

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

District II  
811 South First, Artesia, NM 88210

District III  
1000 RioBrazos Rd., Aztec, NM 87410

District IV  
2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico  
Engery, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

2040 South Pacheco  
Santa Fe, NM 87505

Form C-104

Revised October 18, 1994

Instructions on back

Submit to Appropriate District Office

5 Copies

☐ AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

<sup>1</sup> Operator name and Address <b>CROSS TIMBERS OPERATING COMPANY</b> 6001 Highway 64 Farmington, NM 87401		<sup>2</sup> OGRID Number 167067
		<sup>3</sup> Reason for Filing Code <i>11/98</i> Change of Operator <del>42/1/97</del>
<sup>4</sup> API Number 30-045-24667	<sup>5</sup> Pool Name BASIN DAKOTA	<sup>6</sup> Pool Code 71599
<sup>7</sup> Property Code	<sup>8</sup> Property Name JACK FROST D	<sup>9</sup> Well Number 1E

II. <sup>10</sup> Surface Location

UL or lot no. N	Section 26	Township 27N	Range 10W	Lot.Idn	Feet from the 580	North/South Line S	Feet from the 1850	East/West line W	County SJ
--------------------	---------------	-----------------	--------------	---------	----------------------	-----------------------	-----------------------	---------------------	--------------

<sup>11</sup> Bottom Hole Location

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

III. Oil and Gas Transporters

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

RECEIVED  
DEC 1 9 1997

IV. Produced Water

<sup>23</sup> POD	<sup>24</sup> POD ULSTR Location and Description
	OIL CON. DIV. DIST. 3

V. Well Completion Data

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

VI. Well Test Data

<sup>35</sup> Date New Oil	<sup>36</sup> Gas Delivery Date	<sup>37</sup> Test Date	<sup>38</sup> Test Length	<sup>39</sup> Tbg. Pressure	<sup>40</sup> Csg. Pressure
<sup>41</sup> Choke Size	<sup>42</sup> Oil	<sup>43</sup> Water	<sup>44</sup> Gas	<sup>45</sup> AOF	<sup>46</sup> Test Method
<sup>47</sup> I hereby certify that the rules of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief. Signature: <i>V. O. Vannerberg</i>			OIL CONSERVATION DIVISIO		
Printed Name: Vaughn O. Vannerberg, II			Approved by: Frank T. Chavez		
Title: Sr. Vice President-Land			Title: Supervisor District #3		
Date: December 1, 1997			Approval Date:		
Phone: (505) 632-5200					

<sup>48</sup> If this is a change of operator fill in the OGRID number and name of the previous operator		Amoco Production Company		OGRID# 000778
Gail Jefferson		Senior Administrative Staff Assistant		12/01/97
Previous Operator Signature	Printed Name	Title	Date	

Submit 5 Copies  
Appropriate District Office  
DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

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

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

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-104  
Revised 1-1-89  
See Instructions  
at Bottom of Page

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

REQUEST FOR ALLOWABLE AND PRODUCTION  
TO TRANSPORT OIL AND NATURAL GAS

Operator AMOCO PRODUCTION COMPANY	Well API No. 300452466700
Address P.O. BOX 800, DENVER, COLORADO 80201	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input 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 JACK FROST D	Well No. 1E	Pool Name, Including Formation BASIN DAKOTA (PRORATED GAS)	Kind of Lease State, Federal or Fee	Lease No.
Location				
Unit Letter N	: 580	Feet From The FSL	Line and 1850	Feet From The FWL
Section 26	Township 27N	Range 10W	NMPM, SAN JUAN County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
MERIDIAN OIL INC.	3535 EAST 30TH STREET, FARMINGTON, CO 87401
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)
EL PASO NATURAL GAS COMPANY	P.O. BOX 1492, EL PASO, TX 79978
If well produces oil or liquids, give location of tanks.	Unit   Sec.   Twp.   Rge.   Is gas actually connected?   When?

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

IV. COMPLETION DATA

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

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

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

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (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.

Signature  
Doug W. Whaley, Staff Admin. Supervisor  
Printed Name  
June 25, 1990  
Date  
303-830-4280  
Telephone No.

OIL CONSERVATION DIVISION

Date Approved JUL 5 1990  
By  
Title SUPERVISOR DISTRICT 13

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

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.



STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT  
OIL CONSERVATION DIVISION

BRUCE KING  
GOVERNOR  
LARRY KEHOE  
SECRETARY

July 17, 1980

POST OFFICE BOX 2088  
STATE LAND OFFICE BUILDING  
SANTA FE, NEW MEXICO 87501  
(505) 827-2434

Amoco Production Company  
Amoco Building  
17th & Broadway  
Denver, Colorado 80202

Attention: Mr. R. B. Giles

Administrative Order NSL-1225

Gentlemen:

Reference is made to your application for approval of a non-standard location for your Jack Frost "D" Well No. 1-E, located 580 feet from the South line and 1850 feet from the West line of Section 26, Township 27 North, Range 10 West, NMPM, Basin Dakota Pool, San Juan County, New Mexico.

By authority granted me under the provisions of Rule 3 of Order No. R-1670, the above-described unorthodox location is hereby approved.

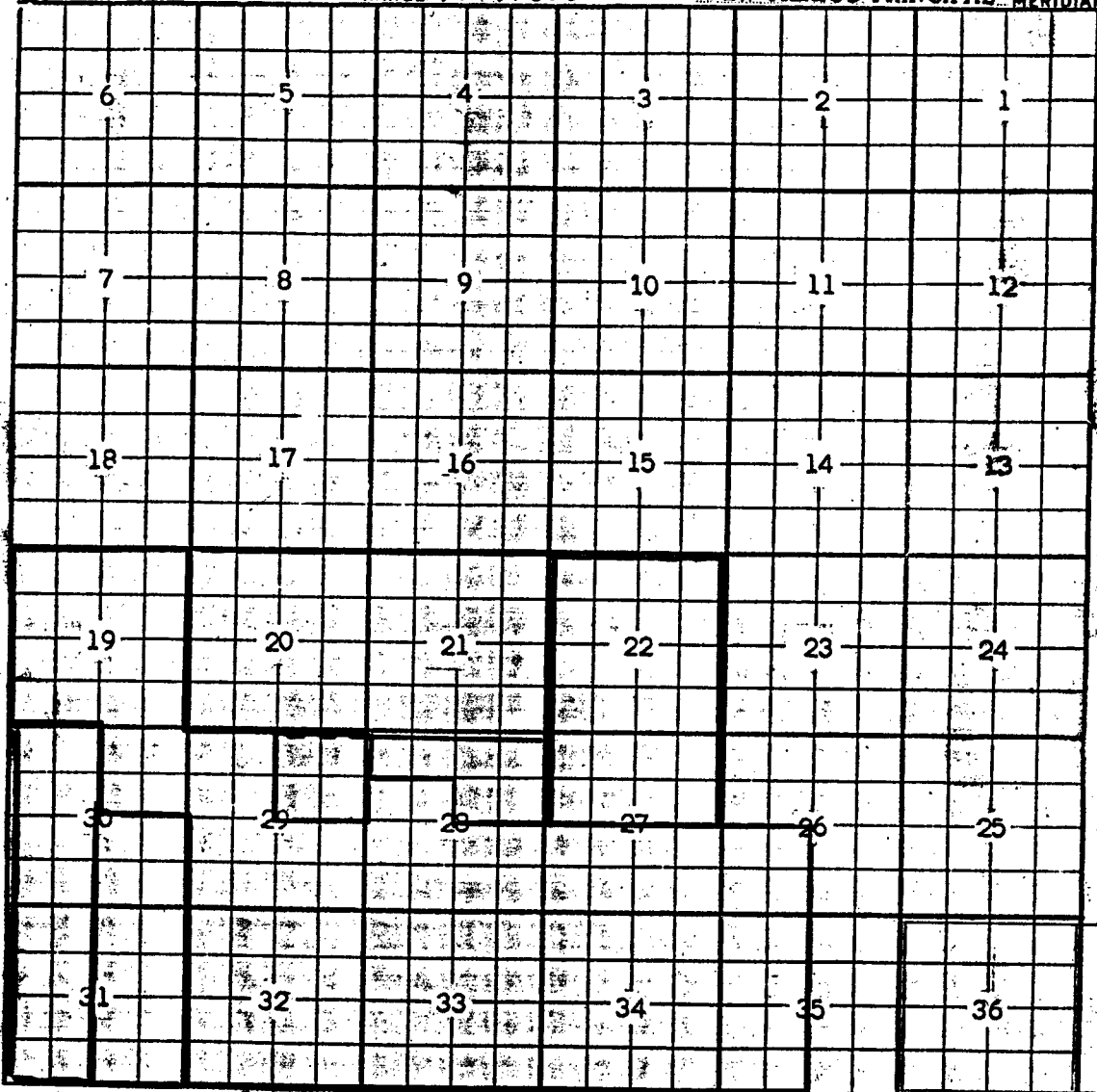
Sincerely,

JOE D. RAMEY,  
Director

JDR/RLS/dr

cc: Oil Conservation Division - Aztec  
Oil & Gas Engineering Committee - Hobbs  
U. S. Geological Survey - Farmington

County San Juan Pool Angels Peak - Gallup Associated  
TOWNSHIP 27 North RANGE 10 West NEW MEXICO PRINCIPAL MERIDIAN



Description:  $\frac{SW}{4}$  Sec. 26;  $\frac{S}{2}$  Sec. 27;  $\frac{SE}{4}$  Sec. 28;  $\frac{E}{2}$  Sec. 33;

All Sec. 34;  $\frac{W}{2}$  Sec. 35 (R. 1167, 5-1-58)

Reclassified as an Oil Pool (R. 1357, 4-1-59)

Ext:  $\frac{SW}{4}$  Sec. 28;  $\frac{S}{2}$  Sec. 29; All Sec. 32;  $\frac{W}{2}$  Sec. 33 (R. 1373, 5-1-59)

-  $\frac{S}{2}$   $\frac{NW}{4}$  Sec. 28 (R. 1489, 10-1-59) -  $\frac{SE}{4}$  Sec. 19;  $\frac{NW}{4}$  Sec. 29;  $\frac{NE}{4}$  Sec. 30 (R. 1553, 5-1-60)

-  $\frac{W}{2}$  Sec. 19 (R. 1443, 5-1-61) -  $\frac{NE}{4}$  Sec. 19 (R. 2102, 11-1-61)

Ext: All Sec. 36 (R. 5329, 2-1-77)

Ext: All Sec. 22,  $\frac{N}{2}$  Sec. 27 (R. 7046, 8-6-82)

Ext:  $\frac{NE}{4}$  and  $\frac{N}{2}$   $\frac{NW}{4}$  Sec. 28 (R. 8273, 8-6-86)

Ext:  $\frac{SE}{4}$  Sec. 30,  $\frac{E}{2}$  Sec. 31 (R. 9667, 5-6-92) Ext:  $\frac{W}{2}$  Sec. 30,  $\frac{W}{2}$  Sec. 31

(R. 9801, 12-16-92) Ext:  $\frac{NE}{4}$  Sec. 29 (R. 10344, 4-24-95)

Ext: All Secs. 40 and 41 (R. 10557, 3-11-96)

CMD :  
OG5SECT

ONGARD  
INQUIRE LAND BY SECTION

06/23/99 13:51:33  
OGOMES -TP0U  
PAGE NO: 1

Sec : 26 Twp : 27N Rng : 10W Section Type : NORMAL

D 40.00	C 40.00	B 40.00	A 40.00
Federal owned	Federal owned	Federal owned	Federal owned
E 40.00	F 40.00	G 40.00	H 40.00
Federal owned	Federal owned	Federal owned	Federal owned
A A			A A A

PF01 HELP  
PF07 BKWD

PF02  
PF08 FWD

PF03 EXIT  
PF09 PRINT

PF04 GoTo  
PF10 SDIV

PF05  
PF11

PF06  
PF12

CMD :  
OG5SECT

ONGARD  
INQUIRE LAND BY SECTION

06/23/99 13:51:35  
OGOMES -TP0U  
PAGE NO: 2

Sec : 26 Twp : 27N Rng : 10W Section Type : NORMAL

L 40.00	K 40.00	J 40.00	I 40.00
Federal owned	Federal owned	Federal owned	Federal owned
A		A	A
M 40.00	N 40.00	O 40.00	P 40.00
Federal owned	Federal owned	Federal owned	Federal owned
	A		

PF01 HELP  
PF07 BKWD

PF02  
PF08 FWD

PF03 EXIT  
PF09 PRINT

PF04 GoTo  
PF10 SDIV

PF05  
PF11

PF06  
PF12

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ENERGY AND MINERALS DEPARTMENT

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

Form C-104  
Revised 10-01-78  
Format 08-01-83  
Page 1

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

**RECEIVED**

JAN 22 1985

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

Operator  
**Amoco Production Company**

Address  
**501 Airport Drive Farmington, NM 87401**

Reason(s) for filing (Check proper box)

☐ New Well  
☐ Recompletion  
☐ Change in Ownership

Change in Transporter of:  
☐ Oil  
☐ Gashead Gas  
☐ Dry Gas  
☒ Condensate

Other (Please explain)

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Jack Frost D</b>	Well No. <b>1E</b>	Pool Name, including Formation <b>Basin Dakota</b>	Kind of Lease State, Federal or Free <b>Federal</b>	Lease No. <b>8207795</b>
Location				
Unit Letter <b>N</b> : <b>580</b> Feet From The <b>South</b> Line and <b>1850</b> Feet From The <b>West</b>				
Line of Section <b>26</b> Township <b>27N</b> Range <b>10W</b> , NMPM, <b>San Juan</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>Permian Corp.</b>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. Box 1702 Farmington, NM 87499</b>
Name of Authorized Transporter of Gashead 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 990 Farmington, NM 87401</b>
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. <b>N 26 27N 10W</b>
Is gas actually connected? When	

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

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

VI. CERTIFICATE OF COMPLIANCE

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

**BDS Shaw**

(Signature)

Admin. Supervisor

(Title)

1-2-85

(Date)

OIL CONSERVATION DIVISION

APPROVED **Frank J. Shaw** 1985  
BY **Frank J. Shaw**  
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 filled for each pool in multiply completed wells.

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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	NATURAL GAS
OPERATOR	
PRODUCTION OFFICE	

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

Form C-104  
Revised 10-01-78  
Format 08-01-83  
Page 1

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

**RECEIVED**

JAN 22 1985

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

I. Operator  
**Amoco Production Company**

Address  
**501 Airport Drive Farmington, NM 87401**

Reason(s) for filing (Check proper box)

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

Other (Please explain)

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Jack Frost D</b>	Well No. <b>1E</b>	Pool Name, including Formation <b>Basin Dakota</b>	Kind of Lease State, Federal or Fee <b>Federal</b>	Lease No. <b>8207795</b>
Location				
Unit Letter <b>N</b> : <b>580</b> Feet From The <b>South</b> Line and <b>1850</b> Feet From The <b>West</b>				
Line of Section <b>26</b> Township <b>27N</b> Range <b>10W</b> , NMPM, <b>San Juan</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>Permian Corp.</b>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. Box 1702 Farmington, NM 87499</b>
Name of Authorized Transporter of Casingshead 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 990 Farmington, NM 87401</b>
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	<b>N 26 27N 10W</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.

**BDS Shaw**

(Signature)

Admin. Supervisor

(Title)

1-2-85

(Date)

OIL CONSERVATION DIVISION

APPROVED

BY

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.

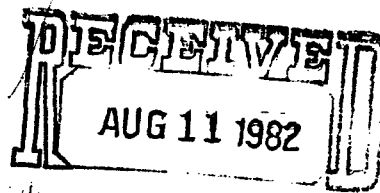
All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, E, 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.



EL PASO NATURAL GAS COMPANY  
POST OFFICE BOX 990  
FARMINGTON, NEW MEXICO



NOTICE OF GAS CONNECTION

DATE July 23, 1982

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

GAS FROM Amoco Production Co.  
OperatorJack Frost D #1-E  
Well Name94-358-01  
Meter Code73971-5-51  
Site CodeN  
Well Unit26-27-10  
S-T-RBasin Dakota  
PoolEl Paso Natural Gas Company  
Name of PurchaserWAS MADE ON June 30, 1982,  
DateFIRST DELIVERY July 8, 1982  
DateAOF -----CHOKE 831El Paso Natural Gas Company  
PurchaserM. H. Mitchum  
RepresentativeChief Division Dispatcher  
Titlecc: Operator Farmington  
Oil Conservation Commission - 2  
Proration - El Paso

File

F  
045  
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## OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-1-78

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	GAS
OPERATOR	
PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator

Amoco Production Company

Address

501 Airport Drive, Farmington, NM 87401

Reason(s) for filing (Check proper box)

New Well ☒ Change in Transporter of: Oil ☐ Dry Gas ☐

Recompletion ☐ Casinghead Gas ☐ Condensate ☐

Change in Ownership ☐

Other (Please explain) JUL 07 1982

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.
Jack Frost "D"	1E	Basin Dakota	State, Federal or Fee Federal	SF-07795
Location				
Unit Letter	N	580	Feet From The	South
Line and	1850	Feet From The	West	
Line of Section	26	Township	27N	Range
10W	NMPM,	San Juan	County	

## III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Plateau, Inc.	P. O. Box 26251, Albuquerque, NM 87125					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
El Paso Natural Gas Company	P. O. Box 990, Farmington, NM 87401					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	N	26	27N	10W	NO	

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

## IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X	X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
12-2-81	3-20-82	7156'	7112'					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
6679' GL	Dakota	6898'	7076'					
Perforations			Depth Casing Shoe					
6898'-6908', 6944'-6948', 6988'-7038', 7054'-7068'			7156'					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12-1/4"	8-5/8" 24#	300'	300 SX					
7-7/8"	4-1/2" 10.5#	7156'	2040 SX					
	2-3/8"	7076'						

## 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
4-21-82	3 Hours		
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
back pressure	754 PSIG	1446 PSIG	.75"

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

B. J. Roberson  
(Signature)

Administrative Supervisor  
(Title)

5/18/82  
(Date)

## OIL CONSERVATION DIVISION

6-17-82  
APPROVED

BY Charles Shubert  
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



**General:** This form is designed for submitting a complete and correct well completion report and log on all types of lands and leases to either a Federal agency or a State agency, or both, pursuant to applicable Federal and/or State laws and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal office or State office. See instructions on Items 92 and 94 and 43 below regarding separate reports for separate completions.

If not filed prior to the time this summary record is submitted, copies of all currently available logs (drillers, geologists, sample and core analysis, all types electric, etc.), formations and/or State office. See instructions on items 22 and 24, and 35, below regarding separate reports for separate components.

should be listed on this form, see item 3b.  
**Item 4:** If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

or Federal once for specific instructions.

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

**Items 22 and 24:** If this well is completed for separate production from more than one interval zone (multiple completion), so state in item 22, and in item 24 show the producing interval, or intervals, top(s), bottom(s) and name(s) (if any) for only the interval reported in item 33. Submit a separate report (page) on this form, adequately identified, for each additional interval to be separately produced, showing the additional data pertinent to such interval.

for each additional interval to be separately produced, showing the additional data pertinent to such interval.

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

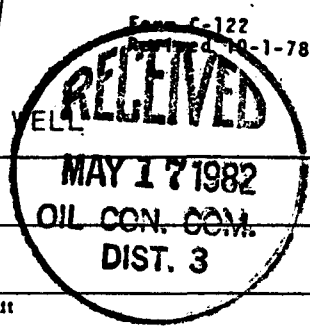
**Item 33:** Submit a separate completion report on this form for each interval to be separately produced. (See instruction for items 22 and 24 above.)

37. SUMMARY OF POROUS ZONES: SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF; CORED INTERVALS; AND ALL DRILL-STEM TESTS, INCLUDING DEPTH INTERVAL TESTED, CUSHION USED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES		38. GEOLOGIC MARKERS	
FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.
Ojo Alamo	1601	1406	
Fruitland	2010	2428	
Pictured Cliffs	2428	2500	
Chacra	3342	3420	
Cliffhouse	3998	4079	
Menefee	4079	4558	
Point Lookout	4860	5110	
Gallup	6040	6334	
Dakota	6897	TD	

8 5/8" Casing was cemented with 300' sx of class "B" neat cement containing a 2% CaCl<sub>2</sub>. Good cement was circulated to the surface. Drilled a 7-7/8" hole to a TD of 7158'. Set 4-1/2" 10.5# production casing at 7156', on 12-16-81, and cemented in two stages.

- 1) Used 360 sx of Class "B" neat cement containing 50:50 POZ, 6% gel, 2# medium tuf plug per sack, and .8% fluid loss additive. This was tailed in with 100 sx of class "B" neat cement.
- 2) Used 1480 sx of Class "B" neat cement containing 65:35 POZ, 6% gel, 2# medium tuf plug per sack, and .8% fluid loss additive. This was tailed in with 100 sx of class "B" neat cement. Circulated 20 sx of cement to the surface.

MULTIPOINT AND ONE POINT BACK PRESSURE TEST FOR GAS WELL



Type Test <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Annual <input checked="" type="checkbox"/> Special				Test Date 4-21-82	
Company Amoco Production Company				Connection El Paso Natural Gas Company	
Pool Basin				Formation Dakota	
Completion Date 3-19-82		Total Depth 7156		Plug Back TD 7112	
Elevation 6673 GL		Farm or Lease Name Jack Frost "D"			
Csq. Size 4.500	Wt. 10.5	d 4.052	Set At 7156	Perforations: From 6898 To 7068	
Thq. Size 2.375	Wt. 4.7	d 1.995	Set At 7076	Perforations: From open To ended	
Type Well - Single - Bradenhead - G.C. or G.O. Multiple Single				Packer Set At None	
Producing Thru Tubing		Reservoir Temp. °F 8		Mean Annual Temp. °F	
Baro. Press. - P <sub>a</sub>		County San Juan			
State New Mexico					
L	H	G <sub>g</sub>	% CO <sub>2</sub>	% N <sub>2</sub>	% H <sub>2</sub> S
Prover		Meter Run		Taps	

FLOW DATA							TUBING DATA		CASING DATA		Duration of Flow
NO.	Prover Line Size	X	Orifice Size	Press. p.s.i.g.	Diff. hw	Temp. °F	Press. p.s.i.g.	Temp. °F	Press. p.s.i.g.	Temp. °F	
SI	14 Days						754		1446		
1.	2.375		.750				60		852		3 hrs
2.											
3.											
4.											
5.											

RATE OF FLOW CALCULATIONS							
NO.	Coefficient (24 Hour)	$\sqrt{h_w P_m}$	Pressure P <sub>m</sub>	Flow Temp. Factor Ft.	Gravity Factor F <sub>g</sub>	Super Compress. Factor, F <sub>pv</sub>	Rate of Flow Q, Mcfd
1	12.365		72	1.000	.9258	1.008	831
2.							
3.							
4.							
5.							

NO.	P <sub>t</sub>	Temp. °R	ST <sub>g</sub>	Z	Gas Liquid Hydrocarbon Ratio _____ Mcf/bbl.
1.					A.P.I. Gravity of Liquid Hydrocarbons _____ Deg.
2.					Specific Gravity Separator Gas _____ X X X X X X X X
3.					Specific Gravity Flowing Fluid _____ X X X X X
4.					Critical Pressure _____ P.S.I.A. _____ P.S.I.A.
5.					Critical Temperature _____ R _____ R

P <sub>c</sub> 1458	P <sub>c</sub> <sup>2</sup> 2125764					
NO.	P <sub>t</sub> <sup>2</sup>	P <sub>w</sub>	P <sub>w</sub> <sup>2</sup>	P <sub>c</sub> <sup>2</sup> - P <sub>w</sub> <sup>2</sup>	(1) $\frac{P_c^2}{P_c^2 - P_w^2} = 1.5412$	(2) $\left[ \frac{P_c^2}{P_c^2 - P_w^2} \right]^n = 1.3832$
1		864	746496	1379268		
2						
3						
4						
5						

Absolute Open Flow 1149 Mcfd @ 15.025		Angle of Slope θ _____		Slope, n .75	
Remarks: _____					
Approved By Division		Conducted By: J. J. Barnett		Calculated By: J. J. Barnett	
				Checked By: 	

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  
Amoco Production Company
3. ADDRESS OF OPERATOR  
501 Airport Dr., Farmington, NM 87401
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: 580' FSL x 1850' FWL  
AT TOP PROD. INTERVAL: Same  
AT TOTAL DEPTH: Same
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

## REQUEST FOR APPROVAL TO:

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

(other) Completion Operations

## SUBSEQUENT REPORT OF:

- ☐  
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RECEIVED

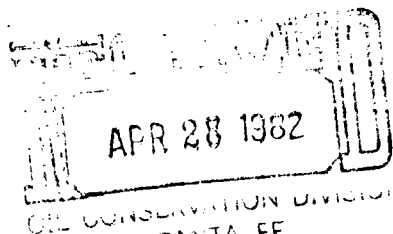
APR 6 1982

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

(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.)\*

Completion operations commenced on 3-11-82. Total depth of the well is 7156' and the plug back depth is 7112'. Perforated intervals from 6898'-6908', 6944'-6948', 6988'-7038', 7054'-7068' with 2 spf, a total of 156 .38" holes. Fraced the formation with 125,750 gallons of frac fluid and 417,375 pounds of 20-40 sand. Landed 2-3/8" tubing at 7076'. Released the rig on 3-20-82.



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

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

SIGNED [Signature] TITLE Dist. Admin. Supvr DATE 4-1-82

(This space for Federal or State office use)

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

ACCEPTED FOR RECORD

APR 03 1982

\*See Instructions on Reverse Side

NMOCC

FARMINGTON DISTRICT

BY Smm

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill on to deeper 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  
Amoco Production Company
3. ADDRESS OF OPERATOR  
501 Airport Drive, Farmington, NM 87401
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: 580' FSL x 1850' FWL  
AT TOP PROD. INTERVAL: Same  
AT TOTAL DEPTH: Same
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

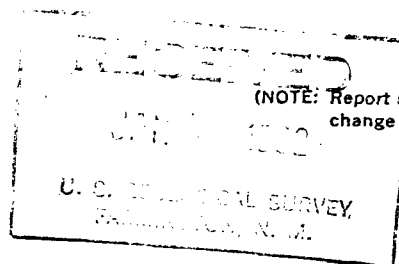
5. LEASE  
SF-077951
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME  
Jack Frost "D"
9. WELL NO.  
1E
10. FIELD OR WILDCAT NAME  
Basin Dakota
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SE/4, SW/4, Section 26, T27N, R10W
12. COUNTY OR PARISH  
San Juan
13. STATE  
New Mexico
14. API NO.  
30-045-24667
15. ELEVATIONS (SHOW DF, KDB, AND WD)  
6679' GL

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) Spud and Set Casing

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.)\*

Spudded a 12-1/4" hole on 12-2-81 and drilled to 300'. Set 4-5/8" 24# surface casing at 300' on 12-8-81, and cemented with 300' sx of class "B" neat cement containing a 2% CaCl2. Good cement was circulated to the surface. Drilled a 7-7/8" hole to a TD of 7158'. Set 4-1/2" 10.5# production casing at 7156', on 12-16-81, and cemented in two stages.

- 1) Used 360 sx of Class "B" neat cement containing 50:50 POZ, 6% gel, 2# medium plug per sack, and .8% fluid loss additive. This was tailed in with 100 sx of class "B" neat cement.
- 2) Used 1480 sx of Class "B" neat cement containing 65:35 POZ, 6% gel, 2# medium plug per sack, and .8% fluid loss additive. This was tailed in with 100 of class "B" neat cement. Circulated 20 sx of cement to the surface. The D

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft. (0

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

SIGNED \_\_\_\_\_

TITLE Dist. Admin. Supvr DATE DEC 31 1981

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

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

ACCEPTED FOR RECORD

JAN 05 1982

\*See Instructions on Reverse Side

NMOCC

FARMINGTON DISTRICT

BY \_\_\_\_\_



## Instructions

**General:** This form is designed for submitting proposals to perform certain well operations, and reports of such operations when completed, as indicated, on Federal and Indian lands pursuant to applicable Federal law and regulations, and, if approved or accepted by any State, on all lands in such State, pursuant to applicable State law and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office.

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

**Item 17:** Proposals to abandon a well and subsequent reports of abandonment should include such special information as is required by local Federal and/or State offices. In addition, such proposals and reports should include reasons for the abandonment; data on any former or present productive zones, or other zones with present significant fluid contents not sealed off by cement or otherwise; depths (top and bottom) and method of placement of cement plugs; mud or other material placed below, between and above plugs; amount, size, method of parting of any casing, liner or tubing pulled and the depth to top of any left in the hole; method of closing top of well; and date well site conditioned for final inspection looking to approval of the abandonment.

tool was set at 5239'. The rig was released on 12-17-81.

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.)

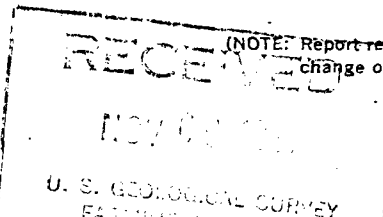
1. oil ☐ gas ☒ other ☐  
well well
2. NAME OF OPERATOR  
Amoco Production Company
3. ADDRESS OF OPERATOR  
501 Airport Dr., Farmington, NM 87401
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: 580' FSL x 1850' FWL  
AT TOP PROD. INTERVAL: Same  
AT TOTAL DEPTH: Same
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

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

SUBSEQUENT REPORT OF:

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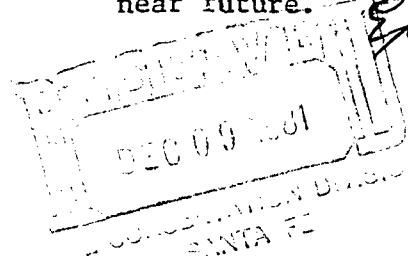


(NOTE: Report results of multiple completion or zone change on Form 9-330.)

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.)\*

Amoco Production Company requests an extension of approval for drilling, as the approval expires 11-18-81. Our plans call for drilling this well in the near future.

*Extended to 5-14-82*



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

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

SIGNED W. L. VINYARD TITLE District Engineer DATE 11-5-81

(This space for Federal or State office use)

APPROVED BY (Orig. Sgd.) RAYMOND W. VINYARD TITLE RAYMOND W. VINYARD DATE NOV 09 1981  
CONDITIONS OF APPROVAL, IF ANY: ACTING DISTRICT SUPERVISOR

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

## APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

## 1a. TYPE OF WORK

DRILL ☒DEEPEN ☐PLUG BACK ☐

## b. TYPE OF WELL

OIL  
WELL ☐GAS  
WELL ☒

OTHER

INFILL

SINGLE  
ZONE ☒MULTIPLE  
ZONE ☐

## 2. NAME OF OPERATOR

AMOCO PRODUCTION COMPANY

## 3. ADDRESS OF OPERATOR

501 Airport Drive, Farmington, New Mexico 87401

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

At surface  
580' FSL and 1850' FWL, Section 26, T27N, R10W  
At proposed prod. zone

Same

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

12-1/2 miles Southwest of Blanco, New Mexico

## 15. DISTANCE FROM PROPOSED\*

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

580'

## 16. NO. OF ACRES IN LEASE

1822.16 <sup>2.800</sup>18. DISTANCE FROM PROPOSED LOCATION\*  
TO NEAREST WELL, DRILLING, COMPLETED,  
OR APPLIED FOR, ON THIS LEASE, FT.

2599'

## 19. PROPOSED DEPTH

7108'

17. NO. OF ACRES ASSIGNED  
TO THIS WELL

2 1/2 / 320

## 20. ROTARY OR CABLE TOOLS\*

Rotary

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

6679' GL

## 22. APPROX. DATE WORK WILL START\*

As soon as permitted

## 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	300'	300 sx Class B x 2% CaCl2-circ
DRILLING 7-7/8" (New)	4-1/2" (New)	10.5# K-55	7108'	1st Stage-380 sx CI B 50:50 POZ
SUBJECT TO APPROVAL OF THE DISTRICT ENGINEER				2nd Stage-1180 sx 6% gel, 2# me
"GENERAL AND SPECIAL INSTRUCTIONS"				tuf plug/sx, .8

This application to drill an Infill Basin Dakota well is pursuant to Order No. R-1670-V approved by the NMOCDC on May 22, 1979. This well will qualify under Section 103 of the Natural Gas Policy Act under Order No. R-1670-V.

The gas from this well is dedicated to El Paso Natural Gas Co.

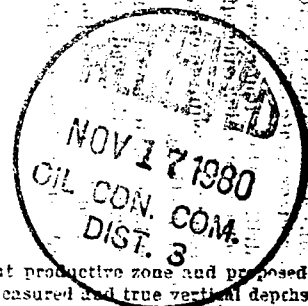
Unorthodox location has been approved by the NMOCDC.

RECEIVED

OCT 17 1980

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

NOV 25 1980



IN ABOVE STATE 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 prevention program, if any.

SIGNED

W. L. Peterson

TITLE

District Engineer

DATE October 3, 1980

(This space for Federal or State office use)

PERMIT NO.

APPROVAL DATE

APPROVED BY  
COMMISSIONER OF

B. W. L. Stanley

TITLE

DATE

Hold on for NSC

OK  
C.G.

FM1003

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

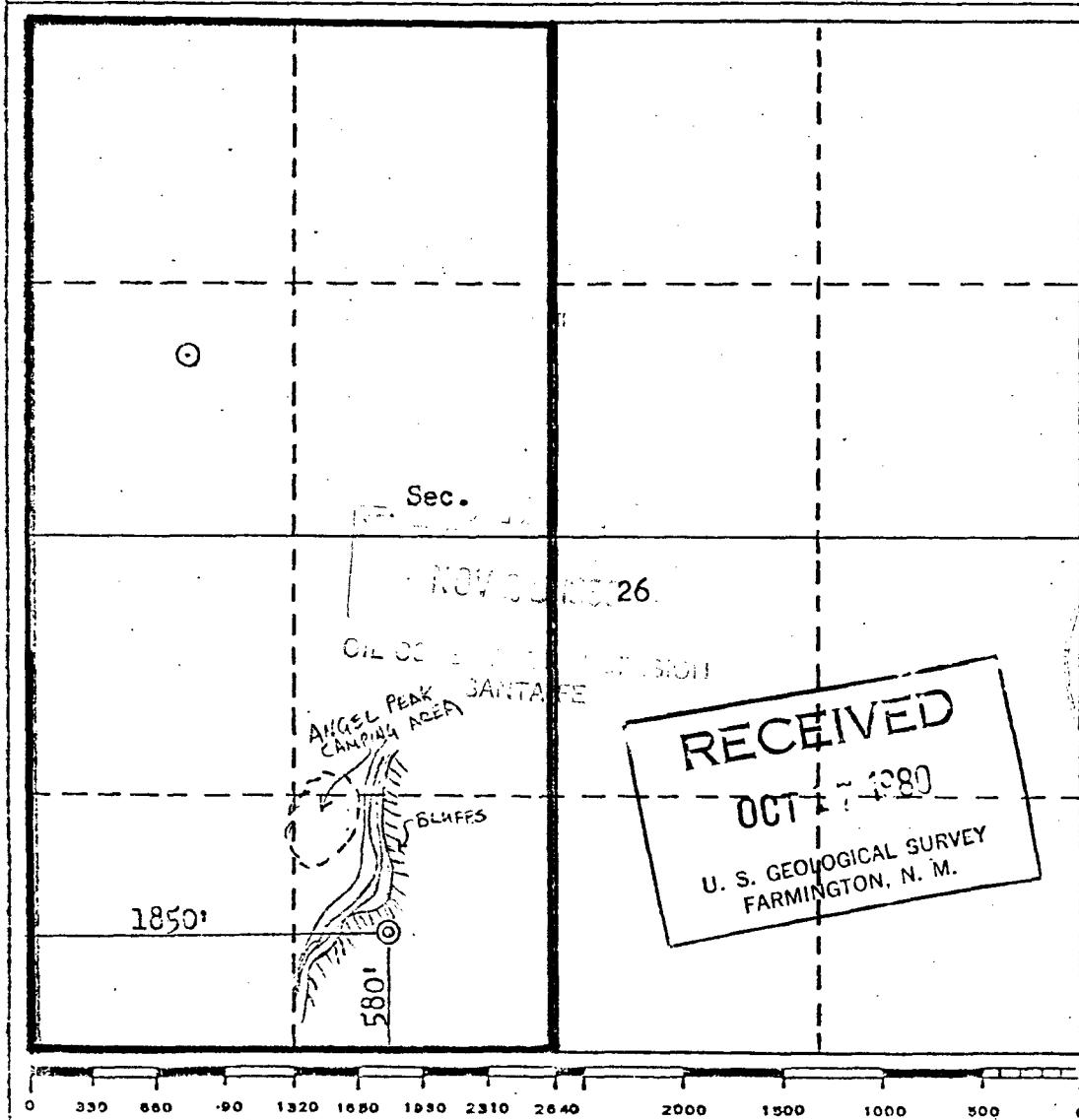
Operator <b>AMOCO PRODUCTION COMPANY</b>			Lease <b>JACK FROST "D"</b>		Well No. <b>1E</b>
Unit Letter <b>N</b>	Section <b>26</b>	Township <b>27N</b>	Range <b>10W</b>	County <b>San Juan</b>	
Actual Footage Location of Well: <b>580</b> feet from the <b>South</b> line and <b>1850</b> feet from the <b>West</b> line					
Ground Level Elev. <b>6673</b>	Producing Formation <b>Dakota</b>		Pool <b>Basin Dakota</b>		Dedicated Acreage <b>320</b> Acres

1. Outline the acreage dedicated to the subject well by colored pencil or hachure 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 Operating Agreements

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.

*R.A. Downey*

Name

**R.A. DOWNEY**

Position

**DISTRICT ENGINEER**

Company

**AMOCO PRODUCTION COMPANY**

Date

**JUNE 3, 1980**

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

**May 20, 1980**

Registered Professional Engineer and/or Land Surveyor

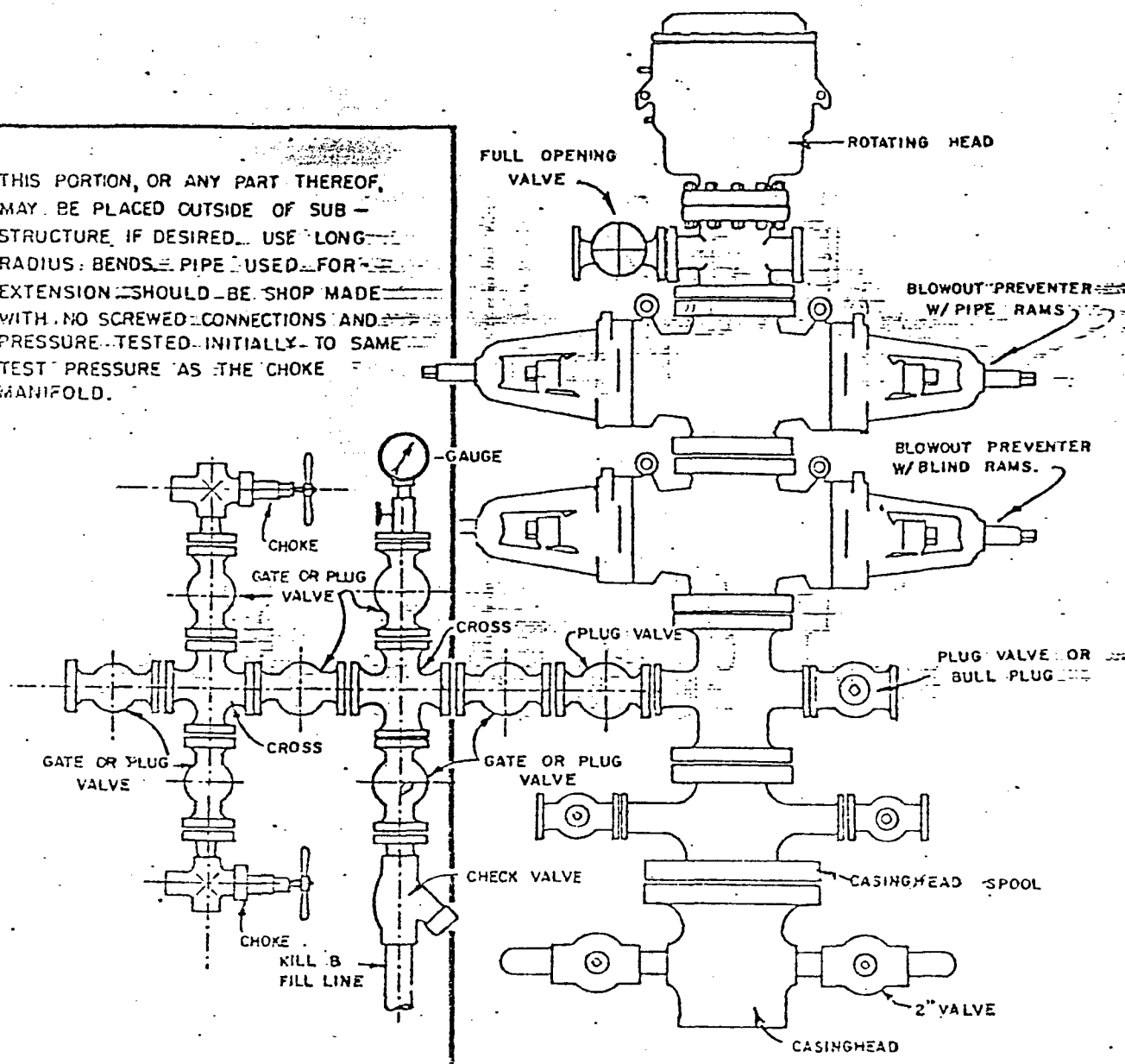
*Fred B. Kerr Jr.*

Certificate No.

**3950**

1. Blowout Preventers and Master Valve to be fluid operated, and all fittings must be in good condition.
2. Equipment through which bit must pass shall be as large as the inside diameter of the casing that is being drilled through.
3. Nipple above Blowout Preventer shall be same size or larger than BOP being drilled through.
4. All fittings to be flanged.
5. Omsco or comparable safety valve must be available on rig floor at all times with proper connection or sub. The I.D. of safety valve should be as great as I.D. of tool joints of drill pipe, or at least as great as I.D. of drill collars.

THIS PORTION, OR ANY PART THEREOF, MAY BE PLACED OUTSIDE OF SUB-STRUCTURE, IF DESIRED. USE LONG RADIUS BENDS. PIPE USED FOR EXTENSION SHOULD BE SHOP MADE WITH NO SCREWED CONNECTIONS AND PRESSURE TESTED INITIALLY TO SAME TEST PRESSURE AS THE CHOKE MANIFOLD.



## BLOWOUT PREVENTER HOOKUP

API Series # 900

EXHIBIT D-4

OCTOBER 16, 1965

Operation of BOP by closing both pipe and blind rams will be tested each trip or, on long bit runs, pipe rams will be closed once each 24 hours.