U. S. LAND OFFICE Santa Fe
SERIAL NUMBER 978417
LEASE OR PERMIT TO PROSPECT

14-08-001-459

UNITED STATES

DEPARTMENT OF THE INTERIOR

GEOLOGICAL SURVEY

LOG OF OIL OR GAS WELL

LOCA	ATE WELL										
Compan	ny El	Paso Nat	ural Gas	Company	7	. Addres	s B o	x.997 , F	armingt	on, Nev	Mexico
Lessor o	or Tract	San	Juan 28-7	Unit		Field	Е	lanco	Stat	eNev	Mexico
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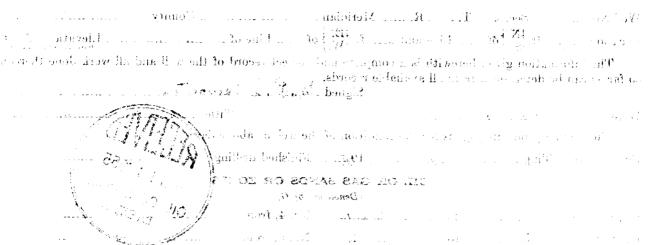
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EOKWATION RECORD—Continued

of the well. Please state in detail the dates of redrilling, together say changes made in the casing, state fully, and if any casing was the well has been dynamited, give date, size, position, and number kind of material used, position, and results of pumping or bailing.	ave a complete history sults. If there were a size and location. If i to test for water, state	eatest importance to hi for the work and its re left in the well, give its or bridges were put in	It is of the grewith the tressens i "sidetracked" or of shots. If plugs
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FORMATION	TOTAL FEET	-от	-MOH

May 7, 1955 T.D. 16601. "Sand-off Chiff House, from that the total 13,500 gallons # diesel oil & 8,100# fine-grained sand. Breakdown pressure 1650#, maximum pressure 400#, Injection rate 9.3 bbls./min. Plush 2000 gallons. Matural gage 98 MCF/D4.

May 9, 1955 Sand-oil fracture Point Lookout from 4865' to 5200' with 12,700 gallons oil and 14,000# sand. Breakdown pleasante 1150#, maximum pressure 1350#, Injection rate 9.9 bels./min. Flush 2600 gallons. Matural gage 160 MCF/D.



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LOG OF OIL OR CAS WELL

Groedgalan Survey

UNITED STATES

OF PARTMENT OF THE INTERMINE

NUMBER OF COPIES RECEIVED

NEW MEXICO OIL CONSERVATION COMMISSION SANTA FE, NEW MEXICO

FORM C-110 (Rev. 7-60)

U. S. G. S.				.									(Rev. 7-00)
TRANSPORTER	OIL			۱۱۱							HORIZATI	ON	
PRORATION OFFIC	GAS E				TC) TRAN	ISPOR	T OIL	AND	NATURAL	_ GAS		
OPERATOR	1,			1 -,	FILE THE OI	RIGINAL	AND 4 C	OPIES V	ITH TH	E APPROPRI	ATE OFFICE		
Company or			Natur	al (Gas Compa	nv				Lease San Jus	ın 28-7 Uni	it	Well No.
Unit Letter		- 1	ection	1	nship	5	Range			County			
	H		17	<u> </u>	28-N		7-W			Rio Arr			
Pool	70.7		W							Kind of Lease Federal	(State, Fed, Fee)	
ī			oil or cond			Unit Lett	er		Section	Township	• · · · · · · · · · · · · · · · · · · ·	Range	
			ion of tank				Same						
Authorized t	ransport	ter of oil	or c	ondens	sate X			Address	(give ad	dress to which d	approved copy of	this form	is to be sent)
	El	Paso	Natur	al (Gas Compa	ny		<u> </u>			n, New Mex	ico	
					Is Gas Ac	tually C	onnecte	d? Ye	s <u>X</u>	No			
Authorized to	ran sport	ter of ca	sing head	gas	or dry gas	X Date necte	Con- ed	Address	(give ad	dress to which o	approved copy of	this form	is to be sent)
	El	Paso	Natur	al (Gas Compa	ny 9- 9	-55	Вох	990,	Farmington	n, New Mex	ico	
If gas is not	being s	sold, giv	e reasons	and al	so explain its	present dis	sposition:	·	•		······		
					REASO	N(S) FOR	FILING	(please	check p	roper box)	· · · · · · · · · · · · · · · · · · ·		
		Ne	www.Well		· • • • • • • • • • • • • • • • • • • •			Chang	∘in Owne	ership			
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Remarks													Macross see
The unders	igned o	erti fi es	that the	Rules	s and Regular	tions of th	ne Oil Co	nservati	on Comm	nission have b	een complied v	vith.	
			Executed	this	the lst	_ day of _	Ja	anuary	<u>,</u>	, 19_63.			
		OIL COI	N SERVA	TION	COMMISSION			By	(
	_	_	ned By					Title		ار) د	serly		
	4. R.	KENI	DRICK					<u> </u>		leum Engi	neer /		
Title								Compan	у				
PET	ROLE	UM E	NGINE	ER	DIST. NO.	. 3			El Pa	so Natura	l Gas Comp	any	
Date								Address					
606	7.3	eag:							Box 9	90 , Farm ir	ngton, New	Mexic	0

STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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TRANSPORTER GAS		
OPERATOR		

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

l.	M P a
Operator	WEGFIMS
Tenneco Oil Company - Care	
Address	nor -
P.O. Box 3249, Englewood, CO 80155	06/02/1985
Reason(s) for filing (Check proper box)	Other (Please explain) OIL CON. DIV.
New Well Change in Transporter of:	CON. DIV
Recompletion Uil Dry Gas	DIST. 3
Change in Ownership	
If change of ownership give name and address of previous owner <u>El Paso Natural Gas Company</u>	, P.O. Box 4990, Farmington, NM 87499
	· • • • • • • • • • • • • • • • • • • •
II. DESCRIPTION OF WELL AND LEASE	
Lease Name Well No. Pool Name, Including Format	Kind of Lease Lease No. State, Federal or Fee USA
SJ 28-7 Unit 22 Blanco-MV	SF 078417
Location	
Unit Letter H : 1879 Feet From The Nort	h Line and 520 Feet From The Fast
Line of Section 17 Township 28N	Range 7W , NMPM, Rio Arriba County
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS	
Name of Authorized Transporter of Oil or Condensate X	Address (Give address to which approved copy of this form is to be sent)
Conoco Inc. Surface Transportation	D O Box 460 Hobbs NM 88240 Address (Give address to which approved copy of this form is to be sent)
Conoco Inc. Surface Transportation Name of Authorized Transporter of Casinghead Gas G or Dry Gas G X	Address (Give address to which approved copy of this form is to be sent)
Fl Paso Natural Gas Company	P.O. Box 4990, Farmington, NM 87499 Is gas actually connected?
Unit ISec. I wp. Hige.	Is gas actually connected?
If well produces oil or liquids, give location of tanks.	Yes
If this production is commingled with that from any other lease or pool, give commingling order number_	
NOTE: Complete Parts IV and V on reverse side if necessary.	•
	II OU CONSTRUCTION DIVIDION
VI. CERTIFICATE OF COMPLIANCE	OIL CONSERVATION DIVISION APPROVED OIL CONSERVATION DIVISION OIL 2 1985
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied	APPROVED U U 4 19303
with and that the information given is true and complete to the best of my knowledge and belief.	By Srank J. Jane
1	
1-4 2011	TITLE SUPERVISOR DICTRICT # 3
Shott M-Xinny	This farm is to be filed in compliance with DIII E 1104
(Signature)	This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened well, this form must be accom-
Con Daniel Abanie Amaliest	panied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.
Sr. Regulatory Analyst (Title)	All sections of this form must be filled out completely for allowable on new and recompleted walls.
OCT 1 1985	Fill out only Section I, II, III, and VI for changes of owner, well name and or number, or transporter,
(Date)	or other such change of condition. Separate Forms C-104 must be filed for each pool in multiply completed wells.
• *	ii peparate norms to 104 must be tiled for each 9001 in multibly completed wells.

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

Santa Fe, New Mexico 87504-2088

DISTRICT II P.O. Drawer DD, Artesia, NM 88210 DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

·	TO	TRAN	ISPORT O	L AND NA	TURAL G						
Operator - Amoco Production Com	npanv						Well AP 100390				
Address		D	. Calana	d- 0000			0000				
1670 Broadway, P. O.		Denvei	, Colora		I her (<i>l'Iease expl</i>	ais)					
Reason(s) for Filing (Check proper box New Well		ange in Ti	ansporter of:		nici (i ieuse expi	uinj					
Recompletion	Oil		ry Gas								
Thange in Operator	Casinghead G		4777								
change of operator give name				Willow	Engloses	.a c	-1	d. 00			
nd address of previous operator	enneco Oil	c a r	0102 3.	willow,	Engrewoo	10, U	01018	100 01	/133		
I. DESCRIPTION OF WEL	L AND LEASI	E							· 		
Lease Name	W	ell No. P	ool Name, Inclu	ding Formation					L	ease No.	
SAN JUAN 28-7 UNIT	22	<u></u>	LANCO (ME	SAVERDE)		F	EDERA	AL	SF07	8415	
Location			-								
Unit LetterH	:1879	F	eet From The $rac{\mathbf{F}}{2}$	NL Li	ne and 520		Feet	From The	FEL	Line	
Section 17 Town	ship28N	R	ange7W	1,	ІМРМ,	RI	O ARI	RIBA	·. · · · · · · ·	County	
II. DESIGNATION OF TRA	ANSPORTER (OF OIL	AND NAT	URAL GAS							
Name of Authorized Transporter of Oi		Condensat			ve address to w	hich app	roved co	ppy of this f	form is to be se	nt)	
CONOCO			<i>₩</i>	<u>Р. О. В</u>	OX 1429,	BLOO	MFIE	D, NM	87413		
Name of Authorized Transporter of Ca	singhead Gas	•	r Dry Gas [X]		ve address to w					nt)	
EL PASO NATURAL GAS (OX 1492,			TX 79	9978		
If well produces oil or liquids, ive location of tanks.	Unit So	c. T	wp. Rge	e. Is gas actua	lly connected?	ļ	When 7				
		l _									
this production is commingled with the V. COMPLETION DATA	iai from any outer is	case or po	oi, give commun	ging order nur							
V. COMPLETION DATA	10	il Well	Gas Well	New Well	Workover	Dee	pen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completic		W. ***CII	0	1				, lab typen	1	1	
Date Spudded	Date Compl. R	leady to P	rod.	Total Depth	.1	1	'	P.B.T.D.			
levations (DF, RKB, RT, GR, etc.)	Name of Produ	icine Form	nation	Top Oil/Gas	Pay		,	Tubing Dep	ıth.		
				<u> </u>							
Perforations								Depth Casir	ng Shoe		
	TUI	BING, C	ASING ANI	CEMENT	ING RECOR	RD.	·'-				
HOLE SIZE	CASIN	G & TUB	ING SIZE		DEPTH SET				SACKS CEM	ENT	
				_							
				_							
									·		
TEST DATA AND REQU	EST EAD ALI	OWAI	51 E								
-	er recovery of total:			st he equal to a	r exceed ton all	awable i	for this c	lenth or be	for full 24 hou	rs)	
Date First New Oil Run To Tank	Date of Test	TOTAL OF	TOTAL OIL GIRLS MILE		fethod (Flow, pr				, ,		
				Casing Day			1	Jioke Size			
ength of Test	Tubing Pressur	æ		Casing Fres	Casing Pressure			CHORE SIZE			
Actual Prod. During Test	Oil - Bbls.			Water - Bbis.				Gas- MCF			
GAS WELL	1					 -					
Actual Frod. Test - MCF/D	Length of Test			Bbls. Conde	nsate/MMCF		1	Gravity of G	Condensale		
	_						-				
esting Method (pitot, back pr.)	Tubing Pressur	nc (Shut in)	Casing Pres	sure (Shut-in)			Clioke Size			
A. OPERATOR CERTIF	ICATE OF C	OMPI	IANCE				l.				
Thereby certify that the rules and re					OIL CON	USE.	RVA	TION	DIVISIO	NC	
Division have been complied with a	nd that the informat	tion given									
is true and complete to the best of r	ny knowledge and b	clicf.		Dat	e Approve	ed	MAY	08 10	PQ		
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y. f. Star	nolon			By.	_	3.	m)	Cha	~/		
Supature I I Hampton	C- C+-EF	Admi -	Cup	"		****		ON DIE	TOICT #		
J. L. Hampton Printed Name	Sr. Staff		itle	Title		UPER	4121	AW D 72	TRICT#	•	
Janaury 16, 1989			0-5025	1 1116	·						
Date		Teleph	one No.								

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