

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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

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

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Lobo Production

Address PO Box 2364 Farmington, New Mexico 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	Gas Line hook up
<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

Well Name <u>MESA Twin Mounds 31</u>	Well No. <u>1</u>	Pool Name, including Formation <u>/Basin Dakota</u>	Kind of Lease <u>State, Federal or Fee Federal</u>	Lease No. <u>NM27024</u>
Location Unit Letter <u>D</u> : <u>990</u> Feet From The <u>FNL</u> Line and <u>940'</u> Feet From The <u>FWL</u>				
Line of Section <u>31</u> Township <u>30N</u> Range <u>14W</u> , NMPM, San Juan County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

One of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Midwest Refining Co.</u>	<u>Farmington NM</u>
One of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>El Paso Natural Gas</u>	<u>Petroleum Club Plaza, Farmington, NM 87401</u>
well produces oil or liquids, or location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
<u>D</u> <u>31</u> <u>30N</u> <u>14W</u>	<u>no</u> <u>8-21-84</u>

his production is commingled with that from any other lease or pool, give commingling order number: DHC 482

NOTE: Complete Parts IV and V on reverse side if necessary.

CERTIFICATE OF COMPLIANCE

Subv 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  
knowledge and belief.

R. E. Craun  
(Signature)

Operator

8-10-84  
(Date)

OIL CONSERVATION DIVISION  
9-10-84  
APPROVED SEP 10 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 allow-  
able 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.

RECEIVED  
AUG 14 1984  
CON. DIV.  
FILES

#### IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resrv.	Diff. Resrv.
		X							
Date Spudded 413-84	Date Compl. Ready to Prod. 5-10-84	Total Depth 5618		P.B.T.D. 5536					
Elevations (DF, RKB, RT, GR, etc.) 5344 GR	Name of Producing Formation BAsin Bakota	Top Oil/Gas Pay 5402		Tubing Depth 5246'					
Perforations 5402' 5496'				Depth Casing Shoe					

#### TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/2	8 5/8"	214'	140 sks B 165.2 Cuft.
7 7/8	5 1/2"	5611"	400 sks C 1 B 544.0 Cuft
			200 sks C 1 B 320.0 Cft
			100 sks C 1 B 118.0 Cuft

#### 7. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of lead oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

#### AS WELL

Actual Prod. Test - MCF/D \$) 40 MCFPD	Length of Test 12 hrs.	Bbls. Condensate/MCF 202/ 40 mcf	Gravity of Condensate 43
Testing Method (pilot, back pr.) Back Pr.	Tubing Pressure (Shut-in) 0	Casing Pressure (Shut-in) 650	Choke Size 2" tubing

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

**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 Form 9-331-C for such proposals.)

1. oil ☐ well ☒ gas ☐ well ☒ other ☐  
2. NAME OF OPERATOR  
LOBO PRODUCTION  
3. ADDRESS OF OPERATOR  
P.O. Box 2364, Farmington, New Mexico  
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: 790' FNL 990' FWL  
AT TOP PROD. INTERVAL: Same  
AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐  
FRACTURE TREAT ☐  
SHOOT OR ACIDIZE ☐  
REPAIR WELL ☐  
PULL OR ALTER CASING ☐  
MULTIPLE COMPLETE ☐  
CHANGE ZONES ☐  
ABANDON\* ☐

☐  
☐  
☐  
☐  
☐  
☐  
☐  
☐

(other) Duel Complete

RECEIVED

DEC 07 1983

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

BUREAU OF LAND MANAGEMENT  
FARMINGTON RESOURCE AREA

Revised Report

17. DESCRIBE PROPOSED OR COMPLETED 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 pertinent to this work.)\*

11-13- Pulled 2 3/8" tubing. Cleaned out 60' of sand to Retrievable Bridge Plug.  
11-14- Ran Baker Model "D" Production Packer and set at 5200' KB. Ran 1 joint 1 1/2", J55, 2.49#. IJ tubing, Seating nipple 10 joints of tubing, Baker seal assembly 2/ locator sub, 161 joints of tubing with 24' of subs. Landed with bottom of tubing at 5555' KB.  
11-15- Ran 157 joints, 2 1/16", 3.25#, WP55, IJ tubing and landed at 5152'. Seating nipple 5120'.

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED E. Leuninger TITLE Operator DATE 12-4-83

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

DEC 07 1983

FARMINGTON RESOURCE AREA

BY E. Leuninger

\*See Instructions on Reverse Side

NMCCC

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

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 Form 9-331-C for such proposals.)

1. oil ☒ well ☐ gas well ☐ other ☐
2. NAME OF OPERATOR  
Lobo Production
3. ADDRESS OF OPERATOR  
PO Box 2364, Farmington, NM 87499
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: 790' FNL 990' FWL  
AT TOP PROD. INTERVAL:  
AT TOTAL DEPTH: Same
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:

- |                      |                          |                          |
|----------------------|--------------------------|--------------------------|
| TEST WATER SHUT-OFF  | <input type="checkbox"/> | <input type="checkbox"/> |
| FRACTURE TREAT       | <input type="checkbox"/> | <input type="checkbox"/> |
| SHOOT OR ACIDIZE     | <input type="checkbox"/> | <input type="checkbox"/> |
| REPAIR WELL          | <input type="checkbox"/> | <input type="checkbox"/> |
| PULL OR ALTER CASING | <input type="checkbox"/> | <input type="checkbox"/> |
| MULTIPLE COMPLETE    | <input type="checkbox"/> | <input type="checkbox"/> |
| CHANGE ZONES         | <input type="checkbox"/> | <input type="checkbox"/> |
| ABANDON*             | <input type="checkbox"/> | <input type="checkbox"/> |

(other) Comingle Gallup Dakota

17. DESCRIBE PROPOSED OR COMPLETED 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 August 9, 1984 Moved on location and rigged up. Bled well down. Unseat pump on Gallup and pulled out of hole. Halliburton killed Dakota and Gallup with 30 bbls water each. Install BOP. Secured Dakota side and shut down for night.

August 10, 1984 Dakota shut in with 1100 psig. Bled down to 500 psig and killed with 35 bbls water. Pulled 2-1/16" Gallup string. Pumped 35 bbls water down Gallup annulus. Removed BOP and change over spool and Huber tubing head. Installed BOP. Pulled 1-1/2" IJ Dakota string, seal assembly and layed down (layed down 171 joints total). Ran 157 joints 2-1/16" IJ tubing, change over (1-1/2" EUE 10 rd x 2-3/8" EUE) and 20 joints 2-3/8" tubing. Landed with bottom of tubing at 5746.11' KB. Nipple down BOP and Nipple up wellhead. Ran pump and 5/8" rod string. Spaced out and checked for pump action. Sucked sand into pump and stuck. Tried to pull free, but unable. Shut down for night.

SIGNED [Signature] DATE 8-16-84

(This space for Federal or State office use)

APPROVED BY: [Signature] TITLE [Signature] DATE [Signature]

CONDITIONS OF APPROVAL, IF ANY:

SEP 10 1984  
OIL CON. DIV.  
DIST. 3

\*See Instructions on Reverse Side

MOCCG

ACCEPTED FOR RECORD

SEP 07 1984  
FARMINGTON RESOURCE AREA  
BY 673

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

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 Form 9-331-C for such proposals.)

1. oil ☒ well gas ☒ well other ☐  
2. NAME OF OPERATOR  
LOBO PRODUCTION  
3. ADDRESS OF OPERATOR  
P.O. Box 2364, Farmington, New Mex.  
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: 790' FNL 990' FWL  
AT TOP PROD. INTERVAL: Same  
AT TOTAL DEPTH: Same

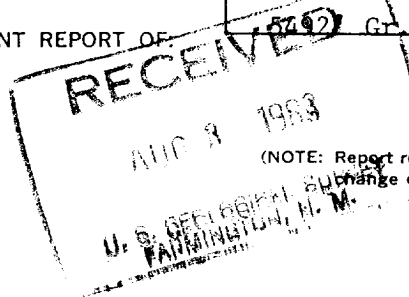
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF ☐  
FRACTURE TREAT ☐  
SHOOT OR ACIDIZE ☐  
WELL ☐  
PULL OR ALTER CASING ☐  
MULTIPLE COMPLETE ☐  
CHANGE ZONES ☐  
ABANDON\* ☐  
(other) ☐

SUBSEQUENT REPORT OF

☐  
☒  
☒  
☐  
☐  
☐  
☐  
☐  
☐



5. LEASE  
NM-27024  
6. IF INDIAN, ALLOTTEE OR TRIBE NAME  
NA  
7. UNIT AGREEMENT NAME  
NA  
8. FARM OR LEASE NAME  
Mesa Twin Mounds-30  
9. WELL NO.  
#1  
10. FIELD OR WILDCAT NAME  
Wild cat Gallup  
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Sec. 30, T 30N, R 14W  
12. COUNTY OR PARISH  
San Juan  
13. STATE  
New Mex.  
14. API NO.  
15. ELEVATIONS (SHOW DF, KDB, AND WD)  
5782' Gr (5505' KB)

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

17. DESCRIBE PROPOSED OR COMPLETED 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 pertinent to this work.)\*

Change Plug Back TD to: 5782' : First Production 7-18-83

7-13-83- Spot 500 gal. 10% Acidic acid, Perforate Gallup 4729'- 5161' with 26-0.38 holes.

7-14-83--Acidize 500 gal 10% Acidic, Frac 2/230,000# 20/40 sd in 45,000 gal KCL water and 2.51 million SCF Nitrogen. Ran tubing to 4730'KB.

7-15-83- 7-17-83--Flowed Gallup to pit on 1/2" choke to clean up

7-18-83-7-25-83--Flowed Gallup to Frac tank on 1/2" choke

7-26-83--Flow tested 24 hours, Produced 45 BO, OBW, 150 MCFPD (Est.)

7-26-83-7-29-83--Shut in to connect production unit and tank battery.

7-30-83--to Present-- Flowed thru production unit.

Dakota Shut in below Retreivable Bridge Plug at 5400'  
Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED [Signature] TITLE Operator DATE 8-3-83

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE

ACCEPTED FOR RECORD

AUG 03 1983

\*See Instructions on Reverse Side

OIL CON. DIV.  
DIST. 3  
NMOCC

FARMINGTON RESOURCE AREA  
FARMINGTON, NEW MEXICO  
BY [Signature]

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

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 Form 9-331-C for such proposals.)

1. oil ☒ well ☐ gas well ☐ other

2. NAME OF OPERATOR  
Lobo Production

3. ADDRESS OF OPERATOR  
PO Box 2364, Farmington, NM 87499

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: 790' FNL 990' FWL  
AT TOP PROD. INTERVAL:  
AT TOTAL DEPTH: Same

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐  
FRACTURE TREAT ☐  
SHOOT OR ACIDIZE ☐  
REPAIR WELL ☐  
PULL OR ALTER CASING ☐  
MULTIPLE COMPLETE ☐  
CHANGE ZONES ☐  
ABANDON\* ☐

(other) Complete Gallup Dakota

5. LEASE  
NM 27024  
6. IF INDIAN, ALLOTTEE OR TRIBE NAME  
N/A  
7. UNIT AGREEMENT NAME  
8. FARM OR LEASE NAME  
Mesa-Twin Mounds  
9. WELL NO.  
10. FIELD OR WILDCAT NAME  
Wildcat Gallup/Basin Dakota  
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Sec. 30, T30N, R14W  
12. COUNTY OR PARISH  
San Juan  
13. STATE  
New Mexico  
14. API NO.  
15. ELEVATIONS (SHOW DF, KDB, AND WD)  
5505'

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

17. DESCRIBE PROPOSED OR COMPLETED 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 pertinent to this work.)\*

August 11, 1984 Backed off rod string and pulled out of hole. Stripped tubing out of hole. Repaired pump. Ran 2-1/16" tubing back in hole (156 joints) and 18 joints 2-3/8" tubin. Landed tubing with bottom at 5654.18' KB. Removed BOP and nipped up wellhead. Ran pump and spaced out. Hung on pump jack and checked pump action. Good. Cleaned location and shut down. Shut well in for weekend.

August 13, 1984 Rigged down rig and moved off location. Roustabouts replumbed wellhead flowline. Started pumping.

Subsurface Safety Valve: Manu. and Type

Set @ \_\_\_\_\_ Ft.

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

SIGNED

*[Signature]*

DATE

8-16-84

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY

SEP 10 1984

OIL CON. DIV.  
DIST. 3

\*See Instructions on Reverse Side

NMOCC

ACCEPTED FOR RECORD

SEP 07 1984

FARMINGTON RESOURCE AREA

RY 63915