

TRANSMITTAL COVER SHEET

**OIL CONSERVATION DIVISION
ENGINEERING BUREAU
(505) 827-7131 (OFFICE)
(505) 827-1389 (FAX)**

PLEASE DELIVER THIS FAX TO:

TO: Jeff Patton - Cross Timbers
FROM: Kathy Valdes
SUBJECT: NSL-4390
DATE: 1/18/00
PAGES: 1

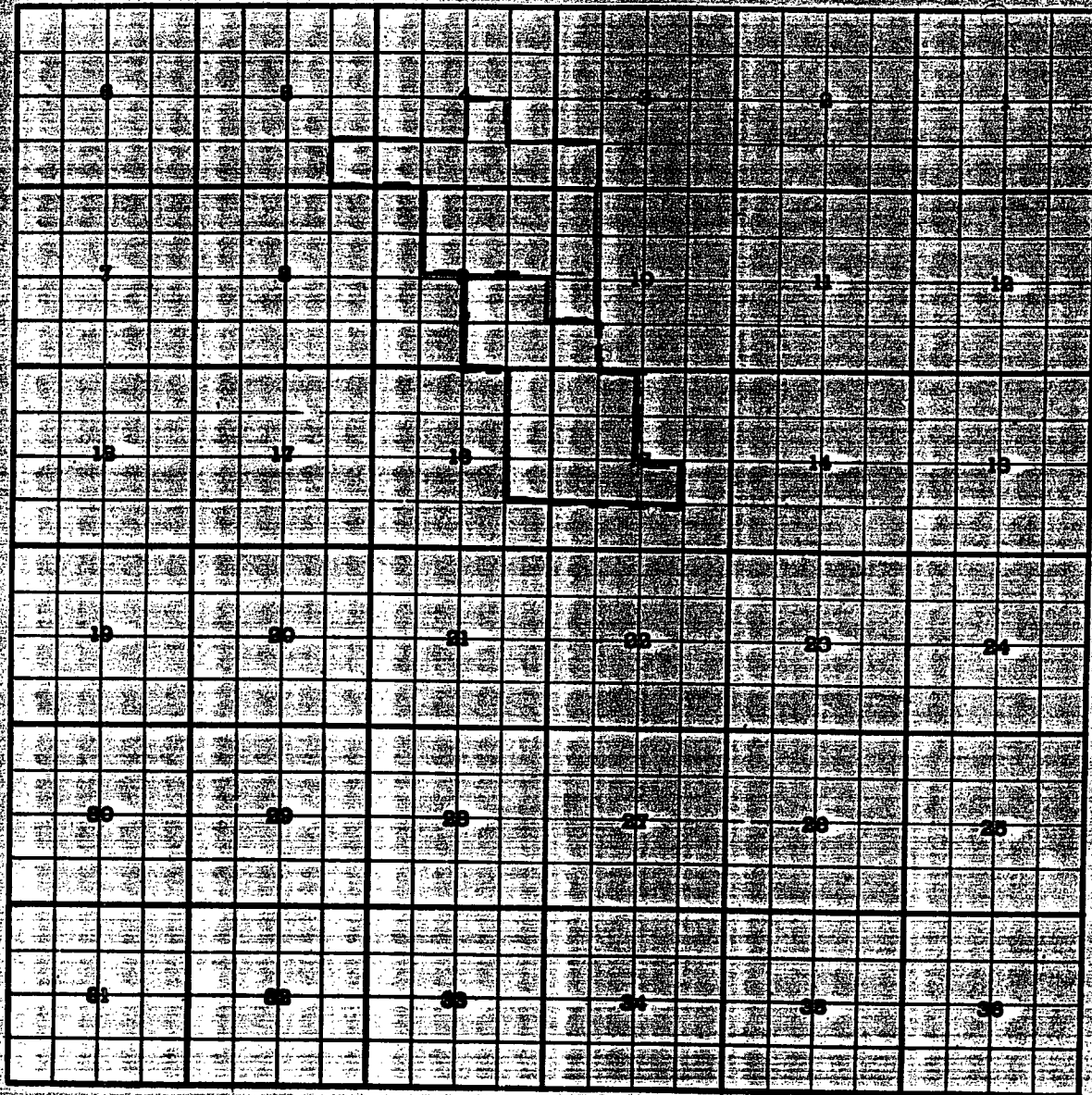
**IF YOU HAVE ANY PROBLEMS RECEIVING THIS FAX, PLEASE CALL THE
OFFICE NUMBER ABOVE.**

County SAN JUAN

Pool BACA-GALLUP D.I.U.

TOWNSHIP 26 N South, RANGE 8 W West

NEW MEXICO PRINCIPAL MERIDIAN



DESC: SEC 3: $\frac{SW}{4} \frac{SW}{4}$; SEC 4 $\frac{NW}{4} \frac{SE}{4} + \frac{S}{2} \frac{S}{2}$; SEC 5: $\frac{SE}{4} \frac{SW}{4}$; SEC 9: $\frac{NE}{4} + \frac{E}{2} \frac{NW}{4}$;
 SEC 10: $\frac{W}{2} \frac{NW}{4} + \frac{NW}{4} \frac{SW}{4}$ (R-8713, 8/12/88)
 Exc: $\frac{SE}{4}$ Sec. 9, $\frac{SW}{4} \frac{SW}{4}$ Sec. 10, $\frac{NW}{4}$, $\frac{N}{2} \frac{SW}{4}$, and $\frac{NW}{4} \frac{SE}{4}$ Sec. 15, $\frac{E}{2} \frac{NE}{4}$ and $\frac{NE}{4} \frac{SE}{4}$
 Sec. 16 (R-10643, 8-19-96)

CMD : ONGARD 01/13/00 11:58:43
OG6IWCM INQUIRE WELL COMPLETIONS OGOMES -TPG7

API Well No : 30 45 11782 Eff Date : 01-01-1998 WC Status : A
Pool Idn : 71599 BASIN DAKOTA (PRORATED GAS)
OGRID Idn : 167067 CROSS TIMBERS OPERATING COMPANY
Prop Idn : 22608 FLORANCE

Well No : 068
GL Elevation: 6744

	U/L	Sec	Township	Range	North/South	East/West	Prop/Act (P/A)
B.H. Locn	: O	20	27N	08W	FTG 1190 F S	FTG 2510 F E	P

Lot Identifier:

Dedicated Acre: 320.00

Lease Type : F

Type of consolidation (Comm, Unit, Forced Pooling - C/U/F/O) :

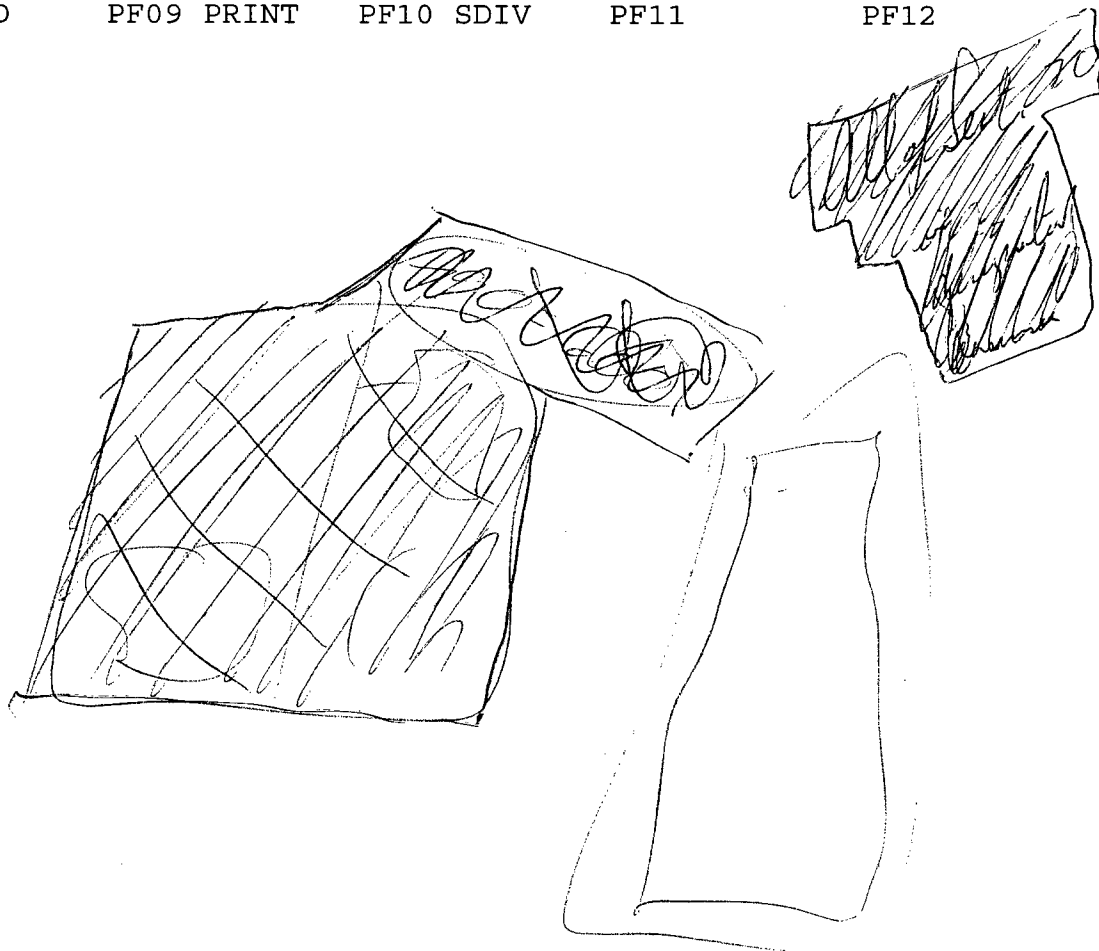
M0025: Enter PF keys to scroll

PF01 HELP	PF02	PF03 EXIT	PF04 GoTo	PF05	PF06
PF07	PF08	PF09	PF10 NEXT-WC	PF11 HISTORY	PF12 NXTREC

CMD :
OG5SECTONGARD
INQUIRE LAND BY SECTION01/13/00 11:58:18
OGOMES -TPG7
PAGE NO: 2

Sec : 20 Twp : 27N Rng : 08W Section Type : NORMAL

L 40.00 Federal owned	K 40.00 Federal owned A <i>NM03380</i>	J 40.00 Federal owned <i>NM03380</i>	I 40.00 Federal owned
M 40.00 Federal owned	N 40.00 Federal owned	O 40.00 Federal owned <i>NM03380</i> A A	P 40.00 Federal owned A

PF01 HELP
PF07 BKWDPF02
PF08 FWDPF03 EXIT
PF09 PRINTPF04 GoTo
PF10 SDIVPF05
PF11PF06
PF12

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.

FORM APPROVED
Budget Bureau No. 1004-0135
Expires November 30, 2000

5. Lease Serial No.

NMNM-0003380

6. If Indian, Allottee or Tribe Name

7. If Unit or CA/Agreement, Name and/or N

8. Well Name and No.

Florance #68

9. API Well No.

30-045-11782

10. Field and Pool, or Exploratory Area
Basin Dakota

11. County or Parish, State

San Juan NM

SUBMIT IN TRIPLICATE - Other instructions on reverse side

1. Type of Well

☐ Oil Well ☒ Gas Well ☐ Other

2. Name of Operator

Cross Timbers Operating Company

3a. Address

2700 Farmington Ave., Bldg. K. Ste 1 Farmington, NM 87401

3b. Phone No. (include area code)

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

1,190' FSL & 2,510' FEL, Unit 0, Sec 20, T27N, R08W

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

TYPE OF SUBMISSION

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

TYPE OF ACTION

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Acidize | <input type="checkbox"/> Deepen | <input type="checkbox"/> Production (Start/Resume) | <input type="checkbox"/> Water Shut-Off |
| <input type="checkbox"/> Alter Casing | <input type="checkbox"/> Fracture Treat | <input type="checkbox"/> Reclamation | <input type="checkbox"/> Well Integrity |
| <input type="checkbox"/> Casing Repair | <input type="checkbox"/> New Construction | <input checked="" type="checkbox"/> Recomplete | <input type="checkbox"/> Other |
| <input type="checkbox"/> Change Plans | <input type="checkbox"/> Plug and Abandon | <input type="checkbox"/> Temporarily Abandon | |
| <input type="checkbox"/> Convert to Injection | <input type="checkbox"/> Plug Back | <input type="checkbox"/> Water Disposal | |

13. Describe Proposed or Completed Operation (clearly state all pertinent details, including estimated starting date of any proposed work and approximated duration thereof. If the proposal is to deepen directionally or recompleat horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompleat in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the final site is ready for final inspection.)

Cross Timbers is requesting approval to open addition pay in the Gallup formation. A copy of the recompleat procedure is enclosed for you review. Cross Timbers is planning to start this project by the end of the year.

Rule 104. D(1)

HOLD 0104 FOR C-102 w/4000
USL

14. I hereby certify that the foregoing is true and correct
Name (Printed/Typed)

Jeffrey W. Patton

Title

Production Engineer

Date

11/18/99

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by

Title

Date

12/1/99

Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.

Office



Florance #68

OAP in the GALLUP WORKOVER PROCEDURE

WI - 100.0000%
NRI - 67.5000%

Casing: Surface: 8-5/8", 24.0# csg @ 1,004' KB.
Long String: 4 -1/2", 10.50# & 11.6# csg @ 7,460' KB. DV tools @ 2,888' KB & 5,298' KB. Cmt'd 1st stg w/150 sx class "C" w/7#/sx salt & 1.0% CFR-2. CBL showed no bond over the interval fr/7,210-6,800'. CBL showed good bond fr/6,800'-6,650'. Bond log ended @ 6,650'. Cmt'd 2nd stg w/200 sx class "B" w/10% gel, 0.4% HR-7 & 1/2#/sx Flocele. TOC not reported. Cmt'd 3rd stg w/550 sx class "B" w/10% gel, 0.4% HR-7 & 1/2#/sx Flocele. TOC not reported.

Perforations: Dakota fr/7,212'-22', 7,281'-89', 7,373'-76' & 7,384'-90'. (3 JSPF).

Tubing: 235 jts 2-3/8", 4.7#, J-55, EUE, 8rd tbg & "F" nipple. Landed EOT @ 7,348' KB. FN @ 7,344' KB.

Current Status: Dakota currently flwg @ 20 MCFPD & 0.5 BOPD.

Objective: Temporarily plugback the Dakota & OAP in the Gallup.

1. Test anchors on location.
2. MIRU PU, pmp & pit. Fill pit w/2% KCl wtr. MI \pm 10 jts of inspected and press tstd yellow band 2-3/8", 4.7#, J-55, EUE, 8RD tbg. Check and record tubing, casing and bradenhead pressures. Record production & pit tank gauges on gauge sheet. Report ending oil gauge for the Dakota to Cheryl Moore @ CTOC office.
3. Blow down well and kill w/2% KCl wtr if necessary.
4. ND WH. NU and pressure test BOP's.
5. TIH w/tbg & check for fill (PBTD @ 7,410' KB). PU tbg as required. TOH w/tbg. Tally & visually inspect tbg while TOH. Replace tbg as needed.
6. MIRU WL trk. RIH w/GR, & CCL log fr/7,320' to 2,500'. Correlate collars to the gamma ray from the Schlumberger Formation Density Log dated 7/01/66.
7. RIH & set 4-1/2" Owen CIBP (dressed for 11.6# csg) @ \pm 7,155'. Csg collars @ 7,139' & 7,171'. RD WL.
8. PT csg & CIBP to 1,000 psig for 5".

- If csg & CIBP will not tst, TIH w/4-1/2" model "C" fullbore (dressed for 11.6# csg) or equivalent pkr to CIBP. Tag CIBP to check depth. PU & set pkr. PT CIBP to 4,000 psig. PT TCA to 1,000 psig for 5".



Cross Timbers Operating Company

If TCA holds OK, then walk it up to 3,000 psig for 5". If TCA will not tst, then hunt for hole while TOH. Report results to CTOC Farmington office ASAP. Farmington office will review the situation for economic justification and will either specify a squeeze procedure or will SD operations.

- If csg & CIBP hold (to 1,000 psig) OK, then walk up to 3,000 psig for 5".
9. If the pressure test is acceptable, RU WL to perf the Gallup w/3-1/8" HSC select fire gun as follows: 6,596', 92', 84', 78', 72', 66', 60', 54', 40', 34', 28', 22', 16', 10', 02', 6,498', 93', 84', 76', 70', 64', 16', 12' & 08' (1 JSPF, 24 holes ttl, 12 gram charge). RD WL.
 10. PU & TIH w/SAP or Stradaset pkr ass'bly & 2-3/8" tbg. Hydro-tst tbg to 5,000 psig while TIH. The straddle pkr ass'bly needs to be run with the correct size of nipples & SV's for injection, retrieval and swabbing. If possible, install SV's @ the surface to insure vlvs are seated. If possible, tst the pkr ass'bly above top perf (@ 6,408') in blank pipe to 4,000 psig w/acid trk.
 11. RU acid crew. Use 60' of acid injection hose if possible. PU & straddle the btm perf @ 6,596'. Spot acid to end of tool. BD perf w/1 bbl 15% HCl acid (w/appropriate additives). Record rate, pressure & ISIP (if possible) for each perf. Rel tool & PU to next perf. Repeat the operation w/1 bbl of acid. Continue to repeat this operation for all 24 perfs. $\pm 1,000$ gals of 15% HCl acid will be required. Flush the last acid stg w/2% KCl wtr, if all acid has been pumped. If perfs communicate while acidizing move to the next setting. **Max pressure for BD is 4,000 psig.**
 12. PU w/the pkr ass'bly above the top perf (@ 6,408'). Fish SV(s). Bullhead any remaining acid w/2% KCL wtr. EIR into all perfs @ max press (4,000 psig) if possible. Record rate, pressure & ISIP, 5" SIP, 10" SIP & 15" SIP for the entire interval. RD acid crew.
 13. RU swab. Swab tst the interval for 2 hrs. Record the amount of fluid recovered. Also indicate the color and consistency of the fluid being recovered. Save samples of fluid recovered for testing. RD swab.
 14. TOH & LD pkr ass'bly. ND BOP. Kill well w/2% KCl wtr as needed. Install CTOC's 4" FO frac vlv. Contact Ron @ Stinger Wellhead for x-overs, spools or companion flanges as needed.
 15. RU frac crew. Frac the Gallup w/100,000 gals 20#, x-linked, gelled 2% KCl wtr carrying 115,000# 20/40 mesh Brady sd @ 40 BPM & 3,000 psig (max) dwn csg as follows:



Cross Timbers Operating Company

Stg		Stg Volume	Sd Conc	Fluid	Proppant Vol.
1	Pad	30,000 gals		20#, x-linked, gelled 2% KCl wtr	
2	SLF	25,000 gals	1 ppg	20#, x-linked, gelled 2% KCl wtr	25,000#
3	SLF	45,000 gals	2 ppg	20#, x-linked, gelled 2% KCl wtr	90,000#
4	Flush	±4,000 gals		Linear gelled 2% KCl wtr	

16. SWI for 2 hrs to allow gel to break. After 1 hr of SI, RU WL. Lubricate in hole w/temp survey. Survey fr/5,300' to btm perf. RDMO WL. Continue to leave well SI until the 2 hrs has passed. Flow well back until dead. Use ck if required. Record pressure hourly.
17. TIH w/notched collar, SN & 2-3/8" tbg. Tag sd. CO sd fill to top of CIBP (@ ±7,155'). A pmp bailer may be required to CO sd fill. Do not use air/foam unit unless absolutely necessary. DO NOT DRILL OUT CIBP.
18. Land the 2-3/8" production tbg @ ±6,350' KB.
19. ND BOP. NU WH. RU swab. Swab well to pit. Gauge production. Once well can produce & stay unloaded, RWTP dwn sales. Sell gas through Dakota separator & mtr run. Notify Vern Thomas that RTU & mtr will need to be adjusted accordingly.
20. RDMO PU. RU SU if necessary.
21. RWTP as soon as possible.

Approvals: _____

[Signature] 7/29/99

FLORANCE #68 WELLBORE DIAGRAM

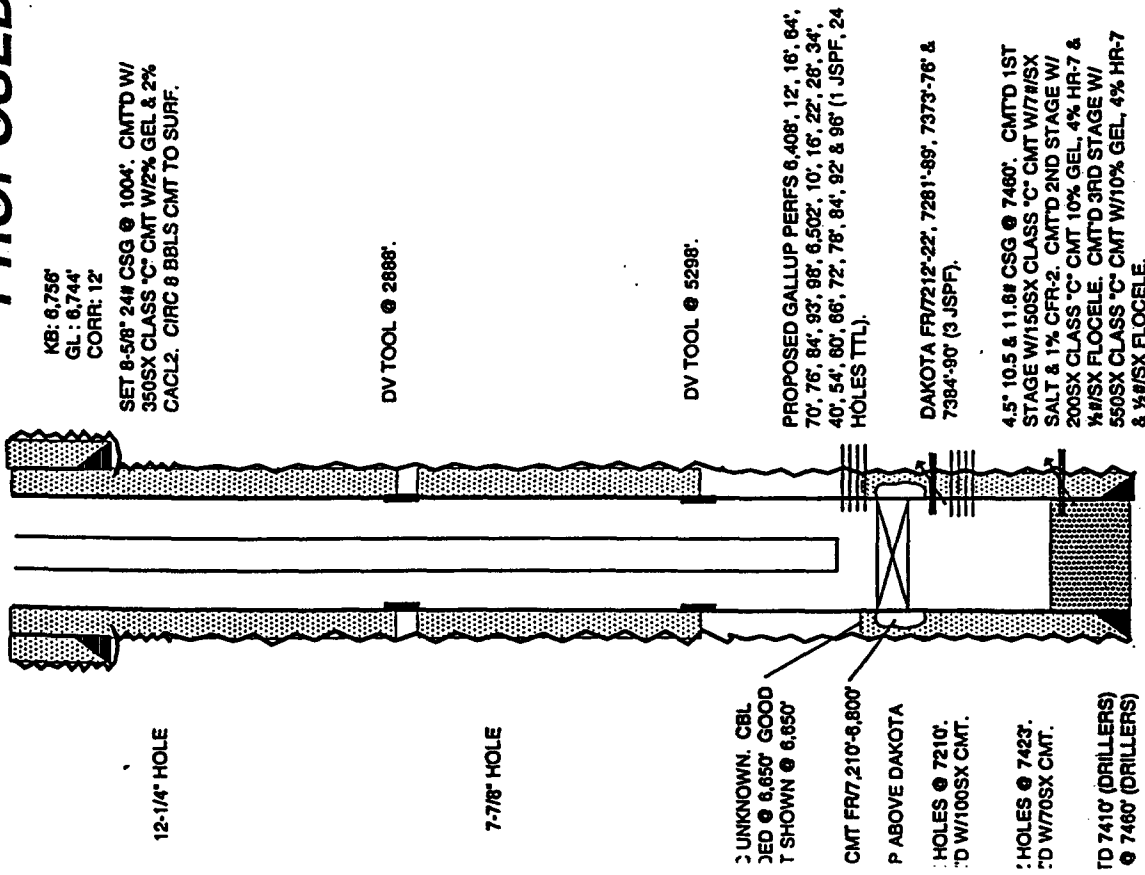
PROPOSED

DATA

LOCATION: 1190' FSL, 2510' FEL, UNIT O SEC 20 T27N R8W
COUNTY/STATE: SAN JUAN, NEW MEXICO
FIELD: BASIN DAKOTA
FORMATION: DAKOTA
NM LEASE#: NM-03380 API#: 300451178200 CTQC WELL#: 70288
SPUD DATE: 6/14/66 COMPLETION DATE: 7/12/66
IP: F. 2839 (AOF) MCFPD (8/5/66).
PRODUCTION METHOD: FLWG
TUBING STRING: 2-3/8" 4.7# J-55 EUE TBG & B&R "F" NIPPLE. LANDED TBG @ 7348'. FN @ 7348'.
PERFS: DAKOTA FR/7212'-22', 7281'-89', 7373'-76' & 7384'-90'.

HISTORY

06/14/66 BRINKERHOFF DRLG CO SPUNDED 12-1/4" HOLE FOR TENNECO OIL CO. GL: 6,744'.
06/15/66 SET 8-5/8" 24# CSG @ 1,004'. CMTD W/350SX CLASS "C" CMT W/2% GEL & 2% CACL2.
CIRC 8 BBLs CMT TO SURF.
07/01/66 REACHED TD OF 7-7/8" HOLE @ 7,460'.
07/02/66 RAN SCHLUMBERGER OH LOGS. SET 4.5", 10.5 & 11.6# CSG @ 7,460'. DV TOOLS @ 5,298' & 2,888'. CMTD 1ST STAGE W/150SX CLASS "C" CMT W/7#SX SALT & 1% CFR-2. CMTD 2ND STAGE W/200SX CLASS "C" CMT W/10% GEL, 0.4% HR-7 & 1/4#SX FLOCELE. CMTD 3RD STAGE W/550SX CLASS "C" CMT W/10% GEL, 0.4% HR-7 & 1/4#SX FLOCELE.
07/06/66 DO DV TOOLS @ 2,888' & 5,298'. CO TO 7,425' (PBTD). EIR INTO CSG @ 1 BPM & 3,700 PSIG.
07/07/66 TIH W/RTTS PKR. PKR FAILED. LEFT RUBBERS & BTM SLIP IN HOLE. TIH W/3-7/8" BIT & CSG SCRAPER TO 7,425'. POH. TIH W/RTTS PKR. TSTD DV TOOLS. HELD OK. FOUND FLOAT COLLAR LEAKING. POH.
07/08/66 RAN GR LOG FR/7,430'-7,300'. PERFD W/2 JSPF @ 7,423'. SET RTTS PKR @ 7,400'. SQUEEZED CSG LEAK W/70SX CMT @ 3,000 PSIG. WOC 12.5 HRS. RAN CMT BOND LOG. NO CMT FR/6,800'-7,210'. POH W/RTTS PKR. PERFD 2 HOLES @ 7,210'.
07/09/66 TIH W/PKR. SET PKR @ 7,178'. SQUEEZED PERFS @ 7,210' W/100SX CLASS "C" CMT W/0.5% HALAD-9. POH W/PKR. TIH W/3-7/8" BIT. DRLD CMT FR/7,205'-7,210'. FELL OUT OF CMT TO 7,410'. TSTD CSG TO 1,500 PSIG. HELD OK.
07/10/66 SPOTTED 500 GALS 15% REG ACID IN CSG. POH. PERFD DAKOTA FR/7,390'-84' & 7,376'-73' (3 JSPF). F. W/36,000 GALS WTR & 30,000# 20/40 SD @ 32.2 BPM & 4,000 PSIG. ISIP 1,500 PSIG. 5" SIP 1,300 PSIG. DISPLACED FRAC W/500 GALS 15% ACID. COULD NOT SET BP FOR 2ND STAGE DUE TO SD IN CSG. TIH W/3-7/8" BIT. CO TO 7,410'. POH.
07/11/66 SET CIBP @ 7,350'. PERFD DAKOTA FR/7,289'-81' W/3 JSPF. BROKE DWN PERFS W/500 GALS HF ACID & 4 BS. F. W/36,000 GALS WTR & 30,000# 20/40 SD @ 42 BPM & 4,200 PSIG. ISIP 1,900 PSIG. 5" SIP 1,700 PSIG. SET CIBP @ 7,260'. PERFD DAKOTA FR/7,222'-12' (3 JSPF). BROKE DWN PERFS W/500 GALS HF ACID & 4 BS. F. PERFS FR/7,212'-22' W/34,000 GALS TREATED WTR & 30,000# 20/40 SD @ 51 BPM & 4,200 PSIG. ISIP 2,000 PSIG. 5" SIP 1,800 PSIG.
07/12/66 DRLD BP @ 7,260' & 7,350'. CO TO 7,410'. TIH W/2-3/8" TBG W/B&R "F" NIPPLE ON BTM. LANDED TBG @ 7,348'.
08/05/66 F. 2,839 MCFPD (AOF).
01/01/98 CTQC ASSUMED OPERATIONS.
09/21/98 MURU SU. BFL 5,000' FS. S. 1 BO, 4 BW, 2 HRS (2 RUNS). FFL 5,500' FS. WELL KO FLWG TO TNK. WELL FLWD 4 HRS. SWIFFBU.
09/22/98 OWU. WELL KO FLWG TO PIT. FLWD 2 HRS. SWIFFBU. RDMO SU.



District I
PO Box 1980, Hobbs, NM 88241-1980

District II
811 South First, Artesia, NM 88210

District III
1000 RioBrazos Rd., Aztec, NM 87410

District IV
2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources Department
OIL CONSERVATION DIVISION
2040 South Pacheco
Santa Fe, NM 87505

Form C-104
Revised October 18, 1994
Instructions on back
Submit to Appropriate District Office
5 Copies

☐ AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

¹ Operator name and Address CROSS TIMBERS OPERATING COMPANY 6001 Highway 64 Farmington, NM 87401		² OGRID Number 167067
		³ Reason for Filing Code Change of Operator 12/1/97 <i>11/1/98</i>
⁴ API Number 30-045-11782	⁵ Pool Name BASIN DAKOTA	⁶ Pool Code 71599
⁷ Property Code	⁸ Property Name FLORANCE	⁹ Well Number 68

II. ¹⁰ Surface Location

UL or lot no.	Section	Township	Range	Lot.Idn	Feet from the	North/South Line	Feet from the	East/West line	County
O	20	27N	08W		1190	S	2510	E	SJ

¹¹ Bottom Hole Location

UL or lot no.	Section	Township	Range	Lot.Idn	Feet from the	North/South Line	Feet from the	East/West line	County
¹² Lse Code F	¹³ Producing Method Code	¹⁴ Gas Connection Date	¹⁵ C-129 Permit Number	¹⁶ C-129 Effective Date	¹⁷ C-129 Expiration Date				

III. Oil and Gas Transporters

¹⁸ Transporter OGRID	¹⁹ Transporter Name and Address	²⁰ POD	²¹ O/G	²² POD ULSTR Location and Description

RECEIVED
DEC 19 1997

IV. Produced Water

²³ POD	²⁴ POD ULSTR Location and Description
	OIL CON. DIV. DIST. 3

V. Well Completion Data

²⁵ Spud Date	²⁶ Ready Date	²⁷ TD	²⁸ PBTD	²⁹ Perforation	³⁰ DHC,DC,MC
³¹ Hole Size	³² Casing and Tubing Size	³³ Depth Set	³⁴ Sacks Cement		

VI. Well Test Data

³⁵ Date New Oil	³⁶ Gas Delivery Date	³⁷ Test Date	³⁸ Test Length	³⁹ Tbg. Pressure	⁴⁰ Csg. Pressure
⁴¹ Choke Size	⁴² Oil	⁴³ Water	⁴⁴ Gas	⁴⁵ AOF	⁴⁶ Test Method
⁴⁷ I hereby certify that the rules 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: <i>Vaughn O. Vannerberg</i>			OIL CONSERVATION DIVISIO		
Printed Name: Vaughn O. Vannerberg, II			Approved by: Frank T. Chavez		
Title: Sr. Vice President-Land			Title: Supervisor District #3		
Date: December 1, 1997 Phone: (505) 632-5200			Approval Date:		
⁴⁸ If this is a change of operator fill in the OGRID number and name of the previous operator <i>Gail Jefferson</i>			Amoco Production Company OGRID# 000778		
Previous Operator Signature			Printed Name		
			Senior Administrative Staff Assistant 12/01/97		
			Title		
			Date		

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 well or to install a well.
Use "APPLICATION FOR PERMIT - " for such proposals

RECEIVED
BLM

97 MAR 29 AM 10:52

070 FARMINGTON, NM

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

2. Name of Operator
Amoco Production Company
Attention: Mark Stelling (505) 326-9432

3. Address and Telephone No.
200 Amoco Court, Farmington NM 87401 (505) 326-9432

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

SW1/4 SE1/4 Sec. 20 T27N R8W

5. Lease Designation and Serial No.

NMN/M 03380

6. If Indian, Allotted or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No. Florence D LS #4A (MV)

Florence #68 (DK)

9. API Well No.

30-045-29258 (D LS #4A)

30-045-11782 (#68)

10. Field and Pool, or Exploratory Area

Basin Dakota / Blanco Mesaverte

11. County or Parish, State

SAN JUAN, NM

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.)

Per NMOC D commingling Order # PC-927 Amoco is providing the 2nd of four quarterly tests as required by the order. Once the quarterly testing is finished, the testing requirement is Annual. The results of the 11/22/97 test are as follows. Amoco will allocate production accordingly.

Well Name	API	Gas Production of		Condensate Prod.	
		MCFD	%	BCPD	%
Florence D LS #4A (MV)	30-045-29258	177	78%	.5	33%
Florence #68 (DK)	30-045-11782	50	22%	1	67%
Total		227	100%	1.5	100%

cc: Wellfiles: Florence D LS #4A
Florence #68

100% GWE

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

Signed

Mark R Stelling

Title

Business Analyst

Date

1/27/97

(This space for Federal or State office use)

ACCEPTED FOR RECORD

Approved by

Title

Conditions of approval, if any:

JAN 30 1997

RECEIVED BLM
OCT 31 1996

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

070 FARMINGTON, NM

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

2. Name of Operator
Amoco Production Company

Attention: Mark Stelling (505) 326-9432

3. Address and Telephone No.
200 Amoco Court, Farmington NM 87401 (505) 326-9432

4. Location of Well (Feetage, Sec., T., R., M., or Survey Description)
SW/4 SE/4 Sec. 20 T27N R8W
Unit Letter "O"

5. Lease Designation and Serial No.
NMNM 03380

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No. *Florence D LS #41*
Florence #68 (DK)

9. API Well No.
30-045-29258 (D LS #4A)
30-045-11782 (#68)

10. Field and Pool, or Exploratory Area
Basin Dakota / Blanco Mesquite

11. County or Parish, State
San Juan, NM

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

TYPE OF SUBMISSION	TYPE OF ACTION	
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input checked="" type="checkbox"/> Other <i>Surface Ammingling</i>	<input type="checkbox"/> Dispose Water
		<input type="checkbox"/> Test Results

(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.)

Please reference Amoco's first delivery sundry dated 8/20/96 for the subject two wells. Per NMOC commingling order #PC-927 Amoco has completed the 1st production well test. The results of the 10/20/96 test yielded the following results. Amoco will allocate production accordingly.

Well Name	API	Gas Production mcfD	%	Condensate Prod. BCPD	%
Florence D LS #4A	30-045-29258	145	72.1%	.3	30%
Florence #68 (DK)	30-045-11782	56	27.9%	.7	70%
Total		201	100.0	1	100%

cc: Wellfile Florence D LS #4A
Florence #68
100% GWT Both wells

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

Signed: *Mark Stelling* Title: Business Analyst Date: 10/30/96

Accepted for Record

NOV 06 1996

Approved by: _____ Title: _____ Date: _____

Conditions of approval, if any:

FARMINGTON DISTRICT OFFICE

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.

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 TRANSPORT OIL AND NATURAL GAS

Operator AMOCO PRODUCTION COMPANY	Well API No. 300451178200
Address P.O. BOX 800, DENVER, COLORADO 80201	
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 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 FLORENCE	Well No. 68	Pool Name, Including Formation BASIN DAKOTA (PRORATED GAS)	Kind of Lease State, Federal or Fee	Lease No.
Location Unit Letter 0 : 1190 Feet From The FSL Line and 2510 Feet From The FEL Line Section 20 Township 27N Range 8W , NMPM , SAN JUAN County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> MERIDIAN OIL INC.	Address (Give address to which approved copy of this form is to be sent) 3535 EAST 30TH STREET, FARMINGTON, NM 87401					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> EL PASO NATURAL GAS COMPANY	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 1492, EL PASO, TX 79978					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	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.B.T.D.		
Elevations (DF, RKB, RT, 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			
AUG 23 1990								
OIL CON. DIV.								

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.)

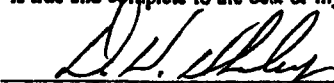
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/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
Doug W. Whaley, Staff Admin. Supervisor

Printed Name Title

July 5, 1990 **303-830-4280**

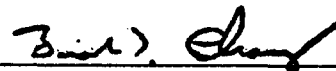
Date Telephone No.

OIL CONSERVATION DIVISION

AUG 23 1990

Date Approved

By



SUPERVISOR DISTRICT #3

Title

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

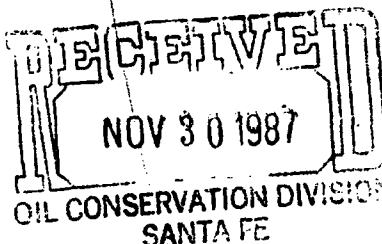
- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes 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.

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

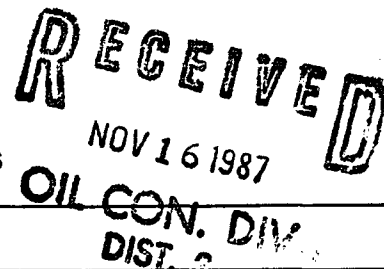
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OIL CONSERVATION DIVISION
P.O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS



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



Operator Tenneco Oil Company	
Address P.O. Box 3249, Englewood, CO 80155	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas <input checked="" type="checkbox"/> Dry Gas <input checked="" type="checkbox"/> Condensate
Effective 12/1/87	

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Florance	Well No. 68	Pool Name, including Formation Basin Dakota	Kind of Lease State, Federal or Fee FED	Lease No. NM-03380
Location				
Unit Letter 0	: 1190	Feet From The South	Line and 2510	Feet From The East
Line of Section 20	Township 27N	Range 8W	NMPM. San Juan	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Conoco	Address (Give address to which approved copy of this form is to be sent) P.O. Box 460, Hobbs, NM 88240	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas	Address (Give address to which approved copy of this form is to be sent) P.O. Box 4990, Farmington, NM 87401	
If well produces oil or liquids, give location of tanks.	Unit 0	Sec. 20
	Twp. 27N	Rge. 8W
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.

VI. 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.

Michael D. Gammon
(Signature)
Michael D. Gammon
Sr. Administrative Analyst
(Title)
11/13/87
(Date)

OIL CONSERVATION DIVISION
APPROVED **NOV 16 1987**, 19_____
BY [Signature]
TITLE **SUPERVISION 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 Section I, II, III, and VI for changes of owner, well name and or number, or transporter, or other such change of condition.
Separate Forms C-104 must be filed for each pool in multiply completed wells.

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
TO TRANSPORT OIL AND NATURAL GAS

I. Operator Amoco Production Company		Well API No. 3004511782
Address 1670 Broadway, P. O. Box 800, Denver, Colorado 80201		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of: <input type="checkbox"/>	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Operator <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator Tenneco Oil E & P, 6162 S. Willow, Englewood, Colorado 80155		

RECEIVED

JUN 13 1989

OIL CONSERVATION DIV.
SANTA FE

II. DESCRIPTION OF WELL AND LEASE

Lease Name FLORANCE	Well No. 68	Pool Name, including Formation BASIN (DAKOTA)	FEDERAL	Lease No. NM003380
Location Unit Letter O : 1190 Feet From The FSL Line and 2510 Feet From The FEL Line Section 20 Township 27N Range 8W, NMPM, SAN JUAN County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name 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) P. O. BOX 1429, BLOOMFIELD, NM 87413
Name 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) P. O. BOX 1492, EL PASO, TX 79978
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. 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.B.T.D.		
Elevations (DF, RKB, RT, 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
Actual Prod. During Test	Oil - bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/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.

J. L. Hampton

Signature
J. L. Hampton Sr. Staff Admin. Suprv.
Printed Name Title
January 16, 1989 303-830-5025
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved MAY 08 1989

By *Burt D. Shuf*
SUPERVISION 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.

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TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-11
Effective 1-1-65

15

Operator

Tenneco Oil Company

Address

P.O. Box 3249 Englewood, CO 80155

Reason(s) for filing (Check proper box)

New Well

☐

Change in Transporter of:

Recompletion

☐

Oil

☐

Dry Gas

☐

Change in Ownership

☐

Casinghead Gas

☐

Condensate

☒

Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Florance	Well No. 68	Pool Name, Including Formation Basin Dakota	Kind of Lease State, Federal or Fee Federal	Lease No. NM-03380
Location Unit Letter 0 ; 1190 Feet From The South Line and 2510 Feet From The East Line of Section 20 Township 27N Range 8W , NMPM, San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Gary Energy Corporation	Address (Give address to which approved copy of this form is to be sent) 4 Inverness Ct. East Englewood, CO 80112-5591			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas	Address (Give address to which approved copy of this form is to be sent) P.O. Box 4990, Farmington, N. M. 87401			
If well produces oil or liquids, give location of tanks.	Unit 0	Sec. 20	Twp. 27N	Rge. 8W
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.B.T.D.			
Elevations (DF, RKB, RT, 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 Tanks	Date of Test	Producing Method (Flow name, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	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

VI. CERTIFICATE OF COMPLIANCE

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



Administrative Supervisor

(Title)

10/10/84

(Date)

OIL CONSERVATION COMMISSION

APPROVED

BY

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.

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TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-1
Effective 1-1-65

I. Operator
Tenneco Oil Company
Address
Suite 1200 Lincoln Tower Building, Denver, Colorado 80203
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☒ Effective 9-1-70
From Inland

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Florance	Well No. 68	Pool Name, Including Formation Basin Dakota	Kind of Lease State, Federal or Fee Federal	Lease No.
Location Unit Letter 0 ; 1190 Feet From The South Line and 2510 Feet From The East Line of Section 20 Township 27N Range 8W , NMPM, San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> Plateau, Inc.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 108, Farmington, N. M. 87401			
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 0	Sec. 20	Twp. 27	Rge. 8
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.B.T.D.			
Elevations (DF, RKB, RT, 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 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

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

VI. CERTIFICATE OF COMPLIANCE

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

G.A. Frost
(Signature)
Sr. Production Clerk
(Title)
8-27-70
(Date)

OIL CONSERVATION COMMISSION

APPROVED SEP 3 1970
BY *Arthur Kendrick*
TITLE PETROLEUM ENGINEER DIST. NO. 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 deviate 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.

OIL CONSERVATION COMMISSION

BOX 697

120 EAST CHACO

AZTEC, NEW MEXICO

NOTICE OF GAS CONNECTION

DATE April 26, 1967

THIS IS TO NOTIFY THE OIL CONSERVATION COMMISSION THAT CONNECTION FOR THE PURCHASE OF GAS FROM

THE Tenneco Oil Company
OPERATOR

Florence #68
LEASE

"0"
WELL UNIT

20-27-3
S-T-R

Basin Dakota
POOL

El Paso Natural Gas Company
NAME OF PURCHASER

WAS MADE ON April 17, 1967 , FIRST DELIVERY April 22, 1967
DATE DATE

Choke 2,646
APF 2,839
INITIAL POTENTIAL

El Paso Natural Gas Company
PURCHASER

REPRESENTATIVE

Assistant Chief Dispatcher
TITLE

CC: TO OPERATOR Durango
OIL CONSERVATION COMMISSION - SANTA FE
F. N. WOODRUFF - EL PASO
~~B-2-42442~~

FILE

MAIN OFFICE 000

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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-105
Effective 1-1-65

67 MAR 6

I.

Operator

Tenneco Oil Company

Address

Box 1714, Durango, Colorado

Reason(s) for filing (Check proper box)

New Well

☒

Change in Transporter of:

Recompletion

☐

Oil

☐

Dry Gas

☐

Change in Ownership

☐

Casinghead Gas

☐

Condensate

☐

Other (Please explain)

Effective 1st Delivery

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease
Florance	68	Basin Dakota	State, Federal or Fee Federal
Location			
Unit Letter	0	1190 Feet From The	So Line and 2510 Feet From The East
Line of Section	20	Township	27-N Range 8-W, NMPM, San Juan County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which approved copy of this form is to be sent)				
Inland Crude, Inc.	<input checked="" type="checkbox"/>	Box 1528, Farmington, New Mexico				
Name of Authorized Transporter of Casinghead Gas	or Dry Gas	Address (Give address to which approved copy of this form is to be sent)				
El Paso Natural Gas Company	<input checked="" type="checkbox"/>	Farmington, New Mexico				
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	0	20	27	8	No	On approval

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.
		X	X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
6/14/66	8/5/66	7460	7410					
Pool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
6744 GR	Dakota	7212	7348					
Perforations			Depth Casing Shoe					
7212-7390			7460					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12 1/4	8 5/8	1004	350 sx					
7 7/8	4 1/2	7460	1st Stage 150 sx					
			2nd " 200 sx					
	2 3/8	7348	3rd " 550 sx					

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 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

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity
2839	3 hrs.		
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size
AOF Back PR	200	552	3/4

VI. CERTIFICATE OF COMPLIANCE

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

Harold C. Nichols

(Signature)

Senior Production Clerk

(Title)

2/22/67

(Date)

Cv. Conoco

OIL CONSERVATION COMMISSION
FEB 28 1967

APPROVED

BY

TITLE

SUPERVISOR DIST. #8

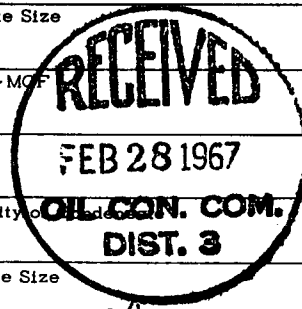
This form is to be filed in compliance with RULE 1104.

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 Sections I, II, III, and VI only 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 multiple



UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

(See other in-
structions on
reverse side)Form approved.
Budget Bureau No. 42-R365.5.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

1a. TYPE OF WELL: OIL WELL ☐ GAS WELL ☒ DRY ☐ Other ☐
b. TYPE OF COMPLETION: NEW WELL ☒ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ Other ☐

2. NAME OF OPERATOR

Tennessee Oil Company

3. ADDRESS OF OPERATOR

P. O. Box 1714, Durango, Colorado

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)

At surface

1190 FSL 2510 FSL

At top prod. interval reported below

At total depth

Same

14. PERMIT NO.

DATE ISSUED

U. S. GEOLOGICAL SURVEY
FARMINGTON, N. M.

Unit 0

15. DATE SPUDDED 6/14/66 16. DATE T.D. REACHED 7/3/66 17. DATE COMPL. (Ready to prod.) 8/5/66 18. ELEVATIONS (DF, REB, RT, GR, ETC.)* 6744' Cr. 19. ELBV. CASINGHEAD 6744'
20. TOTAL DEPTH, MD & TVD 7460 21. PLUG, BACK T.D., MD & TVD 7410 22. IF MULTIPLE COMPL., HOW MANY* → 23. INTERVALS DRILLED BY 0 - 7460 24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 7212 - 7390 Dakota 25. WAS DIRECTIONAL SURVEY MADE Yes

26. TYPE ELECTRIC AND OTHER LOGS RUN

IES and Density

27. WAS WELL CORED

NO

28. CASING RECORD (Report all strings set in well)

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
8 5/8"	24	1004	12 1/4	350 sx	None
4 1/2"	10.5 & 11.6	7460	7 7/8	1st stage 150 sx 2nd stage 200 sx 3rd stage 550 sx	

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
					2 3/8	7348	

30. TUBING RECORD

31. PERFORATION RECORD (Interval, size and number)

7384 - 90 3 HPF
7373 - 76 3 HPF
7281 - 85 3 HPF
7212 - 22 3 HPF

32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
7380 - 7373	30000 # sd, 48300 gal. wtr.
7281 - 7285	36000 gal. wtr, 30000 # sd, (500 gal. acid)
7212 - 7222	30000 # sd, 34000 gal. wtr, (500 gal. acid)

33. PRODUCTION

DATE FIRST PRODUCTION	PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)	WELL STATUS (Producing or shut-in)					
Shut in	Flowing	Shut in					
DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
8/5/66	3	3/4"	→				
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OR QUALITY-API (CORR.)	
200	552	→		2839			

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)

TEST WITNESSED BY

35. LIST OF ATTACHMENTS

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records

SIGNED

Harold C. Nichols

TITLE

Senior Production Clerk

DATE

9/14/66

DISTRIBUTION:

5-USGS, 1-Continental, 1-File

*(See Instructions and Spaces for Additional Data on Reverse Side)

RECEIVED

SEP 14 1966

RECEIVED
SEP 15 1966
OIL CON. COM.
DIST. 3

INSTRUCTIONS

General: This form is designed for submitting a complete and correct well completion report and log on all types of lands and leases to either a Federal agency or a State agency, or both, pursuant to applicable Federal and/or State laws and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office. See instructions on items 22 and 24, and 38, below regarding separate reports for separate completions.

If not filed prior to the time this summary record is submitted, copies of all currently available logs (drillers, geologists, sample and core analysis, etc.), formation and pressure tests, and directional surveys, should be attached hereto, to the extent required by applicable Federal and/or State laws and regulations. All attachments should be listed on this form, see item 35.

Item 4: If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

Item 18: Indicate which elevation is used as reference (where not otherwise shown) for depth measurements given in other spaces on this form and in any attachments.

Items 22 and 24: If this well is completed for separate production from more than one interval zone (multiple completion), so state in item 22, and in item 24 show the producing interval, or intervals, top(s), bottom(s) and name(s) (if any) for only the interval reported in item 38. Submit a separate report (page) on this form, adequately identified, for each additional interval to be separately produced, showing the additional data pertinent to such interval.

Item 29: "Sacks Cement": Attached supplemental records for this well should show the details of any multiple stage cementing and the location of the cementing tool.

Item 33: Submit a separate completion report on this form for each interval to be separately produced. (See instruction for items 22 and 24 above.)

37. SUMMARY OF POROUS ZONES:

SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF; CORREL INTERVALS; AND ALL DRILL-STEM TESTS, INCLUDING DEPTH INTERVAL TESTED, CUSHION USED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES

FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	38. GEOLOGIC MARKERS	NAME	MEAS. DEPTH	TRUE VERT. DEPTH
Placerated CLAY	2795	2830	Sand - Gas				
Shale	4720	5255	Sand - Gas				
Shale	7253	7504	Sand - Gas				

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM-03380

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.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Tenneco Oil Company	8. TERM OR LEASE NAME
3. ADDRESS OF OPERATOR P. O. Box 1714, Durango, Colorado	9. WELL NO. 68
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1190' FSL, 2510' FEL Unit 0	10. FIELD AND POOL OF DEVELOPMENT San Juan
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6744 GR
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	
SUBSEQUENT REPORT OF:	
WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input checked="" type="checkbox"/>	ABANDONING WELL <input type="checkbox"/>
(Other) <input type="checkbox"/>	
(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	
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.)*	

7/6/66 cleaned out to 7425' with 3-7/8" bit; drilled stage collars at 2838' and 5298'. Tested casing, casing leaked. Set RITS packer at 7400', cemented with 50 sx cement. Reversed out 5 sx cement. Set RITS packer at 7178'. Cemented with 100 sx. WOC. Tested casing to 1500#. Held okay. Spotted 500 gallons acid on bottom. Perforated 7384-90, 7373-76'. Fraced perfs with 30,000# sand and 48,390 gallons water. Set CIBP at 7350'. Perforated 7281-85' with 3 HPF. Fraced perfs with 36,000 gallons water and 30,000# sand and 500 gallons acid. Set CIBP at 7260'. Perforated with 3 HPF 7212-22'. Fraced perfs with 36,000 gallons water and 30,000# sand and 500 gallons acid. Drilled bridge plug and cleaned out to PSTD 7410'. Ran 235 jts. 2-3/8" 8R EUE tubing landed at 7348'. Installed Xmas tree 7/11/66. Waiting on test.

RECEIVED
AUG 4 1966
OIL CON. COM.
DIST. 3RECEIVED
AUG 4 1966
GEOLOGICAL SURVEY
FARMINGTON

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

Original Signed By
SIGNED HAROLD C. NICHOLS

TITLE Senior Production Clerk

DATE 8/2/66

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

Distribution:

- 5 - USGS, Farmington
- 1 - Continental, Durango
- 1 - File

*See Instructions on Reverse Side

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPPLICATE*
(Other instructions on re-
verse side)Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM-03380

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.)

1.

OIL WELL ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR

Tenneco Oil Company

3. ADDRESS OF OPERATOR

P. O. Box 1714 - Durango, Colorado

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

1190' FSL, 2510' FEL

14. PERMIT NO.

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

6744' GR

16.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT ON:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENTS

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

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.)*

Spud 6-14-66, drill to 1004'. Ran 32 joints 8-5/8" 24# ST&C J-55 casing set at 1004' with 350 sacks cement. Good circulation of cement. WOC. Drilled cement and drilled to T.D. 7460'. Logged, IES and Density, ran 236 joints 4-1/2" 16.5 and 11.6# J-55 ST&C casing set at 7460' with 150 sacks cement 1st stage and 200 sacks 2nd stage and 550 sacks 3rd stage. Stage collars set at 2888' and 5298', cement circulated. WOC. PBTD 7425'. Waiting on completion. Released rig 7-3-66.

RECEIVED

JUL 11 1966

U. S. GEOLOGICAL SURVEY

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

SIGNED

Harold C. Nichols

(This space for Federal or State office use)

TITLE

Senior Production Clerk

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

Distribution:

5 - USGS

1 - Continental

1 - File

*See Instructions on Reverse Side

Form 9-3-1 C
(May 1963)

SUBMIT IN TRIPLICATE*

(Other instructions on
reverse side)

Form approved.
Budget Bureau No. 42-R1425.

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. TYPE OF WORK

DRILL ☒

DEEPEN ☐

PLUG BACK ☐

b. TYPE OF WELL

OIL
WELL ☐

GAS
WELL ☒

OTHER ☐

SINGLE
ZONE ☒

MULTIPLE
ZONE ☐

2. NAME OF OPERATOR

Tenneco Oil Company

3. ADDRESS OF OPERATOR

P. O. Box 1714, Durango, Colorado

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.)*

At surface

1190 FBL, 2510 FBL, Unit 0

At proposed prod. zone

14. DISTANCE IN MILES AND DIRECTION FROM NEAREST TOWN OR POST OFFICE*

15. DISTANCE FROM PROPOSED*

LOCATION TO NEAREST
PROPERTY OR LEASE LINE, FT.
(Also to nearest drlg. unit line, if any)

16. NO. OF ACRES IN LEASE

320

17. NO. OF ACRES ASSIGNED
TO THIS WELL

320

1/2

18. DISTANCE FROM PROPOSED LOCATION*
TO NEAREST WELL, DRILLING, COMPLETED,
OR APPLIED FOR, ON THIS LEASE, FT.

19. PROPOSED DEPTH

7390

20. ROTARY OR CABLE TOOLS

Rotary

21. ELEVATIONS (Show whether DF, RT, GR, etc.)

6744 GR

22. APPROX. DATE WORK WILL START*

June 14, 1966

23.

PROPOSED CASING AND CEMENTING PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	QUANTITY OF CEMENT
12-1/4"	8-5/8"	24#	1000	Cement to surface.
7-7/8"	4-1/2"	10.5 & 11.6#	7390	1st stage - approximately 235 s. 2nd stage - sufficient to circ. Cement to surface

We propose to rig up, drill to approximate TD 7390, run GR-Induction & GR-Density Logs. Cement above casing w/stage collar set approximately 300' below bottom of Mesaverde. Perforate, frac and complete as a single Basin Dakota well. Conduct deliverability tests.

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: If proposal is to deepen or plug back, give data on present productive zone and proposed new productive zone. If proposal is to drill or deepen directionally, give pertinent data on subsurface locations and measured and true vertical depths. Give blowout preventer program, if any.

24.

Original Signed By

SIGNED HAROLD C. NICHOLS

H. C. Nichols

TITLE Senior Production Clerk

DATE June 6, 1966

(This space for Federal or State office use)

PERMIT NO.

APPROVAL DATE

APPROVED BY

TITLE SUPERVISOR DIST #3

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

DATE

JUN 14 1966

JUN 8 1966

U. S. GEOLOGICAL SURVEY
FARMINGTON, N. M.

*See Instructions On Reverse Side

NEW MEXICO OIL CONSERVATION COMMISSION
AMENDED WELL LOCATION AND ACERAGE DEDICATION PLAT TO CORRECT DEDICATED
ACREAGE ONLY

All distances must be from the outer boundaries of the Section

Operator TENNECO OIL COMPANY			Lease FLORANCE			Well 1844	
Unit Letter 0.	Section 20	Township 27 North	Range 8 West	County San Juan			
Actual Footage Location of Well: 1190 feet from the South line and 2510 feet from the East line							
Ground Level Elev. 6744 ungraded	Producing Formation Basin Dakota		Pool Basin Dakota	Dedicated Acreage: 320 1/2 5/2 Acres			

1. Outline the acreage dedicated to the subject well by colored pencil or hatchure marks on the plat below.
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
3. If more than one lease of different ownership is dedicated to the well, have the interests of all owners been consolidated by communitization, unitization, force-pooling, etc?

() Yes () No If answer is "yes," type of consolidation

If answer is "no," list the owners and tract descriptions which have actually consolidated. (Use reverse side of this form if necessary.)

No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non standard unit, eliminating such interests, has been approved by the Commission.

CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.

Original Signed By
HAROLD C. NICHOLS

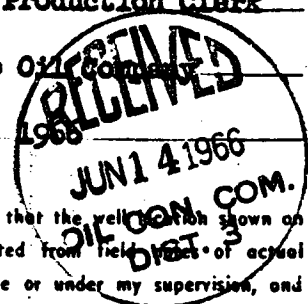
Name **Harold C. Nichols**

Position

Senior Production Clerk

Company **Tenneco Oil Company**

Date **June 7, 1966**

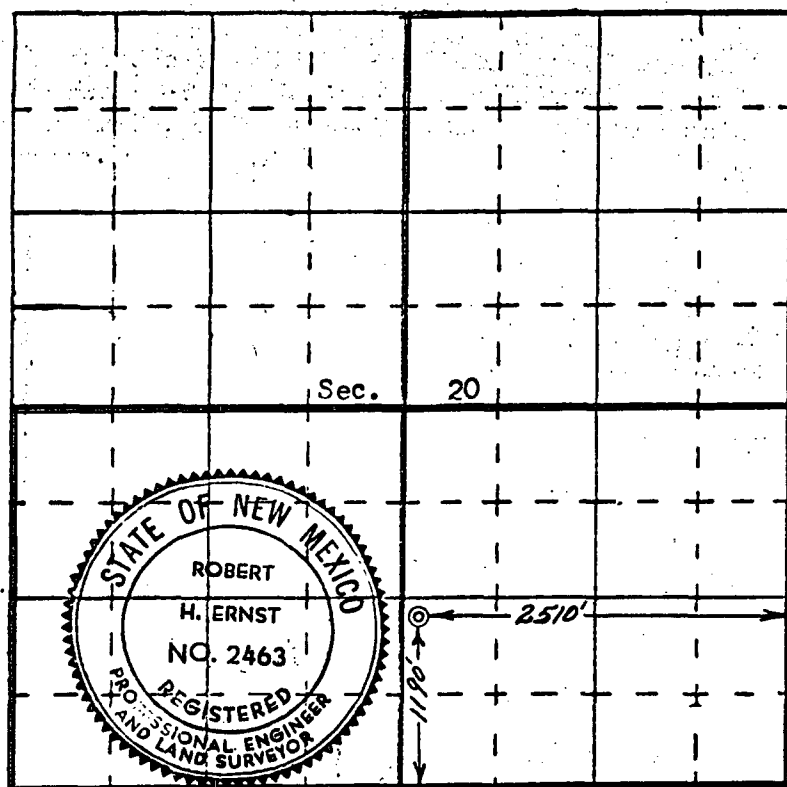


I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

4 June 1966
Date Surveyed

Robert H. Ernst
Registered Professional Engineer
and/or Land Surveyor

Robert H. Ernst
N. Mex. P.E. & L.S. 2463
Certificate No.



ERNST ENGINEERING CO.
DURANGO, COLORADO