

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

OPERATOR	
TRANSPORTER	
LAND OFFICE	
U.S.O.S.	
FILE	
SANTA FE	
DISTRIBUTION	
BY SPECIAL DELIVERY	

Operator El Paso Natural Gas Company	
Address Box 289, Farmington, New Mexico 87401	
Person(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name
and address of previous owner _____

1. DESCRIPTION OF WELL AND LEASE

Lease Name San Juan 27-4 Unit	Well No. 13A	Pool Name, including Formation Blanco Mesa Verde	Kind of Lease Federal or SF	Lease No. 080669
Location Unit Letter <u>0</u> : <u>790</u> Feet From The <u>South</u> Line and <u>1600</u> Feet From The <u>East</u> Line of Section <u>20</u> Township <u>27-N</u> Range <u>4-W</u> , NMPM, <u>Rio Arriba</u> County				

2. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) Box 289, Farmington, New Mexico	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) Box 90, Farmington, New Mexico	
If well produces oil or liquids, give location of tanks.	Unit 0	Sec. 20
	Twp. 27-N	Rge. 4-W
	Is gas actually connected? _____ When _____	

If this production is commingled with that from any other lease or pool, give commingling order number: _____

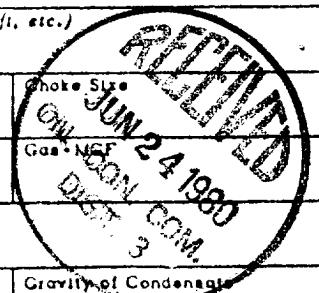
COMPLETION DATA

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 9-30-79	Date Compl. Ready to Prod. 6-4-80		Total Depth 6644'		P.B.T.D. 6627			
Elevations (DF, RKB, RT, GR, etc.) 7158'	Name of Producing Formation Mesa Verde		Top Gas /Gas Pay 5737'		Tubing Depth 6502'			
Perforations 5737, 5750, 5762, 5802, 5816, 5827, 5833, 5854, 5860, 6218, 6222, 6226, 6234, 6238, 6259, 6279, 6292, 6297, 6342, 6357, 6432, 6453, 6461, 6467, 6515, 6525, 6564, 6605' W/I SPZ.		TUBING, CASING, AND CEMENTING RECORD						
HOLE SIZE 13 3/4"	CASING & TUBING SIZE 9 5/8"		DEPTH SET 391'		SACKS CEMENT 472 cf.			
8 3/4"	7"		4386'		199 cf.			
6 1/4"	4 1/2"		4512-6644'		424 cf.			
	2 3/8"		6502'					

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 Tanks	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-Bbls.



GAS WELL

Actual Prod. Test-MCF/D 6386	Length of Test 3 hours.	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) Calc. A.O.F.	Tubing Pressure (Shut-in) SI 930	Casing Pressure (Shut-in)	Choke Size 3/4 variable

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.

D. G. Buico
(Signature)
Drilling Clerk
(Title)
June 9, 1980
(Date)

OIL CONSERVATION DIVISION

APPROVED JUL 3 1980, 19____
BY Original Signed by CHARLES GHOLSON
TITLE DEPUTY OIL & GAS INSPECTOR, DIST. #3

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allowable on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter or other such change of condition.
Separate forms C-104 must be filed for each pool in multiply-completed wells.