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OIL CONSERVATION COMMISSION  
AZTEC DISTRICT

OIL CONSERVATION COMMISSION  
BOX 2088  
SANTA FE, NEW MEXICO

DATE 10/11/79

RE: Proposed MC XXXX  
Proposed DHC         
Proposed NSL         
Proposed SWD         
Proposed WFX         
Proposed PMX       

Carl Ulvog

Gentlemen:

I have examined the application dated 9/28/79  
for the El Paso Natural Gas Company San Juan 27-4 Unit #13 A, B-20-27N-4W  
Operator Lease and Well No. Unit, S-T-R

and my recommendations are as follows:

Approve

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Yours very truly,

  
A. R. Kendrick

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

Form C-107  
5-1-61

|                                                    |                  |                                    |                        |                             |
|----------------------------------------------------|------------------|------------------------------------|------------------------|-----------------------------|
| Operator<br><b>El Paso Natural Gas Company</b>     |                  | County<br><b>Rio Arriba</b>        |                        | Date<br><b>9-28-79</b>      |
| Address<br><b>PO Box 289, Farmington, NM 87401</b> |                  | Lease<br><b>San Juan 27-4 Unit</b> |                        | Well No.<br><b>13A (PM)</b> |
| Location of Well<br><b>B</b>                       | Unit<br><b>B</b> | Section<br><b>20</b>               | Township<br><b>27N</b> | Range<br><b>4W</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: NMOCC Memo #18-58**

|                                                      | Upper Zone             | Intermediate Zone | Lower Zone        |
|------------------------------------------------------|------------------------|-------------------|-------------------|
| a. Name of Pool and Formation                        | <b>Pictured Cliffs</b> |                   | <b>Mesa Verde</b> |
| b. Top and Bottom of Pay Section (Perforations)      | <b>4030-4185'</b>      |                   | <b>5720-6555'</b> |
| c. Type of production (Oil or Gas)                   | <b>gas</b>             |                   | <b>gas</b>        |
| d. Method of Production (Flowing or Artificial Lift) | <b>flow</b>            |                   | <b>flow</b>       |

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 and/or turbolizers and location thereof, quantities used and top of cement, perforated intervals, tubing strings, including diameters and setting depth, location and type of packers and side door chokes, and such other information as may be pertinent. |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | b. Plat 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. <b>see below</b>                                                                                                                                                                                        |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | c. Waivers 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 112-A.)                                                                                                                                 |

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

**This is an inside unit well and El Paso Natural Gas Company as operator of the San Juan 27-4 Unit operates all offsets to this well.**

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** (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. G. Brisco*  
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 nor 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 proration unit in one or more of the producing zones, then separate application for approval of the same should be filed simultaneously with this application.

SCHEMATIC DIAGRAM OF INTENDED DUAL COMPLETION

El Paso Natural Gas Company  
San Juan 27-4 Unit #13A (PM)  
SE/4 Section 20, T-27-N, R-4-W

Dual String  
xmas tree

Zero reference point 10.0' above top flange  
of tubing hanger

