OIL CONSERVATION COMMISSION 1000 Rio Brazos Rd. Aztec, New Mexico

	DATE	13-1-6
OIL CONSERVATION COMMISSION BOX 871	RE: Pro	pposed NSP
SANTA FE, NEW MEXICO	Pro	pposed NSL
	Pro	oposed NFO
	Pro	oposed DC
Gentlemen:		
I have examined the application dated	11-21-60	
for the FPN6 511 97 5 52	14 4 2011	
Operator Lease and Well No.	S-T-R	, - v
and my recommendations are as follows:		
Cetiand		· _ ·
Volume work	. +	
Yours very	, cruty,	
OI L CONSE	Dyfrion Commission	

SANTA FE, NEW MEXICO

APPLICATION FOR DUAL COMPLETION

Deperator Lease Well No.	ield Name			County		Date
The following facts are submitted: Upper Zone Lower 2 Name of reservoir Description No Name of reservoir Description No Nethod of Production (Oil or Gas) d. Method of Production (Flowing or Artificial Lift) The following are attached. (Please mark YES or NO) Yes a. Diagrammatic Sketch of the Dual Completion, showing all casing strings, including size and setting, too tervals, tubing strings, including diameters and setting depth, location and type of packers and side door information as may be pertinent. Yes Description Lower 2 Lower 3 Lower 4 Lower 4 Lower 4 Lower 5 Lower 5 Lower 6 Section (Perforations) C. Type of production (Oil or Gas) d. Method of Production (Flowing or Artificial Lift) The following are attached. (Please mark YES or NO) Yes a. Diagrammatic Sketch of the Dual Completion, showing all casing strings, including size and setting, too tervals, tubing strings, including diameters and setting depth, location and type of packers and side door information as may be pertinent. Yes b. Plat showing the location of all wells on applicant's lease, all offset wells on offset leases, and the ne operators of all leases offsetting applicant's lease. C. e. Waivers consenting to such dual completion from each offset operator, or in lieu thereof, evidence that thereon. (If such log is not available at the time application is filed, it shall be submitted as provided by List all offset operators to the lease on which this well is located together with their correct mailing address. Vere all operators listed in Item 5 above notified and furnished a copy of this application? YES NO If of such notification		liffs & Blanco	4	Rio Arriba		November 21, 1950
Name of reservoir Pictured Cliffs Pictured	- - -	_	_			Well No.
Well Water Service Section Well on Diagrammatic Sketch of the Dual Completion, showing all casing strings, including size and setting, to trevals, tubing strings, including diameters and setting depth, location and type of packers and side door information as may be pertinent. **No.** Diagrammatic Sketch of the Dual Completion, showing all casing strings, including size and setting, to the plat showing the location of all wells on applicant's lease. Diagrammatic Sketch of the Dual Completion from each offset operator, or in lieu thereof, evidence that the been furnished copies of the application. **Wester Section Section of the sub-location of all wells on applicant's lease. **Wester Section of Section of all wells on applicant's lease. **Wester Section of Section of all wells on applicant's lease. **Wester Section of Section of all wells on applicant's lease. **Wester Section of Section of all wells on applicant's lease. **Wester Section of Section of all wells on applicant's lease. **Wester Section of Sec						Range
Has the New Mexico Oil Conservation Commission heretofore authorized the dual completion of a well in these sam zones within one mile of the subject well? YES NO		000000	1.	278		
If answer is yes, identify one such instance: Order No		onservation Commissi	on heretofore aut	horized the dual completi	ion of a well	in these same pools or in the same
If answer is yes, identify one such instance: Order No. ; Operator, Lease, and Well No.: The following facts are submitted: Upper Zone Lower 2 a. Name of reservoir Proposed Bottom of Pay Section (Perforations) (Perforations) 4. Method of Production (Flowing or Artificial Lift) The following are attached. (Please mark YES or NO) (See						
Upper Zone Lower 2 a. Name of reservoir b. Top and Bottom of Pay Section (Perforations) c. Type of production (Oil or Gas) d. Method of Production (Flowing or Artificial Lift) The following are attached. (Please mark YES or NO) G. Diagrammatic Sketch of the Dual Completion, showing all casing strings, including size and setting, top tervals, tubing strings, including diameters and setting depth, location and type of packers and side door information as may be pertinent. G. D. Plat showing the location of all wells on applicant's lease, all offset wells on offset leases, and the no operators of all leases offsetting applicant's lease. G. Waivers consenting to such dual completion from each offset operator, or in lieu thereof, evidence that thereon. (If such log is not available at the time application is filed, it shall be submitted as provided by List all offset operators to the lease on which this well is located together with their correct mailing address. Were all operators listed in Item 5 above notified and furnished a copy of this application? YES NO If of such notification CERTIFICATE: I, the undersigned, state that I am the Division lettroleum Engr of that I may be perfused by said company to make this report; and that the left in the provision and direction and that the facts stated therein are true, correct and complete to the best of my known and the provision and direction and that the facts stated therein are true, correct and complete to the best of my known and the facts stated therein are true, correct and complete to the best of my known and the facts stated therein are true, correct and complete to the best of my known and the facts stated therein are true, correct and complete to the best of my known and the facts stated therein are true, correct and complete to the best of my known and the facts stated therein are true, correct and complete to the best of my known and the facts stated therein are true, correct and complete to the best of my known an					ease, and W	ell No.:
Upper Zone Lower 2 a. Name of reservoir 5. Top and Bottom of Pay Section (Perforations) c. Type of production (Oil or Gas) d. Method of Production (Flowing or Artificial Lift) The following are attached. (Please mark YES or NO) (See _ a. Diagrammatic Sketch of the Dual Completion, showing all casing strings, including size and setting, top tervals, tubing strings, including diameters and setting depth, location and type of packers and side door information as may be pertinent. (See _ b. Plat showing the location of all wells on applicant's lease, all offset wells on offset leases, and the no operators of all leases offsetting applicant's lease. (a. Waivers consenting to such dual completion from each offset operator, or in lieu thereof, evidence that sheen furnished copies of the application.* (b. Electrical log of the well or other acceptable log with tops and bottoms of producing zones and interval thereon. (If such log is not available at the time application is filed, it shall be submitted as provided by the such motification Were all operators to the lease on which this well is located together with their correct mailing address. CERTIFICATE: I, the undersigned, state that I am the Division Fettroleum Engr. of the lease of the lease of the facts stated therein are true, correct and complete to the best of my kn leaves and direction and that the facts stated therein are true, correct and complete to the best of my kn leaves and state that I am the facts stated therein are true, correct and complete to the best of my kn leaves and state that the facts stated therein are true, correct and complete to the best of my kn leaves and state the leaves of the leave						
b. Top and Bottom of Pay Section (Perforations) c. Type of production (Oil or Gas) d. Method of Production (Flowing or Artificial Lift) The following are attached. (Please mark YES or NO) **COMPANY OF THE PROPERTY OF THE PAY O	The following facts are su	omitted:	Upper Z	one		Lower Zone
b. Top and Bottom of Pay Section (Perforations) c. Type of production (Oil or Gas) d. Method of Production (Flowing or Artificial Lift) The following are attached. (Please mark YES or NO) (So o. Diagrammatic Sketch of the Dual Completion, showing all casing strings, including size and setting, top tervals, tubing strings, including diameters and setting depth, location and type of packers and side door information as may be pertinent. (So o. Plat showing the location of all wells on applicant's lease, all offset wells on offset leases, and the no operators of all leases offsetting applicant's lease. (So o. Waivers consenting to such dual completion from each offset operator, or in lieu thereof, evidence that thereon. (If such log is not available at the time application is filled, it shall be submitted as provided by List all offset operators to the lease on which this well is located together with their correct mailing address. Were all operators listed in Item 5 above notified and furnished a copy of this application? YES NO If of such notification CERTIFICATE: I, the undersigned, state that I am the Division Interval company to make this report; and that I am authorized by said company to make this report; and that I am supervision and direction and that the facts stated therein are true, correct and complete to the best of my kn	a. Name of reservoir	Heta	red Cliffs		Mesa 1	la vic
Pay Section (Perforations) c. Type of production (Oil or Gas) d. Method of Production (Flowing or Artificial Lift) The following are attached. (Please mark YES or NO) (See	b. Top and Bottom of					52/2 (Cliff House)
d. Method of Production (Oil or Gas) d. Method of Production (Flowing or Artificial Lift) The following are attached. (Please mark YES or NO) Get a. Diagrammatic Sketch of the Dual Completion, showing all casing strings, including size and setting, top tervals, tubing strings, including diameters and setting depth, location and type of packers and side door information as may be pertinent. b. Plat showing the location of all wells on applicant's lease, all offset wells on offset leases, and the no operators of all leases offsetting applicant's lease. c. Waivers consenting to such dual completion from each offset operator, or in lieu thereof, evidence that sheen furnished copies of the application.* d. Electrical log of the well or other acceptable log with tops and bottoms of producing zones and interval thereon. (If such log is not available at the time application is filed, it shall be submitted as provided be List all offset operators to the lease on which this well is located together with their correct mailing address. Were all operators listed in Item 5 above notified and furnished a copy of this application? YES NO If of such notification	Pay Section					
d. Method of Production (Oil or Gas) d. Method of Production (Flowing or Artificial Lift) The following are attached. (Please mark YES or NO) (So o. Diagrammatic Sketch of the Dual Completion, showing all casing strings, including size and setting, top tervals, tubing strings, including diameters and setting depth, location and type of packers and side door information as may be pertinent. b. Plat showing the location of all wells on applicant's lease, all offset wells on offset leases, and the no operators of all leases offsetting applicant's lease. c. Waivers consenting to such dual completion from each offset operator, or in lieu thereof, evidence that sheen furnished copies of the application.* d. Electrical log of the well or other acceptable log with tops and bottoms of producing zones and interval thereon. (If such log is not available at the time application is filed, it shall be submitted as provided be List all offset operators to the lease on which this well is located together with their correct mailing address. Were all operators listed in Item 5 above notified and furnished a copy of this application? YES NO If of such notification	(Perforations)	3464	3510		5616-1	5722 (icint Lookout)
The following are attached. (Please mark YES of NO) Company and that I am authorized by said company to make this report; and that I am authorized by said company to make this report; and that I am authorized by said company to make this report; and that the report since my supervision and direction and that the facts stated therein are true, correct and complete to the best of my known and direction and that the facts stated therein are true, correct and complete to the best of my known and direction and that the facts stated therein are true, correct and complete to the best of my known and direction and that the facts stated therein are true, correct and complete to the best of my known and that the facts stated therein are true, correct and complete to the best of my known and that the facts stated therein are true, correct and complete to the best of my known and that the facts stated therein are true, correct and complete to the best of my known and that the facts stated therein are true, correct and complete to the best of my known and the facts stated therein are true, correct and complete to the best of my known and that the facts stated therein are true, correct and complete to the best of my known and the facts stated therein are true, correct and complete to the best of my known and the facts stated therein are true, correct and complete to the best of my known and the true and the facts stated therein are true, correct and complete to the best of my known and the facts stated therein are true, correct and complete to the best of my known and the facts stated therein are true, correct and complete to the best of my known and the facts stated therein are true, correct and complete to the best of my known and the facts stated therein are true, correct and complete to the best of my known and the facts stated the facts stated therein are true, correct and complete to the best of my known and the facts stated therein are true.		or Gas)				
The following are attached. (Please mark YES or NO) a. Diagrammatic Sketch of the Dual Completion, showing all casing strings, including size and setting, to tervals, tubing strings, including diameters and setting depth, location and type of packers and side door information as may be pertinent. b. Plat showing the location of all wells on applicant's lease, all offset wells on offset leases, and the no operators of all leases offsetting applicant's lease. c. Waivers consenting to such dual completion from each offset operator, or in lieu thereof, evidence that a been furnished copies of the application.* d. Electrical log of the well or other acceptable log with tops and bottoms of producing zones and interval thereon. (If such log is not available at the time application is filed, it shall be submitted as provided be List all offset operators to the lease on which this well is located together with their correct mailing address. Were all operators listed in Item 5 above notified and furnished a copy of this application? YES NO If of such notification CERTIFICATE: I, the undersigned, state that I am the Division introduced by said company to make this report; and that the my supervision and direction and that the facts stated therein are true, correct and complete to the best of my known and the state of t						
a. Diagrammatic Sketch of the Dual Completion, showing all casing strings, including size and setting, to tervals, tubing strings, including diameters and setting depth, location and type of packers and side door information as may be pertinent. b. Plat showing the location of all wells on applicant's lease, all offset wells on offset leases, and the no operators of all leases offsetting applicant's lease. c. Waivers consenting to such dual completion from each offset operator, or in lieu thereof, evidence that sheen furnished copies of the application.* d. Electrical log of the well or other acceptable log with tops and bottoms of producing zones and interval thereon. (If such log is not available at the time application is filed, it shall be submitted as provided be List all offset operators to the lease on which this well is located together with their correct mailing address. Were all operators listed in Item 5 above notified and furnished a copy of this application? YESNO If of such notification CERTIFICATE: I, the undersigned, state that I am the Division list place. Of the lase I was a company to make this report; and that the my supervision and direction and that the facts stated therein are true, correct and complete to the best of my kn					Plori	<u> 18</u>
tervals, tubing strings, including diameters and setting depth, location and type of packers and side door information as may be pertinent. b. Plat showing the location of all wells on applicant's lease, all offset wells on offset leases, and the ne operators of all leases offsetting applicant's lease. c. Waivers consenting to such dual completion from each offset operator, or in lieu thereof, evidence that seen furnished copies of the application. d. Electrical log of the well or other acceptable log with tops and bottoms of producing zones and interval thereon. (If such log is not available at the time application is filed, it shall be submitted as provided but all offset operators to the lease on which this well is located together with their correct mailing address. Were all operators listed in Item 5 above notified and furnished a copy of this application? YES NO If of such notification CERTIFICATE: I, the undersigned, state that I am the Division lettoleum forms of their lease for my supervision and direction and that the facts stated therein are true, correct and complete to the best of my kn	The following are attached	. (Please mark YES)	of NO)			
CERTIFICATE: I, the undersigned, state that I am the Division introleum ingr. of the less in the let my supervision and direction and that the facts stated therein are true, correct and complete to the best of my kn	thereon. (If suc	log is not available	at the time applic	cation is filed, it shall be	e submitted a	as provided by Rule 112-A.)
CERTIFICATE: I, the undersigned, state that I am the Division introleum ingr. of the least in the dermy supervision and direction and that the facts stated therein are true, correct and complete to the best of my kn						
CERTIFICATE: I, the undersigned, state that I am the Division introleum ingr. of the less in the let my supervision and direction and that the facts stated therein are true, correct and complete to the best of my kn			· · ·	·		
CERTIFICATE: I, the undersigned, state that I am the Division introleum ingr. of the less in the let my supervision and direction and that the facts stated therein are true, correct and complete to the best of my kn						
CERTIFICATE: I, the undersigned, state that I am the Division introleum ingr. of the less in the let my supervision and direction and that the facts stated therein are true, correct and complete to the best of my kn						
(company), and that I am authorized by said company to make this report; and that the facts stated therein are true, correct and complete to the best of my kn		Item 5 above notified	d and furnished a	copy of this application?	? YES	NO If answer is yes, give de
GRETTAL SIGNED E.S. OBER		(company), and t	hat I am authorize	ed by said company to ma	ake this repo	ort; and that this report was prepared
Signature	ter my supervision and dire	ction and that the fact	ts stated therein a			, -
Signature				<u>unitifiki</u>	<u> . Satisti i)</u>	E.S. OBERLY
a					Si	gnature
Should waivers from all offset operators not accompany an application for administrative approval, the New Me Commission will hold the application for a period of twenty (20) days from date of receipt by the Commission's	•					

Commission will hold the application for a period of twenty (20) days from date of receipt by the Commission's Santa Fe office. If, after said twenty-day period, no protest nor request for hearing is received by the Santa Fe office, the application will then be processed.

NOTE: If the proposed dual completion will result in an unorthodox well location and/or a non-standard proration unit in either or both of the producing zones, then separate application for approval of the same should be filed simultaneously with this application.

STATE OF NEW MEXICO)
COUNTY OF SAN JUAN)

I, H. E. McAnally, being first duly sworn upon my oath depose and say as follows:

I am an employee of El Faso Natural Gas Co., and that on August 26, 1960, I was called to the location of the El Faso Natural Gas Company San Juan 27-5 Unit No. 52 (FM) Well located in the SWSW/4 of Section 4, Township 27 North, Range 5, West, N.M.P.M., for advisory service in connection with installation of a production packer. In my presence, a Baker Model "EGJ" Production Facker was set in this well at 3674 feet in accordance with the usual practices and customs of the industry.

Subscribed and sworn to before me this 22nd day of

H. E. M. analy

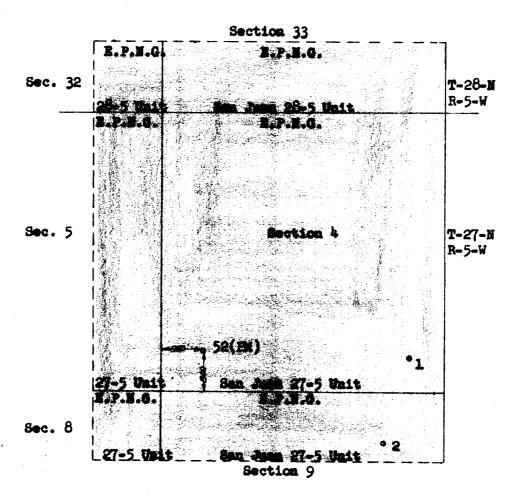
Sotary Public in and for San Juan County,

New Mexico

-My commission expires October 5, 1964.

November, 1960.

PLAT SHOWING LOCATION OF DUALLY COMPLETED Kl Paso Matural Gas Co. San Juan 27-5 Unit No. 52 (PM) and Offset Acreage

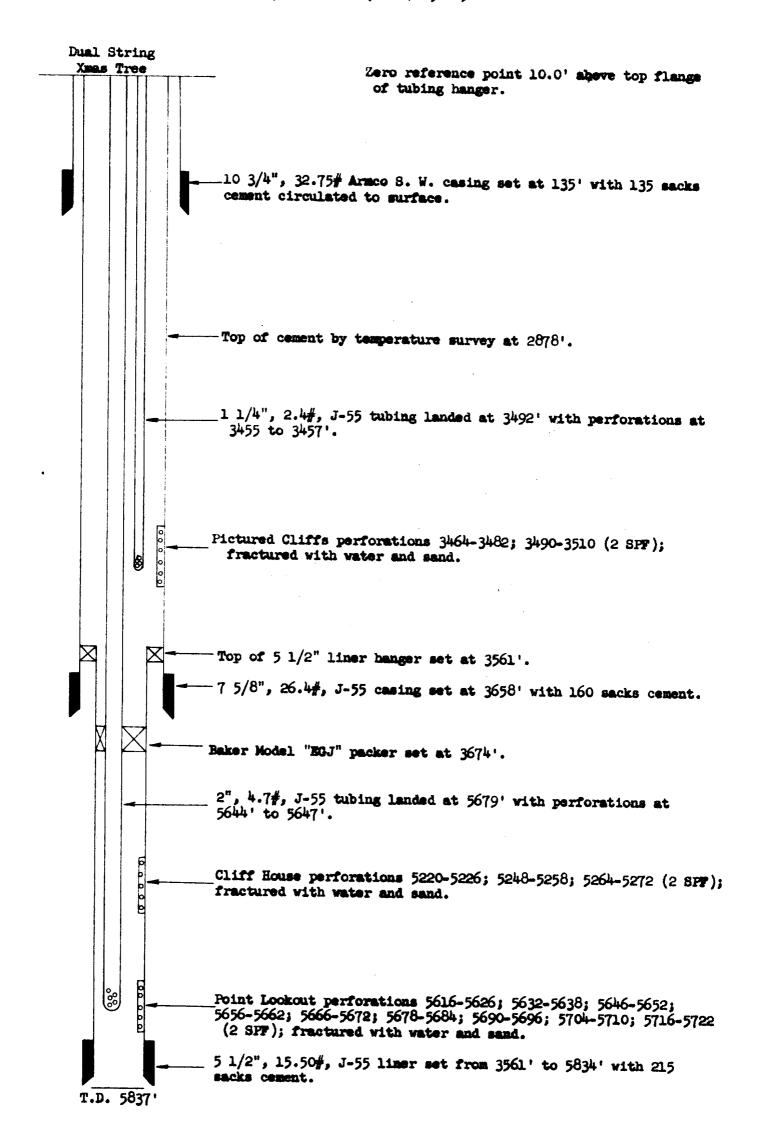


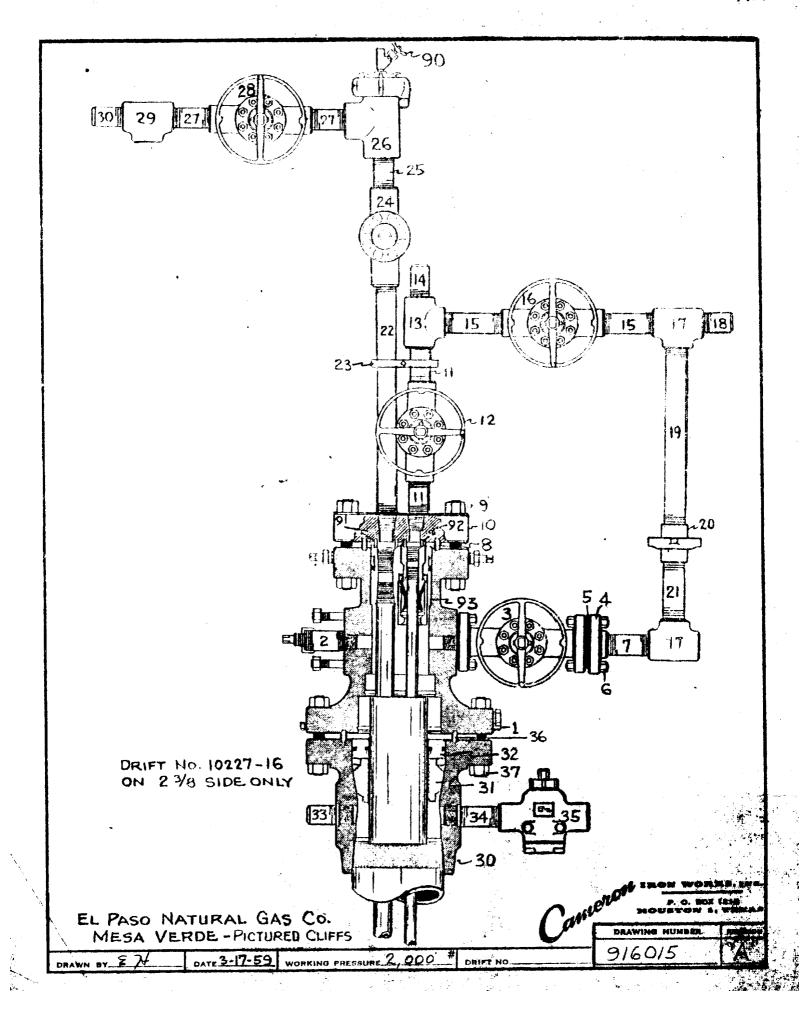
SCALE

EL PASO NATURAL GAS COMPANY EL PASO, TEXAS DATE No. DRAWN BY CHECKED BY

FORM 7- 132R (10-56)

SCHEMATIC DIAGRAM OF DUAL COMPLETION El Paso Natural Gas Co. San Juan 27-5 Unit No. 52 (FM) SW/4 Section 4, T-27-N, R-5-W





EL PASO NATURAL GAS COMPANY

OPEN FLOW TEST DATA

DUAL COMPLETION

DATE ______ 0stober 26. 1960

Cocation 800'S, 800'W, 4-27N-5W		Sen Juan 27-5 No. 52 (Pc)		
		County Rio Arriba	State New Maxico	
Formation Pictured Cliffs		South Elenco		
Casing: Diameter 7-5/8*	Set At: Feet 3658	Tubing: Diameter 1-1/4*	Set At: Feet 3482	
Pay Zone: From 3464	т. 351 0	Total Depth: 5837 C/O 5760	Shut In 8-26-60	
Stimulation Method Sand/Water Frac.		Flow Through Casing	Flow Through Tubing	

Choke Size, Inches	Chake Constant: C		"EGJ" Far. at 3674			
•75		12.3	3 65	5-1/2" Liner from 3561 to 5834		
Shut-In Pressure, Casing,	PSIG	+12 = PSIA	Days Shut-In	Shut-In Pressure, Tubing	PSIG + 12 = PSIA	
PC 109	8	1110	61	PC 1097	1709	
Flowing Pressure: P	PSIG	+ 12 = PSIA		Working Pressure: Pw	PSIG + 12 = PSIA	
9	6	108		114	126	
Temperature:		n -		Fpv (From Tables)	Gravity	
:T≥ 57 °F F+	1.0029	.85	5	1.009	.651 Fo = .9608	

Initial SIPT (MV) = 1097 psig Final SIPE (MV) = 1095 psig

CHOKE VOLUME = Q C x P, x F, x Fg x Fpv

1298 MCF/D

OPEN FLOW = Aof = Q
$$\begin{pmatrix} & & & \\ & & \frac{2}{P_c} & & \\ & & P_c & P_w \end{pmatrix}$$

Aof
$$\left(\begin{array}{c} 1,232,100 \\ 1,216,224 \end{array}\right)^n = (1.0130)^{-86} (1298) = (1.0110)(1298)$$

TESTED BY ____ W. D. Davson

WITNESSED BY___

Lewis D. Galloupy