

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

| | |
|---|---|
| 1a. TYPE OF WORK PLUG BACK | 5. LEASE NUMBER SF-079761 |
| 1b. TYPE OF WELL GAS | 6. IF INDIAN, ALL. OR TRIBE NAME |
| 2. OPERATOR EL PASO NATURAL GAS COMPANY <i>Mendocino Fire</i> | 7. UNIT AGREEMENT NAME SAN JUAN 29-4 UNIT |
| 3. ADDRESS & PHONE NO. OF OPERATOR P.O. BOX 4289 FARMINGTON, NM 87499 (505) 326-9700 | 8. FARM OR LEASE NAME |
| 4. LOCATION OF WELL 918' FNL; 950' FEL | 9. WELL NO. 16 |
| 14. DISTANCE IN MILES FROM NEAREST TOWN | 10. FIELD, POOL, OR WILDCAT BASIN FRUITLAND COAL |
| | 11. SEC. T. R. M OR BLK. SEC. 36, T29N, R04W |
| | 12. COUNTY RIO ARRIBA |
| | 13. STATE NEW MEXICO |
| 15. DISTANCE FROM PROPOSED LOCATION TO NEAREST PROPERTY OR LEASE LINE. | 16. ACRES IN LEASE |
| | 17. ACRES ASSIGNED TO WELL 320.00 |
| 18. DISTANCE FROM PROPOSED LOCATION TO NEAREST WELL DR. COMPL., OR APPLIED FOR ON THIS LEASE. | 19. PROPOSED DEPTH |
| | 20. ROTARY OR CABLE TOOLS |
| 21. ELEVATIONS (DF, FT, GR, ETC.) 7045' DF | 22. APPROX. DATE WORK WILL START |

23. PROPOSED CASING AND CEMENTING PROGRAM

24. AUTHORIZED BY: *[Signature]* (SHL) **REGULATORY AFFAIRS**

***SEE OPERATIONS**

RECEIVED

SEP 20 1990

DATE *9-29-90*

PERMIT NO. _____ APPROVAL DATE _____

APPROVED BY _____ TITLE _____ DATE _____

OIL CON. DIV
DIST. 3

NOTE: THIS FORMAT IS ISSUED IN LIEU OF US BLM FORM 3160-3.
(NO ADDITIONAL DIRT WORK WILL BE REQUIRED)

APPROVED
SEP 11 1990
AREA MANAGER

Submit to Appropriate
District Office
State Lease - 4 copies
Fee Lease - 3 copies

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-182
Revised 1-1-89

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

WELL LOCATION AND ACREAGE DEDICATION PLAT

All Distances must be from the outer boundaries of the section

| | | | | |
|--|--|--|------------------------|---------------------------------------|
| Operator <u>M. J. Erickson Oil Inc.</u> | | Lease <u>San Juan 29-4 Unit</u> (SF-079761) | | Well No. <u>16</u> |
| El Paso Natural Gas Company | | | | |
| Unit Letter <u>A</u> | Section <u>36</u> | Township <u>29 North</u> | Range <u>4 West</u> | County <u>NMNM Rio Arriba</u> |
| Actual Footage Location of Well: <u>918</u> feet from the <u>North</u> line and <u>950</u> feet from the <u>East</u> line | | | | |
| Ground level Elev. <u>7035</u> | Producing Formation <u>Fruitland Coal</u> | | Pool <u>Basin</u> | Dedicated Acreage <u>320</u> Acres |

- Outline the acreage dedicated to the subject well by colored pencil or hatchure marks on the plat below.
- If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
- If more than one lease of different ownership is dedicated to the well, have the interest of all owners been consolidated by communitization, unitization, force-pooling, etc.?
☐ Yes ☐ No If answer is "yes" type of consolidation unitization

If answer is "no" list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary).

No allowable well be assigned to the well until all interests have been consolidated (by communitization, unitization, force-pooling, or otherwise) or until a non-standard unit, eliminating such interest, has been approved by the Division.

Note: not resurveyed
taken from plat by
David O. Vilven
6-4-58

OPERATOR CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.

Signature Peggy Bradford

Peggy Bradford
Printed Name

Regulatory Affairs

Position

El Paso Natural Gas

Company

Date 8-29-90

SURVEYOR CERTIFICATION

I hereby certify that the well location shown on this plat was plotted from field notes actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

Date Surveyed 8-28-90

Signature Neale C. Edwards
Professional Surveyor



Certification of Neale C. Edwards

0 330 660 990 1320 1650 1980 2310 2640 2970 3300 3630 3960 4290 4620 4950 5280 5610 5940 6270 6600

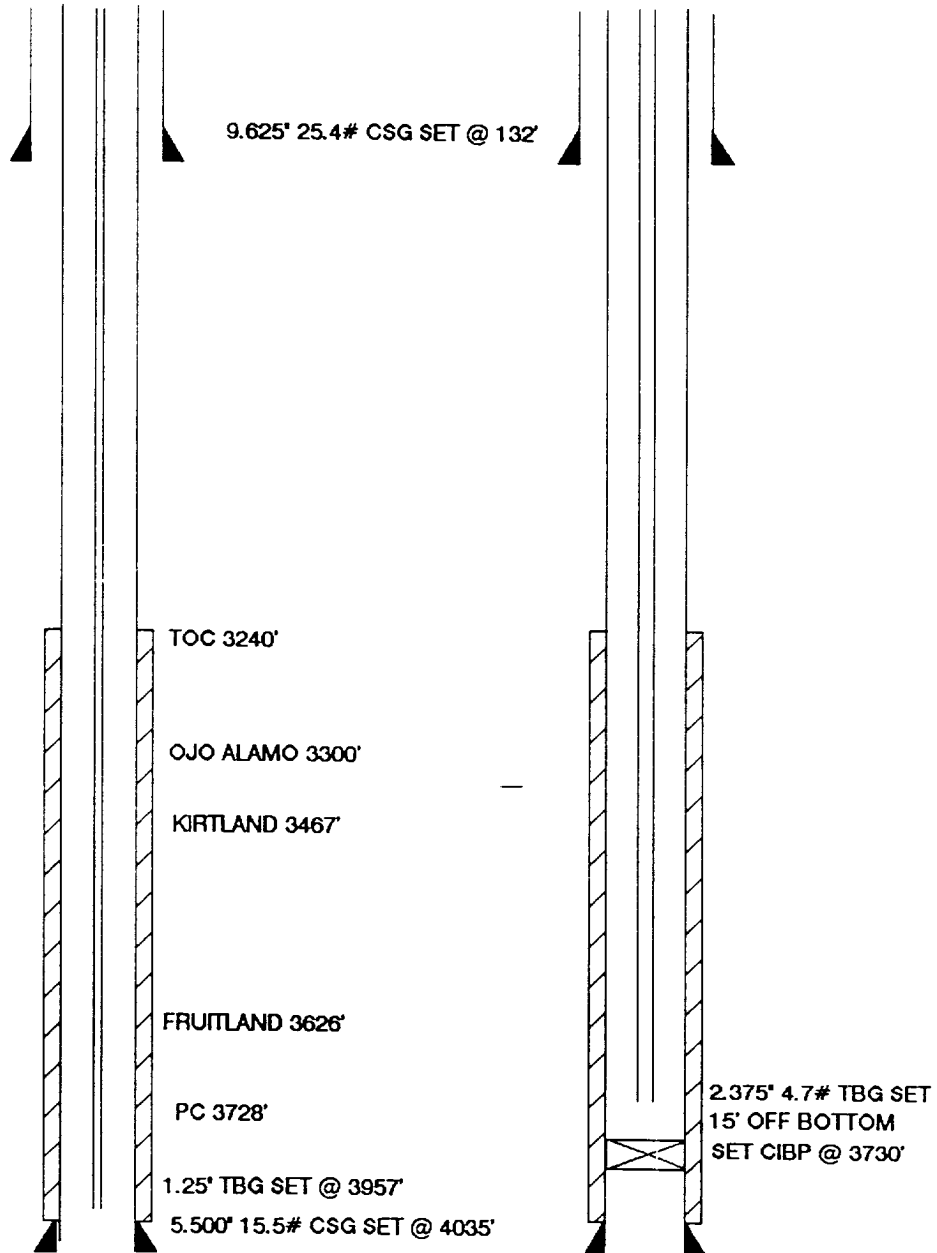
RECOMPLETION PROCEDURE
S. J. 29-4 Unit #16

1. Prepare location for workover. Install or replace anchors as necessary.
2. MOL with workover rig, hold safety meeting, install safety signs and proper fire equipment at strategic points. Comply with all BLM, NMOCD, and MOI regulations.
3. Rig up blow lines, record tubing and casing pressures and blow well down. NU 6" 3000 psi BOP and test. Load hole with water.
4. TOOH with tubing.
5. RU wireline unit and set a 5 1/2" CIBP near 3735'.
6. Pressure test casing.
7. Run logs.
8. Perforate coal. Perforations to be picked from log.
9. TIH with 2 3/8" tubing and swab wellbore dry.
10. Check well for gas flow. Evaluate well overnight. Check well for buildup pressure and gas flow.
11. Fracture stimulate well if required.
12. TIH with tubing and clean out to CIBP.
13. When well is clean, land tubing with a common pump seating nipple one joint off bottom. Swab well in. Record final 30, 45 and 60 minute gauges on morning report. ND BOP. NU tree. Rig down and release rig.
14. Shut well in for pressure build up. Obtain gas and water sample for analysis.

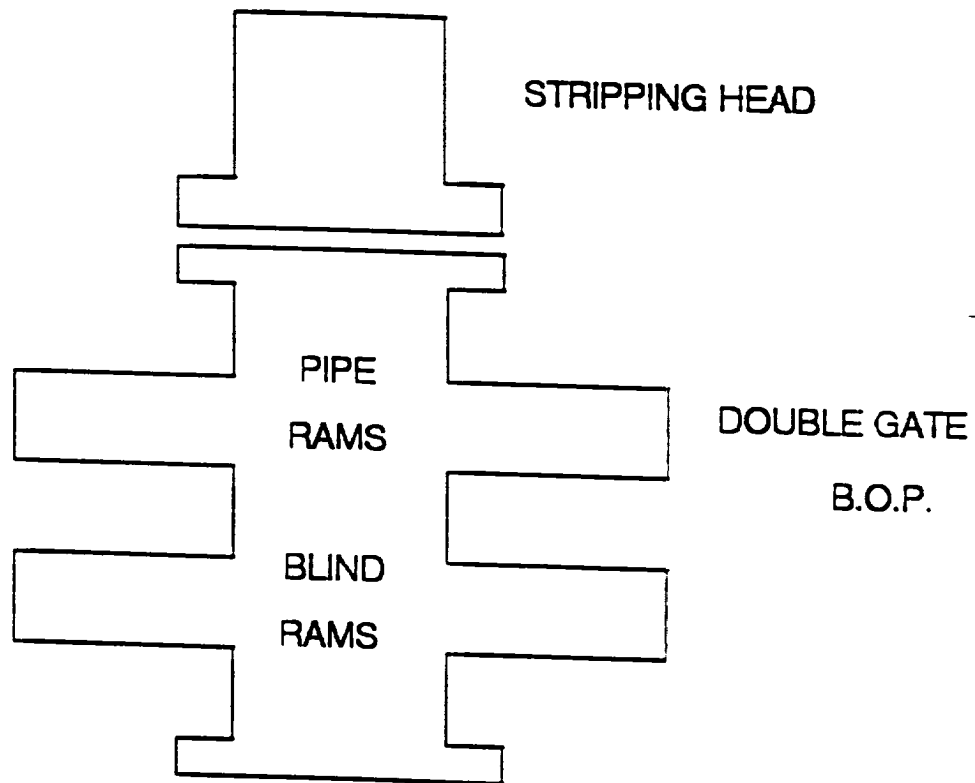
S.J. 29-4 UNIT #16
WELLBORE DIAGRAMS

BEFORE R/C

AFTER R/C



WORKOVER / RECOMPLETION B.O.P. SCHEMATIC



MINIMUM: 6" 2000 PSI DOUBLE GATE B.O.P.
MAXIMUM ANTICIPATED SHUT-IN WELLHEAD
PRESSURE IS LESS THAN 2000 PSI