

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE*
(Other instructions on re-verse side)

Form approved.
Budget Bureau No. 42-R1424.

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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. SF 078389
2. NAME OF OPERATOR EL PASO NATURAL GAS CO.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR BOX 990, FARMINGTON, NEW MEXICO		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 800'S, 1180'E		8. FARM OR LEASE NAME LUCERNE A
14. PERMIT NO.		9. WELL NO. 2A (PM)
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6173' GL		10. FIELD AND POOL, OR WILDCAT BLANCO P.C. BLANCO M.V.
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 9, T-31-N, R-10-W NMPM
		12. COUNTY OR PARISH San Juan
		13. STATE New Mexico

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

NOTICE OF INTENTION TO:

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

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input checked="" type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input checked="" type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<input type="checkbox"/>

(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.)*

12/30/77: T.D. 3327'. Ran 86 joints 7", 20#, K-55 intermediate casing, 3317' set at 3327'. Cemented with 434 cu. ft. cement. WOC 12 hours, held 1200#/30 minutes. Top of cement at 800'.

1/3/77: T.D. 5663'. Ran 78 joints 4 1/2", 10.5#, K-55 casing liner, 2493' set 3170-5663'. Float collar set at 5646'. Cemented with 431 cu. ft. cement. WOC 18 hours.

1/30/78: PBTD 5646'. Tested casing to 3500#, OK. Perfed P.C. 2974-92,3018-36, 3050-58' w/16 SPZ. Fraced with 50,000# 20/40 sand and 49,686 gal. water. Dropped 2 sets of 16 balls each. Flushed with 5208 gallons water. Perfed C.H. 4478-88,4501-07,4618-29,4706-28,4740-47,4762-70, 4784-89,4799-4806,4816-38' w/16 SPZ. Fraced with 83,000# 20/40 sand and 85,300 gallons water. Dropped 7 sets of 16 balls each. Flushed with 7182 gal. water. Perfed Men. 4868-76,4912-30,5008-16,5071-78, 5088-5100,5124-34,5154-83' w/16 SPZ. Fraced with 78,000# 20/40 sand and 78,160 gallons water. Dropped 5 sets of 16 balls each. Flushed w/7140 gal. water. Perfed Massive P.L. 5202-18,5228-40,5240-52, 5261-76,5286-96,5306-18,5331-38' w/16 SPZ. Fraced w/83,000# 20/40 sand and 83,032 gallons water. Dropped 6 sets of 16 balls each.

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

SIGNED D. E. Busco TITLE Drilling Clerk DATE 1/31/78

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

FEB 3 1978

Instructions

General: This form is designed for submitting proposals to perform certain well operations, and reports of such operations when completed, as indicated, on Federal and Indian lands pursuant to applicable Federal law and regulations, and, if approved or accepted by any State, on all lands in such State, pursuant to applicable State law and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office.

Item 4: If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

Item 17: Proposals to abandon a well and subsequent reports of abandonment should include such special information as is required by local Federal and/or State offices. In addition, such proposals and reports should include reasons for the abandonment; data on any former or present productive zones, or other zones with present significant fluid contents not sealed off by cement or otherwise; depths (top and bottom) and method of placement of cement plugs; mud or other material placed below, between and above plugs; amount, size, method of parting of any casing, liner or tubing pulled and the depth to top of any left in the hole; method of closing top of well; and date well site conditioned for final inspection looking to approval of the abandonment.

Flushed w/6888 gallons water.
Perfed Lower P.L. 5372-96, 5425-34, 5452-70, 5480-88, 5514-24,
5564-72, 5607-14' w/16 SPZ. Fraced w/61,000# 20/40 sand
61,880 gallons water. Dropped 6 sets of 16 balls each.
Flushed w/7938 gallons water.

OIL CONSERVATION DIVISION

API # 30-045-22504

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Revised 10/01/78

NORTHWEST NEW MEXICO PACKER-LEAKAGE TEST

Operator **BURLINGTON RESOURCES OIL & GAS CO.** Lease **LUCERNE A** Well No. **2A**

Location of Well: Unit **P** Sect **09** Twp. **031N** Rge. **010W** County **SAN JUAN**

	NAME OF RESERVOIR OR POOL	TYPE OF PROD. (Oil or Gas)	METHOD OF PROD. (Flow or Art. Lift)	PROD. MEDIUM (Tbg. or Csg.)
Upper Completion	PICTURED CLIFFS	Gas	Flow	Tubing
Lower Completion	MESAVERDE	Gas	Flow	Tubing

PRE-FLOW SHUT-IN PRESSURE DATA

	Hour. date shut-in	Length of time shut-in	SI press. psig	Stabilized? (Yes or No)
Upper Completion	08/24/2001	72 Hours	182	
Lower Completion	08/24/2001	120 Hours	171	

FLOW TEST NO. 1

Commenced at (hour,date)*	08/27/2001	Zone producing (Upper or Lower)	UPPER
TIME	LAPSED TIME	PRESSURE	PROD. ZONE
(hour,date)	SINCE*	Upper Completion Lower Completion	TEMP
08/28/2001	96 Hours	125 175	Upper zone flowing.
08/29/2001	120 Hours	112 177	"



Production rate during test

Oil	BOPD based on	Bbbl. in	Hours.	Grav.	GOR
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Gas: MCFPD: Tested thru (Orifice or Meter):

MID-TEST SHUT-IN PRESSURE DATA

	Hour. date shut-in	Length of time shut-in	SI press. psig	Stabilized? (Yes or No)
Upper Completion				
Lower Completion				

NORTHWEST NEW MEXICO PACKER-LEAKAGE TEST

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FLOW TEST NO. 2

Commenced at (hour, date)**			Zone producing (Upper or Lower):		
TIME (hour, date)	LAPSED TIME SINCE **	PRESSURE		PROD. ZONE TEMP.	REMARKS
		Upper Completion	Lower Completion		

Production rate during test

Oil: _____ BOPD based on _____ Bbls. in _____ Hours _____ Grav. _____ GOR _____

Gas: _____ MCFPD: Tested thru (Orifice or Meter): _____

Remarks: _____

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

Approved _____ 19 _____

New Mexico Oil Conservation Division

Operator Burlington ResourcesBy *Charles T. Perrin*Title Operations AssociateBy ORIGINAL SIGNED BY CHARLES T. PERRINTitle SENIOR OIL & GAS INSPECTOR, DIST. #

Title _____

Date Wednesday, September 12, 2001

NORTHWEST NEWMEXICO PACKER LEAKAGE TEST INSTRUCTIONS

1. A packer leakage test shall be commenced on each multiply completed well within seven days after actual completion of the well, and annually thereafter as prescribed by the order authorizing the multiple completion. Such tests shall also be commenced on all multiple completions within seven days following recompletion and/or chemical or fracture treatment, and whenever remedial work has been done on a well during which the packer or the tubing have been disturbed. Tests shall also be taken at any time that communication is suspected or when requested by the Division.

2. At least 72 hours prior to the commencement of any packer leakage test, the operator shall notify the Division in writing of the exact time the test is to be commenced. Offset operators shall also be so notified.

3. The packer leakage test shall commence when both zones of the dual completion are shut-in for pressure stabilization. Both zones shall remain shut-in until the well-head pressure in each has stabilized, provided however, that they need not remain shut-in more than seven days.

4. For Flow Test No. 1, one zone of the dual completion shall be produced at the normal rate of production while the other zone remains shut-in. Such test shall be continued for seven days in the case of a gas well and for 24 hours in the case of an oil well. Note: if, on an initial packer leakage test, a gas well is being flowed to the atmosphere due to lack of a pipeline connection the flow period shall be three hours.

5. Following completion of Flow Test No. 1, the well shall again be shut-in, in accordance with Paragraph 3 above.

6. Flow Test No. 2 shall be conducted even though no leak was indicated during Flow Test No. 1. Procedure for Flow Test No. 2 is to be the same as for Flow Test No. 1 except

that the previously produced zone shall remain shut-in while the zone which was previously shut-in is produced.

7. Pressures for gas-zone tests must be measured on each zone with a deadweight pressure gauge at time intervals as follows: 3 hours tests, immediately prior to the beginning of each flow period, at fifteen-minute intervals during the first hour thereof, and at hourly intervals thereafter, including one pressure measurement immediately prior to the conclusion of each flow period. 7-day tests, immediately prior to the beginning of each flow period, at least one time during each flow period (at approximately the midway point) and immediately prior to the conclusion of each flow period. Other pressures may be taken as desired, or may be requested on wells which have previously shown questionable test data.

24-hour oil zone tests, all pressures, throughout the entire test, shall be continuously measured and recorded with recording pressure gauges the accuracy of which must be checked at least twice, once at the beginning and once at the end of each test, with a deadweight pressure gauge. If a well is a gas-oil or an oil-gas dual completion, the recording gauge shall be required on the oil zone only, with deadweight pressures as required above being taken on the gas zone.

8. The results of the above-described tests shall be filed in triplicate within 15 days after completion of the test. Tests shall be filed with the Aztec District Office of the New Mexico Oil Conservation Division on Northwest New Mexico Packer Leakage Test Form Revised 10-01-78 with all deadweight pressures indicated thereon as well as the flowing temperatures (gas zones only) and gravity and GOR (oil zones only).