

Richardson No. 2-E 1520 FSL; 1520 FWL Sec. 11, T27N, R13W, San Juan County, New Mexico

SUPPLEMENT TO COMPLETION REPORT

Item No. 28 Cementing Record

8-5/8" Casing: 225 sacks of class "B" cement with 2% calcium chloride and 1/4 lb. of Flocele per sack. Circulated cement to surface. 4-1/2" Casing: DV tool set at 2768 ft. First stage cemented with 1750 cu. ft. of 50-50 Poz with 8% gel and 10 lb. of gilsonite per sack followed by 126 cu. ft. of 50-50 Poz with 2% gel, 0.6% FLA and 10 lb. of salt per sack. Circulated 20 bbl. good cement to surface. Second stage cemented with 1630 cu. ft. of 65-35 Poz with 12-1/4 lb. of gilsonite, and 12% gel per sack followed by 118 cu. ft. of class "B" with 2% calcium chloride. Circulated cement to surface.

Item No. 32 Treatment Record

Dakota Perforations: 5931 - 6051 Spotted 15 gallons of 15% HCl across perforations. Acidized with 1350 gallons 15% HCl and 50 7/8" ball sealers. Frac'd. with 100,000 lb. 20-40 sand and 64,200 gallons of 30 lb. gelled water.

ICT | on 1980, Hobbs, HM 88240 DISTRICT II F.O. Driver DD, Assela, HM 88210

State of New Mexico Energy, Minerals and Natural Resources Department

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

00 Rio Brisos Rd., Aziec, NM 87410	REQUI	EST FO	RAL	LOWAB	LE AND A	UTHORI	ZATION					
	TO TRANSPORT OF						L AND NATURAL GAS					
PERIOR MERIDIAN OIL INC.								WORL ALT ING				
Adress P. O. Box 4289, Farmi	naton.	New Ma	xico	874	39							
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Accompletion U	Oli Casinghead		Dry Gee	_		T		_				
					ration,	P. O. E	Box 2120	, Houston	, TX 77	252-212		
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L DESCRIPTION OF WELL	AND LEA				g Formation		Kind	(Laur	Le	ise No.		
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Unit Letter	_ : 									~		
Section 11 Townshi	p 27	N	Range	13W	, N	VOPML 3	AN JUAN			County		
II. DESIGNATION OF TRAN	SPORTE			D NATU	RAL GAS		***	and this form	u io to be se	<u> </u>		
Anno of Authorized Transporter of Oil Meridian Oil Inc.	(3 K)	or Conden	sale		Address (Give address to which approved copy of this form is to be sent) P. O. Box 4289, Farmington, NM 87499							
Name of Authorized Transporter of Casia	se of Authorized Transporter of Casinghead Ges 🔲 or Dry Gua 🔀					Address (Give address to which approved copy of this form is to be a P. O. Box 990, Farmington, NM 87499						
El Paso Natural Gas C		Sec	Twa	1 2-	ls gas actual		Farming When		87499			
f well produces oil or liquids, ive location of tanks.	<u> </u>			<u> </u>		,	i_					
this production is commingled with that	from may oth	er losse or	pool, gi	ne comming	ing order num	per:				 		
V. COMPLETION DATA		Oil Well		Cas Well	New Well	Workover	Deepen	Plug Back	ame Res'y	Diff Res'y		
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TOCE SEE		CASING & TUBING SIZE										
	 				 							
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6/15/90		(505	326	-9/00	. '"				7			

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.
- 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.







Job separation sheet

Submit 5 Cones
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

1000 Rio Brazos Rd., Azzec, NM 87410	BEO	LIECTE	· O D A		/4 DI	-	A1171100					
I.	neu						AUTHOR TURAL G					
Operator				<u> </u>	<u> </u>	1110 117	TOTALO		API No.			
Union Texas Petro	oleum C	ornora	tion									
Address 2.0. Box 2120	Houston	Teva	. 7	7252-	.2120	,						
Reason(s) for Filing (Check proper box)		10.10		, 232	2120		net (Please exp	dain t				
New Well		Change is	n Transpo	orter of:	_		// // // // // // // // // // // //					
Recompletion	Oil	<u> </u>	Dry G	B4 .	_							
Change in Operator If change of operator give name	Casinghe	ad Gas	Conde	amte [
and address of bisations obsistion												
II. DESCRIPTION OF WELL	AND LE	ASE	_	RAS	امر							
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Section // Townshi	p 27	~/	Range	Jā	3 W	. N	MPM. S,	an Ju	MAI		County	
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III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil		or Conde		D NAT			wa add *- :	.hiah				
Meridian Oil Inc.					^	P.O. 1	ox 4289,	мся <i>арргочес</i> , Farmi n	gton. N	7 m is io be s (87499	ent)	
Name of Authorized Transporter of Casin			or Dry	Gas 🔯		ddress (Gir	e address to w	hick approved	come of this f	THE IS SO be a		
El Paso Matural C		1-	1=			P.O. E	ox 4990,	Farmin	gton, T	87499		
if well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	R	ge. is	gas actual	y consected?	When	?			
If this production is commingled with that	from any ou	her lease or	pool, giv	ve compre	ingling	order num	her					
IV. COMPLETION DATA												
Designate Type of Completion	- (%)	Oil Well		Jas Well		New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Soudded		pl. Ready to	Prod.	 -	170	tal Depth	<u> </u>	<u></u>	L	L	1	
·		, ,							P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					To	p Oil/Ges	Pay		Tubing Depth			
Perforstions												
									Depth Casin	Shoe		
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V. TEST DATA AND REQUES												
OIL WELL (Test must be after n Dute First New Oil Run To Tank	Date of Te	tal volume	of load o	il and m	sest be d	equal to or	exceed top alle	owable for thi	depth or be f	or full 24 hou	73.)	
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Actual Prod. During Test	Oil - Bbls.				Wa	uer - Bbis.			Gas- MCF			
GAS WELL												
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77. ODD 1. TOD 677.	!								<u> </u>			
VI. OPERATOR CERTIFICA				CE		•	DIL CON	ISEDV	ATION F	אופור	i N I	
I hereby certify that the rules and regula Division have been complied with and to	none of the	Uil Conserv	vatioe :a above					IOEN V	TION L		/1 7	
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Signature						Ву_		_ 1	1) E	- Land		
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Printed Name 8-4-89	(7	13) 968	Title -4012	2		Title					.1 # O	

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Date

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