STATE OF NEW MEXICO SPORTMENT

----DISTRIBUTION SANTA PE FILE U.S.G.S. LAND OFFICE

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501



TRANSPORTER OIL GAS OPERATOR PRORATION OPPICE		OR ALLOWABLE AND SPORT OIL AND NATURAL GAS	DEC101832
	Margaret N. Keyes TR.	Trust Agreement dtd	I. 9/20/18DIST 3
Bux 842 - Adec No Reason(s) for filing (Cheby proper box	n 84410	101 (0)	
New Well Recompletion	Change in Transporter of: Oil Dry G	Other (Please explain)	
Change in Ownership		magte	
If change of ownership give name and address of previous owner	Brodley N. Keyes - Bu	x 842 - Aste, 47, m. 8	7410
DESCRIPTION OF WELL AND	LEASE		
Location A PCKEA	Well No. Pool Name, Including F	Ormation Kind of Le PICTURE (LIFE State, Fed	Ledise 140.
	90 Feet From The 5 Li	ne and190 Feet Fro	n The E
Line of Section 20 To	waship 29 N Range	11W .NMPM. 5	an Juan
Cina di Sectioni	wanta of A Marka	, NMPM,	M/1 County
DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oil			proved copy of this form is to be sent)
		•	
Name of Authorized Transporter of Cas EL PASO NATURAL G	AS COMPANY		proved copy of this form is to be sent? N.M. 87410
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected?	When
give location of tanks.	h at as from any other to a series		
If this production is commingled wit COMPLETION DATA			
Designate Type of Completion	on - (X)	New Well Workover Deepen	Plug Back Same Res'v. Ditt. Res'v.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations			Depth Casing Shoe
701.0101.010			Depth Casing Slice
HOLE SIZE	TUBING, CASING, AND	CEMENTING RECORD	
HOLE SIZE	CASING B TOBING SIZE	DEPTH SET	SACKS CEMENT
TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a able for this de	fter recovery of total volume of load o pth or be for full 24 hours)	il and must be equal to or exceed top allow-
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	lift, etc.)
Length of Test	Tubing Pressure	Cosing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbis.	Gas - MCF
GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
CERTIFICATE OF COMPLIANC	E	OIL CONSERVA	ATION DIVISION
hereby certify that the rules and re	egulations of the Oil Conservation	APPROVED DECI	. 19
Division have been complied with bove is true and complete to the	and that the information given best of my knowledge and belief.		y CHARLES GHULSON
•		TITLE COUNTY OF CO.	Nejtra (1.1. stp. 1 . 4 3
0 (This form is to be filed in	compliance with RULE 1104.
Bulley 15	(we)	well this form must be accome	owable for a newly drilled or deepened panied by a tabulation of the deviation
Owi	ner	tests taken on the well in acc All sections of this form m	nust be filled out completely for allew-
(Till		able on new and recompleted t	wells. II, III, and VI for changes of owner,
(Dat		well name or number, or transpo	orter, or other such change of condition.

MATTER CONTROL OF THE CONTROL OF THE







Jeb 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

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

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

•		O TRAI	NSPO	ORT OIL	AND NA	TURAL GA	S				
)perator		Well API No.									
RODDY PRODUCTION CO	1PANY, INC. 30						30-0	-045-06350			
P. O. BOX 2221, FAR	MINGTON.	NEW ME	EXTCO	87499	-2221						
leason(s) for Filing (Check proper box						t (Please expla	in)				
lew Well		Change in	-								
lecompletion	Oil		Dry Ga	_							
hange in Operator X	Casinghead	I Gas	Conden	sate							
change of operator give name and address of previous operator	RADLEY H.	. & MAF	RGARI	ET N. K	EYES TRU	ST					
. DESCRIPTION OF WEL	L AND LEA	SE									
Lease Name			Pool N	ame, Includi	ng Formation			of Lease No.			
YOCKEY		1	WES	r KUTZ	PICTUREI	CLIFFS	State,	Federal or Fee	NMNMO	20496	
Location Unit LetterP	1.1	90		S	ОПТН	1190	ı		FACT		
Unit Letter	:		Feet Fr	om The	Lin	and	Fe	et From The	LAGI	Line	
Section 20 Town	ship 27N		Range	11W	, NI	ирм,	SAN	JUAN		County	
H DECIGNATION OF TR	NCDODTE	D OF O		TA BLATERI	D 1 C 1 C						
II. DESIGNATION OF TRA Name of Authorized Transporter of Oil		or Conden		DNATU		e address to wh	ich approved	come of this fo	orm is to be se	ent)	
				<u></u>						,	
Name of Authorized Transporter of Ca			or Dry	Gas XX		e address to wh				:nt)	
EL PASO NATURAL GAS		S 1	17	1 5		OX 1492,		-	9978		
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	is gas actuali	y connected?	When	?			
f this production is commingled with the	12t from any oth	er lease or	pool, giv	ve commingl	ing order num	ber:	L				
V. COMPLETION DATA											
Designate Type of Completic	on - (X)	Oil Well	_ ! ·	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded		pl. Ready to	Prod.		Total Depth	l	l	P.B.T.D.	<u> </u>	_L	
		,,						F.B.1.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of P	roducing Fo	rmation	l	Top Oil/Gas	il/Gas Pay Tubing Depth					
erforations							Depth Casing Shoe				
								Depth Cash	ig Snoe		
	7	UBING,	CASI	NG AND	CEMENTI	NG RECOR	D	1			
HOLE SIZE	CA	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
					 						
								 			
V. TEST DATA AND REQU	EST FOR A	LLOW	ABLE		<u> </u>			1	 		
OIL WELL (Test must be aft			of load	oil and must					ful 24	四) 智 P	
Date First New Oil Run To Tank	Date of Te	st			Producing M	ethod (Flow, pi	ump, gas lift, e	tc.)	R P &		
Length of Test	Tubing Pre	essure			Casing Press	ure		Cho 3 c		1000	
								OCT1 9 1993			
Actual Prod. During Test	Oil - Bbls.				Water - Bbls	-		Gas-MC IL CON. DI			
a.a					1			30	DIST	_	
Actual Fred. Test - MCF/D	Length of	Fast			100. 6	An Ich		10			
ricidal fred. Test - Metro	Cangar or	1 CM			Bois. Conde	nsale/MMCF		Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size				
VI. OPERATOR CERTIF	ICATE OF	COME	PLIA	NCE			IOEDV	ATION	D.), ((O))	~ · ·	
I hereby certify that the rules and ru	-					OIL COM	19EHV	AHON	אפואום	אוכ	
Division have been complied with is true and complete to the best of			en abov	'e		_		OCT 19	1993		
1. 11 .					Date	e Approve	iq			_	
Sennell E.	Today				D.		3.1) (hen!		
Signature KENNETH E. RODDY		PRESI	DENT		∥ By_		SHDEEN	1100000	ISTRICT	1.5	
Printed Name 10/18/93		25-575			Title	1	SUFER	VISOR DI	SIBICT	# 8	
Date				No		·					
		ide	ephone :	140.	11						

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

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



T LTR



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

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

•	1	OTRA	NSP	ORT OIL	AND NA	TURAL GA		DI NI-				
Operator RODDY PRODUCTION COMP							ı	ii api n o. 0-045-06350				
Address			EVIC	0.07/00	2221							
P. O. BOX 2221, FARMI Reason(s) for Filing (Check proper box)	NGTUN,	NEW M	EXIC	0 8/499-		t (Please expla	in)					
New Well		Change in										
Recompletion	Oil Casinghead	⊔ 1 Gas □	Dry G Conde									
change of operator give name					EYES TRU	ST						
address of previous operator					dido inc							
I. DESCRIPTION OF WELL A Lease Name	AND LEA		Pool N	Varne, Includir	g Formation		Kind o	Lesse	La	ase No.		
YOCKEY		1	l .		PICTUREI	CLIFFS		Federal or Fe	NMNMO	20496		
Location P	111	90		S	OUTH	and1190)		EAST			
Unit Letter	- : 		_ Feet F		Line	and		et From The	27.01	Line		
Section 20 Township	27N		Range	11W	, NI	мрм,	SAN	JUAN	· · · · · ·	County		
II. DESIGNATION OF TRAN	SPORTE	R OF O	IL AN	ND NATUI	RAL GAS							
Name of Authorized Transporter of Oil		or Conde	nsate		Address (Giv	e address to wh	iich approved	copy of this f	orm is to be se	nt)		
Name of Authorized Transporter of Casing	ghead Gas		or Dry	y Gas XX	Address (Giv	e address to wh	uch approved	copy of this f	orm is to be se	nt)		
	PASO NATURAL GAS CO. P. C						P. O. BOX 1492, EL PASO, TX 79978					
If well produces oil or liquids, give location of tanks.	Unit 	Sec.	Twp.	Rge.	Is gas actuali	y connected?	When	?				
f this production is commingled with that	from any oth	er lease or	pool, g	ive commingi	ing order num	ber:			· · · · · · · · · · · · · · · · · · ·			
V. COMPLETION DATA		Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Designate Type of Completion	- (X)		<u>.</u>	Out Well	l New Well	Workover	Depen	l lug Deck	Same Res v	L		
Date Spudded	Date Comp	ol. Ready to	o Prod.		Total Depth	·		P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas	Pay		Tubing Depth				
erforations								Depth Casing Shoe				
CITOLOGIS								Deput Cash	ig Silve			
	 				CEMENTI	NG RECOR	D	· · · · · · · · · · · · · · · · · · ·				
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT				
								ļ				
V. TEST DATA AND REQUES	ST FOR A	LLOW	ABLI		<u> </u>			<u></u>				
OIL WELL (Test must be after r	recovery of to	stal volume							£ fi 24 20	THE		
Date First New Oil Run To Tank	Date of Te	st			Producing M	ethod (Flow, pr	ump, gas lift, i			3 17 1		
Length of Test	Tubing Pre	ssure			Casing Press	ure		Choke Size OCT1 9 1993				
Actual Prod. During Test	Oil - Bbls.	-			Water - Bbis			Gas-MOIL CON. DIV.				
	0 20.0.								DIST.			
GAS WELL										. J		
Actual Prod. Test - MCF/D	Length of	Test			Bbls. Conde	nsate/MMCF		Gravity of	Condensate			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size				
					\ <u></u>							
VI. OPERATOR CERTIFIC						OIL CO	NSERV	ATION	DIVISIO	NC		
I hereby certify that the rules and regularision have been complied with and	that the info	rmation gi						CT 19				
is true and complete to the best of my	knøvledge a	nd belief.			Date	e Approve						
Sonnett E. Ko	My				_	•	7.	1 d				
Signature KENNETH E. RODDY		PRESI	DENT		∥ By_	·	المساع	100× =:	2222			
Printed Name 10/18/93	7	25-575	Title		Title	.	SUPER\	nsor di	STRICT	12		
Date			lephone	No.								
			barre		11							

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

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