# UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

	APPLICATION FOR PERMIT TO DRI	LI, DEEPEN, OR PLUG BACK
	TYPE OF WORK PLUG BACK TYPE OF WELL GAS	5. LEASE NUMBER  SF-080895  6. IF INDIAN, ALL. OR TRIBE NAME
2.	OPERATOR EL PASO NATURAL GAS CO.	7. UNIT AGREEMENT NAME HUERFANO UNIT
3.	ADDRESS & PHONE NO. OF OPERATOR P.O. BOX 4289 FARMINGTON, NM 87499 (505) 326-9700	8. FARM OR LEASE NAME 9. WELL NO. 14R
4.	LOCATION OF WELL  1850' FSL; 790' FWL	10. FIELD, POOL, OR WILDCAT BASIN FRUITLAND COAL 11. SEC. T. R. M OR BLK. SEC. 05, T26N, R10W
14.	DISTANCE IN MILES FROM NEAREST TOWN	12. COUNTY 13. STATE SAN JUAN NM
15.	DISTANCE FROM 16. ACRES IN L PROPOSED LOCATION TO NEAREST PROPERTY OR LEASE LINE.	EASE 17. ACRES ASSIGNED TO WELL 320.00
18.	DISTANCE FROM PROPOSED LOCATION TO NEAREST WELL DR. COMPL., OR APPLIED FOR ON THIS LEASE.	EPTH 20. ROTARY OR CABLE TOOLS
21.	ELEVATIONS (DF, FT, GR, ETC.) 6593' GL	22. APPROX. DATE WORK WILL STAR
23.	PROPOSED CASING AND C	EMENTING PROGRAM
24.	*SEE OPERATIONS P AUTHORIZED BY: January Standard (SHL) REGULATORY AFFAIRS	DECEIVE 5.30.90  JUL2 3 1990
	IT NO APPROVAL DATE	DIST. 3
NOTE	TITLE  THIS FORMAT IS ISSUED IN LIEU OF US BL  (NO ADDITIONAL DIRT WORK WILL BE REQUI	M FORM 3160-3 A PPROVED

NMOCD

AREA MANAGER

Submit to Appropria District Office State Lease - 4 copies For Lease - 3 copies

#### State of New Mexico Energy, Minerals and Natural Resources Department

Form C-102 Revised 1-1-89

Mini in

DISTRICT I P.O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe. New Mexico 87504-2088

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

WELL LOCATION AND ACREAGE DEDICATION PLAT

000 Rio Brazos Rd., Aziec, NM 87410  All Distances must be from the outer boundaries of the section										
Operator El Pa	so Natural	Gas Cor	A.C./	Huerfano	Unit (SF-030	895)	Well No. 14R			
Unit Letter L	Section 5	Township	5 N	Range 10W	NMPM	<b>County</b> San	Juan			
Actual Footage Loc 1350	feet from the	South	line and	790	feet from t	west	line			
Ground level Elev. 6593'		ng Formation iitland (	Coal	Pool Basin			Dedicated Acresge: 320 • 4			

- 1. Outline the screege dedicated to the subject well by colored peacul or hackure marks on the pist below.
- 2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
- 3. If more than one lease of different ownership is dedicated to the well, have the interest of all owners been consolidated by communitization, unitization, force-pooling, etc.? unitization Yes

If answer is "yes" type of consolidation wer is "no" list the owners and tract descriptions which have actually been consolidated. (Use reverse ade of

No allowable will be assigned to the well until all interests have been consolidated (by communication, unitization, forced-pooling, or otherwise)

this form if necessary. or until a non-standard unit, eliminating such interest, has been approved by the Division. Note: not resurveyed taken from survey by David O. Vilven dated 11-18-69 790 330 660 990 1320 1650 1900 2310 2640

2000

1500

1000

500

#### OPERATOR CERTIFICATION

I hereby certify that the information best of pry incoverage and belief.

Peggy Bradfield

Printed Name

Regulatory Affairs

Position

El Paso Natural Gas

Company

5-30-9)

#### SURVEYOR CERTIFICATION

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 supervison, and that the same is true and correct to the best of my knowledge and belief.

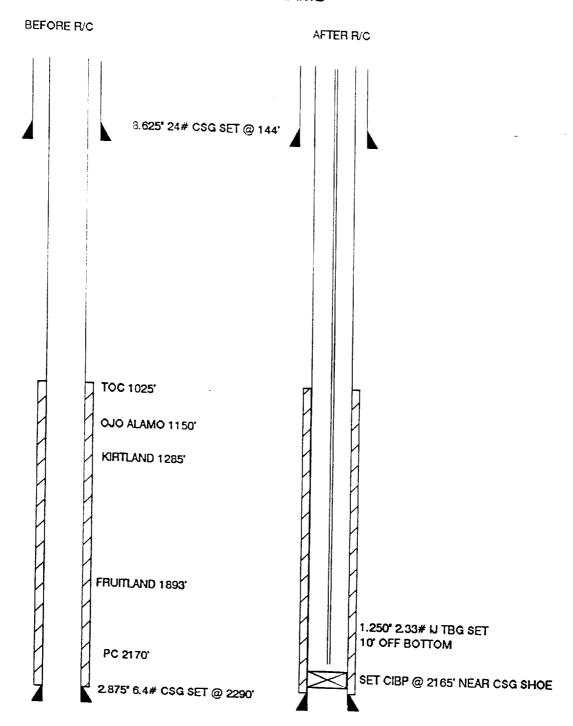
WEXIL 685

#### RECOMPLETION PROCEDURE HUERFANO UNIT #14R

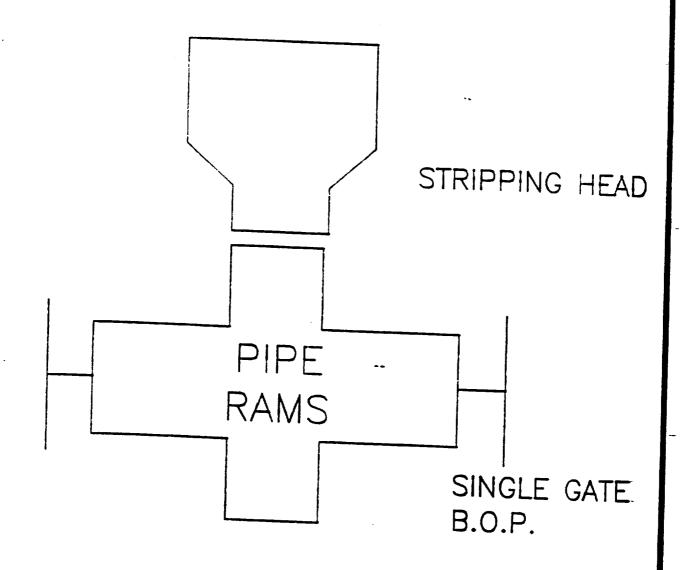
- 1. MOL and RU. Replace 2000 psi tubing valve with 5000 psi valve.
- 2. Set a 2 7/8" CIBP near 2165'. Pressure test casing to 4000 psi for 15 minutes.
- 3. Perforate coal using 2" HSC guns with 7 gram charges.
- 4. TIH with tubing and swab wellbore dry. Check well for gas flow. Evaluate well overnight.
- 5. Land 1 1/4" tubing with an expendable check on bottom, and a common pump seating nipple one joint off bottom. Land tubing above bottom perforation. Swab well in. Record final 30, 45, and 60 minute gauges on morning report. ND BOP. NU tree. RD and release rig.
- 6. Evaluate well's performance for possible fracture stimulation. A fracture stimulation procedure will be provided if necessary.

## HUERFANO UNIT-#14R

### WELLBORE DIAGRAMS



## WORKOVER / RECOMPLETION B. O. P. SCHEMATIC



MINIMUM: 2 7/8" 1500 PSI SINGLE GATE B.O.P.

MAXIMUM ANTICIPATED SHUT-IN WELLHEAD PRESSURE IS LESS THAN 1500 PSI