

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Form approved
Change number 26 to 21441
5. APPROVING AGENCY AND SERIAL NO.
SF 078490-4

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposal to drill or to deepen or plug back to a different reservoir.
(See instructions on reverse side) For each proposal)

1. GR. WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		7. DATE AGREEMENT MADE
2. NAME OF OPERATOR El Paso Natural Gas Company		8. NAME OF LAND NAME Hardie E
3. ADDRESS OF OPERATOR PO Box 990, Farmington, NM 87401		9. WELL NO. 7
4. LOCATION OF WELL (Report location precisely and in accordance with any State requirements. See also space 17 below) At surface 1150'N, 1012'E		10. FIELD AND ZONE, OR WELL AT So. Blanco P. C. 4-28-N
14. PERMIT NO.		11. SECTION, TOWNSHIP AND RANGE Sec. 16, T-28-N, R-8-W
15. ELEVATIONS (Show whether DE, RI, OR, etc.) 6431' GL		12. COUNTY OR TERRITORY San Juan
		13. STATE New Mexico

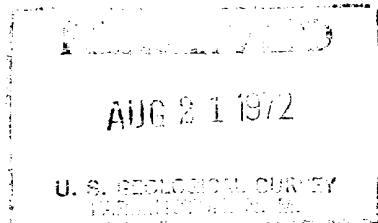
16. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	<input type="checkbox"/>	WATER SHUT-OFF	<input checked="" type="checkbox"/>
FRACURE TREAT	<input type="checkbox"/>	FRACURE TREATMENT	<input checked="" type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	SHOOTING OR ACIDIZING	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	(Other)	<input type="checkbox"/>
(Other)	<input type="checkbox"/>	(Note: Report results of multiple completion on well completion or Regeneration Report and Log only.)	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>	RECYCLING WELL	<input type="checkbox"/>
MINORILE COMPLETE	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
CHANGE PLANS	<input type="checkbox"/>		

17. DESCRIBE PROPOSED OR IN PROGRESS OPERATIONS. (Clearly state all pertinent details, and give pertinent data, including proposed date of starting any proposed work. If well is directionally drilled, give substantial locations and measured and true vertical depths for all markers and zones pertinent to this work.)

7-18-72 T.D. 3016'. Ran 99 joints 2 7/8", 6.4#, J-55 production casing. 3004' set at 3016'. Baffle set at 3005'. Cemented with 360 cu. ft. cement. WOC 18 hours. Top of cement at 1925'.

8-16-72 BPTD 3005'. Perf'd 2914-2934' with 36 shots per zone. Frac'd with 28,000# 10/20 sand and 28,500 gallons treated water. No ball drop. Flushed with 750 gallons.



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

SIGNED [Signature] TITLE Petroleum Engineer DATE August 18, 1972

(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

SUBMIT IN TRIPPLICATE*
(With 2 instructions on reverse side)

Form approved
Project Number 42-11421
5. FUNDING AGENCY AND SERIAL NO.
SF 078499-A
6. IF IN DEAN, ALLEGED, OR TRUE 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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR El Paso Natural Gas Company	8. PART OR LEASE NAME Hardie E
3. ADDRESS OF OPERATOR PO Box 990, Farmington, NM 87401	9. WELL NO. 7
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1150'N, 1012'E	10. FIELD AND POOL, OR WELLS AT So. Blanco P. C. Sec. 16, T-28-N, R-8-W NMPM
14. PERMIT NO.	12. COUNTY OR PARISH San Juan
15. ELEVATIONS (Show whether DE, IN, OR, etc.) 6431'GL	13. STATE New Mexico

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

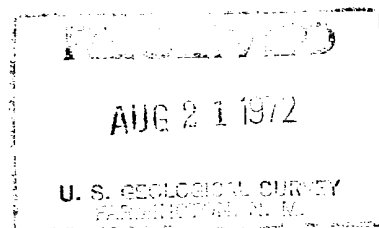
NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input checked="" type="checkbox"/>	DEVALUING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	

(Note: Report results of multiple completion on Well Completion or Re-completion Report and log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent data, 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.) *

7-18-72 T.D. 3016'. Ran 99 joints 2 7/8", 6.4#, J-55 production casing, 3004' set at 3016'. Baffle set at 3005'. Cemented with 360 cu. ft. cement. WOC 18 hours. Top of cement at 1925'.

8-16-72 PNTD 3005'. Perf'd 2914-2934' with 36 shots per zone. Frac'd with 28,000# 10/20 sand and 28,500 gallons treated water. No ball drop. Flashed with 750 gallons.



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

SIGNED [Signature] TITLE Petroleum Engineer

DATE August 18, 1972

(This space for Federal or State office use.)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

*See Instructions on Reverse Side

NO. OF COPIES RECEIVED	5
DISTRIBUTION	
SANTA FE	1
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LAND OFFICE	
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
PO Box 990, Farmington, NM 87401
Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE
Lease Name Hardie E Well No. 7 Pool Name, including Formation So. Blanco Pictured Cliffs Ext. Kind of Lease State, Federal or Fee Lease No. SF 078499-A
Location
Unit Letter A 1150 Feet From The North Line and 1012 Feet From The east
Line of Section 16 Township 28N Range 8W, NMPM, San Juan County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☐ or Condensate ☒ Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Company PO Box 990, Farmington, NM 87401
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒ Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Company PO Box 990, Farmington, NM 87401
If well produces oil or liquids, give location of tanks. Unit A Sec. 16 Twp. 28N Rge. 8W 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.
Date Spudded 7-15-72 Date Compl. Ready to Prod. 8-29-72 Total Depth 3016' P.B.T.D. 3005'
Elevations (DF, RKB, RT, GR, etc.) 6431'GL Name of Producing Formation Pictured Cliffs Top Oil/Gas Pay 2914' Tubing Depth tubingless
Perforations 2914-2934' Depth Casing Shoe 3016'
TUBING, CASING, AND CEMENTING RECORD
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT
12 1/4" 8 5/8" 144' 107 cu. ft.
6 3/4" 2 7/8" 3016' 360 cu. ft.
tubingless

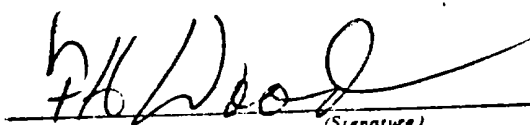
V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

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 1503	Length of Test 3 hrs.	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) Calc. AOF	Tubing Pressure (shut-in) tubingless	Casing Pressure (shut-in) 1052	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.


(Signature)
Petroleum Engineer
(Title)
September 1, 1972
(Date)

OIL CONSERVATION COMMISSION
APPROVED SEP 5 1972, 19
BY Original Signed by Emory G. Arnold
TITLE SUPERVISOR DIST. #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.