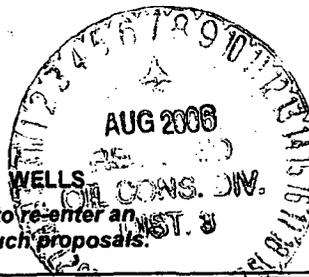


UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT



FORM APPROVED  
OMB NO. 1004-0137  
Expires March 31, 2007

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.

SUBMIT IN TRIPLICATE - Other instructions on reverse side

5. Lease Serial No.  
**JIC-69**

6. If Indian, Allottee or Tribe Name  
**JICARILLA APACHE TRIBE**

7. If Unit or CA Agreement, Name and/or No.  
**AM 9 41**

8. Well Name and No.  
**APACHE FEDERAL #10**

9. API Well No.  
**30-039-05477**

10. Field and Pool, or Exploratory Area  
**BASIN DAKOTA / ~~OTHER~~ WC Basin Mancos**

11. County or Parish, State  
**SAN JUAN NM**

1. Type of Well  
 Oil Well  Gas Well  Other

2. Name of Operator  
**KTO Energy Inc.**

3a. Address  
**2700 Farmington Ave., Bldg. K, Ste 1 Farmington.**

3b. Phone No. (include area code)  
**505-324-1090**

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)  
**2111' FSL & 2236' FEL SEC 18J-T24N-R05W**

REC  
070 FARMINGTON NM

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

TYPE OF SUBMISSION	TYPE OF ACTION			
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Recomplete	<input checked="" type="checkbox"/> Other <b>PCA DK, RC</b>
	<input type="checkbox"/> Change Plans	<input checked="" type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	<b>to GP</b>
	<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 approximate duration thereof. If the proposal is to deepen directionally or recomplete 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 recompletion 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.)

**WC Basin Mancos**

KTO Energy Inc. intends to plug Basin DK & recomplete to ~~GP~~ as follows: 1) MI & set 2 - 400 hbl frac tanks & fill w/2% KCl wtr. 2) MIRU PU. 3) ND WH. NU & BT BOP. 4) TOH w/tbg, nipple & pkr. LD nipple & pkr. 5) PU CIBP. TIH w/CIBP & tbg to approx ~~5,315'~~ (Top of DK fnt). Spot a 100' cnt plug on top of CIBP fr/6,545'-6,445' w/18 sk cnt w/2% CaCl2. 6) TOH & LD tbg. 7) MIRU WL. RU full lubricator. Log well w/GR/OCL log from PBID (6,445) to 2,270' (DV Tool). 8) Perf GP (0.32" dia., ttl 26 holes). 9) PU & TIH w/pkr & tbg to 5,350'. Set pkr at 5,350'. PT annulus to 500 psig. 10) RDMO PU. 11) MIRU acid & pmp truck. HD GP perfs from 5,420'-5,605'. A. w/1000 gals of 15% NEFE HCl. Max TP 5,000 psig. Flush w/2,300 gals 2% KCl water (2 bbls over flush). RDMO acid & pmp truck. 12) MIRU frac equip. Frac GP perfs fr/5,420'-5,605' dmw tbg at 35 BPM w/62,000 gal 70Q, CO2 foamed, 25# XL gelled, 2% KCl wtr (Pure Gel III) carrying 74,000# 20/40 Ottawa sd & 30,000# 20/40 Super LC RC sd. 13) SWI 4 hrs. RDMO frac equip. Flow back well. 14) MIRU PU. ND WH. NU BOP. 15) TOH & LD tbg & pkr. TIH w/sd bailer, SN & tbg. CO to 6,445' (PBID). Circ clean. 16) TOH w/tbg & bailer. LD bailer. TIH w/OEMA & weep hole, SN & tbg to surf. LD tbg @ approx 5,680'. SN @ approx 5,650'. TAC @ 5,398'. ND BOP. NU WH. 17) TIH w/pmp, strainer nipple, spiral rod guide, REBO tl, sub, sinker bars & rods to surf. 18) RDMO PU.

**HOLD 0104 FOR C-102 Form For Basin Mancos**

**SEE ATTACHED FOR CONDITIONS OF APPROVAL**

14. I hereby certify that the foregoing is true and correct  
Name (Printed/Typed) **LORRI D. BINGHAM** Title **REGULATORY COMPLIANCE TECH**

*[Signature]* Date **7/24/06**

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by *[Signature]* Title **Reg. Eng.** Date **8/4/06**

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 **FPO**

Title 18 U.S.C. Section 1001, and Title 43 U.S.C. Section 1212, 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.

**REMOVED**

*R*



# United States Department of the Interior

## BUREAU OF LAND MANAGEMENT

Farmington Field Office  
1235 La Plata Highway, Suite A  
Farmington, New Mexico 87401

Attachment to Notice of Intent for Plug Back

**Well: Apache Federal #10**

### **CONDITIONS OF APPROVAL:**

1.) Farmington Field Office is to be notified at least 24 hours before the plug back operations commence (505) 599-8907.

3.) The following modifications to your plug back program are to be made:

A.) Set CIBP between 6494' and 6444' (Top Dakota perf @ 6544') and spot 100' of cement on top of CIBP plus 50' excess cement. (Dakota formation top @ 6445')

## **BLM CONDITIONS OF APPROVAL**

### ***WORKOVER AND RECOMPLETION OPERATIONS:***

**A properly functioning BOP and related equipment must be installed prior to commencing workover and/or recompletion operations.**

### ***SURFACE USE OPERATIONS:***

The following Stipulations will apply to this well unless a particular Surface Managing Agency or private surface owner has supplied to BLM and operator a contradictory environmental stipulation. The failure of operator to comply with these requirements may result in assessments or penalties pursuant to 43 CFR 3163.1 or 3163.2. A copy of these conditions of approval shall be present on location during construction, drilling and reclamation activity.

An agreement between operator and fee landowner will take precedence over BLM surface stipulations unless (in reference to 43 CFR Part 3160) 1) BLM determines that operator's actions will affect adjacent Federal or Indian surface, or 2) operator does not maintain well area and lease premises in a workmanlike manner with due regard for safety, conservation and appearance, or 3) no such agreement exists, or 4) in the event of well abandonment, minimal Federal restoration requirements will be required.

***STANDARD STIPULATIONS:*** All surface areas disturbed during work-over activities and not in use for production activities will be reseeded. This should occur in the first 90 days after completion of work-over activities.

### ***SPECIAL STIPULATIONS:***

1. **Pits will be fenced during work-over operation.**
2. **All disturbance will be kept on existing pad.**
3. **All pits will be pulled and closed immediately upon completion of the work-over activities.**
4. **Pits will be lined with an impervious material at least 12 mils thick.**

**District I** - (505) 393-6161  
 1625 N. French Dr, Hobbs, NM 88240  
**District II** - (505) 748-1283  
 1301 W. Grand Avenue, Artesia, NM 88210  
**District III** - (505) 334-6178  
 1000 Rio Brazos Road, Aztec, NM 87410  
**District IV** - (505) 476-3440  
 1220 So. St. Francis Dr., Santa Fe, NM 87505

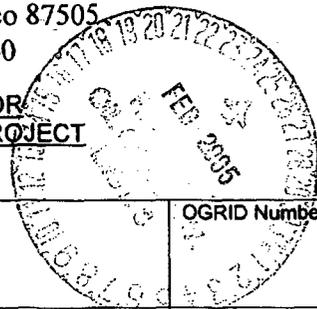
New Mexico  
 Energy Minerals and Natural Resources Department

Form C-140  
 Revised June 10, 2003

Oil Conservation Division  
 1220 South St. Francis Dr.  
 Santa Fe, New Mexico 87505  
 (505) 476-3440

**SUBMIT ORIGINAL  
 PLUS 2 COPIES  
 TO APPROPRIATE  
 DISTRICT OFFICE**

APPLICATION FOR  
 WELL WORKOVER PROJECT



Operator name & address <b>XTO ENERGY INC.</b> 2700 Farmington Ave, Suite K-1 Farmington, New Mexico 87401							OGRID Number  167067		
Contact Party <b>MELISSA M OSBORNE, REGULATORY COMPLIANCE TECH</b>							Phone (505) 566-7925		
Property Name <b>APACHE FEDERAL</b>					Well Number 10		API Number 30-039-05477		
UL J	Section 18	Township 24N	Range 05W	Feet From The 2111	North/South Line S	Feet From The 2236	East/West Line E	County RIO ARRIBA	

**I. Workover**

Date Workover Commenced: 07/01/2004	Previous Producing Pool(s) (Prior to Workover):  <b>BASIN DAKOTA</b>
Date Workover Completed: 07/29/2004	

- II. Attach a description of the Workover Procedures performed to increase production.  
 V. Attach a production decline curve or table showing at least twelve months of production prior to the workover and at least three months of production following the workover reflecting a positive production increase.

**AFFIDAVIT:**

State of New Mexico )  
 ) ss.  
 County of San Juan )  
Melissa M Osborne, being first duly sworn, upon oath states:

- I am the Operator, or authorized representative of the Operator, of the above-referenced Well.
- I have made, or caused to be made, a diligent search of the production records reasonably available for this Well.
- To the best of my knowledge, this application and the data used to prepare the production curve and/or table for this Well are complete and accurate.

Signature Melissa M Osborne Title REGULATORY COMPLIANCE TECH Date 02/25/05  
 E-mail Address \_\_\_\_\_

SUBSCRIBED AND SWORN TO before me this 25th day of February, 2005

My Commission expires: 7/27/08

Notary Public  
Brenda Waller

**FOR OIL CONSERVATION DIVISION USE ONLY:**

VI. CERTIFICATION OF APPROVAL:  
 This Application is hereby approved and the above-referenced well is designated a Well Workover Project and the Division hereby verifies the data shows a positive production increase. By copy hereof, the Division notifies the Secretary of the Taxation and Revenue Department of this Approval and certifies that this Well Workover Project was completed on 07-29- 2004

Signature District Supervisor <u>Chuck D. ...</u>	OCD District <u>AZTEC III</u>	Date <u>03-07-2005</u>
--	----------------------------------	---------------------------

VII. DATE OF NOTIFICATION TO THE SECRETARY OF THE TAXATION AND REVENUE DEPARTMENT:

**XTO Energy Inc.**  
**APACHE FEDERAL #10**  
**INSTALL PLUNGER**

---

- 7/1/04 BD tbg. SN @ 6,568'. RU swb. BFL 2,000' FS. S. 1 BO, 34 BLW, 7 hrs, 18 runs. FFL 6,500' FS. Well would flw fr/10" to 20" after each run & then load up. RD swb. RIH w/OS & FF SV. POH w/OS & SV. SWIFPBU. RDMO swb rig.
- 7/10/04 Prod inst new 2.3 dual flow L/C on WH & APC 1000 (megabox) ctlr. Dropd new BHBS & new sgl pad plngr. Cycled plngr to surf thru sales. Found OFU on mtr tube leaking. SWI. Called EPFS to rep.
- 7/15/04 SITP 550 psig, SICP 580 psig. Eq well for 24 hrs. Unable to cycle plngr. Rpts suspended until further activity.
- 7/20/04 MIRU SWU. OWU thru byp, plngr cycled to surf in 25". Rec 1 BO, 2 BW, 5 runs, 3 hrs. SWI for 30" to drop plngr. SITP 300 psig, SICP 445 psig. OWU thru byp, plngr cycled to surf in 12". Rec 1 BO, 2 BW. SWI for 30" to drop plngr. SITP 250 psig, SICP 280 psig. OWU thru byp for 45", no plngr arr. RU swb. BFL @ 5,300' FS. S. 4 BO, 6 BW, 5 runs, 3.5 hrs. FFL @ 5,800' FS. Plngr did not cycle. FTP 2 psig, SICP 140 psig. SWI. SDFN.
- 7/21/04 RU swb. BFL @ 4,800' FS. S. 6 BO, 7 BW, 13 runs, 7 hrs. FFL @ 6,300' FS. Plngr cycled after second swb run. Pld plngr fr/WH. FTP 2 psig, SICP 80 psig. Dropd plngr. SWIFPBU. SDFN.
- 7/29/04 SITP 840 psig, SICP 850 psig, LP 290 psig. OWU & RWTP @ 9:00 a.m., 7/28/04.

Well: APACHE FEDERAL No.: 10  
 Operator: XTO ENERGY, INC. API: 3003905477  
 Township: 24.0N Range: 05W  
 Section: 18 Unit: J  
 Land Type: J County: Rio Arriba

Year: 2002

Pool Name BASIN DAKOTA (PRORATED GAS)

Month	Oil(BBLS)	Gas(MCF)	Water(BBL)	Days Produced
January	0	0	0	0
February	0	0	0	0
March	0	25	0	1
April	0	66	0	1
May	0	0	0	0
June	0	0	0	0
July	0	197	0	0
August	0	374	0	8
September	0	365	0	1
October	0	630	0	6
November	0	500	0	6
December	0	17	0	17
Total	0	2174	0	40

Year: 2003

Pool Name BASIN DAKOTA (PRORATED GAS)

Month	Oil(BBLS)	Gas(MCF)	Water(BBL)	Days Produced
January	0	29	0	29
February	0	0	0	0
March	0	176	0	18
April	0	97	0	1
May	0	0	0	0
June	0	17	0	1
July	0	0	0	0
August	0	0	0	0
September	0	0	0	0
October	194	3	0	31
November	0	10	0	30
December	3	42	0	31
Total	197	374	0	141

486

12 mth prod  
avg prod  
40.5

Year: 2004

Pool Name BASIN DAKOTA (PRORATED GAS)

Month	Oil(BBLS)	Gas(MCF)	Water(BBL)	Days Produced
January	3	14	0	31
February	0	35	0	28
March	0	23	0	31
April	0	23	0	30
May	0	0	0	0
June	0	0	0	0
July	120	146	0	1
August	0	550	0	31
September	0	254	0	30
October	0	191	0	31
November	0	166	0	30
December	1	38	0	31
Total	124	1440	0	214

995

3 mth prod  
avg prod  
331.666667

increase/decrease  
291.166667

District I  
1625 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-104A  
Revised June 10, 2003

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**

Previous Operator Information:

OGRID: 220758  
Name: PXP Gulf Coast Inc  
Address: 700 Milam Street, Suite 1100  
Address: \_\_\_\_\_  
City, State, Zip: Houston, TX 77002-2815

New Operator Information:

Effective Date: 10/1/2003  
New Ogrid: 5380-167067  
New Name: XTO ENERGY INC.  
Address: 810 Houston St.  
Address: \_\_\_\_\_  
City, State, Zip: FORT WORTH, TX 76102-6298

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

New Operator  
Signature: Edwin S. Ryan, Jr.  
Printed name: Edwin S. Ryan, Jr.  
Title: SR. V.P. LAND  
E-mail \_\_\_\_\_  
Address: \_\_\_\_\_  
Date: 9/10/03 Phone: 817.870.2800



Previous operator complete below:

Previous Operator: PXP Gulf Coast Inc  
Previous OGRID: 220758  
Signature: Thomas M. Gladney  
Printed Name: Thomas M. Gladney Exec. V.P. Explor. & Prod.  
E-mail: tgladney@plainsxp.com  
Address: \_\_\_\_\_

<b>NMOCD Approval</b>	
Signature: _____	
Printed Name: _____	
	<u>378</u> SUPERVISOR DISTRICT #3
District: _____	
	OCT 20 2003
Date: _____	

Sale 186C  
Lot 102

District I  
1625 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

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

Form C-104A  
Revised June 10, 2003

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

#### Previous Operator Information:

OGRID: 142072  
Name: 3 TEC Energy Corporation  
Address: 700 Milam Street, Suite 1100  
Address: \_\_\_\_\_  
City, State, Zip: Houston, TX 77002-2815

#### New Operator Information:

Effective Date: 7/1/03  
New Ogrid: 220758  
New Name: PXP Gulf Coast, Inc.  
Address: 700 Milam Street, Suite 1100  
Address: \_\_\_\_\_  
City, State, Zip: Houston, TX 77002-2815

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

New Operator  
Signature:   
Printed name: Thomas M. Gladney  
Title: Executive V.P. Exploration & Production  
E-mail: TGladney@plainsxp.com  
Address: \_\_\_\_\_  
Date: 6/23/03 Phone: 713-821-7100

#### Previous operator complete below:

Previous Operator: 3 TEC Energy Corporation  
Previous OGRID: 142072  
Signature:   
Printed Name: Mark Holt  
E-mail: mholt@3tecenergy.com  
Address: \_\_\_\_\_

<b>NMOCD Approval</b>	
Signature: _____	
Printed Name: <u>378</u>	
Name: <u>SUPERVISOR DISTRICT #3</u>	
District: _____	
Date: _____	<u>JUN 27 2003</u>

**C-104 Operator Changes**

Current OGRID: 142072	New OGRID: 142072
Current Name: Middle Bay Oil Co. Inc.	New Name: 3TEC Energy Corp.
Address: 1221 Lamar St.	Address: 777 Walker
Address:	Address: Suite 2400
City, State, Zip: Houston, TX 77010	City, State, Zip: Houston, TX 77002

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

Signature: <i>Janna Calhoun</i>	<i>Instructions: Please make two copies of this document for each well listed, one copy for Santa Fe and one for District well files.</i>
Printed Name: Janna Calhoun	
Title: Operations Administrator	
Date: 03/24/2000 Phone: 713-821-7107	

If this is an operator change, and not strictly a company name change, please complete below:

Previous Operator: Middle Bay Oil Co., Inc.	NMOCD Approval Signature: <i>J. S.</i>
Previous OGRID: 142072	Printed Name: SUPERVISOR DISTRICT #3
Signature: <i>Janna Calhoun</i>	District:
Printed Name: Janna Calhoun	Date: MAR 31 2000

API NUMBER	U/L	SEC	TWP	RNG	POOL	PROP	Property Name	WELL #
25	31522	A	12	16S 36E	40760	16646	Kim Harris	2
39	5448	N	17	24N 05W	71439	25225	Apache Federal	1
39	5548	M	8	24N 05W	71439	25225	Apache Federal	2
39	5555	4	7	24N 05W	71439	25225	Apache Federal	4
39	5497	H	18	24N 05W	71439	25225	Apache Federal	5
39	5596	G	7	24N 05W	71439	25225	Apache Federal	6
39	5483	G	17	24N 05W	71439	25225	Apache Federal	7
39	5610	D	8	24N 05W	48450	25225	Apache Federal	8
39	5610	D	8	24N 05W	71599	25225	Apache Federal	8
39	23040	A	8	24N 05W	71599	25225	Apache Federal	8E
39	5513	D	17	24N 05W	48450	25225	Apache Federal	9
39	5513	D	17	24N 05W	71599	25225	Apache Federal	9
39	5477	J	18	24N 05W	71599	25225	Apache Federal	10
39	22675	N	18	24N 05W	71599	25225	Apache Federal	10E
39	5561	J	8	24N 05W	71599	25225	Apache Federal	11
39	22673	L	8	24N 05W	71599	25225	Apache Federal	11E
39	5566	J	7	24N 05W	71599	25225	Apache Federal	13
39	22672	K	7	24N 05W	71599	25225	Apache Federal	13E
39	5514	1	18	24N 05W	71599	25225	Apache Federal	14
39	60125	1	7	24N 05W	71439	25225	Apache Federal	15



District I  
 PO Box 1980, Hobbs, NM 88241-1980  
 District II  
 PO Drawer DD, Artesia, NM 88211-0719  
 District III  
 1000 Rio Brans Rd., Aztec, NM 87410  
 District IV  
 PO Box 2088, Santa Fe, NM 87504-2088

State of New Mexico  
 Energy, Minerals & Natural Resources Department

OIL CONSERVATION DIVISION  
 PO Box 2088  
 Santa Fe, NM 87504-2088

Form C-104  
 Revised February 10, 1994  
 Instructions on back  
 Submit to Appropriate District Office  
 5 Copies

AMENDED REPORT

**AUTHORIZATION TO TRANSPORT**

I. <b>RF</b> Middle Bay Oil Company Two Shell Plaza 777 Walker, Suite 2400 Houston, TX 77002		" OGRID Number 142072
		" Reason for Filing Code CH
" API Number 30 - 039 - 05477	" Pool Name Basin Dakota	" Pool Code 71599
" Property Code 004331 25 778	" Property Name Apache Federal	" Well Number 10

II. **10 Surface Location**

UL or lot no.	Section	Township	Range	Lot Ida	Feet from the	North/South Line	Feet from the	East/West Line	County
J	18	24N	5W		990 2/11	North	990 22.36	West	Rio Arriba

**11 Bottom Hole Location**

UL or lot no.	Section	Township	Range	Lot Ida	Feet from the	North/South Line	Feet from the	East/West Line	County
J	18	24N	5W		990	North	990	West	Rio Arriba

" Lic Code	" Producing Method Code	" Gas Connection Date	" C-129 Permit Number	" C-129 Effective Date	" C-129 Expiration Date
J	F				

III. **Oil and Gas Transporters**

" Transporter OGRID	" Transporter Name and Address	" POD	" O/G	" POD ULSTR Location and Description
009018	Giant Refining Company P.O. Box 12999 Scottsdale, AZ 85267	0972110	0	
007057	El Paso Natural Gas Company Box 1492 El Paso, TX 79978	0972130	G	
				DEC - 6 1999

IV. **Produced Water**

" POD	" POD ULSTR Location and Description
0972150	

V. **Well Completion Data**

" Spud Date	" Ready Date	" TD	" FBTD	" Perforations
" Hole Size	" Casing & Tubing Size	" Depth Set	" Sacks Cement	

VI. **Well Test Data**

" Date New Oil	" Gas Delivery Date	" Test Date	" Test Length	" Tbg. Pressure	" Csg. Pressure
" Choke Size	" Oil	" Water	" Gas	" AOF	" Test Method

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

Signature: *Janna Calhoun*  
 Printed name: Janna Calhoun  
 Title: Operations Administrator  
 Date: 11-22-99  
 Phone: (713) 222-6275

OIL CONSERVATION DIVISION  
 Approved by: *[Signature]*  
 Title: SUPERVISOR DISTRICT #3  
 Approval Date: DEC - 6 1999

If this is a change of operator fill in the OGRID number and name of the previous operator  
*Leah Moon Becton* Floyd Oil Company /Leah Moon Becton/Prod. Admin/ 11/24/99  
 Previous Operator Signature OGRID #007931 Printed Name Title Date

Submit 3 Copies  
Appropriate District Office  
DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

Energy, Minerals and Natural Resources Department

Revised 1-1-89  
See Instructions  
at Bottom of Page

**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**

**I.**

Operator <b>FLOYD OIL COMPANY</b>	Well API No. <b>30-039-05477</b>
Address <b>711 LOUISIANA, STE 1740 HOUSTON, TX 77002</b>	
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 checked="" type="checkbox"/>
If change of operator give name and address of previous operator	

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name <b>APACHE FEDERAL</b>	Well No. <b>10</b>	Pool Name, Including Formation <b>BASIN DAKOTA</b>	Kind of Lease State, Federal or Foreign <b>Federal</b>	Lease No. <b>TRIBAL #69</b>
Location Unit Letter <b>J</b> : <b>2111</b> Feet From The <b>SOUTH</b> Line and <b>2236</b> Feet From The <b>EAST</b> Line Section <b>18</b> Township <b>T24N</b> Range <b>5W</b> , NMPM, <b>RIO ARRIBA</b> 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"/> <b>GIANT REFINING COMPANY</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. BOX 256 FARMINGTON, NM 87499</b>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <b>EL PASO NATURAL GAS COMPANY</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. BOX 1492 EL PASO, TX 79978</b>
If well produces oil or liquids, give location of tanks.	Unit   Sec.   Twp.   Rge.   Is gas actually connected?   When?
	<b>J   18   24N   5W   YES   UNKNOWN</b>

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, KT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		
<b>TUBING, CASING AND CEMENTING RECORD</b>								
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 - Bbls.

**GAS WELL**

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

**RECEIVED**  
**JUNE 4 1990**

**OIL CON. DIV.**  
**DIST. 3**

**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.

*John N. Black*  
Signature  
**JOHN N. BLACK**  
Printed Name  
**6-15-90**  
Date

**EYE, VP**  
Title  
**713-222-6275**  
Telephone No.

**OIL CONSERVATION DIVISION**

Date Approved **JUN 14 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.

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 <b>FLOYD OIL COMPANY</b>	Well API No.
Address <b>711 LOUISIANA, STE 1740, HOUSTON, TX 77002</b>	
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 <b>CHEVRON U.S.A. INC., P.O. BOX 599, DENVER CO 80201</b>	

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name <b>APACHE FEDERAL</b>	Well No. <b>10</b>	Pool Name, Including Formation <b>BASIN DAKOTA</b>	Kind of Lease State, Federal or Fee	Lease No. <b>TRIBAL #69</b>
Location				
Unit Letter <b>J</b>	<b>2111</b>	Feet From The <b>SOUTH</b>	Line and <b>2236</b>	Feet From The <b>EAST</b>
Section <b>1B</b>	Township <b>T24N</b>	Range <b>5W</b>	, 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 checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<b>PERMIAN CORP.</b>	<b>P.O. BOX 1702 FARMINGTON, NM 87409</b>
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)
<b>EL PASO NATURAL GAS COMPANY</b>	<b>P.O. BOX 1492 EL PASO TEXAS 79978</b>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When?
Unit <b>J</b> Sec <b>1B</b> Twp <b>24N</b> Rge <b>5W</b>	<b>YES</b> <b>UNKNOWN</b>

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			
<b>TUBING, CASING AND CEMENTING RECORD</b>								
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
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.

**RECEIVED**  
FEB 26 1990

**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.

*John N. Black*  
Signature  
**JOHN N. BLACK**  
Printed Name  
**2-22-90**  
Date

*EXE V.P.*  
Title  
**713 222-6225**  
Telephone No.

**OIL CONSERVATION DIVISION**

Date Approved **FEB 26 1990**

By *Bill J. Sherry*  
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.

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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

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

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

**RECEIVED**  
JUL 12 1985  
OIL CON. DIV.  
DIST. 3

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

**I.**

Operator  
**CHEVRON U.S.A. INC.**

Address  
**P. O. Box 599, Denver, CO 80201**

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Casinthead Gas	<input type="checkbox"/> Condensate	
<input checked="" type="checkbox"/> Change in Ownership			

Other (Please explain)  
**Name Change Effective 7-1-85**

If change of ownership give name and address of previous owner  
**Gulf Oil Corp., P. O. Box 670, Hobbs, NM 88240**

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name <b>Apache Federal</b>	Well No. <b>10</b>	Pool Name, including Formation <b>Basin Dakota</b>	Kind of Lease State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Fee <input type="checkbox"/>	Lease No.
Location				
Unit Letter <b>J</b>	<b>2111</b>	Feet From The <b>South</b> Line and <b>2236</b>	Feet From The <b>East</b>	
Line of Section <b>18</b>	Township <b>24N</b>	Range <b>5W</b>	NMPM. <b>Rio Arriba</b>	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"/> <b>Kerman Corp.</b>	Address (Give address to which approved copy of this form is to be sent) <b>Box 3119, Midland TX 79701</b>			
Name of Authorized Transporter of Casinthead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <b>El Paso Natural Gas Co.</b>	Address (Give address to which approved copy of this form is to be sent) <b>Box 1492 El Paso, TX 79999</b>			
If well produces oil or liquids, give location of tanks.	Unit <b>J</b>	Sec. <b>18</b>	Twp. <b>24N</b>	Rge. <b>5W</b>
	Is gas actually connected? <b>Yes</b>		When <b>Unknown</b>	

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.

**R. D. Pite**  
(Signature)  
Area Engineer  
(Title)  
5-31-85  
(Date)

OIL CONSERVATION DIVISION  
APPROVED **SEP 20 1985**  
BY **Franklin**  
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.

NO. OF COPIES RECEIVED	7
DISTRIBUTION	
SANTA FE	1
FILE	1
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL 1
	GAS 1
OPERATOR	3
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-110  
Effective 1-1-65

I. Operator  
**Gulf Oil Corporation**  
Address  
**P. O. Box 670, Hobbs, New Mexico 88240**  
Reason(s) for filing (Check proper box) Other (Please explain)  
New Well  Change in Transporter oil   
Recompletion  Oil  Dry Gas   
Change in Ownership  Casinghead Gas  Condensate  **Change in Transporter, effective 3-1-67**

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	Lease No.
<b>Apache Federal</b>	<b>10</b>	<b>Basin Dakota</b>	State, Federal or Fee <b>Indian</b>	
Location:				
Unit Letter <b>J</b>	<b>2111</b>	Feet From The <b>south</b> Line and <b>236</b>	Feet From The <b>east</b>	
Line of Section <b>18</b>	Township <b>24N</b>	Range <b>5W</b>	NMPN, <b>Rio Arriba</b>	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)	
<b>The Permian Corporation</b>	<b>P. O. Box 3119, Midland, Texas 79701</b>	
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)	
<b>El Paso Natural Gas Co.</b>	<b>Box 1161, El Paso, Texas</b>	
If well produces oil or liquids, give location of tanks.	Unit <b>J</b> Sec. <b>18</b> Twp. <b>24N</b> Rge. <b>5W</b>	Is gas actually connected? <b>Yes</b> When <b>Unknown</b>

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'tv.	Diff. Res'tv.
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			
<b>TUBING, CASING, AND CEMENTING RECORD</b>								
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 (pilot, 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.

ORIGINATOR  
\_\_\_\_\_  
(Signature)  
**Area Production Manager**  
\_\_\_\_\_  
(Title)  
**2-24-67**  
\_\_\_\_\_  
(Date)

OIL CONSERVATION COMMISSION

APPROVED FEB 24 1967, 19\_\_\_\_  
BY Original Signed by Emery C. Arnold  
TITLE SUPERVISOR DIST. #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.

NO. OF COPIES RECEIVED	10
DISTRIBUTION	
SANTA FE	1
FILE	116
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL 1 GAS 1
OPERATOR	6
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-110  
Effective 1-1-65

I. Operator  
**Gulf Oil Corporation**  
Address  
**P. O. Box 670, Hobbs, New Mexico 88240**

Reason(s) for filing (Check proper box) Other (Please explain)  
 New Well  Change in Transporter of:  
 Recompletion  Oil  Dry Gas  **Change in ownership effective 8-1-66.**  
 Change in Ownership  Casinghead Gas  Condensate

If change of ownership give name and address of previous owner **British-American Oil Producing Company, P. O. Box 474, Midland, Texas**

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Apache Federal</b>	Well No. <b>10</b>	Pool Name, Including Formation <b>Baskin Dakota</b>	Kind of Lease State, Federal or Fee <b>Indian</b>	Lease No.
Location Unit Letter <b>J</b> ; <b>2111</b> Feet From The <b>south</b> Line and <b>2241</b> Feet From The <b>east</b> Line of Section: <b>18</b> Township <b>24 N</b> Range <b>5W</b> , NMPM, <b>Rio Arriba</b> 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"/> <b>McWood Corporation</b>	Address (Give address to which approved copy of this form is to be sent) <b>Box 1702, Farmington, N.M.</b>					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <b>El Paso Natural Gas Co.</b>	Address (Give address to which approved copy of this form is to be sent) <b>Box 1161, El Paso, Texas</b>					
If well produces oil or liquids, give location of tanks.	Unit <b>J</b>	Sec. <b>18</b>	Twp. <b>24N</b>	Rge. <b>5W</b>	Is gas actually connected? <b>Yes</b>	When <b>Unknown</b>

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)	<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 Resrv.	<input type="checkbox"/> Diff. Resrv.
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	
<b>TUBING, CASING, AND CEMENTING RECORD</b>								
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 - BWS, 3	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. 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.

*(Signature)*  
**Area Production Manager**  
(Title)  
**8-1-66**  
(Date)

OIL CONSERVATION COMMISSION  
APPROVED **AUG 3 1966**, 19  
BY **Original Signed by Emery C. Arnold**  
SUPERVISOR DIST. #3  
TITLE

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.

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

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

Form C-164  
Supersedes Old C-104 and C-110  
Effective 1-1-65

**I. COMPANY**

**The British-American Oil Producing Company**

**P. O. Drawer 330, Farmington, N.M.**

Reason(s) for filing (check proper box)

New Well <input type="checkbox"/>	Change in Transporter of:	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Refracturing <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>	
Change in ownership <input checked="" type="checkbox"/>			

Other (Please explain)

If change of ownership give name and address of previous owner **Gulf Oil Corporation**

**II. DESCRIPTION OF WELL AND LEASE**

Well Name <b>JULIAN Apache</b>	Well No. <b>10</b>	Pool Name, including Formation <b>Basin Dakota</b>	Kind of Lease State, Federal or Fee <b>Fed.</b>
Location: Main Letter <b>J</b> ; <b>2111</b> Feet From The <b>South</b> Line and <b>2241</b> Feet From The <b>East</b>			
Line of Section <b>18</b> , Township <b>24N</b> Range <b>5W</b> , NMPM, <b>Rio Arriba</b> 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)
<b>M. Hood Corp.</b>	<b>P. O. Box 1702, Farmington, New Mexico</b>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<b>El Paso Natural Gas Company</b>	<b>P. O. Box 1161, El Paso, Texas</b>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit <b>J</b> Sec. <b>18</b> Twp. <b>24N</b> Rge. <b>5W</b>	<b>Yes</b>

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 Drilled	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Pool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
TUBING, CASING, AND CEMENTING RECORD						Depth Casing Shoe		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					

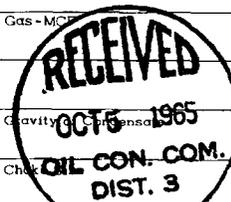
**V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL.**

(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 (pilot, back pr.)	Tubing Pressure	Casing Pressure	Choke



**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.

Original Signed By:  
**Nae R. Stone**  
**Field Superintendent**  
**October 4, 1965**

OIL CONSERVATION COMMISSION

APPROVED **OCT 5 1965**, 19  
BY **Original Signed Emory C. Arnold**  
TITLE **Supervisor Dist. #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 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 multiply completed wells.

NUMBER OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
PRODUCTION OFFICE	
OPERATOR	

**NEW MEXICO OIL CONSERVATION COMMISSION**  
**SANTA FE, NEW MEXICO**  
**CERTIFICATE OF COMPLIANCE AND AUTHORIZATION**  
**TO TRANSPORT OIL AND NATURAL GAS**

**FORM C-110**  
(Rev. 7-60)

FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE

Company or Operator <b>Gulf Oil Corporation</b>			Lease <b>Apache Federal</b>	Well No. <b>10</b>
Unit Letter <b>J</b>	Section <b>18</b>	Township <b>24-N</b>	Range <b>5-W</b>	County <b>Hio Arriba</b>

Pool <b>Basin Dakota</b>	Kind of Lease (State, Fed, Fee) <b>Federal</b>
-----------------------------	---

If well produces oil or condensate give location of tanks	Unit Letter <b>J</b>	Section <b>18</b>	Township <b>24-N</b>	Range <b>5-W</b>
--	-------------------------	----------------------	-------------------------	---------------------

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) <b>306 V &amp; J Tower Building, Midland, Tex.</b>
<b>The McWood Corporation</b>	

Is Gas Actually Connected? Yes  No

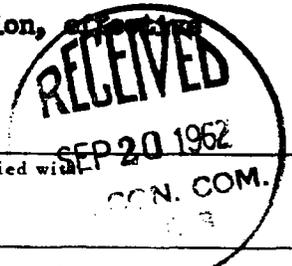
Authorized transporter of casing head gas <input type="checkbox"/> or dry gas <input checked="" type="checkbox"/>	Date Connected <b>Unk</b>	Address (give address to which approved copy of this form is to be sent) <b>Box 997, Farmington, New Mexico</b>
<b>El Paso Natural Gas Co.</b>		

If gas is not being sold, give reasons and also explain its present disposition:

**REASON(S) FOR FILING** (please check proper box)

- New Well .....
- Change in Ownership .....
- Change in Transporter (check one)
- Oil .....  Dry Gas ....
- Casing head gas .  Condensate..
- Other (explain below)

Remarks  
**Change in transporter from El Paso Natural Gas Co. to The McWood Corporation, effective 9-15-62.**



The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.  
 Executed this the 27th day of September, 1962.

<b>OIL CONSERVATION COMMISSION</b>	By <i>A. R. Kendrick</i>
Approved by Original Signed By <b>A. R. KENDRICK</b>	Title <b>Area Production Manager</b>
Title <b>PETROLEUM ENGINEER DIST. NO. 3</b>	Company <b>Gulf Oil Corporation</b>
Date <b>SEP 20 1962</b>	Address <b>Box 2167, Hobbs, New Mexico</b>

NEW MEXICO OIL CONSERVATION COMMISSION  
SAN ANTONIO, NEW MEXICO

Form C-110  
Revised 7/1/55

(File the original and 4 copies with the appropriate district office)

CERTIFICATE OF COMPLIANCE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Company or Operator Gulf Oil Corporation Lease Apache Federal

Well No. 10 Unit Letter J S 18 T 24N R 5W Pool Basin-Dakota

County Rio Arriba Kind of Lease (State, Fed. or Patented) Fed. (Indian)

If well produces oil or condensate, give location of tanks: Unit J S 18 T 24N R 5W

Authorized Transporter of Oil or Condensate El Paso Natural Gas Products Company

Address Box 1161, El Paso, Texas

(Give address to which approved copy of this form is to be sent)

Authorized Transporter of Gas \_\_\_\_\_

Address \_\_\_\_\_ Date Connected \_\_\_\_\_

(Give address to which approved copy of this form is to be sent)

If Gas is not being sold, give reasons and also explain its present disposition:

Reasons for Filing: (Please check proper box) New Well  (X)

Change in Transporter of (Check One): Oil ( ) Dry Gas ( ) C'head ( ) Condensate ( )

Change in Ownership ( ) Other ( )

Remarks: (Give explanation below)

Dakota Condensate will be trucked by Foutz & Bursum Trucking Co., Inc.,  
Box 307, Farmington, New Mexico to El Paso Natural Gas Products Company  
receiving station at Lybrook, New Mexico. It will then be pipelined to  
the Bisti.

RECEIVED  
APR 17 1961

The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.

Executed this the 13th day of April 19 61

ORIGINAL SIGNED

By By: T. A. TRAX

Approved APR 17 1961 19

Title Area Production Manager

OIL CONSERVATION COMMISSION

Original Signed By

By A. R. KENDRICK

Company Gulf Oil Corporation

Address Production Department

Title PETROLEUM ENGINEER DIST. NO. 3

Box 1346, Salt Lake City, Utah

NEW MEXICO OIL CONSERVATION COMMISSION  
SANTA FE, NEW MEXICO

Form C-110  
Revised 7/1/55

(File the original and 4 copies with the appropriate district office)

CERTIFICATE OF COMPLIANCE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Company or Operator Gulf Oil Corporation Lease Apache Federal

Well No. 10 Unit Letter J S 18 T 24N R 5W Pool Basin-Dakota

County Rio Arriba Kind of Lease (State, Fed. or Patented) Fed. (Indian)

If well produces oil or condensate, give location of tanks: Unit S T R

Authorized Transporter of Oil or Condensate \_\_\_\_\_

Address \_\_\_\_\_

(Give address to which approved copy of this form is to be sent)

Authorized Transporter of Gas El Paso Natural Gas Company

Address El Paso, Texas Date Connected \*

(Give address to which approved copy of this form is to be sent)

If Gas is not being sold, give reasons and also explain its present disposition:

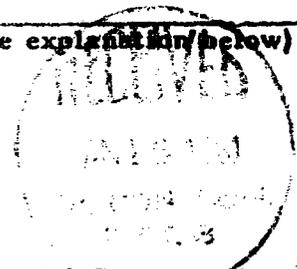
\*Waiting for connection.

Reasons for Filing: (Please check proper box) New Well  (X)

Change in Transporter of (Check One): Oil ( ) Dry Gas ( ) C'head ( ) Condensate ( )

Change in Ownership ( ) Other ( )

Remarks: \_\_\_\_\_ (Give explanation below)



The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.

Executed this the 12th day of January 19 61

ORIGINAL SIGNED  
By T. A. TRAX

Approved \_\_\_\_\_ 19 \_\_\_\_\_

Title Area Production Manager

OIL CONSERVATION COMMISSION

Company Gulf Oil Corporation

By Original Signed Emery G. Arnold

Address Production Department

Title Supervisor Dist. # 3

Box 1346, Salt Lake City, Utah

NUMBER OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
PRODUCTION OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

(Form C-104)  
Revised 7/1/57

Santa Fe, New Mexico

REQUEST FOR (OIL) - (GAS) ALLOWABLE

New Well  
Recompletion

This form shall be submitted by the operator before an initial allowable will be assigned to any completed Oil or Gas well. Form C-104 is to be submitted in QUADRUPPLICATE to the same District Office to which Form C-101 was sent. The allowable will be assigned effective 7:00 A.M. on date of completion or recompletion, provided this form is filed during calendar month of completion or recompleto: The completion date shall be that date in the case of an oil well when new oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

Salt Lake City, Utah 2-24-61  
(Place) (Date)

WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS:

Gulf Oil Corporation Apache Federal, Well No. 10, in NW 1/4 SE 1/4,  
(Company or Operator) (Lease)  
J, Sec. 18, T. 24N, R. 5W, NMPM, Basin-Dakota Pool  
Unit Letter

Rio Arriba County. Date Spudded 11-1-60 Date Drilling Completed 11-18-60

Please indicate location:

D	G	B	A
E	F	G	H
L	K	J	I
M	N	O	P

Elevation DE 6486' Total Depth 6794' PBD 6733'

Top Oil/Gas Pay 6544' Name of Prod. Form. Basin-Dakota

PRODUCING INTERVAL -

Perforations Notched @6587'; perf 6544'-6584'

Open Hole \_\_\_\_\_ Depth \_\_\_\_\_ Casing Shoe 6756' Tubing 6580'

OIL WELL TEST -

Natural Prod. Test: \_\_\_\_\_ bbls, oil, \_\_\_\_\_ bbls water in \_\_\_\_\_ hrs, \_\_\_\_\_ min. Size \_\_\_\_\_

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): \_\_\_\_\_ bbls, oil, \_\_\_\_\_ bbls water in \_\_\_\_\_ hrs, \_\_\_\_\_ min. Size \_\_\_\_\_

GAS WELL TEST -

Natural Prod. Test: \_\_\_\_\_ MCF/Day; Hours flowed \_\_\_\_\_ Choke Size \_\_\_\_\_

2111' NSL, 2241' WEL  
(FOOTAGE)

Tubing, Casing and Cementing Record

Size	Feet	Sax
<u>8-5/8</u>	<u>193.86</u>	<u>175</u>
<u>5 1/2</u>	<u>5952.14</u>	<u>221</u>
<u>5 1/2</u>	<u>50.11</u>	<u>110</u>
<u>2-3/8</u>	<u>6367</u>	

Method of Testing (pitot, back pressure, etc.): \_\_\_\_\_

Test After Acid or Fracture Treatment: 1808 MCF/Day; Hours flowed 3 hrs

Choke Size 3/4" Method of Testing: 1 pt Back Pressure

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 33,600 gal wtr treated w/1% ca cl & 5#/gal J-98 and 24000# 20/40 sand

Casing \_\_\_\_\_ Tubing \_\_\_\_\_ Date first new \_\_\_\_\_  
Press. \_\_\_\_\_ Press. \_\_\_\_\_ oil run to tanks \_\_\_\_\_

Oil Transporter \_\_\_\_\_

Gas Transporter El Paso Natural Gas Co.

Remarks: \_\_\_\_\_

I hereby certify that the information given above is true and complete to the best of my knowledge.

Approved: \_\_\_\_\_, 19\_\_\_\_ Gulf Oil Corporation  
(Company or Operator)

OIL CONSERVATION COMMISSION

ORIGINAL SIGNED

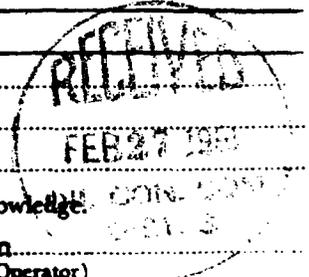
By: T. A. TRAY (Signature)

By: (Original Signed) Emery C. Arnold Title Area Production Manager

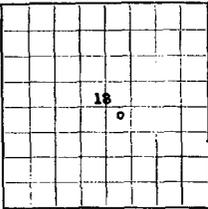
Send Communications regarding well to:

Title Supervisor Dist. # 3 Name Gulf Oil Corporation, Prod. Dept.

Address Box 1346, Salt Lake City, Utah



U. S. LAND OFFICE **Apache**  
SERIAL NUMBER  
**512200# - 62839**



LOCATE WELL CORRECTLY



UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

LOG OF OIL OR GAS WELL

Company Gulf Oil Corporation Address Prod. Dept., Box 1346, Salt Lake City, Utah  
Lessor or Tract Apache Federal Field Basin-Dakota State New Mexico  
Well No. 10 Sec. 18 T. 24N.R. 5W. Meridian NMPM County Rio Arriba  
Location 2111 ft. (N. of E. Line and 2241 ft. (W. of E. Line of Section 18) Elevation 6436'  
The information given herewith is a complete and correct record of the well and all work done thereon so far as can be determined from all available records. ORIGINAL SIGNED  
Signed J. A. TRAX  
Date January 12, 1961 Title Area Production Manager

The summary on this page is for the condition of the well at above date.  
Commenced drilling November 1, 1960 Finished drilling November 18, 1960

OIL OR GAS SANDS OR ZONES  
(Denote gas by G)

No. 1, from 2118' to 2170' (C.) No. 4, from 6700' to 6720' (G2)  
No. 2, from 5400' to 5500' No. 5, from \_\_\_\_\_ to \_\_\_\_\_  
No. 3, from 6569' to 6600' (C.) No. 6, from \_\_\_\_\_ to \_\_\_\_\_

IMPORTANT WATER SANDS

No. 1, from NONE TESTED to \_\_\_\_\_ No. 3, from \_\_\_\_\_ to \_\_\_\_\_  
No. 2, from \_\_\_\_\_ to \_\_\_\_\_ No. 4, from \_\_\_\_\_ to \_\_\_\_\_

CASING RECORD

Size casing	Weight per foot	Threads per inch	Make	Amount	Kind of shoe	Cut and pulled from	Perforated		Purpose
							From	To	
<u>8-5/8</u>	<u>24</u>	<u>80</u>	<u>SS</u>	<u>193.95</u>	<u>Floot Collar</u>		<u>6544'</u>	<u>6584'</u>	<u>Production</u>
<u>8-5/8</u>	<u>19.8</u>	<u>80</u>	<u>SS</u>	<u>788.75</u>					
<u>8-5/8</u>	<u>19.8</u>	<u>80</u>	<u>SS</u>	<u>5952.14</u>					
<u>8-5/8</u>	<u>19.8</u>	<u>80</u>	<u>SS</u>	<u>30.21</u>					
<u>1st Stage - Cem Guide Shoe</u>									
<u>2nd Stage - Stage Collar</u>									

MUDDING AND CEMENTING RECORD

Size casing	Where set	Number sacks of cement	Method used	Mud gravity	Amount of mud used
<u>8-5/8</u>	<u>200'</u>	<u>175</u>	<u>Pump &amp; Plug</u>		
<u>8-5/8</u>	<u>6756'</u>				
<u>1st stage cem 6770' w/221 ex cem and 83 ex Diesel "B", 24 ex oil.</u>					
<u>2nd stage thru Baker stage collar 6220' w/110 ex cem</u>					

PLUGS AND ADAPTERS

Heaving plug—Material \_\_\_\_\_ Length \_\_\_\_\_ Depth set \_\_\_\_\_  
Adapters—Material \_\_\_\_\_ Size \_\_\_\_\_

SHOOTING RECORD

Size	Shell used	Explosive used	Quantity	Date	Depth shot	Depth cleaned out

TOOLS USED

Rotary tools were used from Surface feet to ID feet, and from \_\_\_\_\_ feet to \_\_\_\_\_ feet  
Cable tools were used from \_\_\_\_\_ feet to \_\_\_\_\_ feet, and from \_\_\_\_\_ feet to \_\_\_\_\_ feet

DATES

The production for the first 24 hours was \_\_\_\_\_ barrels of fluid of which \_\_\_\_\_ % was oil; \_\_\_\_\_ %  
emulsion; \_\_\_\_\_ % water; and \_\_\_\_\_ % sediment. Gravity, °Bé. \_\_\_\_\_  
If gas well, cu. ft. per 24 hours 1808 MCF Gallons gasoline per 1,000 cu. ft. of gas \_\_\_\_\_  
Rock pressure, lbs. per sq. in. 2360#

EMPLOYEES

\_\_\_\_\_, Driller \_\_\_\_\_, Driller  
\_\_\_\_\_, Driller \_\_\_\_\_, Driller

FORMATION RECORD

FROM-	TO-	TOTAL FEET	FORMATION	
			<b>E-LOG TOPS:</b>	
	<u>Pictured Cliffs</u>	<u>2120'</u>	<u>Pt. Lookout</u>	<u>4309'</u> <u>Senastee</u> <u>5974'</u>
	<u>Laventana</u>	<u>2953'</u>	<u>Mancos</u>	<u>4518'</u> <u>Green Horn</u> <u>6330'</u>
	<u>Cliff House</u>	<u>3446'</u>	<u>Gallup</u>	<u>5400'</u> <u>Graneros</u> <u>6405'</u>
	<u>Manefee</u>	<u>3790'</u>	<u>3rd Gallup</u>	<u>5558'</u> <u>Dakota</u> <u>6545'</u>
	<u>ID 6794'</u>	<u>PBTD 6733'</u>		<u>Morrison</u> <u>6754'</u>

Notched in 3 1/2" csg 66587'. Filled hole and broke down formation w/2520 gal wtr treated w/.3% of M-38 and 34# per 1000 gal of J-101. Treated thru csg w/20,160 gal of wtr treated w/.1% M-38, 34# per 1000 gal of J-101 and 35# per 1000 gal of J-98 as follows: 2500 gal w/1# per gal 20/40 sd; 6300 gal w/.12# per gal of 8/12 walnut shells; 6300 gal w/.15# per gal of 8/12 walnut shells; 5000 gal w/.18# per gal of 8/12 walnut shells, flushed w/6720 gal of untreated wtr. Inj rate for treatment 30 bpm. Max pressure 3200#; min 2500#. ISIP 2400#, 10 min 1975#, 1 hr 1675#, 4 hrs 1350#. ~~INJECTOR~~ let perf 6544'-6584', 160 holes. Acidized w/250 gal of breakdown acid at rate of 1/2 bpm. Max pressure 2000#, broke to 1000# after 1/2 of acid was in formation. At end of treatment pressure was 1200#. In 3 min it dropped to 900#, in 30 min to 900#, in 30 min to 50#. Swabbed back. Fraced w/33,600 gal wtr treated w/1% ca cl and 5# per 100 gal of J-98 and 34000# 20/40 sand. Max pressure 3400#. Min pressure 2800#. Avg inject rate 37 bpm. Instant S12200#, 1800# 10 min S1, 1025# 1 hr 30 min S1. Teck BHP and open flow tests. BHP 66495' 2360#. Open flow by 1 pt method 1808 MCF.

OIL CONSERVATION COMMISSION  
P. O. BOX 871  
SANTA FE, NEW MEXICO



October 28, 1960

Gulf Oil Corporation  
P. O. Box 1346  
Salt Lake City 10, Utah

Attention: Mr. Thomas A. Trax

Administrative Order NSL-235

Gentlemen:

Reference is made to your application for approval of an unorthodox well location for your Apache Federal Well No. 10 to be located 2111 feet from the South line and 2236 feet from the East line of Section 18, Township 24 North, Range 5 West, Dakota Producing Interval, Rio Arriba County, New Mexico.

It is our understanding that this unorthodox well location is based upon extreme topographic conditions in the SE/4 of said Section 18.

By authority granted me under provisions of Order No. R-1287, you are hereby granted approval for the above described unorthodox well location. You must also obtain like approval from the U. S. Geological Survey if the well is located on land subject to the jurisdiction of the United States Geological Survey.

Very truly yours,

A. L. PORTER, Jr.,  
Secretary-Director

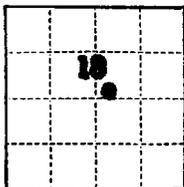
ALP/OEP/og

cc: Oil Conservation Commission - Aztec  
U. S. Geological Survey - Farmington

C  
O  
P  
Y

(SUBMIT IN TRIPLICATE)

Indian Agency Apache



UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

Indian Agency Apache  
Allottee Jicarilla Tribal #69  
Lease No. 62839

SUNDRY NOTICES AND REPORTS ON WELLS RECEIVED

NOTICE OF INTENTION TO DRILL		SUBSEQUENT REPORT OF WATER SHUT-OFF	
NOTICE OF INTENTION TO CHANGE PLANS		SUBSEQUENT REPORT OF SHOOTING OR ACIDIZING	NOV 7 1960
NOTICE OF INTENTION TO TEST WATER SHUT-OFF		SUBSEQUENT REPORT OF ALTERING CASING	
NOTICE OF INTENTION TO REDRILL OR REPAIR WELL		SUBSEQUENT REPORT OF REDRILLING OR REPAIR	U. S. GEOLOGICAL SURVEY
NOTICE OF INTENTION TO SHOOT OR ACIDIZE		SUBSEQUENT REPORT OF ABANDONMENT	CASINGTON, NEW MEXICO
NOTICE OF INTENTION TO PULL OR ALTER CASING		SUPPLEMENTARY WELL HISTORY	
NOTICE OF INTENTION TO ABANDON WELL	X		

(INDICATE ABOVE BY CHECK MARK NATURE OF REPORT, NOTICE, OR OTHER DATA)

November 3, 1960

Apache-Federal  
Well No. 10 is located 2111 ft. from N line and 2241 ft. from E line of sec. 10  
NW NE SE Sec 10  
Undesignated Dakota (Twp.) Rio Arriba (Range) New Mexico (Meridian)  
ground level (County or Subdivision) (State or Territory)

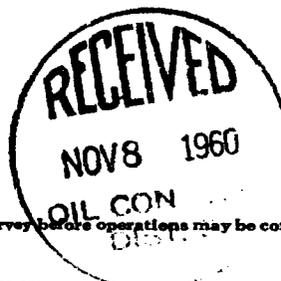
The elevation of the derrick floor above sea level is 6470 ft.

DETAILS OF WORK

(State names of and expected depths to objective sands; show sizes, weights, and lengths of proposed casings; indicate mudding jobs, cementing points, and all other important proposed work)

Spudded 11-1-60.

Run 6 jts (193.86') 8-5/8", 24", 8 WT, Grade J, Range 2, SS cog. Con at 208' w/175 sz reg con, 25 sz sl. Plug to 177'. Con circ.

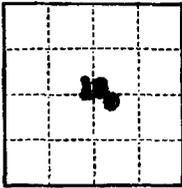


I understand that this plan of work must receive approval in writing by the Geological Survey before operations may be commenced.

Company Gulf Oil Corporation  
Address Production Department  
Box 1246  
288 Salt Lake City, Utah  
By \_\_\_\_\_  
Title Area Clerical Supervisor

(SUBMIT IN TRIPLICATE)

Indian Agency Apache



UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

Allottee Navajo Tribal  
Lease No. 6299

SUNDRY NOTICES AND REPORTS ON WELLS

NOTICE OF INTENTION TO DRILL	<input checked="" type="checkbox"/>	SUBSEQUENT REPORT OF WATER SHUT-OFF	
NOTICE OF INTENTION TO CHANGE PLANS		SUBSEQUENT REPORT OF SHOOTING OR ACIDIZING	
NOTICE OF INTENTION TO TEST WATER SHUT-OFF		SUBSEQUENT REPORT OF ALTERING CASING	
NOTICE OF INTENTION TO REDRILL OR REPAIR WELL		SUBSEQUENT REPORT OF REDRILLING OR REPAIR	
NOTICE OF INTENTION TO SHOOT OR ACIDIZE		SUBSEQUENT REPORT OF ABANDONMENT	
NOTICE OF INTENTION TO PULL OR ALTER CASING		SUPPLEMENTARY WELL HISTORY	
NOTICE OF INTENTION TO ABANDON WELL			

(INDICATE ABOVE BY CHECK MARK NATURE OF REPORT, NOTICE, OR OTHER DATA)

October 29

RECEIVED  
GEOLOGICAL SURVEY  
OCT 29 1960

Well No. 10 is located 2111 ft. from S line and 224 ft. from E line of sec. 10

NE NE SE Sec 10 24N 9W 100W  
(1/4 Sec. and Sec. No.) (Twp.) (Range) (Meridian)

Undesignated Dakota Rio Arriba New Mexico  
(Field) (County or Subdivision) (State or Territory)

The elevation of the ground level surface is 6470 ft.

DETAILS OF WORK

(State names of and expected depths to objective sands; show sizes, weights, and lengths of proposed casings; indicate mudding jobs, cementing points, and all other important proposed work)

It is proposed to drill a development well to test the Pictured Cliffs, Gallup and Dakota to an approximate depth of 6000'. Approx 200' of 8-3/8" surface cas will be set and cemented to top. If well is productive, 2 1/2" cas will be set and cemented through all possible pays. All possible producing zones will be adequately tested by 5-logs, DST's, etc. Should commercial production be found in the Gallup formation, an application for dual completion will be considered.

RECEIVED  
NOV 2 1960  
OIL CON. CO.  
DIST. 2

I understand that this plan of work must receive approval in writing by the Geological Survey before operations may be commenced.

Company Gulf Oil Corporation

Address Production Department

P. O. Box 1346

Salt Lake City, Utah

ORIGINAL SIGNED  
By T. A. [unclear]

By

Title Area Production Manager

Approved subject to State approval of the underlying location.

**NEW MEXICO OIL CONSERVATION COMMISSION**  
**Well Location and Acreage Dedication Plat**

**SECTION A.**

Date October 20, 1960

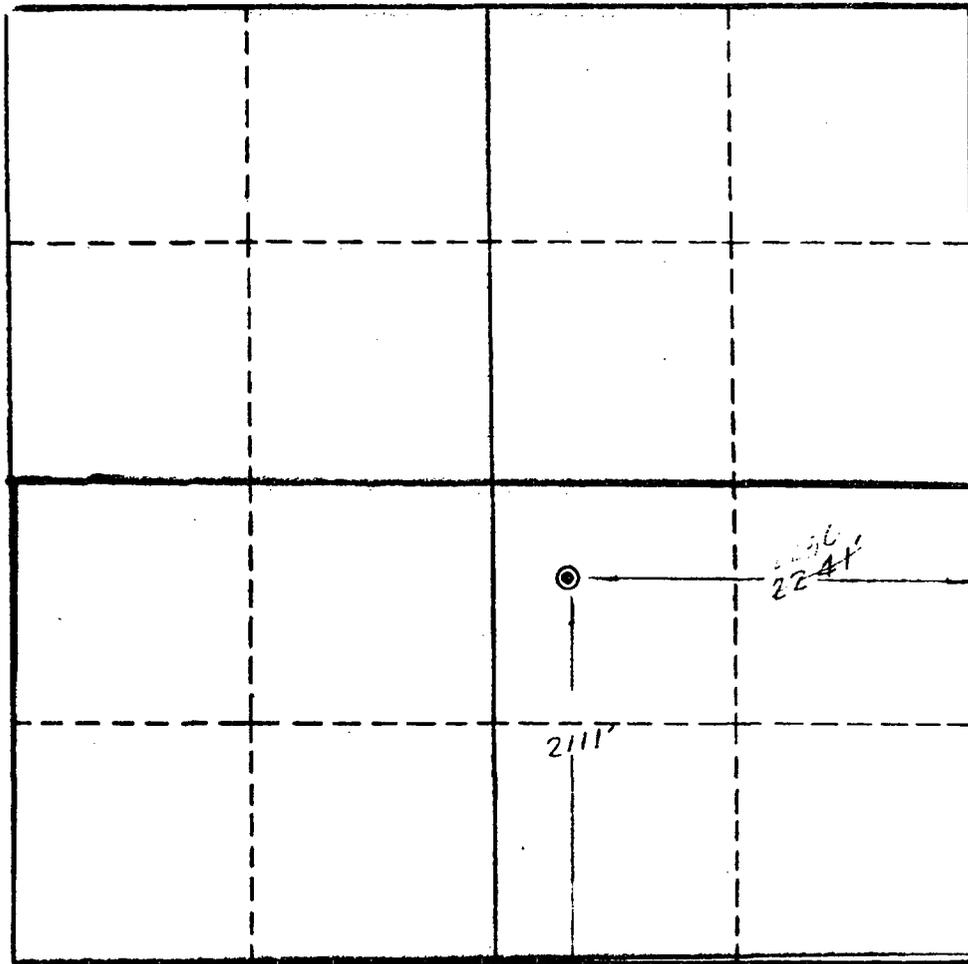
Operator Gulf Oil Corporation Lease Apache Federal  
Well No. 22 Unit Letter 8 Section 18 Township 24-North Range 5-West NMPM  
Located 2111 Feet From South Line, 2241 Feet From East Line  
County Rio Arriba G. L. Elevation 6470 Dedicated Acreage 5 321.50 Acres  
Name of Producing Formation Albino Pool

1. Is the Operator the only owner\* in the dedicated acreage outlined on the plat below? Yes  No
2. If the answer to question One is "No," have the interests of all the owners been consolidated by communitization agreement or otherwise? Yes  No  If answer is "Yes," Type of Consolidation \_\_\_\_\_
3. If the answer to question Two is "No," list all the owners and their respective interests below:

OWNER

LAND DESCRIPTION

**SECTION B.**



This is to certify that the information in Section A above is true and complete to the best of my knowledge and belief.

**Gulf Oil Corporation**  
OPERATOR  
**ORIGINAL SIGNED**  
**By: J. A. TRAX**  
Area Production Manager  
Production Department  
P.O. Box 1200, Salt Lake  
City, Utah

This is to certify that the well location shown on the plat in Section B 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 10-25-60  
**Four States Engineering Co.**  
FARMINGTON, NEW MEXICO

*Earnest J. Carlshaw*  
REGISTERED ENGINEER OR  
LAND SURVEYOR

Certificate No. 1545



3-25-68

GULF OIL CORPORATION

WELLS REQUIRING FILE CORRECTIONS ONLY

<u>LEASE NAME &amp; WELL NUMBER</u>	<u>LOCATION</u>	<u>POOL</u>	<u>PRESENT ACREAGE</u>	<u>CORRECT ACREAGE</u>
Apache Federal #14	D-18-24N-5W	Basin Dakota	N 320	N 321.61 ✓
Apache Federal #10	J-18-24N-5W	Basin Dakota	S 320	S 321.50 ✓
Western Federal #3	L-7-26N-11W	Gallegos Gallup	40	39.35 ✓