

DATE IN 5/24/99	SUSPENSE 6/14/99	ENGINEER MS	LOGGED RW	TYPE NSL
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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

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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.

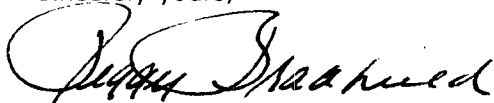
Production from the Fruitland Coal is included in a 320 acre gas spacing unit comprising of the south half (S/2) of Section 30.

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 II  
PO Drawer 00, Artesia, NM 88211-0719

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

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

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

☐ AMENDED REPORT

## WELL LOCATION AND ACREAGE DEDICATION PLAT

*API Number 30-045-21322		*Pool Code 71599/71629	*Pool Name Basin Dakota/Basin Fruitland Coal
*Property Code 7141	*Property Name HUERFANO UNIT COM		*Well Number 118
*OGRID No. 14538	*Operator Name BURLINGTON RESOURCES OIL & GAS COMPANY		*Elevation 5981'

<sup>10</sup> Surface Location

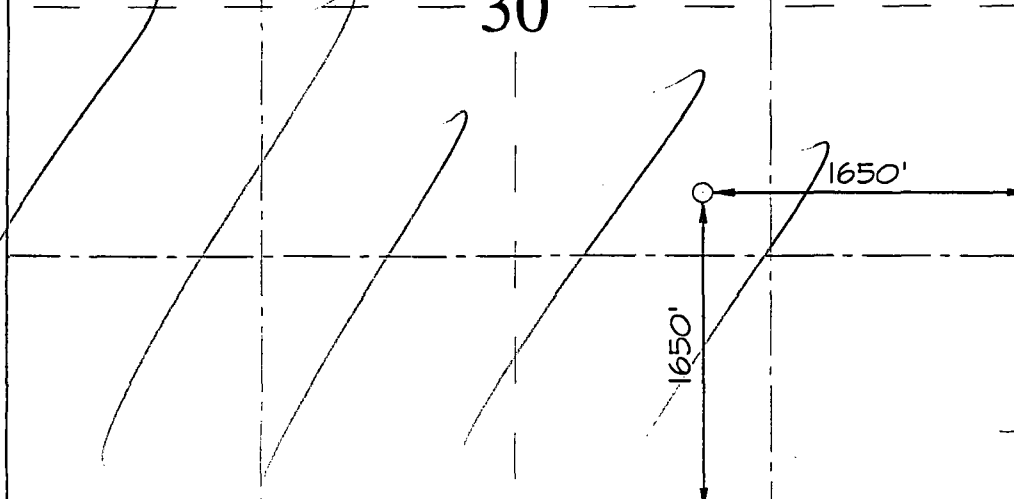
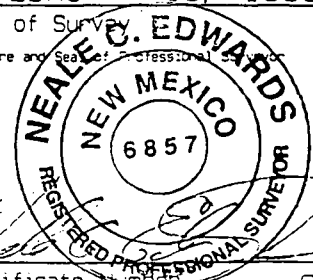
UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
J	30	27N	10W		1650	§ 5 SOUTH	1650	EAST	SAN JUAN

<sup>11</sup>Bottom Hole Location If Different From Surface

UL or lot no.	Section	Township	Range	Lot 10n	Feet from the	North/South line	Feet from the	East/West line	County
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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

<p>15</p> <p>*NOT RESURVEYED* PREPARED FROM A PLAT BY RUSSELL H. MCNEACE DATED 2-8-60</p>	<p>17 OPERATOR CERTIFICATION</p> <p>I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief</p> <p><u>Peggy Bradford</u> Signature</p> <p><u>Peggy Bradford</u> Printed Name</p> <p><u>Regulatory Administrator</u> Title</p> <p><u>2-25-99</u> Date</p>
<p>30</p> 	<p>18 SURVEYOR CERTIFICATION</p> <p>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.</p> <p><u>FEBRUARY 18, 1999</u> Date of Survey</p> <p><u>NEALE C. EDWARDS</u> Signature and Seal of Professional Surveyor</p> <p></p> <p><u>6857</u> Certificate Number</p>

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

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

Type of Submission

Type of Action

☒ Notice of Intent

☐ Abandonment

☐ Change of Plans

☐ Subsequent Report

☒ Recompletion

☐ New Construction

☐ Final Abandonment

☐ Plugging Back

☐ Non-Routine Fracturing

☐ Casing Repair

☐ Water Shut off

☐ Altering Casing

☐ Conversion to Injection

☐ Other -

13. Describe Proposed or Completed Operations

It is intended to plugback the Dakota formation and recompleate 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.

## WELL COMPLETION OR RECOMPLETION REPORT AND LOG \*

1a. TYPE OF WELL:		OIL WELL <input type="checkbox"/>	GAS WELL <input checked="" type="checkbox"/>	DRY <input type="checkbox"/>	Other _____		
b. TYPE OF COMPLETION:		NEW WELL <input checked="" type="checkbox"/>	WORK OVER <input type="checkbox"/>	DEEP-EN <input type="checkbox"/>	PLUG BACK <input type="checkbox"/>	DIFF. RESVR. <input type="checkbox"/>	Other _____
2. NAME OF OPERATOR 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	
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)							
CASINO SIZE		WEIGHT, LB./FT.		DEPTH SET (MD)		HOLE SIZE	
8 5/8"		24#		207'		12 1/4"	
4 1/2"		10.5#		6344'		7 7/8"	
29. LINER RECORD							
SIZE		TOP (MD)		BOTTOM (MD)		SACKS CEMENT*	
30. TUBING RECORD							
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 1-23-74		HOURS TESTED 3		CHOKE SIZE 3/4"		PROD'N. FOR TEST PERIOD →	
						OIL—BBL. 46.6	
						GAS—MCF. 2.92	
						WATER—BBL. 2.92	
						GAS-OIL RATIO 43.8	
FLOW. TUBING PRESS. SI 972		CASING PRESSURE SI 1892		CALCULATED 24-HOUR RATE →		OIL—BBL. 1176 AOF	
						GAS—MCF. 1176 AOF	
						WATER—BBL. 1176 AOF	
						OIL GRAVITY-API (CORR.) 43.8	
34. DISPOSITION OF GAS (Sold, used for test, vented, etc.)							
JFW		JT		DHP		RW	
35. LIST OF ATTACHMENTS FEB 11 1974							
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records							
SIGNED <i>A. G. Sikes</i>		TITLE <i>Drilling Clerk</i>		DATE <i>1-30-74</i>			

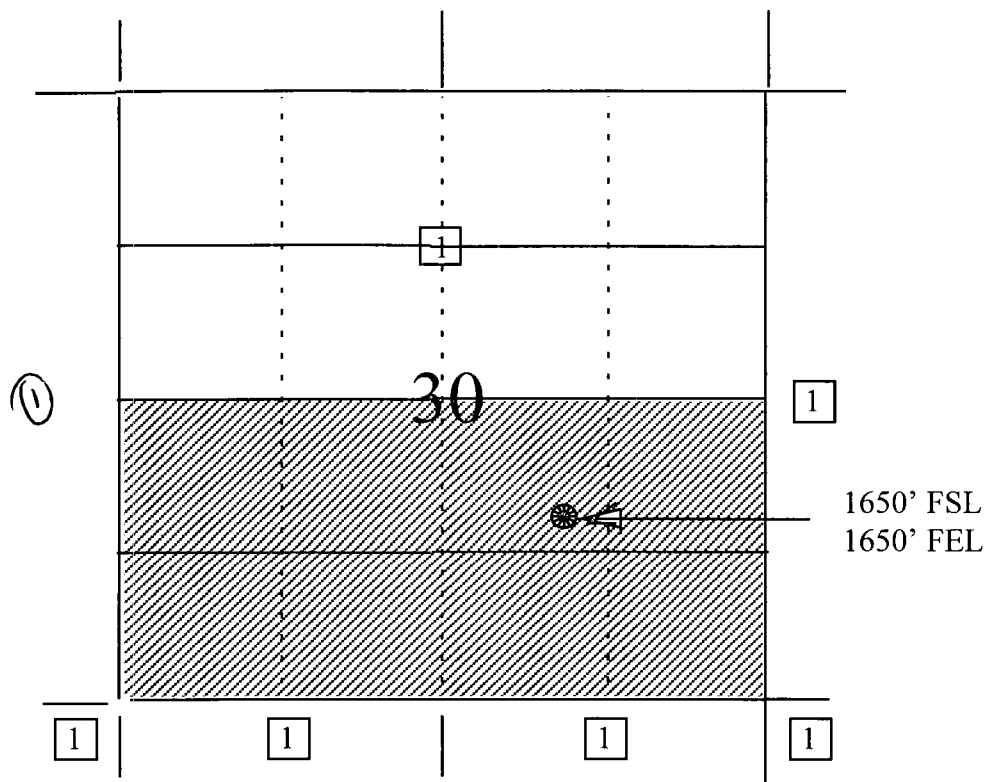
\*(See Instructions and Spaces for Additional Data on Reverse Side)

**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**



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

## 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 recomplate 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 Maury Shadrill (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.

NMOC

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

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

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

☐ AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

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

<sup>10</sup> Surface Location

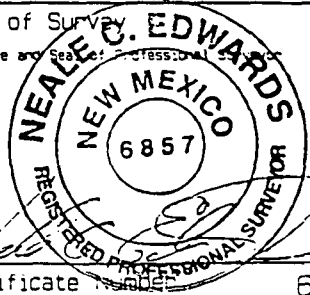
UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
J	30	27N	10W		1650	SOUTH	1650	EAST	SAN JUAN

<sup>11</sup> 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

<sup>12</sup> Dedicated Acres DK: E/320 ETC: S/320	<sup>13</sup> Joint or Infill	<sup>14</sup> Consolidation Code	<sup>15</sup> 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

<p><sup>15</sup></p> <p>*NOT RESURVEYED* PREPARED FROM A PLAT BY RUSSELL H. MCNEACE DATED 2-8-60</p> <p>RECEIVED MAR 10 1999 OIL CON. DIV. DIST. 3</p> <p>30</p> <p>1650'</p> <p>1650'</p>	<p><sup>17</sup> OPERATOR CERTIFICATION</p> <p>I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.</p> <p><i>Peggy Bradfield</i> Signature Peggy Bradfield Printed Name Regulatory Administrator Title 2-25-99 Date</p>
	<p><sup>18</sup> SURVEYOR CERTIFICATION</p> <p>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.</p> <p>FEBRUARY 18, 1999 Date of Survey <i>C. Edwards</i> Signature and Seal of Professional Surveyor  Certificate Number 6857</p>

HOLD C114 FOR 1156

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 NMOC, 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 perms 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 perms 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 perms 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]* 1/28/99  
Production Engineer

Approved:

*[Signature]* 2/1/99  
Drilling Superintendent

Approved:

*[Signature]* 2/1/99  
Team Leader

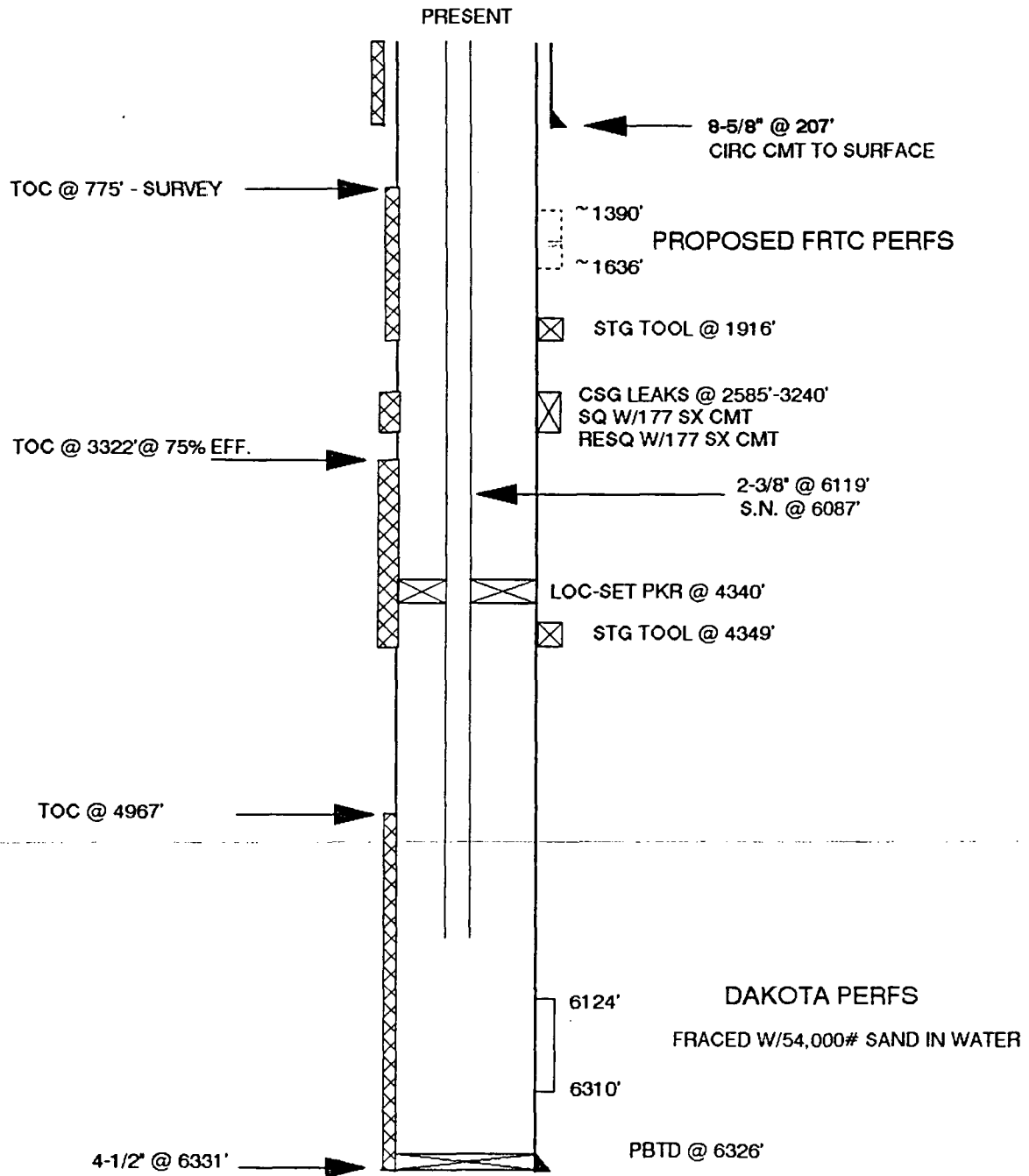
VENDORS:

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

PMP

# HUERFANO UNIT #118 FRTC

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



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

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

II. <sup>10</sup> Surface Location

UI or lot no. J	Section 30	Township 027N	Range 010W	Lot.Idn	Feet from the 1650	North/South Line S	Feet from the 1650	East/West Line E	County SAN JUAN
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<sup>11</sup> 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
<sup>12</sup> Lse Code		<sup>13</sup> Producing Method Code		<sup>14</sup> Gas Connection Date		<sup>15</sup> C-129 Permit Number		<sup>16</sup> C-129 Effective Date	
								<sup>17</sup> C-129 Expiration Date	

III. Oil and Gas Transporters

<sup>18</sup> Transporter OGRID	<sup>19</sup> Transporter Name and Address	<sup>20</sup> POD	<sup>21</sup> O/G	<sup>22</sup> 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

<sup>23</sup> POD	<sup>24</sup> POD ULSTR Location and Description

V. Well Completion Data

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

VI. Well Test Data

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

<sup>46</sup> 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

<sup>47</sup> 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: *Dolores Diaz*

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 4 PM 8 52 5 Copies

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

☐ AMMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

<sup>1</sup> Operator Name and Address  MERIDIAN OIL, INC. PO Box 4289 Farmington, NM 87499  DHC-1009		<sup>2</sup> OGRID Number  14538
		<sup>3</sup> Reason for Filing Code  CO/09-01-95
<sup>4</sup> API Number 30-45-2132200	<sup>5</sup> Pool Name BASIN DAKOTA (PRORATED GAS)	<sup>6</sup> Pool Code 68
<sup>7</sup> Property Code 7970916	<sup>8</sup> Property Name HUERFANO UNIT COM	<sup>9</sup> Well Number #118

II. <sup>10</sup> Surface Location

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

<sup>11</sup> 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
<sup>12</sup> Lse Code	<sup>13</sup> Producing Method Code	<sup>14</sup> Gas Connection Date	<sup>15</sup> C-129 Permit Number	<sup>16</sup> C-129 Effective Date	<sup>17</sup> C-129 Expiration Date				

III. Oil and Gas Transporters

<sup>18</sup> Transporter OGRID	<sup>19</sup> Transporter Name and Address	<sup>20</sup> POD	<sup>21</sup> O/G	<sup>22</sup> 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

<sup>23</sup> POD	<sup>24</sup> POD ULSTR Location and Description
-------------------	--

V. Well Completion Data

<sup>25</sup> Spud Date	<sup>26</sup> Ready Date	<sup>27</sup> TD	<sup>28</sup> PBTB	<sup>29</sup> Perforations
<sup>30</sup> Hole Size	<sup>31</sup> Casing & Tubing Size	<sup>32</sup> Depth Set	<sup>33</sup> Sacks Cement	

VI. Well Test Data

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

<sup>46</sup> 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:

*37.8*  
SUPERVISOR DISTRICT #3

Approved Date:

OCT - 4 1995

<sup>47</sup> 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

OIL CONSERVATION DIVISION  
RECEIVED

'92 JUN 15 AM 9:15 Sundry Notices and Reports on Wells

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

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

Type of Submission

Type of Action

<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input checked="" 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

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.

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 \_\_\_\_\_

CONDITION OF APPROVAL, if any:

ACCEPTED FOR RECORD

JUN 10 1992

FARMINGTON RESOURCE AREA

NMOCD

BY MA

RECEIVED  
BLM  
92 JUN -8 PM 2:40  
019 FARMINGTON, NM

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  
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  
SE-077384  
6. If Indian, API. 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

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  
919 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

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 PBTD (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. aquaflow 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

R. F. Headrick

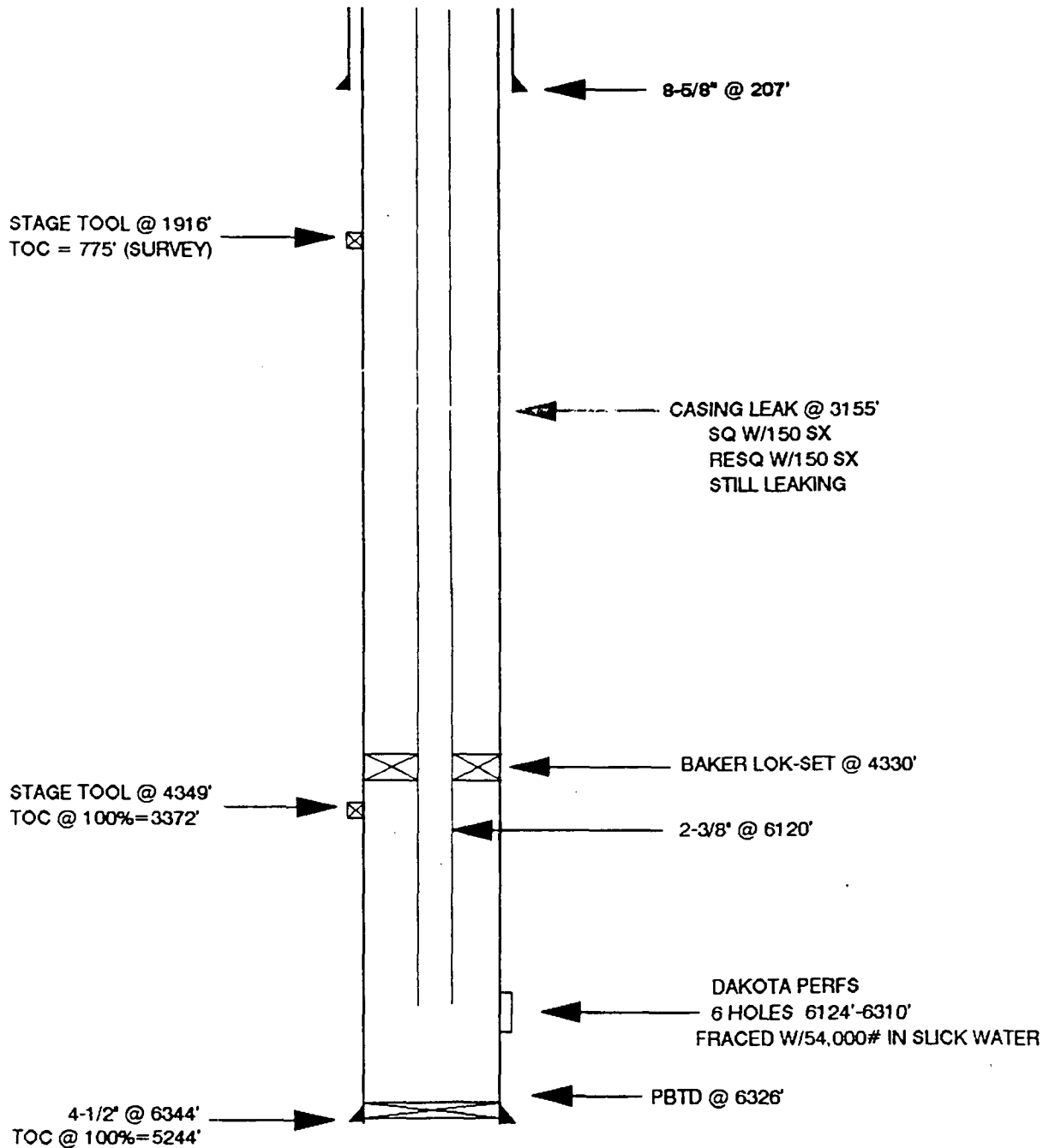
VENDOR:

Acid & N2: Western 327-6222

# HUERFANO UNIT COM #118 DK

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

AFTER WORKOVER



STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES RECEIVED		
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SANTA FE		
FILE		
U.S.O.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION OFFICE		

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

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

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Meridian Oil Inc.	
Address P. O. Box 4289, Farmington, NM 87499	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input checked="" type="checkbox"/> Change in <del>Ownership</del> Operatorship	Meridian Oil Inc. is Operator for El Paso Production Company
Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Gas <input type="checkbox"/> Condensate	

If change of ownership give name and address of previous owner El Paso Natural Gas Company, P. O. Box 4289, Farmington, NM 87499

II. DESCRIPTION OF WELL AND LEASE

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 J	1650	Feet From The South	Line and 1650
Line of Section 30	Township 27N	Range 10W	NMPM, San Juan

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

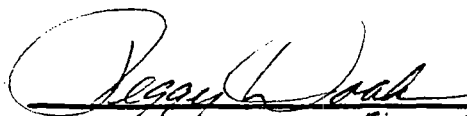
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Meridian Oil Inc.	P. O. Box 4289, Farmington, NM 87499
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> 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 Brian D. Chang  
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

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) Date of First Delivery ☒

SUBSEQUENT REPORT OF:

☐  
☐  
☐  
☐  
☐  
☐  
☐  
☐  
☐  
☐

RECEIVED

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

SEP 22 1982

U. S. GEOLOGICAL SURVEY  
FARMINGTON, N. M.

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

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.

OCT - 7 1982  
OIL CONSERVATION DIST.  
SANTA FE

RECEIVED  
SEP 29 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 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:

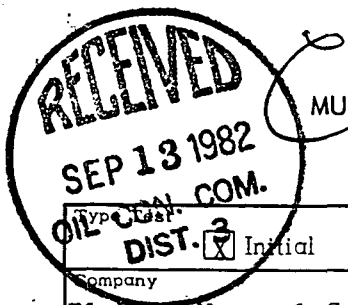
SEP 23 1982

NMOCC

\*See Instructions on Reverse Side

BY

FARMINGTON DISTRICT  
Smm



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

Form C-122  
Revised 9-1-65

Type <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Annual <input type="checkbox"/> Special		Test Date 9-9-82	(OWWO)
Company El Paso Natural Gas Company		Connection El Paso Natural Gas Company	
Pool Basin		Formation Dakota	
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 <sub>g</sub>		State New Mexico	
L	H	Gg	% CO <sub>2</sub>
% N <sub>2</sub>		% H <sub>2</sub> S	Prover
Meter Run		Taps	

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

RATE OF FLOW CALCULATIONS							
NO.	Coefficient (24 Hour)	$\sqrt{h_w P_m}$	Pressure P <sub>m</sub>	Flow Temp. Factor F <sub>t</sub>	Gravity Factor F <sub>g</sub>	Super Compress. Factor, F <sub>pv</sub>	Rate of Flow Q, Mcfd
1							
2							
3							
4							
5							

NO.	P <sub>t</sub>	Temp. °R	T <sub>f</sub>	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
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 <sub>t</sub> <sup>2</sup>	P <sub>w</sub> <sup>2</sup>	P <sub>w</sub> <sup>2</sup>	P <sub>c</sub> <sup>2</sup> - P <sub>w</sub> <sup>2</sup>	(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 $\theta$ _____		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:

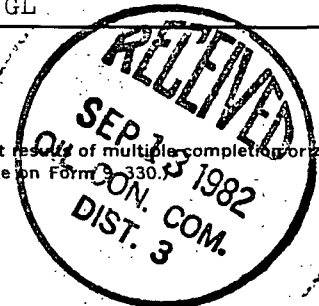
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

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) ☐

RECEIVED  
SEP 02 1982

(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.)\*

- 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. J. Quico 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 AK

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

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) ☐

SUBSEQUENT REPORT OF:

- ☐  
☐  
☐  
☐  
☐  
☐  
☐  
☐  
☐

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, NMPI

12. COUNTY OR PARISH

San Juan

13. STATE

NM

14. API NO.

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

(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.

Subsurface Safety Valve: Manu. and Type

Set @ \_\_\_\_\_ Ft.

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

SIGNED

TITLE

Project Drlg. Engr.

DATE

July 15, 1982

**APPROVED**

(This space for Federal or State office use)

APPROVED BY  
CONDITIONS OF

APPROVAL IF ANY

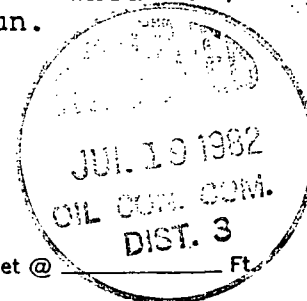
TITLE

DATE

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

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:

☐  
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RECEIVED

MAR 19 1974

CONSERVATION DIVISION  
SANTA FE

(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

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

SIGNED Allen J. Laleit

TITLE Production Engineer

DATE 3-12-79

(This space for Federal or State office use)

APPROVED BY  
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

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

I.

DISTRIBUTION		5
SANTA FE		1
FILE		1
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	1
	GAS	1
OPERATOR		1
PRORATION OFFICE		

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

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Huerfano Unit Com	Well No. 118	Pool Name, Including Formation Basin Dakota	Kind of Lease State, Federal or Fee	Lease No. SF 077384
Location Unit Letter J ; 1650 Feet From The South Line and 1650 Feet From The East Line of Section 30 Township 27N Range 10W , NMPM, San Juan 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"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) Box 990, Farmington, New Mexico 87401	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) Box 990, Farmington, New Mexico 87401	
If well produces oil or liquids, give location of tanks.	Unit J	Sec. 30
	Twp. 27N	Rge. 10W
	Is gas actually connected? 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 11-2-73	Date Compl. Ready to Prod. 1-23-74	Total Depth 6344'	P.B.T.D. 6326'					
Elevations (DF, RKB, RT, CR, etc.) 5981' GL	Name of Producing Formation Dakota	Top Oil/Gas Pay 6124	Tubing Depth 6314'					
Perforations 6124', 6150', 6210', 6262', 6264', 6310'			Depth Casing Shoe 6344'					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE 12 1/4"	CASING & TUBING SIZE 8 5/8"		DEPTH SET 207'		SACKS CEMENT 189 cu.ft.			
7 7/8"	4 1/2"		6344'		1104cu.ft.			
	2 3/8"		6314'		tubing			

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

GAS WELL

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

W. G. Duico  
(Signature)  
Drilling Clerk  
(Title)  
1-30-74  
(Date)

OIL CONSERVATION COMMISSION

APPROVED FEB 6 1974  
BY Henry L. Amey  
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 El Paso Natural Gas Company Huerfano Unit Com #118  
Operator Well Name

87-971-01 11287-9 J 30-27-10  
Meter Code Site Code Well Unit S-T-R

Basin Dakota El Paso Natural Gas Company  
Pool Name of Purchaser

WAS MADE ON March 12, 1974 FIRST DELIVERY March 13, 1974  
Date 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 in-  
structions on  
reverse side)Form approved.  
Budget Bureau No. 42-R355.5.

## WELL COMPLETION OR RECOMPLETION REPORT AND LOG \*

1a. TYPE OF WELL:		OIL WELL <input type="checkbox"/>	GAS WELL <input checked="" type="checkbox"/>	DRY <input type="checkbox"/>	Other <input type="checkbox"/>				
b. TYPE OF COMPLETION:		NEW WELL <input checked="" type="checkbox"/>	WORK OVER <input type="checkbox"/>	DEEP-EN <input type="checkbox"/>	PLUG BACK <input type="checkbox"/>	DIFF. RESVR. <input type="checkbox"/>	Other <input type="checkbox"/>		
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		16. DATE T.D. REACHED		17. DATE COMPL. (Ready to prod.)		18. ELEVATIONS (DF, REB, RT, GR, ETC.)*		19. ELEV. CASINGHEAD	
11-2-73		11-19-73		1-23-74		5981' GL			
20. TOTAL DEPTH, MD & TVD		21. PLUG BACK T.D., MD & TVD		22. IF MULTIPLE COMPLETIONS, INTERVALS DRILLED BY HOW MANY*		ROTARY TOOLS		CABLE TOOLS	
6344'		6326'				0-6344			
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)		25. WAS DIRECTIONAL SURVEY MADE							
6124-6310 Dakota		NO							
26. TYPE ELECTRIC AND OTHER LOGS RUN		27. WAS WELL CORED							
FDC-GR, IES, Temperature Survey		NO							
28. CASING RECORD (Report all strings set in well)		29. LINER RECORD		30. TUBING RECORD					
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.					
31. PERFORATION RECORD (Interval, size and number)		32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.							
6124', 6150', 6210', 6262', 6264, 6310' with one SPF		DEPTH INTERVAL (MD)		AMOUNT AND KIND OF MATERIAL USED					
		6124-6310		54,000#sand, 57,120 gal water					
33.* PRODUCTION		34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)		TEST WITNESSED BY					
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		
1-23-74	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			
35. LIST OF ATTACHMENTS		36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records							
		SIGNED <u>[Signature]</u>		TITLE <u>Drilling Clerk</u>		DATE <u>1-30-74</u>			

\*(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.), formations 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.	GEOLOGIC MARKERS	
				NAME	MEAS. DEPTH
					TOP
					TRUE VERT. DEPTH
				Pictured Cliffs	1652'
				Mesa Verde	3197'
				Point Lookout	4060'
				Gallup	5156'
				Greenhorn	6024'
				Graneros	6081'
				Dakota	6198'

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE\*  
(Other instructions on re-  
verse side)Form approved.  
Budget Bureau No. 42-R1424

## SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.  
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. SF 077384
2. NAME OF OPERATOR El Paso Natural Gas Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR PO Box 990, Farmington, NM 87401		7. UNIT AGREEMENT NAME Huerfano Unit
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		8. FARM OR LEASE NAME Huerfano Unit Com
14. PERMIT NO.		9. WELL NO. 118
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5981'GL		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	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<input type="checkbox"/>

## SUBSEQUENT REPORT OF:

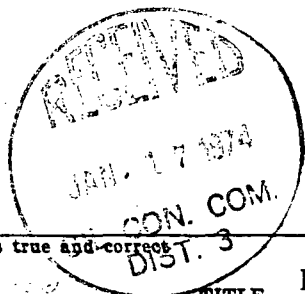
WATER SHUT-OFF	<input checked="" type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input checked="" type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<input type="checkbox"/>

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.) \*

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

TITLE

Drilling Clerk

DATE January 16, 1974

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

DATE

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT 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 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 AREASec. 30, T-27-N, R-10-W  
NMPM

12. COUNTY OR PARISH

San Juan

13. STATE

NM

1. OIL ☐ GAS ☒ 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

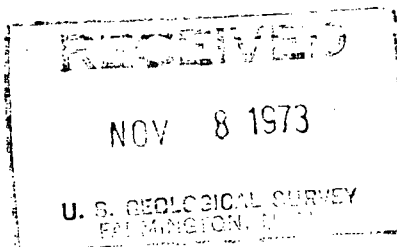
ABANDONMENT\*

(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.)\*

11-2-73

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. Wilson*

TITLE

Drilling Clerk

DATE November 7, 1973

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

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\*

## 23.

## 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

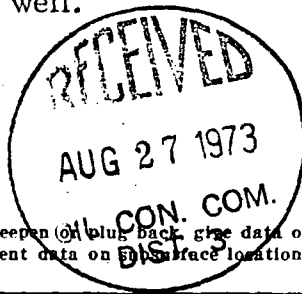
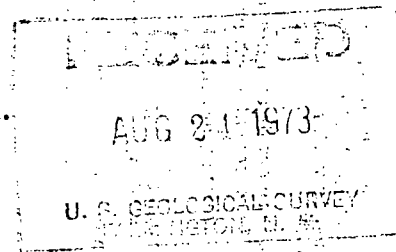
1st stage - 355 cu. ft. to cover Gallup formation.

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 subsurface 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 1-10-60  
Supersedes C-128  
Effective 1-1-61

All distances must be from the outer boundaries of the Section

Name of Well <b>EL PASO NATURAL GAS COMPANY</b>			Location <b>HUERFANO UNIT COM (SF077384)</b>		Section <b>118</b>
Well Letter <b>J</b>	Section <b>30</b>	Township <b>27-N</b>	Range <b>10-W</b>	County <b>SAN JUAN</b>	
Actual Location of Well					
<b>1650</b>		<b>SOUTH</b>		<b>1650</b>	
Feet from top		Line to		Feet from the <b>EAST</b>	
Ground Level Elev. <b>5981</b>	Perforation Depth <b>DAKOTA</b>	Foot <b>BASIN DAKOTA</b>		Feet from the <b>EAST</b> <b>320.00</b>	

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 \_\_\_\_\_

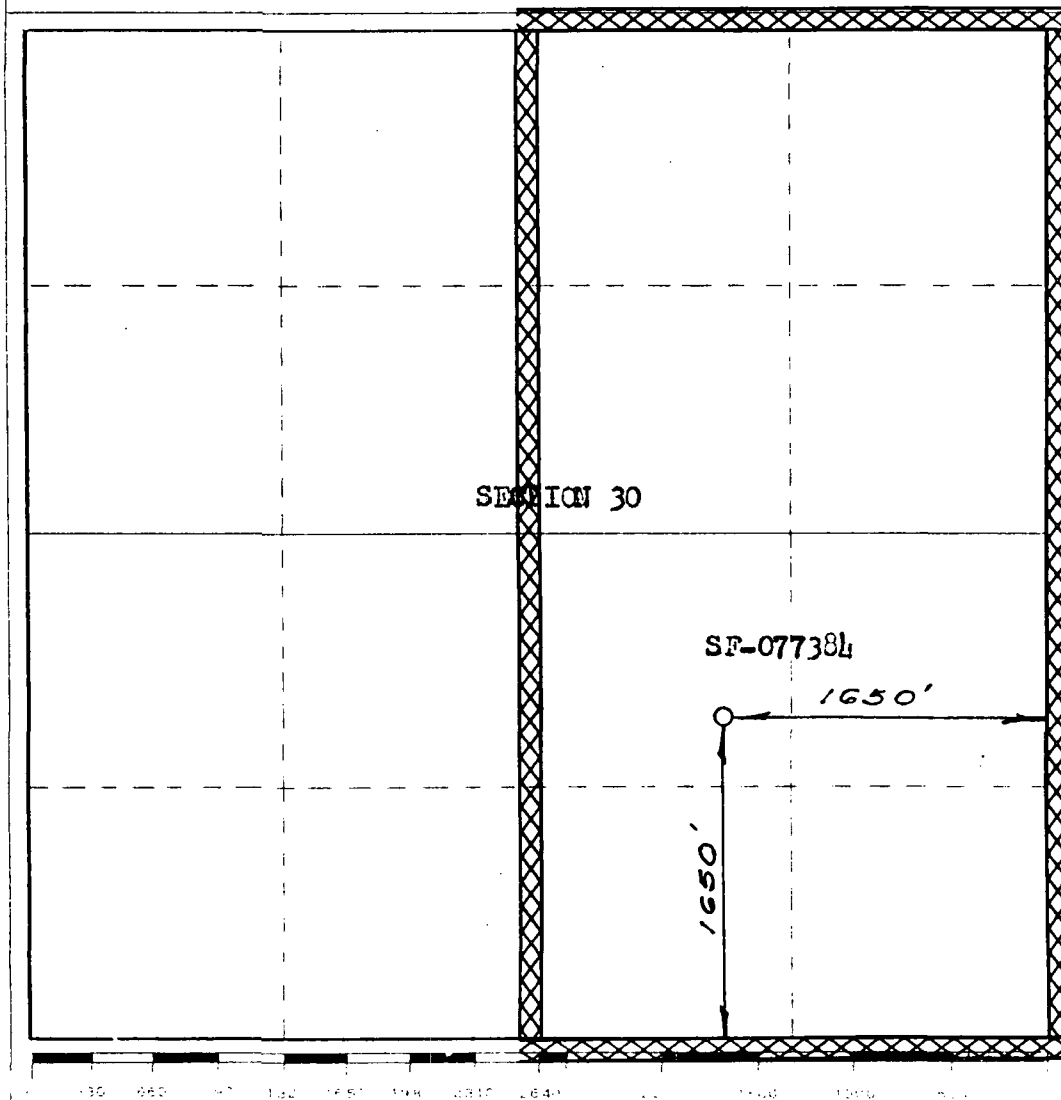
**Unitization**

**AUG 27 1973**

**OIL CON. COM.  
DIST. 3**

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 :  
OG5SECTONGARD  
INQUIRE LAND BY SECTION05/25/99 11:03:28  
OGOMES -TPZE  
PAGE NO: 2

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

<sup>3</sup> 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  
PF07 BKWDPF02  
PF08 FWDPF03 EXIT  
PF09 PRINTPF04 GoTo  
PF10 SDIVPF05  
PF11PF06  
PF12

24  
87.64

327.64