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	GAS	
OPERATOR		
PRORATION OFFICE		

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

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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED
MAR 09 1984
OIL CON. DIV.
DIST. 3

Operator

GREENWOOD RESOURCES INC.

Address

315 Inverness Way South Englewood, Colorado 80112-5898

Reason(s) for filing (Check proper box)

New Well
Recompletion
Change in Ownership

Change in Transporter of:
[X] Oil
[ ] Casinghead Gas
[ ] Dry Gas
[ ] Condensate

Other (Please explain)

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SANTA FE

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

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease State, Federal or Fee	Lease No.
Kirtland	3	Cha-Cha Gallup	Fee	

Location

Unit Letter B : 730 Feet From The North Line and 2250 Feet From The East

Line of Section 18 Township 29 North Range 14 West , NMPM, San Juan County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [X] or Condensate [ ]
GIANT REFINING CO.
Address (Give address to which approved copy of this form is to be sent)
P.O. Box 256, Farminton, NM 87499

Name of Authorized Transporter of Casinghead Gas [X] or Dry Gas [ ]
INTRASTATE GATHERING CORP
Address (Give address to which approved copy of this form is to be sent)
P.O. Box 32999, San Antonio, TX 78216

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	B	18	29	14	YES	May 23, 1982

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.*

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.

M. Grieshuber
(Signature)
production analyst
(Title)
Feb 24 1984
(Date)

OIL CONSERVATION DIVISION

APPROVED MAR 08 1984, 19____

BY [signature]

TITLE SUPERVISOR DISTRICT # 3

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

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

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

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

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

BEFORE THE
OIL CONSERVATION COMMISSION
Santa Fe, New Mexico
Case No. 8285 Exhibit No. # 11
Submitted by Greenwood
Hearing Date 8/1/84

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

RECEIVED
FEB 21 1984
OIL CONSERVATION DIVISION
SANTA FE

I.

Operator: Greenwood Resources Inc.

Address: 315 Inverness Way South, Englewood, CO 80112-5898

Reason(s) for filing (Check proper box)

- [ ] New Well
- [ ] Recompletion
- [X] Change in Ownership

Change in Transporter of:

- [ ] Oil
- [ ] Dry Gas
- [ ] Casinghead Gas
- [ ] Condensate

Other (Please explain)

If change of ownership give name and address of previous owner: Caribou Four Corners, Inc. P.O. Box 2105, Farmington, NM 874

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease N
Kirtland	3	NW Cha Cha Gallup	State, Federal or Fee Fee	

Location

Unit Letter B : 730 Feet From The North Line and 2250 Feet From The East

Line of Section 18 Township 29N Range 14W , NMPM, San Juan Count

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [X] or Condensate [ ]	Address (Give address to which approved copy of this form is to be sent)
Inland Corporation	P.O. Box 1528, Farmington, NM 87401
Name of Authorized Transporter of Casinghead Gas [X] or Dry Gas [ ]	**Address (Give address to which approved copy of this form is to be sent)**
Intrastate Gathering Corporation	P.O. Box 32999, San Antonio, TX 78216

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	B	18	29N	14W	Yes	May 23, 1982

If 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.

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.

Frank E. Rowden
(Signature)

Manager of Engineering
(Title)

1/13/84
(Date)

OIL CONSERVATION DIVISION

APPROVED JAN 19 1984, 19

BY Frank T. Chavez

TITLE SUPERVISOR DISTRICT #3

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

If this is a request for allowable for a newly drilled or deepe well, this form must be accompanied by a tabulation of the deviat 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 own well name or number, or transporter, or other such change of conditi

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

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

PRORATION OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-1-78

RECEIVED
JUL 8 1982
OIL CON. COM.
DIST. 3

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

AMENDED

I.

Operator: CARIBOU FOUR CORNERS, INC.

Address: PO BOX 2105, Farmington, NM 87401

JUL 29 1982

Reason(s) for filing (Check proper box)

New Well ☐ Change in Transporter of: Oil ☐ Dry Gas ☐
Recompletion ☐ Casinghead Gas ☐ Condensate ☐
Change in Ownership ☐

Other (Please explain): Adding Casinghead Transporter

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Kirtland	3	Cha-Cha Gallup	State, Federal or Fee: Fee	

Location
Unit Letter B : 730 Feet From The North Line and 2250 Feet From The East

Line of Section 18 Township 29N Range 14W , NMPM, San Juan County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)
Inland Transportation	
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)
Intrastate Gathering Corp	PO Box 32999, San Antonio, Tx 78216

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	B	18	29N	14W	Yes	May 23, 1982

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

(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)

OIL WELL

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 Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Patsy Hedgecock (Signature)
Land Records & Accounting Manager (Title)
July 7, 1982 (Date)

OIL CONSERVATION DIVISION

APPROVED JUL 9 1982, 19____

BY _____

TITLE SUPERVISOR DISTRICT # 3

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

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

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

Fill out only Sections I, II, III, and VI for changes of owner

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OPERATOR	1
PRORATION OFFICE	

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-1-70

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

API 30-045-23736

I. Operator

CARIBOU FOUR CORNERS, INC.

Address

219 TRANSWESTERN LIFE BLDG., 404 N 31ST ST., BILLINGS, MT. 59101

Reason(s) for filing (Check proper box)

New Well	[X]	Change in Transporter of:	
Recompletion	[ ]	Oil [ ]	Dry Gas [ ]
Change in Ownership	[ ]	Casinghead Gas [ ]	Condensate [ ]

Other (Please explain)

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
KIRTLAND	3	Cha Cha Gallup	State, Federal or Fee Fee	

Location

Unit Letter B : 730 Feet From The North Line and 2250 Feet From The East

Line of Section 18 Township 29N Range 14W , NMPM, San Juan County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [X] or Condensate [ ]	Address (Give address to which approved copy of this form is to be sent)
Inland Corporation	P O Box 1528, Farmington, NM 87401
Name of Authorized Transporter of Casinghead Gas [ ] or Dry Gas [ ]	Address (Give address to which approved copy of this form is to be sent)

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	B	18	29N	14W		

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.
	XXX		XXX					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
8-18-79	11-2-79	4750	4540
Elevations (DF, RKB, RT, GR, etc.)	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
5204KB 5193GL	Gallup	4512	4532.70KB
Perforations			**Depth Casing Shoe**
17 holes 4514-4554			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 inch	8 5/8"	342KB	385
7 7/8"	4½"	4750KB	975
	2 3/8"	4532.70KB	

V. TEST DATA AND REQUEST FOR ALLOWABLE

(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)

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
10/21/79	11/1/79	Swabbing	
Length of Test	**Tubing Pressure**	**Casing Pressure**	**Choke Size**
24 hrs	130	300	
Actual Prod. During Test	**Oil-Bbls.**	**Water-Bbls.**	**Gas-MCF**
	87	378	25 vis. est

NOV 9 1979
OIL CON. COM.
DIST. 3

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 Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Denny G. Foust (Signature)

Geologist (Title)

11/7/79 (Date)

OIL CONSERVATION DIVISION

APPROVED NOV 9 1979, 19

BY Frank S. Chavez

TITLE DEPUTY OIL & GAS INSPECTOR, 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.

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LAND OFFICE		
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Revised 1-1-65

NEW MEXICO OIL CONSERVATION COMMISSION
WELL COMPLETION OR RECOMPLETION REPORT AND LOG

5a. Indicate Type of Lease: State ☐ Fee ☒

5. State Oil & Gas Lease No.

1a. TYPE OF WELL: OIL WELL ☒ GAS WELL ☐ DRY ☐ OTHER

b. TYPE OF COMPLETION: NEW WELL ☒ WORK OVER ☐ DEEPEN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ OTHER

7. Unit Agreement Name

8. Farm or Lease Name: KIRTLAND

2. Name of Operator: Caribou Four Corners, Inc.

9. Well No.: #3

3. Address of Operator: 219 Transwestern Life Bldg., 404 N. 31st St., Billings, Mt. 59101

10. Field and Pool, or Wildcat: NW Cha Cha Gallup

4. Location of Well

UNIT LETTER B LOCATED 730 FEET FROM THE North LINE AND 2250 FEET FROM THE East LINE OF SEC. 18 TWP. 29N RGE. 14W NMPM

12. County: San Juan

15. Date Spudded	16. Date T.D. Reached	17. Date Compl. (Ready to Prod.)	18. Elevations (DF, RKB, RT, GR, etc.)	19. Elev. Cashinghead
8-18-79	9-18-79	11-2-79	5204KB 5193GL	--------

20. Total Depth	21. Plug Back T.D.	22. If Multiple Compl., How Many	23. Intervals Drilled By	Rotary Tools	Cable Tools
4750	4540	------	→	346-TD	Surface-346

24. Producing Interval(s), of this completion — Top, Bottom, Name: 4514-4521 Gallup

25. Was Directional Survey Made: Yes

26. Type Electric and Other Logs Run: DIL FDC-CNL

27. Was Well Cored: No

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

CASING SIZE	WEIGHT LB./FT.	DEPTH SET	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
8 5/8	24#	343KB	12"	385 sacks	
4 1/2	9.5# & 10.5#	4750KB	7 7/8"	975 sacks	

29. LINER RECORD

SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN

30. TUBING RECORD

SIZE	DEPTH SET	PACKER SET
2 3/8	4532.70KB	4540KB
		Bridge plug

31. Perforation Record (Interval, size and number)

17 holes - .37" diameter

4514 4518 4546 4550 4554
4515 4519 4547 4551
4520 4548 4552
4521 4549 4553

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

DEPTH INTERVAL	AMOUNT AND KIND MATERIAL USED
4514-4554	17 shots - Frack with 47,000 gal. 30#/gal. gelled water & 40,500# 20/40 sand and 10,000 10/20 sand.

PRODUCTION

Date of Test	Production Method (Flowing, gas lift, pumping — Size and type pump)	Well Status (Prod. or Shut-in)
11/79	Swabbing	Shut-in

Hours Tested	Choke Size	Prod'n. For Test Period →	Oil — Bbl.	Gas — MCF	Water — Bbl.	Gas — Oil Ratio
24			87	good gas	378	287/1

Tubing Press.	Casing Pressure	Calculated 24-Hour Rate →	Oil — Bbl.	Gas — MCF	Water — Bbl.	Oil Gravity — API (Corr.)
	300		87	25 vis est	378	42°

Disposition of Gas (Sold, used for fuel, vented, etc.)

Test Witnessed By: Harold Eledge

NOV 9 1979 OIL CON. COM. DIST. 3

33. List of Attachments

34. I hereby certify that the information shown on both sides of this form is true and complete to the best of my knowledge and belief.

SIGNED Denny G. Faust TITLE Geologist DATE 11/[illegible]/79

Denny G. Faust

This form is to be filed with the appropriate District Office of the Commission not later than 20 days after the completion of any newly-drilled or deepened well. It shall be accompanied by one copy of all electrical and radioactivity logs run on the well and a summary of all special tests conducted, including drill stem tests. All depths reported shall be measured depths. In the case of directionally drilled wells, true vertical depths shall also be reported. For multiple completions, Items 30 through 34 shall be reported for each zone. The form is to be filed in quintuplicate except on state land, where six copies are required. See Rule 1105.

INDICATE FORMATION TOPS IN CONFORMANCE WITH GEOGRAPHICAL SECTION OF STATE

Southeastern New Mexico				Northwestern New Mexico			
T. Anhy		T. Canyon		T. Ojo Alamo		T. Penn. "B"	
T. Salt		T. Strawn		T. Kirtland-Fruitland		T. Penn. "C"	
B. Salt		T. Atoka		T. Pictured Cliffs	290	T. Penn. "D"	
T. Yates		T. Miss		T. Cliff House	1440	T. Leadville	
T. 7 Rivers		T. Devonian		T. Menefee	2070	T. Madison	
T. Queen		T. Silurian		T. Point Lookout	2970	T. Elbert	
T. Grayburg		T. Montoya		T. Mancos	3235	T. McCracken	
T. San Andres		T. Simpson		T. Gallup	4183	T. Ignacio Qtzte	
T. Glorieta		T. McKee		Base Greenhorn		T. Granite	
T. Paddock		T. Ellenburger		T. Dakota		T.	
T. Blinebry		T. Gr. Wash		T. Morrison		T.	
T. Tubb		T. Granite		T. Todilto		T.	
T. Drinkard		T. Delaware Sand		T. Entrada		T.	
T. Abo		T. Bone Springs		T. Wingate		T.	
T. Wolfcamp		T.		T. Chinle		T.	
T. Penn.		T.		T. Permian		T.	
T Cisco (Bough C)		T.		T. Penn. "A"		T.	

OIL OR GAS SANDS OR ZONES

No. 1, from 4514 to 4554 No. 4, from ..... to .....

No. 2, from ..... to ..... No. 5, from ..... to .....

No. 3, from ..... to ..... No. 6, from ..... to .....

IMPORTANT WATER SANDS

Include data on rate of water inflow and elevation to which water rose in hole.

No. 1, from ..... to ..... feet. .....

No. 2, from ..... to ..... feet. .....

No. 3, from ..... to ..... feet. .....

No. 4, from ..... to ..... feet. .....

FORMATION RECORD (Attach additional sheets if necessary)

From	To	Thickness in Feet	Formation	From	To	Thickness in Feet	Formation
	794	404	Pictured Cliffs				
	1070	630	Cliff House				
	2970	900	Menefee				
	4183	948	Mancos				
3	4600	417	Gallup				
970	3235	265	Point Lookout				

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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease
State ☐ Fee ☒

5. State Oil & Gas Lease No.

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 —" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL ☒ GAS WELL ☐ OTHER-

7. Unit Agreement Name

2. Name of Operator
CARIBOU FOUR CORNERS, INC.

8. Farm or Lease Name
KIRTLAND

3. Address of Operator
219 TRANSWESTERN LIFE BLDG., 404 N. 31st St., Billings, Mt. 59101

9. Well No.
3

4. Location of Well
UNIT LETTER B, 730 FEET FROM THE North LINE AND 2250 FEET FROM THE East LINE, SECTION 18 TOWNSHIP 29N RANGE 14W NMPM.

10. Field and Pool, or Wildcat
NW Cha Cha Gallup

15. Elevation *(Show whether DF, RT, GR, etc.)*
5204KB 5193GL

12. County
San Juan

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐		COMMENCE DRILLING OPNS. ☒	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	CHANGE PLANS ☐	CASING TEST AND CEMENT JOB ☐	
OTHER ☐		OTHER ☐	

17. Describe Proposed or Completed Operations *(Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work)* SEE RULE 1103.

8/18/79 Spudded cable tool
8/23/79 TD 335, Ran 330' 8 5/8" 24# with 385 sacks cement
9/12/79 Spudded with rotary tools
9/18/79 TD 4751, logging
9/19/79 Ran 4759.58' 9.5# and 10.5# 4½"
set at 4750 KB with 975 sacks cement.

RECEIVED
NOV 9 1979
OIL CON. COM.
DIST. 3

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

SIGNED Denny Fount TITLE Geologist DATE 11/6/79

Denny Fount

APPROVED BY Frank T. Chavez TITLE OIL & GAS INSPECTOR DATE NOV 9 1979

CONDITIONS OF APPROVAL, IF ANY:

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

30-045-2

Form C-101
Revised 10-1-78

5A. Indicate Type of Lease: STATE ☐ FEE ☐

5. State Oil & Gas Lease No.

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work

DRILL [X] DEEPEN ☐ PLUG BACK ☐

b. Type of Well

OIL WELL [X] GAS WELL ☐ OTHER SINGLE ZONE ☐ MULTIPLE ZONE ☐

7. Unit Agreement Name

8. Farm or Lease Name: Kirtland

2. Name of Operator: Caribou Four Corners, Inc.

9. Well No.: #3

3. Address of Operator: 404 N, 31st St, Transwestern Life Bldg., Room 219, Billings, Mt. 59101

10. Field and Pool, or Wildcat: NW Cha-Cha

4. Location of Well: UNIT LETTER B LOCATED 730 FEET FROM THE North LINE AND 2250 FEET FROM THE East LINE OF SEC. 18 TWP. 29N RGE. 14W NMPM

12. County: San Juan

19. Proposed Depth	19A. Formation	20. Rotary or C.T.
4700	Sanostee	CT to 350' Rotary 350-

21. Elevations (Show whether DF, RT, etc.)	21A. Kind & Status Plug. Bond	21B. Drilling Contractor	22. Approx. Date Work will start
5193 GL	State wide	CT - Maness Rotary - Odeco	August 15, 1979

23.

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
12 1/4	8 5/8	24#	300'	110	Circ.
7 7/8	4 1/2	9.5#	4700'	900	Circ.

The long string is to be two staged.
4700-3500 and 3200-surface, a total of approximately 900 sacks of cement will be used.
An 8" 900 series double BOP with rotating head will be used on the rotary hole.
The BOP will be tested to 1500#.

RECEIVED
AUG 9 1979
OIL CON. COM.
DIST. 3

APPROVAL VALID
FOR 90 DAYS UNLESS
DRILLING COMMENCED,
EXPIRES 11-7-79

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: IF PROPOSAL IS TO DEEPEN OR PLUG BACK, GIVE DATA ON PRESENT PRODUCTIVE ZONE AND PROPOSED NEW PRODUCTIVE ZONE. GIVE BLOWOUT PREVENTER PROGRAM, IF ANY.

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

Signed [signature] Title Geologist Date Aug. 6, 1979

(This space for State Use)

APPROVED BY A R Kendrick TITLE SUPERVISOR DISTRICT #3 DATE AUG 9 1979

CONDITIONS OF APPROVAL, IF ANY:

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-107
Revised 10-1-7

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

Operator	Lease	Well No.
CARIBOU FOUR CORNERS, INCORPORATED	KIRTLAND	3

Unit Letter	Section	Township	Range	County
B	18	29N	14W	San Juan

Actual Footage Location of Well:
730 feet from the North line and 2250 feet from the East line

Ground Level Elev.	Producing Formation	Pool	Dedicated Acreage:
5193	Gallup	NW Cha-Cha	80 Acres

1. Outline the acreage dedicated to the subject well by colored pencil or hachure marks on the plat below.

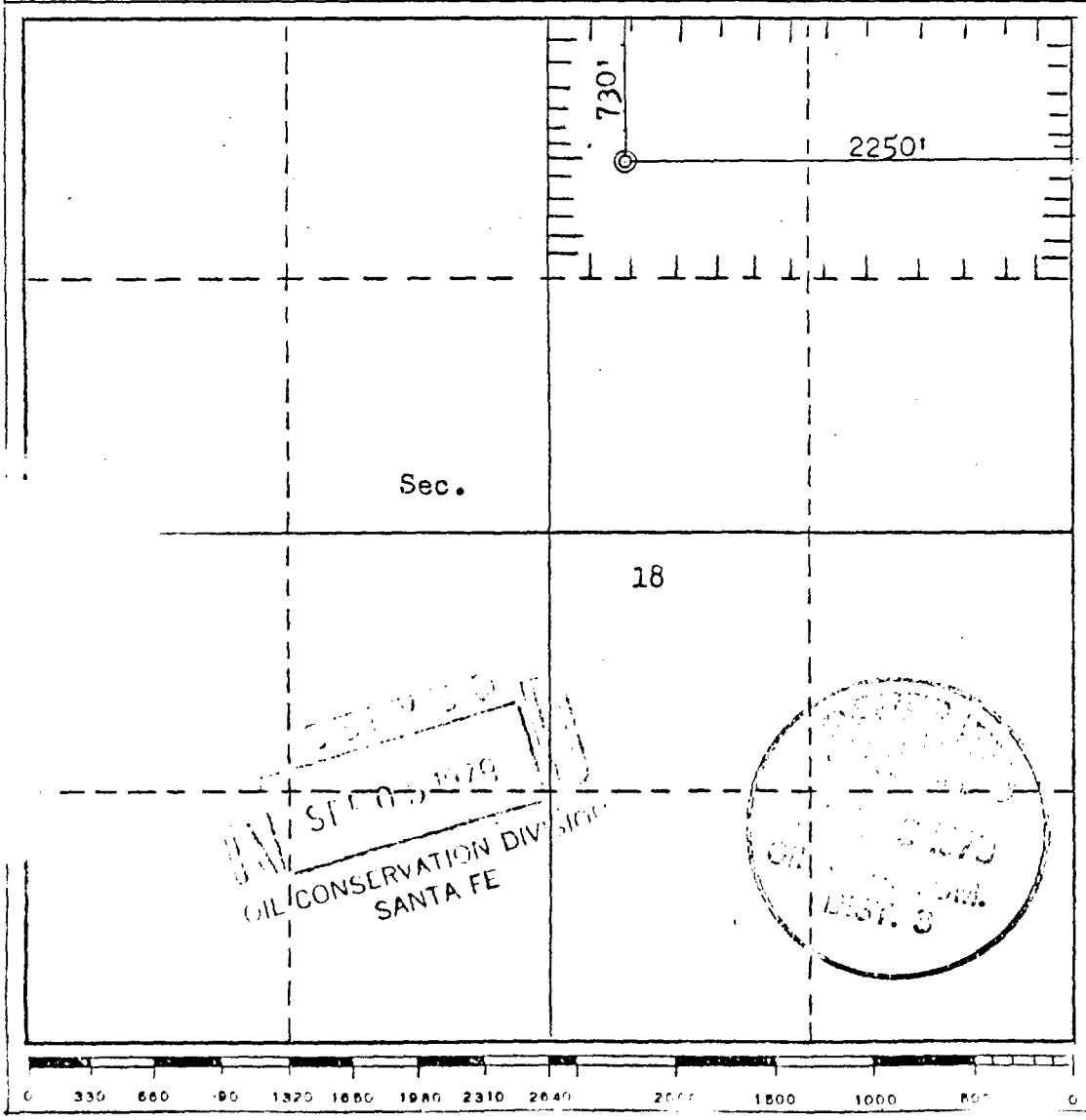
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).

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?

[X] Yes [ ] No If answer is "yes," type of consolidation All leases held by Caribou Four Corners

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

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



CERTIFICATION

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

Name: Tommy G. Farrell

Position: Geologist

Company: Caribou Four Corners, Inc.

Date: 8/6/79

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

Date Surveyed: May 23, 1979

Registered Professional Engineer and/or Land Surveyor: Fred B. Kerr Jr.

Certificate No. 3239