

OIL CONSERVATION COMMISSION  
DISTRICT

OIL CONSERVATION COMMISSION  
BOX 2088  
SANTA FE, NEW MEXICO

DATE 7-13-73

Re: Proposed NSP \_\_\_\_\_

Proposed NWU \_\_\_\_\_

Proposed NSL \_\_\_\_\_

Proposed NFO \_\_\_\_\_

Proposed MC ✓

Gentlemen:

I have examined the application dated 7-10-73  
for the Spill Co San Juan 28 7 1/2 miles 168 AS-6 27N-7W  
Operator Lease and Well No. S-T-R

and my recommendations are as follows:

approval

Yours very truly,

Carry Hunt

NEW MEXICO OIL CONSERVATION COMMISSION  
SANTA FE, NEW MEXICO  
APPLICATION FOR MULTIPLE COMPLETION

Form O-1007  
5-1-61

|                                                    |                                   |                              |
|----------------------------------------------------|-----------------------------------|------------------------------|
| Operator<br><b>El Paso Natural Gas Company</b>     | County<br><b>Rio Arriba</b>       | Date<br><b>July 10, 1973</b> |
| Address<br><b>PO Box 990, Farmington, NM 87401</b> | Well<br><b>San Juan 28-7 Unit</b> | Well No.<br><b>168</b>       |
| Location of well<br><b>Section 6</b>               | Township<br><b>27N</b>            | Range<br><b>7W</b>           |

1. Has the New Mexico Oil Conservation Commission heretofore authorized the multiple completion of a well in these same pools or in the same zones within one mile of the subject well? YES \_\_\_\_\_ NO \_\_\_\_\_
2. If answer is yes, identify one such instance: Order No. \_\_\_\_\_; Operator Lease, and Well No. \_\_\_\_\_

Re: NMCCC Memo 18-58

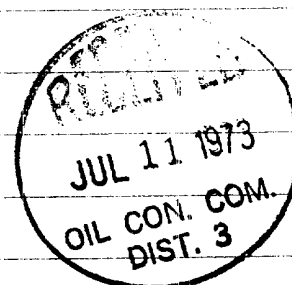
| 3. The following factors are submitted:              | Upper Zone                   | Intermediate Zone | Lower Zone         |
|------------------------------------------------------|------------------------------|-------------------|--------------------|
| a. Name of Pool and Formed in                        | So. Blanco Horizontals Chert |                   | Undesignated Chert |
| b. Top and Bottom of Pay Section (Elevations)        |                              |                   |                    |
| c. Type of production (Oil or gas)                   |                              |                   |                    |
| d. Method of Production (Flowing or Artificial Lift) |                              |                   |                    |

4. The following are attached. (Please check YES or NO)

- |                                     |                                     |                                                                                                                                                                                                                                                                                                                                                                                                      |
|-------------------------------------|-------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Yes                                 | No                                  |                                                                                                                                                                                                                                                                                                                                                                                                      |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | a. Diagrammatic Sketch of the Multiple Completion, showing all casing strings, including diameters and setting depths, centralizers, seal-off tool-joints, and location thereof, quantities used and top of casing, perforated intervals, tubing strings, including diameters and setting depths, location and type of packers and seal-off devices, and such other information as may be pertinent. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | b. Plan showing the location of all wells on applicant's lease, all offset wells on offset leases, and the names and addresses of operators of all leases offsetting applicant's lease.                                                                                                                                                                                                              |
| <input type="checkbox"/>            | <input type="checkbox"/>            | c. Waiver consenting to such multiple completion from each offset operator, or in lieu thereof, evidence that said offset operators have been furnished copies of the application.*                                                                                                                                                                                                                  |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | d. Electrical log of the well or other acceptable log with tops and bottoms of producing zones and intervals of perforation indicated thereon. (If such log is not available at the time application is filed it shall be submitted as provided by Rule 11.2-3.)                                                                                                                                     |

5. List all offset operators to the lease on which this well is located together with their correct mailing address.

NONE



6. Were all operators listed in Item 5 above notified and furnished a copy of this application? YES \_\_\_\_\_ NO \_\_\_\_\_. If answer is yes, give date of such notification \_\_\_\_\_.

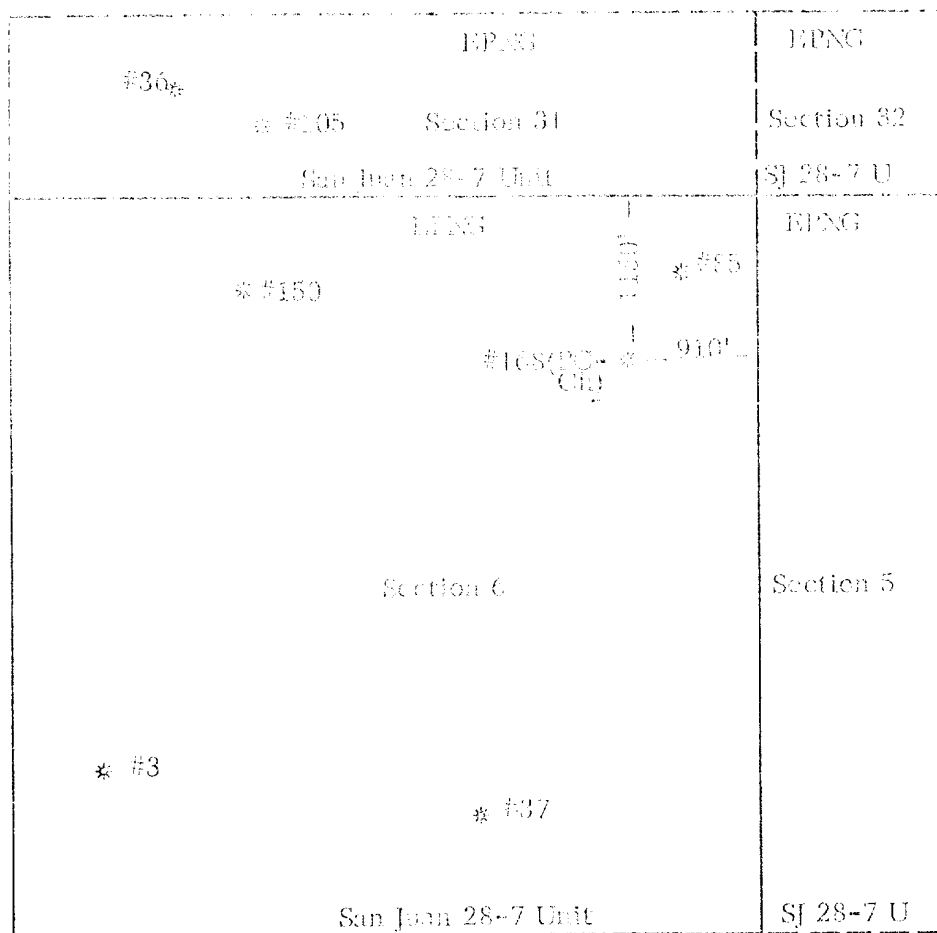
CERTIFICATE: I, the undersigned, state that I am the Drilling Clerk of the El Paso Natural Gas Co. (company), and that I am authorized by said company to make this report; and that this report was prepared under my supervision and direction and that the facts stated therein are true, correct and complete to the best of my knowledge.

*A. H. [Signature]*  
Signature

\*Should waivers from all offset operators not accompany an application for administrative approval, the New Mexico Oil Conservation 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 or request for hearing is received by the Santa Fe office, the application will then be processed.

NOTE: If the proposed multiple completion will result in an unorthodox well location and/or a non-standard perforation unit in, or on more of the producing zone, then separate application for approval of the same should be filed simultaneously with this application.

Plan Showing Location of Drilling Completed  
 El Paso Natural Gas Company  
 San Juan 28-7 Unit #105 (PC-CH) and Offset Acreage Wells



T  
28  
N

T  
27  
N

R-7-W



Schematic Diagram of Proposed Well Completion (Pictorial)

El Paso Natural Gas Company San Juan 28-2 Unit #100 Well

N 1/4 Section 6, T-27-N, R-7-W

Dead String  
Yours True

Zero reference point (0.0') above top  
Range of casing hanger.

Set 9 5/8", 32.34, H-40 surface casing at 130' with 145 cu. ft. cement,  
circulated to surface.



Selectively perforate and sandwater fracture the Pictured Cliffs formation.

Set 2 7/8", 6.4#, J-55 Pictured Cliffs production casing at approximately  
2785' with cement to cover the Fruitland formation.

Selectively perforate and sandwater fracture the Chacra formation.

Set 2 7/8", 6.4#, J-55 Chacra production casing at approximately 3740'  
with cement to cover the Fruitland formation.