

ABOVE THIS LINE FOR DIVISION USE ONLY

NEW MEXICO OIL CONSERVATION DIVISION
- Engineering Bureau -

ADMINISTRATIVE APPLICATION COVERSHEET

THIS COVERSHEET IS MANDATORY FOR ALL ADMINISTRATIVE APPLICATIONS FOR EXCEPTIONS TO DIVISION RULES AND REGULATIONS

Application Acronyms:

- [NSP-Non-Standard Proration Unit] [NSL-Non-Standard Location]
- [DD-Directional Drilling] [SD-Simultaneous Dedication]
- [DHC-Downhole Commingling] [CTB-Lease Commingling] [PLC-Pool/Lease Commingling]
- [PC-Pool Commingling] [OLS - Off-Lease Storage] [OLM-Off-Lease Measurement]
- [WFX-Waterflood Expansion] [PMX-Pressure Maintenance Expansion]
- [SWD-Salt Water Disposal] [IPI-Injection Pressure Increase]
- [EOR-Qualified Enhanced Oil Recovery Certification] [PPR-Positive Production Response]

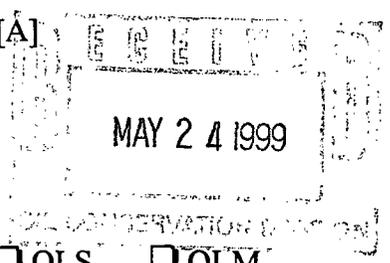
[1] TYPE OF APPLICATION - Check Those Which Apply for [A]

- [A] Location - Spacing Unit - Directional Drilling
 NSL NSP DD SD

Check One Only for [B] and [C]

- [B] Commingling - Storage - Measurement
 DHC CTB PLC PC OLS OLM

- [C] Injection - Disposal - Pressure Increase - Enhanced Oil Recovery
 WFX PMX SWD IPI EOR PPR



[2] NOTIFICATION REQUIRED TO: - Check Those Which Apply, or Does Not Apply

- [A] Working, Royalty or Overriding Royalty Interest Owners
- [B] Offset Operators, Leaseholders or Surface Owner
- [C] Application is One Which Requires Published Legal Notice
- [D] Notification and/or Concurrent Approval by BLM or SLO
U.S. Bureau of Land Management - Commissioner of Public Lands, State Land Office
- [E] For all of the above, Proof of Notification or Publication is Attached, and/or,
- [F] Waivers are Attached

[3] INFORMATION / DATA SUBMITTED IS COMPLETE - Statement of Understanding

I hereby certify that I, or personnel under my supervision, have read and complied with all applicable Rules and Regulations of the Oil Conservation Division. Further, I assert that the attached application for administrative approval is accurate and complete to the best of my knowledge and where applicable, verify that all interest (WI, RI, ORRI) is common. I understand that any omission of data, information or notification is cause to have the application package returned with no action taken.

Note: Statement must be completed by an individual with supervisory capacity.

Peggy Bradfield

Regulatory/Compliance Administrator

Print or Type Name

Signature

Title

Date

BURLINGTON RESOURCES

SAN JUAN DIVISION

Federal Express

Mr. Michael Stogner
New Mexico Oil Conservation Division
2040 South Pacheco Street
Santa Fe, New Mexico 87505

Re: Huerfano Unit Com #118
1650'FSL, 1650'FEL Section 30, T-27-N, R-10-W, San Juan County
30-045-21322

Dear Mr. Stogner:

This is a request for administrative approval for a non-standard gas well location in the Basin Fruitland Coal pool. This location is considered off-pattern for the Fruitland Coal.

Burlington Resources intends to plug and abandon the Basin Dakota pool in the Huerfano Unit Com #118 and recomplete in the Fruitland Coal pool.

Production from the Fruitland Coal is included in a 320 acre gas spacing unit comprising of the south half (S/2) of Section 30.

To comply with the New Mexico Oil Conservation Division rules, we are submitting the following for your approval of this non-standard location:

- C-102 plat showing location of the well;
- Copy of Well Completion Log for original completion;
- Plat showing offset owners/operators – Burlington is the offset operator;

Please let me know if you have any questions concerning this application.

Sincerely yours,



Peggy Bradfield
Regulatory/Compliance Administrator

xc: New Mexico Oil Conservation Division – Aztec
Bureau of Land Management – Farmington

District I
PO Box 1980, Hobbs, NM 88241-1980

State of New Mexico
Energy, Minerals & Natural Resources Department

Form C-102
Revised February 21, 1994

District II
PO Drawer 00, Artesia, NM 88211-0719

OIL CONSERVATION DIVISION
PO Box 2088
Santa Fe, NM 87504-2088

Submit to Appropriate District Office
State Lease - 4 Copies
Fee Lease - 3 Copies

District III
1000 Rio Brazos Rd., Aztec, NM 87410

District IV
PO Box 2088, Santa Fe, NM 87504-2088

AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

¹ API Number 30-045-21322		² Pool Code 71599/71629		³ Pool Name Basin Dakota/Basin Fruitland Coal	
⁴ Property Code 7141		⁵ Property Name HUERFANO UNIT COM			⁶ Well Number 118
⁷ GRID No. 14538		⁸ Operator Name BURLINGTON RESOURCES OIL & GAS COMPANY			⁹ Elevation 5981'

¹⁰ Surface Location

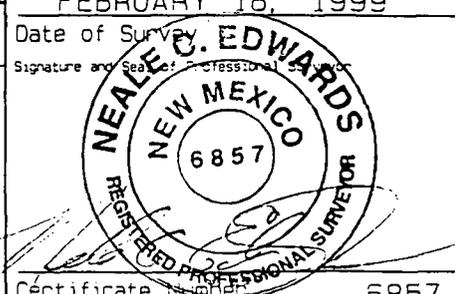
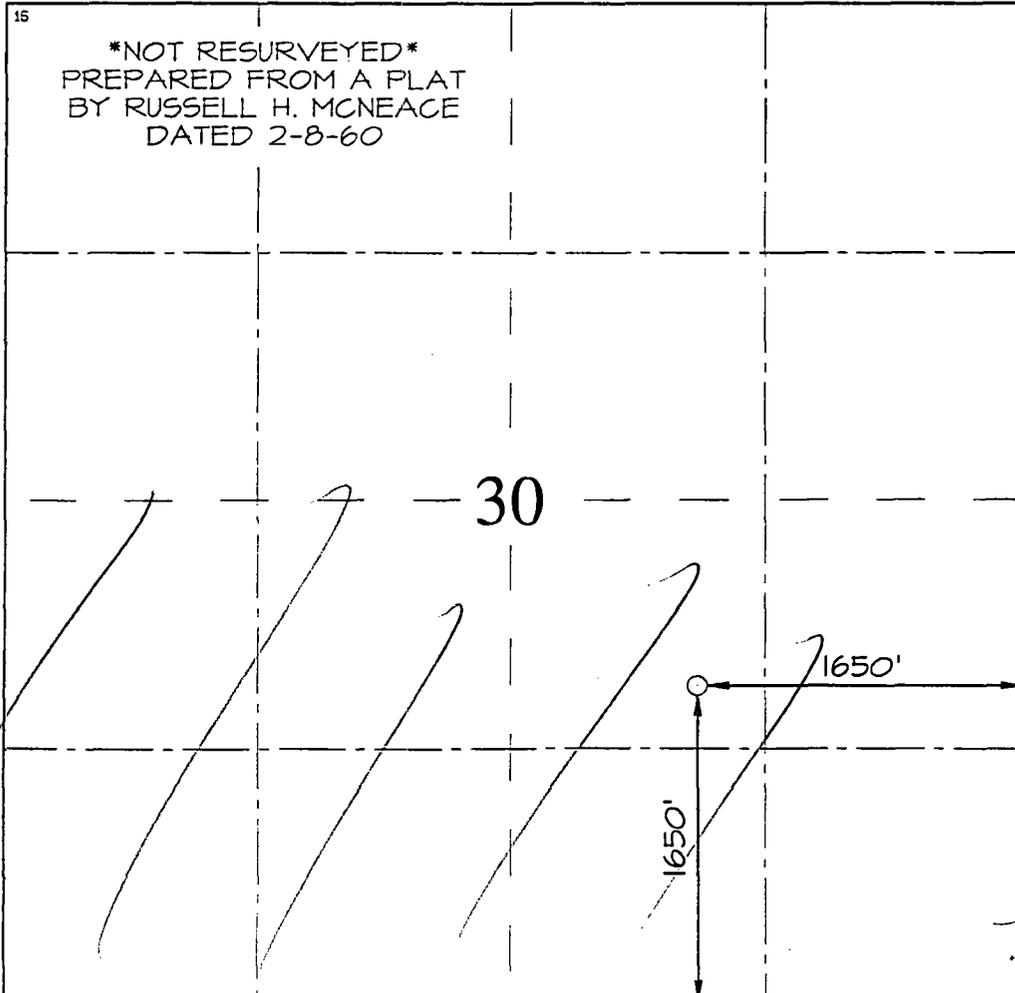
UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
J	30	27N	10W		1650	SOUTH	1650	EAST	SAN JUAN

¹¹ Bottom Hole Location If Different From Surface

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County

¹² Dedicated Acres DK: E/320 FTC: S/320	¹³ Joint or Infill	¹⁴ Consolidation Code	¹⁵ Order No.
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NO ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNTIL ALL INTERESTS HAVE BEEN CONSOLIDATED OR A NON-STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION

¹⁵ *NOT RESURVEYED* PREPARED FROM A PLAT BY RUSSELL H. MCNEACE DATED 2-8-60	¹⁷ OPERATOR CERTIFICATION I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief  Signature Peggy Bradfield Printed Name Regulatory Administrator Title 2-25-99 Date
	¹⁸ SURVEYOR CERTIFICATION I hereby certify that the well 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 belief. FEBRUARY 18, 1999 Date of Survey  Signature and Seal of Professional Surveyor NEAL C. EDWARDS NEW MEXICO 6857 REGISTERED PROFESSIONAL SURVEYOR Certificate No. 6857
	

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Sundry Notices and Reports on Wells

- | | |
|---|---|
| <p>1. Type of Well
GAS</p> <hr/> <p>2. Name of Operator
BURLINGTON RESOURCES
OIL & GAS COMPANY</p> <hr/> <p>3. Address & Phone No. of Operator
PO Box 4289, Farmington, NM 87499 (505) 326-9700</p> <hr/> <p>4. Location of Well, Footage, Sec., T, R, M
1650' FSL 1650' FEL, Sec.30, T-27-N, R-10-W, NMPM</p> | <p>5. Lease Number
SF-077384</p> <p>6. If Indian, All. or Tribe Name</p> <p>7. Unit Agreement Name
Huerfano Unit</p> <p>8. Well Name & Number
Huerfano Unit #118</p> <p>9. API Well No.
30-045-21322</p> <p>10. Field and Pool
Basin Fruitland Coal</p> <p>11. County and State
San Juan Co, NM</p> |
|---|---|

12. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OTHER DATA

Type of Submission	Type of Action	
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input type="checkbox"/> Subsequent Report	<input checked="" type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut off
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Other -	

13. Describe Proposed or Completed Operations

It is intended to plugback the Dakota formation and recomplete in the Fruitland Coal formation of the subject well according to the attached procedure and wellbore diagram.

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

Signed *Donna Mackie* (PMP) Title Regulatory Administrator Date 2/16/99
TLW

(This space for Federal or State Office use)

APPROVED BY _____ Title _____ Date _____

CONDITION OF APPROVAL, if any:

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

**UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY**

SUBMIT IN DUPLICATE

(See instructions on reverse side)

Form approved.
Budget Bureau No. 42-R355.5.

5. LEASE DESIGNATION AND SERIAL NO.

SF 077384

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

Huerfano Unit

8. FARM OR LEASE NAME

Huerfano Unit Com

9. WELL NO.

118

10. FIELD AND POOL, OR WILDCAT

Basin Dakota

11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA

Sec 30, T-27-N, R-10-W
NMPM

12. COUNTY OF

San Juan

13. STATE

New Mexico

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

1a. TYPE OF WELL: OIL WELL GAS WELL DRY Other _____

b. TYPE OF COMPLETION: NEW WELL WORK OVER DEEP-EN PLUG BACK DIFF. RESVR. Other _____

2. NAME OF OPERATOR
El Paso Natural Gas Company

3. ADDRESS OF OPERATOR
Box 990 Farmington, New Mexico 87401

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*
At surface 1650'S, 1650'E
At top prod. interval reported below
At total depth

14. PERMIT NO. DATE ISSUED

15. DATE SPUDDED 11-2-73 16. DATE T.D. REACHED 11-19-73 17. DATE COMPL. (Ready to prod.) 1-23-74 18. ELEVATIONS (DF, REB, RT, GR, ETC.)* 5981' GL 19. ELEV. CASINGHEAD

20. TOTAL DEPTH, MD & TVD 6344' 21. PLUG, BACK T.D., MD & TVD 6326' 22. IF MULTIPLE COMPL., HOW MANY* 23. INTERVALS DRILLED BY 0-6344 ROTARY TOOLS CABLE TOOLS

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 6124-6310 Dakota 25. WAS DIRECTIONAL SURVEY MADE NO

26. TYPE ELECTRIC AND OTHER LOGS RUN FDC-GR, IES, Temperature Survey 27. WAS WELL CORED 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#	207'	12 1/4"	189 cu. ft.	
4 1/2"	10.5#	6344'	7 7/8"	1104 cu. ft.	

29. LINER RECORD					30. TUBING RECORD		
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
					2 3/8"	6314'	

31. PERFORATION RECORD (Interval, size and number)		32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.	
INTERVAL (MD)	SIZE	DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
6124', 6150', 6210', 6262', 6264, 6310'	with one SPF	6124-6310	54,000# sand, 57,120 gal water

33. PRODUCTION
DATE FIRST PRODUCTION PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Flowing WELL STATUS (Producing or shut-in) Shut in

DATE OF TEST 1-23-74 HOURS TESTED 3 CHOKE SIZE 3/4" PROD'N. FOR TEST PERIOD 46.6 OIL—BBL. GAS—MCF. WATER—BBL. GAS-OIL RATIO 2.92

FLOW. TUBING PRESS. SI 972 CASING PRESSURE SI 1892 CALCULATED 24-HOUR RATE 1176 AOF OIL—BBL. GAS—MCF. WATER—BBL. OIL GRAVITY-API (CORR.) 43.8

34. DISPOSITION OF GAS (Sold, used for _____, etc.) JFW JT TEST WITNESSED BY L. W. Fothergill

35. LIST OF ATTACHMENTS FEB 11 1974 DHP RW

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records
SIGNED A. G. _____ TITLE Drilling Clerk DATE 1-30-74

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

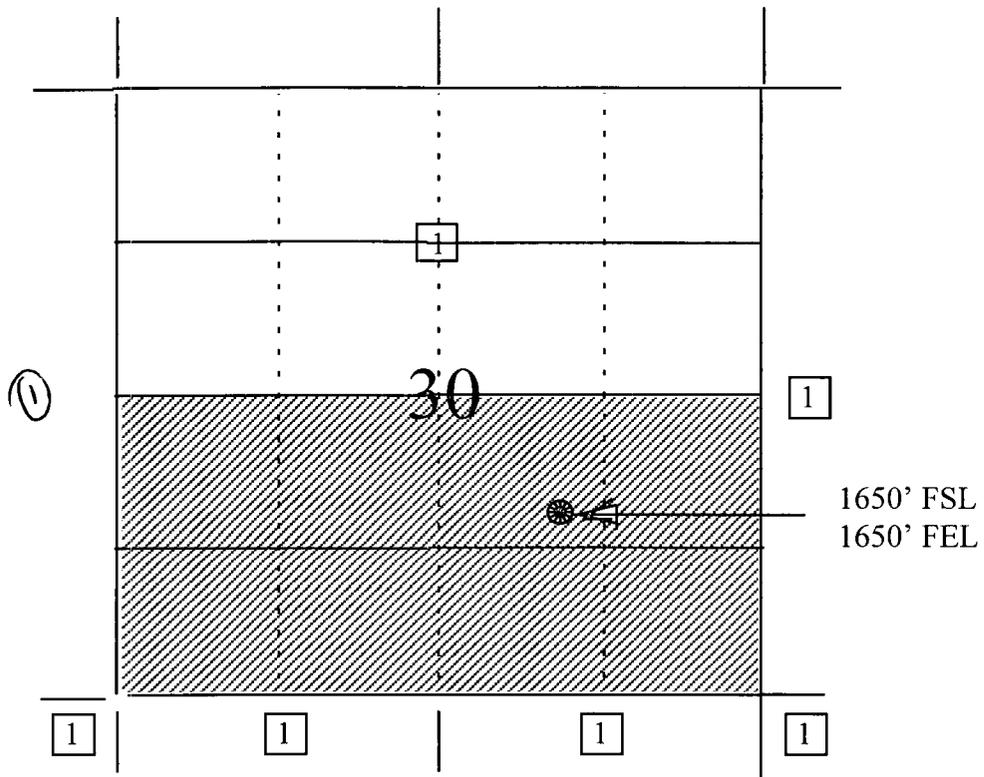
BURLINGTON RESOURCES OIL AND GAS COMPANY

**Huerfano Unit Com #118
OFFSET OPERATOR \ OWNER PLAT
Nonstandard Location**

Fruitland Coal Formation Well

Township 27 North, Range 10 West

36-27N-10W



1) Burlington Resources

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Sundry Notices and Reports on Wells

1. Type of Well
GAS

2. Name of Operator

**BURLINGTON
RESOURCES**

OIL & GAS COMPANY

3. Address & Phone No. of Operator

PO Box 4289, Farmington, NM 87499 (505) 326-9700

4. Location of Well, Footage, Sec., T, R, M

1650' FSL 1650' FEL, Sec.30, T-27-N, R-10-W, NMPM

5. Lease Number
SF-077384

6. If Indian, All. or
Tribe Name

7. Unit Agreement Name
Huerfano Unit

8. Well Name & Number
Huerfano Unit #118

9. API Well No.
30-045-21322

10. Field and Pool
Basin Fruitland Coal

11. County and State
San Juan Co, NM

RECEIVED
MAR 10 1999

OIL CON. DIV.
DIST. 3

12. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OTHER DATA

Type of Submission

- Notice of Intent
- Subsequent Report
- Final Abandonment

Type of Action

- Abandonment
- Recompletion
- Plugging Back
- Casing Repair
- Altering Casing
- Other -
- Change of Plans
- New Construction
- Non-Routine Fracturing
- Water Shut off
- Conversion to Injection

13. Describe Proposed or Completed Operations

It is intended to plugback the Dakota formation and recomplete in the Fruitland Coal formation of the subject well according to the attached procedure and wellbore diagram.

RECEIVED
MAR 11 2 31

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

Signed Maury Mackinnon (PMP) Title Regulatory Administrator Date 2/16/99
TLW

(This space for Federal or State Office use)

APPROVED BY /s/ Duane W. Spencer Title Team Lead, Petroleum Management

MAR - 9 1999

CONDITION OF APPROVAL, if any:

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

5

NMOC

District I
PO Box 1990, Hobbs, NM 88241-1990

State of New Mexico
Energy, Minerals & Natural Resources Department

Form C-
Revised February 21, 1999
Instructions on back
Submit to Appropriate District Office
State Lease - 4 Copies
Fee Lease - 3 Copies

District II
PO Drawer DD, Artesia, NM 88211-0719

OIL CONSERVATION DIVISION
PO Box 2088
Santa Fe, NM 87504-2088

District III
1000 Rio Brazos Rd., Aztec, NM 87410

District IV
PO Box 2088, Santa Fe, NM 87504-2088

AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

1 API Number 30-045-21322		2 Pool Code 71599/71629		3 Pool Name Basin Dakota/Basin Fruitland Coal	
4 Property Code 7141		5 Property Name HUERFANO UNIT COM			6 Well Number 118
7 OGRID No. 14538		8 Operator Name BURLINGTON RESOURCES OIL & GAS COMPANY			9 Elevation 5981'

10 Surface Location

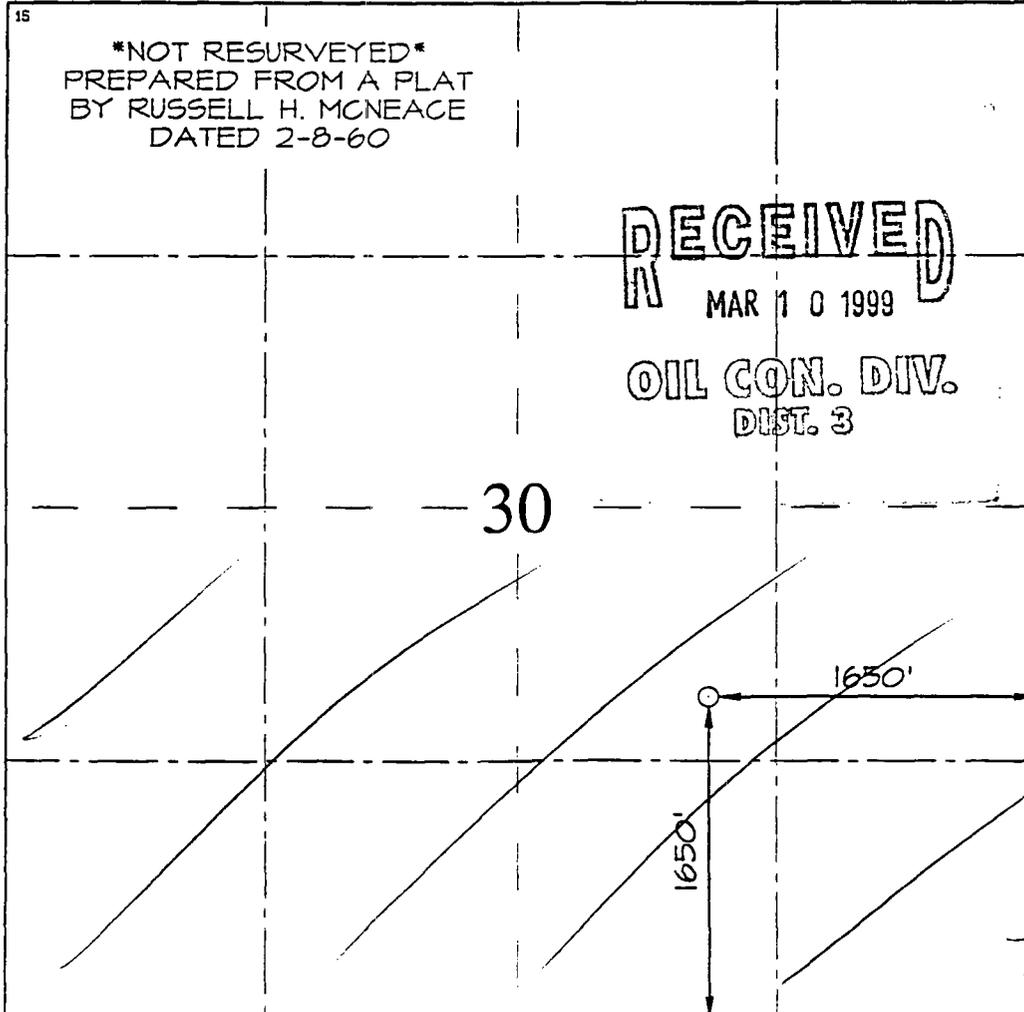
UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
J	30	27N	10W		1650	SOUTH	1650	EAST	SAN JUAN

11 Bottom Hole Location If Different From Surface

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County

12 Dedicated Acres DK: E/320 ETC: S/320	13 Joint or Infill	14 Consolidation Code	15 Order No.
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NO ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNTIL ALL INTERESTS HAVE BEEN CONSOLIDATED OR A NON-STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION



NOT RESURVEYED
PREPARED FROM A PLAT
BY RUSSELL H. MCNEACE
DATED 2-8-60

RECEIVED
MAR 10 1999
OIL CON. DIV.
DIST. 3

17 OPERATOR CERTIFICATION

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

Peggy Bradfield
Signature
Peggy Bradfield
Printed Name
Regulatory Administrator
Title
2-25-99
Date

18 SURVEYOR CERTIFICATION

I hereby certify that the well 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 belief.

FEBRUARY 18, 1999
Date of Survey
Signature and Seal of Professional Surveyor
NEALE C. EDWARDS
NEW MEXICO
REGISTERED PROFESSIONAL SURVEYOR
6857
Certificate Number 6857

HOLD COPY FOR NSL

HUERFANO UNIT #118 FRTC
Recompletion Procedure
J 30 27 10
San Juan County, N.M.
Lat-Long: 36-32.61" - 107-55.97"

PROJECT SUMMARY: Plugback this 1973 vintage Dakota well that has been plagued by casing leaks in the Cliffhouse to the FRTC and foam frac.

1. Comply to all NMOCD, BLM, and BROG rules and regulations. MOL and RU completion rig. NU BOP w/flow tee and stripping head. Test operation of rams. NU blooie line and 2-7/8" relief line. If necessary, kill well w/water.
2. Set blanking plug in S.N. of 2-3/8" tbg @ 6087' and pressure test tbg to 3000 psi. TOH w/2-3/8" tbg (6119') and Baker Loc-set pkr (4340').
3. Run 4-1/2" csg scraper on 2-3/8" tbg to 6074'. TOH. Run 4-1/2" cmt retainer on 2-3/8" tbg and set @ 6074'. Sq DK perfs w/35 sx cl "G" cmt. This will fill inside the pipe from 6310' to 6074' w/100% excess cmt. Sting out of ret and spot 5 sx cmt on top of cmt ret @ 6074'. Reverse out cmt.
4. PU to 5206' (50' below top of Gallup). Spot 12 sx cmt. This will cover inside 4-1/2" csg 50' above and below top of Gallup.
5. PU to 3247' (50' below top of MV). Spot 12 sx cmt. This will cover inside 4-1/2" csg 50' above and below top of MV. TOH.
6. MI Blue Jet. Set 4-1/2" CIBP @ 1900' on wireline. Pressure test 4-1/2" csg and CIBP to 1000 psi. Run CBL from 1900' (stg tool @ 1916') to top of cmt in 4-1/2" csg and an advanced integrated data processed GSL neutron log 1900'-1300' and correlate to attached open hole log. Pressure csg to 1000 psi if necessary to see bond. Hot-shot logs to Mike Pippin (326-9848) so perfs can be picked.
7. TIH w/2-3/8" tbg open ended and spot 170 gal 15% HCL acid 1636'-1390'
All acid on this well to contain the following additives per 1000 gal:
2 gal CI-22 corrosion inhibitor
5 gal Ferrotrol-300L iron control
1 gal Flo-back 20 Surfactant
0.5 gal Clay Master-5C clay control
8. Using GSL log, Perf about 50' of FRTC w/2 spf from about 1636' to 1390'. Perf using 3-1/8" hollow steel carrier guns loaded w/Owen HSC 13 gm. charges phased at 180 degrees. Average perf dia. = 0.48". Average penetration is 18" in Berea.
9. Fill 3 - 400 bbl. frac tanks with 1% KCL water. If necessary, filter all water to 25 microns. Two tanks are for gel and one tank for breakdown water. Usable gel water required for frac is 538 bbls.
10. TIH w/4-1/2" pkr on 2-7/8" 6.5# N-80 w/shaved collars (3.5" O.D. 2.441" I.D.) rental frac string (run 2 jts 2-3/8" N-80 on top of pkr).and set 200' above top perf. W/ 500 psi on annulus, breakdown and attempt to balloff FRTC perfs w/1500 gal 15% HCL acid and 150% excess RCN 7/8" 1.3 sp gr perf balls. Use same acid additives as in step #7.

HUERANO UNIT #118 FRTC - RECOMPLETE TO FRTC WELL

Max. pressure is 4550 psi. Lower pkr to 1640' to knock off perf balls. Reset pkr 50' above top perf.

11. Frac FRTC down frac string w/75,000 gals. of 70 quality foam using 20# gel as the base fluid and 150,000# 20/40 Arizona sand. Pump at 40 BPM. Monitor bottom hole and surface treating pressures, rate, foam quality, and sand concentration with computer van. Sand to be tagged w/ 3 RA isotope tracers. Max. pressure is 6000 psi and estimated treating pressure is 4036 psi. Pipe friction @ 40 BPM is 3206 psi. Treat per the following schedule:

<u>Stage</u>	<u>Foam Vol. (Gals.)</u>	<u>Gel Vol. (Gals.)</u>	<u>Sand Vol. (lbs.)</u>
Pad	15,000	5,000	—
1.0 ppg	10,000	3,000	10,000
2.0 ppg	20,000	6,000	40,000
3.0 ppg	20,000	6,000	60,000
4.0 ppg	10,000	3,000	40,000
Flush	(328)	(98)	0
Totals	75,000	22,500	150,000#

Treat frac fluid w/the following additives per 1000 gallons:

- * 20# J-48 (Guar Gel mix in full tank - 16,000 gal)
- * 1.0 gal. Aqua Flow (Non-ionic Surfactant mix in full tank)
- * 1.0# GVW-3 (Enzyme Breaker mix on fly)
- * 1.0# B - 5 (Breaker mix on fly)
- * 3.0 gal Fracfoam I (Foamer mix on fly)
- * 0.38# FracCide 20 (Bactericide mix on full tank)

12. Open well through choke manifold and monitor flow. Flow @ 20 bbl/hr. or less, if sand is observed. **Take pitot gauges when possible.** TOH w/pkr.
13. TIH w/notched collar on 2-3/8" tbg and C.O. to 1700' w/air/mist. Monitor gas and water returns and **Take pitot gauges when possible.**
14. When wellbore is sufficiently clean, TOH and run after frac gamma-ray log and perf eff log from 1700'-1300'.
15. TIH w/2-3/8" 4.7# J-55 EUE tbg w/standard seating nipple one joint off bottom and again cleanout to 1700'. When wellbore is sufficiently clean, land tbg @ 1620' KB. **Take final water and gas rates.**
16. ND BOP and NU wellhead and tree. Rig down and release rig.

Recommended:

[Signature] 1/29/99
Production Engineer

Approved:

[Signature] 2/1/99
Drilling Superintendent

Approved:

[Signature] 2/1/99
Team Leader

VENDORS:

Wireline:	Blue Jet	325-5584
Fracturing:	Howco	325-3575
RA Tag:	Pro-Technics	326-7133

PMP

District I
PO Box 1980, Hobbs, NM 88241-1980

District II
P.O. Drawer DD, Artesia, NM 88211-0719

District III
1000 Rio Brazos Rd., Aztec, NM 87410

District IV
PO Box 2088, Santa Fe, NM 87504-2088

State of New Mexico
Energy, Minerals, & Natural Resources Department

Form C-104
Revised February 21, 1994
Instructions on back
Submit to Appropriate District Office
5 Copies

OIL CONSERVATION DIVISION
PO Box 2088
Santa Fe, NM 87504-2088

AMMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

¹ Operator Name and Address Burlington Resources Oil & Gas PO Box 4289 Farmington, NM 87499		² OGRID Number 14538
		³ Reason for Filing Code CO - 7/11/96
⁴ API Number 30-045-21322	⁵ Pool Name BASIN DAKOTA (PRORATED GAS)	⁶ Pool Code 71599
⁷ Property Code 007139	⁸ Property Name HUERFANO UNIT COM	⁹ Well Number #118

II. ¹⁰ Surface Location

UI or lot no.	Section	Township	Range	Lot.Idn	Feet from the	North/South Line	Feet from the	East/West Line	County
J	30	027N	010W		1650	S	1650	E	SAN JUAN

¹¹ Bottom Hole Location

UI or lot no.	Section	Township	Range	Lot.Idn	Feet from the	North/South Line	Feet from the	East/West Line	County	
¹² Lse Code		¹³ Producing Method Code		¹⁴ Gas Connection Date		¹⁵ C-129 Permit Number		¹⁶ C-129 Effective Date		¹⁷ C-129 Expiration Date

III. Oil and Gas Transporters

¹⁸ Transporter OGRID	¹⁹ Transporter Name and Address	²⁰ POD	²¹ O/G	²² POD ULSTR Location and Description
7057	EL PASO FIELD SERVICES P.O. BOX 1492 EL PASO, TX 79978		G	J-30-T027N-R010W
9018	Giant Industries 5764 US Hwy 64 Farmington, NM 87401	1474010	O	J-30-T027N-R010W

IV. Produced Water

²³ POD	²⁴ POD ULSTR Location and Description
-------------------	--

V. Well Completion Data

²⁵ Spud Date	²⁶ Ready Date	²⁷ TD	²⁸ PBTD	²⁹ Perforations
³⁰ Hole Size	³¹ Casing & Tubing Size	³² Depth Set	³³ Sacks Cement	

VI. Well Test Data

³⁴ Date New Oil	³⁵ Gas Delivery Date	³⁶ Test Date	³⁷ Test Length	³⁸ Tbg. Pressure	³⁹ Csg. Pressure
⁴⁰ Choke Size	⁴¹ Oil	⁴² Water	⁴³ Gas	⁴⁴ AOF	⁴⁵ Test Method

⁴⁶ I hereby certify that the rules 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: *Dolores Diaz*

Printed Name: Dolores Diaz
Title: Production Associate
Date: 7/11/96
Phone: (505) 326-9700

OIL CONSERVATION DIVISION
Approved by: Frank T. Chavez
Title: District Supervisor
Approved Date: July 11, 1996

⁴⁷ If this is a change of operator fill in the OGRID number and name of the previous operator
14538 Meridian Oil Production

Previous Operator Signature	Printed Name	Title	Date
Signature: <i>Dolores Diaz</i>	Dolores Diaz	Production Associate	7/11/96

District I
PO Box 1980, Hobbs, NM 88241-1980

District II
P.O. Drawer DD, Artesia, NM 88211-0719

District III
1000 Rio Brazos Rd., Aztec, NM 87410

District IV
PO Box 2088, Santa Fe, NM 87504-2088

State of New Mexico
Energy, Minerals, & Natural Resources Department

OIL CONSERVATION DIVISION Form C-104
Revised February 21, 1994
RECEIVED
Instructions on back
Submit to Appropriate District Office
95 DE 52 5 Copies

OIL CONSERVATION DIVISION
PO Box 2088
Santa Fe, NM 87504-2088

AMMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

Operator Name and Address MERIDIAN OIL, INC. PO Box 4289 Farmington, NM 87499		OGRID Number 14538
DHC-1009		Reason for Filing Code CO/09-01-95
API Number 30-45-2132200	Pool Name BASIN DAKOTA (PRORATED GAS)	Pool Code 68
Property Code 7970916	Property Name HUERFANO UNIT COM	Well Number #118

II. Surface Location

UI or lot no.	Section	Township	Range	Lot.Idn	Feet from the	North/South Line	Feet from the	East/West Line	County
J	30	027N	010W		1650	S	1650	E	SAN JUAN

III. Bottom Hole Location

UI or lot no.	Section	Township	Range	Lot.Idn	Feet from the	North/South Line	Feet from the	East/West Line	County
Lse Code	Producing Method Code	Gas Connection Date	C-129 Permit Number	C-129 Effective Date	C-129 Expiration Date				

III. Oil and Gas Transporters

Transporter OGRID	Transporter Name and Address	POD	O/G	POD ULSTR Location and Description
7057	EL PASO NATURAL GAS P.O. BOX 1492 EL PASO, TX 79978		G	J-30-T027N-R010W
9018	GIANT INDUSTRIES, INC. 5764 U.S. HWY. 64 FARMINGTON, NM 87401	1474010	O	J-30-T027N-R010W

IV. Produced Water

POD	POD ULSTR Location and Description

V. Well Completion Data

Spud Date	Ready Date	TD	PBTD	Perforations
Hole Size	Casing & Tubing Size	Depth Set	Sacks Cement	

RECEIVED
OCT - 4 1995
OIL CON. DIV.

VI. Well Test Data

Date New Oil	Gas Delivery Date	Test Date	Test Length	Tbg. Pressure	Csg. Pressure
Choke Size	Oil	Water	Gas	AOF	Test Method

I hereby certify that the rules 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: *Dolores Diaz*

Printed Name:
Dolores Diaz
Title:
Production Assistant

Date:
27 September, 1995

Phone
(505) 326-9700

OIL CONSERVATION DIVISION

Approved by: *[Signature]*
SUPERVISOR DISTRICT #3

Approved Date: OCT - 4 1995

If this is a change of operator fill in the OGRID number and name of the previous operator

Previous Operator Signature	Printed Name	Title	Date

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

92 JUN 15 11:09 AM Sundry Notices and Reports on Wells

RECEIVED JUN 1 1992 OIL CON. DIV. DIST. 3

1. Type of Well GAS

2. Name of Operator Meridian Oil Inc.

3. Address & Phone No. of Operator PO Box 4289, Farmington, NM 87499 (505) 326-9700

4. Location of Well, Footage, Sec., T, R, M 1650'FSL, 1650'FEL Sec.30, T-27-N, R-10-W, NMPM

- 5. Lease Number SF-077384
6. If Indian, All. or Tribe Name
7. Unit Agreement Name Huerfano Unit
8. Well Name & Number Huerfano U Com #118
9. API Well No.
10. Field and Pool Basin Dakota
11. County and State San Juan Co, NM

Table with 2 columns: Type of Submission and Type of Action. Includes rows for Notice of Intent, Subsequent Report, Final Abandonment, Abandonment, Recompletion, Plugging Back, Casing Repair, Altering Casing, Other - stimulation, Change of Plans, New Construction, Non-Routine Fracturing, Water Shut off, Conversion to Injection.

13. Describe Proposed or Completed Operations

06-02-92 MOL&RU. ND master valve. NU BOP. TOOH w/tbg. TIH, tag @ 6281'. CO to 6326'.
06-03-92 TOOH. TIH w/196 jts 2 3/8", 4.7#, J-55 8rd EUE tbg landed @ 6119'. SN @ 6087'. Pkr set @ 4340'. ND BOP. NU master valve. Stimulate Dakota perms w/1000 gal. 15% HCl acid and N2. SI. Flow back. Released rig.
06-05-92 Pump corrosion inhibitor down backside. PT backside 500#, lost 100#/15 min. Held 400#/30 min. Pressure test approved by W. Townsend.

019 FARMINGTON, N.M. 92 JUN -8 PM 2:40 RECEIVED BLM 6-8-92

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

Signed Peggy Bradfield Title Regulatory Affairs Date 6-8-92

(This space for Federal or State Office use) APPROVED BY Title Date ACCEPTED FOR RECORD

JUN 10 1992 FARMINGTON RESOURCE AREA NMCCD BY [Signature]

submitted in lieu of Form 3160-5.

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Sundry Notices and Reports on Wells

<p>1. Type of Well GAS</p> <hr/> <p>2. Name of Operator Meridian Oil Inc.</p> <hr/> <p>3. Address & Phone No. of Operator PO Box 4289, Farmington, NM 87499 (505) 326-9700</p> <hr/> <p>4. Location of Well, Footage, Sec., T, R, M 1650'FSL, 1650'FEL Sec.30, T-27-N, R-10-W, NMPM</p>	<p>5. Lease Number 08E-077384</p> <p>6. If Indian, API. or Tribe Name OREGON CONSERVATION DIVISION</p> <p>7. Unit Agreement Name '92 JUN 1 09 10 47 Huerfano Unit</p> <p>8. Well Name & Number Huerfano U Com #118</p> <p>9. API Well No.</p> <p>10. Field and Pool Basin Dakota</p> <p>11. County and State San Juan Co, NM</p>
---	--

12. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OTHER DATA

Type of Submission	Type of Action	
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut off
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input checked="" type="checkbox"/> Other - stimulation	

13. Describe Proposed or Completed Operations

It is intended to clean out and stimulate the subject well according to the attached procedure and wellbore diagram.

RECEIVED
 BLM
 92 APR 30 AM 9:46
 019 FARMINGTON, NM

RECEIVED
 MAY 01 1992
 OIL CON. DIV.
 DIST. 3

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

Signed [Signature] (KAS) Title Regulatory Affairs Date 4-29-92

(This space for Federal or State Office use)

APPROVED BY _____ Title _____

CONDITION OF APPROVAL, if any: _____

APPROVED
 DATE APR 30 1992
[Signature]
 AREA MANAGER

NMOCD

Se

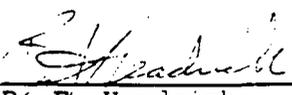
Recommended Procedure

HUERFANO UNIT COM #118 DAKOTA
UNIT J SECTION 30 T27N R10W
San Juan County, N.M.
Expense Workover

1. Test location anchors & dig blow pit.
2. MOL and RU completion rig. NU 6" 900 series BOP and stripping head. Test operation of rams. NU 2-7/8" relief line with 3000 psi gate valves on tubing head. Blow well down.
3. If necessary, kill well w/1% KCL water. Drop standing valve to seat on S.N. @ 6247' & test tub to 2000 psi. TOH w/2-3/8" tbg and Baker Lok-set pkr. Remove standing valve. TIH w/3-7/8" bit on tested 2-3/8" tbg. and cleanout to PSTD (6326') w/air/mist. TOH.
4. Rerun 2-3/8" tbg. & land @ 6120' w/redressed Lok-set pkr @ 4330'. Run pump out plug in standard seating nipple one jt above open ended bottom. Pump out plug.
5. Stimulate Dakota perms w/1000 gal. 15% HCL acid at low rate. Nitrify w/400 SCF/BBL Run 100 mcf-N2 pad and flush acid w/N2. Run the following additives:

2 gal. I17	corrosion inhibitor
5 gal. XR2L	Fe sequestering
2 gal. LT21	silt suspender
1 gal. aquaflo	non-emulsifier
6. Flow well until it dies or stablizes. Shut-in well. Release rig.
7. After 3 day buildup, return well to production.

Approve:


R. F. Headrick

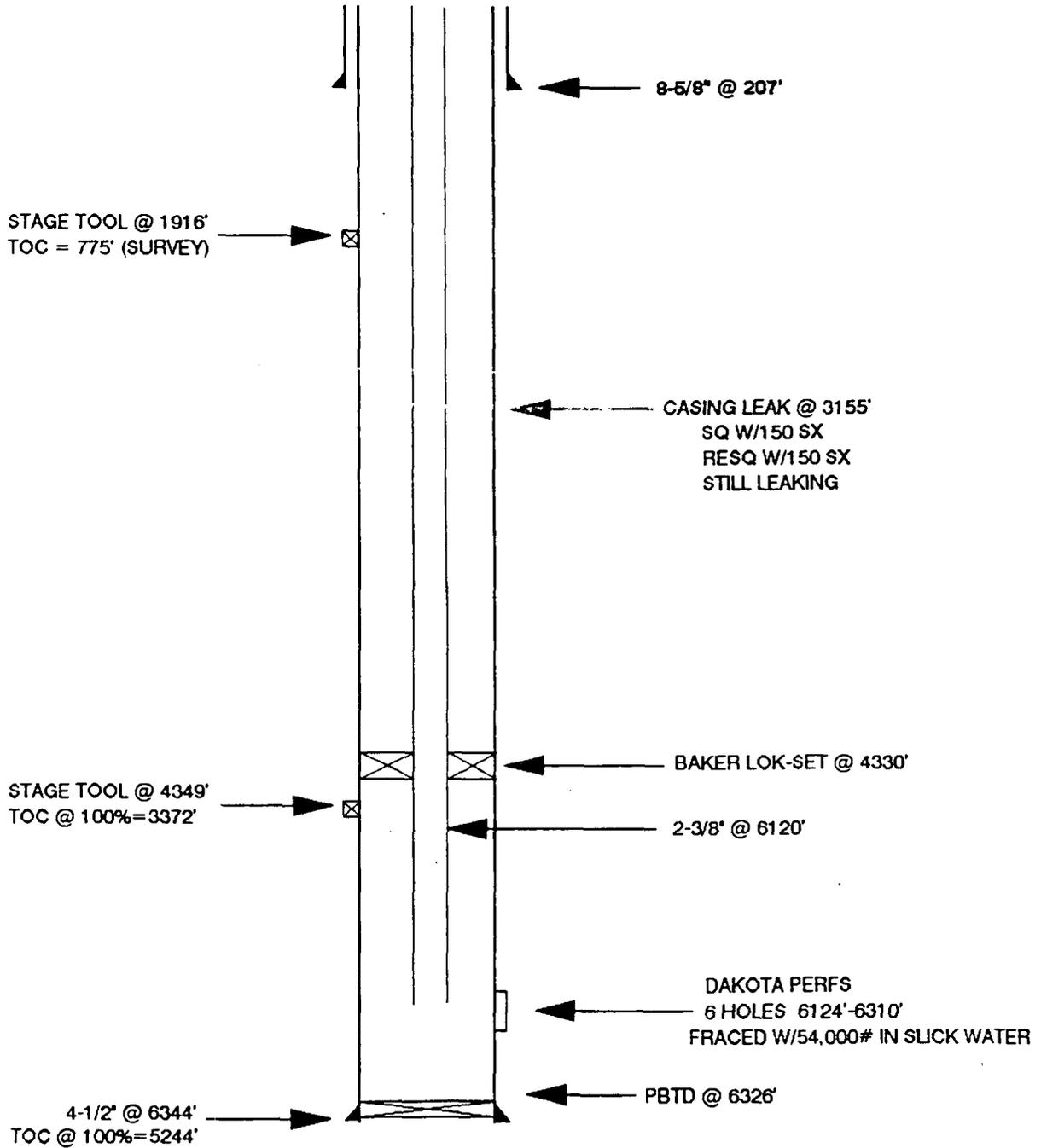
VENDOR:

Acid & N2: Western 327-6222

HUERFANO UNIT COM #118 DK

UNIT J SECTION 30 T27N R10W
SAN JUAN COUNTY, NEW MEXICO

AFTER WORKOVER



10

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

Form C-104
Revised 10-0
Format 06-0
Page 1

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

NO. OF COPIES RECEIVED		
DISTRIBUTION		
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U.S.O.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	NATURAL GAS	
OPERATOR		
PRODUCTION OFFICE		

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:	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Casinghead Gas	<input checked="" type="checkbox"/> Condensate	
<input checked="" type="checkbox"/> Change in Ownership	Operatorship		

Other (Please explain)
Meridian Oil Inc. is Operator for El Paso Production Company

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

Lease Name Huerfano Unit	Well No. 118	Pool Name, including Formation Basin Dakota	Kind of Lease State, (Federal) or Fee SF 0772
Location			
Unit Letter <u>J</u>	: <u>1650</u> Feet From The <u>South</u> Line and <u>1650</u> Feet From The <u>East</u>		
Line of Section <u>30</u>	Township <u>27N</u>	Range <u>10W</u>	NMPM, <u>San Juan</u>

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

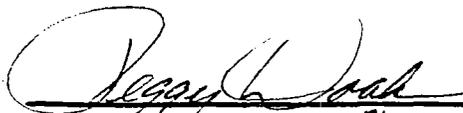
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Meridian Oil Inc.	P. O. Box 4289, Farmington, NM 87499
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> 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.	Unit Sec. Twp. Rge. Is gas actually connected? When
	J 30 27N 10W

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

 (Title)
 11-1-86

 (Date)

OIL CONSERVATION DIVISION
NOV 01 1986

APPROVED _____
 BY Bill D. Cook
 TITLE SUPERVISION DISTRICT #

This form is to be filed in compliance with RULE 11.1.
 If this is a request for allowable for a newly drilled well, this form must be accompanied by a tabulation of tests taken on the well in accordance with RULE 11.1.
 All sections of this form must be filled out completely on new and recompleted wells.
 Fill out only Sections I, II, III, and VI for change of well name or number, or transporter, or other such change.
 Separate Forms C-104 must be filed for each pool completed wells.

NOV 01 1986

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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 Form 9-331-C for such proposals.)

1. oil well gas well other

2. NAME OF OPERATOR
El Paso Natural Gas Company (505) 325-2841

3. ADDRESS OF OPERATOR
Box 4289, Farmington, N. M. 87401

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1650'S, 1650'E
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

5. LEASE
SF 077384

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME
Huerfano Unit

8. FARM OR LEASE NAME
Huerfano Unit *Com*

9. WELL NO.
118

10. FIELD OR WILDCAT NAME
Basin Dakota

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 30, T-27-N, R-10-W
N. M. P. M.

12. COUNTY OR PARISH
San Juan

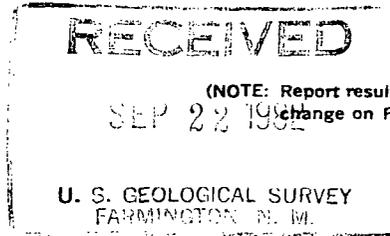
13. STATE
New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
5981' GL

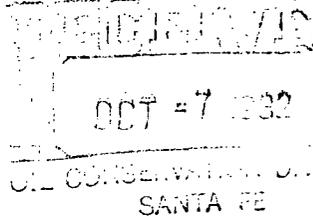
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF	<input type="checkbox"/>		<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>		<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>		<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>		<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>		<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>		<input type="checkbox"/>
CHANGE ZONES	<input type="checkbox"/>		<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>		<input type="checkbox"/>
(other) <u>Date of First Delivery</u>			<u>X</u>



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.)*

This well was first delivered on September 22, 1982 - After casing repair and produced natural gas and entrained liquid hydrocarbons.



Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED D. B. Drisco TITLE Drilling Clerk DATE 9-22-82

(This space for Federal or State office use)

ACCEPTED FOR RECORD

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

SEP 23 1982

NMOCC

FARMINGTON DISTRICT

RECEIVED
SEP 13 1982
OIL CON. COM.
DIST. 3

NEW MEXICO OIL CONSERVATION COMMISSION
 MULTIPOINT AND ONE POINT BACK PRESSURE TEST FOR GAS WELL

Form C-122
 Revised 9-1-65

Company El Paso Natural Gas Company		Connection El Paso Natural Gas Company		Test Date 9-9-82	(OWWO)
Pool Basin		Formation Dakota		Unit	
Completion Date 9-2-82		Total Depth 6344	Plug Back TD 6326	Elevation 5981 GR	Farm or Lease Name Huerfano Unit <i>com</i>
Csq. Size 4.500	Wt. 10.5	d 4.052	Set At 6344	Perforations: From 6124 To 6310	Well No. #118
Tbg. Size 2.375	Wt. 4.7	d 1.995	Set At 6279	Perforations: From To	Unit Sec. Twp. Rge. J 30 27 10
Type Well - Single - Bradenhead - G.G. or G.O. Multiple Single			Packer Set At 3966	County San Juan	
Producing Thru Tbg.		Reservoir Temp. °F @	Mean Annual Temp. °F	Baro. Press. - P _g	State New Mexico
L	H	G _g	% CO ₂	% N ₂	% H ₂ S
Prover		Meter Run		Taps	

NO.	FLOW DATA			TUBING DATA		CASING DATA		Duration of Flow	
	Prover Line Size	X	Orifice Size	Press. p.s.i.g.	Diff. h _w	Temp. °F	Press. p.s.i.g.		Temp. °F
SI							955		7 Days
1.									
2.									
3.									
4.									
5.									

NO.	Coefficient (24 Hour)	$\sqrt{h_w P_m}$	Pressure P _m	Flow Temp. Factor Ft.	Gravity Factor F _g	Super Compress. Factor, F _{pv}	Rate of Flow Q, Mcfd
2							
3							
4							
5							

NO.	P _t	Temp. °R	T _f	Z	Gas Liquid Hydrocarbon Ratio _____ Mcf/bbl.
1.					A.P.I. Gravity of Liquid Hydrocarbons _____ Deg.
2.					Specific Gravity Separator Gas _____ X X X X X X X X X
3.					Specific Gravity Flowing Fluid _____ X X X X X
4.					Critical Pressure _____ P.S.I.A. _____ P.S.I.A.
5.					Critical Temperature _____ R _____ R

NO.	P _t ²	P _w	P _w ²	P _c ² - P _w ²	(1) $\frac{P_c^2}{P_c^2 - P_w^2} =$ _____	(2) $\left[\frac{P_c^2}{P_c^2 - P_w^2} \right]^n =$ _____
1						
2						
3						
4						
5						

AOF = Q $\left[\frac{P_c^2}{P_c^2 - P_w^2} \right]^n =$ _____

Absolute Open Flow _____ Mcfd @ 15.025 Angle of Slope θ _____ Slope, n _____

Remarks: _____

Approved By Commission:	Conducted By: Tom McAndrews	Calculated By: Ed Mabe	Checked By:
-------------------------	--------------------------------	---------------------------	-------------

**UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY**

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 Form 9-331-C for such proposals.)

1. oil well gas well other

2. NAME OF OPERATOR
El Paso Natural Gas Company

3. ADDRESS OF OPERATOR
Box 289, Farmington, New Mexico 87401.

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1650'S, 1650'E
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

5. LEASE
SF 077384

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME
Huerfano Unit

8. FARM OR LEASE NAME
Huerfano Unit Com

9. WELL NO.
118

10. FIELD OR WILDCAT NAME
Basin Dakota

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA sec. 30, T-27-N, R-10-W N.M.P.M.

12. COUNTY OR PARISH | 13. STATE
San Juan | New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
5981' GL

REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

PULL OR ALTER CASING

MULTIPLE COMPLETE

CHANGE ZONES

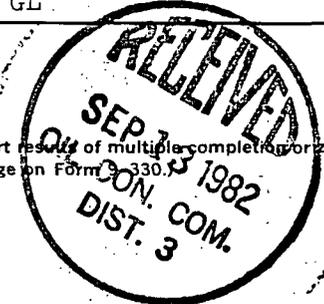
ABANDON*

(other)

SEP 02 1982
CONSULTATION DIVISION
SANTA FE

RECEIVED
SEP 02 1982
U. S. GEOLOGICAL SURVEY
FARMINGTON, N.M.

(NOTE: Report results of multiple completions or zone change on Form 9-330.)



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.)*

- 8-23-82 - MOL & rigged up, pulled tubing and packer, set top drillable bridge plug at 6024'. Isolated casing leak from 2585' to 3240'.
- 8-24-82 Set cement retainer at 2555'. Squeeze cemented w/177 cu. ft. cement. W.O.C. 12 hours.
- 8-25-82 Drilled out cement retainer at 2555'. Pressure tested casing - did not hold.
- 8-26-82 Set cement retainer at 2555'. Squeeze cemented w/177 cu. ft. cement. W.O.C. 12 hours. Trip in hole and drilled out cement retainer at 2555'.
- 8-28-82 Pressure tested casing to 700 psi O. K. Cleaned out to float collar at 6326'.
- 8-29-82 Ran 201 joints 2 3/8", 4.7#, J-55 tubing (6267') set at 6279'. Seating Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft. nipple at 6245'. Baker Lockset packer set at 3966'. Loaded annulus w/corrosion inhibitor.

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

SIGNED D. P. Suarez TITLE Drilling Clerk DATE September 2, 1982

(This space for Federal or State office use)

ACCEPTED FOR RECORD

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

SEP 10 1982

FARMINGTON DISTRICT
BY [Signature]

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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 Form 9-331-C for such proposals.)

1. oil well gas well other

2. NAME OF OPERATOR
El Paso Natural Gas Company

3. ADDRESS OF OPERATOR
PO Box 289, Farmington, NM 87401

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1650'S, 1650'E
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

5. LEASE
SF 077384

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME
Huerfano Unit

8. FARM OR LEASE NAME
Huerfano Unit Com

9. WELL NO.
118

10. FIELD OR WILDCAT NAME
Basin Dakota

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 30, T-27-N, R-10-W, NMP

12. COUNTY OR PARISH | 13. STATE
San Juan | NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
5981' GL

REQUEST FOR APPROVAL TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	<input type="checkbox"/>		<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>		<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>		<input type="checkbox"/>
REPAIR WELL	<input checked="" type="checkbox"/>		<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>		<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>		<input type="checkbox"/>
CHANGE ZONES	<input type="checkbox"/>		<input type="checkbox"/>
ABANDON* (other)	<input type="checkbox"/>		<input type="checkbox"/>

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

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.)*

In order to permanently repair the casing failure, it is intended to pull the tubing and packer and set a bridge plug at 6000'. The casing failure will be isolated and squeeze cemented with a sufficient amount of cement to isolate the leak. Following the squeeze, the casing will be cleaned out, tested to 1000 psi and the production tubing rerun.

JUL 29 1982

JUL 19 1982
OIL CON. COM.
DIST. 3

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED: Larry W. Bank TITLE: Project Drlg. Engr. DATE: July 15, 1982

APPROVED [] (space for Federal or State office use)

APPROVED BY: JAMES F. SIMS TITLE: _____ DATE: _____

CONDITIONS OF APPROVAL: JUL 16 1982

JAMES F. SIMS
DISTRICT ENGINEER

*See Instructions on Reverse Side

NMOCC

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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 Form 9-331-C for such proposals.)

1. oil well gas well other

2. NAME OF OPERATOR
El Paso Natural Gas Company

3. ADDRESS OF OPERATOR
P. O. Box 990, Farmington, New Mexico 87401

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: ~~SE 3, T27N, R8W~~ 1650'S + 1650'E
AT TOP PROD. INTERVAL: a/a
AT TOTAL DEPTH: a/a

5. LEASE
SF 077384

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME:
Huerfano

8. FARM OR LEASE NAME
Huerfano

9. WELL NO.
118

10. FIELD OR WILDCAT NAME
Basin Dakota

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
SE 3P T27N, R10W

12. COUNTY OR PARISH
San Juan

13. STATE
New Mexico

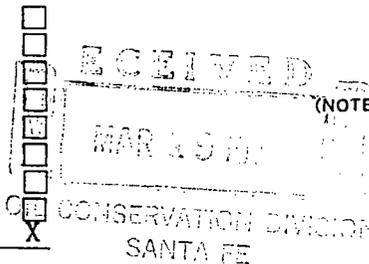
14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
5981 GR

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

- REQUEST FOR APPROVAL TO:
- TEST WATER SHUT-OFF
 - FRACTURE TREAT
 - SHOOT OR ACIDIZE
 - REPAIR WELL
 - PULL OR ALTER CASING
 - MULTIPLE COMPLETE
 - CHANGE ZONES
 - ABANDON*
 - (other) Run packer

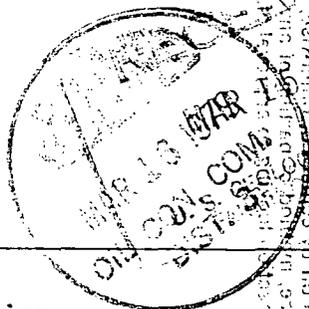
SUBSEQUENT REPORT OF:



(NOTE: Report results of multiple completion or zone change on Form 9-330.)

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.)*

Set Guiberson Mark VI packer and Baker on-off tool @ 6067' to shut off water. 2 3/8" tubing set @ 6222'.



Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED Allen J. Lohert TITLE Production Engineer DATE 3-12-79

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

NMOCC

**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

NO. OF COPIES RECEIVED		
DISTRIBUTION		5
SANTA FE	1	
FILE	1	
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	1
	GAS	1
OPERATOR		1
PRORATION OFFICE		

I. OPERATOR

Operator
El Paso Natural Gas Company

Address
Box 990 Farmington, New Mexico 87401

Reason(s) for filing (Check proper box) Other (Please explain)

New Well Change in Transporter of:

Recompletion Oil Dry Gas

Change in Ownership Casinghead Gas Condensate

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Huerfano Unit Com</u>	Well No. <u>118</u>	Pool Name, including Formation <u>Basin Dakota</u>	Kind of Lease State, Federal or Fee	Lease No. <u>SF 077384</u>
Location Unit Letter <u>J</u> ; <u>1650</u> Feet From The <u>South</u> Line and <u>1650</u> Feet From The <u>East</u>				
Line of Section <u>30</u> Township <u>27N</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"/> <u>El Paso Natural Gas Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 990, Farmington, New Mexico 87401</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <u>El Paso Natural Gas Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 990, Farmington, New Mexico 87401</u>
If well produces oil or liquids, give location of tanks.	Unit <u>J</u> Sec. <u>30</u> Twp. <u>27N</u> Rge. <u>10W</u> Is gas actually connected? <input type="checkbox"/> When _____

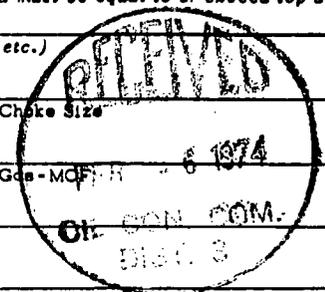
If this production is commingled with that from any other lease or pool, give commingling order number: _____

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X XX	XXX					
Date Spudded <u>11-2-73</u>	Date Compl. Ready to Prod. <u>1-23-74</u>	Total Depth <u>6344'</u>			P.B.T.D. <u>6326'</u>			
Elevations (DF, RKB, RT, CR, etc.) <u>5981' GL</u>	Name of Producing Formation <u>Dakota</u>	Top Oil/Gas Pay <u>6124'</u>			Tubing Depth <u>6314'</u>			
Perforations <u>6124', 6150', 6210', 6262', 6264', 6310'</u>					Depth Casing Shoe <u>6344'</u>			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<u>12 1/4"</u>	<u>8 5/8"</u>		<u>207'</u>		<u>189 cu.ft.</u>			
<u>7 7/8"</u>	<u>4 1/2"</u>		<u>6344'</u>		<u>1104cu.ft.</u>			
	<u>2 3/8"</u>		<u>6314'</u>		<u>tubing</u>			

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/H



GAS WELL

Actual Prod. Test-MCF/D <u>1176</u>	Length of Test <u>3 hours</u>	Bbls. Condensate/MCF <u>46.6</u>	Gravity of Condensate <u>43.8</u>
Testing Method (pitot, back pr.) <u>Calc. AOF</u>	Tubing Pressure (shut-in) <u>972</u>	Casing Pressure (shut-in) <u>1892</u>	Choke Size <u>3/4"</u>

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.

A. G. Sisco
(Signature)
Drilling Clerk
(Title)
1-30-74
(Date)

OIL CONSERVATION COMMISSION

APPROVED FEB 6 1974, 19____

BY [Signature]

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.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

EL PASO NATURAL GAS COMPANY
POST OFFICE BOX 990
FARMINGTON, NEW MEXICO

58

NOTICE OF GAS CONNECTION

DATE March 18, 1974

THIS IS TO NOTIFY THE OIL CONSERVATION COMMISSION THAT CONNECTION FOR PURCHASE OF

GAS FROM <u>El Paso Natural Gas Company</u>		<u>Huerfano Unit Com #118</u>	
Operator		Well Name	
<u>87-971-01</u>	<u>11287-9</u>	<u>J</u>	<u>30-27-10</u>
Meter Code	Site Code	Well Unit	S-T-R
<u>Basin Dakota</u>		<u>El Paso Natural Gas Company</u>	
Pool		Name of Purchaser	

WAS MADE ON March 12, 1974
Date

FIRST DELIVERY March 13, 1974
Date

AOF 1,176

CHOKE 1,092

El Paso Natural Gas Company
Purchaser
Original Signed By W. M. Rogers
Representative
Chief Dispatcher
Title

cc: Operator
Oil Conservation Commission - 2
Proration - El Paso

File



3-25-74

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

(See other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R355.6

WELL COMPLETION OR RECOMPLETION REPORT AND LOG*

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

5. LEASE DESIGNATION AND SERIAL NO.
SF 077384

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME
Huerfano Unit

8. FARM OR LEASE NAME
Huerfano Unit Com

9. WELL NO.
118

10. FIELD AND POOL, OR WILDCAT
Basin Dakota

11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA
Sec 30, T-27-N, R-10-W

12. COUNTY OF
San Juan

13. STATE
New Mexico

b. TYPE OF COMPLETION:
NEW WELL WORK OVER DEEP-EN PLEG BACK DIFF. RESVR. Other FEB 6 1974

2. NAME OF OPERATOR
El Paso Natural Gas Company

3. ADDRESS OF OPERATOR
Box 990 Farmington, New Mexico 87401

U.S. GEOLOGICAL SURVEY
FARMINGTON

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*

At surface 1650'S, 1650'E

At top prod. interval reported below

At total depth

14. PERMIT NO. DATE ISSUED

15. DATE SPUDDED 11-2-73 16. DATE T.D. REACHED 11-19-73 17. DATE COMPL. (Ready to prod.) 1-23-74 18. ELEVATIONS (DF, REB, RT, GR, ETC.)* 5981'GL 19. ELEV. CASINGHEAD

20. TOTAL DEPTH, MD & TVD 6344' 21. PLUG BACK T.D., MD & TVD 6326' 22. IF MULTIPLE COMPLETIONS, INTERVALS HOW MANY* 23. INTERVALS DRILLED BY 24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD) 6124-6310 Dakota 25. WAS DIRECTIONAL SURVEY MADE NO

26. TYPE ELECTRIC AND OTHER LOGS RUN FDC-GR, IES, Temperature Survey 27. WAS WELL CORED 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#	207'	12 1/4"	189 cu.ft.	
4 1/2"	10.5#	6344'	7 7/8"	1104 cu.ft.	

29. LINER RECORD 30. TUBING RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
					2 3/8"	6314'	

31. PERFORATION RECORD (Interval, size and number) 6124', 6150', 6210', 6262', 6264, 6310' with one SPF

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

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
6124-6310	54,000#sand, 57,120 gal water

33.* PRODUCTION

DATE FIRST PRODUCTION PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Flowing WELL STATUS (Producing or shut-in) Shut in

DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
1-23-74	3	3/4"	→	46.6		2.92	

FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)
SI 972	SI 1892	→		1176 AOF		43.8

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) TEST WITNESSED BY L. W. Fothergill

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 [Signature] TITLE Drilling Clerk DATE 1-30-74

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

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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

Form approved.
Budget Bureau No. 42-R1424

5. LEASE DESIGNATION AND SERIAL NO.

SF 077384

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

Huerfano Unit

8. FARM OR LEASE NAME

Huerfano Unit Com

9. WELL NO.

118

10. FIELD AND POOL, OR WILDCAT

Basin Dakota

11. SEC. T. R. M., OR BLK. AND
SURVEY OR AREA

Sec. 30, T-27-N, R-10-W
NMPM

12. COUNTY OR PARISH

San Juan

13. STATE

NM

1. OIL WELL GAS WELL OTHER

2. NAME OF OPERATOR

El Paso Natural Gas Company

3. ADDRESS OF OPERATOR

PO Box 990, Farmington, NM 87401

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

1650'S, 1650'E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

5981'GL

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

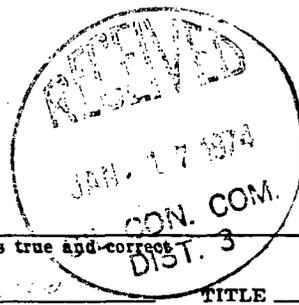
ABANDONMENT*

(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.)*

11-21-73 TD 6344'. Ran 202 joints 4 1/2", 10.5#, K-55 production casing, 6331' set at 6344'. Float collar set at 6326'. Stage tool set at 4349' and 1916'. Cemented first stage with 351 cu. ft. cement, second stage with 312 cu. ft. cement, third stage with 441 cu. ft. cement. WOC 18 hours. Top of cement at 775'.

1-13-73 PBTD 6326'. Tested casing to 4000#-OK. Perf'd 6310', 6264', 6262', 6210', 6150' and 6124' with one shot per foot. Frac'd with 54,000# 40/60 sand and 57,120 gallons treated water. No balls dropped. Flushed with 4200 gallons water.



JAN 16 1974

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

SIGNED

M. J. [Signature]

TITLE

Drilling Clerk

DATE

January 16, 1974

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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

Form approved.
Budget Bureau No. 42-R1424.
5. LEASE DESIGNATION AND SERIAL NO.

SF 077384

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 GAS WELL OTHER

2. NAME OF OPERATOR
El Paso Natural Gas Company

3. ADDRESS OF OPERATOR
PO Box 990, Farmington, NM 87401

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface 1650'S, 1650'E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
5981'GL

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME
Huerfano Unit Com

8. FARM OR LEASE NAME
Huerfano Unit Com

9. WELL NO.
118

10. FIELD AND POOL, OR WILDCAT
Basin Dakota

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 30, T-27-N, R-10-W
NMPM

12. COUNTY OR PARISH
San Juan

13. STATE
NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF
FRACTURE TREAT
SHOOT OR ACIDIZE
REPAIR WELL
(Other)
PULL OR ALTER CASING
MULTIPLE COMPLETE
ABANDON*
CHANGE PLANS

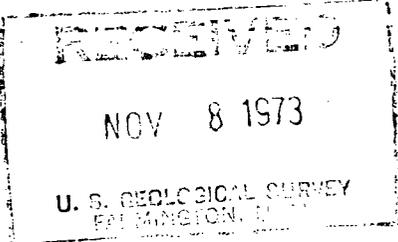
SUBSEQUENT REPORT OF:

WATER SHUT-OFF
FRACTURE TREATMENT
SHOOTING OR ACIDIZING
(Other)
REPAIRING WELL
ALTERING CASING
ABANDONMENT*

(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.)*

11-2-73 Spudded well. Drilled surface hole. Ran 6 joints 8 5/8", 24#, KS surface casing, 195' set at 207'. Cemented with 189 cu. ft. cement, circulated to surface. WOC 12 hours, held 600#/30 minutes.



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

SIGNED A. J. [Signature]

TITLE Drilling Clerk

DATE November 7, 1973

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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 SINGLE ZONE MULTIPLE ZONE

2. NAME OF OPERATOR
 El Paso Natural Gas Company

3. ADDRESS OF OPERATOR
 PO Box 990, Farmington, NM 87401

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*)
 At surface 1650'S, 1650'E
 At proposed prod. zone

14. DISTANCE IN MILES AND DIRECTION FROM NEAREST TOWN OR POST OFFICE*

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

16. NO. OF ACRES IN LEASE

17. NO. OF ACRES ASSIGNED TO THIS WELL
 320.00

18. DISTANCE FROM PROPOSED LOCATION* TO NEAREST WELL, DRILLING, COMPLETED, OR APPLIED FOR, ON THIS LEASE, FT.

19. PROPOSED DEPTH
 6425'

20. ROTARY OR CABLE TOOLS
 Rotary

21. ELEVATIONS (Show whether DF, RT, GR, etc.)
 5981'GR

22. APPROX. DATE WORK WILL START*

5. LEASE DESIGNATION AND SERIAL NO.
 SF 077384

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME
 Huertano Unit

8. FARM OR LEASE NAME
 Huertano Unit Com

9. WELL NO.
 118

10. FIELD AND POOL, OR WILDCAT
 Basin Dakota

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
 Sec. 30, T-27-N, R-10-W
 NMPM

12. COUNTY OR PARISH
 San Juan

13. STATE
 NM

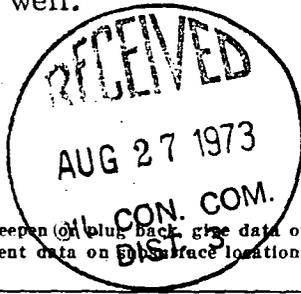
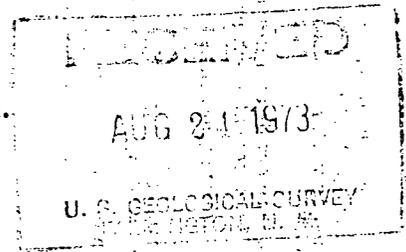
PROPOSED CASING AND CEMENTING PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	QUANTITY OF CEMENT
12 1/4"	8 5/8"	24.0#	120'	110 cu. ft. to circ. to surface
7 7/8"	4 1/2"	10.5#&11.6#	6425'	1185 cu. ft. - 3 stages

1st stage - 355 cu. ft. to cover Gallup formation.
 2nd stage - 390 cu. ft. to cover Mesa Verde formation.
 3rd stage - 440 cu. ft. to cover Ojo Alamo formation.

Selectively perforate and sandwater fracture the Dakota formation.

The E/2 of Section 30 is dedicated to this well.



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 proposed surface locations and measured and true vertical depths. Give blowout preventer program, if any.

24. SIGNED A. G. Biscoe TITLE Drilling Clerk DATE August 24, 1973

(This space for Federal or State office use)

PERMIT NO. _____ APPROVAL DATE _____

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

N MEXICO OIL CONSERVATION COMMISSION
WELL LOCATION AND ACREAGE DEDICATION PLAT

Form O-10
Supersedes C-128
Effective 1-1-61

All distances must be from the outer boundaries of the Section

Type of Well EL PASO NATURAL GAS COMPANY		Lease HUERFANO UNIT COM (SF077384)		Section 118
Well Letter J	Section 30	Township 27-N	Range 10-W	County SAN JUAN
Actual Location of Well:				
1650	East from top	SOUTH	Line to	1650
			Line to	EAST
Section and Elev. 5981	Formation DAKOTA	Pool BASIN DAKOTA	Area 320.00	

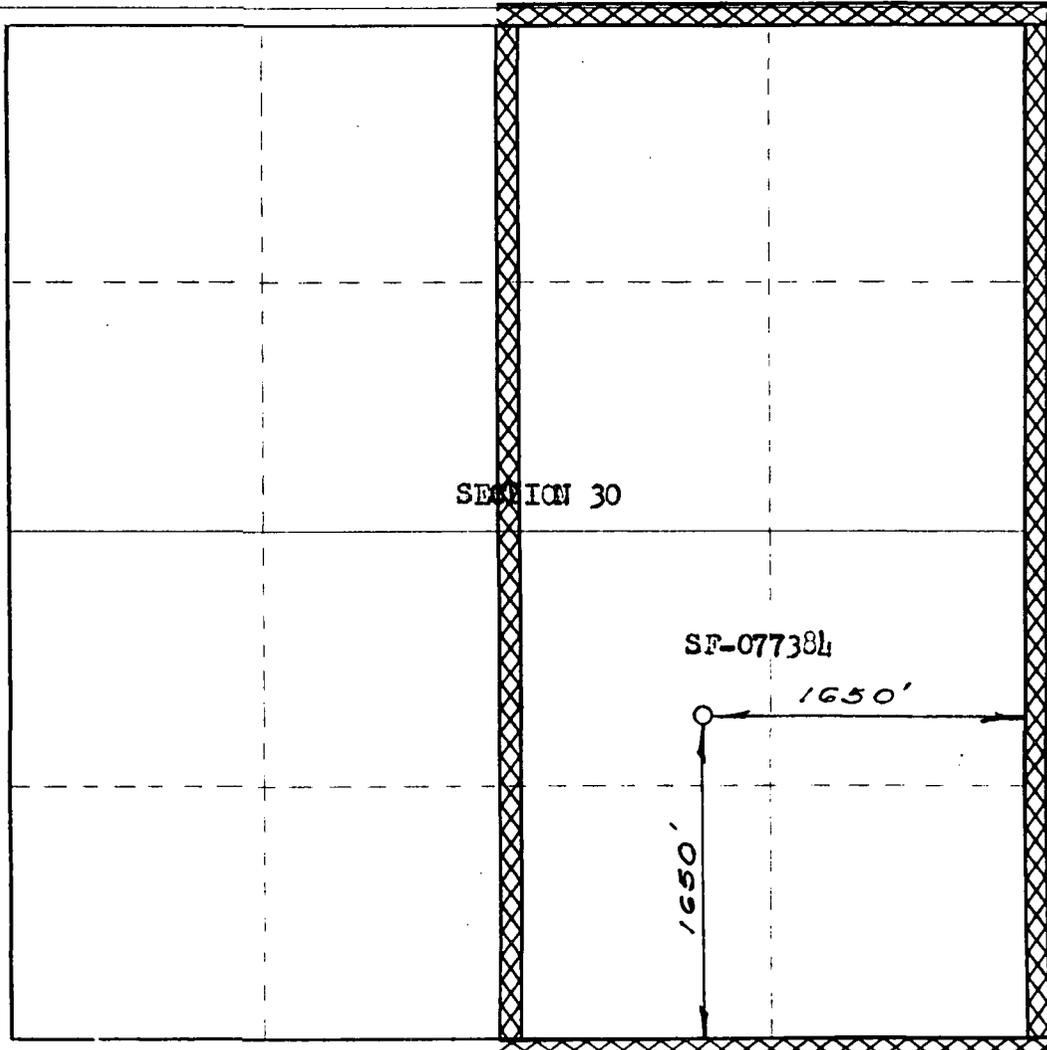
1. Outline the acreage dedicated to the subject well by colored pencil or hachure marks on the plat below.
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both to working interest and royalty).
3. If more than one lease of different ownership is dedicated 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 (on 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 Commission.



CERTIFICATION

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

Original Signed by
D. G. Brisco
Drilling Clerk
El Paso Natural Gas Co.
August 23, 1973

I hereby certify that the well 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.

FEBRUARY 8, 1960

Russell H. McNease
1500

CMD :
OG5SECT

ONGARD
INQUIRE LAND BY SECTION

05/25/99 11:03:23
OGOMES -TPZE
PAGE NO: 1

Sec : 30 Twp : 27N Rng : 10W Section Type : NORMAL

1 43.67 Federal owned U A	C 40.00 Federal owned U	B 40.00 Federal owned	A 40.00 Federal owned
2 43.73 Federal owned U A	F 40.00 Federal owned U	G 40.00 Federal owned	H 40.00 Federal owned A

PF01 HELP PF02 PF03 EXIT PF04 GoTo PF05 PF06
PF07 BKWD PF08 FWD PF09 PRINT PF10 SDIV PF11 PF12

CMD :
OG5SECT

ONGARD
INQUIRE LAND BY SECTION

05/25/99 11:03:28
OGOMES -TPZE
PAGE NO: 2

Sec : 30 Twp : 27N Rng : 10W Section Type : NORMAL

3 43.79 Federal owned	K 40.00 Federal owned	J 40.00 Federal owned U A	I 40.00 Federal owned U
4 43.85 Federal owned A	N 40.00 Federal owned	O 40.00 Federal owned U A	P 40.00 Federal owned U

PF01 HELP PF02 PF03 EXIT PF04 GoTo PF05 PF06
PF07 BKWD PF08 FWD PF09 PRINT PF10 SDIV PF11 PF12

24
87.64

327.64