

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

30-039-22292
5. LEASE DESIGNATION AND SERIAL NO.

Contract # 110

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Jicarilla "A"

9. WELL NO.

4E

10. FIELD AND POOL, OR WILDCAT

Basin Dakota

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

Sec. 19, T26N, R5W

12. COUNTY OR PARISH

Rio Arriba

13. STATE

N.M.

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

720 South Colorado Blvd., Denver, Co. 80222

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

At surface

D 950' FNL, 1075' FWL

At proposed prod. zone

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

18.5 miles North/Northeast of Counselor, NM

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

2558.36

17. NO. OF ACRES ASSIGNED
TO THIS WELL

W 319.16

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

19. PROPOSED DEPTH

7500

20. ROTARY OR CABLE TOOL

Rotary

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

6555 GR

22. APPROX. DATE WORK WILL START*

A.S.A.P.

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" New	24# K-55	+ 350'	Circulate to Surface
7 7/8"	4 1/2" New	10.5# - 11.6#	+ 7500'	Circulate to surface in two stages

See Attached

No abnormal temperatures, pressures, or geologic hazards are expected

The gas is dedicated



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.

SIGNED

M. I. Freeman

TITLE

Staff Production Analyst

DATE December 27, 1979

(This space for Federal or State office use)

PERMIT NO.

APPROVAL DATE

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY

TITLE

DATE

DEC 31 1979

*See Instructions On Reverse Side

U. S. GEOLOGICAL SURVEY
DURANGO, COLO.

OIL CONSERVATION DIVISION

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENTP. O. BOX 7048
SANTA FE, NEW MEXICO 87501Form C-102
Revised 10-1-76

All distances must be from the outer boundaries of the Section.

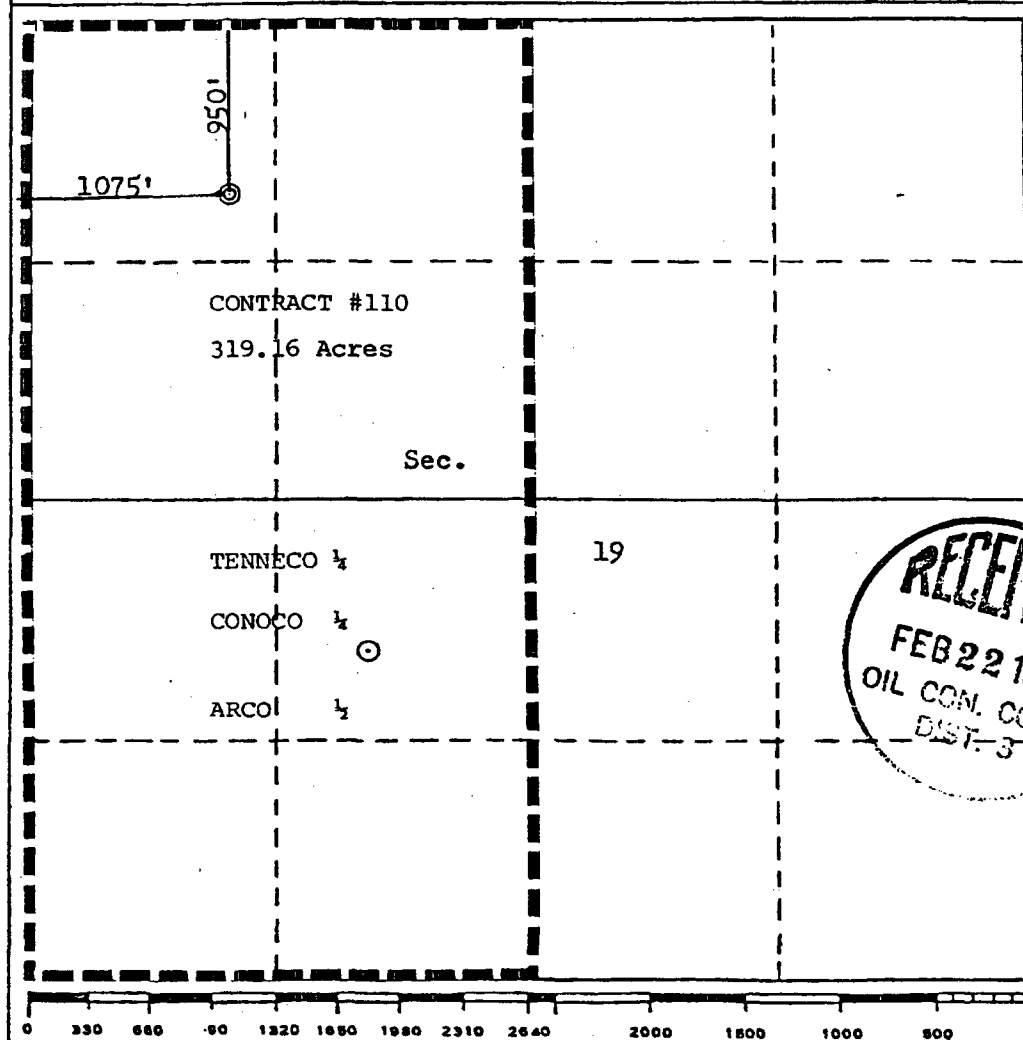
Operator TENNECO OIL COMPANY			Lease JICARILLA "A"		Well No. 4-E
Unit Letter D	Section 19	Township 26N	Range 5W	County Rio Arriba	
Actual Footage Location of Well: 950 feet from the North line and 1075 feet from the West line					
Ground Level Elev. 6555	Producing Formation Dakota		Pool Basin Dakota		Dedicated Acreage: W 319.16 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 been 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.

Name **M. L. Freeman**
Staff Production Analyst

Position
Tenneco Oil Company

Company
December 27, 1979

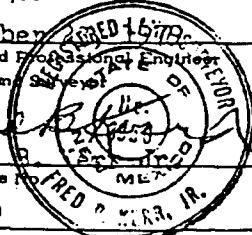
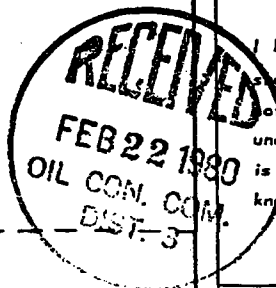
Date

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.

Date Surveyed

October 15, 1979
Registered Professional Engineer
and/or Land Surveyor

Fred R. [Signature]
Certificate No. **3950**



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
Tenneco Oil Company

3. ADDRESS OF OPERATOR
P.O. Box 3249, Englewood, CO 80155

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 950' FNL, 1075' FWL "D"
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

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 ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐
(other) ☐

SUBSEQUENT REPORT OF:

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RECEIVED

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

NOV 7 1980

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

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.)*

10/6/80

Spudded 12-1/4" hole 7:00 P.M. 10/4/80. Drill to 362'. Ran 8 jts. 9-5/8" 36# csg. Set @ 354'. Cmt. w/250 sks CL-B w/2% CACL₂. Circ cmt. to surface. Reduced hole to 7-7/8" continued drilling.

Subsurface Safety Valve: Manu. and Type _____

Set @ _____

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

SIGNED _____

Asst Div Adm Mgr

DATE

10/17/80

(This space for Federal or State office use)

APPROVED BY _____

TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY:

NMOCC

*See Instructions on Reverse Side

BW

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 ☐ gas ☒ other

2. NAME OF OPERATOR
Tenneco Oil Company

3. ADDRESS OF OPERATOR
P.O. Box 3249, Englewood, CO 80155

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 950' FNL 1075' FWL "D"
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

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 ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐
(other) ☐

SUBSEQUENT REPORT OF:

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5. LEASE
Contract #110

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Jicarilla A

9. WELL NO.
4E

10. FIELD OR WILDCAT NAME
Basin Dakota

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 19, T26N, R5W

12. COUNTY OR PARISH
Rio Arriba

13. STATE
New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
6555' qr.

(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.)*

10/21/80 RU and run 12 jts. 4-1/2" 11.6# & 166 jts. 10.5# csg. Cmt 1st stage w/400 sx B-J Lite, tail in w/150 sx CL-B w/2% CACL₂. Float OK. Drop bomb. Circ. thru DV tool 4 hrs. Circ. 4 bbls. on 1st stage. Cmt 2nd stage w/440 sx B-J Lite, tail in w/50 sx. CL-B w/2% CACL₂. Set slips & cut off csg. Release rig 10/21/80. TOC @ 1200'.

Subsurface Safety Valve: Manu. and Type

Set @ _____ Ft.

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

SIGNED

Asst Div Adm Mgr

DATE

11/4/80

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

NMOCC

*See Instructions on Reverse Side

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 ☐ gas ☒ other ☐
2. NAME OF OPERATOR
Tenneco
3. ADDRESS OF OPERATOR
P.O. Box 3249, Englewood, CO 80155
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 950' FNL 1075' FWL "D"
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:
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 ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐
(other) Squeeze Job. ☐

SUBSEQUENT REPORT OF:

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(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.)*

11/20/80

Squeezed below cmt. retainer w/150sx CL-B neat, 6 1/2# Gilsomite, and 2% CACL2. Obtained running squeeze. PT to 3500 PSI w/75sx gone, 1000 PSI on BS. Pulled out of retainer. Reversed out remaining cmt. started to pull tbq. when csg. collapsed on top of retainer. RIH w/ jet cutter. Cut tbq. off @7475' causing loss of bottom set of perfs. Ran guage ring to 7461', Casing collapsed below that point. PT csg. to 3500 PSI. Held ok. RIH w/tbg. spotted 500 gals 7 1/2% HCL across perfs. POOH w/tbg. Perf'd Dakota (2 JSPF) as Follows: 7213-20', 7223-48', 7252-56', 7259-61', 7266-68', 7323-24', 7326-27', 7352-67', 7388-89', 7400-01', 7432-42', 7446-50', 7454-55',

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED Carley Stathos TITLE Asst Div Adm Mgr. DATE 12/1/80

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____ DATE _____

DEC 12 1980

NAIOCC

BY BW FARMINGTON DISTRICT

*See Instructions on Reverse Side

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
Tenneco
3. ADDRESS OF OPERATOR
P.O. Box 3249, Englewood, CO 80155
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 950' FNL 1075' FWL "D"
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

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 ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON ☐
(other) squeeze Prep. ☐

SUBSEQUENT REPORT OF:

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5. LEASE
Contract #110
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Jicarilla A.
9. WELL NO.
4E
10. FIELD OR WILDCAT NAME
Basin Dakota
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 19, T26N, R5W
12. COUNTY OR PARISH
Rio Arriba
13. STATE
New Mexico
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
6555' gr.

(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.)*

11/18/80

MIRUSU, NDWH, NUBOP. Tallyed tbq. RIH w/tbg., bit sub, and 3 7/8" bit. Tagged cmt on top of DV tool @ 7304', Drilled cmt & tool. RIH w/rest of tbq. Tagged cmt on top float collar @ 7422'. Drilled to FC @ 7470:

11/19/80

Drilled thru FC. No cmt in shoe jt. Circ'd clean. PT csg. to 1500 PSI Would not hold. Took 3 BPM @ 1500 PSI. POOH w/tbg. RIH w/4 1/2" Halliburton cmt retainer and set @ 7505'.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

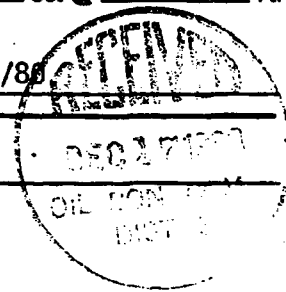
SIGNED Charles J. Statten TITLE Asst Div Adm Mgr DATE 12/2/80

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

DEC 10 1980

*See instructions on Reverse Side



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
Tenneco
3. ADDRESS OF OPERATOR
Box 3249 Englewood, Colorado 80155
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 950' FNL 1075' FWL "D"
AT TOP PROD. INTERVAL:
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 | <input type="checkbox"/> | | <input type="checkbox"/> |
| FRACTURE TREAT | <input type="checkbox"/> | | <input checked="" type="checkbox"/> |
| SHOOT OR ACIDIZE | <input type="checkbox"/> | | <input checked="" 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) | | | |

5. LEASE
Contract #110
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Jicarilla A
9. WELL NO.
4E
10. FIELD OR WILDCAT NAME
Basin Dakota
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec 19, T26N, R5W
12. COUNTY OR PARISH
Rio Arriba
13. STATE
New Mexico
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
6555' gr

(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.)*

11/22/80 Break down Dakota zone. Rate: 35 BPM @ 2500 PSI. Ball off complete. Frac'd Dakota w/140,000 gals 30# X-L gel, 120,000# 20/40 sand, 50,000# 10/20 sand. Rate: 64 BPM @ 3200 PSI. ISIP: 1500 PSI. 15 mins SIP: 1200 PSI. Acidized Dakota w/3220 gals of 15% HCL & 222 balls preceding frac. job. RIH w/2-3/8" tbg. SN, and pump out plug. Tagged sand fill @ 7235'. Clean out to PBTD w/foam. Pulled up and landed tbg @ 7213'. NDBOP, NUWH. Kicked well around w N₂. Left flowing. RDMOSU.

Subsurface Safety Valve: Manu. and Type

Set @ _____ Ft.

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

SIGNED Carley Patterson TITLE A-st. Div. Adm. Mgr DATE December 9, 1980

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL IF ANY:

TITLE _____ DATE _____

DEC 10 1980

WASHINGTON DISTRICT

*See Instructions on Reverse Side

TABULATION OF DEVIATION TESTS

TENNECO OIL COMPANY

DEPTH	INCLINATION
362	1°
844	3/4°
1410	1°
2398	2°
2647	1 1/2°
3082	1°
3499	1 1/4°
4007	1 1/4°
4262	1 1/2°
4558	1 1/4°
5080	1 1/2°
5423	1°
5949	1 1/4°
6489	1 1/4°
6971	1°
7144	2°
7430	2°
7515	1-3/4°

DEPTH	INCLINATION
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AFFIDAVIT



This is to certify that to the best of my knowledge, the above tabulation details the deviation test taken on Tenneco Oil Company's well: Jicarilla A-4E
950'FNL 1075" FWL Sec. 19 T26N B2W Rio Arriba, New Mexico

Signed Carley Watkins
Agent for Tenneco Oil Company

THE STATE OF COLORADO)
CITY AND COUNTY OF DENVER)

Before me, the undersigned authority, on this day, personally appeared, Carley Watkins, known to me to be an Agent for Tenneco Oil Company, and to be the person whose name is subscribed to the above statement, who, being by me duly sworn on oath, states that he has knowledge of the facts stated herein, and that said statement is true and correct. Subscribed and sworn to before me, a Notary Public in and for said County and State, this

Charlotte Hargrave
Notary Public

My Commission Expires:

June 24, 1981

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

(See other in-
structions on
reverse side)Form approved.
Budget Bureau No. 42-R355.5.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

1a. TYPE OF WELL:		OIL WELL <input type="checkbox"/>	GAS WELL <input checked="" type="checkbox"/>	DRY <input type="checkbox"/>	Other _____		
b. TYPE OF COMPLETION:		NEW WELL <input checked="" type="checkbox"/>	WORK OVER <input type="checkbox"/>	DEEP-EN <input type="checkbox"/>	PLUG BACK <input type="checkbox"/>	DIFF. RESVR. <input type="checkbox"/>	Other _____
2. NAME OF OPERATOR Tenneco Oil Company						5. LEASE DESIGNATION AND SERIAL NO. Contract #110	
3. ADDRESS OF OPERATOR Box 3249 Englewood, Colorado 80155						6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 950' FNL 1075' FWL "D" At top prod. interval reported below At total depth						7. UNIT AGREEMENT NAME	
14. PERMIT NO. _____ DATE ISSUED _____						8. FARM OR LEASE NAME Jicarilla A	
15. DATE SPUDDED 10/4/80						9. WELL NO. 4E	
16. DATE T.D. REACHED 10/18/80						10. FIELD AND POOL, OR WILDCAT Basin Dakota	
17. DATE COMPL. (Ready to prod.) 12/5/80						11. SEC., T., R., N., OR BLOCK AND SURVEY OR AREA Sec 19 T26N R5W	
18. ELEVATIONS (DP, RKB, RT, GR, ETC.)* 6555'						12. COUNTY OR PARISH Rio Arriba	
19. ELEV. CASINGHEAD						13. STATE New Mexico	
20. TOTAL DEPTH, MD & TVD 7515'		21. PLUG, BACK T.D., MD & TVD 7464'		22. IF MULTIPLE COMPL., HOW MANY*		23. INTERVALS DRILLED BY ROTARY TOOLS 0' TD	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 7213 - 7455' Dakota						25. WAS DIRECTIONAL SURVEY MADE No	
26. TYPE ELECTRIC AND OTHER LOGS RUN CBL, TDT, IND/GR. CFND						27. WAS WELL CORED No	
28. CASING RECORD (Report all strings set in well)							
CASING SIZE		WEIGHT, LB./FT.		DEPTH SET (MD)		HOLE SIZE	
9-5/8"		36#		354'		12 1/4"	
4 1/2"		11.5, 10.6#		7515'		7-7/8"	
						240sx CL-B w/2% CACIZ	
						1st stq 400 sx E-J lite, 150 sx CL-B	
						2nd stq 440 sx E-J lite, 50 sx CL-B	
29. LINER RECORD							
SIZE		TOP (MD)		BOTTOM (MD)		SACKS CEMENT*	
						SCREEN (MD)	
						30. TUBING RECORD	
						SIZE	
						DEPTH SET (MD)	
						PACKER SET (MD)	
						2-3/8"	
						7213'	
31. PERFORATION RECORD (Interval, size and number)							
7213-20'		7266-68'		7388-89'		7454-55'	
7223-48'		7323-24'		7400-01'		2JSPF	
7252-56'		7326-27'		7432-42'		72' 148	
7259-61'		7352-67'		7446-50'		72' 148	
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.							
DEPTH INTERVAL (MD)		AMOUNT AND KIND OF MATERIAL USED					
7213-7455'		500 gal 7 1/2% DI-HCL, 3220 gal 15% HCL & 222 balls. 40,000 gal 30#XL gal, 120,000# 20/40 sd 50,000# 10/20/sand					
33. PRODUCTION							
DATE FIRST PRODUCTION 12/15/80		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Flowing				WELL STATUS (Producing or shut-in) Shut-in	
DATE OF TEST 12/5/80		HOURS TESTED 3 hrs.		CHOKE SIZE 3/4"		PROD'N. FOR TEST PERIOD OIL—BBL. GAS—MCF. WATER—BBL. GAS-OIL RATIO Q=1924	
FLOW. TUBING PRESS. 130 PSI		CASING PRESSURE 625 PSI		CALCULATED 24-HOUR RATE OIL—BBL. GAS—MCF. WATER—BBL. OIL GRAVITY-API (CORR.) AOF=2148			
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) Sold						TEST WITNESSED BY	
35. LIST OF ATTACHMENTS Electric logs forwarded by Schlumberger							
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records							
SIGNED <u>Carley Hatten</u>		TITLE Asst Div. Adm. Mgr.				DATE 12/29/80	
JAN 10 1981							

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

NMCCG

FARMINGTON DISTRICT

BY

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

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

OIL CONSERVATION DIVISION

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Amoco Production Company		Well API No. 3003922292
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:	
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		

II. DESCRIPTION OF WELL AND LEASE

Lease Name JICARILLA A	Well No. 4E	Pool Name, Including Formation BASIN (DAKOTA)	FEDERAL	Lease No. 9000110
Location				
Unit Letter D	950	Feet From The FNL	Line and 1075	Feet From The FWL
Section 19	Township 26N	Range 5W	NMPM	RIO ARRIBA

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 8900, SALT LAKE CITY, UT 84108-0899	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	Twp.	Rge.
If this production is commingled with that from any other lease or pool, give commingling order number:	Is gas actually connected? When?	

IV. COMPLETION DATA

Designate Type of Completion - (X)	<input type="checkbox"/> Oil Well	<input type="checkbox"/> Gas Well	<input type="checkbox"/> New Well	<input type="checkbox"/> Workover	<input type="checkbox"/> Deepen	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Same Res'v	<input type="checkbox"/> Mif Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.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 in 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/MCF	Gravity of Condensate
Testing Method (prior, 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
January 16, 1989
Date
303-830-5025
Telephone No.

OIL CONSERVATION DIVISION

Date Approved **MAY 08 1989**

By *[Signature]*
Title **SUPERVISION DISTRICT # 3**

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.

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. 300392229200
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: <input type="checkbox"/>	
Recompletion <input type="checkbox"/>	Oil <input 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 JICARILLA A	Well No. 4E	Pool Name, including Formation BASIN DAKOTA (PRORATED GAS)	Kind of Lease State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> or Fee	Lease No.
Location Unit Letter D : 950 Feet From The FNL Line and 1075 Feet From The FWL Line Section 19 Township 26N Range 5W , NMPM RIO ARRIBA 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	Soc. 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 CEMENT SCHEDULE								
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 (pitot, 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.

Doug W. Whaley
Signature
Doug W. Whaley, Staff Admin. Supervisor
Printed Name
July 5, 1990
Date
303-830-4280
Telephone No.

OIL CONSERVATION DIVISION

Date Approved **AUG 23 1990**
By *[Signature]*
Title **SUPERVISOR DISTRICT #3**

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.

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

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-
 Effective 1-1-65

I. PRODUCTION OFFICE
 Operator
 Tenneco Oil Company
 Address
 P.O. Box 3249 Englewood, Colorado 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 Jicarilla, A	Well No. 4E	Pool Name, including Formation Basin Dakota	Kind of Lease Federal	Lease No. Contract #110
Location Unit Letter D : 950 Feet From The North Line and 1075 Feet From The West Line of Section 19 Township 26N Range 5W . NMPM. Reio Arriba 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) Box 460 Hobbs, New Mexico 88240
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Northwest Pipeline	Address (Give address to which approved copy of this form is to be sent) Box 1526 Salt Lake City, Utah 84111
If well produces oil or liquids, give location of tanks. Unit D Sec. 19 Twp. 26N Rge. 5W	Is gas actually connected? When No ASAP

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'
Date Spudded 10/4/80	Date Compl. Ready to Prod. 12/5/80		XX	XX					
Elevations (DF, RKB, RT, CR, etc.) 6555 gr.	Name of Producing Formation Dakota			7515'				7464'	
Perforations 7400-01', 7432-42', 7446-50', 7454-55', 7352-67', 7388-89', 7213'-20', 7223-48', 7252-56', 7259-61', 7266-68', 7323-24', 7326-27'				7213'				7213'	
TUBING, CASING, AND CEMENTING RECORD									
MOLE SIZE	CASING & TUBING SIZE	DEPTH SET				SACKS CEMENT			
12 1/4"	9-5/8" 36#	354'				250 sx			
7-7/8"	4 1/2" 10.5 11.6#	7515'				550 sx			
	2-3/8"	7213'				490 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 allc able 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
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.

GAS WELL

Actual Prod. Test - MCF/D Q = 1924	Length of Test 3 hours	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (puot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 1695 Psi	Casing Pressure (Shut-in) 1710 Psi	Choke Size 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.

Charley Whitham
 (Signature)
 Assistant Division Administrative Manager
 12/30/80
 (Date)

OIL CONSERVATION COMMISSION
 APPROVED *JAN 9 1981*
 Original Signed by FRANK T. CHAVEZ
 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 deepen 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 all wells 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 multiple completed wells.

District I
J625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Avenue, Artesia, NM 88210
District III
1000 Rio Brazos Road, Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy Minerals and Natural Resources

Form C-104B
March 19, 2001

Oil Conservation Division
1220 South St. Francis Dr.
Santa Fe, NM 87505

Submit 1 copy of the final affected
wells list along with 1 copy of this form
per number of wells on that list to
appropriate District Office

Change of Operator Name

OGRID: 000778
Effective Date: 12/31/2001

Previous Operator Name and Information:

Name: Amoco Production Company
Address: P.O. Box 3092
Address: _____
City, State, Zip: Houston, Texas 77253

New Operator Name and Information:

New Name: BP America Production Company
Address: P.O. Box 3092
Address: _____
City, State, Zip: Houston, Texas 77253

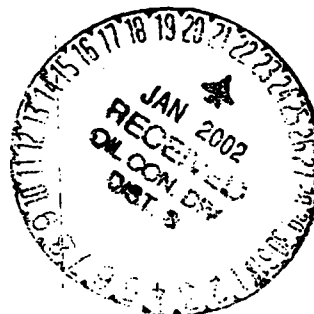
I hereby certify that the rules of the Oil Conservation Division have been complied with and that the information given on this form and the attached list of wells is true and complete to the best of my knowledge and belief.

Signature: Mary Corley

Printed name: Mary Corley

Title: Senior Regulatory Specialist

Date: 12/10/2001 Phone: 281-366-4491



NMOCD Approval

Signature: [Signature]

Printed Name: SUPERVISOR DISTRICT #3

District: JAN 22 2002

Date: _____

District I
1625 N. French Dr., Hobbs, NM 88240
District II
811 South First, Artesia, NM 88210
District III
1000 Rio Brazos Road, Aztec, NM 87410
District IV
2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico
Energy Minerals and Natural Resources

Form C-104A

Submit to appropriate District Office

Oil Conservation Division
2040 South Pacheco
Santa Fe, NM 87505

Change of Operator

Previous Operator Information:

OGRID: 000778
Name: BP America Production Company
Address: P.O. Bxo 3092
Address: _____
City, State, Zip: Houston, TX 77253-3092

New Operator Information:

Effective Date: January 1, 2004
New Ogrid: 222374
New Name: CDX Rio, LLC
Address: 4801 N. Butler Ave. #2000
Address: _____
City, State, Zip: Farmington, NM 87401

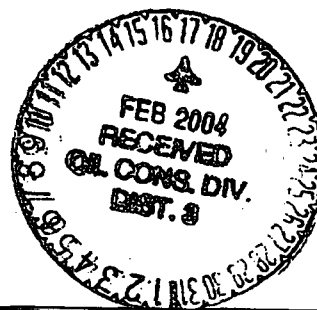
I hereby certify that the rules of the Oil Conservation Division have been complied with and that the information given to the new operator on this form and the attached list of wells is true and complete to the best of my knowledge and belief.

Signature: Ronald D. Johnston

Printed name: ~~Enid Grubb~~ Ronald D. Johnston

Title: ~~Production Accounting Spec.~~ Operations Manager

Date: 1/12/04 Phone: 505-325-4007



Previous operator complete below:

Previous Operator: BP America Production Company

Previous OGRID: 000778

Signature: Cherry Hlava

Printed Name: Cherry Hlava

NMOCD Approval

Signature: 328
SUPERVISOR DISTRICT #3

Printed Name: _____

District: _____

Date: FEB 17 2004