District I - (305) 393-6161
PO Box 1980
Hobbs, NM 88241-1980
District II - (505) 748-1283
811 S. First
Artesia, NM 88210
District III - (505) 334-6178
1000 Rio Brazos Road
Aztec, NM 87410
District IV

## New Mexico Energy, Minerals & Natural Resources Department OIL CONSERVATION DIVISION 2040 South Pacheco Street Santa Fe, New Mexico 87505 (505) 827-7131

Form C-140 Originated 11/1/95

Submit Original Plus 2 Copies to appropriate District Office

## APPLICATION FOR QUALIFICATION OF WELL WORKOVER PROJECT AND CERTIFICATION OF APPROVAL

THREE COPIES OF THIS APPLICATION MUST BE FILED WITH THE APPROPRIATE DISTRICT OFFICE OF THE OIL CONSERVATION DIVISION.

| I.   | Operator:         | Amoco Production Company                                                                 | y                                                                                                           | OGRID #:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 000778                                                                                                         |
|------|-------------------|------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|
|      | Address:          | P.O. Box 800, Denver, Color                                                              | rado 80201                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                |
|      | Contact Party:    | Patricia J. Haefele                                                                      |                                                                                                             | Phone:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | (303) 830-4988                                                                                                 |
| II.  | Location of Wel   | Jicarilla B 4<br>ll: Unit Letter <u>H, 1650</u> Feet fr<br>PM, <u>Rio Arriba</u> County. | om the <u>North</u> line and <u>990</u> Feet fro                                                            | API #:<br>m the <u>East</u> line, Section                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 3003982260<br>21, Township 26N,                                                                                |
| III. |                   | Procedures Commenced:<br>Procedures were Completed:                                      | 7/13/95<br>7/25/95                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                |
| IV.  | Attach a descrip  | tion of the Workover Procedu                                                             | res undertaken to increase the projec                                                                       | ction from the Well.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                |
| V.   | showing month     | ly oil and/or gas Project Prod                                                           | the Well (a production decline colluction) based on at least twelve (1 yell performance prior to performing | 2) months of established                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                |
| VI.  | Pool(s) on which  | h Production Projection is base                                                          | ed:                                                                                                         | And the second s | e de la calenda quanti de la composição de |
|      | Tapacito Gallup   | /Basin Dakota                                                                            |                                                                                                             | D. M. O. C.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Ti m so                                                                                                        |
| VII. | AFFIDAVIT:        |                                                                                          |                                                                                                             | REG E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 3 1996 D                                                                                                       |
|      | State of Colorad  | <del>-</del> :                                                                           |                                                                                                             | JUL O                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 3 1998 💆                                                                                                       |
|      | County of Denv    | ) ss.<br><u>/er</u> )                                                                    |                                                                                                             | ]]]]]<br>  D]]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | N. DIV.                                                                                                        |
|      | Patricia J. Haefe | ele, being first duly sworn, upo                                                         | on oath states:                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 5                                                                                                              |

- I am the Operator or authorized representative of the Operator of the above referenced Well.
- 2. I have made, or caused to be made, a diligent search of the production records which are reasonably available and contain information relevant to the production history of this Well.
- 3. To the best of my knowledge, the data used to prepare the Production Projection for this Well is complete and accurate and this projection was prepared using sound petroleum engineering principles.

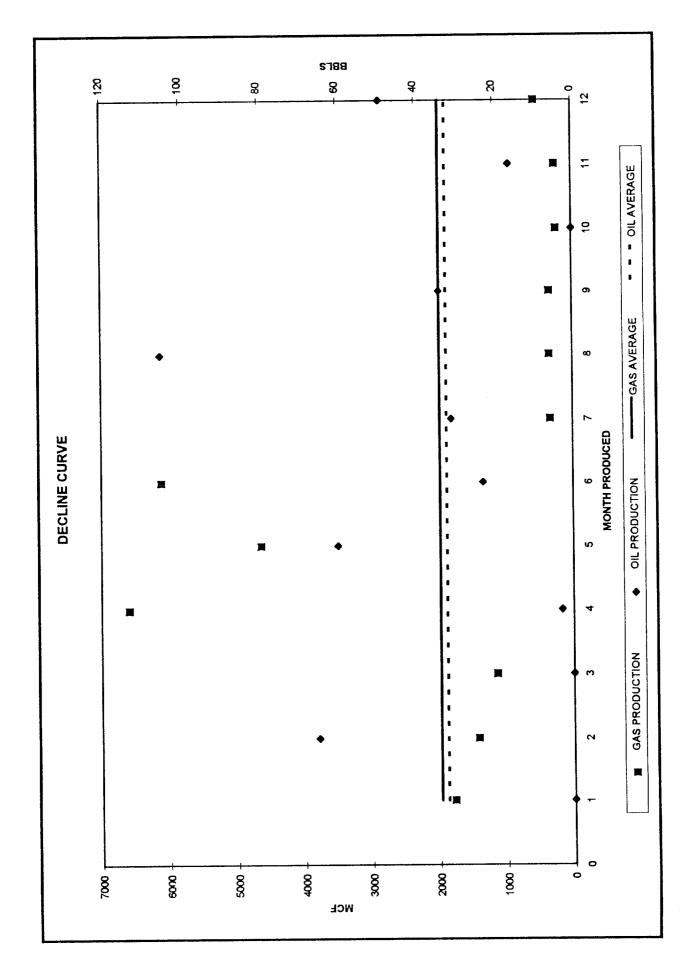
(Name)

Staff Assistant

J. Haefele

(Title)

| SUBS  | CRIBED AND SWORN TO before me this day of July 1991.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|-------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Му Сс | ommission expires:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| FOR C | DIL CONSERVATION DIVISION USE ONLY:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| VIII. | CERTIFICATION OF APPROVAL:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| ·     | This Application for Qualification of a Production Restoration Project is hereby approved and the above referenced Well is designated as a Production Restoration Project pursuant to the "Natural Gas and Crude Oil Production Incentive Act" (Laws 1995, Chapter 15, Sections 1 through 8). By copy of this Application and Certification of Approval, the Division notifies the Secretary of the Taxation and Revenue Department of this Approval and certifies that production was restored in this Production Restoration Project on: |
|       | 7/75,1996                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|       | 355                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|       | District Supervisor, District                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|       | Date: 8/78/96                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| IX.   | DATE OF NOTIFICATION TO THE SECRETARY OF THE TAXATION AND REVENUE DEPARTMENT.                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|       | DATE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |



| GAS      | 1781                 | 1419     | 1141  | 6597  | 4642  | 6115  | 338   | 345   | 340   | 235   | 249   | 546   | 1979                               |
|----------|----------------------|----------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|------------------------------------|
| <u> </u> | 0                    | 65       | 0     | 3     | 09    | 23    | 31    | 105   | 22    | 0     | 16    | 49    | 32                                 |
| MONIA    | 07/94                | 08/94    | 09,94 | 10/94 | 11/94 | 12/94 | 01/95 | 02/95 | 03/95 | 04/95 | 05/95 | 06/95 | ted Trend                          |
| LOCATION | Sec 21 26N 5W Unit H |          |       |       |       |       |       |       |       |       |       |       | 12-month average - Projected Trend |
| API      | 3003982260           |          |       |       |       |       |       |       |       |       |       |       |                                    |
| FLAC     |                      |          |       |       |       |       |       |       |       |       |       |       |                                    |
| POOL     | alling/Basin Dakota  |          |       |       |       |       |       |       |       |       |       |       |                                    |
|          | Tanacito Gallin      | a podp.  |       |       |       |       |       |       |       |       |       |       | -                                  |
| ONIEM    |                      | •        |       |       |       |       |       |       |       |       |       |       |                                    |
| WEINAME  | A CHILL              | Karıla D |       |       |       |       |       |       |       |       |       |       |                                    |

Form 3160-5 (Juno 1990)

## TICD STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

| BUREAU OF                                                                                                                                    | Expires: Merch 31, 1993                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SUNDRY NOTICES  Do not use this form for proposals to a  Use "APPLICATION                                                                    | 9. Il lixtian, Allottes or Tribe Name                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                                              |                                                                                                                                | Jicarilla Dulce, N.M. 7. If Unit or CA. Agreement Designation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 1. Type of Well Olf Signs Well Well Other  2. Name of Operator                                                                               |                                                                                                                                | 8. Well Name and No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|                                                                                                                                              | Allention                                                                                                                      | The state of the s |
| Amoco Production Company 3. Address and Telephone No.                                                                                        | Patty Hacfele                                                                                                                  | Jicarilla B 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| P.O. Box 800, Donver, Colorado 80201                                                                                                         | (303) 830-4988                                                                                                                 | 3003982260                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 4. Location of Well (Footage, Sec., T., B., M., or Survey Deac                                                                               | iption                                                                                                                         | 10. Field and Pool, or Exploratory Area                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 4 D F D 1 1 1                                                                                                                                |                                                                                                                                | Tapacito Gallup/Basin Dakota                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| 1620, ENT 880, EEF                                                                                                                           | Sec. 21 T 26N R 5W Unit H                                                                                                      | 11. County or Parish, State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| CUTCK APPROX                                                                                                                                 |                                                                                                                                | Rio Arriba New Mexico                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| 12. CHECK APPROPRIATE BO                                                                                                                     | OX(s) TO INDICATE NATURE OF NO                                                                                                 | TICE . REPORT OR OTHER DATA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| TYPE OF SUBMISSION                                                                                                                           | TYPE OF                                                                                                                        | ACTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|                                                                                                                                              |                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Notice of Intent  Subsequent Report  Final Attandorment Notice                                                                               | Abandonment  Recomplation  Plugging flack  Casing Repair  Altering Casing  Other Downhole Commingling                          | Change of Plans  New Construction  Non-Houtine Fractiving  Water Shut Off  Conversion to Injection  Diagone Water                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|                                                                                                                                              |                                                                                                                                | Mate: Report results of multiple completion on Well Completion or<br>Recompletion Report and Log form, )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <ol> <li>Describe Proposed or Completed Operations (Clearly state a<br/>subsurface locations and measured and true vertical depth</li> </ol> | B pertinent details, and give pertinent dates, including estimated d.<br>I for all markers and zones pertinent to this work.]* | ste of starting any proposed work . If well is directionally drilled, give                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |

Budget Burenu No. 1004-0135

Amoco Production Company has downhole commingled the subject well per the following:

MIRUSU 7-13-95. Blew well down. Pull up millshoe and wash pipe. TIH with 6 3.125" cels and tubing and tagged fill at 7152' and clean out fill to top of fish at 7166 ft. Circulate clean with air. Unload hole with air and started milling on packer. Mill out model D packer and pushed packer to 7448 ft. Circulate hole clean and TOH with mill. THI with overshot and latched onto fish. Lost packer at about 7250'. TOH with fishing tools and recover seal assembly and cut off joint. THI with spear and latched onto fish and TOH with spear. Tagged packer bottom at 7468' and cleanout with air and pushed packer to 7472' - 25' of rat hole. RD swivel and TOH with bit and tubing and laid down cels. THI with production tubing to 7425'. ND BOP, NUWH, Left packer bore in hole. Ran bumper spring in place. Swab and tag fluid. TP 540 psi. CP 600 psi. RREL on 7-25-95.

| SRBU     |
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| RECEIVED |
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|                                                                                                      | RECEIVED           |                                    |                    |
|------------------------------------------------------------------------------------------------------|--------------------|------------------------------------|--------------------|
| 14. I hereby certify that the foregoing is true and correct                                          | AUG 1 5 1995       |                                    |                    |
| Signed LULLY TY USELL                                                                                | This               | Stall Assistant                    | Date 07-31-1995    |
| Approved by                                                                                          | AUMINISTRATIVE GRO | JP<br>hief, Lands and Mineral Reso | uices AUG 1 1 1995 |
| Conditions of approval, if any:  Title 18 U.S.C. Section 1001, makes it a crime for any record hand. | litte              |                                    | Date               |