

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator <b>TEXACO INC.</b>		Well API No.
Address <b>3300 N. Butler, Farmington, NM 87401</b>		
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Change in Transporter of: Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input checked="" type="checkbox"/>		Other (Please explain) Previous transporter was Giant Industries Inc., now it is Meridian Oil Company effective 10/01/89.

If change of operator give name  
and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>John Charles</b>	Well No. <b>6A</b>	Pool Name, Including Formation <b>Blanco Mesa Verde</b>	Kind of Lease Fed State, Federal or Fee	Lease No. <b>I-149IND8466</b>
Location Unit Letter <b>I</b> : <b>840</b> Feet From The <b>East</b> Line and <b>1850</b> Feet From The <b>South</b> Line: Section <b>13</b> Township <b>27N</b> Range <b>9W</b> , NM PM, <b>San Juan</b> 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"/> <b>Meridian Oil Company</b>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. Box 4289, Farmington, NM 87499</b>					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <b>El Paso Natural Gas Co.</b>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. Box 990, Farmington, NM 87401</b>					
If well produces oil or liquids, give location of tanks.	Unit <b>I</b>	Sec. <b>13</b>	Twp. <b>27N</b>	Rge. <b>9W</b>	Is gas actually connected? <b>Yes</b>	When? <b>1977</b>

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	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Cas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

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 Tank	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 (puot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR 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 above  
is true and complete to the best of my knowledge and belief.

SIGNED: **JOHN KLEIER**

Signature

Area Manager  
Title

Printed Name

Date

**SEP 28 1989**

Telephone No.

OIL CONSERVATION DIVISION

Date Approved **SEP 28 1989**

By

**John Kleier**

**S. DIVISION DISTRICT # 3**

Title

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.



**LTR**



**Job separation sheet**

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UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

FORM APPROVED  
Budget Bureau No. 1004-0135  
Expires: March 31, 1993

**SUNDRY NOTICES AND REPORTS ON WELLS**

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

5. Lease Designation and Serial No.  
**Fed. I-149 IND-8466**

6. If Indian, Allottee or Tribe Name

**Navajo**

7. If Unit or CA, Agreement Designation

8. Well Name and No.

**John Charles #6A**

9. API Well No.

**30-045-22660**

10. Field and Pool, or Exploratory Area

**Otero Chacra**

11. County or Parish, State

**San Juan, NM**

**SUBMIT IN TRIPLICATE**

1. Type of Well

☐ Oil Well ☒ Gas Well ☐ Other

2. Name of Operator

**Texaco Inc.**

3. Address and Telephone No.

**3300 N. Butler, Farmington N.M. 87401 (505) 325-4397**

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

**1850' FSL and 840' FEL  
I, Sec. 13-T27N-R9W**

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

- ☒ Notice of Intent  
☐ Subsequent Report  
☐ Final Abandonment Notice

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  
☐ Dispose Water

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

13. 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.)\*

Texaco Producing Inc. proposes the following workover to recomplete in the Chacra formation. The following procedure will be followed:

1. MIRUSU. Install BOP w/ pipe and blind rams.
2. Run free point. TIH w/ tbg & wash pipe. POOH w/ 2-3/8" tbg.
3. Set RBP @ 3600' & pressure test casing.
4. RU & run GR-CNL-CCL from 3400'-2400'.
5. Perforate Chacra formation w/ 2 JSPF. Estimated 2900'-3100'.
6. Acidize down tbg w/ HCl acid. Reset pkr 50' perfs.
7. Frac down tbg w/ gelled water and sand.
8. RU swab and swab back load. RIH w/ production tbg. Set pkr @ 3150'.
9. RDMOSU.

**RECEIVED**  
OCT 31 1990  
OIL CON. DIV.]  
DIST. 3

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

Signed *Alan A. Miller*

Title **Area Manager**

Date **10/18/90**

(This space for Federal or State office use)

Approved by \_\_\_\_\_  
Conditions of approval, if any: \_\_\_\_\_

Title \_\_\_\_\_

**NMOCD**

**APPROVED**  
**Ken Townsend**

**OCT 18 1990**

**AREA MANAGER**

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.

\*See Instruction on Reverse Side

BLM - Farmington (5)

TRB



**LTR**



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DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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NE/SE Sec. 13 T27N R9W**

FORM APPROVED  
Budget Bureau No. 1004-0135  
Expires: March 31, 1993

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**Fed 1-149 IND-8466**

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**John Charles 6A**

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**30-045-22660**

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**Otero CK/BLANCO MV**

11. County or Parish, State

**San Juan County, N.M.**

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Texaco Exploration & Producing Inc. (TEPI) proposes the following repair on the subject wells surface casing.

MIRU SERVICE COMPANY.

ESTABLISH RATE AND PRESS INTO BRADENHEAD. ( MONITOR TBG-CSG ANNULUS )

3. SQUEEZE BRADENHEAD USING 140 SX 50-50 POZ CMT. ESTABLISH A STANDING SQZ PRESS OF 300 PSI. ( DO NOT EXCEED 800 PSI SURFACE PRESS )  
SHUT IN BRADENHEAD.

RDMO SERVICE COMPANY. SDFN, WOC.

**RECEIVED**

**APR 15 1991**

**OIL CON. DIV.,  
DIST. 3**

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

Signed

Title **Area Manager**

Date **4/11/91**

(This space for Federal or State office use)

Approved by

Conditions of approval, if any:

Title

**APPROVED**

**APR 12 1991**

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\*See instruction on Reverse Side



# JOHN CHARLES No. 6-A

## CURRENT WELLBORE CURRENTS

DATE: 4/9/91

DATE INITIAL COMPLETION: 11/18/77

### WELL:

JOHN CHARLES No. 6-A

### LOCATION:

NE/4 SE/4

SEC 13-T27N-R9W

CIRC CMT

9 5/8" CSG IN 12 1/4" HOLE

@ 302' W/ 275 SX CMT

2200' 2 3/8" TBG

900' 1" TBG

@ 3051'

TOC @ 953'

BY TEMP SURVEY

CMT W/ 325 SX

2 1/8" TBG

@ 4378'

LINER TOP @ 2241'

7" CASING IN 8 3/4" HOLE  
@ 2353' W/ 325 SX CMT

PACKER @ 3063'

CHACRA  
PERFORATIONS  
2917'-3121'

4 1/2" LINER @ 4469'  
CMT W/ 225 SX

MESA VERDE  
PERFORATIONS  
3700'-4426'

PBTD-4452'

TD 4470'