

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
ILE	
S.D.E.	
AND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
LOCATION OFFICE	

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

SEP 16 1986

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

OIL CON. DIV.
DIST. 3

Walsh Engineering & Production Corporation

P.O. Drawer 419 Farmington, New Mexico 87499

Reason(s) for filing (Check proper box)

- ☐ New Well
☐ Recompletion
☐ Change in Ownership

Change in Transporter of:

- ☐ Oil ☐ Dry Gas
☐ Casinghead Gas ☐ Condensate

Other (Please explain)

Effective 7/15/86 change in
Operator from Lobo Production to
Walsh Engr. & Prod. Corp.

Change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Well Name Mesa Twin Mounds 36	Well No. 1	Pool Name, including Formation Undes. Gallup/Dakota	Kind of Lease Federal	Lease No. NM-27024
Location Unit Letter D : 790 Feet From The North Line and 990 Feet From The West Line of Section 30 Township 30N Range 14W, NMPM, San Juan County				

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> Giant Refining Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 256 Farmington, N.M. 87499
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> EPNG	Address (Give address to which approved copy of this form is to be sent) P.O. Box 990 Farmington, N.M. 87499
I well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rgs. D 30 30N 14W
Is gas actually connected?	When 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.

III. CERTIFICATE OF COMPLIANCE

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

FOR: Walsh Engineering & Prod. Corp.

ORIGINAL SIGNED BY
EWEEL N. WALSH

Ewell N. Walsh (Signature) President
Walsh Engr. & Prod. Corp.

7/18/86

(Title)

(Date)

OIL CONSERVATION DIVISION

APPROVED

BY

TITLE

SUPERVISOR DISTRICT 3

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

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

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

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

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

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

PROJECT NUMBER 100-1004-0133
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

NM-27024

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT" for such proposals.)

OIL WELL ☐ GAS WELL ☒ OTHER

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Mesa Twin Mounds

9. WELL NO.

30-1

10. FIELD AND POOL, OR WILDCAT

Unders. Gallup-Dakota

11. SEC., T., R., M., OR BLM. AND SURVEY OR AREA

Sec. 30-T30N-R14W

N.M.P.M.

12. COUNTY OR PARISH 13. STATE

San Juan

N.M.

1. NAME OF OPERATOR

WALSH ENGINEERING AND PRODUCTION CORPORATION

2. ADDRESS OF OPERATOR

P. O. Drawer 419 Farmington, New Mexico 87499

3. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface

790'FNL, 990'FWL

14. PERMIT NO.

15. ELEVATIONS (Show whether DE, RT, GR, etc.)

5505'

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF
FRACURE TREAT
SHOOT OR ACIDIZE

PULL OR ALTER CASING
MULTIPLE COMPLETION
ABANDON*
CHANGE PLANT

WATER SHUT-OFF
FRACURE TREATMENT
SHOOTING OR ACIDIZING
OTHER

REPAIRING WELL
ALTERING CASING
ABANDONMENT*

See Below

X

17. DESCRIBE PREVIOUS OR PENDING OPERATIONS (Clearly state all pertinent details and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertained to.)

This is a request for approval of an extension of shut in of March 3, 1992 for this well. Previous request was approved until March 3, 1992.

Conditions concerning the necessity of the shut in have not essentially changed since the approval of the previous request.

THIS APPROVAL EXPIRES MAR 03 1992

FOR: WALSH ENGR. & PROD. CORP.

18. I hereby certify that the foregoing is true and correct

SIGNED Paul C. Thompson
Paul C. Thompson

TITLE Engineer

(This space for Federal or State office use)

APPROVED BY
COMMISSIONER OF APPROVAL IF ANY

TITLE

DATE 2/18/92

APPROVED

DATE

FEB 28 1992

AREA MANAGER

*See Instructions on Reverse Side

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

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

Form C-104
Revised 10-01-78
Format 08-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

MAY 15 1984
OIL CON. DIV.
DIST. 3

Operator Lobo production

Address PO Box 2364 Farmington, NM 87499

Reason(s) for filing (Check proper box)

<input checked="" type="checkbox"/> New Well	Change in Transporter of:	Other (Please explain)
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<u>Temp. approval til 6-30-84</u> To add condensate transporter
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	
	<input type="checkbox"/> Dry Gas	
	<input type="checkbox"/> Condensate	

change of ownership give name
and address of previous owner _____

DESCRIPTION OF WELL AND LEASE

Lease Name <u>Mesa Twin Mounds</u>	Well No. <u>1</u>	Pool Name, Including Formation <u>Basin Dakota</u>	Kind of Lease State, Federal or Fee <u>Federal</u>	Lease No. <u>NM27024</u>
Location Unit Letter <u>D</u> : <u>790'</u> Feet From The <u>North</u> Line and <u>990'</u> Feet From The <u>West</u>				
Line of Section <u>30</u> Township <u>30N</u> Range <u>14W</u> , NMPM, San Juan County				

I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Giant Refinery</u>	Address (Give address to which approved copy of this form is to be sent) <u>PO Box 256 Farmington NM 87499</u>	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>El Paso Natural Gas Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 990 Farmington NM 87499</u>	
Well produces oil or liquids, or location of tanks.	Unit <u>D</u>	Sec. <u>30</u> Twp. <u>30N</u> Rge. <u>14W</u>
Is gas actually connected?		When

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.

CERTIFICATE OF COMPLIANCE

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

R. E. Janssen
(Signature)
Operator
(Title)
10-84
(Date)

Temporary OIL CONSERVATION DIVISION
APPROVED MAY 15 1984, 19_____
BY Original Signed by FRANK T. CHAVEZ
TITLE SUPERVISOR DISTRICT # 3

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

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

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

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

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