

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

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 Form 9-331-C for such proposals.)

1. oil well ☐ gas well ☒ other ☐  
2. NAME OF OPERATOR  
El Paso Natural Gas Company  
3. ADDRESS OF OPERATOR  
PO Box 289, Farmington, NM 87401  
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: 900'S, 900'W  
AT TOP PROD. INTERVAL:  
AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

SUBSEQUENT REPORT OF:

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

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☐

5. LEASE  
SF 079403  
6. IF INDIAN, ALLOTTEE OR TRIBE NAME  
7. UNIT AGREEMENT NAME  
San Juan 27-5 Unit  
8. FARM OR LEASE NAME  
San Juan 27-5 Unit  
9. WELL NO.  
42 (PM)  
10. FIELD OR WILDCAT NAME  
Tapacito PC & Blanco MV  
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Sec. 22, T-27-N, R-5-W  
NMPM  
12. COUNTY OR PARISH  
Rio Arriba  
13. STATE  
NM  
14. API NO.  
15. ELEVATIONS (SHOW DF, KDB, AND WD)  
6491' GL

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

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 has experienced communication between the two producing intervals. It is therefore planned to pull the packer and commingle per New Mexico Oil Conservation Commission Order #R-6423.

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_

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

SIGNED A. B. Busco TITLE Drilling Clerk DATE November 12, 1980

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

NMOCC

BY \_\_\_\_\_

\*See Instructions on Reverse Side

## OIL CONSERVATION DIVISION

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-122  
Revised 10-1-78

## MULTIPOINT AND ONE POINT BACK PRESSURE TEST FOR GAS WELL

|   |             |                         |                   |  |                    |                                     |           |  |  |
|---|-------------|-------------------------|-------------------|--|--------------------|-------------------------------------|-----------|--|--|
| Type Test<br><input type="checkbox"/> Initial <input type="checkbox"/> Annual <input checked="" type="checkbox"/> Special |             |                         |                   |  |                    | Test Date<br>12-22-80               |           |  |  |
| Company<br>El Paso Natural Gas Company  |             |                         |                   | Connection<br>Northwest Pipeline Corp.   |                    |                                     |           | (OWWO)                                   |  |
| Pool<br>Tapacito - Blanco   |             |                         |                   | Formation<br>Pictured Cliff - Mesa Verde |                    |                                     |           | Unit<br>San Juan 27-5                    |  |
| Completion Date<br>12-15-80   |             | Total Depth<br>5625     |                   | Plug Back TD<br>5578                     |                    | Elevation                           |           | Farm or Lease Name<br>San Juan 27-5 Unit |  |
| Cso. Size<br>7.625  | Wt.<br>26.4 | d<br>1.995              | Set At<br>3483    | Perforations:<br>From *3296 To 5546      |                    | Well No.<br>#42 (PM) Comgld.        |           |  |  |
| Thg. Size<br>2.375  | Wt.<br>4.7  | d<br>1.995              | Set At<br>5524    | Perforations:<br>From To                 |                    | Unit Sec. Twp. Rge.<br>M 22 27 5    |           |  |  |
| Type Well - Single - Bradenhead - G.G. or G.O. Multiple<br>G. G. Dual (Cmgld)   |             |                         |                   |  |                    | Packer Set At<br>None               |           | County<br>Rio Arriba                     |  |
| Producing Thru<br>Tbg.  |             | Reservoir Temp. °F<br># |                   | Mean Annual Temp. °F                     |                    | Baro. Press. - P <sub>a</sub><br>12 |           | State<br>New Mexico                      |  |
| L   | H           | Gg                      | % CO <sub>2</sub> | % N <sub>2</sub>                         | % H <sub>2</sub> S | Prover                              | Meter Run | Taps                                     |  |

| FLOW DATA |                        |   |                 |                    |                         | TUBING DATA |                    | CASING DATA |                    | Duration<br>of<br>Flow |
|-----------|------------------------|---|-----------------|--------------------|-------------------------|-------------|--------------------|-------------|--------------------|------------------------|
| NO.       | Prover<br>Line<br>Size | X | Orifice<br>Size | Press.<br>p.s.i.g. | Diff.<br>h <sub>w</sub> | Temp.<br>°F | Press.<br>p.s.i.g. | Temp.<br>°F | Press.<br>p.s.i.g. |                        |
| SI        |                        |   |                 |                    |                         |             | 485                |             | 475                |                        |
| 1.        |                        |   |                 |                    |                         |             |                    |             |                    |                        |
| 2.        |                        |   |                 |                    |                         |             |                    |             |                    |                        |
| 3.        |                        |   |                 |                    |                         |             |                    |             |                    |                        |
| 4.        |                        |   |                 |                    |                         |             |                    |             |                    |                        |
| 5.        |                        |   |                 |                    |                         |             |                    |             |                    |                        |

| RATE OF FLOW CALCULATIONS |                          |                  |                            |  |                                     |   |                         |
|---------------------------|--------------------------|------------------|----------------------------|--|-------------------------------------|---|-------------------------|
| NO.                       | Coefficient<br>(24 Hour) | $\sqrt{h_w P_m}$ | Pressure<br>P <sub>m</sub> | Flow Temp.<br>Factor<br>F <sub>t</sub> | Gravity<br>Factor<br>F <sub>g</sub> | Super<br>Compress.<br>Factor, F <sub>pv</sub> | Rate of Flow<br>Q, Mcfd |
| 1                         |                          |                  |                            |  |                                     |   |                         |
| 2                         |                          |                  |                            |  |                                     |   |                         |
| 3                         |                          |                  |                            |  |                                     |   |                         |
| 4                         |                          |                  |                            |  |                                     |   |                         |
| 5                         |                          |                  |                            |  |                                     |   |                         |

| NO. | P <sub>r</sub> | Temp. °R | T <sub>r</sub> | Gas-Liquid Hydrocarbon Ratio        | Mcf/bbl. |
|-----|----------------|----------|----------------|-------------------------------------|----------|
| 1.  |                |          |                | P.L. Gravity of Liquid Hydrocarbons | Deg.     |
| 2.  |                |          |                | Specific Gravity Separator Gas      | XXXXXXX  |
| 3.  |                |          |                | Specific Gravity Flowing Fluid      | XXXXXX   |
| 4.  |                |          |                | Critical Pressure                   | P.S.I.A. |
| 5.  |                |          |                | Critical Temperature                | R        |

| NO. | P <sub>i</sub> <sup>2</sup> | P <sub>w</sub> | P <sub>w</sub> <sup>2</sup> | P <sub>c</sub> <sup>2</sup> - P <sub>w</sub> <sup>2</sup> | (1) $\frac{P_c^2}{P_c^2 - P_w^2} =$ | (2) $\left[ \frac{P_c^2}{P_c^2 - P_w^2} \right]^n =$ |
|-----|-----------------------------|----------------|-----------------------------|---|-------------------------------------|--|
| 1   |                             |                |                             |   |                                     |  |
| 2   |                             |                |                             |   |                                     |  |
| 3   |                             |                |                             |   |                                     |  |
| 4   |                             |                |                             |   |                                     |  |
| 5   |                             |                |                             |   |                                     |  |

AOF = Q  $\left[ \frac{P_c^2}{P_c^2 - P_w^2} \right]^n =$

Absolute Open Flow \_\_\_\_\_ Mcfd @ 15.025

Angle of Slope  $\Theta$  \_\_\_\_\_

Slope, n \_\_\_\_\_

Remarks: 5.500 Liner From 3413 to 5622  
 No After Frac Gauge-Commingle Well Only.

|                      |                                 |                                  |             |
|----------------------|---------------------------------|----------------------------------|-------------|
| Approved By Division | Conducted By:<br>Melvin Wileman | Calculated By:<br>H. E. McAnally | Checked By: |
|----------------------|---------------------------------|----------------------------------|-------------|

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

**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 Form 9-331-C for such proposals.)

1. oil ☐ gas ☒ other ☐  
well well

2. NAME OF OPERATOR  
El Paso Natural Gas Company

3. ADDRESS OF OPERATOR  
P.O. Box 289, Farmington, NM 87401

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
900'S, 900'W  
AT SURFACE:  
AT TOP PROD. INTERVAL:  
AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF ☐  
FRACTURE TREAT ☐  
SHOOT OR ACIDIZE ☐  
REPAIR WELL ☐  
PULL OR ALTER CASING ☐  
MULTIPLE COMPLETE ☐  
CHANGE ZONES ☐  
ABANDON\* ☐

(other) Commingled

SUBSEQUENT REPORT OF:

☐  
☐  
☐  
☐  
☐  
☐  
☐  
☐

5. LEASE  
SF 079403

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME  
San Juan 27-5 Unit

8. FARM OR LEASE NAME  
San Juan 27-5 Unit

9. WELL NO.  
42 (PM)

10. FIELD OR WILDCAT NAME  
Tap. PC & Blanco MV

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Sec.22, T-27-N, R-5-W  
NMPM

12. COUNTY OR PARISH  
Rio Arriba

13. STATE  
New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)  
6491' GL

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

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.)\*

The packer in this well has been pulled and commingled per New Mexico Oil Conservation Commission Order #R-6423.



Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED A. P. Drisco TITLE Drilling Clerk DATE January 27, 1981

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

\*See Instructions on Reverse Side

NMOCO

JAN 28 1981

FARMINGTON DISTRICT

*well file*  
*M-24-27N-5W*

**El Paso** EXPLORATION  
COMPANY

P. O. BOX 289  
FARMINGTON, NEW MEXICO 87401  
PHONE: 505-325-2841

June 15, 1982

Mr. Frank Chavez  
District Supervisor  
New Mexico Oil Conservation Division  
1000 Brazos Road  
Aztec, New Mexico 87410

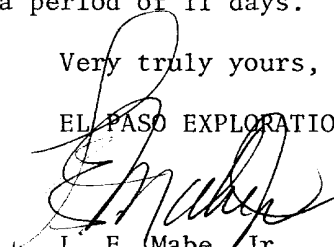
Dear Sir:

Our San Juan 27-5 Unit #42, commingled by Order No. R-6423, was returned to production June 14, 1982.

This well was shut-in June 3, 1982 for a period of 11 days.

Very truly yours,

EL PASO EXPLORATION COMPANY



L. E. Mabe, Jr.  
Area Production Engineer

LEM:jfw

CC: D. C. Adams  
Mark Manson  
file



M-22-27-5

June 11, 1982

Mr. Frank Chavez  
District Supervisor  
New Mexico Oil Conservation Division  
1000 Rio Brazos Road  
Aztec, New Mexico 87410

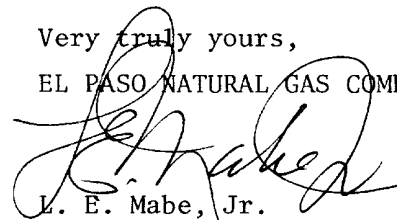
Dear Sir:

This letter is to report excessive shut-in time on a commingled well.

The San Juan 27-5 Unit #42, commingling authorized by Order No. R-6423 was shut-in on June 3, 1982 because of market demand.

Today marks the eighth day of shut-in and another report will be forwarded to you when the well is returned to production.

Very truly yours,  
EL PASO NATURAL GAS COMPANY

  
L. E. Mabe, Jr.  
Area Production Engineer

LEM:jfw

CC: D. C. Adams  
M. S. Manson  
Wellfile



STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

|                          |     |
|--------------------------|-----|
| NO. OF TOWNSHIP SECTIONS |     |
| DISTRICT                 |     |
| SANTA FE                 |     |
| FILE                     |     |
| WASDA                    |     |
| LAND OFFICE              |     |
| TRANSPORTER              | OIL |
|                          | NAT |
| OPERATOR                 |     |
| PERMITS OFFICE           |     |

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

Form C-104  
Revised 10-01-78  
Format 08-01-83  
Page 1

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator

El Paso Natural Gas Company

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"/> Dry Gas               |
| <input type="checkbox"/> Recompletion        | <input type="checkbox"/> Oil                       | <input type="checkbox"/> Condensate            |
| <input type="checkbox"/> Change in Ownership | <input type="checkbox"/> Condensate Gas            | <input checked="" type="checkbox"/> Condensate |

Other (Please explain)

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

|                                  |                 |  |                                       |                        |
|----------------------------------|-----------------|--|---------------------------------------|------------------------|
| Lease Name<br>San Juan 27-5 Unit | Well No.<br>42  | Pool Name, including Formation<br>Tapacito Pictured Cliffs | Kind of Lease<br>State Federal or Fee | Lease No.<br>SF 079403 |
| Location                         |                 |  |                                       |                        |
| Unit Letter<br>M                 | 900             | Feet From The<br>South                                     | Line and<br>900                       | Feet From The<br>West  |
| Line of Section<br>22            | Township<br>27N | Range<br>5W  | Rio Arriba                            |                        |
| 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 1599, Aztec, New Mexico 87410                                  |
| Name of Authorized Transporter of Condensate 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) |
| Northwest Pipeline Corporation   | P. O. Box 8900, Salt Lake City, Utah 84110                               |
| If well produces oil or liquids,<br>give location of tanks.  | Is gas actually connected? When  |
| Unit<br>M  | Sec.<br>22   |
| Twp.<br>27N  | Rec.<br>5W   |

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]*  
(Signature)  
Drilling Clerk

*[Stamp]*  
JUN 11 1986  
(Date)

OIL CONSERVATION DIVISION JUN 11 1986

APPROVED *[Signature]*  
BY *[Signature]*  
TITLE SUPERVISOR DISTRICT

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.

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

|                        |     |
|------------------------|-----|
| NO. OF COPIES RECEIVED |     |
| IDENTIFICATION         |     |
| SANTA FE               |     |
| FILE                   |     |
| WELL                   |     |
| LAND OFFICE            |     |
| TRANSPORTER            | OIL |
|                        | GAS |
| OPERATOR               |     |
| PRODUCTION GROUP       |     |

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

Form C-104  
Revised 10-01-78  
Form 08-01-83  
Page 1

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Owner  
El Paso Natural Gas Company  
Address  
P. O. Box 4289, Farmington, NM 87499

|  |   |  |
|--|---|--|
| Reason(s) for filing (Check proper box)      |   | Other (Please explain)                         |
| <input type="checkbox"/> New Well            | Change in Transporter of:               |  |
| <input type="checkbox"/> Recompletion        | <input type="checkbox"/> Oil            | <input type="checkbox"/> Dry Gas               |
| <input type="checkbox"/> Change in Ownership | <input type="checkbox"/> Condensate Gas | <input checked="" type="checkbox"/> Condensate |

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

II. DESCRIPTION OF WELL AND LEASE

|                                  |                 |   |   |                       |
|----------------------------------|-----------------|---|---|-----------------------|
| Lease Name<br>San Juan 27-5 Unit | Well No.<br>42  | Pool Name, including Formation<br>Blanco Mesa Verde | Kind of Lease<br>State (Federal) or Fee SF 079403 | Lease No.             |
| Location                         |                 |   |   |                       |
| Unit Letter<br>M                 | 900             | Feet From The<br>South                              | 900   | Feet From The<br>West |
| Line of Section<br>22            | Township<br>27N | Range<br>5W   | NMPM, Rio Arriba 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 1599, Aztec, New Mexico 87410                                  |
| Name of Authorized Transporter of Condensate 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) |
| Northwest Pipeline Corporation   | P. O. Box 8900, Salt Lake City, Utah 84110                               |
| If well produces oil or liquids,<br>give location of tanks.  | Is gas actually connected? When  |
| Unit<br>M  | Sec.<br>22   |
| Twp.<br>27N  | Reg.<br>5W   |

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.

Deann Oak  
(Signature)  
Drilling Clerk  
(Title)

5-1-86  
RECEIVED  
JUN 11 1986

OIL CONSERVATION DIVISION

APPROVED Frank J. Davis 1986  
BY Frank J. Davis  
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.  
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