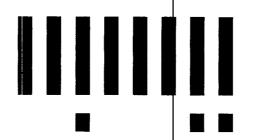
UNITED STATES

		. 17 1 4441 1 77/1	•				
		SEP 23 193	ì				
APPROVED BYT CONDITIONS OF APPROVAL IF ANY:	ACCEPTED FOR RECORD						
	ace for Federal or State of						
SIGNED 33 TIT	LE Dist. Adm. St	ipvr. DATE 9/16/83					
18. Thereby certify that the foregoing is true and of the foregoing is tru	correct	0.12.2.100					
		Set @	Ft.				
Subsurface Safety Valve: Manu. and Type		. Set ଉ	F &				
Amoco Production Company is cabandonment. As soon as inte to abandon will be filed, sta	rnal approval is	received, a notice of	Intention				
17. DESCRIBE PROPOSED OR COMPLETED OPI including estimated date of starting any promeasured and true vertical depths for all man	posed work. If well is a	irectionally drilled, give subsurface	tinent dates, ocations and				
ABANDON* [(other)	DUREAU OF LAI FARMINGTON F	ID MANAGEMENT	Diet. 9				
MULTIPLE COMPLETE							
REPAIR WELL UPULL OR ALTER CASING UPULL OR A		(NOTE: Report results of multiple com	pletion or zone				
SHOOT OR ACIDIZE	BECE	(NOTE: Report results of multiple com					
TEST WATER SHUT-OFF [] FRACTURE TREAT []							
	JENT REPORT OF:	JIOJ CDD					
16. CHECK APPROPRIATE BOX TO INDICATE REPORT, OR OTHER DATA	NATURE OF NOTICE,	15. ELEVATIONS (SHOW DF, KDB, AND WD) 5705' RDB					
AT TOTAL DEPTH: Same	14. API NO.						
below.) AT SURFACE: 660' FSL x 1980' F. AT TOP PROD. INTERVAL: Same		12. COUNTY OR PARISH 13. ST					
501 Airport Drive, Farmington, 4. LOCATION OF WELL (REPORT LOCATION C	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SW/SE, Section 21, T26N, R						
3. ADDRESS OF OPERATOR	Tocito Dome Pennsylvanian "D"						
2. NAME OF OPERATOR Amoco Production Company		10. FIELD OR WILDCAT NAME	400				
well Li acit Li other Dry ho	<u>le</u>	9. WELL NO.					
1. oil gas m		8. FARM OR CEASE NAME. Navajo Tribal "U"					
(Do not use this form for proposals to drill or to deepen reservoir, Use Form 9–331–C for such proposals.)	8. FARM OR LEASE NAME						
SUNDRY NOTICES AND REPORT	TS ON WELLS	7. UNIT AGREEMENT NAME	The state of the s				
GEOLOGICAL SURVEY	and the same of th	6. IF INDIAN, ALLOTTEE OR TRIBE NAME Navajo Tribe					
DEPARTMENT OF THE INT	±4 -20 -603-5034						







Job separation sheet

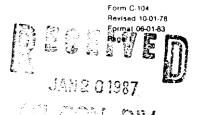
STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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DISTRIBUTI	0 H		
SANTA FE		1	
FILE		1	
U.B.a.s.		$\overline{}$	
LAND OFFICE			
TRANSPORTER			
	U AS		
OPERATOR			
PROBATION OFF	KE		

OIL CONSERVATION DIVISION

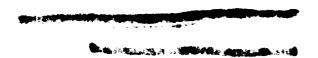
P. O. BOX 2088

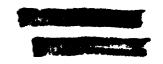
SANTA FE, NEW MEX CO 87501

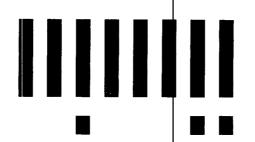


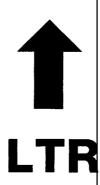
REQUEST FOR ALLOWABLE

OPERATOR			AND				VN. DIV	ţ.
PROBATION OFFICE	AUTHOR	IZATION TO TRANS		AND NATH				
1.			J. OKT O	2 200 11210	KAL UA	··	ବିଷ୍ଠିତି ଓ କୃତି	
Operator	<u></u>							
°O.T.H.G., Inc.								
Address								
c/o A. R. Kendrick,	Box 516.	Aztec. New Me	exico 8	7401 (505)	34-2555		
Reeson(s) for filing (Check proper box)				Other (Please				
New Well	Change to	Transporter of:		Gas fro		Ω		
			C	11				
Recompletion	7	~	Dry Gas	Oper	0C	chave		•
X Change in Ownership	Casin	ghead Gas C	ondensate					
If change of ownership give name and address of previous owner	Amoco Pr	oduction Compa	any, Fa	rmington,	New N	exico 8	7401	
II. DESCRIPTION OF WELL AND	LEASE							
Lease Name		Fool Name, Including F	notton		Kind of I			Lease No.
Navajo Tribal U	2	Tocito Dome F	ennsvl	vanian A	\$XXX F	deral XXX X	14-20-603	5034
Location				<u>-</u>				١
		South		1980			Fast	
Unit Letter;	Feet From	The South Li	ne and	1700	Feet F	om The	Last	
Line of Section 21 Towns	hip 26N	Range	18W	, NMPM,	San	Juan		County
•								
II <u>I. DESIGNATION OF TRANSPO</u>	RTER OF O	IL AND NATURAL	L GAS					
Name of Authorized Transporter of Oil	Of Cor	ndensate 🗀	Address	Give address t	o which a	oproved copy	of this form is to	be sent)
			DISTA	100				
Name of Authorized Transporter of Casing	ghead Gas 📉	or Dry Gas	Address	Give address to	o which a	proved copy	of this form is to	be sent)
		_		742			js –	
	Jnit Sec.	Twp. Rge.	la coa oc	tually connecte	42	When		
if well produces oil or liquids,			1		-,) "" ""		
give location of tanks.	<u>A :20</u>	26N 18W	No.				·	
f this production is commingled with	that from any	other lease or pool,	give com	ningling order	number:	CT	B-12	ર
					•			
NOTE: Complete Parts IV and V o	on reverse sia	le if necessary.						
" CERTIFICATE OF COMPULANCE	- T		H	ן חוו ככ	MISERY	ATION E	MACION	400
I. CERTIFICATE OF COMPLIANC	LE			ا کارک	PINOELL	MIION	WALLISION	,20 198°
hereby certify that the rules and regulations of the Oil Conservation Division have een complied with and that the information given is true and complete to the best of				 			JAM	100
				TV25		$\overline{\lambda}$		/
ny knowledge and belief.	•	`	BY			Dran	400 Ca	vii /
			1				SUPERVISOR DI	STROTT BE 3
	1		TITLE	<u> </u>				7.7
		72	This form is to be filed in compliance with RULE 110 If this is a request for allowable for a newly drilled or					
ak Kondanie								
(Signature	of and		well, th	is form must	be accou	spenied by	r a newly drilled a tabulation of with MULE 111.	the deviation
Agent			All	sections of t	his forms	must be fli	led out complete	ely for allow-
	7	ļ		new and reco				-,
(Date)	<u>′</u>	- 	Fil well ne	out only Se me or number,	ctions I	Ц, IЦ, an orter, or oth	nd VI for change	es of owner, of condition.
,			Seg				d for each poo	











Job separation sheet

Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION

P.O. Box 2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION

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

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

Santa Fe, New Mexico 87504-2088

1.		IOIH	MNO	PORT	OIL P	יו טמג	NA!UH	AL GA	AS				
Operator										ell APi No.			
Robert L. bayless						30-045-05715							
P.O. Box 168, Fa	rmingta	on. NM	87	499									
Reason(s) for Filing (Check proper box)	211121160	311, 1111	0,	****			Other (Plea	ase explo	zin)				
New Well		Change	in Trans	porter of:				•	·				
Recompletion	Oil	Ļ	Dry (_	_	,	NOTE:	Dry	hole	- No tr	ans	porter	
Change in Operator $X(2/1/89)$ If change of operator give name) Casinghe	ad Gas	Cond	lensate [<u> </u>					····			
and address of previous operator 0.	T.H.G.	Inc.	. P.(D. Box	312	2. Ot	is. K	5 67	565				
II. DESCRIPTION OF WELL	AND LE	ASE											
Lease Name			Pool	Name, Inc	cluding	Formati	on.		F.i	nd of Lease		l le	ase No.
Navajo Tribal "U	11	2		Wildc	cat C	rgan	Rock		Su	ate, Federal or	Fee	1	-603-5034
Location										Nava	jo	-l	
Unit Letter 0	_ :	660	Feet	From The	sou	ith i	Line and _	19	80	Feet From T	he	east	Line
Carrier 21 m	. 0.4%		_										
Section 21 Townshi	ip 26N	<u> </u>	Rang	<u>e l</u>	.8W		NMPM,		Sa	n Juan	 -		County
III. DESIGNATION OF TRAN	SPORTI	ER OF C	II. A	ND NA	TURA	AL GA	s						
Name of Authorized Transporter of Oil		or Conde						ss to wh	uch appro	wed copy of th	us form	is to be ser	u)
N													
Name of Authorized Transporter of Casin	ghead Gas		or Dr	y Gas 🗀	□ ^	ddress (Give addre	ss to wh	ich appro	wed copy of th	is form	is to be ser	u)
If well produces oil or liquids,	Unit	Sec.	Twp.		Roe le	G24 BCD	ally conne	mad?	1.300				
give location of tanks.		1] . wp.	i ^	vRe:	Ras acri	Lany come	acted?	1 1	hen?			
If this production is commingled with that	from any ou	her lease of	r pool, g	ive comm	ningling	order n	ımber:		L_				
IV. COMPLETION DATA								*****					~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Designate Type of Completion	(Y)	Oil Wel	1]	Gas Well	1 1	New We	II Work	over	Deeper	Plug Ba	ck Sa	me Res'v	Diff Res'v
Date Spudded		pl. Ready t				Nal Dep	<u></u>		<u> </u>	_1	L_		<u> </u>
opasse.	Date Com	pi. Keady i	o rioa,		"	жа рер	ľ			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of P	roducing F	ormatio	na	To	p Oil/G	as Pav						
						•	Tubing Depth						
Perforations										Depth Ca	sing S	hoe	
HOLE SIZE	4	TUBING			VD CE	MEN'			<u> </u>	· · · · · · · · · · · · · · · · · · ·			
HOLE SIZE	- CA	SING & T	ORING	SIZE			DEPT	H SET	-		SAC	KS CEME	NT
	<u> </u>		~						 -				
	1							·				···	
V. TEST DATA AND REQUES									\$				
OIL WELL (Test must be after r Date Fina New Oil Run To Tank	Date of Te		of load	oil and m							be for f	full 24 hours	:)
Data i i i i i i i i i i i i i i i i i i	Date of Te	SI.			PIC	bouting	Method (F	iow, pur	rup, gas iy	i, elc.)			
Length of Test	Tubing Pre	a Sure			Ca	sing Pre	ASUTE .			Choke Si	7.E		
Actual Prod. During Test	Oil - Bbls.				W	aler - Bt	is.	~		Gas- MC	F		
GAS WELL													
Actual Prod. Test - MCF/D	Length of	Test		·	Вь	ls. Conc	ensate/MIN	ACF		Gravity o	Cond	lensate	
												er. www	``
Testing Method (pitot, back pr.)	Tubing Pre	ssure (Shu	t-in)		Ca	sing Pre	ssure (Shu	l-in)		Choke Si	ze		
U ODED LEOD CODE													
VI. OPERATOR CERTIFIC				NCE) N	CEDI	VATION	101	VICIO	k I
I hereby certify that the rules and regular Division have been complied with and	ations of the	Oil Conse	rvation				OIL	JON	SER	VATION	1 DI	A12101	N.
is true as complete to the best of my k	moviédge a	od belle!	еп жооч	'e /		_	_			400	₹ <i>⊋</i> 10.4	000	
	X					Da	e App	roved	ı	APR (<u>19 1</u>	989	
	· ——	The	7		`	_			7	4) 4		/	
Signature				.	By Board. Chang								
Robert L. Bayless Proced Name	3	0ре	rato	<u>r</u>	.		SUPERVISION DISTRICT # 3				# 3		
4/24/89	5	05/326	Title -265	9		Title	 						
Date			phone I		-		1						

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.
- All sections of this form must be filled out for allowable on new and recompleted wells.
 Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
 Separate Form C-104 must be filled for each pool in multiply completed wells.