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APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK  12. Type of Work  13. Type of Work  14. Type of Work  WTR  2. Norms of Operator  P. C. Drawer H Cortez, Colorado 81321  4. Location of Well  Operator  P. C. Drawer H Cortez, Colorado 81321  4. Location of Well  Operator  P. C. Drawer H Cortez, Colorado 81321  4. Location of Well  Operator  P. C. Drawer H Cortez, Colorado 81321  Applications of Well  Operator  P. C. Drawer H Cortez, Colorado 81321  Applications of Well  Operator  P. C. Drawer H Cortez, Colorado 81321  Applications of Well  Operator  P. C. Drawer H Cortez, Colorado 81321  Applications of Well  Operator  P. C. Drawer H Cortez, Colorado 81321  Applications of Well  Operator  P. C. Drawer H Cortez, Colorado 81321  Applications of Well  Operator  P. C. Drawer H Cortez, Colorado 81321  Applications of Well  Operator  P. C. Drawer H Cortez, Colorado 81321  Applications of Well  Operator  Op	<del></del>						
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8. Train of Vall  WITE  2. Name of Operator  WITE  3. Address of Operator  4. Location of Well  WITE  4. Location of Well  WITE  4. Location of Well  WITE  5. Proposed Depth   19A   19A	1a. Type of Work	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,	<u> </u>	7. Unit Agreem	ent Name
8. Type of Wall  WITE  3. Address of Operator  4. Location of Well  WITE  3. Address of Operator  4. Location of Well  WITE  4. Location of Well  WITE  5. Type of Well  WITE  5. Type of Well  WITE  6. Type of Well  WITE  6. Type of Well  WITE  7. Construct  West  16. Type of Well  WITE  17. Finds and Pool, or Wildows  WITE  18. Finds and Pool, or Wildows  19. Finds and Pool,	Dell X	1	DEEDEN	D	LUC BACK		
2. Name of Operator  WTR  3. Address of Operator  P.O. Drawer H Cortez, Colorado 81321  4. Location of Weil  W C  Like or acc. 16  Tot. 19th acc. 6W  15. Perpassed Depth 15A. Fermenties  W C  10. Field and Pool, or Wildcol  W C  10. Field and Pool  Individual  In	b. Type of Well		DEC1 514 [_]			8. Farm or Lea	se Name
Address of Companion  P.C. Drawer H Cortex, Colorado 81321  Address of Companion  W C  Location of Well Only Letter C  Locate 350  PET YADA THE North  List  W C  Locate 350  PET YADA THE North  List  W C  Locate 350  PET YADA THE North  List  W C  Locate 350  PET YADA THE North  List  W C  Locate 350  PET YADA THE North  List  W C  Locate 350  PET YADA THE North  List  W C  Locate 350  PET YADA THE North  List  W C  Locate 350  PET YADA THE North  List  W C  Locate 350  PET YADA THE North  List  W C  Locate 350  PET YADA THE North  List  W C  Locate 350  PET YADA THE SAME STATE PET PET CO.  List Eventually 194. Expensed Depth Hole The PET		OTHER		SINGLE ZONE	MULTIPLE ZONE	5+	at e
1. Accretion of Well Unit Letter C Located 350 Feet from Tate North Line C Line C Located 350 Feet from Tate North Line C Line C Located 12. Agency of C.T. Rock Tate C Line C Located 12. Agency Lot C Line		$\Omega$ .	1				•
P.O. Drawer H Cortez, Colorado 81321  4. Location of Well Unity Letters C Located 350 rest from the North Line  No 1670 rest from the West Line of Steffer 16 for 19N sec. 6W Line  No 1670 rest from the West Line of Steffer 16 for 19N sec. 6W Line  No 1670 rest from the West Line of Steffer 16 for 19N sec. 6W Line  No 1670 rest from the West Line of Steffer 16 for 19N sec. 6W Line  No 1670 rest from the West Line of Steffer 16 for 19N sec. 6W Line  No 1670 rest from the West Line of Steffer 16 for 19N sec. 6W Line  No 1670 rest from the West Line of Steffer 16 for 19N sec. 6W Line  No 1670 rest from the West Line of Steffer 16 for 19N sec. 6W Line  No 1670 rest from the West Line  No 1		The Ci	(0.				
4. Location of Well  10. 1670  10. 1670  10. 10. County  10. Francial Depth 10. Francial	i i	II - C+	7-7 81221				Popl, or Wildcat
SIZE OF HOLE   SIZE OF CASING   Weight Per Foot   Setting Depth   SACKS OF CEMENT   Est. TOP						minin	mmm
19. Fronced Depth   19.	UNIT LETTE	ER LOC	ATED	FEET FROM THE	PUΩ LINE		
19. Fronced Depth   19.	1670	-u- West	16	19N	6W		
19. Proposed Depth   19. Formation   20. Rotary of C.T. Rotary   19. Exercision   19. Formation   19. Format	THINITH INTERNA	inninii	ımınını	immini	ÜÜNTITITI	12. County	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
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TITLE DATE	APPROVED BY	53 Craws	08/91/331 TITLE			DATE	

CONDITIONS OF APPROVAL, IF ANY:

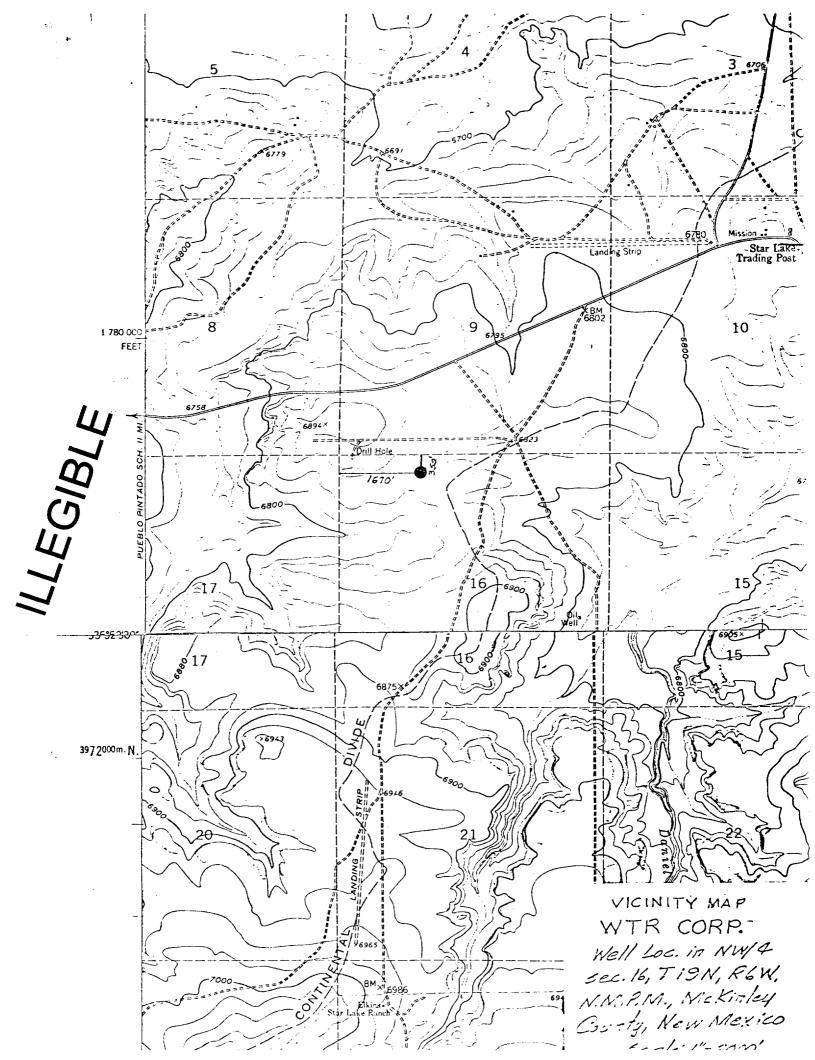
# NEW MEXICO OIL CONSERVATION COMMISSION WELL LOCATION AND ACREAGE DEDICATION PLAT

		All dista	nces must be f	rom the outer	boundaries of	the Section	1.	•
Operator WTR COPPOI	RATION C	PilCa	<b>)</b> .	Lease STATE				Well No.
Unit Letter	Section	Township		Range		County		
C	16	19 N	orth	6 W	est	McKi	nley	
Actual Footage Loc		<del></del>				<u> </u>		
ってつ	feet from the	North	line and	1670	fee	t from the	West	line
Ground Level Elev.	Producing F			Pool		/	<del></del>	Dedicated Acreage:
69և2 .	Moon	Toris / )	Kt		mated-//		a <del>L</del>	40
			nerci			WALL	<i>(L.)</i>	Acres
1. Outline th	e acreage dedic	cated to the	subject we	ell by colo	red pencil o	r hachure	marks on the	ne plat below.
2. If more th interest an		s dedicated	to the well	, outline e	ach and ide	ntify the	ownership t	hereof (both as to working
	n one lease of ommunitization,				o the well,	have the	interests of	all owners been consoli-
Yes	☐ No If	answer is "	yes," type o	f consolida	ition			
If answer i	s "no," list the	e owners an	d tract desc	riptions wh	ich have ac	tually be	en consolida	ated. (Use reverse side of
	necessary.)			·				
	•	ned to the v	vell until all	interests	have been o	onsolida	ted (hv com	munitization, unitization,
								approved by the Commis-
sion.	ing, or otherwis	cyor until u	non-standary	i dilit, eiin	maring sac	n interes	ts, has been	approved by the Commis-
51011.	· <del></del>						<del></del>	<u> </u>
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## **AFFIDAVIT**

State of New Mexico )  ) SS.
McKinley County )
Before me the authority on this day personally appeared James P. Woosley of Drawer H Cortez, Colorado known to me to be a credible person of legal age who after being by me first duly sworn on oath deposes and says:
On 10-13-78 deviation tests were conducted by employees of W IR Oil Comapny Well # 2 located 350' FNL & 1670 FWL  Sec. 16, T19N, R6W, NMPM, McKinley County, New Mexico
Technical Oil Tool Corporation equipment was used as follows:
1. First survey at approximate depth of $500^{\circ}$ below the surface indicated a drift of $1/2^{\circ}$ vertical.
2. Second survey at approximate depth of 10001 below the surface indicated a drift of 10 from vertical.
3. Third survey at approximate depth of $1500^{\circ}$ below the surface indicated a drift of $3/4^{\circ}$ from vertical.
4. Fourth survey at approximate depth of 2000 below the surface indicated a drift of 00 from vertical.
5. Fifth survey at approximate depth of below the surface indicated a drift of from vertical.
The records of the above surveys are on file in the office of WTR Oil Company P.C. Drawer H Cortez, Colorado.
Affiant further states that he is duly authorized agent of WTR Oil Company co-owner and co-operator of the above named well.
James P. Woosley Co-Owner
SUBSCRIBED AND SWORN TO before me this the 3rd of Ganury, 1978 A.D.
Notary Public

My Commission Expires: Sept 7, 1981



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

I Frak

Form C-102 Supersedes C-12 Effective 1-1-65

All distances must be from the outer boundaries of the Section. Operator well No. STATE WTR GORPORATION Unit Letter Township Range County 6 West McKinley 19 North 16 C Actual Footage Location of Well: 1670 West North feet from the line and feet from the line Ground Level Elev. Dedicated Acreage: Producing Formation 6842 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? No If answer is "yes," type of consolidation \_ Yes 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 Commis-CERTIFICATION I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief. 16 Sec. I hereby certify/ and/or Land Surveyor CURTIS C. STOCKING L.S. N.Nex. Certificate No.

660

1320 1650

1980 2310

2000

1500

1000

OISTRIBUTION ANTA FE ILE J.S.G.S. AND OFFICE OPERATOR		NEW WELL COMPL			ISERVATION OMPLETIO				Rev Section State	5115		
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WTR Oil Comp										i an i Poo	l, or Wildeat	-
P.O. Drawer H	1, Cortez,	Colorado 8	31321				<del></del>		Wil	dcat	TTTTTTTTTT	`
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2153 <b>-</b> 2172 M	enefee								•	ye	s .	
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31, Perforation Record (I	ntercal, size and	Inumber) .						RACTURE, C				-
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Well, well hea	d, pumping	unit, seper	ator and	tank.	e and complete	to the	best of	my knowledg	e and beli	ej.		-

~ - --------

DATE 01/25/79

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DISTRIBUTION			Sig. 5 od. 0-100 an	
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J.S.G.S.		`	$\epsilon \sim 1$ . The state of the sta	True at the stoppe
LAND OFFICE			u ut ··· X	: []
OPERATOR				Service market
SUMPRY N	INTICES AND DEPORTS ON	WELLS	- 5	17
OU NOT USE THIS FORM FOR POLICATION F	IOTICES AND REPORTS ON LS TO OMICE OF TO STEPPEN OF PLUG IS OR PERMIT - " (FORM C-101) FOR SUC	MELLO ACK TO A DIFFERENT RESERVOIR H PROPOSAES.		
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WID OUL COMBANIV			State	· · · · · · · · · · · · · · · · · · ·
P.O. Drawer H, Cortez, Co	olorado 81321		1 _	
UNIT LETTER C350	PERT FROM THE North	INE AND 1670	yeer 1934 Wilde	·
THE West INC SECTION	16 TOWNSHIP 19 N	RANGE 6W	MADE MINE	
	15. Elevation Chan whether	DF, RT, GR, Sty.	17. 7. 21.	
	6842 G L		McKinle	x Kilillilli
Check Appl	ropriate Box To Indicate N		re or Other Data EQUENT REPORT (	Third v
,			find.	-
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Spudded a 9" hole on Augus surface with 10 sks.				
Tested surface pipe and cem movement and no leak off).		JP.3.1. and nolaing	for 2 hours (no p	ıpe
			JANSO CON CONTRACTOR	1879 COM.
19. I hereby certify that the information above		f my knowledge and beliet.		
SIGNED JAMES & Moracles	TITLE C	o-operator	0	1/29/79
Oliginal Signed by FRANK T. ()	1\15Z		JAN	13983

CONDITIONS OF APPROVAL, IF ANY:

As a constant of the constant

## INDICATE FORMATION TOPS IN CONFORMANCE WITH GLOGRAPHICAL SECTION OF STATE

Northwestern New Mexico

Southeastern New Mexico

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7 7.0 7. 7.19			T. Atsamana		ei Prut		T. Perm CC.

## 46. 67 ( BP) - 1 M/ ( 1740 tastemorion NEW MEXICO OIL CONSERVATION COMMISSION Fbrm C-104 SERIATO REQUEST FOR ALLOWABLE --Supersedes Old C-104 and C-110 £ 11 F Effective 1-1-65 AND U.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS LAND OFFICE OIL L IRAH-PORTER API 30-031-20543 GPEHALOH PRORALION OFFICE Operator WTR Oil Company P.C. Drawer H, Cortez, Colorado 81321 Reason(s) for filing (Check proper box) Other (Please explain) $\boxtimes$ Change in Transporter of: Recompletion CII Dry Gas Change in Ownership Castnahead Gas Condensate harge of ownership give name DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Formation Legse No. State 2 Wildcat Menefee State, Federal or Fee <u>-5115</u> Location 350 Feet From The North Line and 1670 Feet From The West Unit Letter Line of Section 16 19N Township 6W , NMPM, Range McKinley County DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil Address (Give address to which approved copy of this form is to be sent) or Condensate K. E. McDougald Corp. P.O. Box 309, Moab, Utah 84532 Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Castrighead Gas \_\_\_\_\_ or Dry Gas \_\_\_\_ Twp. P.ge. Is gas actually connected? Unit If well produces oil or liquids, give location of tarks C 16 19N ; 6W If this production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA Workover Oll Well New Well Gas Well Plug Back Same Res'v. Diff. Res'v Designate Type of Completion - (X) i X Date Compl. Ready to Prod. Total Depth P.B.T.D. August 15, 1978 Elevations (DF, RKB, RT, GR, etc., October 25, 1978 Name of Producing Formation 2384 2343 Tubing Depth Top O!l/Gas Pay 6842 GL Menefee 2151 2161 Depth Casing Shoe Perforations 2153 - 2166 2170 - 2172 2287 TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT HOLE SIZE CASING & TUBING SIZE DEPTH SET 10 sks 44 2287 4 1/2" 6 1/4" 260 sks 2 3/8" 2161 (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) TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Date First New Oil Run To Tanks Producing Method (Flow, pump, gas lift, etc.) Date of Test Pumping (D-25 National Unit) Casing Pressure Choke Size November 20, 1978 November 21 Length of Test Tubing Pressure 24 hours Actual Prod. During Toot 30 lbs Water - Bbls. 30 lbs Open Gale-MCF Oil-Bhie 43 33 Bbls. 10 Out. b **GAS WELL** Gigvity of Condensate Actual Prod. Test-MCF/D Bhis. Condensate Length of Test Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure ( 5) Chop Size OIL CONSERVATION COMMISSION CERTIFICATE OF COMPLIANCE 5 1979 MAR APPROVED. I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief. Original Signed by SUPERVISOR DIST. #3

Co - operator

January 3, 1978

(Title)

(Date)

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.

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

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

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

# DISTRIBUTION

## NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND

Form C-104 Supersedes Old C-104 and C-119 Effective 1-1-65

U.S.G.S.	AUTHORIZATION TO TR	ANSPORT OIL AND	NATURAL (	GAS	
TRAL PORTER OIL /			Woo	sleu st	ate # 5
GAS CHERAIGR Z	<del>-</del>		C-1	sley 5+ 6-19N-6	w
Operator OFFICE					
Address WTR Oil Company				· · · · · · · · · · · · · · · · · · ·	
P.O. Drawer H. ( Reason(s) for filing (Check proper bo	Cortez, Colorado 81321	Other (Plea	se explain)		
New We!I	Change in Transporter of:				
Recompletion Change in Ownership	OII X Dry G Castnghead Gas Conde	Gas			
of ownership give name					
DESCRIPTION OF WELL AND	LEASE   Well No.; Pool Name, Including I	Connection	Kind of Leas		
िर्मालक रिकार State	2 Wildcat Mene		State Federa		1-5115
Location	50 Feet From The North Li		Fort Form 1	The West	
	<del></del>	6W , NMP		Cinley	County
SUFFICIATION OF TRANSPOR					
Name of Authorized Transporter of Of	TER OF OIL AND NATURAL G	Address (Give address	to which approv	ved copy of this form is	to be seut)
Giant Refinery Name or Authorized Transporter of Ca	asinghead Gas or Dry Gas 📑	P.O. Box 256 Address (Give address	Farmingto	on, New Mexic	0 87401 s to be sent)
				· <del></del>	· · · · · · · · · · · · · · · · · · ·
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. C 16 19N 6W	Is gas actually connec	ted? Whe	en	
- · · · · · · · · · · · · · · · · · · ·	ith that from any other lease or pool,	give commingling ord	er number:		
COMPLETION DATA  Designate Type of Completi	on - (X)	New Well   Workover	Deepen	Plug Back   Same R	es'v. Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	<u> </u>	P.B.T.D.	
Elevations (DF, RKB, RT, GR, etc.,	Name of Description	Top O!I/Gas Pay		Tubing Depth	
Lievations (Dr., RKB, RI, GR, etc.)	Name of Producing Formation	Top On/Gas Pay		rubing Depth	
Perforations				Depth Casing Shoe	
	TUBING, CASING, AN	D CEMENTING RECO	RD		
HOLE SIZE	CASING & TUBING SIZE	DEPTHS	ET	SACKS CE	MENT
				<u> </u>	
TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a able for this de	ofter recovery of total vol epth or be for full 24 how	ume of load oil t	and must be equal to or	exceed top allow-
OII. WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flo		i, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	, <del></del>	Choke Size	
Actual Prod. During Test	Oii-Bbis.	Water - Bble.		Gas • MCF	المنازع ا
					51919
GAS WELL	*			While	W. Colum
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMC	F	Gravity of Cappened	151.
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut	:-in)	Choke Size	
CERTIFICATE OF COMPLIAN	CE	OIL		TION COMMISSIO	
hereby certify that the rules and	regulations of the Oll Conservation	APPROVED	,	6 1979	•
Commission have been complied v	with and that the information given a best of my knowledge and belief.	By Original S	igned by A	. R. Kendrick	
i a	• • •	11	VISOR DIS		<del></del>
A Dal				ompliance with RUL	
Signed I Was	ed les	I well this form mus	t be accompan	able for a newly drill lied by a tabulation - lance with MULE 11	of the deviation
Co-operator (T)	ola l	All sections of	this form mus	it be filled out compl	
/Tii March 15, 1979	10)	able on new and re	Sections I II.	III. and VI for cha	nges of owner,
(Da	ite)	well name or numbe	r, or transporte	is or other such chan	ge of condition.

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

NO. OF COPIES NEC	1				
DISTRIBUTE					
SANTA FE					
FILE	1				
U.S.G.S.	U.S.G.S.				
LAND OFFICE					
[RANSPORTER	OIL				
THANS: SHIER					
OPERATOR					
PRORATION OF					

DISTRIBUTION	N				NEWMEN	מוכם סוו כ	ONSERVATION COM	HEELON	<b>n</b>
SANTA FE							FOR ALLOWABLE	W1221OM	Form C-104 Supersedes Old C-104 and C-11(
FILE					•	1540531	AND		Ellective 1-1-62
U.S.G.S.				AUTH	ORIZATIO	N TO TRA	INSPORT OIL AND	NATUDAL C	: A C
LAND OFFICE				7.0111	011127110	11 10 1117	HOI ON I OIL AND	MATURAL C	)A3
[RANSPORTER	OIL								
HANSFORIER	GAS								
OPERATOR									
PRORATION OFFI	CE								
Operator									
Woosley Oil Co	ompar	ıy							
Address									
Post Office D				Cortez,	Colora	do 81321			
Reason(s) for filing (C	heck p	roper	box)				Other (Pleas	e explain)	
New Well				Change :	In Transporte	r of:			
Recompletion	_			Oil	X	Dry Ga	ıs 📗 '		·
Change in Ownership				Casingh	ead Gas	Conder	nsate		
If change of ownersh	in give								
and address of previo			W	TR Oil (	ompany,	Post Of	fice Drawer LL	, Cortez,	Colorado 81321
DESCRIPTION OF Lease Name	WEL	L A	ND L		Pool Name	Ingluding F	as watton	Kind of Lease	
				ł			•	T .	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
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			250		37.		1.670		
Unit Letter C	<del></del>	:	350	Feet Fr	om The No	orth Lin	e and <u>1670</u>	Feet From '	The West
Line of Section	16		Tour	1	OM ·	D	CII MUDI		( v 1 )
Line of Section	10		Town	ismp j	.9N	Range	6W , NMPI	<u>м, г</u>	McKinley County
DESIGNATION OF	TDA	N'CD.	ለ p T	בם טב טוו	AND NAT	CUDAT CA	(e )	•	
Name of Authorized T					Condensate (			to which approx	ved copy of this form is to be sent)
Inland Corpora	atior	1					P. O. Box 1	528. Farm:	ington, New Mexico 87499
Name of Authorized T	ranspor	ter of	Casi	nghead Gas [	or Dry	Gas			ved copy of this form is to be sent)
If well produces oil or	Liquida		<del></del>	Unit Se	c. Twp.	P.ge.	Is gas actually connec	ted? Whe	en
give location of tanks		••	į	C   1	.6   191	N 6W		1	
If this production is	commir	ngled	l with	that from a	ny other les	se or pool.	give commingling orde	er number:	<b>.</b>
COMPLETION DA									
Designate Type	of C	amnl	etion		Oll Well	Gas Well	New Well Workover	Deepen	Plug Back   Same Restv. Diff. Restv.
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Cate Spudded				Date Compl.	Ready to Pro	d.	Total Depth		P.B.T.D.
(0.5				······································			<u> </u>		
Elevations (DF, RKB,	RT, G	R, etc	2.)	Name of Prod	lucing Forma	tion	Top Oil/Gas Pay		Tubing Depth
Perforations									Depth Casing Shoe
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HOLES	126			CASIN	G & TUBIN	3 312 5	DEPTH S	·E1	SACKS CEMENT
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TEST DATA AND	REGI	IEST	r FO	RATIOWA	ARIE (T	est must be a	(ter recovery of total val	ume of load oil	and must be equal to or exceed top allow-
OIL WELL	MEQU	/ L. G 2		it Million?	ab	le for this de	pth or be for full 24 hour	s)	
Date First New Oil Ru	To T at	anks		Date of Test	<del> </del>		Producing Method (Flo	w, pump, gas li	ft, etc.)
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Length of Test				Tubing Presi	m.		Casing Pressure	ع ربا	Contest VE
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Actual Prod. During T	****			Oil-Bbls.			Water - Bbls.		5 1 MCF 1983
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GAS WELL			<del></del>						
Actual Prod. Test-M	CF/D		Ì	Length of Te	st		Bbls. Condensate/MMC	F	Gravity of Condensate
Testing Method (pitot	, back p	pr.)		Tubing Press	we (Shut-1	.n. }	Casing Pressure (Shu	t-1n )	Choke Size
							<b>/</b>		
CERTIFICATE OF	COM	PLI	ANC	E					TION COMMISSION
					*		400000	SEP 1	1983
I hereby certify that Commission have be	the rul	les a	ind re	gulations of	the Oil Co	nservation	APPROVED	II FOANI	•
above is true and c							BY Original Sig	ned by FRAN	K I. CHAVEE
					•			SUPERVISO	DR DISTRICT # 3
WOOSLEY OIL CO	)MPAN	ΙY,					TITLE		
			1	<b>)</b> .					compliance with RULE 1104.
By: Omn	00	Ł	'Z		lay	100	If this is a rec	quest for allow	vable for a newly drilled or deepened
James P. Wo	osle	ارولا	Oper				well, this form must	well in accompa	nied by a tabulation of the deviation rdance with RULE 111.
Frede	22	54	les	sma	me,	SEC_	All sections o	f this form mu	at be filled out completely for allow-
	1	/	(Title	:)			able on new and r	ecompleted we	ella.
August 26, 198	33					<del></del>	Fill out only	Sections I. II	I, III, and VI for changes of owner, ter, or other such change of condition.
			(Date	e)			11		t be filed for each pool in multiply
* *	-	,		***			Separate rom		The same pass on manager

HO, OF COPIES REC	IVED	
DISTRIBUTIO	ON	
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
IRANSPORTER	OIL	
I NAME ON LEK	GAS	
OPERATOR		
PRORATION OF	ICE	

1.

November 28, 1984

(Date)

DISTRIBUTION		NEW MEXICO OU C	ONSERVATION COMMISSION	
SANTA FE			FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-11i
FILE		KEGOEST	AND	Effective 1-1-65
U.S.G.S.		AUTHORIZATION TO TRA	INSPORT OIL AND NATURAL GA	.s
LAND OFFICE				•
IRANSPORTER GAS				
OPERATOR	<b></b>			
PRORATION OFFICE Operator	1	<u>L</u>		
Woosley Oil Company				
Post Office Drawer ] Reason(s) for filing (Check prope			Other (Please explain)	
New Well	·	Change in Transporter of:	, , , , , , , , , , , , , , , , , , , ,	
Recompletion		Oil X Dry Ga	s 🔲	
Change in Ownership		Casinghead Gas Conden	nsate	
If change of ownership give na and address of previous owner				
DESCRIPTION OF WELL A		LEASE		
Lease Name		Well No. Pool Name, Including Fo	ormation Kind of Lease	Lease No.
State		2 Star Mesa Ve	rde State, Federal o	State L05115
Location Unit Letter C;	350	Feet From The North Lin	e and <u>1670</u> Feet From The	•West
Line of Section 16		mahin 19N Ranga	6W NMPM McKinl	AV
Line of Section 10	Tow	mship ISN Range	, NMPM, MCRITI	County
DESIGNATION OF TRANSF	ORT	ER OF OIL AND NATURAL GA	s	
Name of Authorized Transporter of			Address (Give address to which approved	copy of this form is to be sent)
Gary Energy Corporat	ion		P.O. Box 159, Bloomfield	l, New Mexico 87413
Name of Authorized Transporter of	of Cas	inghead 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. C 16 19N 6W	Is gas actually connected? When	
If this production is commingle	d with	h that from any other lease or pool,	give commingling order number:	
COMPLETION DATA		Oil Well Gas Well	New Well Workover Deepen I	
Designate Type of Comp	letio		New Well Workover Deepen	Plug Back Same Restv. Diff. Restv.
Date Spudded		Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, GR, en	ic.j	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations			1	Depth Casing Shoe
		TURING CASING AND	CENENTING DECORD	
HOLE SIZE	<del></del>	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
11042 312		0.70 to 100 to 0.20	527.11.021	JACKS CEMENT
TEST DATA AND REQUES	T FO		ter recovery of total volume of load oil and	d must be equal to or exceed top allow-
OIL WELL Date First New Oil Bun To Tanks		Date of Test	pth or be for full 24 hours)  Producing Method (Flow, spump, fastlift,	eta.)
	1		m E S E IV E	
Length of Test		Tubing Pressure		hoke Size
			101 301301984	
Actual Prod. During Test		Oil-Bbis.	Water-Bble.	Gas-MCF
			OIL CON. DIV	•
A A A A MEDIT T			DIST. 3	
Actual Prod. Test-MCF/D		Length of Test	,	Gravity of Condensate
,				,
Testing Method (pitot, back pr.)		Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
CERTIFICATE OF COMPL	IANC	EE	OIL CONSERVAT	
	_		APPROVED NO	V 3/9 1984
Commission have been compli	ed w	egulations of the Oil Conservation ith and that the information given	8n. 1	
above is true and complete to	the	best of my knowledge and belief.	BY	aver/
WOOSLEY OIL COMPANY			TITLE	SUPERVISON DISTRICT # 3
	_		This form is to be filed in con	nntience with must # tens
By: (F)	٠/<	Lex 1020 (1 2 1 3	If this is a request for allowab	le for a newly drilled or deepened
	Signal		well, this form must be accompanie	d by a tabulation of the deviation
Freda L. Yeomans	<u>مر</u> 01	ffice Manager	tests taken on the well in accords	be filled out completely for allow-
	(Titl	(e)	able on new and recompleted wells	b.

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

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

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

NO. OF COPIES RECI	EIVED				
DISTRIBUTIO	NC				
SANTA FE		i			
FILE	FILE				
U.S.G.S.	U.S.G.S.				
LAND OFFICE					
TRANSPORTER	OIL				
TRANSPORTER	GAS				
OPERATOR					
PRORATION OF	ICE				

September 23, 1985

(Date)

SANTA FE			_	NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE							Form C-104 Supersedes Old C-104 and C-114 Effective 1-1-65		
FILE U.S.G.S.			-	AUTHO	1017 A TION	TO TO	AND	OIL AND I	MATI IDAL			<b>3</b>	
LAND OFFICE				AUTHO	KIZATION	IOIRA	MOPURI	OIL AND I	NATUKAL	GA\$			
TRANSPORTER	OIL GAS												
OPERATOR			_										
Operator	FICE							····	<del></del>	<del></del>	·		
Woosley O	il Con	npan	ıy	<del></del>		<del>`</del>	···						
P.O. Draw	er 148	30,	Corte	z, Col	orado 81	321							
Reason(s) for filing	(Check pr	oper l				_		Other (Please	explain)				
New Well Recompletion	H			Change ir Oil	Transporter	of: Dry Ga							
Change in Ownership	<u>.                                    </u>			Casinghe	ad Gas	Conden	<b></b>						
If change of owners and address of prev			e									.•	
DESCRIPTION O			DIFA	er Er									
Lease Name	. "	<u> </u>	D LILI		Pool Name, I	ncluding Fo	ormation		Kind of Leas		<del></del>	Lease No.	
State				2	Star M	esa Ver	de		State, Feder	or Fee St	tate	L-5115	
Location Unit Letter	<u>C</u>	;	350	_Feet Fro	om The Nor	th Lin	e and	1670	Feet From	The	West		
Line of Section	16		Township	19N	[ :	Range	6W	, ИМРМ	. N	1cKinley		County	
DESIGNATION	E TDA	ve no	DTED	OF OU	AND NATE	IDAL CA	6					·	
Name of Authorized					ondensate			(Give address	to which appro	ved copy of t	his form is to	be sent)	
The Permi							P.O.	Box 1183	3. Houst	on, Texas	s 77251-	1183	
Name of Authorized	Transport	er of	Casingh <del>e</del>	ad Gas	or Dry G	as	Address	(Give address	to which appro	ved copy of t	his form is to	be sent)	
If well produces oil- give location of tank			Unit	Sec 1		P.ge. 6W	ls gas ac	tually connect	ed? Wh	en			
If this production is		gled	with the	t from an	y other leas	e or pool,	give com	ningling order	number:				
COMPLETION D.  Designate Typ		mple	tion —		Oil Well C	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res	v. Diff. Resty.	
Date Spudded					Ready to Prod.	<del></del>	Total De	pth	<u> </u>	P.B.T.D.			
Elevations (DF, RKI	B, RT, GR	t, etc.	, Nam	of Produ	ucing Formatio	on.	Top Oil/	Gas Pay		Tubing De	pth		
****		·							·	ļ			
Perforations										Depth Cas	ing Shoe		
			·····	Ţ	UBING, CA	SING, AND	CEMEN	TING RECOR	D				
HOLE	SIZE			CASING	& TUBING	SIZE	-	DEPTH SI	ET	S	ACKS CEM	ENT	
									*******	+			
										1			
TEST DATA ANI	D REQU	EST	FOR A	LLOWA						and must be	equal to or e	xceed top allow-	
OIL WELL Date First New Oil I				of Test		for this de		or full 24 hours g Method (Flou	<u> </u>	ift, etc.)	· · · · · · · · · · · · · · · · · · ·	<del></del>	
									100 F. 500	i in some			
Length of Test			Tub	ing Press	nte		Casing P	reesure		Choke Str			
Actual Prod. During	Test		011-	Bbls.			Water - Bi	ols.	SEP 25	Gas-MCF 5 1985			
	- <del></del>						<u> </u>	C	OIL CUT	2 000	1	· · · · · · · · · · · · · · · · · · ·	
GAS WELL Actual Prod. Test-1	MCF/D		Leng	th of Tee	ıt		Bbls. Co	ndensate/MMC	7 8 7 7 7		Condensate		
Tasting Mathed (nic	ar baak n		Tubi	Da Dagar			Castan B	and the state of t					
Testing Method (pito	ot, oack p	,,,	Tubi	ng Press	we (Shut-in	,	Casing P	ressure (Shut	-18)	Choke Size		·	
CERTIFICATE O	F COM	PLIA	ANCE					OIL	CONSERV	1 -			
I hereby certify the	at the rul	es ar	nd regula	tions of	the Oil Con	servation	APPR	OVED	1577	7 71 P	<u>95 19</u>	760	
Commission have above is true and	been cor	nplie	d with	ind that	the informati	ion given	BY	Dra	mks.	Saves/			
					<b></b>		TITLE			SUPERVI	SOR DISTRICT	7 雜 3	
	<b>、</b> 、 /	1 /					Tì	his form is to					
L'eda	13	IS	ignature)	7210	1 112		well, t	his form mus	t be accomp	anied by a to	abulation of	d or despened the deviation	
Office Mar	nager	/ "	/					aken on the	well in acco	rdance 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 YI 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.

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

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

## State of New Mexico Energy, Minerals and Natural Resources Department

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

# OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I	Ţ	OTRA	NSF	ORT OIL	AND NA	TURAL GA	<u> 45</u>	80.50			
Operator	<i>(</i> )						Well A			į	
Woosley Oil	Cum	par	15/_			··	State	c#2			
Address /	,	/	/ ,	0/	1.	O 1 72 in					
PO DECLARY 1480 Reason(s) for Filing (Check proper box)	Co	rte	<del></del>	Soloca		Net (Please expl	ain)				
New Well		Change in	Transc	orter of:				,			
Recompletion	Oil		Dry C					•			
Change in Operator	Casinghead	_	Conde								
If change of operator give name and address of previous operator	<del></del>						<del></del>				
and address of previous operator	<u></u>	<del>,</del>									
II. DESCRIPTION OF WELL	AND LEA	SE					<del> </del>				
Lease Name		Well No.	Pool I	Name, Includi	ng Formation		1	Lease		se Na	
State		<u>2</u>	151	ar M	esa V	erde	State,	Rederal or Fee	4-5	115	
Location					7.1						
Unit Letter	.:_35	<u>.                                    </u>	. Feet F	From The /XC	orth Li	تمكك 100 عد	Zú Fo	مُكِنَّا From The	est_	Line	
marker // marker		,			/	N/D\1	11.	1		Carratio	
Section / C Township	190	<del></del>	Range	<u> 6 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 </u>	<u> </u>	MPM, M	ekin	<del>ey</del>	···	County	
ΠΙ. DESIGNATION OF TRAN	SP\DTF1	OFO	II. AR	UD NATH	RAL GAS			,			
Name of Authorized Transporter of Oil		or Conder		<u> </u>			hich approved	copy of this form	is to be sen	1)	
Giant Refining C	<u> </u>			با	Address (Give address to which approved copy of this form is to be sent)  10 DOX 256 Farming ton NM 87499						
Name of Authorized Transporter of Casing			or Dr	y Gas				copy of this form			
If well produces oil or liquids,	Unit	Sec.	Twp.	Rge.	is gas actual	ly connected?	When	7			
give location of tanks.	1		<u> </u>		<u> </u>						
If this production is commingled with that t	rom any othe	r lease or	pool, g	ive commings	ing order num	ber:	<del></del>				
IV. COMPLETION DATA	<del></del>	10000	<sub>1</sub> -		1	· · · · · · · · · · · · · · · · · · ·	<del></del>				
Designate Type of Completion	- (X)	Oil Well	ĺ	Gas Well	New Well	Workover	Decpen	Plug Back   San	ne Res'v	Diff Ras'v	
Date Spudded	Date Compl	Ready to	Prod		Total Depth		<u> </u>	P.B.T.D.			
		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						1.5.1.5.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Pro	ducing Fo	oimmio	n	Top Oil/Cas	Pay	<del></del>	Tubing Depth			
Perforations								Depth Casing Sh	106		
					CEMENT	NG RECOR					
HOLE SIZE	CAS	ING & TU	JBING	SIZE	DEPTH SET			SACKS CEMENT			
	<u> </u>							<del></del>	·		
	<del></del>				ļ	<del></del>			<del></del>		
		<del> </del>	·				<del></del>		<del></del>		
V. TEST DATA AND REQUES	T FOR A	LLOW	BLE	<del></del>	l						
OIL WELL (Test must be after re				•	be equal to or	exceed top allo	owable for this	depth or be for fu	ul 24 hours	.)	
Date First New Oil Run To Tank	Date of Test			<del></del>		ethod (Flow, pu				······································	
!					The state of the s						
Length of Test	Tubing Press	EU TO			Caling Pross	urė 🧠 🖫 🦂	0 6 11	Choke Size			
Asset Back Daries That	011 511				LI LA			Gus- MCF			
Actual Prod. During Test	Oil - Bbls.				Water - Bbla	CTI 9 19:	90	Oas- MCP			
	L			<del></del>	AB	~ ~ a 1	17432 6				
GAS WELL		~			<u> </u>	CON.	DIV				
Actual Prod. Test - MCF/D	Length of To	:M			Bbls. Conder	mposter 3		Gravity of Conde	in sale		
						na /Shiri Ja		Choke Size			
esting Method (pitot, back pr.) Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)			CHORE SIZE			
	<u> </u>				\			****			
VL OPERATOR CERTIFICA				NCE	(		ICED\/A	TION DIV	/1910	NI.	
I hereby certify that the rules and regulations of the Oil Conservation						OIL CONSERVATION				Y	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.						OCT 1 9 1990					
) / / //						Date Approved					
James & Thorn his						7					
Signature 2						By Bir. Chang					
1-Tames P Luca:	5/GY	az L		tor	<b> </b>		SUPER	IVISOR DIS	RICT	12	
Printed Nume	/	<i></i>	Title		Title					· •	
10 -18 -1990 Date	303	56.5 Tele	<u>۔ کے ۔</u> ا phone ا		[[			•			

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

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