

**UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY**

SUBMIT IN DUPLICATE*

(See other instructions on reverse side)

Form approved.
Budget Bureau No. 42-B655.5.

5. LEASE DESIGNATION AND SERIAL NO.

SF078912

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

Lindrith Unit

8. FARM OR LEASE NAME

Lindrith Unit

9. WELL NO.

78

10. FIELD AND POOL, OR WILDCAT

South Blanco PC Ext.

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

Sec. 11, T-24-N, R-3-W
N.M.P.M.

12. COUNTY OR PARISH

Rio Arriba

13. STATE

New Mexico

19. ELEV. CASINGHEAD

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

1a. TYPE OF WELL: OIL WELL GAS WELL DRY Other _____

b. TYPE OF COMPLETION: NEW WELL WORK OVER DEEP-EN PLUG BACK DIFF. RESVR. Other _____

2. NAME OF OPERATOR
El Paso Natural Gas Company

3. ADDRESS OF OPERATOR
P. O. Box 990, Farmington, NM 87401

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

At surface 800'S, 1840'E

At top prod. interval reported below

At total depth

14. PERMIT NO. _____ ISSUED _____

15. DATE SPUDDED 07-02-74 16. DATE T.D. REACHED 07-11-74 17. DATE COMPL. (Ready to prod.) 10-15-74 18. ELEVATIONS (DF, REB, RT, GR, ETC.)* 6945' GL

20. TOTAL DEPTH, MD & TVD 3230' 21. PLUG, BACK T.D., MD & TVD 3220' 22. IF MULTIPLE COMPL., HOW MANY* _____ 23. INTERVALS DRILLED BY _____ ROTARY TOOLS 0-3230 CABLE TOOLS _____

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 25. WAS DIRECTIONAL SURVEY MADE

26. TYPE ELECTRIC AND OTHER LOGS RUN IEL; CDL-GR; Temp. Survey 27. WAS WELL CORED

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

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
8 5/8"	24#	131' GL	12 1/4"	106 cu. ft.	
2 7/8"	6.4#	3230'	6 3/4"	196 cu. ft.	

29. LINER RECORD					30. TUBING RECORD		
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
					Tubingless		

31. PERFORATION RECORD (Interval, size and number)		32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.	
INTERVAL	SIZE	DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
3114-30'	3154-66'	3114-3184'	46,000# sand, 44,030 gal wtr
3174-84'			

33. PRODUCTION
DATE FIRST PRODUCTION _____ PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Flowing WELL STATUS (Producing or shut-in) Shut-in

DATE OF TEST	HOURS TESTED	CHOKER SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
10-15-74	3 hours	3/4"	→				
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)	
	SI 822	→		202 MCF/D-ADF			

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) TEST WITNESSED BY Don Norton

35. LIST OF ATTACHMENTS

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records
SIGNED D. E. Ducas TITLE Drilling Clerk DATE October 17, 1974

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

INSTRUCTIONS

General: This form is designed for submitting a complete and correct well completion report and log on all types of lands and leases to either a Federal agency or a State agency, or both, pursuant to applicable Federal and/or State laws and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office. See instructions on items 22 and 24, and 33, below regarding separate reports for separate completions.

If not filed prior to the time this summary report is submitted, copies of all currently available logs (drillers, geologists, sample and core analysis, all types electric, etc.), formation and pressure tests, and directional surveys, should be attached hereto, to the extent required by applicable Federal and/or State laws and regulations. All attachments should be listed on this form, see item 35.

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.

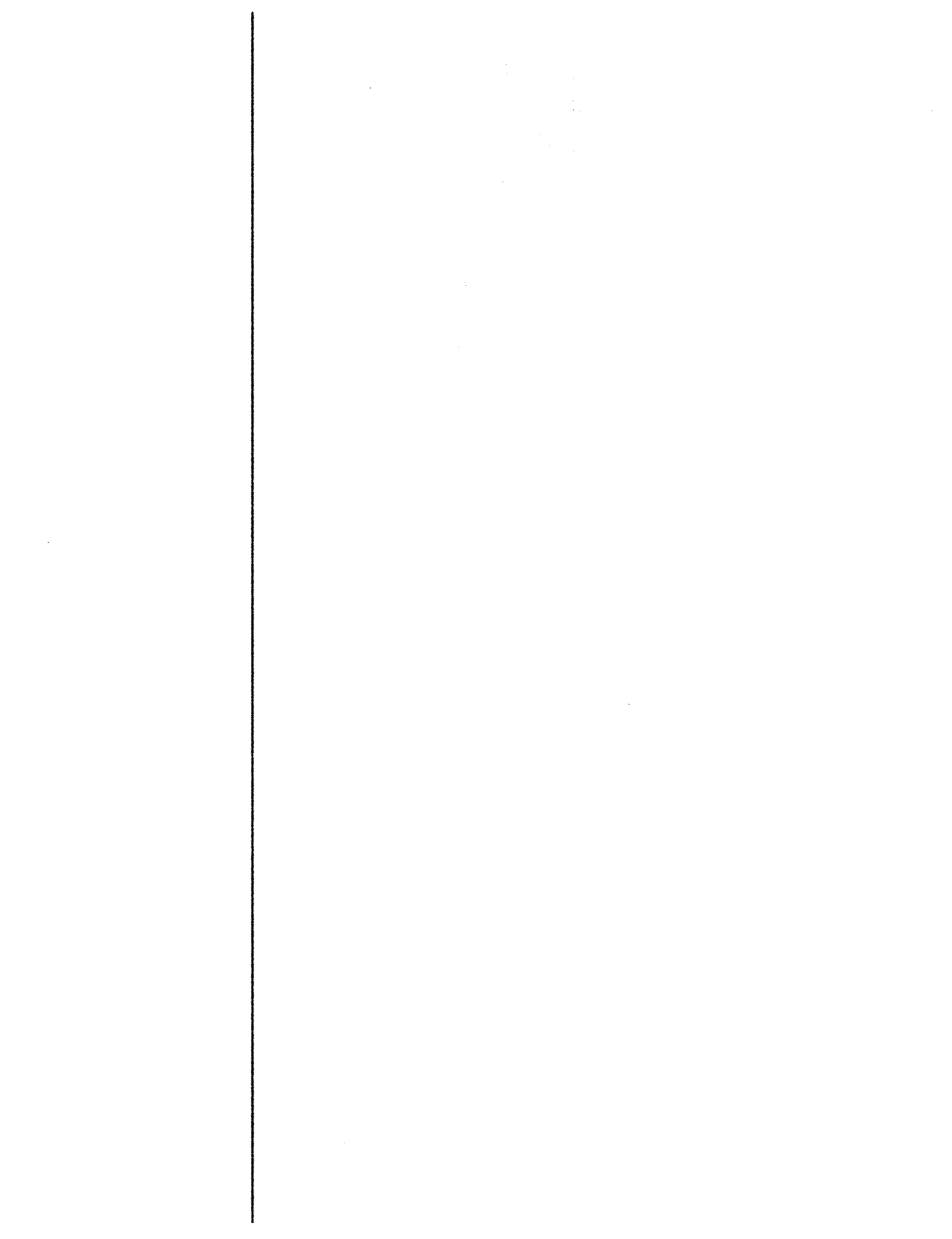
Item 18: Indicate which elevation is used as reference (where not otherwise shown) for depth measurements given in other spaces on this form and in any attachments.

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

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

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

FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	GEOLOGIC MARKERS		
				NAME	TOP	
					MEAS. DEPTH	
					TRUE VERT. DEPTH	
				Pictured Cliff	3112	



EL PASO NATURAL GAS COMPANY
OPEN FLOW TEST DATA

DATE October 15, 1974

Operator El Paso Natural Gas Company		Lease Lindrith Unit #78	
Location 800/S, 1840/E, Sec. 11, T24N, R3W		County Rio Arriba	State New Mexico
Formation Pictured Cliffs		Pool So. Blanco	
Casing: Diameter 2.875	Set At: Feet 3230'	Tubing: Diameter No Tubing	Set At: Feet --
Pay Zone: From 3114'	To 3156'	Total Depth: PBD 3230' 3220'	Shut In 10-8-74
Stimulation Method Sandwater Frac		Flow Through Casing XX	Flow Through Tubing

Choke Size, Inches .750	Choke Constant: C 12.365		Tubingless Completion		
Shut-In Pressure, Casing, PSIG 810	+ 12 = PSIA 822	Days Shut-In 7	Shut-In Pressure, Tubing No Tubing	PSIG	+ 12 = PSIA --
Flowing Pressure: P PSIG 5	+ 12 = PSIA 17		Working Pressure: P _w Calculated	PSIG	+ 12 = PSIA 22
Temperature: T = 55 °F	n = .85		F _p v (From Tables) 1.004		Gravity .665 F _g = 0.9498
	F _t = 1.0048				

CHOKE VOLUME = Q = C x P_f x F_t x F_g x F_pv

Q = 12.365 (17) (1.0048) (0.9498) (1.004) = 201 MCF/D

OPEN FLOW = Aof = Q $\left(\frac{P_c^2}{P_c^2 P_w^2} \right)^n$

Aof = Q $\left(\frac{675684}{675200} \right)^n = 201(1.0007)^{.85} = 201(1.0006)$

Aof = 202 MCF/D

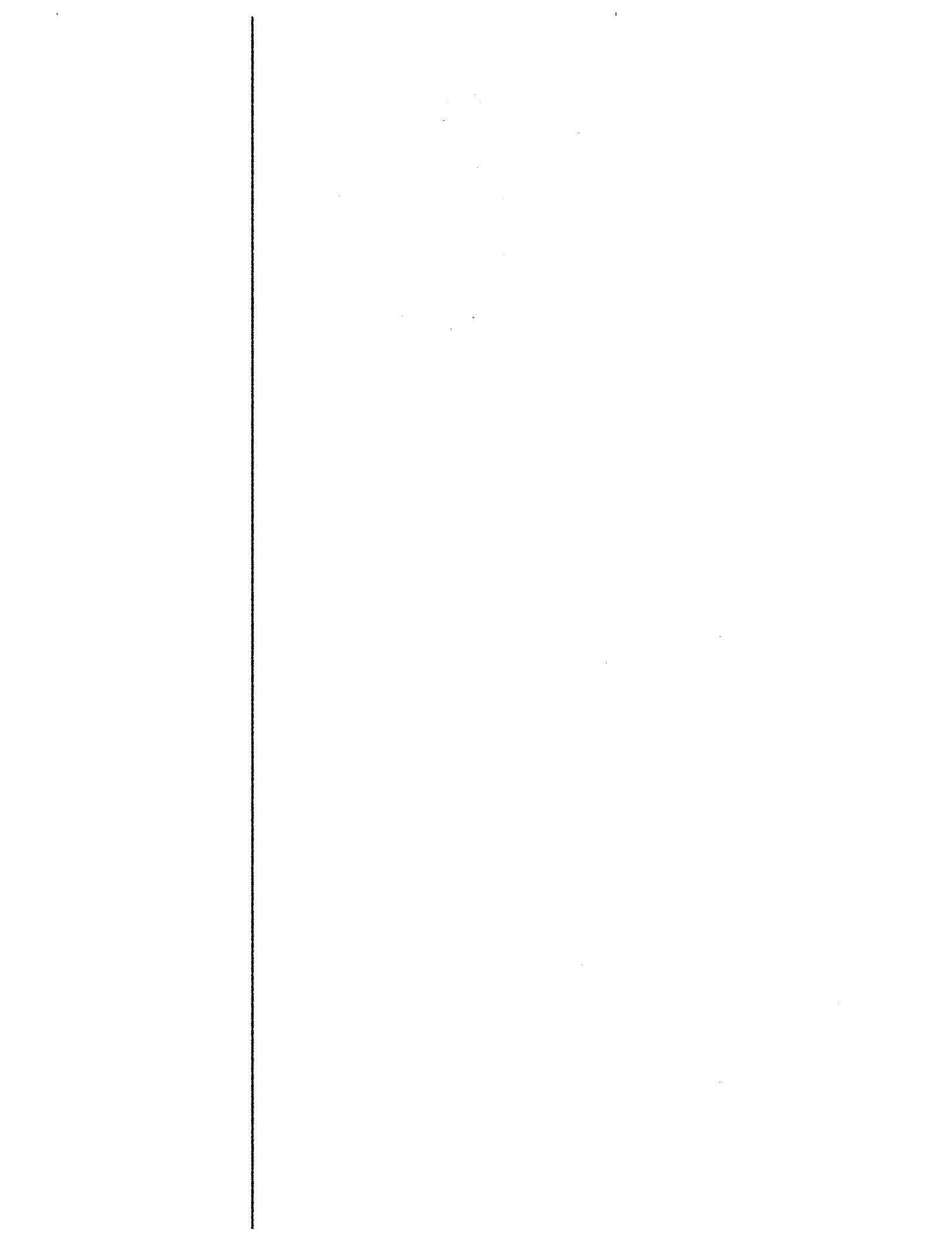
Note: The well blew a dry gas.

TESTED BY Don Norton

WITNESSED BY _____



Loren W. Fothergill
 Loren W. Fothergill
 Well Test Engineer



CORRECTED COPY
UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 42-R1424.
5. LEASE DESIGNATION AND SERIAL NO.
SF078912
6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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
El Paso Natural Gas Company

3. ADDRESS OF OPERATOR
P. O. Box 990, Farmington, NM 87401

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface
800'S, 1840'E

14. PERMIT NO. _____ 15. ELEVATIONS (Show whether DF, RT, GR, etc.)
6945' GL

7. UNIT AGREEMENT NAME
Lindrith Unit

8. FARM OR LEASE NAME
Lindrith Unit

9. WELL NO.
78

10. FIELD AND POOL, OR WILDCAT
South Blanco P. C. Ext.

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 11, T-24-N, R-3-W N.M.P.M.

12. COUNTY OR PARISH **Rio Arriba** 13. STATE **New Mexico**

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input checked="" type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) _____	

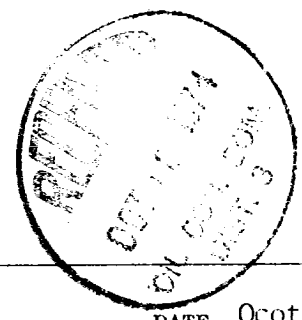
(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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.)*

07-08-74 Tested surface casing; held 600#/30 minutes.

07-12-74 TD 3230'. Ran 103 joints 2 7/8", 6.4#, J-55 production casing, 3219' set at 3230'. Baffle set at 3220'. Cemented with 196 cu. ft. cement. WOC 18 hours. Top of cement at 2200'.

09-25-74 Tested casing to 4000#--OK.
PBTD 3220'. Perf'd 3114-30', 3154-66' with 12 shots per zone and 3174-84' with 11 shots per zone. Frac'd with 46,000# 10/20 sand and 44,030 gallons treated water. Dropped 2 sets of 12 balls each. Flushed with 800 gallons water.



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

SIGNED *A. J. Busco* TITLE Drilling Clerk DATE October 15, 1974

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: