

OIL CONSERVATION DIVISION

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

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

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator A.P.A. Development, Inc.		Well API No. 300451116000S1
Address P.O. Box 215, Cortez, CO 81321		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	<input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Navajo "P"	Well No. 4	Pool Name, Including Formation Many Rocks Gallup	Kind of Lease State, Federal or Fee Navajo	Lease No. 14-20-600-3540
Location				
Unit Letter L	: 660	Feet From The West	Line and 1980	Feet From The South
Section 35	Township 32N	Range 17W	NMPM,	San Juan County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Gary-Williams Energy Corporation	370 - 17th St., Ste 5300, Denver, CO 80202-5653					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 34	Twp. 32N	Rge. 17W	Is gas actually connected?	When ?

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.D.T.D.			
Elevations (DF, RKB, RI, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load 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 Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size DEC 1 4 1993
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF OIL CON. DIV

DIST. 3

GAS WELL

Actual Prod. Test - MMCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR 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 above is true and complete to the best of my knowledge and belief.

Signature  
Patrick Woosley  
Printed Name  
12/6/93  
Date  
Operator  
Title  
303-565-2458  
Telephone No.

OIL CONSERVATION DIVISION

Date Approved  
DEC 1 4 1993

By  
SUPERVISOR DISTRICT #3  
Title

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.

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

FORM APPROVED  
Budget Bureau No. 1004-0135  
Expires: March 31, 1993

**SUNDRY NOTICES AND REPORTS ON WELLS**

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.  
Use "APPLICATION FOR PERMIT—" for such proposals

5. Lease Designation and Serial No.  
**14-20-600-3540**

6. If Indian, Allottee or Tribe Name  
**Navajo Tribe**

7. If Unit or CA, Agreement Designation

8. Well Name and No.  
**4 Navajo P**

9. API Well No.  
**30045 11160**

10. Field and Pool, or Exploratory Area

11. County or Parish, State  
**San Juan, NM**

**SUBMIT IN TRIPLICATE**

1. Type of Well  
☐ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator **APA Development Corp.**  
**% NMOCO**

3. Address and Telephone No.  
**1000 Rio Brazos Rd. Aztec NM 87410 334-6128**

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)  
**35-32N-17W 1980/5-660/W**

**12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA**

**TYPE OF SUBMISSION**

- ☒ Notice of Intent  
☐ Subsequent Report  
☐ Final Abandonment Notice

**TYPE OF ACTION**

- ☒ Abandonment  
☐ Recompletion  
☐ Plugging Back  
☐ Casing Repair  
☐ Altering Casing  
☐ Other \_\_\_\_\_
- ☐ Change of Plans  
☐ New Construction  
☐ Non-Routine Fracturing  
☐ Water Shut-Off  
☐ Conversion to Injection  
☐ Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. 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.)\*

**See attached plugging procedure.**

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

Signed **NMOCO Contract Plugging** Date **8/11/00**

(This space for Federal or State office use)

Approved by \_\_\_\_\_  
Conditions of approval, if any:

Title \_\_\_\_\_

Date **8/17/00**

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

**\*See Instruction on Reverse Side**

**NMOCO**

API NUMBER 30-045-11160

230 111 11 11 11 11

OPERATOR NAME APA DEVELOPMENT CORP

WELL NUMBER

4

PROPERTY NAME NAVAJO P

SECTION 35 TOWNSHIP 32N

RANGE 17W

FOOTAGE 1980 FSL 660 FWL UL "L"

Sur Csg OD NA HOLE	7 5/8	XX			XX
SUR CSG TD	28	XX			XX
SUR CSG WT	17.7	XX			XX
TOP OF CMT	0	XX			XX
ACTUAL		XX			XX
CACULATED	10SX	XX			XX
PROD CSG OD 6 1/4	4 1/2	XX			XX
PROD CSG TD	1681	XX			XX
PROD CSG WT	9.5	XX			XX
TOP OF CMT	826	XX	XX	XX	XX
FORMATION TOP	ACTUAL	EST	XX	XX	
GALLUP 1295'	CACULATED	100SX	XX	XX	
MANCOS 165	PERF TOP	1622	XX	XX	
	PERF BOTTOM	1629	XX	XX	
	PACKER		XX	XX	
	TYPE OF PLUG		XX	XX	
	CIBP & CMT		XX	XX	
	CMT		XX	XX	
			XX	XX	

### PROPOSED PLUGGING OPERATION

MIRU PU, BOPE, TOOH W/RODS & TUBING, PICK UP WORK STRING, CIRC HOLE  
SPOT 14 SX PLUG @1345-1195 WOC TAG, FILL AS REQUIRED,  
PERF @ 218', PUMP 32 SX 218-118, 18 SX OUTSIDE CSG, 14 SX INSIDE CSG  
PERF AT 78' CIRC CEMENT TO SURFACE, EST 17 SX  
CUT OFF WELLHEAD, INSTALL P&A MARKER, DIG AND CUT ANCHORS  
Close pits according to guidelines: Clean and level location

