

## OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

API 30-039-21860

|                     |   |
|---------------------|---|
| OF OPERATOR VOUCHER | 5 |
| DISTRIBUTION        |   |
| SANTA FE            |   |
| FILE                |   |
| U.S.S.              |   |
| LAND OFFICE         |   |
| TRANSPORTER         |   |
| OPERATOR            |   |
| REGISTRATION OFFICE |   |
| Operator            |   |

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

## 2. DESCRIPTION OF WELL AND LEASE

|                    |          |  |                        |            |
|--------------------|----------|--|------------------------|------------|
| Lease Name         | Well No. | Pool Name, Including Formation                           | Kind of Lease          | Lease No.  |
| San Juan 28-6 Unit | 70A      | Blanco Mesa Verde  | State, Federal or Free | SF079367-B |
| Location           |          |  |                        |            |
| Unit Letter        | D        | 960 Feet From The North Line and 1120 Feet From The West |                        |            |
| Line of Section    | 25       | Township 27-North Range 6-West, NMPM, Rio Arriba County  |                        |            |

## 3. 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) |
| El Paso Natural Gas Company  | Box 289, Farmington, New Mexico 87401                                    |
| 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) |
| El Paso Natural Gas Company  | Box 289, Farmington, New Mexico 87401                                    |
| If well produces oil or liquids,<br>give location of tanks.  | Unit Sec. Twp. Rge. Is gas actually connected? When                      |
| D 25 27-N 6-W  |  |

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

## 4. 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   | Date Compl. Ready to Prod.  | Total Depth    | P.B.T.D.          |          |        |           |             |              |
| 9-20-79  | 1-22-80                     | 5898'          | 5881'             |          |        |           |             |              |
| Elevations (DF, RKB, RT, GR, etc.)   | Name of Producing Formation | Top of Gas Pay | Tubing Depth      |          |        |           |             |              |
| 6572' GL   | Mesa Verde                  | 4927'          | 5845'             |          |        |           |             |              |
| Perforations 4927, 4942, 4950, 4970, 4976, 4982, 4988, 5007, 5041, 5048, 5055, 5152, 5170, 5177, 5330, 5375, 5380, 5418, 5424, 5429, 5456, 5462, 5466, 5484, 5490, 5496, 5502, 5580, 5663, 5703, 5709, 5716, 5745, 5784, 5794, 5858' |                             |                | Depth Casing Shoe |          |        |           |             |              |
|  |                             |                | 5898'             |          |        |           |             |              |
| HOLE SIZE  | CASING & TUBING SIZE        | DEPTH SET      | SACKS CEMENT      |          |        |           |             |              |
| 13 3/4"  | 9 5/8"                      | 220'           | 224 cu. ft.       |          |        |           |             |              |
| 8 3/4"   | 7"                          | 3643'          | 248 cu. ft.       |          |        |           |             |              |
| 6 1/4"   | 4 1/2" Liner                | 3516-5898'     | 424 cu. ft.       |          |        |           |             |              |
|  | 2 3/8"                      | 5845'          |                   |          |        |           |             |              |

## 5. 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 WELL

|                                  |                           |                           |            |
|----------------------------------|---------------------------|---------------------------|------------|
| Actual Prod. Test-MCF/D          | Length of Test            | Bbls. Condensate/MCF      | Gravity    |
|                                  |                           |                           |            |
| Testing Method (prior, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size |
|                                  | 432                       | 725                       |            |

## 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.

Drilling Clerk

January 29, 1980

## OIL CONSERVATION DIVISION

APPROVED FEB 11 1980

BY Original Signed by FRANK T. CHAVEZ

TITLE SUPERVISOR DISTRICT #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 Form C-104 must be filed for each pool in multiply completed wells.