Dakota	~~State~~ Federal ~~Fee~~	SF079162

Location

Unit Letter I ; 1490 Feet From The South Line and 730 Feet From The East

Line of Section 5 Township 26N Range 7W , NMPM, Rio Arriba 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)
Gary Energy Corp.	P. O. Box 489, Bloomfield, NM 87413
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent)
Gas Company of New Mexico	Box 1692, Albuquerque, NM 87103

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	I	5	26N	7W	Yes	8-21-81

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

IV. COMPLETION DATA

Designate Type of Completion – (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations			Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE

(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)

OIL WELL

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

RECEIVED
SEP 24 1984
OIL CON. DIV.
DIST. 3

GAS WELL

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

VI. 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.

W. P. Schwerin
(Signature)

Production Superintendent-Southern Rockies
(Title)

September 18, 1984
(Date)

OIL CONSERVATION DIVISION

APPROVED NOV 1 1984, 19

BY Frank T. Chavez
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.

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

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ENERGY AND MINERALS DEPARTMENT

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OPERATOR			
PRORATION OFFICE			

Form C-104
Revised 10-1-78

OIL CONSERVATION DIVISION

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

RECEIVED
SEP 14 1988
OIL CON. DIV.
DIST.

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator
DEKALB Energy Company

Address
110 16th Street, Suite 1000, Denver, Colorado 80202

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

Other (*Please explain*)
As of 9/6/88 DEPCO, Inc. will begin operating under the name DEKALB Energy Company

If change of ownership give name and address of previous owner: DEPCO, Inc. (address - same as above)

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease N
Burns Federal	1M	Blanco Mesa Verde	~~State~~, Federal ~~or Fee~~	SF07916

Location
Unit Letter I : 1490 Feet From The South Line and 730 Feet From The East
Line of Section 5 Township 26N Range 7W , NMPM, Rio Arriba Count

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*)
Gary Refining Company	Gary Community Rural Station, Fruita, CO 81521

Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒	Address (*Give address to which approved copy of this form is to be sent*)
El Paso Natural Gas	P.O. Box 1492, El Paso, TX 79978

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	I	5	26N	7W	YES	

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

IV. COMPLETION DATA

Designate Type of Completion – (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (*DF, RKB, RT, GR, etc.*)	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
Perforations			**Depth Casing Shoe**

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE

(*Test must be after recovery of total volume of load oil and must be equal to or exceed top allo able for this depth or be for full 24 hours*)

OIL WELL

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**

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.

[signature]
(Signature)
District Production Superintendent
(Title)
September 12, 1988
(Date)

OIL CONSERVATION DIVISION

APPROVED MAR 06 1989, 19

BY [signature]

TITLE SUPERVISION 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 deepene well, this form must be accompanied by a tabulation of the deviatio 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

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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TRANSPORTER OIL		
TRANSPORTER GAS		
OPERATOR		
PRORATION OFFICE		

OIL CONSERVATION DIVISION

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

Form C-104
Revised 10-1-78

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SEP 14 1988
OIL CON. DIV
DIST. 3

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator: DEKALB Energy Company

Address: 110 16th Street, Suite 1000, Denver, Colorado 80202

Reason(s) for filing (Check proper box)

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

Other (Please explain): As of 9/6/88 DEPCO, Inc. will begin operating under the name DEKALB Energy Company

If change of ownership give name and address of previous owner: DEPCO, Inc. (address - same as above)

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No
Burns Federal	1M	Basin Dakota	~~State~~, Federal ~~Fee~~	SF079162

Location: Unit Letter I : 1490 Feet From The South Line and 730 Feet From The East

Line of Section 5 Township 26N Range 7W , NMPM, Rio Arriba 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)
Gary Refining Company	Gary Community Rural Station, Fruita, CO 81521
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent)
Gas Company of New Mexico	P.O. Box 26400, Albuquerque, NM 87125

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	I	5	26N	7W	YES	

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

IV. COMPLETION DATA

Designate Type of Completion – (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.)	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
Perforations			**Depth Casing Shoe**

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE

(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)

OIL WELL

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**

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.

(Signature)
District Production Superintendent
(Title)
September 12, 1988
(Date)

OIL CONSERVATION DIVISION

APPROVED MAR 06 1989, 19

BY

TITLE SUPERVISION 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

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

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

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

State of New Mexico
Energy, Minerals and Natural Resources Department

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator	Well API No.
Louis Dreyfus Natural Gas Corp.	30-039-22393

Address: 14000 Quail Springs Parkway, Suite 600 - Oklahoma City, OK 73134

Reason(s) for Filing (Check proper box)

- New Well [ ]
- Recompletion [ ]
- Change in Operator [X]
- Other (Please explain) [ ]

Change in Transporter of:
Oil [ ] Dry Gas [ ]
Casinghead Gas [ ] Condensate [ ]

If change of operator give name and address of previous operator: DEKALB Energy Company - 1625 Broadway - Denver, CO 80202

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Burns Federal	1-M	Blanco, Mesa Verde	~~State~~, Federal ~~Fee~~	SF 079162

Location
Unit Letter I : 1490 Feet From The South Line and 730 Feet From The East Line
Section 5 Township 26N Range 7W, NMPM, Rio Arriba 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)
Gary Refining Energy [ ] or [X]	~~Gary Community Rural Station Fruita CO~~ 81521
Name of Authorized Transporter of Casinghead Gas or Dry Gas	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas [ ] or Dry Gas [X]	P.O. Box 1492, El Paso, TX 79978

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When ?
	I	5	26N	7W	Yes	

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations			Depth Casing Shoe

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE

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

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

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CON. DIV
DIST. 3

GAS WELL

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

VI. OPERATOR CERTIFICATE OF COMPLIANCE

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

Ronnie K. Irani
Signature

Ronnie K. Irani — Vice President
Printed Name — Title

October 16, 1992 — (405) 749-1300
Date — Telephone No.

OIL CONSERVATION DIVISION

Date Approved: NOV - 2 1992

By: Bill Olmsted
SUPERVISOR DISTRICT #3

Title

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

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

JR

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

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

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

State of New Mexico
Energy, Minerals and Natural Resources Department

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator	Well API No.
Louis Dreyfus Natural Gas Corp.	30-039-22393

Address: 14000 Quail Springs Parkway, Suite 600 - Oklahoma City, OK 73134

Reason(s) for Filing (Check proper box)
- New Well [ ]
- Recompletion [ ]
- Change in Operator [X]
- Change in Transporter of: Oil [ ] Dry Gas [ ] Casinghead Gas [ ] Condensate [ ]
- Other (Please explain) [ ]

If change of operator give name and address of previous operator: DEKALB Energy Company - 1625 Broadway - Denver, CO 80202

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Burns Federal	1-M	Basin Dakota	~~State~~, Federal or ~~Fee~~	SF-079162

Location
Unit Letter I : 1490 Feet From The South Line and 730 Feet From The East Line

Section 5 Township 26N Range 7W , NMPM, Rio Arriba County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate [X]	Address (Give address to which approved copy of this form is to be sent)
~~Gary Refining Company~~ ENERGY	~~Gary Community Rural Station~~, Fruita CO 81521
Name of Authorized Transporter of Casinghead Gas or Dry Gas [X]	Address (Give address to which approved copy of this form is to be sent)
Gas Company of New Mexico	P.O. Box 26400, Albuquerque, NM 87125

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When ?
	I	5	26N	7W	Yes	

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations			Depth Casing Shoe

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE

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

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

GAS WELL

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

VI. OPERATOR CERTIFICATE OF COMPLIANCE

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

Ronnie K. Irani
Signature
Ronnie K. Irani — Vice President
Printed Name — Title
October 16, 1992 — (405) 749-1300
Date — Telephone No.

OIL CONSERVATION DIVISION

Date Approved: NOV - 2 1992

By: Bill Olmsted
SUPERVISOR DISTRICT #3

Title

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

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

STATE OF NEW MEXICO
ENERGY and MINERALS DEPARTMENT

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

OIL CONSERVATION DIVISION

NORTHWEST NEW MEXICO PACKER-LEAKAGE TEST

Operator Louis Dreyfus Natural Gas Co. Lease Burns Federal Well No. 1-M

Location of Well: Unit I Sec. 5 Twp. 26N Rge. 7W County Rio Arriba

	NAME OF RESERVOIR OR POOL	TYPE OF PROD. (Oil or Gas)	METHOD OF PROD. (Flow or Art. Lift)	PROD. MEDIUM (Tbg. or Csg.)
Upper Completion	Blanco Mesa Verde	gas	flow	tbg
Lower Completion	Basin Dakota	gas	flow	tbg

PRE-FLOW SHUT-IN PRESSURE DATA

	Hour, date shut-in	Length of time shut-in	SI press. psig	Stabilized? (Yes or No)
Upper Completion	6/12/94	3 days	427	yes
Lower Completion	6/12/94	3 days	517	yes

FLOW TEST NO. 1

Commenced at (hour, date)* Zone producing (Upper or Lower): lower

TIME (hour, date)	LAPSED TIME SINCE*	PRESSURE Upper Completion	PRESSURE Lower Completion	PROD. ZONE TEMP.	REMARKS
6/15/94	1 day	427	305		
6/16/94	2 days	427	260		

Production rate during test

Oil: _____ BOPD based on _____ Bbls. in _____ Hours. _____ Grav. _____ GOR _____

Gas: 149 MCFPD; Tested thru (Orifice or Meter): meter

MID-TEST SHUT-IN PRESSURE DATA

	Hour, date shut-in	Length of time shut-in	SI press. psig	Stabilized? (Yes or No)
Upper Completion				
Lower Completion				

(Continue on reverse side)

NORTHWEST NEW MEXICO PACKER-LEAKAGE TEST

FLOW TEST NO. 2

Commenced at (hour, date) * *

Zone producing (Upper or Lower):

TIME (hour, date)	LAPSED TIME SINCE * *	PRESSURE		PROD. ZONE TEMP.	REMARKS
		Upper Completion	Lower Completion		

Production rate during test

Oil: _____ BOPD based on _____ Bbls. in _____ Hours. _____ Grav. _____ GOR _____

Gas: _____ MCFPD: Tested thru (Orifice or Meter): _____

Remarks: _____

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

Approved JUL 18 1994 19___
New Mexico Oil Conservation Division

By Charles Gholson

Title DEPUTY OIL & GAS INSPECTOR, DIST. #3

Operator Louis Dreyfus Natural Gas

By Gene Simer

Title Production Foreman

Date 7/12/94

NORTHWEST NEW MEXICO PACKER LEAKAGE TEST INSTRUCTIONS

1. A packer leakage test shall be commenced on each multiply completed well within seven days after actual completion of the well, and annually thereafter as prescribed by the order authorizing the multiple completion. Such tests shall also be commenced on all multiple completions within seven days following recompletion and/or chemical or fracture treatment, and whenever remedial work has been done on a well during which the packer or the tubing have been disturbed. Tests shall also be taken at any time that communication is suspected or when requested by the Division.

2. At least 72 hours prior to the commencement of any packer leakage test, the operator shall notify the Division in writing of the exact time the test is to be commenced. Offset operators shall also be so notified.

3. The packer leakage test shall commence when both zones of the dual completion are shut-in for pressure stabilization. Both zones shall remain shut-in until the well-head pressure in each has stabilized, provided however, that they need not remain shut-in more than seven days.

4. For Flow Test No. 1, one zone of the dual completion shall be produced at the normal rate of production while the other zone remains shut-in. Such test shall be continued for seven days in the case of a gas well and for 24 hours in the case of an oil well. Note: if, on an initial packer leakage test, a gas well is being flowed to the atmosphere due to the lack of a pipeline connection the flow period shall be three hours.

5. Following completion of Flow Test No. 1, the well shall again be shut-in, in accordance with Paragraph 3 above.

6. Flow Test No. 2 shall be conducted even though no leak was indicated during Flow Test No. 1. Procedure for Flow Test No. 2 is to be the same as for Flow Test No. 1 except that the previously produced zone shall remain shut-in while the zone which was previously shut-in is produced.

7. Pressures for gas-zone tests must be measured on each zone with a deadweight pressure gauge at time intervals as follows: 3 hours tests: immediately prior to the beginning of each flow-period, at fifteen-minute intervals during the first hour thereof, and at hourly intervals thereafter, including one pressure measurement immediately prior to the conclusion of each flow period. 7-day tests: immediately prior to the beginning of each flow period, at least one time during each flow period (at approximately the midway point) and immediately prior to the conclusion of each flow period. Other pressures may be taken as desired, or may be requested on wells which have previously shown questionable test data.

24-hour oil zone tests: all pressures, throughout the entire test, shall be continuously measured and recorded with recording pressure gauges the accuracy of which must be checked at least twice, once at the beginning and once at the end of each test, with a deadweight pressure gauge. If a well is a gas-oil or an oil-gas dual completion, the recording gauge shall be required on the oil zone only, with deadweight pressures as required above being taken on the gas zone.

8. The results of the above-described tests shall be filed in triplicate within 15 days after completion of the test. Tests shall be filed with the Aztec District Office of the New Mexico Oil Conservation Division on Northwest New Mexico Packer Leakage Test Form Revised 10-01-78 with all deadweight pressures indicated thereon as well as the flowing temperatures (gas zones only) and gravity and GOR (oil zones only).

District I
PO Box 1980, Hobbs, NM 88241-1980
District II
PO Drawer DD, Artesia, NM 88211-0719
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
PO Box 2088, Santa Fe, NM 87504-2088

State of New Mexico
Energy, Minerals & Natural Resources Department

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

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

[X] AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

[1] Operator name and Address	[2] OGRID Number
LOUIS DREYFUS NATURAL GAS CORP. 14000 Quail Springs Parkway, Ste. 600 Oklahoma City, OK 73134	025773
	[3] Reason for Filing Code CG-Change Gatherer 7/1/95

[4] API Number	[5] Pool Name	[6] Pool Code
30 - 039-22393	Basin Dakota (Prorated Gas)	71599

[7] Property Code	[8] Property Name	[9] Well Number
005948	Burns Federal	1M

II. [10] Surface Location

Ul or lot no.	Section	Township	Range	Lot.Idn	Feet from the	North/South Line	Feet from the	East/West line	County
I	5	26N	7W		1490	South	730	East	Rio Arriba

[11] Bottom Hole Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
I	5	26N	7W		1490	South	730	East	Rio Arriba

[12] Lse Code	[13] Producing Method Code	[14] Gas Connection Date	[15] C-129 Permit Number	[16] C-129 Effective Date	[17] C-129 Expiration Date
F	F				

III. Oil and Gas Transporters

[18] Transporter OGRID	[19] Transporter Name and Address	[20] POD	[21] O/G	[22] POD ULSTR Location and Description
25244	Williams Gas Processing P.O. Box 58900 Salt Lake City, UT 84158	1191030	G	I 5-26N-7W Custody Transfer Meter
008471	Gary Energy Corporation Gary Community Rural Station Fruita, CO 81521	1191010	O	I 5-26N-7W Tank Battery

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AUG 1 1 1995
OIL CON. DIV.
DIST. 3

IV. Produced Water

[23] POD	[24] POD ULSTR Location and Description
1191050	I 5-26N-7W Tank Battery

V. Well Completion Data

[25] Spud Date	[26] Ready Date	[27] TD	[28] PBTD	[29] Perforations

[30] Hole Size	[31] Casing & Tubing Size	[32] Depth Set	[33] Sacks Cement

VI. Well Test Data

[34] Date New Oil	[35] Gas Delivery Date	[36] Test Date	[37] Test Length	[38] Tbg. Pressure	[39] Csg. Pressure

[40] Choke Size	[41] Oil	[42] Water	[43] Gas	[44] AOF	[45] Test Method

[46] I hereby certify that the rules of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature: Raylene Smith

Printed name: Raylene Smith

Title: Production Analyst

Date: 8/1/95 Phone: (405) 749-5251

OIL CONSERVATION DIVISION

Approved by: [illegible]
SUPERVISOR DISTRICT #3

Title:

Approval Date: AUG 1 1 1995

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

Previous Operator Signature	Printed Name	Title	Date

STATE OF NEW MEXICO
ENERGY and MINERALS DEPARTMENT

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

OIL CONSERVATION DIVISION

Revised 10/01/78

NORTHWEST NEW MEXICO PACKER-LEAKAGE TEST

Operator LOUIS DREYFUS NAT. GAS CORP. Lease BURNS FED. Well No. 1-M

Location of Well: Unit I Sec. 5 Twp. 26N Rge. 7W County RIO ARRIBA

	NAME OF RESERVOIR OR POOL	TYPE OF PROD. (Oil or Gas)	METHOD OF PROD. (Flow or Art. Lift)	PROD. MEDIUM (Tbg. or Csg.)
Upper Completion	BLANCO MESA VERDE	GAS	FLOW	TBG.
Lower Completion	BASIN DAKOTA	GAS	FLOW	TBG.

PRE-FLOW SHUT-IN PRESSURE DATA

	Hour, date shut-in	Length of time shut-in	SI press. psig	Stabilized? (Yes or No)
Upper Completion	6/12/95	3 days	390	yes
Lower Completion	6/12/95	3 days	410	yes

FLOW TEST NO. 1

Commenced at (hour, date)* Zone producing (Upper or Lower): LOWER

TIME (hour, date)	LAPSED TIME SINCE*	PRESSURE		PROD. ZONE TEMP.	REMARKS
		Upper Completion	Lower Completion		
6/15/95	1 day	390	280		
6/16/95	2 days	390	260		

Production rate during test

Oil: _____ BOPD based on _____ Bbls. in _____ Hours. _____ Grav. _____ GOR _____

Gas: 227 MCFPD; Tested thru (Orifice or Meter): meter

MID-TEST SHUT-IN PRESSURE DATA

	Hour, date shut-in	Length of time shut-in	SI press. psig	Stabilized? (Yes or No)
Upper Completion				
Lower Completion				

(Continue on reverse side)

FLOW TEST NO. 2

Commenced at (hour, date) * *				Zone producing (Upper or Lower):	
TIME (hour, date)	LAPSED TIME SINCE * *	PRESSURE		PROD. ZONE TEMP.	REMARKS
		Upper Completion	Lower Completion		

Production rate during test

Oil: _____ BOPD based on _____ Bbls. in _____ Hours. _____ Grav. _____ GOR _____

Gas: _____ MCFPD: Tested thru (Orifice or Meter): _____

Remarks: _____

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

Approved Johnny Robinson 19 ____
New Mexico Oil Conservation Division
DEC 2 8 1995
By _____
DEPUTY OIL & GAS INSPECTOR
Title _____

Operator LOUIS DREYFUS NAT. GAS CORP.
By MIKE RAINWATER Mike Rainwater
Title AGENT
Date 12-27-95

NORTHWEST NEW MEXICO PACKER LEAKAGE TEST INSTRUCTIONS

1. A packer leakage test shall be commenced on each multiply completed well within seven days after actual completion of the well, and annually thereafter as prescribed by the order authorizing the multiple completion. Such tests shall also be commenced on all multiple completions within seven days following recompletion and/or chemical or fracture treatment, and whenever remedial work has been done on a well during which the packer or the tubing have been disturbed. Tests shall also be taken at any time that communication is suspected or when requested by the Division.

2. At least 72 hours prior to the commencement of any packer leakage test, the operator shall notify the Division in writing of the exact time the test is to be commenced. Offset operators shall also be so notified.

3. The packer leakage test shall commence when both zones of the dual completion are shut-in for pressure stabilization. Both zones shall remain shut-in until the well-head pressure in each has stabilized, provided however, that they need not remain shut-in more than seven days.

4. For Flow Test No. 1, one zone of the dual completion shall be produced at the normal rate of production while the other zone remains shut-in. Such test shall be continued for seven days in the case of a gas well and for 24 hours in the case of an oil well. Note: if, on an initial packer leakage test, a gas well is being flowed to the atmosphere due to the lack of a pipeline connection the flow period shall be three hours.

5. Following completion of Flow Test No. 1, the well shall again be shut-in, in accordance with Paragraph 3 above.

6. Flow Test No. 2 shall be conducted even though no leak was indicated during Flow Test No. 1. Procedure for Flow Test No. 2 is to be the same as for Flow Test No. 1 except that the previously produced zone shall remain shut-in while the zone which was previously shut-in is produced.

7. Pressures for gas-zone tests must be measured on each zone with a deadweight pressure gauge at time intervals as follows: 3 hours tests: immediately prior to the beginning of each flow-period, at fifteen-minute intervals during the first hour thereof, and at hourly intervals thereafter, including one pressure measurement immediately prior to the conclusion of each flow period. 7-day tests: immediately prior to the beginning of each flow period, at least one time during each flow period (at approximately the midway point) and immediately prior to the conclusion of each flow period. Other pressures may be taken as desired, or may be requested on wells which have previously shown questionable test data.

24-hour oil zone tests: all pressures, throughout the entire test, shall be continuously measured and recorded with recording pressure gauges the accuracy of which must be checked at least twice, once at the beginning and once at the end of each test, with a deadweight pressure gauge. If a well is a gas-oil or an oil-gas dual completion, the recording gauge shall be required on the oil zone only, with deadweight pressures as required above being taken on the gas zone.

8. The results of the above-described tests shall be filed in triplicate within 15 days after completion of the test. Tests shall be filed with the Aztec District Office of the New Mexico Oil Conservation Division on Northwest New Mexico Packer Leakage Test Form Revised 10-01-78, with all deadweight pressures indicated thereon as well as the flowing temperatures (gas zones only) and gravity and GOR (oil zones only).

FIELD PIT SITE ASSESSMENT FORM

EPFS EL PASO FIELD SERVICES

GENERAL

Meter: 93497 Location: BURNS FEDERAL #1M
Operator #: 0448 Operator Name: LOUIS DREYFUS P/L District: BLANCO
Coordinates: Letter: I Section 5 Township: 26 Range: 7
Or Latitude _____ Longitude _____
Pit Type: Dehydrator X Location Drip: ___ Line Drip: ___ Other: _____
Site Assessment Date: 9.27.95 Area: 03 Run: 72

SITE ASSESSMENT

NMOCD Zone: (From NMOCD Maps) Inside ☒ (1) Outside ☐ (2)

Land Type: BLM ☒ (1) State ☐ (2) ~~Fee~~ ☐ (3) ~~Indian~~

DENNIS L. FORD
DEPUTY OIL & GAS INSPECTOR

SEP 10 1996

Depth to Groundwater
Less Than 50 Feet (20 points) ☒ (1)
50 Ft to 99 Ft (10 points) ☐ (2)
Greater Than 100 Ft (0 points) ☐ (3)

Wellhead Protection Area :
Is it less than 1000 ft from wells, springs, or other sources of fresh water extraction? , or ; Is it less than 200 ft from a private domestic water source? ☐ (1) YES (20 points) ☒ (2) NO (0 points)

Horizontal Distance to Surface Water Body
Less Than 200 Ft (20 points) ☐ (1)
200 Ft to 1000 Ft (10 points) ☒ (2)
Greater Than 1000 Ft (0 points) ☐ (3)
Name of Surface Water Body LARGO CANYON

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APR - 4 1996
OIL CON. DIV.
DIST. 3

(Surface Water Body : Perennial Rivers, Major Wash, Streams, Creeks, Irrigation Canals, Ditches, Lakes, Ponds)

Distance to Nearest Ephemeral Stream ☐ (1) < 100' (Navajo Pits Only)
☐ (2) > 100'

TOTAL HAZARD RANKING SCORE: 30 **POINTS**

REMARKS

Remarks : REDLINE & TOPO SHOW LOCATION INSIDE V.2. THERE ARE TWO PITS ON THIS LOCATION. THE UNUSED DEHY PIT ON THE NW SIDE BELONGS TO EPNG. THE OTHER PIT BELONGS TO THE OPERATOR. WILL CLOSE EPNG'S PIT. DIG & HAUL

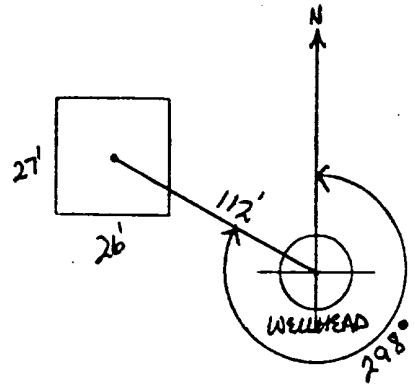
(SP3190) 04/08/94

ORIGINAL PIT LOCATION

ORIGINAL PIT LOCATION

Original Pit : a) Degrees from North 298° Footage from Wellhead 112'

b) Length : 27' Width : 26' Depth : 3'



REMARKS

Remarks :

Photos - 1530

Completed By:

Robert Thompson
Signature

9-27-95
Date

FIELD PIT REMEDIATION/CLOSURE FORM

GENERAL

Meter: 93497 Location: Burns Federal #1M

Coordinates: Letter: I Section 5 Township: 26 Range: 7

Or Latitude _____ Longitude _____

Date Started : 10-12-95 Run: 03 72

FIELD OBSERVATIONS

Sample Number(s): MK496 _____ _____ _____

Sample Depth: 10' Feet

Final PID Reading 13 PPM PID Reading Depth 10' Feet

	Yes	No
Groundwater Encountered	☐	☒

Approximate Depth _____ Feet

CLOSURE

Remediation Method :

Excavation	☒ Approx. Cubic Yards 100
Onsite Bioremediation	☐
Backfill Pit Without Excavation	☐

Soil Disposition:

Envirotech ☐ ☒ Tierra

Other Facility ☐ Name: _____

Pit Closure Date: 10-12-95 Pit Closed By: Philip

REMARKS

Remarks : Arrived Dug Sample Hole Initial Reading 214 PPM Soil Brown slight HYDrocarbon odor Hit Rock 10' Pit also Had 2 large Rock couldn't Dig out 25 pound Fertilizer

Signature of Specialist: Morgan Killion

(SP3191) 03/16/94

El Paso Natural Gas Company

FIELD SERVICES LABORATORY
ANALYTICAL REPORT
PIT CLOSURE PROJECT - Soil Samples Inside the GWV Zone

SAMPLE IDENTIFICATION

	Field ID	Lab ID
SAMPLE NUMBER:	MK496	947633
MTR CODE | SITE NAME:	93497	Burns Federal #1M
SAMPLE DATE | TIME (Hrs):	10-12-95	1515
PROJECT:	Phase I	
DATE OF TPH EXT. | ANAL.:	10-16-95	
DATE OF BTEX EXT. | ANAL.:	10/16/95	10/17/95
TYPE | DESCRIPTION:	VC	LIGHT BRN SAND + CLAY

Field Remarks: _____

RESULTS

PARAMETER	RESULT	UNITS	QUALIFIERS			
			DF	Q	M(g)	V(ml)
BENZENE	< 0.5	MG/KG				
TOLUENE	< 0.5	MG/KG				
ETHYL BENZENE	< 0.5	MG/KG				
TOTAL XYLENES	< 1.5	MG/KG				
TOTAL BTEX	< 3	MG/KG				
TPH (418.1)	30.1	MG/KG			1.95	28
HEADSPACE PID	13	PPM				
PERCENT SOLIDS	95.0	%				

-- TPH is by EPA Method 418.1 and BTEX is by EPA Method 8020 --

The Surrogate Recovery was at 97% for this sample All QA/QC was acceptable.

Narrative:

DF = Dilution Factor Used

Approved By: _____ Date: 10-18-95

STATE OF NEW MEXICO
ENERGY and MINERALS DEPARTMENT

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

OIL CONSERVATION DIVISION

NORTHWEST NEW MEXICO PACKER-LEAKAGE TEST

Operator Louis Dreyfus Natural Gas Lease Burns Federal Well No. 1-M

Location of Well: Unit I Sec. 5 Twp. 26N Rge. 7W County Rio Arriba

	NAME OF RESERVOIR OR POOL	TYPE OF PROD. (Oil or Gas)	METHOD OF PROD. (Flow or Art. Lift)	PROD. MEDIUM (Tbg. or Csg.)
Upper Completion	Blanco Mesa Verde	gas	flow	tbg
Lower Completion	Basin Dakota	gas	flow	tbg

PRE-FLOW SHUT-IN PRESSURE DATA

	Hour, date shut-in	Length of time shut-in	SI press. psig	Stabilized? (Yes or No)
Upper Completion	9/14/97	3 days	370	no
Lower Completion	9/14/97	3 days	300	yes

FLOW TEST NO. 1

Commenced at (hour, date)* Zone producing (Upper or Lower):

TIME (hour, date)	LAPSED TIME SINCE*	PRESSURE Upper Completion	PRESSURE Lower Completion	PROD. ZONE TEMP.	REMARKS
9/17/97	1 day	380	145		
9/18/97	2 days	380	144		

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OIL CON. DIV.
DIST. 3

Production rate during test

Oil: _____ BOPD based on _____ Bbls. in _____ Hours. _____ Grav. _____ GOR _____

Gas: 182 MCFPD; Tested thru (Orifice or Meter): meter

MID-TEST SHUT-IN PRESSURE DATA

	Hour, date shut-in	Length of time shut-in	SI press. psig	Stabilized? (Yes or No)
Upper Completion				
Lower Completion				

(Continue on reverse side)

FLOW TEST NO. 2

Commenced at (hour, date) **				Zone producing (Upper or Lower)	
TIME (hour, date)	LAPSED TIME SINCE **	PRESSURE		PROD. ZONE TEMP.	REMARKS
		Upper Completion	Lower Completion		

Production rate during test

Oil: _____ BOPD based on _____ Bbls. in _____ Hours. _____ Grav. _____ GOR _____

Gas: _____ MCFPD: Tested thru (Orifice or Meter): _____

Remarks: _____

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

Approved OCT. 21 1997 19___
New Mexico Oil Conservation Division

By Johnny Robinson

Title Deputy Oil & Gas Inspector

Operator Louis Dreyfus Natural Gas

By Mike Rainwater

Title Contract Operator

Date October 14, 1997

NORTHWEST NEW MEXICO PACKER LEAKAGE TEST INSTRUCTIONS

1. A packer leakage test shall be commenced on each multiply completed well within seven days after actual completion of the well, and annually thereafter as prescribed by the order authorizing the multiple completion. Such tests shall also be commenced on all multiple completions within seven days following recompletion and/or chemical or fracture treatment, and whenever remedial work has been done on a well during which the packer or the tubing have been disturbed. Tests shall also be taken at any time that communication is suspected or when requested by the Division.

2. At least 72 hours prior to the commencement of any packer leakage test, the operator shall notify the Division in writing of the exact time the test is to be commenced. Offset operators shall also be so notified.

3. The packer leakage test shall commence when both zones of the dual completion are shut-in for pressure stabilization. Both zones shall remain shut-in until the well-head pressure in each has stabilized, provided however, that they need not remain shut-in more than seven days.

4. For Flow Test No. 1, one zone of the dual completion shall be produced at the normal rate of production while the other zone remains shut-in. Such test shall be continued for seven days in the case of a gas well and for 24 hours in the case of an oil well. Note: if, on an initial packer leakage test, a gas well is being flowed to the atmosphere due to the lack of a pipeline connection the flow period shall be three hours.

5. Following completion of Flow Test No. 1, the well shall again be shut-in, in accordance with Paragraph 3 above.

6. Flow Test No. 2 shall be conducted even though no leak was indicated during Flow Test No. 1. Procedure for Flow Test No. 2 is to be the same as for Flow Test No. 1 except that the previously produced zone shall remain shut-in while the zone which was previously shut-in is produced.

7. Pressures for gas-zone tests must be measured on each zone with a deadweight pressure gauge at time intervals as follows: 3 hours tests: immediately prior to the beginning of each flow-period, at fifteen-minute intervals during the first hour thereof, and at hourly intervals thereafter, including one pressure measurement immediately prior to the conclusion of each flow period. 7-day tests: immediately prior to the beginning of each flow period, at least one time during each flow period (at approximately the midway point) and immediately prior to the conclusion of each flow period. Other pressures may be taken as desired, or may be requested on wells which have previously shown questionable test data.

24-hour oil zone tests: all pressures, throughout the entire test, shall be continuously measured and recorded with recording pressure gauges the accuracy of which must be checked at least twice, once at the beginning and once at the end of each test, with a deadweight pressure gauge. If a well is a gas-oil or an oil-gas dual completion, the recording gauge shall be required on the oil zone only, with deadweight pressures as required above being taken on the gas zone.

8. The results of the above-described tests shall be filed in triplicate within 15 days after completion of the test. Tests shall be filed with the Aztec District Office of the New Mexico Oil Conservation Division on Northwest New Mexico Packer Leakage Test Form Revised 10-01-78 with all deadweight pressures indicated thereon as well as the flowing temperatures (gas zones only) and gravity and GOR (oil zones only).

District I
P.O. Box 1980, Hobbs, NM

District II
P.O. Drawer DD, Artesia, NM 88221

District III
1000 Rio Brazos Rd, Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

2040 South Pacheco Street
Santa Fe, New Mexico 87505

SUBMIT 1 COPY TO APPROPRIATE DISTRICT OFFICE AND 1 COPY TO SANTA FE OFFICE

PIT REMEDIATION AND CLOSURE REPORT

Operator: PNM Gas Services (Dreyfus) **Telephone:** 324-3764

Address: 603 W. Elm Street Farmington, NM 87401

Facility or Well Name: Burns Federal #1M

Location: Unit I Sec 5 T 26N R 7W County Rio Arriba

Pit Type: Separator ☐ Dehydrator ☑ Other

Land Type: BLM ☑ State ☐ Fee ☐ Other No

Pit Location: Pit dimensions: length 20 ' width 20 ' depth 3 '

(Attach diagram) Reference: wellhead ☑ other

Footage from reference: 130'

Direction from reference: 70 Degrees ☑ East North ☑ of ☐ West South ☐

Depth to Ground Water: (Vertical distance from contaminants to seasonal high water elevation of ground water	Less than 50 feet 50 feet to 99 feet Greater than 100 feet	(20 points) (10 points) (0 points)	10
Wellhead Protection Area: (Less than 200 feet from a private domestic water source, or; less than 1,000 feet from all other water sources)	Yes No	(20 points) (0 points)	0
Distance to Surface Water: (Horizontal distance to perennial lakes, ponds, rivers, streams, creeks, irrigation canals and ditches	Less than 200 feet 200 feet to 1,000 feet Greater than 1,000 feet	(20 points) (10 points) (0 points)	10
RANKING SCORE (TOTAL POINTS) :			20

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OIL CON. DIV.
DIST. 3

Burns Federal #1M

Date Remediation Started: 6/20/97 **Date Completed:** 6/20/97

Remediation Method: (Check all appropriate sections)

Excavation X Approx. Cubic Yard 293

Landfarmed X Amount Landfarmed (cubic yds) 293

Other 93 cu. yds. clean overburden

Remediation Location: (i.e., landfarmed onsite, name and location of offsite facility)

Onsite _____ Offsite 200 cu. yds. - Tierra Environmental

Backfill Material Location: _____

General Description of Remedial Action:

Excavated contaminated soil to a pit size of 20' X 22' X 18' and landfarmed soil onsite within a bermed area at a depth of 6" to 12". Soil was aerated by disking/plowing until soil met regulatory levels.

*** Hit bedrock at 32'. See attached risk analysis form, lab analysis and boring log.

Ground Water Encountered: No ☑ Yes ☐ Depth _____

Final Pit Closure Sampling: (if multiple samples, attach sample result and diagram of sample locations and depths.)

Sample Location 5 pt. composite - 4 side walls and center of pit bottom.

Sample depth 16' walls and 18' bottom.

Sample date 6/20/97 Sample time 1:00:00 PM

Sample Results

Benzene (ppm) < 0.0500

Total BTEX (ppm) 6.2960

Field headspace (ppm) _____

TPH (ppm) 1620.00 *** Method 8015A

Vertical Extent (ft) 32' Risk Analysis form attached Yes ☑ No ☐

Ground Water Sample: Yes ☐ No ☑ (If yes, see attached Groundwater Site Summary Report)

I HEREBY CERTIFY THAT THE INFORMATION ABOVE IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND MY BELIEF

DATE **January 26, 1999**

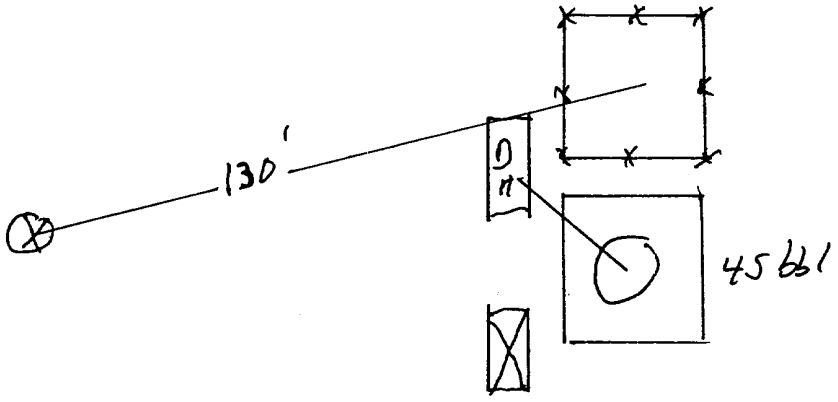
SIGNATURE Maureen Gannon

PRINTED NAME AND TITLE **Maureen Gannon, Project Manager**

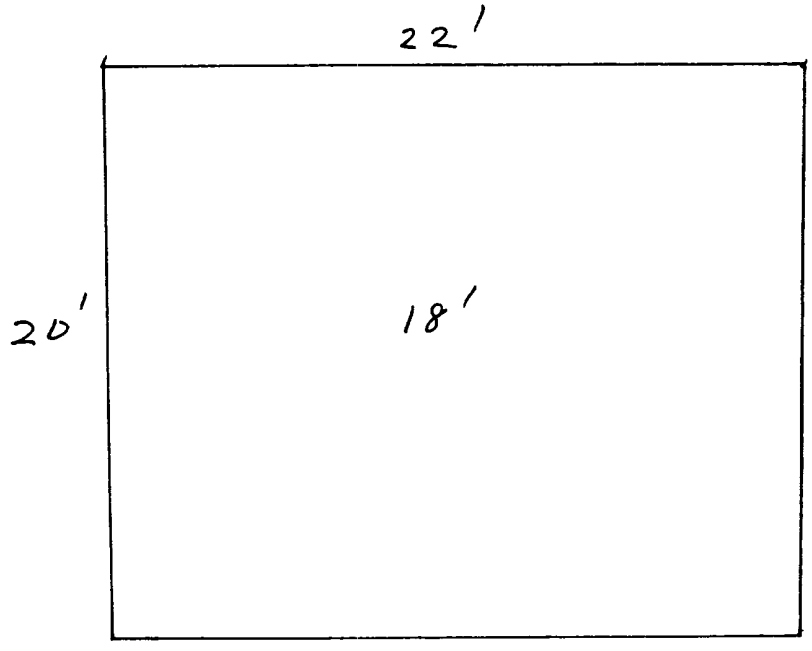
Burns Federal #1M
Louis Dreyfus
Sec. 5, 26N, 7W, I

6-20-97

start of excavation:



End of excavation:



OFF: (505) 325-5667

ON SITE TECHNOLOGIES, LTD.

LAB: (505) 325-1556

ANALYTICAL REPORT

Attn:	*Denver Bearden*	Date:	25-Jun-97
Company:	*PNM Gas Services*	COC No.:	*5909*
Address:	*603 W. Elm*	Sample No.:	*15052*
City, State:	*Farmington, NM 87401*	Job No.:	*2-1000*

Project Name:	***PNM Gas Services - Burns Federal #1M***				
Project Location:	***9706201300; 4 Walls @ 16' & Bottom @ 18'***				
Sampled by:	GC	Date:	20-Jun-97	Time:	13:00
Analyzed by:	DC/HR	Date:	24-Jun-97		
Sample Matrix:	*Soil*				

Laboratory Analysis

Parameter	Results as Received	Unit of Measure	Limit of Quantitation	Unit of Measure
Diesel Range Organics (C10 - C28)	1620	mg/kg	5	mg/kg

ND - Not Detected at Limit of Quantitation

Quality Assurance Report

DRO QC No.: 0548-STD

Continuing Calibration Verification

Parameter	Method Blank	Unit of Measure	True Value	Analyzed Value	RPD	RPD Limit
Diesel Range (C10 - C28)	ND	ppm	200	194	2.8	15%

Matrix Spike

Parameter	1- Percent Recovered	2 - Percent Recovered	Limit	RPD	RPD Limit
Diesel Range (C10-C28)	96	97	(70-130)	1	20%

Method - *SW-846 EPA Method 8015A mod. - Nonhalogenated Volatile Hydrocarbons by Gas Chromatography*

Approved by:
Date: 6/25/97

OFF: (505) 325-5667

ON SITE TECHNOLOGIES, LTD.

LAB: (505) 325-1556

ANALYTICAL REPORT

Attn:	*Denver Bearden*	Date:	2-Jul-97
Company:	*PNM Gas Services*	COC No.:	*5909*
Address:	*603 W. Elm*	Sample No.:	*15052*
City, State	*Farmington, NM 87401*	Job No.:	*2-1000*

Project Name:	***PNM Gas Services - Burns Federal #1M***				
Project Location:	***9706201300; 4 Walls @ 16' & Bottom @ 18'***				
Sampled by:	GC	Date:	20-Jun-97	Time:	13:00
Analyzed by:	DC	Date:	28-Jun-97		
Sample Matrix:	*Soil*				

Laboratory Analysis

Parameter	Results as Received	Unit of Measure	Limit of Quantitation	Unit of Measure
Benzene	ND	ug/kg	50	ug/kg
Toluene	672	ug/kg	50	ug/kg
Ethylbenzene	2898	ug/kg	50	ug/kg
m,p-Xylene	2515	ug/kg	50	ug/kg
o-Xylene	211	ug/kg	50	ug/kg
TOTAL	6296	ug/kg		

ND - Not Detected at Limit of Quantitation

Method - *SW-846 EPA Method 8020A Aromatic Volatile Organics by Gas Chromatography*

Approved by:
Date: 7/2/97

Environmental Services

Well Name:	Burns Federal #1M
Well Legals:	Unit I, Sec 5, T26N, R7W
Pit Type:	Dehydrator
Horizontal Distance to Surface Water:	Greater than 1,000 ft
Groundwater Depth:	50 feet to 99 feet

RISK ANALYSIS

PNM requests closure of the Burns Federal #1M using a limited risk analysis of the site conditions.

1. PNM estimated groundwater to be at a depth of 60 ft. based upon elevation of site to the Largo Wash. (Reference: topographic map.)

2. This site is not located within 200 ft. of a domestic water well and is not within 1,000 ft. of any other water source.

3. Distance from the site to surface water is greater than 1,000 ft.

4. PNM excavated 293 cu. yds. from the former pit. Vertical extent was determined using a hollow stem drilling rig. Bedrock was encountered @ 32 ft. below ground surface.

Based upon the information provided above, PNM believes the Burns Federal #1M poses minimal risk to the environment. Subsurface lateral migration is limited based upon PNM's past experience in excavating 800 pits. Source removal minimizes the possibility of surface water contamination. Bedrock/sandstone provides a barrier between remaining contamination and groundwater. Vertical migration through bedrock or sandstone to groundwater is highly unlikely.

OFF: (505) 325-5667

ON SITE TECHNOLOGIES, LTD.

LAB: (505) 325-1556

ANALYTICAL REPORT

Attn: *Denver Bearden*
Company: *PNM Gas Services*
Address: *603 W. Elm*
City, State: *Farmington, NM 87401*

Date: 24-Nov-97
COC No.: *5830*
Sample No.: *16826*
Job No.: *2-1000*

Project Name: ***PNM Gas Services - Burns Federal #1M***
Project Location: ***9711111115; 32' depth***
Sampled by: GC Date: 11-Nov-97 Time: 11:15
Analyzed by: DC/HR Date: 18-Nov-97
Sample Matrix: *Soil*

Laboratory Analysis

Parameter	Results as Received	Unit of Measure	Limit of Quantitation	Unit of Measure
Diesel Range Organics (C10 - C28)	ND	mg/kg	5	mg/kg

ND - Not Detected at Limit of Quantitation

Quality Assurance Report

DRO QC No.: 0555-STD

Continuing Calibration Verification

Parameter	Method Blank	Unit of Measure	True Value	Analyzed Value	RPD	RPD Limit
Diesel Range (C10 - C28)	ND	ppm	200	201	0.7	15%

Matrix Spike

Parameter	1- Percent Recovered	2 - Percent Recovered	Limit	RPD	RPD Limit
Diesel Range (C10-C28)	110	113	(70-130)	2	20%

Method - *SW-846 EPA Method 8015A mod. - Nonhalogenated Volatile Hydrocarbons by Gas Chromatography*

Approved by:
Date: 11/24/97

OFF: (505) 325-5667

ON SITE TECHNOLOGIES, LTD.

LAB: (505) 325-1556

ANALYTICAL REPORT

Attn:	*Denver Bearden*	Date:	17-Nov-97
Company:	*PNM Gas Services*	COC No.:	*5830*
Address:	*603 W. Elm*	Sample No.:	*16826*
City, State:	*Farmington, NM 87401*	Job No.:	*2-1000*

Project Name:	***PNM Gas Services - Burns Federal #1M***				
Project Location:	***9711111115; 32' depth***				
Sampled by:	GC	Date:	11-Nov-97	Time:	11:15
Analyzed by:	DC	Date:	14-Nov-97		
Sample Matrix:	*Soil*				

Laboratory Analysis

Parameter	Results as Received	Unit of Measure	Limit of Quantitation	Unit of Measure
Benzene	ND	ug/kg	1	ug/kg
Toluene	2	ug/kg	1	ug/kg
Ethylbenzene	3	ug/kg	1	ug/kg
m,p-Xylene	71	ug/kg	1	ug/kg
o-Xylene	20	ug/kg	1	ug/kg
TOTAL	96	ug/kg		

ND - Not Detected at Limit of Quantitation

Method - *SW-846 EPA Method 8020A Aromatic Volatile Organics by Gas Chromatography*

Approved by:
Date: 11/17/97

11/11/97

BORING LOG

LOCATION MAP:

Burns Federal #1M
Sec. 5, 26N, 7W, I

___1/4 ___1/4 ___1/4 ___1/4 S___ T___ R___

SITE ID: _____ LOCATION ID: _____
SITE COORDINATES (ft.):
N _____ E _____
GROUND ELEVATION (ft. MSL): _____
STATE: N.M. COUNTY: Rio Arriba
DRILLING METHOD: Hollow Stem
DRILLING CONTR.: Envirotech
DATE STARTED: 11/11/97 DATE COMPLETED: _____
FIELD REP.: Gary Cook
COMMENTS: _____

LOCATION DESCRIPTION: _____

DEPTH	WELL CONST.	LITH.	SAMPLE USCS	FROM	TO	% REC	BLOW-COUNT	NUMBER OR PID READING	LITHOLOGIC DESCRIPTION (LITH., USCS, GRAIN SIZE PROPORTIONS, WET COLOR, RNDG., SORT., CONSOL., DIST. FEATURES)
5		Backfill						0 ppm	
10								0 ppm	
15								0 ppm	0 ↓ 18' backfill
20							4/5/6	243	20-22 split spoon SM sand-silt mixture
25									SC sand-clay mixture

NEW MEXICO ENERGY, MINERALS
& NATURAL RESOURCES DEPARTMENT

OIL CONSERVATION DIVISION
AZTEC DISTRICT OFFICE
1000 RIO BRAZOS ROAD
AZTEC NM 87410
(505) 334-6178 FAX: (505) 334-6170
http://emnrd.state.nm.us/ocd/District III/3district.htm

GARY E. JOHNSON
Governor

Jennifer A. Salisbury
Cabinet Secretary

January 28, 2000

Gene Simer
Louis Dreyfus Nat Gas Corp
PO Box 370
Carlsbad NM 88221-0370

Re: Burns Federal #1M, I-05-26N-07W API, 30-039-22393

Dear Mr. Simer:

The 1999 Packer Leakage Test on the referenced well does not provide the proper information. In order to comply with Rule 112A, you are here by directed to retest the well to show separation of the zones prior to March 15, 2000. Notify the Aztec OCD in time to witness the test.

Feel free to call me at 334-6178, ext. 16, if I can be of any help.

Sincerely,

Charlie T. Perrin

Charlie T. Perrin
Deputy O&G Inspector

CTP/mk

CC: CTP
Well File

NEW MEXICO ENERGY, MINERALS & NATURAL RESOURCES DEPARTMENT

OIL CONSERVATION DIVISION
AZTEC DISTRICT OFFICE
1000 RIO BRAZOS ROAD
AZTEC NM 87410
(505) 334-6178 FAX: (505) 334-6170
http://emnrd.state.nm.us/ocd/District III/3district.htm

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

NORTHWEST NEW MEXICO PACKER-LEAKAGE TEST

Operator Louis Dreyfus Nat. Gas Lease Name Burns Federal Well No 1-M

Location of Well: Unit Letter I Sec 5 Twp 26N Rge 7W API # 30-0 39 22393

	NAME OF RESERVOIR OR POOL	TYPE OF PROD. (Oil or Gas)	METHOD OF PROD. (Flow or Art. Lift)	PROD.MEDIUM (Tbg. or Csg.)
Upper Completion	Blanco Mesa Verde	gas	flow	tbg.
Lower Completion	Basin Dakota	gas	flow	tbg.

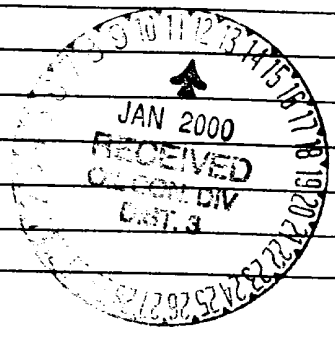
PRE-FLOW SHUT-IN PRESSURE DATA

	Hour, date shut-in	Length of time shut-in	SI press. Psig	Stabilized? (Yes or No)
Upper Completion	9/5/99	3 days	400	yes
Lower Completion	9/5/99	3 days	290	yes

FLOW TEST NO. 1

Commenced at (hour, date)* Zone producing (Upper or Lower): lower

TIME (hour,date)	LAPSED TIME SINCE*	PRESSURE		PROD. ZONE TEMP.	REMARKS
		Upper Completion	Lower Completion		
9/8/99	1 day	400	152		
9/9/99	2 days	400	146		



Production rate during test

Oil: _____ BOPD based on _____ Bbls. in _____ Hours _____ Grav. _____ GOR _____

Gas: 139 MCFPD; Tested thru (Orifice or Meter): meter

MID-TEST SHUT-IN PRESSURE DATA

	Hour, date shut-in	Length of time shut-in	SI press psig	Stabilized? (Yes or No)
Upper Completion				
Lower Completion	Hour, date shut-in	Length of time shut-in	SI press. psig	Stabilized? (Yes or No)

(Continue on reverse side)

ctl

NORTHWEST NEW MEXICO PACKER-LEAKAGE TEST

FLOW TEST NO. 2

Commenced at (hour, date)**				Zone producing (Upper or Lowr):	
TIME (hour,date)	LAPSED TIME Since**	PRESSURE Upper Completion	PRESSURE Lower Completion	PROD. ZONE	REMARKS

Production rate during test

Oil:_____BOPD based on_____Bbls. in_____Hours._____Grav._____GOR_____
Gas:_____MCFPD:Tested thru (Orfice or Meter):_____

Remarks:_____

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

Approved_____19__ Operator LOUIS DREYFUS NATURAL GAS New Mexico Oil ~~Conservation Division~~ FAILED

By_____ By_____

Title_____ Title Mike Pippin

Date 9/15/99

NORTHWEST NEW MEXICO PACKER LEAKAGE TEST INSTRUCTIONS

1. A packer leakage test shall be commenced on each multiply completed well within seven days after actual completion of the well, and annually thereafter as prescribed by the order authorizing the multiple completion. Such tests shall also be commenced on all multiple completions within seven days following recompletion and/or chemical or fracture treatment, and whenever remedial work has been done on a well during which the packer or the tubing have been disturbed. Tests shall also be taken at any time that communication is suspected or when requested by the Division.

2. At least 72 hours prior to the commencement of any packer leakage test, the operator shall notify the Division in writing of the exact time the test is to be commenced. Offset operators shall also be so notified.

3. The packer leakage test shall commence when both zones of the dual completion are shut-in for pressure stabilization. Both zones shall remain shut-in until the well-head pressure in each has stabilized, provided however, that they need not remain shut-in more than seven days.

4. For Flow Test No. 1, one zone of the dual completion shall be produced at the normal rate of production while the other zone remains shut-in. Such test shall be continued for seven days in the case of a gas well and for 24 hours in the case of an oil well. Note: if, on an initial
packer leakage test, a gas well is being flowed to the atmosphere due to the lack of a pipeline connection the flow period shall be three hours.

5 Following completion of Flow Test No. 1, the well shall again be shut-in, in accordance with Paragraph 3 above.

6. Flow Test No. 2 shall be conducted even though no leak was indicated during Flow Test No. 1. Procedure for Flow Test no. 2 is to be the same as for Flow Test No. 1 except that the previously produced zone shall remain shut-in while the zone which was previously shut-in is produced.

7. Pressures for gas-zone tests must be measured on each zone with a deadweight pressure gauge at time intervals as follows: 3 hours tests: immediately prior to the beginning of each flow-period, at fifteen-minute intervals during the first hour thereof, and at hourly intervals thereafter, including one pressure measurement immediately prior to the beginning of each flow period, at least one time during each flow period (at approximately the midway point) and immediately prior to the conclusion of each flow period. Other pressures may be taken as desired, or may be requested on wells which have previously shown questionable test date.

24-hour oil zone tests: all pressures, throughout the entire test, shall be continuously measured and recorded with recording pressure gauges the accuracy of which must be checked at least twice, once at the beginning and once at the end of each test, with a deadweight pressure gauge. If a well is a gas-oil or an oil-gas dual completion, the recording gauge shall be required on the oil zone only, with deadweight pressures as required above being taken on the gas zone.

8. The result s of the above-described tests shall be filed in triplicate within 15 days after completion of the test. Tests shall be filed with the Aztec District Office of the New Mexico oil Conservation Division on northwest new Mexico packer leakage Test Form Revised 11-16-98 with all deadweight pressures indicated thereon as well as the flowing temperatures (gas zones only) and gravity and GOR (oil zones only).

NEW MEXICO ENERGY, MINERALS & NATURAL RESOURCES DEPARTMENT

OIL CONSERVATION DIVISION
AZTEC DISTRICT OFFICE
1000 RIO BRAZOS ROAD
AZTEC NM 87410
(505) 334-6178 FAX: (505) 334-6170
http://emnrd.state.nm.us/ocd/District III/3district.htm

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

NORTHWEST NEW MEXICO PACKER-LEAKAGE TEST

Operator Louis Dreyfus Natural Gas Lease Name Burns Federal Well No 1- M

Location of Well: Unit Letter I Sec 5 Twp 26N Rge 7W API # 30-0 39-22393

	NAME OF RESERVOIR OR POOL	TYPE OF PROD. (Oil or Gas)	METHOD OF PROD. (Flow or Art. Lift)	PROD.MEDIUM (Tbg. or Csg.)
Upper Completion	Mesa Verde	gas	flow	tbg.
Lower Completion	Dakota	gas	flow	tbg.

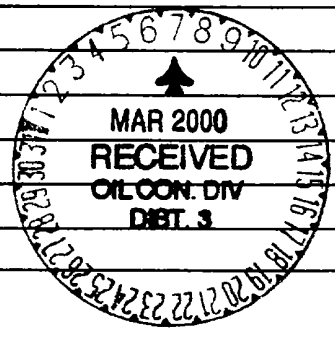
PRE-FLOW SHUT-IN PRESSURE DATA

	Hour, date shut-in	Length of time shut-in	SI press. Psig	Stabilized? (Yes or No)
Upper Completion	2/18/2000	3 days	320	yes
Lower Completion	2/18/2000	3 days	300	yes

FLOW TEST NO. 1

Commenced at (hour, date)* Zone producing (Upper or Lower): upper

TIME (hour,date)	LAPSED TIME SINCE*	PRESSURE		PROD. ZONE TEMP.	REMARKS
		Upper Completion	Lower Completion		
2/21/00	1 day	320	300		
2/22/00	2 days	128	300		
2/23/00	3 days	125	300		



Production rate during test

Oil:_____ BOPD based on_____Bbls. in_____Hours_____Grav._____GOR_____

Gas: 252 MCFPD; Tested thru (Orifice or Meter): meter

MID-TEST SHUT-IN PRESSURE DATA

	Hour, date shut-in	Length of time shut-in	SI press psig	Stabilized? (Yes or No)
Upper Completion				
Lower Completion	Hour, date shut-in	Length of time shut-in	SI press. psig	Stabilized? (Yes or No)

(Continue on reverse side)

FLOW TEST NO. 2

Commenced at (hour, date)**				Zone producing (Upper or Lowr):	
TIME (hour,date)	LAPSED TIME Since**	PRESSURE Upper Completion	PRESSURE Lower Completion	PROD. ZONE	REMARKS

Production rate during test

Oil:_____BOPD based on_____Bbls. in_____Hours._____Grav._____GOR_____
Gas:_____MCFPD:Tested thru (Orfice or Meter):_____

Remarks:_____

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

Approved MAR - 7 2000, 19__ Mexico Oil Conservation Division

ORIGINAL SIGNED BY CHARLIE T. PERRIN

By_____

Title DEPUTY OIL & GAS INSPECTOR, DIST. #3

Operator Louis Dreyfus New

By Mike Ramirez

Title_____

Date 3/7/2000

NORTHWEST NEW MEXICO PACKER LEAKAGE TEST INSTRUCTIONS

1. A packer leakage test shall be commenced on each multiply completed well within seven days after actual completion of the well, and annually thereafter as prescribed by the order authorizing the multiple completion. Such tests shall also be commenced on all multiple completions within seven days following recompletion and/or chemical or fracture treatment, and whenever remedial work has been done on a well during which the packer or the tubing have been disturbed. Tests shall also be taken at any time that communication is suspected or when requested by the Division.

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packer leakage test, a gas well is being flowed to the atmosphere due to the lack of a pipeline connection the flow period shall be three hours.

5. Following completion of Flow Test No. 1, the well shall again be shut-in, in accordance with Paragraph 3 above.

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24-hour oil zone tests: all pressures, throughout the entire test, shall be continuously measured and recorded with recording pressure gauges the accuracy of which must be checked at least twice, once at the beginning and once at the end of each test, with a deadweight pressure gauge. If a well is a gas-oil or an oil-gas dual completion, the recording gauge shall be required on the oil zone only, with deadweight pressures as required above being taken on the gas zone.

8. The result s of the above-described tests shall be filed in triplicate within 15 days after completion of the test. Tests shall be filed with the Aztec District Office of the New Mexico oil Conservation Division on northwest new Mexico packer leakage Test Form Revised 11-16-98 with all deadweight pressures indicated thereon as well as the flowing temperatures (gas zones only) and gravity and GOR (oil zones only).

NEW MEXICO ENERGY, MINERALS & NATURAL RESOURCES DEPARTMENT

OIL CONSERVATION DIVISION
AZTEC DISTRICT OFFICE
1000 RIO BRAZOS ROAD
AZTEC NM 87410
(505) 334-6178 FAX: (505) 334-6170
http://emnrd.state.nm.us/ocd/District III/3district.htm

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

NORTHWEST NEW MEXICO PACKER-LEAKAGE TEST

Operator Louis Dreyfus 'Nat. Gas Lease Name Burns Fed. Well No 1-M

Location of Well: Unit Letter I Sec 5 Twp 26N Rge 7W API # 30-039-22393

	NAME OF RESERVOIR OR POOL	TYPE OF PROD. (Oil or Gas)	METHOD OF PROD. (Flow or Art. Lift)	PROD.MEDIUM (Tbg. or Csg.)
Upper Completion	Blanco M.V.	gas	flow	tbg.
Lower Completion	Basin Dakota	gas	flow	tbg.

PRE-FLOW SHUT-IN PRESSURE DATA

	Hour, date shut-in	Length of time shut-in	SI press. Psig	Stabilized? (Yes or No)
Upper Completion	7/5/98	3 days	330	no
Lower Completion	7/5/98	3 days	290	yes

FLOW TEST NO. 1

Commenced at (hour, date)* Zone producing (Upper or Lower): lower

TIME (hour,date)	LAPSED TIME SINCE*	PRESSURE		PROD. ZONE TEMP.	REMARKS
		Upper Completion	Lower Completion		
7/8/98	1 day	380	152		
7/9/98	2 days	385	146		

Production rate during test

Oil: _____ BOPD based on _____ Bbls. in _____ Hours _____ Grav. _____ GOR _____

Gas: 129 MCFPD; Tested thru (Orifice or Meter): meter

MID-TEST SHUT-IN PRESSURE DATA

Upper Completion	Hour, date shut-in	Length of time shut-in	SI press psig	Stabilized? (Yes or No)
Lower Completion	Hour, date shut-in	Length of time shut-in	SI press. psig	Stabilized? (Yes or No)

(Continue on reverse side)

FLOW TEST NO. 2

Commenced at (hour, date)**				Zone producing (Upper or Lowr):	
TIME (hour,date)	LAPSED TIME Since**	PRESSURE Upper Completion	PRESSURE Lower Completion	PROD. ZONE	REMARKS

Production rate during test

Oil:_____BOPD based on_____Bbls. in_____Hours._____Grav._____GOR_____

Gas:_____MCFPD:Tested thru (Orfice or Meter):_____

Remarks:_____

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

Approved DEC 3 1 1998 19__ Mexico Oil Conservation Division

By [illegible]

Title DEPUTY OIL & GAS INSPECTOR, DIST #3

Operator Louis Dreyfus Natural Gas New

By Mike Rainwater

Title Contract Operator

Date September 1, 1998

NORTHWEST NEW MEXICO PACKER LEAKAGE TEST INSTRUCTIONS

1. A packer leakage test shall be commenced on each multiply completed well within seven days after actual completion of the well, and annually thereafter as prescribed by the order authorizing the multiple completion. Such tests shall also be commenced on all multiple completions within seven days following recompletion and/or chemical or fracture treatment, and whenever remedial work has been done on a well during which the packer or the tubing have been disturbed. Tests shall also be taken at any time that communication is suspected or when requested by the Division.

2. At least 72 hours prior to the commencement of any packer leakage test, the operator shall notify the Division in writing of the exact time the test is to be commenced. Offset operators shall also be so notified.

3. The packer leakage test shall commence when both zones of the dual completion are shut-in for pressure stabilization. Both zones shall remain shut-in until the well-head pressure in each has stabilized, provided however, that they need not remain shut-in more than seven days.

4. For Flow Test No. 1, one zone of the dual completion shall be produced at the normal rate of production while the other zone remains shut-in. Such test shall be continued for seven days in the case of a gas well and for 24 hours in the case of an oil well. Note: if, on an initial packer leakage test, a gas well is being flowed to the atmosphere due to the lack of a pipeline connection the flow period shall be three hours.

5. Following completion of Flow Test No. 1, the well shall again be shut-in, in accordance with Paragraph 3 above.

6. Flow Test No. 2 shall be conducted even though no leak was indicated during Flow Test No. 1. Procedure for Flow Test no. 2 is to be the same as for Flow Test No. 1 except that the previously produced zone shall remain shut-in while the zone which was previously shut-in is produced.

7. Pressures for gas-zone tests must be measured on each zone with a deadweight pressure gauge at time intervals as follows: 3 hours tests: immediately prior to the beginning of each flow-period, at fifteen-minute intervals during the first hour thereof, and at hourly intervals thereafter, including one pressure measurement immediately prior to the beginning of each flow period, at least one time during each flow period (at approximately the midway point) and immediately prior to the conclusion of each flow period. Other pressures may be taken as desired, or may be requested on wells which have previously shown questionable test date.

24-hour oil zone tests: all pressures, throughout the entire test, shall be continuously measured and recorded with recording pressure gauges the accuracy of which must be checked at least twice, once at the beginning and once at the end of each test, with a deadweight pressure gauge. If a well is a gas-oil or an oil-gas dual completion, the recording gauge shall be required on the oil zone only, with deadweight pressures as required above being taken on the gas zone.

8. The result s of the above-described tests shall be filed in triplicate within 15 days after completion of the test. Tests shall be filed with the Aztec District Office of the New Mexico oil Conservation Division on northwest new Mexico packer leakage Test Form Revised 11-16-98 with all deadweight pressures indicated thereon as well as the flowing temperatures (gas zones only) and gravity and GOR (oil zones only).

NEW MEXICO ENERGY, MINERALS & NATURAL RESOURCES DEPARTMENT

OIL CONSERVATION DIVISION
AZTEC DISTRICT OFFICE
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AZTEC NM 87410
(505) 334-6178 FAX: (505) 334-6170
http://emnrd.state.nm.us/ocd/District III/3distric.htm

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

Revised 11/16/98

NORTHWEST NEW MEXICO PACKER-LEAKAGE TEST

Operator Louis Dreyfus Natural Gas Lease Name Burns Federal Well No 1-M

Location of Well: Unit Letter I Sec 5 Twp 26N Rge 7W API # 30-0 39-22393

	NAME OF RESERVOIR OR POOL	TYPE OF PROD. (Oil or Gas)	METHOD OF PROD. (Flow or Art. Lift)	PROD.MEDIUM (Tbg. or Csg.)
Upper Completion	Mesa Verde	gas	flow	tbg.
Lower Completion	Dakota	gas	flow	tbg.

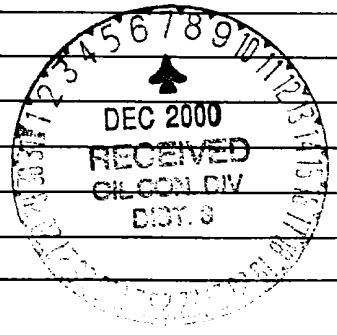
PRE-FLOW SHUT-IN PRESSURE DATA

	Hour, date shut-in	Length of time shut-in	SI press. Psig	Stabilized? (Yes or No)
Upper Completion	11/26/2000	3 days	325	yes
Lower Completion	11/26/2000	3 days	300	yes

FLOW TEST NO. 1

Commenced at (hour, date)* Zone producing (Upper or Lower): Upper

TIME (hour,date)	LAPSED TIME SINCE*	PRESSURE		PROD. ZONE TEMP.	REMARKS
		Upper Completion	Lower Completion		
11/29	1 day	325	300		
11/30	2 days	143	300		
12/01	3 days	141	300		



Production rate during test

Oil: _____ BOPD based on _____ Bbls. in _____ Hours _____ Grav. _____ GOR _____

Gas: 186 MCFPD; Tested thru (Orifice or Meter): meter

MID-TEST SHUT-IN PRESSURE DATA

	Hour, date shut-in	Length of time shut-in	SI press psig	Stabilized? (Yes or No)
Upper Completion				
Lower Completion				

(Continue on reverse side)

FLOW TEST NO. 2

Commenced at (hour, date)**				Zone producing (Upper or Lowr):	
TIME (hour,date)	LAPSED TIME Since**	PRESSURE Upper Completion	PRESSURE Lower Completion	PROD. ZONE	REMARKS

Production rate during test

Oil:_____BOPD based on_____Bbls. in_____Hours._____Grav._____GOR_____
Gas:_____MCFPD:Tested thru (Orfice or Meter):_____

Remarks:_____

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

Approved DEC - 7 2000 19__ Operator_____ New Mexico Oil Conservation Division

By ORIGINAL SIGNED BY CHARLIE T. PERRIN By Mike Raminick

Title DEPUTY OIL & GAS INSPECTOR, DIST. #3 Title_____

Date 12/5/00

NORTHWEST NEW MEXICO PACKER LEAKAGE TEST INSTRUCTIONS

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2. At least 72 hours prior to the commencement of any packer leakage test, the operator shall notify the Division in writing of the exact time the test is to be commenced. Offset operators shall also be so notified.

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4. For Flow Test No. 1, one zone of the dual completion shall be produced at the normal rate of production while the other zone remains shut-in. Such test shall be continued for seven days in the case of a gas well and for 24 hours in the case of an oil well. Note: if, on an initial packer leakage test, a gas well is being flowed to the atmosphere due to the lack of a pipeline connection the flow period shall be three hours.

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8. The result s of the above-described tests shall be filed in triplicate within 15 days after completion of the test. Tests shall be filed with the Aztec District Office of the New Mexico oil Conservation Division on northwest new Mexico packer leakage Test Form Revised 11-16-98 with all deadweight pressures indicated thereon as well as the flowing temperatures (gas zones only) and gravity and GOR (oil zones only).

NEW MEXICO ENERGY, MINERALS and NATURAL RESOURCES DEPARTMENT

his form is not to
e used for reporting
acker leakage tests
Southeast New Mexico

NORTHWEST NEW MEXICO PACKER-LEAKAGE TEST

Operator Dominion Prod. + Exp Lease Name Burns Federal Well No 1-M

ocation of Well: Unit Letter I Sec 5 Twp 26N Rge 7W API # 30-0 39-22393

	NAME OF RESERVOIR OR POOL	TYPE OF PROD. (Oil or Gas)	METHOD OF PROD. (Flow or Art. Lift)	PROD. MEDIUM (Tbg. or Csg.)
Upper Completion	Mesa Verde	Gas	Flow	Tbg.
Lower Completion	Dakota	Gas	Flow	Tbg.

PRE-FLOW SHUT-IN PRESSURE DATA

	Hour, date shut-in	Length of time shut-in	SI press. Psig	Stabilized? (Yes or No)
Upper Completion	10-14-02	3 days	235	Yes
Lower Completion	10-14-02	3 days	220	Yes

FLOW TEST NO. 1

Commenced at (hour, date)* Zone producing (Upper or Lower): Upper

TIME (hour, date)	LAPSED TIME SINCE*	PRESSURE		PROD. ZONE TEMP.	REMARKS
		Upper Completion	Lower Completion		
10-17	1 day	235	220		
10-18	2 days	132	220		
10-19	3 days	140	220		

Production rate during test

Oil: _____ BOPD based on _____ Bbls. in _____ Hours _____ Grav. _____ GOR

Gas: 96 MCFPD; Tested thru (Orifice or Meter): Meter

MID-TEST SHUT-IN PRESSURE DATA

	Hour, date shut-in	Length of time shut-in	SI press psig	Stabilized? (Yes or No)
Upper Completion				
Lower Completion	Hour, date shut-in	Length of time shut-in	SI press. psig	Stabilized? (Yes or No)

(Continue on reverse side)

NORTHWEST NEW MEXICO PACKER-LEAKAGE TEST

FLOW TEST NO. 2

Commenced at (hour, date)**				Zone producing (Upper or Lowr):	
TIME (hour,date)	LAPSED TIME Since**	PRESSURE Upper Completion	PRESSURE Lower Completion	PROD. ZONE	REMARKS

Production rate during test

Oil:_____BOPD based on_____Bbls. in_____Hours._____Grav._____GOR
Gas:_____MCFPD:Tested thru (Orfice or Meter):

Remarks:

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

Approved_____20__
New Mexico Oil Conservation Division

By_____

Title_____

Operator Dominion

By Tom Stahle

Title Contract Pumper

Date 10-20-02

NORTHWEST NEW MEXICO PACKER LEAKAGE TEST INSTRUCTIONS

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