

BUREAU OF LAND MANAGEMENT

SUNDRY NOTICES AND REPORTS ON WELLS

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

1. OIL WELL ☐ GAS WELL ☒ OTHER		5. LEASE DESIGNATION AND SERIAL NO. SF 078416 A	
2. NAME OF OPERATOR McKenzie Methane Corporation		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 1911 Main Ave., #255, Durango, Colorado 81301		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1075' FNL, 1420' FEL		8. FARM OR LEASE NAME Hardie 25 B	
14. PERMIT NO. API 30-045-28492		9. WELL NO. #8	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6723 GL		10. FIELD AND POOL, OR WILDCAT Basin FT Coal	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec25-T29N-R8W	
		12. COUNTY OR PARISH San Juan	
		13. STATE NM	

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

(Other)

Completion Report

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

17. 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.)*

SEE ATTACHED

RECEIVED
JUL 09 1991
OIL CON. DIV.
DIST. 3

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

SIGNED

AG Sagle / CSTITLE Operations ManagerDATE 6-17-91

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD
DATE

JUL 02 1991

*See Instructions on Reverse Side

NMOC

FARMINGTON RESOURCE AREA

BY

CS

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.

MCKENZIE METHANE CORPORATION
DAILY COMPLETION REPORT
Durango Office

6-12-91 Hardie 25 B #8 (NEW WELL COMPLETION)
Sec25-T29N-R8W, San Juan Co., NM
PBID: 3404' TD: 3451'
AART: Log, Perf & frac.
DAILY: MIRU Triple P #3. NDWH & NUBOP. Tally, PU & RIH
w/ 3-7/8" bit & tbq. Tag PBID & TOOH. PT csg to 3500#.
OK. SDON.

6-13-91 Hardie 25 B #8
Sec25-T29N-R8W, San Juan Co., NM
PBID: 3404' TD: 3451'
AART: TIH w/ tbq.
DAILY: Run GR/CCL from PBID to 3100'. Perf coals w/
3-1/8" csg gun 4 SPF as follows: 3161-69, 3276-79,
3282-3308, 3312-15, 3318-30, 3339-43, 3371-77.
Frac down csg w/ 102,000 gal 70Q N2 foam & 155,000#
40/70 & 12/20 sand. Treated @ 40 BPM @ 2600#. Max
pressure = 2827#. SD. ISIP = 2100#. 15 minute ISIP =
1890'. Shut well in for 1 hr & flow back to pit
through 1/2" tapped bullplug. SDON.

6-14-91 Hardie 25 B #8
Sec25-T29N-R8W, San Juan Co., NM
PBID: 3404' TD: 3451'
AART: FWICU
DAILY: Kill well. TIH w/ tbq. Tag sand @ 3380'. C/O to
PBID w/ N2 foam. PU & land tbq @ 3339'. NDBOP & NUWH.
Kick well around w/ N2 & leave flowing to pit to clean
up. RDMOSU. FINAL REPORT.

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator McKenzie Methane Corporation		Well API No. 30-045-28492
Address 1911 Main Ave., Suite 255, Durango, Colorado 81301		
Reason(s) for Filing (Check proper box) ☐ Other (Please explain)		
New Well ☒	Change in Transporter of:	
Recompletion ☐	Oil ☐ Dry Gas ☐	
Change in Operator ☐	Casinghead Gas ☐ Condensate ☐	
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name hardie 25 B	Well No. 8	Pool Name, including Formation Basin FT Coal	Kind of Lease State (Federal or Fed)	Lease No. SF-078416 A
Location Unit Letter B : 1075 Feet From the N Line and 1420 Feet From the E Line Section 25 Township 29N Range 8W NMPM San Juan 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)					
El Paso Natural Gas	P.O. Box 4990, Farmington, NM 87401					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Range	Is gas actually connected?	When?
					No	

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
		X	X					
Date Spudded 4-8-91	Date Compl. Ready to Prod. 6-14-91	Total Depth 3451		P.B.T.D. 3404				
Elevations (DF, RKB, RT, GR, etc.) 6723 GR	Name of Producing Formation Fruitland Coal	Top Oil/Gas Pay 3161		Tubing Depth 3339				
Perforations 3161-69, 3276-79, 3282-3308, 3312-15, 3318-30, 3339-43, 3371-77.					Depth Casing Shoe 3449			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4	8-5/8, 24#	270'	200
7-7/8	4-1/2, 10-5/8 & 11.6	3449'	500 + 150
N/A	2-3/8, 4.7#	3339'	None

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.)
		199
Length of Test	Tubing Pressure	Casing Pressure
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.

GAS WELL

Actual Prod. Test - MMCF/D 435	Length of Test 24 hours	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) 2" prover	Tubing Pressure (Shut-in) 940 Psig	Casing Pressure (Shut-in) 940 Psig	Choke Size .750

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 R. J. Sagle Operations Manager
Printed Name R. J. Sagle Title
Date 7-11-91 Telephone No. 303/385-4654

OIL CONSERVATION DIVISION

AUG 8 1991

Date Approved

By

SUPERVISOR DISTRICT #3

Title

INSTRUCTIONS: This form is to be filed in compliance with Rule 1101

- 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.