

NSL

11/3/97

**WALSH**

ENGINEERING & PRODUCTION CORP. Petroleum Engineering Consulting  
Lease Management  
Contract Pumping

7415 East Main  
Farmington, New Mexico 87402  
(505) 327-4892

October 8, 1997

Mr. William J. LeMay  
New Mexico Oil Conservation Division  
2040 S. Pacheco  
Santa Fe, NM 87504-2088

Re: Unorthodox Location  
Thompson Engineering and Production Corp.  
J.W. Goddard #3  
2100' FSL, 1980' FWL  
Section 11, T26N R12W  
San Juan County, NM  
Basin Fruitland Coal

505-327  
4892

Dear Mr. LeMay,

This is a request on behalf of Thompson Engineering and Production Corp. for administrative approval for a non-standard location in the Basin Fruitland Coal pool for the referenced well.

Thompson plans to recompleate this abandoned Gallup well and complete it through the existing casing in the Basin Fruitland Coal pool. The existing Fruitland Sand perfs will also be squeezed with cement prior to the Fruitland Coal completion. This location was a legal location for a Gallup test but does not meet the minimum set back requirements for Fruitland Coal wells.

Utilizing this existing location will reduce the surface disturbance since the pad is already built and the pipeline facilities are close by. The surface is Navajo Tribal Trust Land.

Attached is a plat indicating the offset Fruitland Coal operators and existing Fruitland Coal wells (Exhibit 1) and a list of offset operators and their addresses (Exhibit 2).

The offset Fruitland Coal operators are being notified of this application by certified return receipt mail. Copies of these letters are enclosed as Exhibit 3.



Thank you for your consideration and approval of this application. If you have any questions please do not hesitate to call upon me.

Sincerely,

A handwritten signature in cursive script, reading "Paul C. Thompson". The signature is written in black ink and is positioned above the typed name.

Paul C. Thompson, P.E.  
President,  
Thompson Engineering

cc: Chris Coleman  
NMOCD Aztec NM  
BLM Farmington NM

District I  
PO Box 1980, Hobbs, NM 88241-1980  
District II  
PO Drawer DD, Artesia, NM 88211-0719  
District III  
1000 Rio Brazos 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-102  
Revised February 10, 1994  
Instructions on back  
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State Lease - 4 Copies  
Fee Lease - 3 Copies

☐ AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

|                           |   |                                   |
|---------------------------|---|-----------------------------------|
| API Number<br>30-045-5937 | Pool Code<br>71629                            | Pool Name<br>Basin Fruitland Coal |
| Property Code<br>007046   | Property Name<br>J.W. Goddard                 | Well Number<br>3                  |
| OGRID No.<br>037581       | Operator Name<br>THOMPSON ENGR. & PROD. CORP. | Elevation<br>6059' GR             |

<sup>10</sup> Surface Location

|                    |               |                 |              |         |                       |                           |                       |                        |                    |
|--------------------|---------------|-----------------|--------------|---------|-----------------------|---------------------------|-----------------------|------------------------|--------------------|
| UL or lot no.<br>K | Section<br>11 | Township<br>26N | Range<br>12W | Lot Ida | Feet from the<br>2100 | North/South line<br>South | Feet from the<br>1980 | East/West line<br>West | County<br>San Juan |
|--------------------|---------------|-----------------|--------------|---------|-----------------------|---------------------------|-----------------------|------------------------|--------------------|

<sup>11</sup> Bottom Hole Location If Different From Surface

|               |         |          |       |         |               |                  |               |                |        |
|---------------|---------|----------|-------|---------|---------------|------------------|---------------|----------------|--------|
| UL or lot no. | Section | Township | Range | Lot Ida | Feet from the | North/South line | Feet from the | East/West line | County |
|---------------|---------|----------|-------|---------|---------------|------------------|---------------|----------------|--------|

|                                       |                                    |                                  |                         |
|---------------------------------------|------------------------------------|----------------------------------|-------------------------|
| <sup>12</sup> Dedicate : Acres<br>320 | <sup>13</sup> Joint or Infill<br>N | <sup>14</sup> Consolidation Code | <sup>15</sup> Order No. |
|---------------------------------------|------------------------------------|----------------------------------|-------------------------|

NO ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNTIL ALL INTERESTS HAVE BEEN CONSOLIDATED  
OR A NON-STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION

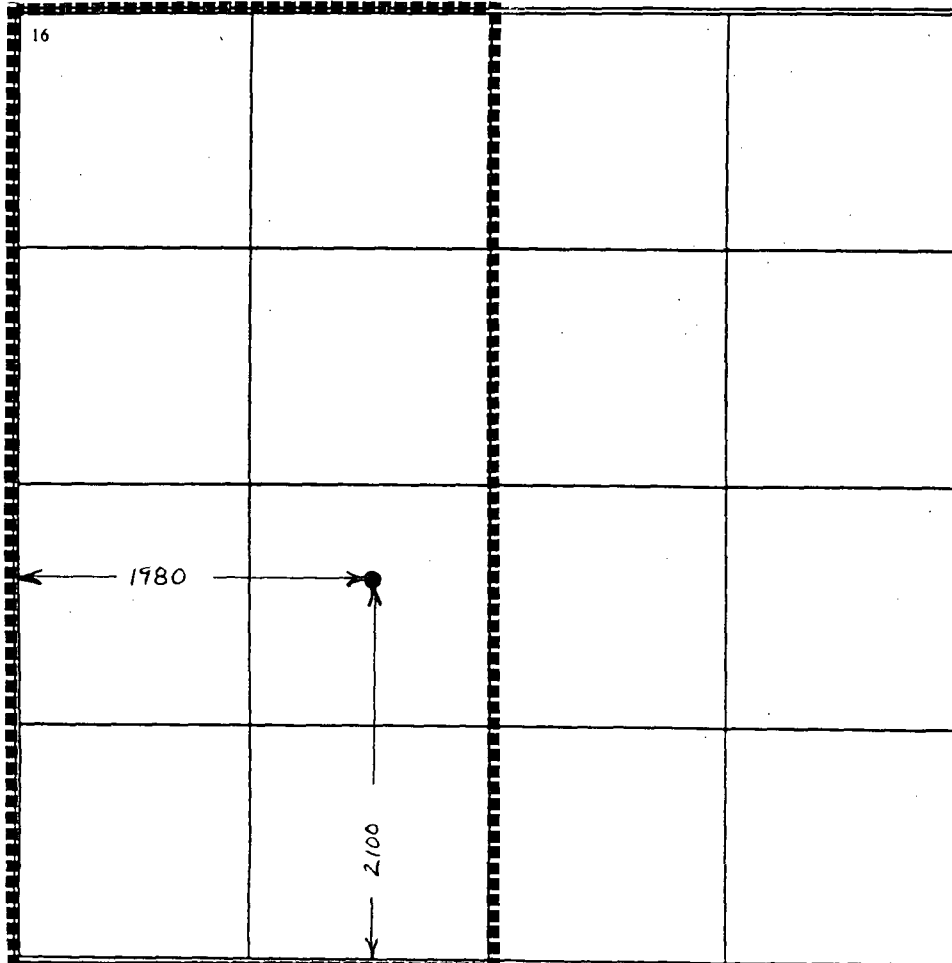

|   |   |  |
|---|---|--|
| <sup>16</sup><br> | <sup>17</sup> OPERATOR CERTIFICATION<br>I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief<br><br><br>Signature<br>Paul C. Thompson<br>Printed Name<br>President<br>Title<br>10/8/97<br>Date                         |  |
|   | <sup>18</sup> SURVEYOR CERTIFICATION<br>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 belief.<br><br>Original on File<br>Date of Survey<br>Signature and Seal of Professional Surveyor:<br><br>Certificate Number |  |
|   |   |  |
|   |   |  |

EXHIBIT 2

Thompson Engineering  
J.W. Goddard #3  
2100' FSL & 1980' FWL  
Sec. 11, T26N, R12W  
San Juan County, New Mexico

The following offset Fruitland Coal Operators have received written notice of the off-pattern Fruitland Coal well.

Mr. T. Greg Merrion  
Merrion Oil and Gas  
P.O. Box 840  
Farmington, NM 87499

Mr. J. K. Edwards  
J. K. Edwards and Associates  
1401 17th Street Suite 1400  
Denver, CO 80202

Mr. Al Nicol  
Pendragon Energy Partners  
621 17th Street Suite 750  
Denver, CO 80293

I certify that copies of the Application for a non-standard Fruitland Coal well has been mailed to the above Operators.

  
Paul C. Thompson

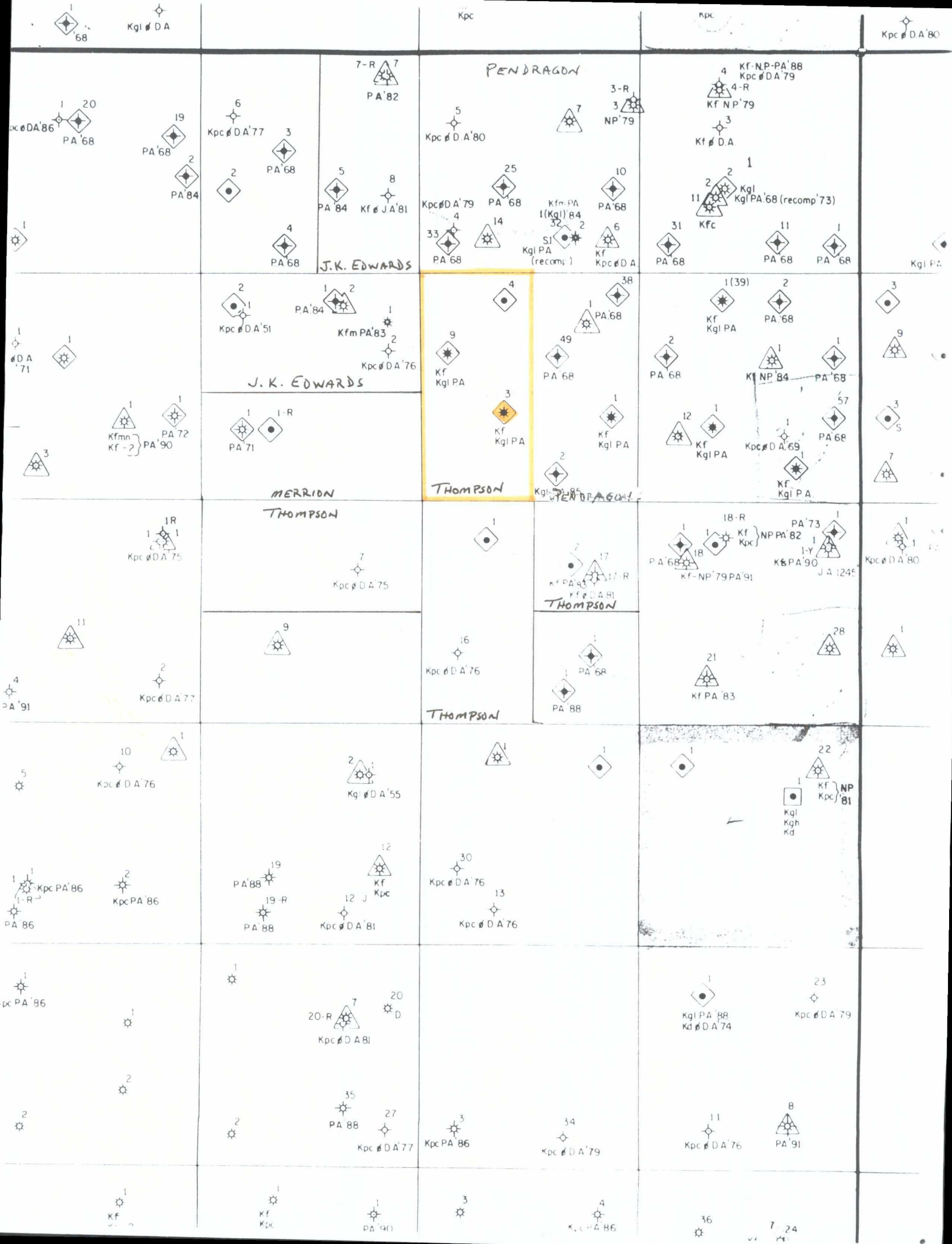
San Juan County            )  
                                  ) ss  
State of New Mexico    )

The following instrument was acknowledged before me this 8th day of October 1997 by Paul C. Thompson.

  
Notary Public

My Commission Expires:

July 31, 2001



**WALSH**

ENGINEERING &amp; PRODUCTION CORP.

Petroleum Engineering Consulting  
Lease Management  
Contract Pumping7415 East Main  
Farmington, New Mexico 87402  
(505) 327-4892CERTIFIED- RETURN RECEIPT

October 8, 1997

Mr. Al Nicol  
Pendragon Energy Partners  
621 17th Street Suite 750  
Denver, CO 80293

Re: Non-Standard Location  
Thompson Engineering  
J.W. Goddard #3  
2100' FSL, 1980' FWL  
Section 11, T26N R12W  
San Juan County, NM  
Basin Fruitland Coal

Dear Mr. Nicol,

Enclosed you will find a copy of the above referred to application that has been submitted to the New Mexico Oil Conservation Division for administrative approval. As an offset operator you are being notified of this application pursuant to NMOCD rules.

If you desire to submit remarks concerning the application, please send them to Mr. William J. LeMay, Director, New Mexico Oil Conservation Division, Santa Fe, New Mexico, within 20 days from the receipt of this notice. If you have no objection to the proposal, please so indicate by signing in the space provided below and returning a copy to this office.

Thank you for your consideration in this matter and if you have any questions, please do not hesitate to call upon me.

Sincerely,

*Paul C. Thompson*  
Paul C. Thompson, P.E.

I do not object to the proposed non-standard Fruitland Coal completion in the J.W. Goddard #3 wellbore.

Signed: *Steve J. Smith* PresidentDate: 10/8/97



**WALSH**

ENGINEERING & PRODUCTION CORP.

Petroleum Engineering Consulting  
Lease Management  
Contract Pumping

7412 East Main  
Farmington, New Mexico 87402  
(505) 327-4892

CERTIFIED- RETURN RECEIPT

October 8, 1997

Mr. J. K. Edwards,  
J. K. Edwards and Associates, Inc.  
1401 17th Street Suite 1400  
Denver, CO 80202

Re: Non-Standard Location  
Thompson Engineering  
J.W. Goddard #3  
2100' FSL, 1980' FWL  
Section 11, T26N R12W  
San Juan County, NM  
Basin Fruitland Coal

Dear Mr. Edwards,

Enclosed you will find a copy of the above referred to application that has been submitted to the New Mexico Oil Conservation Division for administrative approval. As an offset operator you are being notified of this application pursuant to NMOCD rules.

If you desire to submit remarks concerning the application, please send them to Mr. William J. LeMay, Director, New Mexico Oil Conservation Division, Santa Fe, New Mexico, within 20 days from the receipt of this notice. If you have no objection to the proposal, please so indicate by signing in the space provided below and returning a copy to this office.

Thank you for your consideration in this matter and if you have any questions, please do not hesitate to call upon me.

Sincerely,

*Paul C. Thompson*  
Paul C. Thompson, P.E.

I do not object to the proposed non-standard Fruitland Coal completion in the J.W. Goddard #3 wellbore.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

*10/7/97*


**WALSH**

ENGINEERING &amp; PRODUCTION CORP.

 Petroleum Engineering Consulting  
 Lease Management  
 Contract Pumping

 7415 East Main  
 Farmington, New Mexico 87402  
 (505) 327-4882

CERTIFIED- RETURN RECEIPT

October 8, 1997

 Mr. T. Greg Merrion  
 Merrion Oil and Gas  
 P.O. Box 840  
 Farmington, NM 87499

 Re: Non-Standard Location  
 Thompson Engineering  
 J.W. Goddard #3  
 2100' FSL, 1980' FWL  
 Section 11, T26N R12W  
 San Juan County, NM  
 Basin Fruitland Coal

|   |                             |                |
|---|-----------------------------|----------------|
| Post-it brand fax transmittal memo 7671 |                             | # of pages ▶ 1 |
| To <i>Paul Thompson</i>                 | From <i>T. Greg Merrion</i> |                |
| Co.                                     | Co.                         |                |
| Dept.                                   | Phone #                     |                |
| Fax #                                   | Fax #                       |                |

Dear Mr. Merrion,

Enclosed you will find a copy of the above referred to application that has been submitted to the New Mexico Oil Conservation Division for administrative approval. As an offset operator you are being notified of this application pursuant to NMOCD rules.

If you desire to submit remarks concerning the application, please send them to Mr. William J. LeMay, Director, New Mexico Oil Conservation Division, Santa Fe, New Mexico, within 20 days from the receipt of this notice. If you have no objection to the proposal, please so indicate by signing in the space provided below and returning a copy to this office.

Thank you for your consideration in this matter and if you have any questions, please do not hesitate to call upon me.

Sincerely,

*Paul C. Thompson*

Paul C. Thompson, P.E.

I do not object to the proposed non-standard Fruitland Coal completion in the J.W. Goddard #3 wellbore.

Signed: *T. Greg Merrion*Date: *10-9-97*



9/24/57

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

District II  
P.O. Drawer DD, Artesia, NM 88211-0719

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

District IV  
PO Box 2088, Santa Fe, NM 87504-2088

Form C-104

Revised February 21, 1994

Instructions on back

Submit to Appropriate District Office

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☐ AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

|   |   |  |
|---|---|--|
| <sup>1</sup> Operator Name and Address<br>Taurus Exploration U.S.A., Inc.<br>2101 Sixth Avenue North<br>Birmingham, AL 32503-2784 |   | <sup>2</sup> OGRID Number<br>162928                |
|   |   | <sup>3</sup> Reason for Filing Code<br>CO - 8/1/97 |
| <sup>4</sup> API Number<br>30-045-05937   | <sup>5</sup> Pool Name<br>GALLEGOS FRTL D PC, SO (GAS) FP | <sup>6</sup> Pool Code<br>77200                    |
| <sup>7</sup> Property Code<br>007046  | <sup>8</sup> Property Name<br>GODDARD J W                 | <sup>9</sup> Well Number<br>#3                     |

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

|                    |               |                  |               |         |                       |                       |                       |                     |                    |
|--------------------|---------------|------------------|---------------|---------|-----------------------|-----------------------|-----------------------|---------------------|--------------------|
| UI or lot no.<br>K | Section<br>11 | Township<br>026N | Range<br>012W | Lot.Idn | Feet from the<br>2100 | North/South Line<br>S | Feet from the<br>1980 | East/West Line<br>W | County<br>SAN JUAN |
|--------------------|---------------|------------------|---------------|---------|-----------------------|-----------------------|-----------------------|---------------------|--------------------|

<sup>11</sup> Bottom Hole Location

|                        |                                     |                                   |                                   |                                    |                                     |                  |               |                |        |
|------------------------|-------------------------------------|-----------------------------------|-----------------------------------|------------------------------------|-------------------------------------|------------------|---------------|----------------|--------|
| UI 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 | <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<br>7057 | <sup>19</sup> Transporter Name and Address<br>EL PASO FIELD SERVICES<br>P.O. BOX 1492<br>EL PASO, TX 79978 | <sup>20</sup> POD | <sup>21</sup> O/G<br>G | <sup>22</sup> POD ULSTR Location and Description<br>K-11-T026N-R012W |
|   |  |                   |                        |  |
|   |  |                   |                        |  |
|   |  |                   |                        |  |
|   |  |                   |                        |  |
|   |  |                   |                        |  |
|   |  |                   |                        |  |

IV. Produced Water

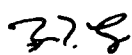
|                   |  |
|-------------------|--|
| <sup>23</sup> POD | <sup>24</sup> POD ULSTR Location and Description |
|-------------------|--|

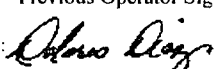
V. Well Completion Data

|                         |                                    |                         |                            |                            |
|-------------------------|------------------------------------|-------------------------|----------------------------|----------------------------|
| <sup>25</sup> Spud Date | <sup>26</sup> Ready Date           | <sup>27</sup> TD        | <sup>28</sup> PBTD         | <sup>29</sup> Perforations |
| <sup>30</sup> Hole Size | <sup>31</sup> Casing & Tubing Size | <sup>32</sup> Depth Set | <sup>33</sup> Sacks Cement |                            |
|                         |                                    |                         |                            |                            |
|                         |                                    |                         |                            |                            |
|                         |                                    |                         |                            |                            |
|                         |                                    |                         |                            |                            |

VI. Well Test Data

|                            |                                 |                         |                           |                             |                             |
|----------------------------|---------------------------------|-------------------------|---------------------------|-----------------------------|-----------------------------|
| <sup>34</sup> Date New Oil | <sup>35</sup> Gas Delivery Date | <sup>36</sup> Test Date | <sup>37</sup> Test Length | <sup>38</sup> Tbg. Pressure | <sup>39</sup> Csg. Pressure |
| <sup>40</sup> Choke Size   | <sup>41</sup> Oil               | <sup>42</sup> Water     | <sup>43</sup> Gas         | <sup>44</sup> AOF           | <sup>45</sup> Test Method   |

|  |  |  |  |
|--|--|--|--|
| <sup>46</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. |  | OIL CONSERVATION DIVISION  |  |
| Printed Name: Joe D. Niedernhofer  |  | Approved by:  |  |
| Title: General Manager -- San Juan Basin   |  | Title: SUPERVISOR DISTRICT #3  |  |
| Date: 7/16/97  |  | Approved Date: AUG 01 1997   |  |
| Phone: (205) 326-2710  |  |  |  |

|  |              |                      |        |
|--|--------------|----------------------|--------|
| <sup>47</sup> If this is a change of operator fill in the OGRID number and name of the previous operator |              |                      |        |
| 14538 Burlington Resources Oil & Gas Co.   |              |                      |        |
| Previous Operator Signature  | Printed Name | Title                | Date   |
| Signature:            | Dolores Diaz | Production Associate | 8/1/97 |

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

District II  
P.O. Drawer DD, Artesia, NM 88211-0719

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

District IV  
PO Box 2088, Santa Fe, NM 87504-2088

State of New Mexico  
Energy, Minerals, & Natural Resources Department

Form C-104  
Revised February 21, 1994  
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OIL CONSERVATION DIVISION  
PO Box 2088  
Santa Fe, NM 87504-2088

☐ AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

|   |   |   |
|---|---|---|
| <sup>1</sup> Operator Name and Address<br>Burlington Resources Oil & Gas<br>PO Box 4289<br>Farmington, NM 87499 |   | <sup>2</sup> OGRID Number<br>14538                  |
|   |   | <sup>3</sup> Reason for Filing Code<br>CO - 7/11/96 |
| <sup>4</sup> API Number<br>30-045-5937  | <sup>5</sup> Pool Name<br>PICTURED CLIFFS | <sup>6</sup> Pool Code<br>3025                      |
| <sup>7</sup> Property Code<br>007046  | <sup>8</sup> Property Name<br>GODDARD J W | <sup>9</sup> Well Number<br>#3                      |

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

|                    |               |                  |               |         |                       |                       |                       |                     |                    |
|--------------------|---------------|------------------|---------------|---------|-----------------------|-----------------------|-----------------------|---------------------|--------------------|
| UI or lot no.<br>K | Section<br>11 | Township<br>026N | Range<br>012W | Lot.Idn | Feet from the<br>2100 | North/South Line<br>S | Feet from the<br>1980 | East/West Line<br>W | County<br>SAN JUAN |
|--------------------|---------------|------------------|---------------|---------|-----------------------|-----------------------|-----------------------|---------------------|--------------------|

<sup>11</sup> Bottom Hole Location

|                        |         |                                     |       |                                   |               |                                   |               |                                    |        |                                     |
|------------------------|---------|-------------------------------------|-------|-----------------------------------|---------------|-----------------------------------|---------------|------------------------------------|--------|-------------------------------------|
| UI 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 |         | <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 |
|                                 |  |                   |                   |  |
|                                 |  |                   |                   |  |
|                                 |  |                   |                   |  |
|                                 |  |                   |                   |  |
|                                 |  |                   |                   |  |
|                                 |  |                   |                   |  |
|                                 |  |                   |                   |  |

IV. Produced Water

|                   |  |
|-------------------|--|
| <sup>23</sup> POD | <sup>24</sup> POD ULSTR Location and Description |
|-------------------|--|

V. Well Completion Data

|                         |                                    |                         |                            |                            |
|-------------------------|------------------------------------|-------------------------|----------------------------|----------------------------|
| <sup>25</sup> Spud Date | <sup>26</sup> Ready Date           | <sup>27</sup> TD        | <sup>28</sup> PBD          | <sup>29</sup> Perforations |
| <sup>30</sup> Hole Size | <sup>31</sup> Casing & Tubing Size | <sup>32</sup> Depth Set | <sup>33</sup> Sacks Cement |                            |
|                         |                                    |                         |                            |                            |
|                         |                                    |                         |                            |                            |
|                         |                                    |                         |                            |                            |
|                         |                                    |                         |                            |                            |

VI. Well Test Data

|                            |                                 |                         |                           |                             |                             |
|----------------------------|---------------------------------|-------------------------|---------------------------|-----------------------------|-----------------------------|
| <sup>34</sup> Date New Oil | <sup>35</sup> Gas Delivery Date | <sup>36</sup> Test Date | <sup>37</sup> Test Length | <sup>38</sup> Tbg. Pressure | <sup>39</sup> Csg. Pressure |
| <sup>40</sup> Choke Size   | <sup>41</sup> Oil               | <sup>42</sup> Water     | <sup>43</sup> Gas         | <sup>44</sup> AOF           | <sup>45</sup> Test Method   |

<sup>46</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: *Dolores Diaz*

Printed Name:  
Dolores Diaz

Title:  
Production Associate

Date:  
7/11/96

Phone  
(505) 326-9700

OIL CONSERVATION DIVISION

Approved by: Frank T. Chavez

Title: District Supervisor

Approved Date: July 11, 1996

<sup>47</sup> If this is a change of operator fill in the OGRID number and name of the previous operator  
14538 Meridian Oil Production

Previous Operator Signature

Printed Name

Title

Date

Signature: *Dolores Diaz*

Dolores Diaz

Production Associate

7/11/96

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

State of New Mexico  
Energy, Minerals, & Natural Resources Department

Form C-104  
Revised February 21, 1994  
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Submit to Appropriate District Office  
5 Copies

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

☐ AMMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

|   |   |   |
|---|---|---|
| <sup>1</sup> Operator Name and Address<br><br>Burlington Resources Oil & Gas<br>PO Box 4289<br>Farmington, NM 87499 |   | <sup>2</sup> OGRID Number<br><br>14538                  |
|   |   | <sup>3</sup> Reason for Filing Code<br><br>CO - 7/11/96 |
| <sup>4</sup> API Number<br>30-045-5937  | <sup>5</sup> Pool Name<br>GALLEGOS FRTLTD PC, SO (GAS) FP | <sup>6</sup> Pool Code<br>77200                         |
| <sup>7</sup> Property Code<br>007046  | <sup>8</sup> Property Name<br>GODDARD J W                 | <sup>9</sup> Well Number<br>#3                          |

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

|                    |               |                  |               |         |                       |                       |                       |                     |                    |
|--------------------|---------------|------------------|---------------|---------|-----------------------|-----------------------|-----------------------|---------------------|--------------------|
| UI or lot no.<br>K | Section<br>11 | Township<br>026N | Range<br>012W | Lot.Idn | Feet from the<br>2100 | North/South Line<br>S | Feet from the<br>1980 | East/West Line<br>W | County<br>SAN JUAN |
|--------------------|---------------|------------------|---------------|---------|-----------------------|-----------------------|-----------------------|---------------------|--------------------|

<sup>11</sup> Bottom Hole Location

|                        |         |                                     |       |                                   |               |                                   |               |                                    |                                     |
|------------------------|---------|-------------------------------------|-------|-----------------------------------|---------------|-----------------------------------|---------------|------------------------------------|-------------------------------------|
| UI 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 |         | <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<br>OGRID | <sup>19</sup> Transporter Name<br>and Address                | <sup>20</sup> POD | <sup>21</sup> O/G | <sup>22</sup> POD ULSTR Location<br>and Description |
| 7057                               | EL PASO FIELD SERVICES<br>P.O. BOX 1492<br>EL PASO, TX 79978 |                   | G                 | K-11-T026N-R012W                                    |
|                                    |  |                   |                   |   |
|                                    |  |                   |                   |   |
|                                    |  |                   |                   |   |
|                                    |  |                   |                   |   |
|                                    |  |                   |                   |   |
|                                    |  |                   |                   |   |

IV. Produced Water

|                   |  |
|-------------------|--|
| <sup>23</sup> POD | <sup>24</sup> POD ULSTR Location and Description |
|-------------------|--|

V. Well Completion Data

|                         |                          |                                    |                         |                            |
|-------------------------|--------------------------|------------------------------------|-------------------------|----------------------------|
| <sup>25</sup> Spud Date | <sup>26</sup> Ready Date | <sup>27</sup> TD                   | <sup>28</sup> PBTD      | <sup>29</sup> Perforations |
| <sup>30</sup> Hole Size |                          | <sup>31</sup> Casing & Tubing Size | <sup>32</sup> Depth Set | <sup>33</sup> Sacks Cement |
|                         |                          |                                    |                         |                            |
|                         |                          |                                    |                         |                            |
|                         |                          |                                    |                         |                            |
|                         |                          |                                    |                         |                            |

VI. Well Test Data

|                            |                                 |                         |                           |                             |                             |
|----------------------------|---------------------------------|-------------------------|---------------------------|-----------------------------|-----------------------------|
| <sup>34</sup> Date New Oil | <sup>35</sup> Gas Delivery Date | <sup>36</sup> Test Date | <sup>37</sup> Test Length | <sup>38</sup> Tbg. Pressure | <sup>39</sup> Csg. Pressure |
| <sup>40</sup> Choke Size   | <sup>41</sup> Oil               | <sup>42</sup> Water     | <sup>43</sup> Gas         | <sup>44</sup> AOF           | <sup>45</sup> Test Method   |

<sup>46</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: *Dolores Diaz*

Approved by: Frank T. Chavez

Printed Name:  
Dolores Diaz

Title: District Supervisor

Title:  
Production Associate

Approved Date: July 11, 1996

Date:  
7/11/96

Phone  
(505) 326-9700

<sup>47</sup> If this is a change of operator fill in the OGRID number and name of the previous operator  
14538 Meridian Oil Production

Previous Operator Signature

Printed Name

Title

Date

Signature: *Dolores Diaz*

Dolores Diaz

Production Associate

7/11/96

STATE OF NEW MEXICO  
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

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

RECEIVED  
DEC 23 1988  
OIL CONSERVATION DIV

I. Operator  
Meridian Oil Inc.

Address  
3535 E. 30th-Farmington, NM 87401

Reason(s) for filing (Check proper box)  
☐ New Well  
☐ Recompletion  
☐ Change in Ownership  
 Change in Transporter of:  
☐ Oil  
☐ Casinghead Gas  
☐ Dry Gas  
☐ Condensate

Other (Please explain) Effective Date: 12/06/88  
Change in name of Operator

If change of operator, give name and address of previous owner  
operator Texaco Inc., Operator for Texaco Producing INC. (TPI)  
4601 DTC Blvd., Denver, Colorado 80237

II. DESCRIPTION OF WELL AND LEASE

|  |               |  |   |                   |
|--|---------------|--|---|-------------------|
| Lease Name<br>J. W. Goddard  | Well No.<br>3 | Pool Name, including Formation<br>S. GALLAGHER<br>Fruitland PC | Kind of Lease<br>State, Federal or Fee<br>Federal | Lease No.<br>0789 |
| Location<br>Unit Letter <u>K</u> <u>2100</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>West</u> |               |  |   |                   |
| Line of Section <u>11</u> Township <u>26N</u> Range <u>12W</u> , NMPM, <u>San Juan</u> Cour                            |               |  |   |                   |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS


|  |  |      |      |      |
|--|--|------|------|------|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>                    | Address (Give address to which approved copy of this form is to be sent) |      |      |      |
| 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) |      |      |      |
| EPNG Co.   | Farmington, NM 87401   |      |      |      |
| If well produces oil or liquids, give location of tanks.   | Unit   | Sec. | Twp. | Rge. |
|  | K  | 11   | 26N  | 12W  |
| Is gas actually connected?   |  | When |      |      |
| Yes  |  |      |      |      |

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.

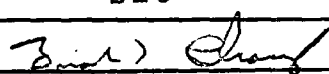
VI. CERTIFICATE OF COMPLIANCE

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.

  
(Signature)  
Regulatory Affairs  
(Title)  
December 22, 1988  
(Date)

OIL CONSERVATION DIVISION

DEC 23 1988

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY   
TITLE SUPERVISION DISTRICT # 3

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

If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the device tests taken on the well in accordance with RULE 111.

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

Fill out only Sections I, II, III, and VI for changes of ow well name or number, or transporter, or other such change of condi

Separate Forms C-104 must be filed for each pool in mult completed wells.

|                        |     |
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| LAND OFFICE            |     |
| TRANSPORTER            | OIL |
|                        | GAS |
| OPERATOR               |     |
| PRORATION OFFICE       |     |

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS  
RECEIVED  
MAY - 8 1985  
OIL CONSERVATION DIVISION

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

|  |   |
|--|---|
| Operator<br>Texaco Inc., Operator for Texaco Producing Inc. (TPI)  |   |
| Address<br>4601 DTC Blvd., Denver, Colorado 80237  |   |
| Reasons for filing (Check proper box)  | Other (Please explain)  |
| New well <input type="checkbox"/>  | Change of Operator from Getty Oil Company to Texaco Inc. (Operator for TPI) |
| Recompletion <input type="checkbox"/>  |   |
| Change in Ownership <input type="checkbox"/>   |   |
| Change in Transporter of: <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate |   |
| Casinghead Gas <input type="checkbox"/>  |   |

If change of ownership give name and address of previous owner

## II. DESCRIPTION OF WELL AND LEASE

|  |               |   |  |                     |
|--|---------------|---|--|---------------------|
| Lease Name<br>J. W. Goddard  | Well No.<br>3 | Pool Name/Producing Formation<br>Fruitland PC | Kind of Lease<br>State, Federal or Fee Federal | Lease No.<br>078953 |
| Location<br>Unit Letter: K 2100 Feet From The South Line and 1980 Feet From The West<br>Line of Section 11 Township 26N Range 12W, NMFM, San Juan County |               |   |  |                     |

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

|  |  |            |             |             |                                   |      |
|--|--|------------|-------------|-------------|-----------------------------------|------|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>                    | Address (Give address to which approved copy of this form is to be sent) |            |             |             |                                   |      |
| 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 Co.  | P. O. Box 990, Farmington, NM. 87499                                     |            |             |             |                                   |      |
| If well produces oil or liquids, give location of tanks.   | Unit<br>K  | Sec.<br>11 | Twp.<br>26N | Rge.<br>12W | Is gas actually connected?<br>Yes | When |

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

## IV. COMPLETION DATA

|                                    |                             |          |                 |          |        |                   |             |              |
|------------------------------------|-----------------------------|----------|-----------------|----------|--------|-------------------|-------------|--------------|
| Designate Type of Completion - (X) | Oil Well                    | Gas Well | New Well        | Workover | Deepen | Plug Back         | Same Res'v. | Diff. Res'v. |
| Date Spudded                       | Date Compl. Ready to Prod.  |          | Total Depth     |          |        | P.B.T.D.          |             |              |
| Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation |          | Top Oil/Gas Pay |          |        | Tubing Depth      |             |              |
| Perforations                       |                             |          |                 |          |        | Depth Casing Shoe |             |              |

## TUBING, CASING, AND CEMENTING RECORD

|           |                      |           |              |
|-----------|----------------------|-----------|--------------|
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
|           |                      |           |              |
|           |                      |           |              |
|           |                      |           |              |

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

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

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

## GAS WELL

|                                  |                           |                           |                       |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test - MCF/D        | Length of Test            | Bbls. Condensate/MMCF/D   | 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]  
(Signature)  
District Manager/Farmington  
(Title)  
1/28/85  
(Date)

## OIL CONSERVATION COMMISSION

APPROVED JAN 31 1985  
BY [Signature]  
TITLE SUPERVISOR DISTRICT #6

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

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

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

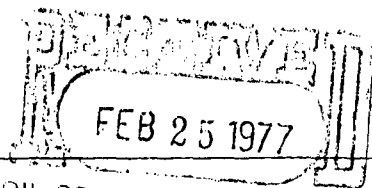
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

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| LAND OFFICE            |     |   |
| TRANSPORTER            | OIL |   |
|                        | GAS | 1 |
| OPERATOR               |     | 4 |
| PRORATION OFFICE       |     |   |

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

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



I. Operator  
Getty Oil Company  
Address  
Box 3360, Casper, WY 82602  
Reason(s) for filing (Check proper box)  
New Well ☐ Change In Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change In Ownership ☒ Casinghead Gas ☐ Condensate ☐  
Other (Please explain)  
If change of ownership give name and address of previous owner Skelly Oil Company, Box 3360, Casper, WY 82602

II. DESCRIPTION OF WELL AND LEASE

|  |               |   |  |                     |
|--|---------------|---|--|---------------------|
| Lease Name<br>J. W. Goddard  | Well No.<br>3 | Pool Name, Including Formation<br>So. Gallegos Undesignated Fruitland | Kind of Lease<br>State, Federal or Fee Fed, SF | Lease No.<br>078953 |
| Location<br>Unit Letter K ; 2100 Feet From The South Line and 1980 Feet From The West<br>Line of Section 11 Township 26N Range 12W , NMPM, San Juan County |               |   |  |                     |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|  |  |
|--|--|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>                    | Address (Give address to which approved copy of this form is to be sent) |
| 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 Co.  | Box 990, Farmington, NM 87401  |
| If well produces oil or liquids, give location of tanks.   | Unit Sec. Twp. Rge. Is gas actually connected? When<br>yes               |

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

IV. COMPLETION DATA

|                                    |                             |                 |              |          |        |           |             |              |
|------------------------------------|-----------------------------|-----------------|--------------|----------|--------|-----------|-------------|--------------|
| Designate Type of Completion - (X) | Oil Well                    | Gas Well        | New Well     | Workover | Deepen | Plug Back | Same Res'v. | Diff. Res'v. |
| Date Spudded                       | Date Compl. Ready to Prod.  | Total Depth     | P.B.T.D.     |          |        |           |             |              |
| Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | Top Oil/Gas Pay | Tubing Depth |          |        |           |             |              |
| Perforations                       | Depth Casing Shoe           |                 |              |          |        |           |             |              |

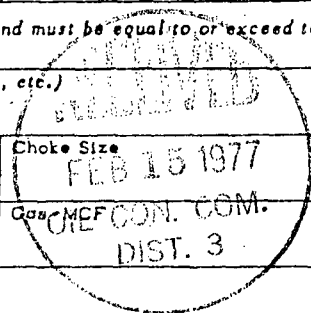
TUBING, CASING, AND CEMENTING RECORD

|           |                      |           |              |
|-----------|----------------------|-----------|--------------|
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
|           |                      |           |              |
|           |                      |           |              |
|           |                      |           |              |

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

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

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



GAS WELL

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

VI. CERTIFICATE OF COMPLIANCE

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

Roy J. McWhorter  
(Signature)

Area Superintendent  
(Title)

2/9/77  
(Date)

OIL CONSERVATION COMMISSION

APPROVED FEB 15 1977  
BY H. E. Mayberry  
TITLE PETROLEUM ENGINEER DIST. NO. 3

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

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the 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

OCT 30 1969

## OIL CONSERVATION COMMISSION

BOX 697

120 EAST CHACO

AZTEC, NEW MEXICO

## NOTICE OF GAS CONNECTION

DATE October 28, 1969

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

THE Skelly Oil Company

OPERATOR

J. W. Goddard #3

LEASE

"K"

WELL UNIT

11-26-12

S-T-R

Undesignated Fruitland

POOL

El Paso Natural Gas Company

NAME OF PURCHASER

WAS MADE ON October 2, 1969 , FIRST DELIVERY October 6, 1969

DATE

DATE

Choke 226

INITIAL POTENTIAL

El Paso Natural Gas Company

PURCHASER

Original Signed By W. M. Rodgers

REPRESENTATIVE

Chief Dispatcher

TITLE

CC: TO OPERATOR **Denver & Farmington**  
OIL CONSERVATION COMMISSION - SANTA FE  
F. N. WOODRUFF - EL PASO  
~~XXXXXXXXXX~~  
B. D. ADAMS

FILE

Fred  
10/3



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| TRANSPORTER            | OIL |   |
|                        | GAS | / |
| OPERATOR               |     |   |
| PRORATION OFFICE       |     |   |

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

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

MAIN OFFICE

43  
OCT 17 1968

I. Operator  
Skelly Oil Company

Address  
1860 Lincoln Street, Denver, Colorado 80203

Reason(s) for filing (Check proper box)

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

Other (Please explain)

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

|                             |                 |  |  |                       |
|-----------------------------|-----------------|--|--|-----------------------|
| Lease Name<br>J. W. Goddard | Well No.<br>3   | Pool Name, including Formation<br>Undesignated Fruitland | Kind of Lease<br>State, Federal or Fee Federal | Lease No.             |
| Location                    |                 |  |  |                       |
| Unit Letter<br>K            | 2100            | Feet From The<br>South                                   | Line and<br>1980                               | Feet From The<br>West |
| Line of Section<br>11       | Township<br>26N | Range<br>12W   | , NMPM, San Juan County                        |                       |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|  |  |
|--|--|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>                    | Address (Give address to which approved copy of this form is to be sent) |
| 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  | Box 990, Farmington, New Mexico  |
| If well produces oil or liquids,<br>give location of tanks.  | Unit Sec. Twp. Rge. Is gas actually connected? When                      |
|  | 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         |             |              |
| Date Spudded<br>9/23/68                        | Date Compl. Ready to Prod.<br>10/9/68         | Total Depth              | P.B.T.D. 1254' |          |        |           |             |              |
| Elevations (DF, RKB, RT, GR, etc.)<br>6059' GR | Name of Producing Formation<br>Fruitland Sand | Top Oil/Gas Pay<br>1182' | Tubing Depth   |          |        |           |             |              |
| Perforations<br>1182' - 1202'                  | Depth Casing Shoe                             |                          |                |          |        |           |             |              |
| TUBING, CASING, AND CEMENTING RECORD           |   |                          |                |          |        |           |             |              |
| HOLE SIZE                                      | CASING & TUBING SIZE                          | DEPTH SET                | SACKS CEMENT   |          |        |           |             |              |
|  |   |                          |                |          |        |           |             |              |
|  |   |                          |                |          |        |           |             |              |
|  |   |                          |                |          |        |           |             |              |

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

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

GAS WELL

|   |                                   |                                   |                             |
|---|-----------------------------------|-----------------------------------|-----------------------------|
| Actual Prod. Test-MCF/D<br>226.7                  | Length of Test<br>3 hours         | Bbls. Condensate/MMCF<br>--       | Gravity of Condensate<br>-- |
| Testing Method (pitot, back pr.)<br>Back Pressure | Tubing Pressure (Shut-in)<br>350# | Casing Pressure (Shut-in)<br>350# | Choke Size<br>3/4"          |

VI. CERTIFICATE OF COMPLIANCE

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

Leland Hany  
(Signature)  
District Production Manager  
(Title)  
October 11, 1968  
(Date)

OIL CONSERVATION COMMISSION  
10-23-68 OCT 23 1968  
APPROVED  
BY [Signature]  
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

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

5. LEASE DESIGNATION AND SERIAL NO.

SV078953

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

J. V. Goddard

9. WELL NO.

10. FIELD AND POOL, OR WILDCAT

Calleges Calhoun

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

Section 11-26N-12W

12. COUNTY OR PARISH

San Juan

New Mexico

## SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different depth.  
Use "APPLICATION FOR PERMIT—" for such proposals.)1. OIL WELL ☐ GAS WELL ☒ OTHER ☐

2. NAME OF OPERATOR

Skelly Oil Company

3. ADDRESS OF OPERATOR

1860 Lincoln Street, Denver, Colorado 80203

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

See also space 17 below.)

At surface

2100' FSL and 1980' FWL of Section 11-26N-12W

14. PERMIT NO.

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

6059' GR

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

## NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON\*

CHANGE PLANS

## SUBSEQUENT REPORT

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

Plug back &amp; test Fruitland sand

(NOTE: Report results of multiple completion on Well

Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

9/23/68 Moved in and rigged up pulling unit of Aztec Well Service Co. Pulled out and pump. Squeezed through perforations 5151'-5188' w/25 sacks of cement. Top of cement inside casing at 5038'. Ran Gamma Ray Collar log from 900'-1300'. Perforated casing at 1300' w/4 shots. Pumped 150 sacks of cement down 5 1/2" casing. Displaced with 32 bbls. of water. Top of plug in casing at 1260'. Tapped bottom with tubing at 1260'. Swabbed tubing. Pulled tubing and fluid level at 1260'.

Perforated 5-1/2"OD casing 1182'-1202'-20' w/4 shots per ft. Hole dry. Line broke while pulling perforating gun. Dropped gun 10' of line in hole. Ran tubing with overshot and recovered perforating gun and line. Treated perforations 1182'-1202' with 700 gals. of water. Formation broke from 1700# to 1000#; followed with 8500# of sand and 7010 gals. of water. Injection rate 39 bbls. per minute at 1000#. Flushed w/1500 gals. of water. Ran tubing to 1258' KB with a 4' ball plug perforated nipple on bottom. Gas gauged 74.4 MCF per day; dry.

Shut in 12 hours, casing pressure 300#. Opened and flowed at rate of 2810 MCF/D. Killed well with 75 bbls. of water. Ran tubing. Ran swab 5 trips. Well kicked off flowing 1674 MCF per day. After flowing 3 hours, 2148 MCF per day w/trace of water.

9/28/68 Flowed at rate of 1065 MCF gas per day. Casing pressure 704.

9/29/68 Flowed at rate of 680 MCF gas per day. Casing pressure 404.

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

SIGNED

*Leland H. Hargis*

TITLE District Production Manager

DATE October 11, 1968

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

RECEIVED

OCT 14 1968

\*See Instructions on Reverse Side

U. S. GEOLOGICAL SURVEY  
WASHINGTON, D. C.

**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.

DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY  
UNITED STATES

9/30/68 Flowed at rate of 470 MCF gas per day. Shut in 5-1/2 hrs.  
SICP 1837.  
After Shut In 192 hours SICP 3508; SITP 3508.

10/9/68 Flowed 3 hours through 2" tubing, 3/4" choke, for calculated  
absolute open flow of 1814 MCF gas per day. No water RIP 987.

Well now completed for gas in the Fruitland formation through casing  
perfs 1182'-1202'.  
PBTD 1254'.

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

|                     |                          |                       |                          |
|---------------------|--------------------------|-----------------------|--------------------------|
| TEST WATER SHUT-OFF | <input type="checkbox"/> | TEST WATER SHUT-OFF   | <input type="checkbox"/> |
| FRACTURE TREAT      | <input type="checkbox"/> | FRACTURE TREATMENT    | <input type="checkbox"/> |
| SHOOT OR ACIDIZE    | <input type="checkbox"/> | SHOOTING OR ACIDIZING | <input type="checkbox"/> |
| REPAIR WELL         | <input type="checkbox"/> | REPAIR WELL           | <input type="checkbox"/> |
| (Other)             | <input type="checkbox"/> | (Other)               | <input type="checkbox"/> |

(NOTE: Report results of well Completion or Intervention)

0-685229 0-687-651

17. present proposed or completed operations (Company state all pertinent details, and give pertinent dates, times, and locations) and the proposed work. If well is directionally drilled, give subsurface locations and measures and measures and the location.

U.S. GOVERNMENT PRINTING OFFICE: 1964 O - 350-000

[illegible]

1. The first of these is the fact that the  
2. second of these is the fact that the  
3. third of these is the fact that the  
4. fourth of these is the fact that the  
5. fifth of these is the fact that the  
6. sixth of these is the fact that the  
7. seventh of these is the fact that the  
8. eighth of these is the fact that the  
9. ninth of these is the fact that the  
10. tenth of these is the fact that the

[illegible]

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

14-00000

1. This figure is the basis for the 1992-93 season.

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

COMMISSION OF RELIGION IN THE

১৯৭১ সালের ১৫ আগস্ট রাতে  
 বাংলাদেশের স্বাধীনতা ঘোষণা করা হয়।

\_\_\_\_\_

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE\*

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

## WELL COMPLETION OR RECOMPLETION REPORT AND LOG \*

|  |                               |  |  |  |   |   |                                |
|--|-------------------------------|--|--|--|---|---|--------------------------------|
| 1a. TYPE OF WELL:  |                               | OIL WELL <input type="checkbox"/>                                    | GAS WELL <input checked="" type="checkbox"/> | DRY <input type="checkbox"/>             | Other <input type="checkbox"/>                |   |                                |
| b. TYPE OF COMPLETION:   |                               | NEW WELL <input type="checkbox"/>                                    | WORK OVER <input type="checkbox"/>           | DEEP-EN <input type="checkbox"/>         | PLUG BACK <input checked="" type="checkbox"/> | DIFF. RESVR. <input type="checkbox"/>                     | Other <input type="checkbox"/> |
| 2. NAME OF OPERATOR<br>Skelly Oil Company  |                               |  |  |  |   | <b>RECEIVED</b><br>OCT 15 1968<br>OIL CON. COM<br>DIST. 3 |                                |
| 3. ADDRESS OF OPERATOR<br>1860 Lincoln Street, Denver, Colorado 80203  |                               |  |  |  |   |   |                                |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)<br>At surface 2100' FSL and 1980' FWL of Section 11-26N-12W<br>At top prod. interval reported below<br>At total depth Same |                               |  |  |  |   |   |                                |
| 14. PERMIT NO. _____ DATE ISSUED _____   |                               |  |  |  |   |   |                                |
| 15. DATE SPUDDED   | 16. DATE T.D. REACHED         | 17. DATE COMPL. (Ready to prod.)                                     |  | 18. ELEVATIONS (DF, RKB, RT, GR, ETC.) * | 19. ELEV. CASING HEAD                         |   |                                |
|  |                               | 10/9/68  |  | 6059' CR                                 |   |   |                                |
| 20. TOTAL DEPTH, MD & TVD  | 21. PLUG, BACK T.D., MD & TVD | 22. IF MULTIPLE COMPL., HOW MANY *                                   |  | 23. INTERVALS DRILLED BY                 | 24. ROTARY TOOLS                              | 25. CABLE TOOLS   |                                |
|  | PBTD 1254'                    |  |  |  |   |   |                                |
| 24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD) *   |                               |  |  |  |   | 25. WAS DIRECTIONAL SURVEY MADE                           |                                |
| 1182'-1202' Fruitland Sand   |                               |  |  |  |   |   |                                |
| 26. TYPE ELECTRIC AND OTHER LOGS RUN   |                               |  |  |  |   | 27. WAS WELL CORED  |                                |
|  |                               |  |  |  |   |   |                                |
| 28. CASING RECORD (Report all strings set in well)   |                               |  |  |  |   | 29. AMOUNT PULLED   |                                |
| CASING SIZE  | WEIGHT, LB./FT.               | DEPTH SET (MD)   | HOLE SIZE                                    | CEMENT RECORD                            |   |   |                                |
|  |                               |  |  |  |   |   |                                |
|  |                               |  |  |  |   |   |                                |
|  |                               |  |  |  |   |   |                                |
|  |                               |  |  |  |   |   |                                |
| 29. LINER RECORD   |                               |  |  |  |   | 30. TUBING RECORD   |                                |
| SIZE   | TOP (MD)                      | BOTTOM (MD)  | SACKS CEMENT *                               | SCREEN (MD)                              | SIZE  | DEPTH SET (MD)  | PACKER SET (MD)                |
|  |                               |  |  |  |   |   |                                |
|  |                               |  |  |  |   |   |                                |
| 31. PERFORATION RECORD (Interval, size and number)   |                               |  |  |  |   | 32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.            |                                |
| 1182'-1202' 80 Shots   |                               |  |  |  |   |   |                                |
|  |                               |  |  |  |   |   |                                |
|  |                               |  |  |  |   |   |                                |
|  |                               |  |  |  |   |   |                                |
|  |                               |  |  |  |   |   |                                |
| 33. PRODUCTION   |                               |  |  |  |   |   |                                |
| DATE FIRST PRODUCTION  |                               | PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) |  |  |   | WELL STATUS (Producing or shut-in)                        |                                |
| 10/9/68  |                               | Flowing  |  |  |   | Shut In   |                                |
| DATE OF TEST   | HOURS TESTED                  | CHOKE SIZE   | PROD'N. FOR TEST PERIOD                      | OIL—BBL.                                 | GAS—MCF.                                      | WATER—BBL.  | GAS-OIL RATIO                  |
| 10/9/68  | 3                             | 3/4  |  | 0  | 226.7   | 0   |                                |
| TUBING PRESS.  | CASING PRESSURE               | CALCULATED 24-HOUR RATE  | OIL—BBL.                                     | GAS—MCF.                                 | WATER—BBL.                                    | OIL GRAVITY-API (CORR.)                                   |                                |
| 98#  |                               |  | 0  | 1814                                     | 0   |   |                                |
| DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)   |                               |  |  |  |   | TEST WITNESSED BY   |                                |
| Sold   |                               |  |  |  |   |   |                                |
| LIST OF ATTACHMENTS  |                               |  |  |  |   |   |                                |
| None   |                               |  |  |  |   |   |                                |
| I hereby certify that the foregoing and attached information is complete and correct as determined from all available records  |                               |  |  |  |   |   |                                |
| SIGNED   |                               | TITLE  |  |  |   | DATE  |                                |
| Leland H. Hays   |                               | District Production Manager  |  |  |   | October 11, 1968  |                                |

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

**NEW MEXICO OIL CONSERVATION COMMISSION  
WELL LOCATION AND ACREAGE DEDICATION PLAT**

Form C-102  
Supersedes C-128  
Effective 1-1-65

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

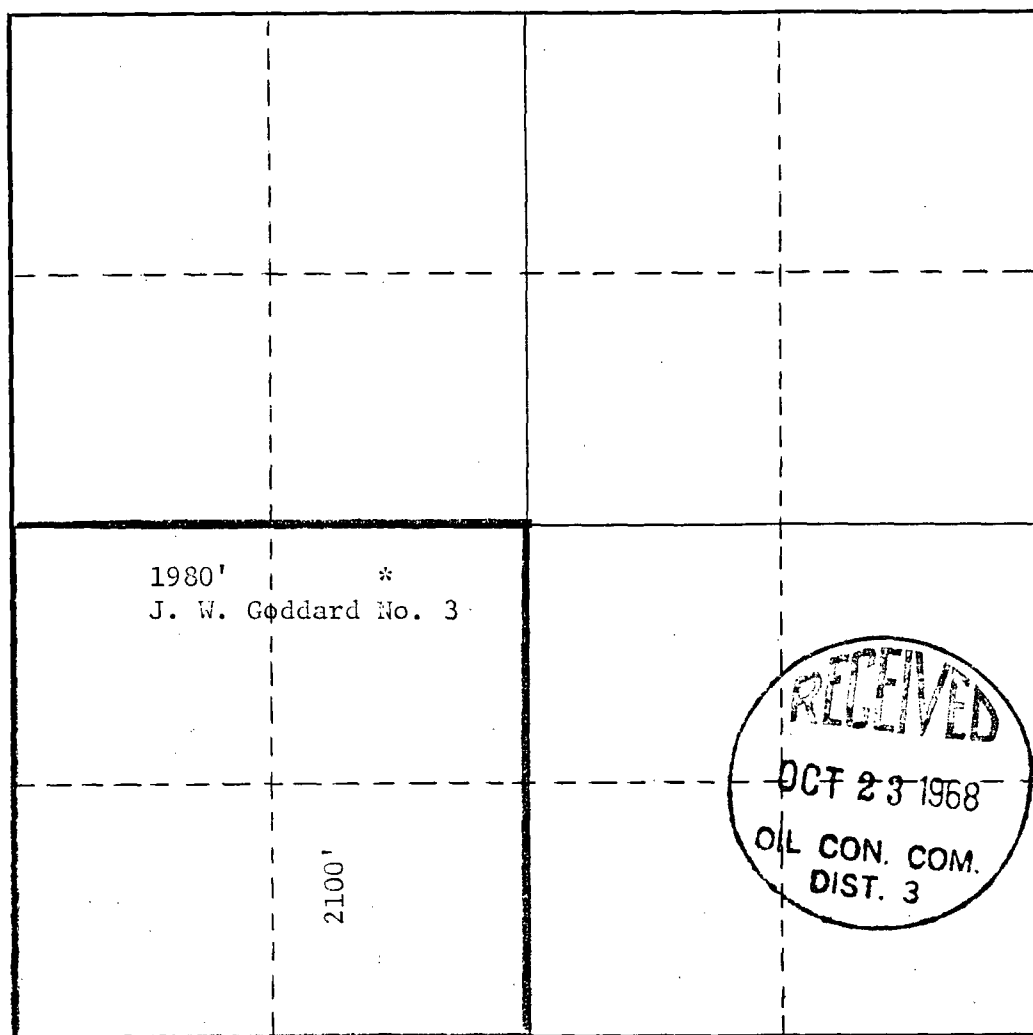
|  |   |                             |                               |  |                      |
|--|---|-----------------------------|-------------------------------|--|----------------------|
| Operator<br><b>Skelly Oil Company</b>  |   |                             | Lease<br><b>J. W. Goddard</b> |  | Well No.<br><b>3</b> |
| Unit Letter<br><b>K</b>  | Section<br><b>11</b>                    | Township<br><b>26 North</b> | Range<br><b>12 West</b>       | County<br><b>San Juan</b>              |                      |
| Actual Footage Location of Well:<br><b>2100</b> feet from the <b>South</b> line and <b>1980</b> feet from the <b>West</b> line |   |                             |                               |  |                      |
| Ground Level Elev.<br><b>6059</b>  | Producing Formation<br><b>Fruitland</b> |                             | Pool<br><b>Undesignated</b>   | Dedicated Acreage:<br><b>160</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 \_\_\_\_\_

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.

*Robert L. Wyatt*  
Name

Robert L. Wyatt

Position  
District Office Manager

Company  
Skelly Oil Company

Date  
October 18, 1968

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

Registered Professional Engineer and/or Land Surveyor

Certificate No.

0 330 660 990 1320 1650 1980 2310 2640 2000 1500 1000 500 0

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

5. LEASE DESIGNATION AND SERIAL NO.

SF-078953

6. IF INDIAN, ALLOTTEE, OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

J. W. Goddard

9. WELL NO.

10. FIELD AND POOL, OR WILDCAT

Gallup, Callan

11. SEC., T., R., M., OR B.L. AND  
SURVEY OR AREA

Section 11-25-12

12. COUNTY OR PARISH

San Juan

13. STATE

New Mexico

## SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.  
Use "APPLICATION FOR PERMIT—" for such proposals.)1. ☐ OIL  
WELL ☐ GAS  
WELL ☒ OTHER

2. NAME OF OPERATOR

Skelly Oil Company

3. ADDRESS OF OPERATOR

1860 Lincoln Street - Denver, Colorado 80203

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

2100' FSL &amp; 1980' FWL of Section 11-25-12

14. PERMIT NO.

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

6059' GR

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

## NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other) Plug back and test Fruitland

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON\*

CHANGE PLANS Sand

X

## SUBSEQUENT REPORT

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT\*

(NOTE: Report results of multiple completion on Well  
Completion or Recompletion Report and Log form.)17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any  
proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones per-  
nent to this work.)\*

Plans are to test the Fruitland Sand 1184-1207' as follows:

Squeeze 25 sacks of cement across Gallup perforations 5151-5166'. Run casing May Collar  
Log. Perforate at 1300' with 4 holes.Dump 150 sacks cement down 5-1/2" casing with Howco plug on top of cement. Displace  
down 5-1/2" casing with water and stop plug at 1200'. Top of cement behind casing to be  
at approximately 700' and across Fruitland Formation 1187-1207'. Shut well in at top  
and WOC 24 hours.Perforate Fruitland Sand 1184-1207' with 112 holes (4 shots per foot). Run casing open  
ended and swab and test.

Sand frac with 20,000# sand and 20,000 gallons of water.

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

SIGNED

*Richard Sherry*

TITLE

District Production Manager

DATE

September 17, 1968

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

SEP 19 1968

\*See Instructions on Reverse Side

U. S. GEOLOGICAL SURVEY

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

5. LEASE DESIGNATION AND SERIAL NO.

SF-078953

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

J. W. Goddard

9. WELL NO.

3

10. FIELD AND POOL, OR WILDCAT

Gallegos Gallup

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

Sec. 11-26N-12W

12. COUNTY OR PARISH

San Juan

13. STATE

New Mexico

## SUNDRY NOTICES AND REPORTS ON WELLS

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

|  |  |
|--|--|
| 1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> | 2. NAME OF OPERATOR<br>Skelly Oil Company  |
| 3. ADDRESS OF OPERATOR<br>1860 Lincoln Street - Denver, Colorado 80203   | 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*<br>See also space 17 below.)<br>At surface<br>2100' FSL & 1980' FWL of Section 11-26N-12W |
| 14. PERMIT NO.   | 15. ELEVATIONS (Show whether DF, RT, GR, etc.)<br>6059' GR   |

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

## NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐FRACTURE TREAT ☐SHOOT OR ACIDIZE ☐REPAIR WELL ☐(Other) ☐PULL OR ALTER CASING ☐MULTIPLE COMPLETE ☐ABANDON\* ☒CHANGE PLANS ☐

## SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐FRACTURE TREATMENT ☐SHOOTING OR ACIDIZING ☐(Other) ☐REPAIRING WELL ☐ALTERING CASING ☐ABANDONMENT\* ☐

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

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)\*

This well reached the economic limit and no longer is profitable to operate.

Plans are to plug and abandon this well and plug as follows:

- First Plug - Across Gallup Zone perms. 5188'-5151' filling up 50' to 5101'.
- Second Plug - 50' inside 5 1/2" casing and 50' above where casing is shot in two.
- Third Plug - 100' plug above top of Mesa Verde formation (unless production casing is left remaining through this zone).
- Fourth Plug - 100' plug at the bottom of Ojo Alamo Sand (unless surface casing is set through the Ojo Alamo Sand).  
10 sacks of cement in top of surface casing with dry hole marker.

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

SIGNED

*Leland F. Lang*

TITLE

District Superintendent

DATE

Nov. 17, 1967

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

DATE

RECEIVED

NOV 22 1967

\*See Instructions on Reverse Side

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

|                        |     |   |
|------------------------|-----|---|
| NO. OF COPIES RECEIVED |     | 5 |
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| SANTA FE               |     | 1 |
| FILE                   |     | 1 |
| U.S.G.S.               |     |   |
| LAND OFFICE            |     |   |
| TRANSPORTER            | OIL | 1 |
|                        | GAS | 1 |
| OPERATOR               |     | 1 |
| 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 Continental Oil Company

Address P.O. Box 150, Gallup, New Mexico

Reason(s) for filing (Check proper box)

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

Other (Please explain) The Prod

If change of ownership give name  
and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

|  |                       |  |   |                       |
|--|-----------------------|--|---|-----------------------|
| Lease Name<br><u>William Gallup Land Co.</u>   | Well No.<br><u>54</u> | Pool Name, Including Formation<br><u>Gallupon Gallup</u> | Kind of Lease<br>State, Federal or Fee <u>State</u> | Lease No.<br><u>1</u> |
| Location   |                       |  |   |                       |
| Unit Letter <u>K</u> ; <u>2100</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>West</u> |                       |  |   |                       |
| Line of Section <u>11</u> Township <u>26N</u> Range <u>12W</u> , NMPM, <u>San Juan</u> County                |                       |  |   |                       |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|   |  |           |            |            |                            |      |
|---|--|-----------|------------|------------|----------------------------|------|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>         | Address (Give address to which approved copy of this form is to be sent) |           |            |            |                            |      |
| <u>Continental Oil Company</u>  | <u>P.O. Box 150 - Gallup, NM</u>   |           |            |            |                            |      |
| 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) |           |            |            |                            |      |
| <u>Continental Oil Company</u>  | <u>P.O. Box 150, Gallup, NM</u>  |           |            |            |                            |      |
| If well produces oil or liquids,<br>give location of tanks.   | Unit   | Sec.      | Twp.       | Rge.       | Is gas actually connected? | When |
|   | <u>C</u>   | <u>11</u> | <u>26N</u> | <u>12W</u> | <u>Yes</u>                 |      |

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 |           |              |               |
| TUBING, CASING, AND CEMENTING RECORD |                             |          |                 |          |                   |           |              |               |
| HOLE SIZE                            | CASING & TUBING SIZE        |          | DEPTH SET       |          | SACKS CEMENT      |           |              |               |
|                                      |                             |          |                 |          |                   |           |              |               |
|                                      |                             |          |                 |          |                   |           |              |               |
|                                      |                             |          |                 |          |                   |           |              |               |
|                                      |                             |          |                 |          |                   |           |              |               |

V. TEST DATA AND REQUEST FOR ALLOWABLE  
OIL WELL

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

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

GAS WELL

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

VI. CERTIFICATE OF COMPLIANCE

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

[Signature]  
(Signature)  
[Title]  
(Title)  
[Date]  
(Date)

OIL CONSERVATION COMMISSION

APPROVED: [Signature], 19 1967  
BY [Signature]  
TITLE [Signature]

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

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

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

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.



|                        |     |   |
|------------------------|-----|---|
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| LAND OFFICE            |     |   |
| TRANSPORTER            | OIL | / |
|                        | GAS | / |
| OPERATOR               |     | / |
| PRORATION OFFICE       |     |   |

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

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

I. Operator  
Skelly Oil Company  
Address  
1860 Lincoln Street, Denver, Colorado 80203  
Reason(s) for filing (Check proper box)  
New Well ☐ Change in Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐  
Other (Please explain)  
Effective Nov. 1, 1967 the Gallegos Gallup Sand Unit has been dissolved & Skelly Oil Co. will continue operation of certain wells on an individual lease basis.  
If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

|  |               |  |   |           |
|--|---------------|--|---|-----------|
| Lease Name<br>J. W. Goddard  | Well No.<br>3 | Pool Name, including Formation<br>Gallegos Gallup Sand | Kind of Lease<br>State, Federal or Fee<br>Federal | Lease No. |
| Location<br>Unit Letter K ; 2100 Feet From The South Line and 1980 Feet From The West<br>Line of Section 11 Township 26N Range 12W , NMPM, San Juan County |               |  |   |           |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|   |   |            |             |             |
|---|---|------------|-------------|-------------|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/><br>The Permian Corp.                   | Address (Give address to which approved copy of this form is to be sent)<br>Box 3119, Midland, Texas        |            |             |             |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/><br>El Paso Natural Gas Company | Address (Give address to which approved copy of this form is to be sent)<br>Box 990, Farmington, New Mexico |            |             |             |
| If well produces oil or liquids, give location of tanks.  | Unit<br>C   | Sec.<br>11 | Twp.<br>26N | Rge.<br>12W |
| Is gas actually connected?  |   | When       |             |             |
| Yes   |   | ?          |             |             |

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

IV. COMPLETION DATA

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

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

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

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

GAS WELL

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

VI. CERTIFICATE OF COMPLIANCE

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

  
(Signature)

District Superintendent

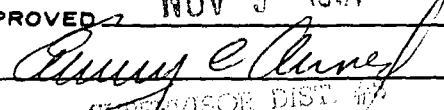
(Title)

November 1, 1967

(Date)

OIL CONSERVATION COMMISSION

APPROVED NOV 9 1967, 19

BY   
SUPERVISOR DIST. #

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.

|                           |                  |
|---------------------------|------------------|
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| LAND OFFICE               |                  |
| TRANSPORTER               | OIL GAS <u>2</u> |
| 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)

P

FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE

|   |                      |                            |  |   |                      |                       |
|---|----------------------|----------------------------|--|---|----------------------|-----------------------|
| Company or Operator<br><b>Skelly Oil Company</b>  |                      |                            |  | Lease <b>Gallegos Gallup Sand Unit</b>  |                      | Well No.<br><b>54</b> |
| Unit Letter<br><b>"K"</b>   | Section<br><b>11</b> | Township<br><b>26-N</b>    | Range<br><b>12-W</b>   | County<br><b>San Juan</b>   |                      |                       |
| Pool<br><b>Gallegos Gallup</b>  |                      |                            |  | Kind of Lease (State, Fed, Fee)<br><b>Federal</b>   |                      |                       |
| If well produces oil or condensate<br>give location of tanks  |                      | Unit Letter<br><b>"C"</b>  | Section<br><b>11</b>   | Township<br><b>26-N</b>   | Range<br><b>12-W</b> |                       |
| Authorized transporter of oil <input checked="" type="checkbox"/> or condensate <input type="checkbox"/><br><br><b>McNold Corporation</b> |                      |                            |  | Address (give address to which approved copy of this form is to be sent)<br><br><b>306 V &amp; J Tower Building- Midland, Texas</b> |                      |                       |
| Is Gas Actually Connected? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |                      |                            |  |   |                      |                       |
| Authorized transporter of casing head gas <input checked="" type="checkbox"/> or dry gas <input type="checkbox"/>                         |                      | Date Connected<br><b>?</b> | Address (give address to which approved copy of this form is to be sent)<br><br><b>Box 997- Farmington, New Mexico</b> |   |                      |                       |
| <b>El Paso Natural Gas Company</b>  |                      |                            |  |   |                      |                       |

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

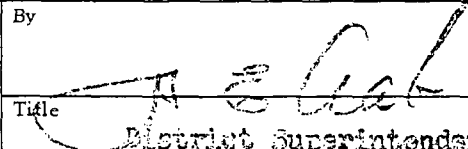
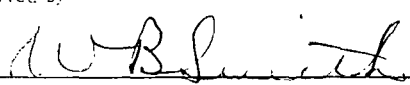
**REASON(S) FOR FILING (please check proper box)**

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> New Well .....         | <input type="checkbox"/> Change in Ownership ..... |
| <input type="checkbox"/> Change in Transporter (check one) | <input type="checkbox"/> Other (explain below)     |
| <input checked="" type="checkbox"/> Oil .....              | <input type="checkbox"/> Dry Gas .....             |
| <input type="checkbox"/> Casing head gas ..                | <input type="checkbox"/> Condensate ..             |
- Change name of lease**

Remarks  
**Dedicated to Gallegos Gallup Sand Unit effective February 1, 1963.**  
**This well was formerly known as Skelly Oil Company's - J. W. Goddard Well No. 3.**

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

Executed this the 25th day of February, 19 63.

|  |  |  |
|--|--|--|
| <b>OIL CONSERVATION COMMISSION</b>   |  | By<br> |
| Approved by<br> | Title<br><b>District Superintendent</b>          |  |
| Title<br><b>W.B. Smith</b>   | Company<br><b>Skelly Oil Company</b>             |  |
| Date<br><b>2/25/63</b>   | Address<br><b>P.O. Box 38, Hobbs, New Mexico</b> |  |

RECEIVED OGC  
MAR 25 AM

Form C-110  
Revised 7/1/55

**CERTIFICATE OF COMPLIANCE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS**

Company or Operator      SKELLY OIL COMPANY      Lease J. W. Goddard

Well No. 3 Unit Letter K S 11 T 26N R 12W Pool Gallegos - Gallup

County San Juan Kind of Lease (State, Fed. or Patented) Federal

If well produces oil or condensate, give location of tanks: Unit C S 11 T 26N R 12W

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 | Box 997, Farmington, New Mexico | 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 ☐ ( )

Change in Transporter of (Check One): Oil ( ) Dry Gas ( ) C'head ~~(x)~~ 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 13th day of January 19 60

By P. E. L. L. L. L.

Approved JAN 1 - 1960 19

Title District Superintendent

# OIL CONSERVATION COMMISSION

Company SHELLY OIL COMPANY

By Arthur Kendrick

Box 426  
Address Farmington, New Mexico

**Title** ENGINEER DIST. 11-1

2cc sent O.C.C. June 25, 1958

Budget Bureau No. 42-R355.4.  
Approval expires 12-31-60.

Form 9-330

U. S. LAND OFFICE Sante Fe  
SERIAL NUMBER SE 078953  
LEASE OR PERMIT TO PROSPECT J. W. Goddard

|                    |  |  |  |  |  |  |  |  |  |
|--------------------|--|--|--|--|--|--|--|--|--|
| MAIN OFFICE OCC    |  |  |  |  |  |  |  |  |  |
| 1958 JUL 7 AM 8:56 |  |  |  |  |  |  |  |  |  |
| Sec. 11            |  |  |  |  |  |  |  |  |  |
| #3                 |  |  |  |  |  |  |  |  |  |
|                    |  |  |  |  |  |  |  |  |  |
|                    |  |  |  |  |  |  |  |  |  |
|                    |  |  |  |  |  |  |  |  |  |
|                    |  |  |  |  |  |  |  |  |  |
|                    |  |  |  |  |  |  |  |  |  |
|                    |  |  |  |  |  |  |  |  |  |

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

## LOG OF OIL OR GAS WELL

LOCATE WELL CORRECTLY

Company Skelly Oil Company Address Box 426, Farmington, New Mexico  
 Lessor or Tract J. W. Goddard Field Undesignated State New Mexico  
 Well No. 3 Sec. 11 T. 26N R. 12W Meridian N.M.P.M. County San Juan  
 Location 2100 ft. (N. of S. Line and 1980 ft. (E. of W. Line of Section 11 Elevation 6068  
 (Derrick floor relative to sea level)

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.

Signed

*P. E. Cooper*Date June 24, 1958Title District Superintendent

The summary on this page is for the condition of the well at above date.

Commenced drilling April 25, 1958 Finished drilling May 6, 1958

## OIL OR GAS SANDS OR ZONES

(Denote gas by G)

No. 1, from 5151 to 5188 No. 4, from \_\_\_\_\_ to \_\_\_\_\_  
 No. 2, from \_\_\_\_\_ to \_\_\_\_\_ No. 5, from \_\_\_\_\_ to \_\_\_\_\_  
 No. 3, from \_\_\_\_\_ to \_\_\_\_\_ No. 6, from \_\_\_\_\_ to \_\_\_\_\_

## IMPORTANT WATER SANDS

No. 1, from none 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 WTM | Kind of shoe | Cut and pulled from | Perforated |      | Purpose    |
|-------------|-----------------|------------------|------|------------|--------------|---------------------|------------|------|------------|
|             |                 |                  |      |            |              |                     | From—      | To—  |            |
| 10 3/4"     | 32.75#          | 8rd              | H-40 | 401        | Cement       | Guide               |            |      |            |
| 5 1/2"      | 14#             | 8rd              | J-55 | 524.7      | Cement       | Guide & Float       | 5151       | 5188 | Production |
|             |                 |                  |      |            | Collar       |                     |            |      |            |
|             |                 |                  |      |            |              |                     |            |      |            |
|             |                 |                  |      |            |              |                     |            |      |            |
|             |                 |                  |      |            |              |                     |            |      |            |
|             |                 |                  |      |            |              |                     |            |      |            |
|             |                 |                  |      |            |              |                     |            |      |            |

## MUDDING AND CEMENTING RECORD

| Size casing   | Where set | Number sacks of cement      | Method used | Mud gravity | Amount of mud used |
|---|-----------|-----------------------------|-------------|-------------|--------------------|
| 10 3/4"   | 413       | 450 sacks reg.              | Halliburton |             |                    |
| 5 1/2"  | 5227      | 125 sacks reg.              | Halliburton |             |                    |
|   |           | and 125 cu. ft. stratacrete |             |             |                    |
| Temperature survey indicated top of cement behind 5 1/2" OD casing at 4413' |           |                             |             |             |                    |

## PLUGS AND ADAPTERS

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

FOLD MARK

10 3/4" 413 450 sacks reg. Halliburton  
 5 1/2" 5227 125 sacks reg. Halliburton  
 and 125 cu. ft. stratacrete  
 Temperature survey indicated top of cement behind 5 1/2" OD casing at 4413'

## PLUGS AND ADAPTERS

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

Well was sand-oil fraud

## SHOOTING RECORD

| Size                | Shell used          | Explosive used | Quantity  | Date          | Depth shot    | Depth cleaned out |
|---------------------|---------------------|----------------|-----------|---------------|---------------|-------------------|
| Fraced with 40,000# | 20-40 sand          | 437,842 gals.  | lease oil | BDP 1100#     | Max. TP 2500# |                   |
| Min. TP 2350#       | injection rate 53.1 | BPM            | Shut down | pressure 700# |               |                   |

## TOOLS USED

Rotary tools were used from 0 feet to 5229 feet, and from \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 Cable tools were used from \_\_\_\_\_ feet to \_\_\_\_\_ feet, and from \_\_\_\_\_ feet to \_\_\_\_\_ feet

## DATES

June 24, \_\_\_\_\_, 19 58 Put to producing June 23, \_\_\_\_\_, 19 58  
 The production for the first 24 hours was 55 barrels of fluid of which 99.2% was oil; .2%  
 emulsion; \_\_\_\_\_% water; and \_\_\_\_\_% sediment. Gravity, °Bé. 40.3  
 If gas well, cu. ft. per 24 hours \_\_\_\_\_ Gallons gasoline per 1,000 cu. ft. of gas \_\_\_\_\_  
 Rock pressure, lbs. per sq. in. \_\_\_\_\_

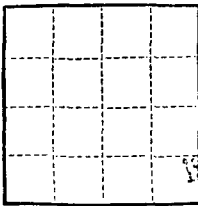
## EMPLOYEES

Warren Bradshaw \_\_\_\_\_, Driller \_\_\_\_\_, Driller  
 \_\_\_\_\_, Driller \_\_\_\_\_, Driller

## FORMATION RECORD

| FROM—       | TO—   | TOTAL FEET | FORMATION      |
|-------------|-------|------------|----------------|
| 0           | 1343' | 1343       | Sand and shale |
| 1343'       | 1442' | 99         | Sand and shale |
| 1442'       | 2895' | 1453       | Sand and shale |
| 2895'       | 2975' | 80         | Sand and shale |
| 2975'       | 3885' | 910        | Sand and shale |
| 3885'       | 4060' | 175        | Sand and shale |
| 4060'       | 5141' | 1081       | Sand and shale |
| 5141'       | 5229' | 88         | Sand and shale |
| Total Depth |       | 5229'      |                |
| PBTD        |       | 5206'      |                |

Tops by Schlumberger Electric Induction Log.



MAIN OFFICE OCT 11 1958  
SUBMIT IN TRIPLICATE  
UNITED STATES

DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

Land Office Santa Fe  
Lease No. SF 078953  
Unit J. W. Goddard

## SUNDRY NOTICES AND REPORTS ON WELLS

|  |  |          |
|--|--|----------|
| NOTICE OF INTENTION TO DRILL                   | 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 RE-DRILL OR REPAIR WELL | SUBSEQUENT REPORT OF RE-DRILLING 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            | <u>Report of 2nd Sand-Oil Fracing</u>      | <u>X</u> |

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

July 2, 1958

J. W. Goddard  
Well No. 3 is located 2100 ft. from S line and 1980 ft. from W line of sec. 11  
NE/4-SW/4 Section 11 26N 12W N.M.P.M.  
(1/4 Sec. and Sec. No.) (Twp.) (Range) (Meridian)  
Undesignated (Gallup) San Juan New Mexico  
(Field) (County or Subdivision) (State or Territory)

The elevation of the derrick floor above sea level is 6068 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)

Fraced Gallup formation, down 5 1/2" casing, thru 5 1/2" casing perfs. 5151-5188' w/40,000  
20-40 sand & 40,320 gals. crude oil using 54 rubber free balls. BHP 1200#, 16k. TP  
2600#, Min. TP 2400#, shut down pressure 700#. Inj. rate 45 BPM. Time of treatment  
24 min.

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

Company SKELLY OIL COMPANY  
Box 426  
Address BIRMINGHAM, NEW MEXICO

By (Signed) P. E. Conner  
Title District Superintendent

## NEW MEXICO OIL CONSERVATION COMMISSION

Form C-110

SANTA FE, NEW MEXICO

Revised 7/1/55

MAIN OFFICE OCC

(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 Skelly Oil Company Lease J. W. Goddard  
Well No. 3 Unit Letter K S 11 T 26N R 12W Pool Undesignated (Gallup)  
County San Juan Kind of Lease (State, Fed. or Patented) Federal  
If well produces oil or condensate, give location of tanks: Unit C S 11 T 26N R 12W  
Authorized Transporter of Oil or Condensate McWood Corporation  
Address 330 Petroleum Building, Abilene, Texas  
(Give address to which approved copy of this form is to be sent)  
Authorized Transporter of Gas \_\_\_\_\_  
Address \_\_\_\_\_  
(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 J. W. Goddard #3 (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 24th day of June 19 58

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

By *D. E. Leppert*  
Title District Superintendent

OIL CONSERVATION COMMISSION

Company SKELLY OIL COMPANY  
Box 426  
Address Farmington, New Mexico

By *Emery Oswald*  
Title \_\_\_\_\_

# 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 recompletion. 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.

Farmington, New Mexico June 24, 1958  
(Place) (Date)

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

Skelly Oil Company J. W. Goddard, Well No. 3, in 1/4, 1/4,  
(Company or Operator) (Lease)

K, Sec. 11, T. 26N, R. 12W, NMPM, Undesignated (Gallup) Pool  
Unit Letter

San Juan County Date Spudded 4-25-58 Date Drilling Completed 5-6-58

Please indicate location:

Elevation 6068 Total Depth 5229 PBD 5206

Top Oil/Gas Pay 5151 Name of Prod. Form. Gallup

## PRODUCING INTERVAL -

Perforations 5151-5188 with 4 shots per foot

Open Hole none Depth Casing Shoe 5227 Depth Tubing 5190' KB

## OIL WELL TEST -

Natural Prod. Test: bbls. oil; bbls water in hrs, min. Size Choke

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of Choke load oil used): 55 bbls. oil, no bbls water in 14 hrs, no min. Size 2" ope

## GAS WELL TEST -

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

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

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

Choke Size Method of Testing:

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 40,000# sand and 37,842 gallons lease oil

Casing Tubing Date first new Press. oil run to tanks June 23, 1958

Oil Transporter McWood, Inc. 330 Petroleum Building, Abilene, Texas

Gas Transporter

Remarks:

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

Approved, 19.

Skelly Oil Company  
(Company or Operator)

By: P. E. Cooper  
(Signature)

OIL CONSERVATION COMMISSION

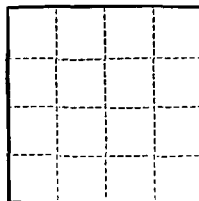
Title: District Superintendent  
Send Communications regarding well to:

Name: SKELLY OIL COMPANY

Box 426  
Address: Farmington, New Mexico

By: Cecily Clump  
Title:





(SUBMIT IN TRIPLICATE)

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

Land Office Santa Fe  
Lease No. SP 078953  
Unit J. W. Goddard

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 RE-DRILL OR REPAIR WELL |                                     | SUBSEQUENT REPORT OF RE-DRILLING 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)

April 21, 1958

J. W. Goddard  
Well No. 3 is located 2100 ft. from S line and 1980 ft. from W line of sec. 11  
N/2-SW/4 Section 11 26N 12W N.M.P.M.  
(1/4 Sec. and Sec. No.) (Twp.) (Range) (Meridian)  
Undesignated (Gallup) San Juan New Mexico  
(Field) (County or Subdivision) (State or Territory)

The elevation of the derrick floor above sea level is \_\_\_\_\_ 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 our intention to drill Well No. 3 to approximately 5300' to test the Gallup formation. Our casing program is as follows:

400' of 10-3/4" OD 32.75# casing, cemented with 350 sks. cement, to be circulated.

5300' of 5-1/2" OD 14# casing, cemented with 250 sks. cement.

The designated drilling unit is the N/2-SW/4 of Section 11-26N-12W, San Juan County, New Mexico.

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

Company SKELLY OIL COMPANY  
Box 426  
Address Farmington, New Mexico

By (Signed) P. S. Gosper  
Title District Superintendent

NEW MEXICO OIL CONSERVATION COMMISSION  
Well Location and Acreage Dedication Plat

Section A.

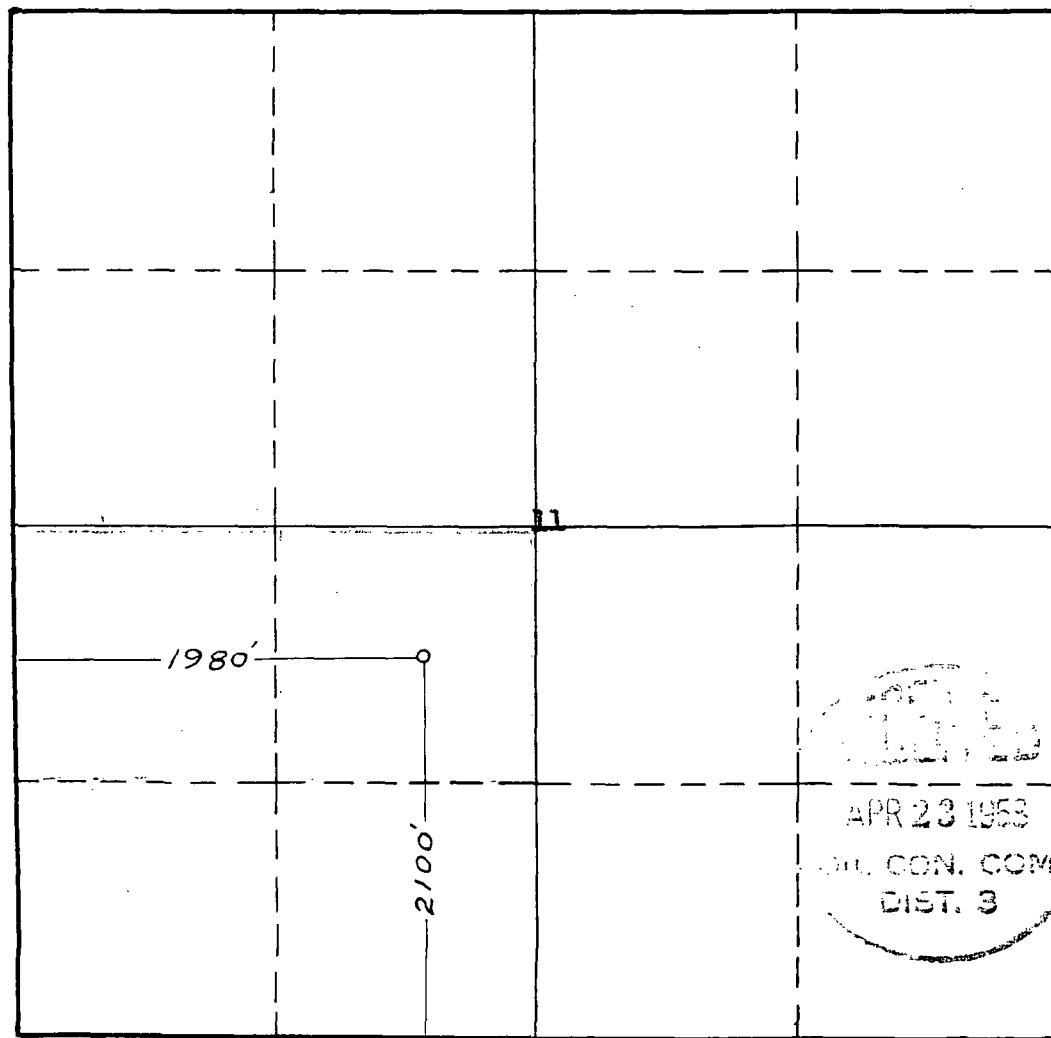
Date April 21, 1958

Operator SKELLY OIL COMPANY Lease J. W. GODDARD  
Well No. 3 Unit Letter K Section 11 Township 26 NORTH Range 12 WEST NMPM  
Located 2100 Feet From THE SOUTH Line, 1980 Feet From THE WEST Line  
County SAN JUAN G. L. Elevation \_\_\_\_\_ Dedicated Acreage 40 ~~90~~ Acres  
Name of Producing Formation Gallup Pool Undesignated

1. Is the Operator the only owner\* in the dedicated acreage outlined on the plat below?  
Yes X 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:  
REF. GLO Plat dated: 19 July 1915

OwnerLand 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.

SKELLY OIL COMPANY

(Operator)

(Signed) P. E. Cosper

(Representative)

Box 426, Farmington, New Mexico  
Address

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 17 April 1958

James P. Leese  
Registered Professional  
Engineer and/or Land Surveyor.

JAMES P. LEESE

Certificate No. 1463

(See instructions for completing this form on the reverse side)