



UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN DUPLICATE

Form approved.  
Budget Bureau No. 1004-0137  
Expires August 31, 1985

WELL COMPLETION OR RECOMPLETION REPORT AND LOG ROOM

1a. TYPE OF WELL: OIL WELL ☐ GAS WELL ☒ DRY ☐ Other ☐

b. TYPE OF COMPLETION: NEW WELL ☒ WORK OVER ☐ DEEPEN ☐ PLUG BACK ☐ DIFF. RESUR. ☐ 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 2045'N, 1015'E  
At top prod. interval reported below  
At total depth

14. PERMIT NO. DATE ISSUED

5. LEASE DESIGNATION AND SERIAL NO.  
SF-080713

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME  
San Juan 30-6 Unit

8. FARM OR LEASE NAME  
San Juan 30-6 Unit

9. WELL NO.  
438

10. FIELD AND POOL, OR WILDCAT  
Basin Fruitland Coal

11. SEC. T. R. M. OR BLOCK AND SURVEY OR AREA  
Sec. 12, T-30-N, R-6-W  
NMPM

12. COUNTY OR PARISH  
Rio Arriba

13. STATE  
NM

15. DATE SPUDDED 9-25-88 16. DATE T.D. REACHED 10-12-88 17. DATE COMPL. (Ready to prod.) 10-14-88 18. ELEVATIONS (DP, RKB, RT, GR, ETC.)\* 6220' GL 19. ELEV. CASINGHEAD 6220' GL

20. TOTAL DEPTH, MD & TVD 3022' 21. PLUG BACK T.D., MD & TVD 22. IF MULTIPLE COMPL., HOW MANY\* 1 23. INTERVALS DRILLED BY ROTARY TOOLS yes CABLE TOOLS

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)\*  
2905-3019' (Fruitland Coal)

25. WAS DIRECTIONAL SURVEY MADE no

26. TYPE ELECTRIC AND OTHER LOGS RUN -- 27. WAS WELL CORRED no

CASING RECORD (Report all strings set in well)					
CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
9 5/8"	36.0#	229'	12 1/4"	177 cu.ft.	
7"	20.0#	2879'	8 3/4"	1017 cu.ft.	

LINER RECORD					TUBING RECORD		
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
5 1/2"	2812	3022'	did not cmt		2 3/8"	3010'	

31. PERFORATION RECORD (Interval, size and number)  
2905-41', 2944-84', 2987-3019' (predrilled liner)

32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED

33.\* PRODUCTION

DATE FIRST PRODUCTION PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) WELL STATUS (Producing or shut-in)  
Flowing-capable of comm HC; to be sold when connected

DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BSL.	GAS—MCF.	WATER—BSL.	GAS-OIL RATIO

FLOW. TUBING PRESS. CASING PRESSURE CALCULATED 24-HOUR RATE OIL—BSL. GAS—MCF. WATER—BSL. OIL GRAVITY-API (CORE.)  
SI 956 -- -- -- -- --

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)  
to be sold

TEST WITNESSED BY: ACCEPTED FOR RECORD

35. LIST OF ATTACHMENTS  
temp survey

DEC 07 1983

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records

SIGNED: [Signature] TITLE: Regulatory Affairs  
DATE: 12-3-88 BY: [Signature]

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

Need  
Held for 150

RECEIVED  
Form C-104  
Revised 10-6-78  
Format 06-01-83  
Page 1

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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	GAS
OPERATOR	
PRODUCTION OFFICE	

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

JAN 7 1989  
OIL CON. DIV.]  
DIST. 3

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator Meridian Oil Inc.  
El Paso Natural Gas Company

Address  
P.O. BOX 4289, FARMINGTON, NM 87499

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Condensate
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	

Other (Please explain)  
POOL NAME & DEDICATION CHANGE

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>San Juan 30-6 Unit</u>	Well No. <u>438</u>	Pool Name, including Formation <u>BASIN FRUITLAND COAL</u>	Kind of Lease State, Federal or Fee	Lease No. <u>SF-080713</u>
Location Unit Letter <u>G</u> ; <u>2045</u> Feet From The <u>North</u> Line and <u>1015</u> Feet From The <u>East</u> Line of Section <u>12</u> Township <u>30N</u> Range <u>6W</u> NMPM, <u>Rio Arriba</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) <u>P. [redacted]</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) <u>[redacted]</u>
If well produces oil or liquids, give location of tanks.	Unit <u>G</u> Sec. <u>12</u> Twp. <u>30N</u> Rge. <u>6W</u> Is gas actually connected? <input type="checkbox"/> when <u>[redacted]</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]  
(Signature)  
REGULATORY AFFAIRS  
(Title)  
DECEMBER 27, 1988  
(Date)

Approved for pool change only  
OIL CONSERVATION DIVISION  
APPROVED JAN 17 1989, 19\_\_\_\_  
BY [Signature]  
TITLE DEPUTY OIL & GAS INSPECTOR, 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 deepen well, this form must be accompanied by a tabulation of the deviate 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 multiphase completed wells.

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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	GAS
OPERATOR	
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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  
El Paso Natural Gas Company

Address  
PO Box 4289, Farmington, NM 87499

Reason(s) for filing (Check proper box)

<input checked="" type="checkbox"/> New Well	Change in Transporter of:	
<input type="checkbox"/> 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

Other (Please explain)

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name San Juan 30-6 Unit	Well No. 438	Pool Name, including Formation Basin Fruitland Coal	Kind of Lease State, Federal or Fee	Lease No. SF-080713
Location Unit Letter <u>G</u> : <u>2045</u> Feet From The <u>North</u> Line and <u>1015</u> Feet From The <u>East</u> Line of Section <u>12</u> Township <u>30N</u> Range <u>6W</u> , NMPM, <u>Rio Arriba</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"/> Meridian Oil Inc.	Address (Give address to which approved copy of this form is to be sent) PO Box 4289, Farmington, NM 87499					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Meridian Oil Inc.	Address (Give address to which approved copy of this form is to be sent) PO Box 4289, Farmington, NM 87499					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When

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]  
(Signature)  
Regulatory Affairs  
(Title)  
December 3, 1988  
(Date)

OIL CONSERVATION DIVISION

APPROVED [Signature] DEC 03 1988  
BY [Signature]  
TITLE [Signature]

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 multiply completed wells.

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

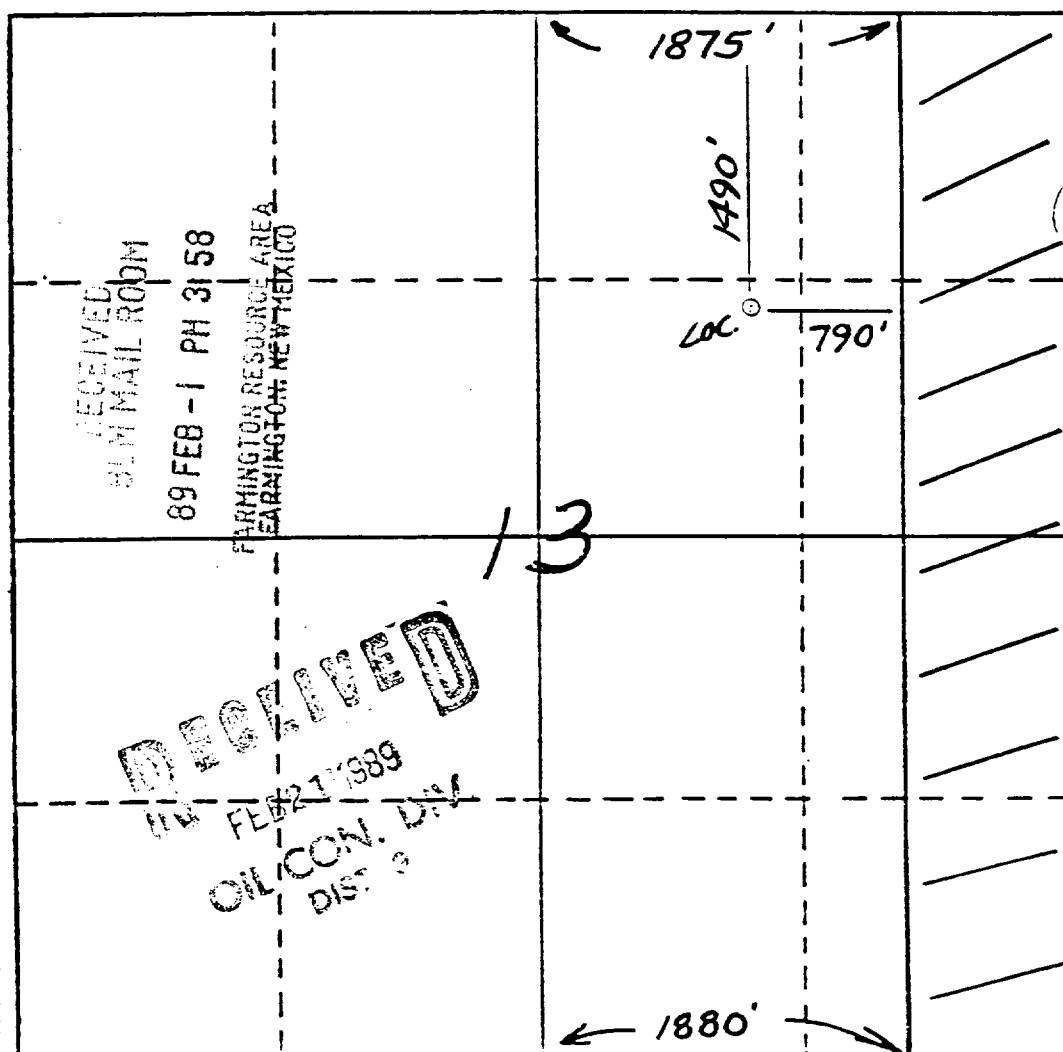
Operator <i>El Paso Natural Gas</i>		Lease San Juan 30-6 Unit		Well No. 435
Unit Letter G	Section 13	Township 30 North	Range 6 West	County Rio Arriba
Actual Footage Location of Well: 1490 feet from the North line and 790 feet from the East line				
Ground Level Elev. 6340'	Producing Formation Basin Fruitland Coal	Pool Basin	Dedicated Acreage: 227.76 320 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 \_\_\_\_\_

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.

*Neale C. Edwards*  
Name  
Regulatory Affairs  
Position  
El Paso Natural Gas Co.  
Company  
2-1-89

Date  
89

I hereby certify that the well location shown on this plat is 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.

*Neale C. Edwards*  
Date Surveyed  
7-19-88  
Registered Professional Engineer  
and/or Land Surveyor

Neale C. Edwards

Certificate No.  
6857

0 330 660 990 1320 1650 1980 2310 2640 2970 3300 3630 3960 4290 4620 4950 5280 5610 5940 6270 6600

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN DUPLICATE

(See instructions on reverse side)

Form approved.  
Budget Bureau No. 1004-0137  
Expires August 31, 1985

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 <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. SF-080713																																										
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3. ADDRESS OF OPERATOR P.O. Box 4289, Farmington, NM 87499		8. FARM OR LEASE NAME San Juan 30-6 Unit																																										
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DATE ISSUED		11. SEC. T. R. M. OR BLOCK AND SURVEY OR AREA Sec. 13, T30N, R6W																																										
15. DATE SPUDDED 10-21-88		12. COUNTY OR PARISH Rio Arriba																																										
16. DATE T.D. REACHED 3149'		13. STATE NM																																										
17. DATE COMPL. (Ready to prod.) 11-3-88		18. ELEVATIONS (DF, RKB, RT, CR, ETC.)* 6340' GL																																										
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23. INTERVALS DRILLED BY Yes		24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 3026' - 3148' (Fruitland Coal)																																										
25. WAS DIRECTIONAL SURVEY MADE No		26. TYPE ELECTRIC AND OTHER LOGS RUN None																																										
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36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records		<p>TEST WITNESSED BY JAN 18 1989</p> <p>FARMINGTON RESOURCE AREA</p> <p>STONED <i>[Signature]</i> TITLE Regulatory Affairs DATE 12-29-88</p>																																										

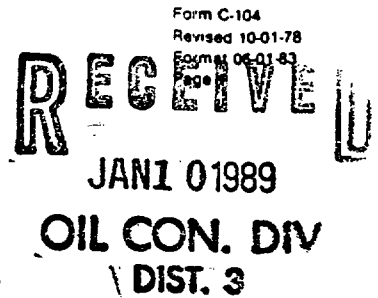
\*(See Instructions and Spaces for Additional Data on Reverse Side)

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ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS



I. Operator  
El Paso Natural Gas Company

Address  
P.O. Box 4289, Farmington, NM 87499

Reason(s) for filing (Check proper box)

<input checked="" type="checkbox"/> New Well	Change in Transporter of:	Other (Please explain)	
<input type="checkbox"/> 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

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name San Juan 30-6 Unit	Well No. 435	Pool Name, including Formation Basin Fruitland Coal	Kind of Lease State, Federal or Fee	Lease No. SF-080713
Location				
Unit Letter <u>G</u> : <u>1490</u> Feet From The <u>North</u> Line and <u>790</u> Feet From The <u>East</u>				
Line of Section <u>13</u> Township <u>30 North</u> Range <u>6 West</u> . NMPM, Rio Arriba 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)					
Meridian Oil Inc.	P.O. Box 4289, Farmington, NM 87499					
If well produces oil or liquids, give location of tanks.	Unit <u>G</u>	Sec. <u>13</u>	Twp. <u>30N</u>	Rge. <u>6W</u>	Is gas actually connected? <input type="checkbox"/>	When

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

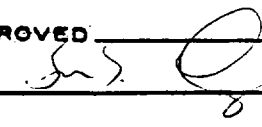
NOTE: Complete Parts IV and V on reverse side if necessary.

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)  
Regulatory Affairs  
(Title)  
December 29, 1988  
(Date)

OIL CONSERVATION DIVISION **JAN 20 1989**

APPROVED \_\_\_\_\_, 19 \_\_\_\_  
BY   
SUPERVISOR DISTRICT # \_\_\_\_  
TITLE \_\_\_\_\_

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 deviated tests taken on the well in accordance with RULE 111.  
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