

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

## WELL COMPLETION OR RECOMPLETION REPORT AND LOG \*

1a. TYPE OF WELL:		OIL WELL <input type="checkbox"/>	GAS WELL <input checked="" type="checkbox"/>	DRY <input type="checkbox"/>	Other _____		
b. TYPE OF COMPLETION:		NEW WELL <input checked="" type="checkbox"/>	WORK OVER <input type="checkbox"/>	DEEP-EN <input type="checkbox"/>	PLUG BACK <input type="checkbox"/>	DIFF. RESVR. <input type="checkbox"/>	Other _____
2. NAME OF OPERATOR						7. UNIT AGREEMENT NAME	
El Paso Natural Gas Company						8. FARM OR LEASE NAME	
3. ADDRESS OF OPERATOR						9. WELL NO.	
Box 289, Farmington, New Mexico 87401						1R	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*						10. FIELD AND POOL, OR WILDCAT	
At surface 920'S, 1580'E						Aztec Pictured Cliffs	
At top prod. interval reported below						11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA	
At total depth						Sec. 4, T-29-N, R-10-W	
14. PERMIT NO. _____ DATE ISSUED _____						12. COUNTY OR PARISH	
						San Juan	
						13. STATE	
						New Mexico	
15. DATE SPUDDED	16. DATE T.D. REACHED	17. DATE COMPL. (Ready to prod.)	18. ELEVATIONS (DF, RKB, RT, GR, ETC.)*	19. ELEV. CASINGHEAD			
3-9-80	3-12-80	5-1-80	5843' GL				
20. TOTAL DEPTH, MD & TVD	21. PLUG, BACK T.D., MD & TVD	22. IF MULTIPLE COMPL., HOW MANY*	23. INTERVALS DRILLED BY	ROTARY TOOLS	CABLE TOOLS		
2437'	2426'		→	0-2437'			
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*				25. WAS DIRECTIONAL SURVEY MADE			
2309-2371' (PC)				No			
26. TYPE ELECTRIC AND OTHER LOGS RUN				27. WAS WELL CORED			
IES; GRS-DBC; Temp. Survey				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#	132'	12 1/4"	99 cu. ft.			
2 7/8"	6.4#	2437'	6 3/4"	427 cu. ft.			
29. LINER RECORD							
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	30. TUBING RECORD		
					Tubingless Completion		
31. PERFORATION RECORD (Interval, size and number)				32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.			
2309, 2314, 2319, 2324, 2329, 2335, 2340, 2367, 2371 W/1 SPZ.				DEPTH INTERVAL (MD)			
				AMOUNT AND KIND OF MATERIAL USED			
				2309-2371'			
				41,000#sd, 46,000 gal. wtr.			
33.* PRODUCTION							
DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping size and type of pump)			TEST METHOD (Producing or Shut-In)		
		After Frac Gauge 1589 MCF/D			Shut-In		
DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF	WATER—BBL.	
5-1-80			→				
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	WATER—BBL.	OIL GRAVITY-API (CORR.)		
	SI 468	→					
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)				TEST WITNESSED BY			
				C. Rhames			
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 <u>D. B. Guico</u>		TITLE <u>Drilling Clerk</u>		DATE <u>May 6, 1980</u>			

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

NMOCC

## OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

30-045-23563

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

El Paso Natural Gas Company	
Address Box 289, Farmington, New Mexico 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"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name  
and address of previous owner \_\_\_\_\_

## DESCRIPTION OF WELL AND LEASE

Lease Name Feuille A	Well No. 1R	Pool Name, including Formation Aztec Pictured Cliffs	Kind of Lease State, Federal or <del>Lease</del> SF	Lease No. 078197
Location				
Unit Letter	0	: 920 Feet From The South Line and 1580 Feet From The East		
Line of Section	4	Township 29-North Range 10 West, NMPM, San Juan County		

## 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	Box 289, Farmington, New Mexico 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	Box 289, Farmington, New Mexico 87401
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	0 4 29-N 10-W

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

## 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 3-9-80	Date Compl. Ready to Prod. 5-1-80	Total Depth 2437'	P.B.T.D. 2426'					
Elevations (DF, RKB, RT, GR, etc.) 5843' GL	Name of Producing Formation Pictured Cliffs	Top/Gas Pay 2309'	Tubing Depth tubingless					
Perforations 2309, 2314, 2319, 2324, 2329, 2335, 2340, 2367, 2371'	Depth Casing Shoe 2437'							

## TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8"	132'	99 cu. ft.
6 3/4"	2 7/8"	2437'	427 cu. ft.

## 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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

## 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 above is true and complete to the best of my knowledge and belief.

  
(Signature)Drilling Clerk  
(Title)May 6, 1980  
(Date)

## OIL CONSERVATION DIVISION

APPROVED JUN 3 1980, 10

BY Original Signed by FRANK T. CHAVEZ

TITLE SUPERVISOR 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 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 multiple completed wells.

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE		
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	<input type="checkbox"/> Casinghead Gas	
<input type="checkbox"/> Change in Operatorship	<input type="checkbox"/> Dry Gas	
	<input 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

Lessee Name Feuille A	Well No. 1R	Pool Name, including Formation Aztec Pictured Cliffs	Kind of Lease State, Federal or Fee	Lease No. SF 078197
Location Unit Letter <u>O</u> : <u>920</u> Feet From The <u>South</u> Line and <u>1580</u> Feet From The <u>East</u>				
Line of Section <u>4</u> Township <u>29N</u> Range <u>10W</u> NMPM, <u>San Juan</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.	Is gas actually connected? When
Unit <u>O</u> Sec. <u>4</u> Twp. <u>29N</u> Rge. <u>10W</u>	

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.

  
(Signature)  
Drilling Clerk

RECEIVED

NOV -1 1986

OIL CON. DIV.  
DIST. 3

OIL CONSERVATION DIVISION

APPROVED NOV -1 1986, 19  
BY [Signature]  
TITLE SUPERVISION DISTRICT #3

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