

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

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NAME OF OPERATOR	
LAND OFFICE	
TRANSPORTER	
OPERATOR	
REGISTRATION OFFICE	

El Paso Natural Gas Company

Address  
Box 289, Farmington, New Mexico 87401

Reason(s) for filing (Check proper box)

New Well ☒ Change in Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

Other (Please explain)

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 Tapacito P.C.	Kind of Lease State, Federal or Fee SF	Lease No. 080669
Location Unit Letter 0 : 790 Feet From The South Line and 1600 Feet From The East Line of Section 20 Township 27-N Range 4-W, NMPM, Rio Arriba County				

2. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> El Paso Natural Gas Company	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 type="checkbox"/> Northwest Pipeline	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? <input type="checkbox"/>	When

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

3. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input type="checkbox"/>	Gas Well <input checked="" type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 9-30-80	Date Compl. Ready to Prod. 6-4-80		Total Depth 6644'		P.B.T.D. 6627			
Elevations (DF, RKB, RT, GR, etc.) 7158' GL	Name of Producing Formation Pictured Cliffs		Top Oil/Gas Pay 4015		Tubing Depth 4056'			
Perforations 4015-4029, 4036-4054, 4060-4080, 4088-4102' W/16 SPZ.					Depth Casing Shoe 6644'			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
13 3/4"	9 5/8"	391'	472 cf.
8 3/4"	7"	4386'	199 cf.
6 1/4"	4 1/2"	4512-6644'	424 cf.
	1 1/4"	4056'	

4. 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-MCF

GAS WELL

Actual Prod. Test-MCF/D 4935	Length of Test 3 hours	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) Calc. AOF	Tubing Pressure (shut-in) SI 980	Casing Pressure (shut-in) SI 980	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. Lucero*  
(Signature)

Drilling Clerk

June 9, 1980

(Title)

(Date)

OIL CONSERVATION DIVISION

JUL 3 1980

APPROVED \_\_\_\_\_, 19 \_\_\_\_\_

Original Signed by CHARLES GHOLSON

BY \_\_\_\_\_

TITLE DEPUTY OIL & GAS INSPECTOR, DIST. # \_\_\_\_\_

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.