Form 9-330
(Rev. 5-63)

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE* (See other instructions on reverse side)

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

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: PO Box 990, Farmington, NM

4. LOCATION OF WELL (*Report location clearly and in accordance with any State requirements*)*
At surface: 981N, 1790'E
At top prod. interval reported below
At total depth

5. LEASE DESIGNATION AND SERIAL NO.: SF 079051

6. IF INDIAN, ALLOTTEE OR TRIBE NAME:

7. UNIT AGREEMENT NAME: San Juan 28-6 Unit

8. FARM OR LEASE NAME: San Juan 28-6 Unit

9. WELL NO.: 133

10. FIELD AND POOL, OR WILDCAT: Basin Dakota

11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA: Sec. 4, T-27-N, R-6-W NMPM

12. COUNTY OR PARISH: Rio Arriba

13. STATE: New Mexico

14. PERMIT NO.: DATE ISSUED:

15. DATE SPUDDED	16. DATE T.D. REACHED	17. DATE COMPL. (*Ready to prod.*)	18. ELEVATIONS (DF, RKB, RT, GR, ETC.)*	19. ELEV. CASINGHEAD
12-26-72	1-10-73	1-31-73	6457'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
7677'	7669'		→	0-7677'	

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*
7420-7650'(Dakota)

25. WAS DIRECTIONAL SURVEY MADE: no

26. TYPE ELECTRIC AND OTHER LOGS RUN
IES; FDC-GR; Temp. 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
9 5/8"	32.3#	204'	13 3/4"	225 cu. ft.	
7"	20#	3485'	8 3/4"	230 cu. ft.	
4 1/2"	11.6&10.5#	7677'	6 1/4"	648 cu. ft.	

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29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)

30. TUBING RECORD

SIZE	DEPTH SET (MD)	PACKER SET (MD)
1 1/2"	7651'	

31. PERFORATION RECORD (*Interval, size and number*)
7420-36', 7550-66', 7516-32', 7634-50' with 18 shots per zone.

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

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
7420-7650'	50,000#sand, 49,520 gal. water

33.* PRODUCTION

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

DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD →	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
1-31-73	3	3/4"					

FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE →	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)
SI 1128	SI 1317			4218 AOF		

34. DISPOSITION OF GAS (*Sold, used for fuel, vented, etc.*)

TEST WITNESSED BY: J. Goodwin

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: Petroleum Engineer DATE: February 12, 1973

FEB 16 1973

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

INSTRUCTIONS

General: This form is designed for submitting a complete and correct well completion report and log on all types of lands and leases to either a Federal agency or a State agency, or both, pursuant to applicable Federal and/or State laws and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office. See instructions on items 22 and 24, and 33, below regarding separate reports for separate completions.

If not filed prior to the time this summary record is submitted, copies of all currently available logs (drillers, geologists, sample and core analysis, all types electric, etc.), formation and pressure tests, and directional surveys, should be attached hereto, to the extent required by applicable Federal and/or State laws and regulations. All attachments should be listed on this form, see item 35.

Item 4: If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

Item 18: Indicate which elevation is used as reference (where not otherwise shown) for depth measurements given in other spaces on this form and in any attachments.

Items 22 and 24: If this well is completed for separate production from more than one interval zone (multiple completion), so state in item 22, and in item 24 show the producing interval, or intervals, top(s), bottom(s) and name(s) (if any) for only the interval reported in item 33. Submit a separate report (page) on this form, adequately identified, for each additional interval to be separately produced, showing the additional data pertinent to such interval.

Item 29: *"Sacks Cement":* Attached supplemental records for this well should show the details of any multiple stage cementing and the location of the cementing tool.

Item 33: Submit a separate completion report on this form for each interval to be separately produced. (See instruction for items 22 and 24 above.)

37. SUMMARY OF POROUS ZONES:
SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF; CORED INTERVALS; AND ALL DRILL-STEM TESTS, INCLUDING DEPTH INTERVAL TESTED, CUSHION USED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES

FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.

38. GEOLOGIC MARKERS

NAME	TOP	
	MEAS. DEPTH	TRUE VERT. DEPTH
Pictured Cliffs	no	
Mesa Verde	4820'	
Point Lookout	5369'	
Gallup	6369'	
Greenhorn	7300'	
Graneros	7366'	
Dakota	7513'	

U.S. GOVERNMENT PRINTING OFFICE: 1963—O-683636
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EL PASO NATURAL GAS COMPANY

DEVIATION REPORT

Name Of Company	Address				
El Paso Natura l Gas Company	PO Box 990, Farmington, NM				
Lease	**Well No.**	**Unit Letter**	**Section**	**Township**	**Range**
San Juan 28-6 Unit	133	B	4	27N	6W
Pool				**County**	
Basin Dakota				Rio Arriba	

DEPTH	DEVIATION
94'	1°
210'	1/4°
700'	3/4°
1225'	1 1/4°
1804'	1 3/4°
2225'	1°
2745'	1°
3991'	1°
4489'	3/4°
5369'	1/4°
5864'	3/4°
6400'	1°
6867'	1°
7361'	1°

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I, the undersigned, certify that I, acting in my capacity as Petroleum Engineer of El Paso Natural Gas Company, am authorized by said Company to make this report; and that this report was prepared by me or under my supervision and directions and that the facts stated therein are true to the best of my knowledge and belief.

F. H. Wood

Subscribed and sworn to before me this 12th day of February, 1973.

Nora G. Bruce

Notary Public in and for San Juan County, New Mexico

My commission expires October 5, 1976.

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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

I.

Operator: El Paso Natural Gas Company

Address: PO Box 990, Farmington, NM 87401

Reason(s) for filing (Check proper box)

New Well [X]
Recompletion [ ]
Change in Ownership [ ]

Change in Transporter of:
Oil [ ] Dry Gas [ ]
Casinghead Gas [ ] Condensate [ ]

Other (Please explain)

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
San Juan 28-6 Unit	133	Basin Dakota	State (Federal or) Fee SF	079051

Location
Unit Letter B : 981 Feet From The North Line and 1790 Feet From The East

Line of Section 4 Township 27N Range 6W, NMPM, Rio Arriba County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [ ] or Condensate [X]	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Company	PO Box 990, Farmington, NM
Name of Authorized Transporter of Casinghead Gas [ ] or Dry Gas [X]	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Company	PO Box 990, Farmington, NM

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	B	4	27N	6W		

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	X					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
12-26-72	1-31-73	7677'	7669'
Elevations (DF, RKB, RT, GR, etc.)	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
6457'GL	Dakota	7420'	7651'
Perforations			**Depth Casing Shoe**
7420-36', 7550-66', 7516-32', 7634-50'			7677'

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
13 3/4"	9 5/8"	204'	225 cu. ft.
8 3/4"	7"	3485'	230 cu. ft.
6 1/4"	4 1/2"	7677'	648 cu. ft.
	1 1/2"	7651'	tubing

V. TEST DATA AND REQUEST FOR ALLOWABLE *(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)*

OIL WELL

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
4218	3 hours		
Testing Method (pitot, back pr.)	**Tubing Pressure (Shut-in)**	**Casing Pressure (Shut-in)**	**Choke Size**
Calc. AOF	1128	1317	3/4"

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.

(Signature)

Petroleum Engineer
(Title)

February 12, 1973
(Date)

OIL CONSERVATION COMMISSION

APPROVED FEB 13 1973, 19

BY Original Signed by Emery C. Arnold

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.

FORM 23-75 (12-66)

occ

EL PASO NATURAL GAS COMPANY

OPEN FLOW TEST DATA

RETEST

DATE 2/20/73

Operator: El Paso Natural Gas Company		Lease: San Juan 28-6 Unit #133	
Location: 981/N, 1740/E, Sec. 4, T27N, R6W		County: Rio Arriba	State: NM
Formation: Dakota		Pool: Basin	
Casing: Diameter: 4.500	Set At: Feet: 7677	Tubing: Diameter: 1.900	Set At: Feet: 7652
Pay Zone: From: 7420	To: 7650	Total Depth: 7677	Shut In: 2/8/73
Stimulation Method: SWF		Flow Through Casing: X	Flow Through Tubing:

Choke Size, Inches: .750		Choke Constant: C: 12.365			
Shut-In Pressure, Casing, PSIG: 2694	+ 12 = PSIA: 2706	Days Shut-In: 12	Shut-In Pressure, Tubing PSIG: 2440		+ 12 = PSIA: 2452
Flowing Pressure: P PSIG: 310	+ 12 = PSIA: 322		Working Pressure: P_w PSIG: 585		+ 12 = PSIA: 597
Temperature: T= 63 °F	Ft= .9971	n = .75	Fpv (From Tables): 1.028	Gravity: .620	Fg = .9837

CHOKE VOLUME = $Q = C \times P_t \times F_t \times F_g \times F_{pv}$

$Q = (12.365)(322)(.9971)(.9837)(1.028) = 4015$ MCF/D

OPEN FLOW = $Aof = Q \left(\frac{P_c^2}{P_c^2 \quad P_w^2} \right)^n$

$Aof = Q \left(\frac{7322436}{6966027} \right)^n = 4015\ (1.0512)^{.75} = 4015\ (1.0381)$

$Aof = 4168$ MCF/D

NOTE: Unloaded a heavy fog of water and distillate in 8 min. Light fog for the rest of the test.

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TESTED BY Norton

WITNESSED BY

William D. Welch

William D. Welch
Well Test Engineer

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ENERGY AND MINERALS DEPARTMENT

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

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: Meridian Oil Inc.

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

Reason(s) for filing (Check proper box)

- [ ] New Well
- [ ] Recompletion
- [X] Change in Operatorship

Change in Transporter of:

- [ ] Oil
- [ ] Casinghead Gas
- [X] Dry Gas
- [X] Condensate

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	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
San Juan 28-6 Unit	133	Basin Dakota	State, (Federal) or Fee	SF 079051

Location

Unit Letter B : 981 Feet From The North Line and 1790 Feet From The East

Line of Section 4 Township 27N Range 6W , NMPM, Rio Arriba County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [ ] or Condensate [X]	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 [ ] or Dry Gas [X]	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
	B	4	27N	6W		

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.

Peggy Cook
(Signature)
Drilling Clerk
(Title)
11-1-86
(Date)

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OIL CONSERVATION DIVISION

APPROVED NOV 01 1986, 19____

BY Bill Sharp

TITLE SUPERVISION 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 multiply completed wells.