

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 Co.

3. ADDRESS OF OPERATOR

Box 289, Farmington, New Mexico

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

At surface 890'N, 790'W

At top prod. interval reported below

At total depth

14. PERMIT NO.

DATE ISSUED

15. DATE SPUDDED

4-30-79

16. DATE T.D. REACHED

5-10-79

17. DATE COMPL. (Ready to prod.)

8-17-79

18. ELEVATIONS (DF, RKB, RT, GR, ETC.)*

6702' GL

19. ELEV. CASINGHEAD

20. TOTAL DEPTH, MD & TVD

6237'

21. PLUG, BACK T.D., MD & TVD

6220'

22. IF MULTIPLE COMPL.,
HOW MANY*23. INTERVALS
DRILLED BY

ROTARY TOOLS

CABLE TOOLS

0-6237'

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*

5251 - 6160' (MV)

25. WAS DIRECTIONAL
SURVEY MADE

No

26. TYPE ELECTRIC AND OTHER LOGS RUN

FDC-GR; I-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"	36#	218'	13 3/4"	224 cf.	
7"	20#	3902'	8 3/4"	330 cf	
4 1/2"	10.5#	6237'	6 1/4"	427 cf	

29. LINER RECORD

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

30. TUBING RECORD

SIZE	DEPTH SET (MD)	PACKER SET (MD)
2 3/8"	6132'	

31. PERFORATION RECORD (Interval, size and number) 5251, 5264,

5270, 5336, 5350, 5359, 5364, 5372, 5392, 5491, 5496,
5534, 5546, 5587, 5593, 5602, 5608, 5635, 5644, 5708
w/1 SPZ, 5758, 5762, 5766, 5770, 5774, 5778, 5782,
5785, 5795, 5798, 5822, 5825, 5841, 5846, 5868, 5874,
5888, 5912, 5980, 6024, 6092, 6110, 6121, 6160w/1SPZ.

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

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
5251 - 5708'	66,500#sd, 133,000 gal.slick wtr.
5758 - 6160'	65,500#sd, 131,000 gal.slick wtr.

33.* PRODUCTION

DATE FIRST PRODUCTION

PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)

After frac, gauge 1445 MCF/D

WELL STATUS (Producing or
shut-in)
Shut-In

DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
8-17-79							
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)	
SI 402	SI 657						

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

TEST WITNESSED BY

John Easley

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

D. P. Buico

TITLE

Drilling Clerk

DATE 8-22-79

*(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 DEPTH INTERVAL TESTED, CUSHION USED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES			38. GEOLOGIC MARKERS			
FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	MEAS. DEPTH	TRUE VERT. DEPTH
				P. L.	5751	

DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
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-1
Effective 1-1-65

API 30-039-21870

I. Operator
El Paso Natural Gas Co.
Address
Box 289, 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. 47A	Pool Name, Including Formation Blanco M.V.	Kind of Lease State Federal State Federal	Lease No. SF079192
Location Unit Letter <u>D</u> ; <u>890</u> Feet From The <u>North</u> Line and <u>790</u> Feet From The <u>West</u> Line of Section <u>15</u> Township <u>28-N</u> Range <u>6-W</u> , NMPM, Rio Arriba County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒	Address (Give address to which approved copy of this form is to be sent) El Paso Natural Gas Co. Box 289, Farmington, New Mexico 87401					
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent) El Paso Natural Gas Co. Box 289, Farmington, New Mexico 87401					
If well produces oil or liquids, give location of tanks.	Unit <u>D</u>	Sec. <u>15</u>	Twp. <u>28-N</u>	Rge. <u>6-W</u>	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't.	Diff. Res't.
		X	X					
Date Spudded 4-30-79	Date Compl. Ready to Prod. 8-17-79	Total Depth 6237'		P.B.T.D. 6220'				
Elevations (DF, RKB, RT, GR, etc.) 6702' GL	Name of Producing Formation M.V.		Top Gas Pay 5251'		Tubing Depth 6132'			
Perforations 5251, 5264, 5270, 5336, 5350, 5359, 5364, 5372, 5392, 5491, 5496, 5534, 5546, 5587, 5593, 5602, 5608, 5635, 5644, 5708, 5758, 5762, 5766, 5770, 5774, 5778, 5782, 5785, 5795, 5798, 5822, 5825, 5841, 5846, 5868, 5874, 5888, 5912, 5980, 6024, 6092, 6110, 6121, 6160.		Depth Casing Shoe 6237'						
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
13 3/4"	9 3/8"		218'		224 cf			
8 3/4"	7"		3902'		330 cf			
6 1/4"	4 1/2" liner		6237'		427 cf			
	2 3/8"		6132'		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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in) 402	Casing Pressure (shut-in) 657	Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

A. G. Luise
(Signature)

Drilling Clerk

(Title)

August, 1979

(Date)

OIL CONSERVATION COMMISSION

APPROVED AUG 29 1979
Original Signed by A. B. ...
BY SUPERVISOR ...
TITLE

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 multiple