

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

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.)

5. LEASE DESIGNATION AND SERIAL NO.

SF-078877

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

Canyon Largo Unit

8. FARM OR LEASE NAME

Canyon Largo Unit

9. WELL NO.

286

10. FIELD AND POOL, OR WILDCAT

Basin Dakota

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

Sec. 11, T-24-N, R-6-W
N.M.P.M.

12. COUNTY OR PARISH

Rio Arriba

13. STATE

NM

1. OIL WELL ☐ GAS WELL ☐ OTHER ☒

2. NAME OF OPERATOR

El Paso Natural Gas Company

3. ADDRESS OF OPERATOR

Post Office Box 4289, Farmington, NM 87499

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

At surface

1100'N - 1800'E

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14. PERMIT NO.

OCT 25 1985

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

6435' GL

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

BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

TEST WATER SHUT-OFF

PCLL OR ALTER CASING

WATER SHUT-OFF

REPAIRING WELL

X

FRACTURE TREAT

MULTIPLE COMPLETE

FRACTURE TREATMENT

ALTERING CASING

SHOOT OR ACIDIZE

ABANDON*

SHOOTING OR ACIDIZING

ABANDONMENT*

REPAIR WELL

CHANGE PLANS

(Other)

(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.)*

9-20-85 MOL & RU. Pulled tubing. Isolated casing failure from 3700' to 4203'.

9-21-85 Squeeze cemented failure with 50 sx. Class "B" 2% CaCl₂ and 1% TIC (60 cu.ft.). WOC 12 hrs.

9-22-85 Drilled out cement. Pressure tested casing. Did not hold. Squeeze cemented with 50 sx. Class "B" 2% CaCl₂ and 2% TIC (60 cu.ft.).

9-23-85 Pressured up on casing. Did not hold. Squeeze cemented with 75 sx. Class "B" 2% CaCl₂ (88 cu.ft.). WOC 12 hrs.

9-24/28-85 Drilling cement.

9-28-85 Cleaned out to below squeeze. Pressure tested casing to 400 psi. Pressure bled off 50# in 10 minutes. Re-ran 2 3/8" production tubing and stung back into cement retainer. Loaded casing-tubing annulus with corrosion inhibitor. Released rig.

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OCT 30 1985

OIL CON. DIV.
DIST. 3

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

SIGNED [Signature]

TITLE Drilling Clerk

DATE 10-23-85

(This space for Federal or State office use)

ACCEPTED FOR RECORD

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE OCT 26 1985

FARMINGTON RESOURCE AREA

BY [Signature]

*See Instructions on Reverse Side

NMOCC

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION 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

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NOV 01 1986

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS **OIL CON. DIV. I**

I. **Operator**
Meridian Oil Inc. **DIST. 3**

Address
P. O. Box 4289, Farmington, NM 87499

Reason(s) for filing (Check proper box)

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

Other (Please explain)
Meridian Oil Inc. is Operator for El Paso Production Company

If change of ownership give name and address of previous owner: El Paso Natural Gas Company, P. O. Box 4289, Farmington, NM 87499

II. DESCRIPTION OF WELL AND LEASE

Lease Name Canyon Largo Unit	Well No. 286	Pool Name, including Formation Basin Dakota	Kind of Lease State, Federal or Fee	Lease No. SF 078877
Location Unit Letter <u>B</u> : <u>1100</u> Feet From The <u>North</u> Line and <u>1800</u> Feet From The <u>East</u> Line of Section <u>11</u> Township <u>24N</u> Range <u>6W</u> , NMPM, <u>Rio Arriba</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Meridian Oil Inc.	P. O. Box 4289, Farmington, NM 87499
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Company	P. O. Box 4289, Farmington, NM 87499
If well produces oil or liquids, give location of tanks.	Is gas actually connected? <u>when</u>
Unit <u>B</u> Sec <u>11</u> Twp <u>24N</u> Rge <u>6W</u>	

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)

Drilling Clerk
(Title)
11-1-86
(Date)

OIL CONSERVATION DIVISION

NOV 01 1986

APPROVED _____
BY Bird
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 deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

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

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

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