

OIL CONSERVATION COMMISSION
Alta DISTRICT

OIL CONSERVATION COMMISSION
BOX 2088
SANTA FE, NEW MEXICO

DATE July 14, 1980
RE: Proposed MC 2
Proposed DHC _____
Proposed NSL _____
Proposed SWD _____
Proposed WFX _____
Proposed PMX _____

Gentlemen:

I have examined the application dated June 26, 1980
for the E.M.S. Co. Sunray D #2 A-21-30N-10W
Operator Lease and Well No. Unit, S-T-R

and my recommendations are as follows:

Approve

Yours very truly,

Frank T. Day

NEW MEXICO OIL CONSERVATION COMMISSION
SANTA FE, NEW MEXICO
APPLICATION FOR MULTIPLE COMPLETION

Form C-107
5-1-61

Operator <u>El Paso Natural Gas Company</u>		County <u>San Juan</u>	Date <u>6-24-80</u>
Address <u>Box 289, Farmington, NM 87401</u>		Lease <u>Sunray D</u>	Well No. <u>2R</u>
Location of Well <u>A</u>	Unit <u>21</u>	Township <u>30N</u>	Range <u>10W</u>

1. Has the New Mexico Oil Conservation Commission heretofore authorized the multiple completion of a well in these same pools or in the same zones within one mile of the subject well? YES * NO
2. If answer is yes, identify one such instance: Order No. * ; Operator Lease, and Well No.:

* Re: NMOCC Memo #18-58

3. The following facts are submitted:	Upper Zone	Intermediate Zone	Lower Zone
a. Name of Pool and Formation	<u>Blanco Pictured Cliffs</u>		<u>Blanco Mesa Verde</u>
b. Top and Bottom of Pay Section (Perforations)	<u>2950-3082'</u>		<u>4462-5544'</u>
c. Type of production (Oil or Gas)	<u>Gas</u>		<u>Gas</u>
d. Method of Production (Flowing or Artificial Lift)	<u>Flow</u>		<u>Flow</u>

4. The following are attached. (Please check YES or NO)

- | | | |
|-------------------------------------|-------------------------------------|---|
| Yes | No | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | a. Diagrammatic Sketch of the Multiple Completion, showing all casing strings, including diameters and setting depths, centralizers and/or turbolizers and location thereof, quantities used and top of cement, perforated intervals, tubing strings, including diameters and setting depth, location and type of packers and side door chokes, and such other information as may be pertinent. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | b. Plat showing the location of all wells on applicant's lease, all offset wells on offset leases, and the names and addresses of operators of all leases offsetting applicant's lease. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | c. Waivers consenting to such multiple completion from each offset operator, or in lieu thereof, evidence that said offset operators have been furnished copies of the application.* |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | d. Electrical log of the well or other acceptable log with tops and bottoms of producing zones and intervals of perforation indicated thereon. (If such log is not available at the time application is filed it shall be submitted as provided by Rule 112-A.) |

5. List all offset operators to the lease on which this well is located together with their correct mailing address.

Texaco

Supron

6. Were all operators listed in Item 5 above notified and furnished a copy of this application? YES NO . If answer is yes, give date of such notification 6-27-80.

CERTIFICATE: I, the undersigned, state that I am the Drilling Clerk of the El Paso Natural Gas Company (company), and that I am authorized by said company to make this report; and that this report was prepared under my supervision and direction and that the facts stated therein are true, correct and complete to the best of my knowledge.

A. G. Bisco
Signature

*Should waivers from all offset operators not accompany an application for administrative approval, the New Mexico Oil Conservation Commission will hold the application for a period of twenty (20) days from date of receipt by the Commission's Santa Fe office. If, after said twenty-day period, no protest nor request for hearing is received by the Santa Fe office, the application will then be processed.

NOTE: If the proposed multiple completion will result in an unorthodox well location and/or a non-standard proration unit in one or more of the producing zones, then separate application for approval of the same should be filed simultaneously with this application.

	EPNG	EPNG	R-10-W Texaco	EPNG	EPNG
			Sec. 16		* 1 (MV) Sec. 15
					Sunray B Supron
T			EPNG	1065'	
30				2R	1000'
N		* 1A (PM)	Sec. 21	* 2 (MV)	Sec. 22
	* 1 (MV)			* 2A (PM)	
	* 3 (PC)				
	Sunray D				

SCALE:

DATE.

25

US 442 P

CHECKED BY

SCHEMATIC DIAGRAM OF INTENDED DUAL COMPLETION
El Paso Natural Gas Co. Sunray D #2R (PM)
NE/4 Sec. 21, T-30-N, R-10-W

Dual String
Xmas Tree

Zero reference point 10.0'
above top flange of tubing
hanger.

9 5/8", 32.3#, H-40 casing set at approximately 200'
with sufficient cement to circulate to surface.

Pictured Cliffs formation will be selectively perforated
and sand water fractured.

1 1/4", 2.3#, IJ Pictured Cliffs tubing set at 3122'.

Production Packer

4 1/2" Liner Hanger.

7", 20#, J-55 casing set at approximately 3282' with
sufficient cement to fill to 3200' (Top Ojo Alamo).

Cliff House formation will be selectively perforated and
sand water fractured.

Point Lookout formation will be selectively perforated
and sand water fractured.

2 3/8", 4.7#, EUE Mesa Verde tubing set at 5634'.

4 1/2", 10.5#, J-55 liner will be set from approximately
3132' to 5644' with sufficient cement to circulate top
of liner at 3132'.

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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 Form 9-331-C for such proposals.)

1. oil ☐ well gas ☒ well other ☐
2. NAME OF OPERATOR
El Paso Natural Gas Company
3. ADDRESS OF OPERATOR
P.O. Box 829, Farmington, NM 87401
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1065'N, 1000'E
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF	<input type="checkbox"/>	<input checked="" type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>	<input type="checkbox"/>
CHANGE ZONES	<input type="checkbox"/>	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>	<input type="checkbox"/>
(other)		

5. LEASE
SF 078204
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Sunray D
9. WELL NO.
2R (PM)
10. FIELD OR WILDCAT NAME
Blanco PC Ext. & Blanco MV
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 21, T-30-N, R-10-W NMPM
12. COUNTY OR PARISH
San Juan
13. STATE
New Mexico
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
6343' GL

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

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.)*

7-10-80: Spudded well. Drilled surface hole. Ran 5 joints 9 5/8", 40#, 66-S surface casing 224' set at 236'. Cemented w/ 224 cu. ft. cement. Circulated to surface. WOC 12 hours; held 600#/30 minutes.

Subsurface Safety Valve: Manu. and Type _____

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

SIGNED A. P. Guise TITLE Drilling Clerk DATE July 14, 1980

(This space for Federal or State office use)

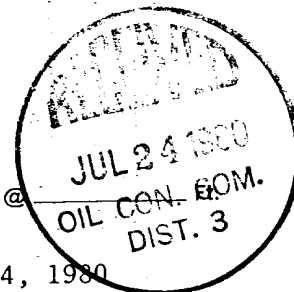
APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____ DATE _____

NM300

*See Instructions on Reverse Side

BY _____



ACCEPTED