

District I
PO Box 1980, Hobbs, NM 88241-1980

District II
P.O Drawes DD, Artesia, NM 88211-0719

District III
1000 Rio Brazos Rd., Aztec, NM 87410

District IV
PO Box 2088, Santa Fe, NM 87504-2088

State of New Mexico
Energy, Minerals, & Natural Resources Department

OIL CONSERVATION DIVISION
PO Box 2088
Santa Fe, NM 87504-2088

Form C-104
Revised February 21, 1994
Instructions on back
Submit to Appropriate District Office
5 Copies

☐ AMMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

¹ Operator Name and Address Burlington Resources Oil & Gas PO Box 4289 Farmington, NM 87499		² OGRID Number 14538
		³ Reason for Filing Code CO - 7/11/96
⁴ API Number 30-039-20985	⁵ Pool Name BLANCO P.C. SOUTH (GAS)	⁶ Pool Code 72439
⁷ Property Code 007462	⁸ Property Name SAN JUAN 28-6 UNIT	⁹ Well Number #196

II. ¹⁰ Surface Location

UI or lot no. G	Section 14	Township 027N	Range 006W	Lot.Idn	Feet from the 1830	North/South Line N	Feet from the 1470	East/West Line E	County RIO ARriba
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¹¹ Bottom Hole Location

UI or lot no.	Section	Township	Range	Lot.Idn	Feet from the	North/South Line	Feet from the	East/West Line	County
¹² Lse Code	¹³ Producing Method Code	¹⁴ Gas Connection Date	¹⁵ C-129 Permit Number	¹⁶ C-129 Effective Date	¹⁷ C-129 Expiration Date				

III. Oil and Gas Transporters

¹⁸ Transporter OGRID 7057	¹⁹ Transporter Name and Address EL PASO FIELD SERVICES P.O. BOX 1492 EL PASO, TX 79978	²⁰ POD	²¹ O/G G	²² POD ULSTR Location and Description G-14-T027N-R006W

IV. Produced Water

²³ POD	²⁴ POD ULSTR Location and Description
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V. Well Completion Data

²⁵ Spud Date	²⁶ Ready Date	²⁷ TD	²⁸ PBSD	²⁹ Perforations
³⁰ Hole Size	³¹ Casing & Tubing Size	³² Depth Set	³³ Sacks Cement	

VI. Well Test Data

³⁴ Date New Oil	³⁵ Gas Delivery Date	³⁶ Test Date	³⁷ Test Length	³⁸ Tbg. Pressure	³⁹ Csg. Pressure
⁴⁰ Choke Size	⁴¹ Oil	⁴² Water	⁴³ Gas	⁴⁴ AOF	⁴⁵ Test Method
⁴⁶ I hereby certify that the rules of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief. Signature: <i>Dolores Diaz</i>			OIL CONSERVATION DIVISION		
Printed Name: Dolores Diaz			Approved by: Frank T. Chavez		
Title: Production Associate			Title: District Supervisor		
Date: 7/11/96			Approved Date: July 11, 1996		
Phone: (505) 326-9700					
⁴⁷ If this is a change of operator fill in the OGRID number and name of the previous operator 14538 Meridian Oil Production					
Previous Operator Signature Signature: <i>Dolores Diaz</i>		Printed Name Dolores Diaz	Title Production Associate	Date 7/11/96	

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
Meridian Oil Inc.

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

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	Other (Please explain) Meridian Oil Inc. is Operator for El Paso Production Company
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	
<input checked="" type="checkbox"/> Change in Ownership Operatorship	<input type="checkbox"/> Casinghead Gas	
	<input checked="" type="checkbox"/> Dry Gas	
	<input checked="" type="checkbox"/> Condensate	

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 San Juan 28-6 Unit	Well No. 196	Pool Name, including Formation So. Blanco Pictured Cliffs	Kind of Lease State, (Federal) or Fee	Lease No. SF 079365
Location				
Unit Letter <u>G</u>	<u>1830</u>	Feet From The <u>North</u> Line and	<u>1470</u>	Feet From The <u>East</u>
Line of Section <u>14</u>	Township <u>27N</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.	Unit Sec. Twp. Rgs. Is gas actually connected? When
	G 14 27N 6W

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.

Peggy Cook
(Signature)
Drilling Clerk
(Title)
11-1-86
(Date)

OIL CONSERVATION DIVISION

APPROVED NOV 01 1986, 19____
BY Burt J. Shaw
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 deeper well, this form must be accompanied by a tabulation of the deviator tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all wells 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 conditions.

Separate Forms C-104 must be filed for each pool in multiphase completed wells.

EL PASO NATURAL GAS COMPANY
POST OFFICE BOX 990
FARMINGTON, NEW MEXICO

RA
JAN 22 1975
OIL CONSERVATION COMMISSION

NOTICE OF GAS CONNECTION

DATE January 20, 1975

THIS IS TO NOTIFY THE OIL CONSERVATION COMMISSION THAT CONNECTION FOR PURCHASE OF

GAS FROM El Paso Natural Gas Company San Juan 28-6 Unit #196
Operator Well Name

89-134-01 13757-0 G 14-27-6
Meter Code Site Code Well Unit S-T-R

South Blanco Pictured Cliff El Paso Natural Gas Company
Pool Name of Purchaser

WAS MADE ON January 10, 1975 FIRST DELIVERY January 16, 1975
Date Date

AOF 873

CHOKE 863

El Paso Natural Gas Company
Purchaser

Original Signed by W. M. Bader
Representative

Chief Dispatcher
Title

cc: Operator
Oil Conservation Commission - 2
Proration - El Paso

File

1-22-75-14

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

(See other In-
structions on
reverse side)Form approved.
Budget Bureau No. 42-R355.5.

5. LEASE DESIGNATION AND SERIAL NO.

SF079365

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

San Juan 28-6 Unit

8. FARM OR LEASE NAME

San Juan 28-6 Unit

9. WELL NO.

196

10. FIELD AND POOL, OR WILDCAT

South Blanco PC

11. SEC., T., R., M., OR BLOCK AND SURVEY

OR AREA
Sec. 14, T-27-N, R-6-W
N.M.P.M.

12. COUNTY OR

PARISH

Rio Arriba

13. STATE

New Mexico

1a. TYPE OF WELL:

OIL

WELL ☐

GAS

WELL ☒DRY ☐

Other

b. TYPE OF COMPLETION:

NEW

WELL ☒

WORK

OVER ☐

DEEP-

EN ☐

PLUG

BACK ☐

DIFF.

RESVR. ☐

Other

2. NAME OF OPERATOR

El Paso Natural Gas Company

3. ADDRESS OF OPERATOR

P. O. Box 990, Farmington, NM 87401

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*

At surface 1830'N, 1470'E

At top prod. interval reported below

At total depth

14. PERMIT NO.

DATE ISSUED

15. DATE SPUDDED

10-17-74

16. DATE T.D. REACHED

10-22-74

17. DATE COMPL. (Ready to prod.)

12-11-74

18. ELEVATIONS (DF, REB, RT, GR, ETC.)*

6477' GL

19. ELEV. CASINGHEAD

20. TOTAL DEPTH, MD & TVD

3347'

21. PLUG, BACK T.D., MD & TVD

3337'

22. IF MULTIPLE COMPL.,

HOW MANY*

23. INTERVALS

DRILLED BY

ROTARY TOOLS

0-3347

CABLE TOOLS

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*

3234-88' (PC)

25. WAS DIRECTIONAL

SURVEY MADE

No

26. TYPE ELECTRIC AND OTHER LOGS RUN

IES; FDC-GR; Temp. Survey

27. WAS WELL CORED

No

28. CASING RECORD (Report all strings set in well)

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
8 5/8"	24#	126'	12 1/4"	112 cu. ft.	
2 7/8"	6.4#	3347'	7 7/8" and 6 3/4"	403 cu. ft.	

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
					Tubing	less	

31. PERFORATION RECORD (Interval, size and number)

3234-40', 3254-60', 3282-88 with 6
shots per zone.

32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
3234-3288'	43,000# sand, 43,000 gal wtr

33.* PRODUCTION

DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)					WELL STATUS (Producing or shut-in)	
		Flowing					Shut-in	
DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO	
12-11-74	3 hours	3/4"	—————→					
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)		
	SI 767	—————→		873 MCF/D-AOPF				

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)

TEST WITNESSED BY

J. B. Goodwin

35. LIST OF ATTACHMENTS

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records

SIGNED

W. G. Buico

TITLE

Drilling Clerk

DATE

December 17, 1974

*(See Instructions and Spaces for Additional Data on Reverse Side)

INSTRUCTIONS

General: This form is designed for submitting a complete and correct well completion report and log on all types of lands and leases to either a Federal agency or a State agency, or both, pursuant to applicable Federal and/or State laws and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office. See instructions on items 22 and 24, and 33, below regarding separate reports for separate completions.

If not filed prior to the time this summary record is submitted, copies of all currently available logs (drillers, geologists, sample and core analysis, all types electric, etc.), formation and pressure tests, and directional surveys, should be attached hereto, to the extent required by applicable Federal and/or State laws and regulations. All attachments should be listed on this form, see item 35.

Item 4: If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

Item 18: Indicate which elevation is used as reference (where not otherwise shown) for depth measurements given in other spaces on this form and in any attachments.

Items 22 and 24: If this well is completed for separate production from more than one interval zone (multiple completion), so state in item 22, and in item 24 show the producing interval or intervals, top(s), bottom(s) and name(s) (if any) for only the interval reported in item 33. Submit a separate report (page) on this form, adequately identified, for each additional interval to be separately produced, showing the additional data pertinent to such interval.

Item 29: "Sacks Cement": Attached supplemental records for this well should show the details of any multiple stage cementing and the location of the cementing tool.

Item 33: Submit a separate completion report on this form for each interval to be separately produced. (See instruction for items 22 and 24 above.)

33. SUMMARY OF POROUS ZONES: SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF: COARED INTERVALS; AND ALL DRILL-STEM TESTS, INCLUDING DEPTH INTERVAL, TESTED, CUSHION USED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES				36. GEOLOGIC MARKERS		
FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	MEAS. DEPTH	TRUE VERT. DEPTH
				Pictured Cliff	3230'	

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TRANSPORTER	OIL 1 GAS 1
OPERATOR	1
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

I. Operator
El Paso Natural Gas Company

Address
P. O. Box 990, Farmington, NM 87401

Reason(s) for filing (Check proper box) Other (Please explain)

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

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name San Juan 28-6 Unit	Well No. 196	Pool Name, Including Formation South Blanco PC	Kind of Lease State, (Federal) or Fee	Lease No. SF079365
Location Unit Letter <u>G</u> ; <u>1830</u> Feet From The <u>N</u> Line and <u>1470</u> Feet From The <u>E</u>				
Line of Section <u>14</u> Township <u>27N</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)
El Paso Natural Gas Company	P. O. Box 990, Farmington, NM 87401
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 990, Farmington, NM 87401
If well produces oil or liquids, give location of tanks.	Unit <u>G</u> Sec. <u>14</u> Twp. <u>27N</u> Rge. <u>6W</u>
Is gas actually connected?	When

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X	X					
Date Spudded 10-17-74	Date Compl. Ready to Prod. 12-11-74	Total Depth 3347'	P.B.T.D. 3337'					
Elevations (DF, RKB, RT, GR, etc.) 6477' GL	Name of Producing Formation Pictured Cliff	Top Oil/Gas Pay 3234'	Tubing Depth Tubingless					
Perforations 3234-40', 3254-60', 3282-88'	Depth Casing Shoe 3347'							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12 1/4"	8 5/8"	126'	112 cu. ft.					
7 7/8" and 6 3/4"	2 7/8"	3347'	403 cu. ft.					
	Tubingless							

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test-MCF/D 873	Length of Test 3 hours	Bbls. Condensate/MMCF 767	Gravity of Condensate
Testing Method (pitot, back pr.) Calc. A. O. F.	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size 3/4"

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

D. G. Buices
(Signature)
Drilling Clerk
(Title)
December 17, 1974
(Date)

OIL CONSERVATION COMMISSION
12-23-74 DEC 23 1974

APPROVED AL Hendrick
BY
TITLE PETROLEUM ENGINEER DIST. NO. 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 filed for each pool in multiply completed wells.

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPPLICATE*
(Other instructions on re-
verse side)Form approved
Budget Bureau No. 42 R424
5. LEASE DESIGNATION AND SERIAL NO.

SF079365

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		7. UNIT AGREEMENT NAME San Juan 28-6 Unit	
2. NAME OF OPERATOR El Paso Natural Gas Company		8. FARM OR LEASE NAME San Juan 28-6 Unit	
3. ADDRESS OF OPERATOR P. O. Box 990, Farmington, NM 87401		9. WELL NO. 196	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1830'N, 1470'E		10. FIELD AND POOL, OR WILDCAT South Blanco PC	
14. PERMIT NO.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 14, T-27-N, R-6-W N.M.P.M.	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6477' GL		12. COUNTY OR PARISH Rio Arriba	
		13. STATE New Mexico	

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANE

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

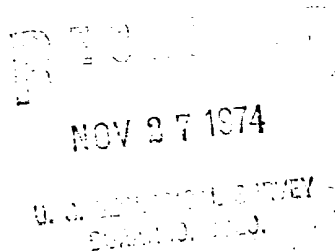
ABANDONMENT*

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROMISED 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.)*

10-24-74 TD 3347'. Ran 107 joints 2 7/8", 6.4#, J-55 production casing, 3337' set at 3347'. Baffle set at 3337'. Cemented with 403 cu. ft. cement. WOC 18 hours. Top of cement at 1900'.

11-18-74 Tested casing to 4000#--OK.
PBTD 3337'. Perf'd 3234-40', 3254-60' and 3282-88' with 6 shots per zone. Frac'd with 43,000# 10/20 sand and 43,000 gallons treated water. Dropped 2 sets of 6 balls each. Flushed with 800 gallons water.



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

SIGNED Al. J. TriceTITLE Drilling ClerkDATE November 21, 1974

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

*See Instructions on Reverse Side

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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

Form approved.
Budget Bureau No. 42-B1424.

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.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. SF079365
2. NAME OF OPERATOR El Paso Natural Gas Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P. O. Box 990, Farmington, NM 87401		7. UNIT AGREEMENT NAME San Juan 28-6 Unit
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1830'N, 1470'E		8. FARM OR LEASE NAME San Juan 28-6 Unit
14. PERMIT NO.		9. WELL NO. 196
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6477' GL		10. FIELD AND POOL, OR WILDCAT South Blanco P. C.
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 14, T-27-N, R-6-W N.M.P.M.
		12. COUNTY OR PARISH Rio Arriba
		13. STATE New Mexico

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)			

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input checked="" type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(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.)*

10-17-74 Spudded well. Drilled surface hole.
Ran 3 joints 8 5/8", 24# K-55 surface casing, 115' set at 126'. Cemented with 112 cu. ft. cement. Circulated to surface. WOC 12 hours; held 600#/30 minutes.

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

SIGNED A. P. Bucco TITLE Drilling Clerk DATE October 18, 19

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

30-039-20985

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. TYPE OF WORK DRILL <input checked="" type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. SF 079365		
b. TYPE OF WELL OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> SINGLE ZONE <input checked="" type="checkbox"/> MULTIPLE ZONE <input type="checkbox"/>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME		
2. NAME OF OPERATOR El Paso Natural Gas Company		7. UNIT AGREEMENT NAME San Juan 28-6 Unit		
3. ADDRESS OF OPERATOR PO Box 990, Farmington, NM 87401		8. FARM OR LEASE NAME San Juan 28-6 Unit		
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.)* At surface 1830'N, 1470'E At proposed prod. zone		9. WELL NO. 196		
14. DISTANCE IN MILES AND DIRECTION FROM NEAREST TOWN OR POST OFFICE*		10. FIELD AND POOL, OR WILDCAT So. Blanco Pictured Cliffs		
15. DISTANCE FROM PROPOSED* LOCATION TO NEAREST PROPERTY OR LEASE LINE, FT. (Also to nearest drig. unit line, if any)		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 14, T-27-N, R-6-W NMPM		
16. NO. OF ACRES IN LEASE		12. COUNTY OR PARISH 13. STATE Rio Arriba NM		
17. NO. OF ACRES ASSIGNED TO THIS WELL 160.00		18. DISTANCE FROM PROPOSED LOCATION* TO NEAREST WELL, DRILLING, COMPLETED, OR APPLIED FOR, ON THIS LEASE, FT. 3370'		
19. PROPOSED DEPTH 3370'		20. ROTARY OR CABLE TOOLS Rotary		
21. ELEVATIONS (Show whether DF, RT, GR, etc.) 6477'GR		22. APPROX. DATE WORK WILL START*		
23. PROPOSED CASING AND CEMENTING PROGRAM				
SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	QUANTITY OF CEMENT
12 1/4"	8 5/8"	24.0#	120'	106 cu. ft. to circulate
6 3/4"	2 7/8"	6.4#	3370'	276 cu. ft. to cover Ojo Alamo

Selectively perforate and sandwater fracture the Pictured Cliffs formation.

Surface is patented and owner approval has been secured.

The NE/4 of Section 14 is dedicated to this well.



IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: If proposal is to deepen or plug back, give data on present productive zone and proposed new productive zone. If proposal is to drill or deepen directionally, give pertinent data on subsurface locations and measured and true vertical depths. Give blowout preventer program, if any.

24. SIGNED D. G. Luises TITLE Drilling Clerk DATE July 22, 1974
(This space for Federal or State office use)PERMIT NO. _____ APPROVAL DATE _____
APPROVED BY GA TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions On Reverse Side

NEW MEXICO OIL CONSERVATION COMMISSION
WELL LOCATION AND ACREAGE DEDICATION PLAT

Form C-102
Supersedes C-128
Effective 1-1-65

All distances must be from the outer boundaries of the Section.

Operator El Paso Natural Gas Company			Lease San Juan 28-6 Unit (SF-079365)		Well No. 196
Unit Letter G	Section 14	Township 27N	Range 6W	County Rio Arriba	
Actual Footage Location of Well: 1830 feet from the North line and 1470 feet from the East line					
Ground Level Elev. 6477	Producing Formation Pictured Cliffs		Pool So. Blanco Pictured Cliffs	Dedicated Acreage: 160.00 Acres	

- Outline the acreage dedicated to the subject well by colored pencil or hachure marks on the plat below.
- If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
- If more than one lease of different ownership is dedicated to the well, have the interests of all owners been consolidated by communitization, unitization, force-pooling, etc?

☒ Yes ☐ No If answer is "yes," type of consolidation Unitization

If answer is "no," list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.)

No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interests, has been approved by the Commission.

CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.

A. G. Lucas
Name
Drilling Clerk
Position
El Paso Natural Gas Co.
Company
July 22, 1974
Date

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

Date Surveyed
March 18, 1974
Registered Professional Engineer
and/or Land Surveyor
Fred B. Kerr Jr.
Certificate No.

