



Union Texas  
Petroleum

P. O. Box 1290  
Farmington, NM 87499  
Telephone (505) 325-3587

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.

Submit 5 Copies  
Appropriate District Office  
DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

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

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

State of New Mexico  
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

Form C-104  
Revised 1-1-89  
See Instructions  
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator <b>MERIDIAN OIL INC.</b>		Well APN No.
Address <b>P. O. Box 4289, Farmington, New Mexico 87499</b>		
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Change in Transporter of: <input type="checkbox"/> Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Operator <input checked="" type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		<input type="checkbox"/> Other (Please explain) <i>Effect. 6-23-90</i>
If change of operator give name and address of previous operator <b>Union Texas Petroleum Corporation, P. O. Box 2120, Houston, TX 77252-2120</b>		

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>RICHARDSON</b>	Well No. <b>2E</b>	Pool Name, Including Formation <b>BASIN DAKOTA</b>	Kind of Lease State, Federal or Fee <b>State</b>	Lease No. <b>SF077972</b>
Location Unit Letter <b>K</b> : <b>1520</b> Foot From The <b>S</b> Line and <b>1520</b> Foot From The <b>W</b> Line Section <b>11</b> Township <b>27N</b> Range <b>13W</b> , <b>NMPM</b> , <b>SAN JUAN</b> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input checked="" type="checkbox"/> <b>Meridian Oil Inc.</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 Company</b>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. Box 990, Farmington, NM 87499</b>					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	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	Data Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, AKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas 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	<b>RECEIVED</b> JUL 3 1990
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	<b>OIL CON. DIV.</b> <b>DIST. 3</b>
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	

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.

*Leslie Kahwajy*  
Signature  
**Leslie Kahwajy** Prod. Serv. Supervisor  
Printed Name  
**6/15/90** (505)326-9700  
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved **JUL 03 1990**  
By *[Signature]*  
SUPERVISOR 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**

Submit 5 Copies  
Appropriate District Office  
DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

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

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

State of New Mexico  
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

Form C-104  
Revised 1-1-89  
See Instructions  
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

I.	
Operator	Well API No.
Union Texas Petroleum Corporation	
Address	
P.O. Box 2120 Houston, Texas 77252-2120	
Reason(s) for Filing (Check proper box)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Richardson	2E	BASIN (Dakota)	State, Federal or Fee	SF077972
Location				
Unit Letter	Feet From The		Line and	Feet From The
K				
Section	Township	Range	County	
11	27N	13W	NMPM, SAN JUAN	

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)
Meridian Oil Inc. <input checked="" type="checkbox"/>	<input type="checkbox"/>	P.O. Box 4289, Farmington, NM 87499
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. <input type="checkbox"/>	<input checked="" type="checkbox"/>	P.O. Box 4990, Farmington, NM 87499
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	Twp.	Rge.
		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	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas 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 (pilot, 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.

Signature Annette C. Bisby Env. & Reg. Sec'rtry  
Printed Name 8-4-89 Title (713) 968-4012  
Date  Telephone No.

OIL CONSERVATION DIVISION

Date Approved AUG 28 1989  
By [Signature]  
Title SUPERVISION DISTRICT # 3

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