

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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

Form approved.  
Budget Bureau No. 1004-0135  
Expires August 31, 1985

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 <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. SF 078201-A	
2. NAME OF OPERATOR El Paso Natural Gas Company		6. IF INDIAN, ALLOTTEE'S TRIBE NAME	
3. ADDRESS OF OPERATOR P.O. Box 4289, Farmington, New Mexico 87499-4289		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1190'N, 863'E		8. FARM OR LEASE NAME Riddle	
14. PERMIT NO.		9. WELL NO. A #4	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6389' GR		10. FIELD AND POOL, OR WILDCAT Blanco P.C.	
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 1, T-29-N, R-9-W		12. COUNTY OR PARISH San Juan	
		13. STATE New Mexico	

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BUREAU OF LAND MANAGEMENT  
FARMINGTON RESOURCE AREA

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PCCL 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"/>

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input 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) Set packer & test well.

(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.)\*

4-10-84: Set packer above perforations at 3000'. Equalize well and see if it will unload and produce gas to the sales line. If well comes back, move on within 90 days and squeeze off casing failure in 2 7/8".

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OIL CON. DIV.  
DIST. 3

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

SIGNED

*Tom B. Grant Jr.*

TITLE

Production Engineer

DATE

March 26, 1984

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*Danny Scharli*

\*See Instructions on Reverse Side

NUMBER OF COPIES RECEIVED	
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LAND OFFICE	
TRANSPORTER	OIL
	GAS
PRODUCTION OFFICE	
OPERATOR	

**NEW MEXICO OIL CONSERVATION COMMISSION**  
**SANTA FE, NEW MEXICO**  
**CERTIFICATE OF COMPLIANCE AND AUTHORIZATION**  
**TO TRANSPORT OIL AND NATURAL GAS**

**FORM C-110**  
 (Rev. 7-60)

FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE

Company or Operator <b>El Paso Natural Gas Company</b>				Lease <b>Riddle "A"</b>		Well No. <b>4</b>	
Unit Letter <b>A</b>		Section <b>1</b>		Township <b>29-N</b>		Range <b>9-W</b>	
Pool <b>Blanco Pictured Cliffs</b>						Kind of Lease (State, Fed, Fee) <b>Federal</b>	
If well produces oil or condensate give location of tanks				Unit Letter <b>A</b>		Section <b>1</b>	
				Township <b>29-N</b>		Range <b>9-W</b>	
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)			
<b>El Paso Natural Gas Company</b>							
Is Gas Actually Connected? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
Authorized transporter of casing head gas <input type="checkbox"/> or dry gas <input checked="" type="checkbox"/>				Date Connected			
<b>El Paso Natural Gas Company</b>				<b>Box 990, Farmington, New Mexico</b>			

If gas is not being sold, give reasons and also explain its present disposition:

**REASON(S) FOR FILING (please check proper box)**

New Well ..... ☒ Change in Ownership ..... ☐  
 Change in Transporter (check one) Other (explain below)  
 Oil ..... ☐ Dry Gas ..... ☐  
 Casing head gas . ☐ Condensate . ☐

Remarks

The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.

Executed this the 23rd day of November, 1962.

OIL CONSERVATION COMMISSION		By	
Approved by		ORIGINAL SIGNED H.E. McANALLY	
Original Signed Emery C. Arnold		Title	
Supervisor Dist. # 3		Petroleum Engineer	
Date		Company	
NOV 30 1962		El Paso Natural Gas Company	
		Address	
		Box 990, Farmington, New Mexico	

NUMBER OF COPIES RECEIVED		3
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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
PRODUCTION OFFICE		
OPERATOR		2

# NEW MEXICO OIL CONSERVATION COMMISSION

Santa Fe, New Mexico

(Form C-104)  
Revised 7/1/57

## REQUEST FOR (OIL) - (GAS) ALLOWABLE

New Well  
~~Recompletion~~

This form shall be submitted by the operator before an initial allowable will be assigned to any completed Oil or Gas well. Form C-104 is to be submitted in QUADRUPLICATE to the same District Office to which Form C-101 was sent. The allowable will be assigned effective 7:00 A.M. on date of completion or recompletion, provided this form is filed during calendar month of completion or recompletion. The completion date shall be that date in the case of an oil well when new oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

Farmington, New Mexico

November 23, 1962

(Place)

(Date)

WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS:

El Paso Natural Gas Company Riddle A, Well No. 4, in NE 1/4 NE 1/4,

(Company or Operator)

(Lease)

A, Sec. 1, T. 29-N, R. 9-W, NMPM., Blanco Pictured Cliffs Pool

Unit Letter

San Juan

County. Date Spudded. 9-5-62

Date Drilling Completed 9-9-62

Please indicate location:

Elevation 6399 DF Total Depth 3144 c. 3129

Top Oil/Gas Pay 3057 Perf Name of Prod. Form. Pictured Cliffs

PRODUCING INTERVAL -

Perforations 3069-73; 3057-61

Open Hole None Depth Casing Shoe 3155 Depth Tubing

OIL WELL TEST -

Natural Prod. Test: bbls. oil, bbls water in hrs, min. Size Choke

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): bbls. oil, bbls water in hrs, min. Size Choke

GAS WELL TEST -

Natural Prod. Test: MCF/Day; Hours flowed Choke Size

Method of Testing (pitot, back pressure, etc.):

Test After Acid or Fracture Treatment: 1250 MCF/Day; Hours flowed 3

Choke Size 3/4" Method of Testing: Calculated A.O.F.

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 30,000 gallons water, 30,000# sand

Casing Press. 1015 Tubing Press. Date first new oil run to tanks NOV 23 1962

Oil Transporter El Paso Natural Gas Company

Gas Transporter El Paso Natural Gas Company

D	C	B	A
			X
E	F	G	H
L	K	J	I
M	N	O	P

1190' N, 863' E

(FOOTAGE)

Tubing, Casing and Cementing Record

Size	Feet	Size
9 5/8"	292	210
2 7/8	3145	185

Remarks:

I hereby certify that the information given above is true and complete to the best of my knowledge.

Approved NOV 29 1962, 19

El Paso Natural Gas Company

(Company or Operator)

OIL CONSERVATION COMMISSION

By: ORIGINAL SIGNED H.E. McANALLY

(Signature)

By: Original Signed by W. B. Smith

Title: Petroleum Engineer

Send Communications regarding well to:

Title: DEPUTY OIL & GAS INSPECTOR DIST. NO. 3

Name: E. S. Oberly

Address: Box 990, Farmington, New Mexico