

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. OPERATOR	
Operator <u>Curtis J. Little</u>	
Address <u>P.O. Box 1258</u> <u>Farmington, NM 87499</u>	
Reason(s) for filing (Check proper box)	
New Well ☒	Change in Transporter of:
Recompletion ☐	Oil ☐ Dry Gas ☐
Change in Ownership ☐	Casinghead Gas ☐ Condensate ☐

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Wiedemer</u>	Well No. <u>4</u>	Pool Name, Including Formation <u>Fulcher Kutz Pictured Cliffs</u>	Kind of Lease State, Federal or Fee <u>Federal</u>	Lease No. <u>SF-081087</u>
Location				
Unit Letter <u>K</u> : <u>1850</u> Feet From The <u>South</u> Line and <u>1850</u> Feet From The <u>West</u>				
Line of Section <u>34</u> Township <u>27N</u> Range <u>10W</u> , NMPM, <u>San Juan</u> 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)					
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent)					
<u>El Paso Natural Gas Company</u>	<u>P.O. Box 990, Farmington, NM 87499</u>					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
					<u>no</u>	<u>soon</u>

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.
			<u>XX</u>	<u>XX</u>					
Date Spudded <u>6-10-83</u>	Date Compl. Ready to Prod. <u>7-1-83</u>	Total Depth <u>2550'</u>		P.B.T.D. <u>2519'</u>					
Elevations (D), <u>9, RT, GR, etc.</u>	Name of Producing Formation <u>Pictured Cliffs</u>	Top Oil/Gas Pay <u>2396'</u>		Tubing Depth <u>none</u>					
Perforations				Depth Casing Shoe <u>2550</u>					
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<u>9 3/4</u>		<u>7"</u>		<u>124'</u>		<u>50</u>			
<u>6 1/4</u>		<u>2 7/8"</u>		<u>2550'</u>		<u>360</u>			

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 <u>1072</u>	Length of Test <u>3 hours</u>	Bbls. Condensate/MMCF	Gravimetric Condensate
Testing Method (pilot, back pr.) <u>bk. pr.</u>	Tubing Pressure (Shut-in) <u>Tubingless</u>	Casing Pressure (Shut-in) <u>245</u>	Choke Size <u>3/4</u>

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

Curtis J. Little
(Signature)
Operator
(Title)
July 14, 1983
(Date)

OIL CONSERVATION DIVISION

7-25-83
APPROVED JUL 25 1983, 19____
BY Original Signed by FRANK T. CHAVEZ
SUPERVISOR DISTRICT # 3

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 multiply completed wells.



LTR



Job separation sheet

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 ☐		5. LEASE DESIGNATION AND SERIAL NO. SF-081087	
b. TYPE OF COMPLETION: NEW WELL ☒ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ Other ☐		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
2. NAME OF OPERATOR CURTIS J. LITTLE		7. UNIT AGREEMENT NAME	
3. ADDRESS OF OPERATOR P.O. Box 1258 Farmington, NM 87499		8. FARM OR LEASE NAME WIEDEMER	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 1850' FSL and 1850' FWL At top prod. interval reported below Same At total depth Same		9. WELL NO. 4	
10. FIELD AND POOL, OR WILDCAT Fulcher Kutz PC		11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA Sec. 34-T27N-R10W	
12. COUNTY OR PARISH San Juan		13. STATE NM	
15. DATE SPUDDED 6-10-83	16. DATE T.D. REACHED 6-14-83	17. DATE COMPL. (Ready to prod.) 7-1-83	18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 6702' GR
20. TOTAL DEPTH, MD & TVD 2550' GR	21. PLUG, BACK T.D., MD & TVD 2519' GR	22. IF MULTIPLE COMPL., HOW MANY*	23. INTERVALS DRILLED BY ROTARY TOOLS 0-2550 GR
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 2396-2420, 2426-30, 2440-48, 2456-58, 2462-66, 2490-94 GR Pictured Cliffs			25. WAS DIRECTIONAL SURVEY MADE no
26. TYPE ELECTRIC AND OTHER LOGS RUN IES GR-Density			27. WAS WELL CORED no
28. CASING RECORD (Report all strings set in well)			
CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE
7"	23	124 GR	9 7/8
2 7/8	6.5	2550 GR	6 1/4
		CEMENTING RECORD	
		50 sx, 2% CaCl, 1/2# Flocele (71 CF) Circulated	
		310 sx 50-50 Poz, 6% Gel, 1/2# Flocele, 50 sx neat, Circulated	
		NONE	
29. LINER RECORD			
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*
none			
30. TUBING RECORD			
SIZE	DEPTH SET (MD)	PACKER SET (MD)	
none			
31. PERFORATION RECORDED (Interval, size and number) 2396-2420, 2426-30, 2440-48, 2456-58, 2462-66, 2490-94, 30 holes, 0.37" dia., 24" apart.			
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.			
DEPTH INTERVAL (MD)		AMOUNT AND KIND OF MATERIAL USED	
2396-2494		Acidized 500 gals. 7 1/2% HCL. Frac w/75,000 lbs. 10-20 sd., 18845 ga KCl water, & 1076 MCF Nitrogen. BDP 2800 psi, TP 3600 psi	
33. PRODUCTION			
DATE FIRST PRODUCTION	PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Flowing		WELL STATUS (Producing or shut-in) SI
DATE OF TEST 7-1-83	HOURS TESTED 3	CHOKE SIZE 3/4	PROD'N. FOR TEST PERIOD OIL—BBL. 0 GAS—MCF. 134 WATER—BBL. 0
FLOW. TUBING PRESS. csg. 78 psi	CASING PRESSURE 8 day SI 245 psi	CALCULATED 24-HOUR RATE OIL—BBL. 0 GAS—MCF. 1072 WATER—BBL. 0	OIL GRAVITY-API (CORR.)
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) To Be Sold			
35. LIST OF ATTACHMENTS none			
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records			
SIGNED Curtis J. Little		TITLE Operator	
DATE JUL 14, 1983		DATE JUL 22 1983	

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

NMOCC

FARMINGTON RESOURCE AREA
FARMINGTON, NEW MEXICO
BY Sm

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 33.

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	DESCRIPTION, CONTENTS, ETC.	NAME	MEAS. DEPTH	TRUE VERT. DEPTH
Ojo Alamo	1409	1537	Probably Water	Ojo Alamo Kirtland Fruitland Pictured Cliffs Lewis	1409 1537 2164 2385 2520	Same