

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 ☐	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						7. UNIT AGREEMENT NAME San Juan 28-6 Unit	
3. ADDRESS OF OPERATOR PO Box 990, Farmington, NM 87401						8. FARM OR LEASE NAME San Juan 28-6 Unit	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 800'S, 1650'W At top prod. interval reported below At total depth						9. WELL NO. 162	
14. PERMIT NO.						DATE ISSUED	
15. DATE STUDDED 5-3-72		16. DATE T.D. REACHED 5-9-72		17. DATE COMPL. (Ready to prod.) 6-14-72		18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 6604'GL	
20. TOTAL DEPTH, MD & TVD 3559'		21. PLUG, BACK T.D., MD & TVD 3549'		22. IF MULTIPLE COMPL., HOW MANY*		23. INTERVALS DRILLED BY → 0-3559'	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 3384-3428'(Pictured Cliffs)						19. ELEV. CASINGHEAD	
26. TYPE ELECTRIC AND OTHER LOGS RUN IES, FDC-GR, Temp. Survey						25. WAS DIRECTIONAL SURVEY MADE no	
27. WAS WELL CORED no							
28. CASING RECORD (Report all strings set in well)							
CASING SIZE		WEIGHT, LB./FT.		DEPTH SET (MD)		HOLE SIZE	
8 5/8"		24#		137'		12 1/4"	
2 7/8"		6.4#		3488'		6 3/4"	
29. LINER RECORD							
SIZE		TOP (MD)		BOTTOM (MD)		SACKS CEMENT*	
30. TUBING RECORD							
SIZE		DEPTH SET (MD)		PACKER SET (MD)			
tubingless							
31. PERFORATION RECORD (Interval, size and number)							
3384-92', 3402-10', 3420-28' with 24 shots per zone.							
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.							
DEPTH INTERVAL (MD)				AMOUNT AND KIND OF MATERIAL USED			
3384-3428'				30,000#sand, 30,580 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 6-14-72		HOURS TESTED 3		CHOKE SIZE 3/4"		PROD'N. FOR TEST PERIOD →	
FLOW. TUBING PRESS. tubingless		CASING PRESSURE SI 1089		CALCULATED 24-HOUR RATE →		OIL—BBL. 2509 AOE	
						GAS—MCF. WATER—BBL. OIL GRAVITY-API (CORR.)	
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)							
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 F.H. Wood		TITLE Petroleum Engineer				DATE June 20, 1972	

*(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 25.

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			38. GEOLOGIC MARKERS	
FORMATION	TOP	BOTTOM	NAME	MEAS. DEPTH TOP TRUE VERT. DEPTH
			Pictured Cliffs	3380'

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

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, New Mexico 87401
Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE
Lease Name San Juan 28-6 Unit Well No. 162 Pool Name, including Formation South Blanco Pictured Cliffs Ext. Kind of Lease State, (Federal) or Fee SF 079750-B Lease No.
Location
Unit Letter N ; 800 Feet From The South Line and 1650 Feet From The West
Line of Section 26 Township 28N Range 6W , NMPM, Rio Arriba County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☐ or Condensate ☒ El Paso Natural Gas Company Address (Give address to which approved copy of this form is to be sent) PO Box 990, Farmington, NM 87401
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒ El Paso Natural Gas Company Address (Give address to which approved copy of this form is to be sent) PO Box 990, Farmington, NM 87401
If well produces oil or liquids, give location of tanks. Unit N Sec. 26 Twp. 28N Rge. 6W Is gas actually connected? When

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

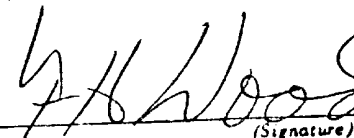
IV. COMPLETION DATA
Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v. Diff. Res'v.
Date Spudded 5-3-72 Date Compl. Ready to Prod. 6-14-72 Total Depth 3559' P.B.T.D. 3549'
Elevations (DF, RKB, RT, GR, etc.) 6604'GL Name of Producing Formation Pictured Cliffs Top Oil/Gas Pay 3384' Tubing Depth tubingless
Perforations 3384-92', 3402-10', 3420-28' Depth Casing Shoe 3559'
TUBING, CASING, AND CEMENTING RECORD
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT
12 1/4" 8 5/8" 133' 107 cu. ft.
6 3/4" 2 7/8" 3559' 285 cu. ft.
tubingless

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 JUN 21 1972
Actual Prod. During Test Oil-Bbls. Water-Bbls. Gas-MCF OIL CON. COM. DIST. 3

GAS WELL
Actual Prod. Test-MCF/D 2509 Length of Test 3 hours Bbls. Condensate/MMCF Gravity of Condensate
Testing Method (pitot, back pr.) Tubing Pressure (shut-in) Casing Pressure (shut-in) Choke Size
Calc. AOF tubingless 1089 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)

June 20, 1972

(Date)

OIL CONSERVATION COMMISSION
JUN 21 1972
APPROVED _____, 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.
Separate Forms C-104 must be filed for each pool in multiply completed wells.