

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*
~~El Paso Natural Gas Company~~ *oil*

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

4. Location of Well, Footage, Sec, T, R, M.
990'S, 800'E Sec. 28, T-25-N, R-7-W, NMPM

5. Lease Number
SF-078878

6. If Indian, All or
Tribe Name

7. Unit Agreement Name
Canyon Largo Unit

8. Well Name & Number
Canyon Largo Unit #173

9. API Well No.

10. Field and Pool
Ballard Pictured Cliffs

11. County and State
Rio Arriba County, 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

The subject well has a casing leak isolated from the producing formation by means of a tbg and pkr. The well was put on for a production test in November 1990 to determine if the casing leak is economic to repair, or if the well should be plugged. After high initial flow rates, the well has decreased in production to a rate of 45 MCFD. If the production rate continues its decline, the repair is marginal, yet if it remains at this rate, the well still contains considerable gas reserves.

An additional six month test period is requested to determine if the gas rate will stabilize at 45 MCFD and we can economically repair the casing leak. The additional test period could result in a conservation of up to 100 MMCF of gas in this wellbore if the repair is deemed economic.

THIS APPROVAL EXPIRES

OCT 01 1991

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

Signed *[Signature]* (LS) Title Regulatory Affairs

Date

APPROVED

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____

CONDITION OF APPROVAL, IF ANY:

DATE *[Signature]*

J. E. AREA MANAGER
FARMINGTON RESOURCE AREA