

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. TYPE OF WORK  
DRILL ☒ DEEPEN ☐ PLUG BACK ☐

b. TYPE OF WELL  
OIL WELL ☐ GAS WELL ☒ OTHER ☐

2. NAME OF OPERATOR  
El Paso Natural Gas Company

3. ADDRESS OF OPERATOR  
PO Box 4289, Farmington, NM 87499

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.)\*  
At surface 1840'N, 1065'E  
At proposed prod. zone

14. DISTANCE IN MILES AND DIRECTION FROM NEAREST TOWN OR POST OFFICE\*  
3 miles from Navajo City, NM

15. DISTANCE FROM PROPOSED\*  
LOCATION TO NEAREST  
PROPERTY OR LEASE LINE, FT.  
(Also to nearest drig. unit line, if any) 1065'

16. NO. OF ACRES IN LEASE  
Unit 640

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. 500'

19. PROPOSED DEPTH  
3160'

20. ROTARY OR CABLE TOOLS  
Rotary

21. ELEVATIONS (Show whether DF, RT, GR, etc.)  
6300' GL

22. APPROX. DATE WORK WILL START\*

23. PROPOSED CASING AND CEMENTING PROGRAM				DRILLING OPERATIONS AUTHORIZED ARE SUBJECT TO COMPLIANCE WITH ATTACHED "GENERAL REGULATION OF CEMENT QUANTITIES OF CEMENT"
SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	
12 1/4"	9 5/8"	32.3#	200'	130 cf. circulated
8 3/4"	7"	20.0#	3015'	950 cf circ. surface
6 1/4"	5 1/2" liner	23.0#	3160'	do not cement

The Fruitland formation will be completed.

A 3000 psi WP and 6000 psi test double gate preventer equipped with blind and pipe rams will be used for blow out prevention on this well.

This gas is dedicated.

The NE/4 of Section 33 is dedicated to this well.

RECEIVED  
JUN 06 1988  
OIL CON. DIV.,  
DIST. 3

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 [Signature] TITLE Drilling Clerk DATE 05-02-88

(This space for Federal or State office use)

PERMIT NO. \_\_\_\_\_ APPROVAL DATE \_\_\_\_\_

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

NMOCC

\*See Instructions On Reverse Side

## OIL CONSERVATION DIVISION

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENTP. O. BOX 2088  
SANTA FE, NEW MEXICO 87501Form C-102  
Revised 10-1-78

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

Operator <i>Martin Oil Inc.</i> <b>El Paso Natural Gas Co.</b>		Lease <b>San Juan 30-6 Unit (NM-02151-B)</b>		Well No. <b>425</b>
Unit Letter <b>H</b>	Section <b>33</b>	Township <b>T30N</b>	Range <b>R7W</b>	County <b>Rio Arriba</b>
Actual Footage Location of Wells 1840 feet from the North line and 1065 feet from the East line				
Ground Level Elev. <b>6300</b>	Producing Formation <b>Fruitland coal</b>	Pool <b>Undesignated</b>	Dedicated Acreage: <b>160</b> Acres	

1. Outline the acreage dedicated to the subject well by colored pencil or hachure marks on the plat 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 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 Division.

## CERTIFICATION

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

Name

Drilling Clerk

Position

El Paso Natural Gas Co.

Company

5-2-88

Date

I hereby certify that the 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.

Registered Professional  
Land Surveyor

Date Surveyed

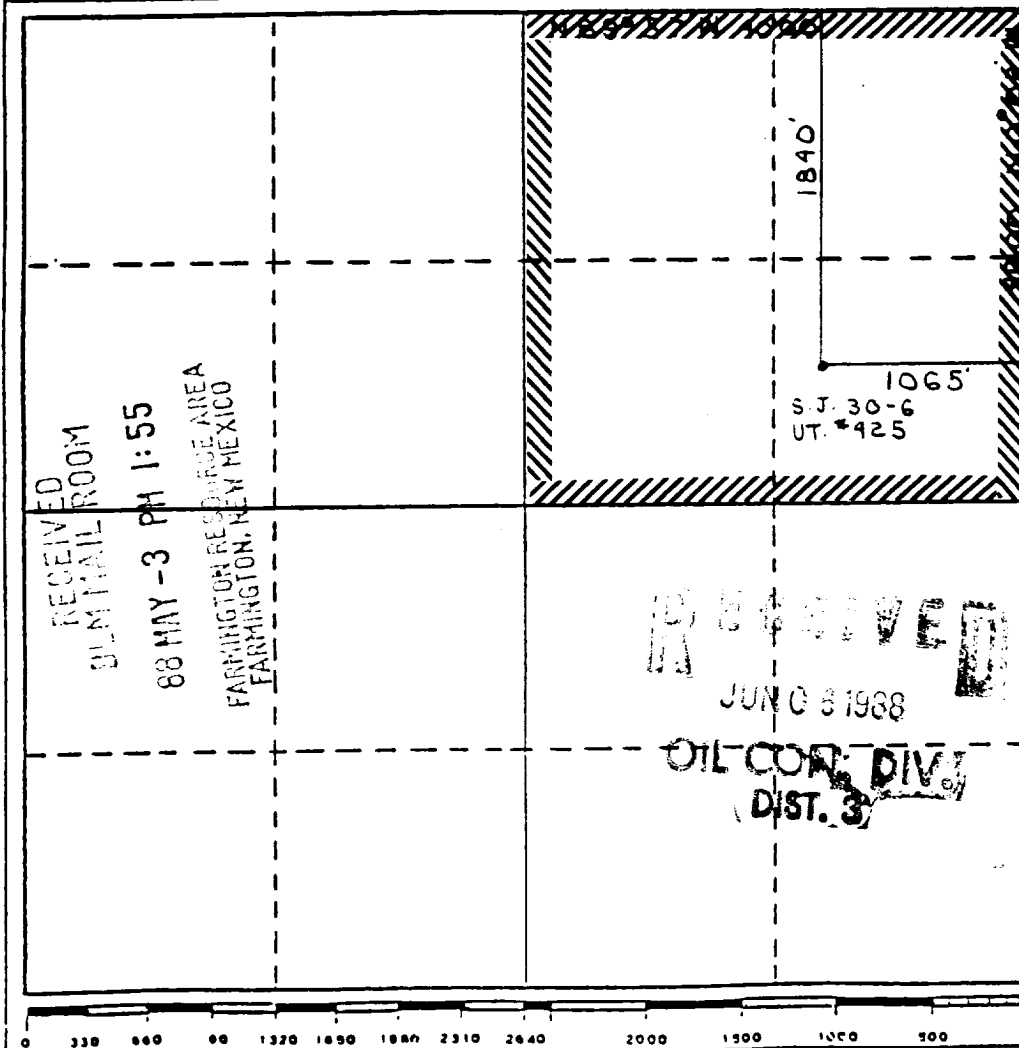
April 15, 1988

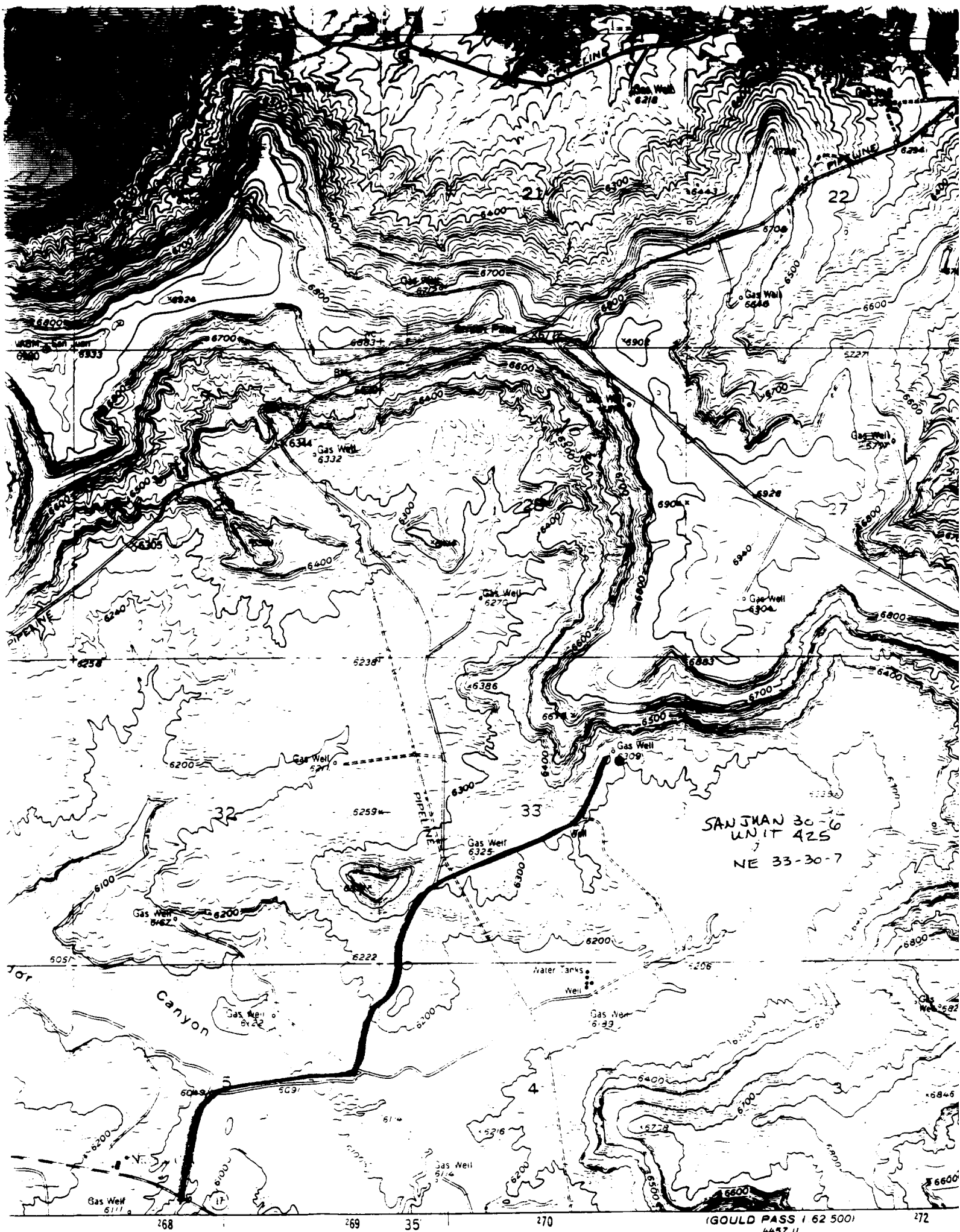
Registered Land Surveyor

R. Howard Daggett

Certificate No.

9679





UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

(Other instructions on reverse side)

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"/>	7. UNIT AGREEMENT NAME San Juan 30-6 Unit
2. NAME OF OPERATOR El Paso Natural Gas Company Meridian Oil	8. FARM OR LEASE NAME San Juan 30-6 Unit
3. ADDRESS OF OPERATOR P.O. Box 4289, Farmington, NM 87499	9. WELL NO. 425
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1840'N, 1065'E	10. FIELD AND POOL, OR WILDCAT Basin Fruitland Coal
14. PERMIT NO.	11. SEC. T. R. N. OR S.E. AND SUBST. OR AREA Sec. 33, T30N, R7W NMPM
15. ELEVATIONS (Show whether OF, ST, OR, etc.) 6300'GL	12. COUNTY OR PARISH Rio Arriba
	13. STATE NM

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 type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input 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 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.)

Revision

Attached is a copy of the C102 showing the revised pool & dedication.

RECEIVED

DEC 28 1988

BUREAU OF LAND MANAGEMENT  
FARMINGTON RESOURCE AREA

RECEIVED

JAN 06 1989

OIL CON. DIV.  
DIST. 3

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

SIGNED

(This space for Federal or State office use)

TITLE Regulatory Affairs

DATE 12-22-88

APPROVED BY  
CONDITIONS OF APPROVAL, IF ANY:

TITLE

ACCEPTED FOR RECORD

JAN 03 1989

FARMINGTON RESOURCE AREA

\*See Instructions on Reverse Side

Title to U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make by any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

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

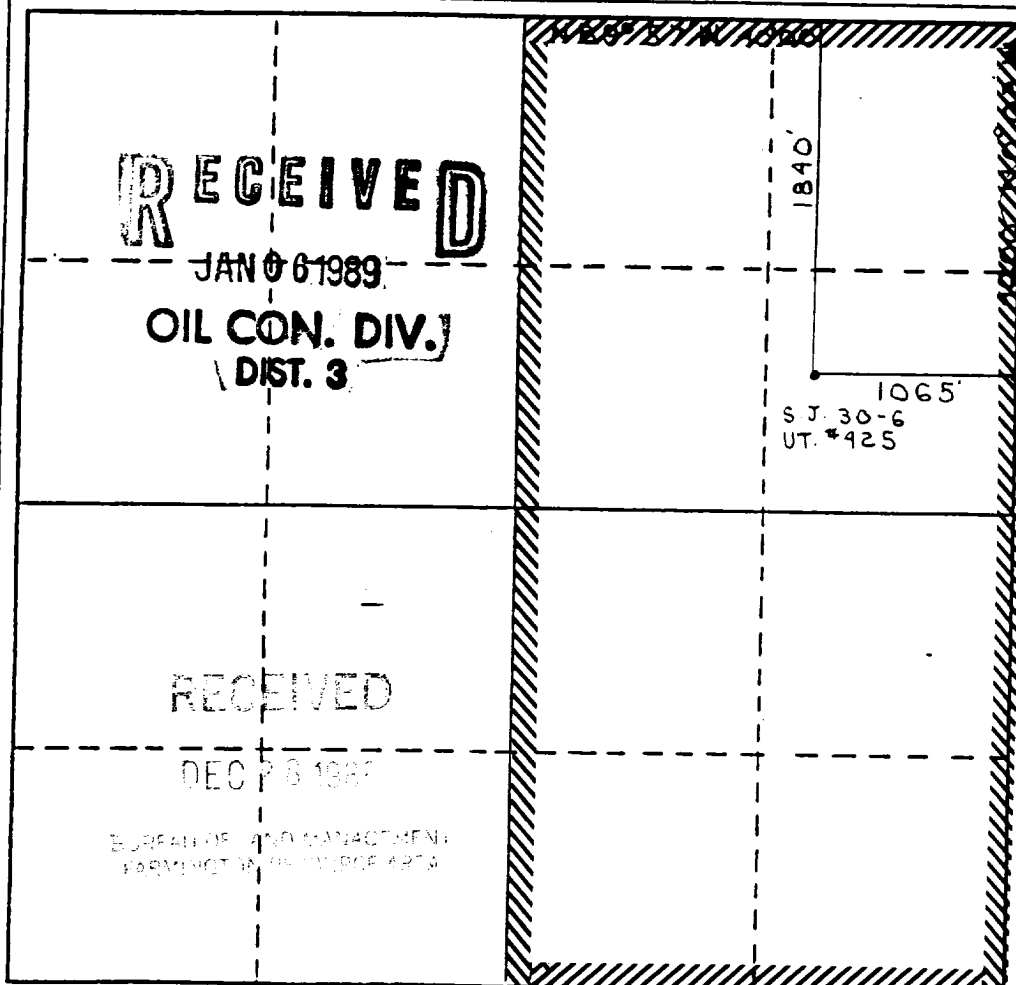
Operator <u>Meridian Oil</u> <u>El Paso Natural Gas Co.</u>		Lease <u>San Juan 30-6 Unit(NM-02151-B)</u>		Well No. <u>425</u>
Unit Letter <u>H</u>	Section <u>33</u>	Township <u>T30N</u>	Range <u>R7W</u>	County <u>Rio Arriba</u>
Actual Footage Location of Wells <u>1840</u> feet from the <u>North</u> line and <u>1065</u> feet from the <u>East</u> line				
Ground Level Elev. <u>6300</u>	Producing Formation <u>Fruitland Coal</u>		Pool <u>Basin</u>	Dedicated Acreage <u>320</u> Acres

1. Outline the acreage dedicated to the subject well by colored pencil or hatchure marks on the plat 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 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 Division.



CERTIFICATION

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

Name  
R. Howard Daggett  
Regulatory Affairs  
Position  
Meridian Oil  
El Paso Natural Gas Co.  
Company  
12-22-88

Date

I hereby certify that the 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.

Registered Professional  
Land Surveyor

Date Surveyed

April 15, 1988

Registered Land Surveyor

R. Howard Daggett

Certificate No.

9679

0 330 660 990 1320 1650 1980 2310 2640 2000 1500 1000 500 0

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE\*  
(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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	7. UNIT AGREEMENT NAME San Juan 30-6 Unit
2. NAME OF OPERATOR El Paso Natural Gas Company	8. FARM OR LEASE NAME San Juan 30-6 Unit
3. ADDRESS OF OPERATOR P.O. Box 4289 Farmington, New Mexico 87499	9. WELL NO. 425
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1840'N, 1065'E	10. FIELD AND POOL, OR WILDCAT Basin Fruitland Coal
11. SEC., T., R., M., OR BLE. AND SUBV. OR LEASE Sec. 33, T30N, R7W NMPM	12. COUNTY OR PARISH Rio Arriba
13. STATE NM	
14. PERMIT NO.	15. ELEVATIONS (Show whether OF, BT, GR, etc.) 6300' GL

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"/>	REPAIR OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input 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"/>	(Other) <input type="checkbox"/>
(Other) Permit to Drill Extension <input checked="" type="checkbox"/>		(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.)\*

It is anticipated that the "Permit to Drill" will expire before this well can be spudded;  
Therefore, an extension is requested.

RECEIVED  
MAY 30 1983  
OIL CONSERVATION  
DIVISION

1/3/90

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

SIGNED [Signature] TITLE Regulatory Affairs DATE 5-17-89

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side