

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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

DEPARTMENT	
DIVISION	
SANTA FE	
P.O.	
U.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)	Other (Please explain)
New Well ☒	Change in Transporter of:
Recompletion ☐	Oil ☐ Dry Gas ☐
Change in Ownership ☐	Casinghead Gas ☐ Condensate ☐

Give name and address of previous owner.

DESCRIPTION OF WELL AND LEASE

Lease Name San Juan 27-5 Unit	Well No. 68A	Pool Name, including Formation South Blanco Pictured Cliffs	Kind of Lease State/Federal/for Fee	Lease No. SF 079394
Location Unit Letter <u>I</u> ; <u>1810</u> Feet From The <u>South</u> Line and <u>790</u> Feet From The <u>East</u> Line of Section <u>33</u> Township <u>27N</u> Range <u>5W</u> , NMPM, <u>Rio Arriba</u> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒	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 ☐ or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent)
Northwest Pipeline Corporation	Box 90, Farmington, New Mexico 87401
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	I 33 27N 5W

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 8-5-80	Date Compl. Ready to Prod. 1-28-81	Total Depth 5804	P.B.T.D. 5785'					
Elevations (DF, RKB, RT, CR, etc.) 6514'	Name of Producing Formation Pictured Cliffs	Top of Gas Pay 3218	Tubing Depth 3232'					
Perforations 3218-24; 3230-48' 3248-64' W/12 SPZ.						Depth Casing Shoe 5804		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
13 3/4"	9 5/8"	237'	224 cu. ft.					
8 3/4"	7"	3522'	199 cu. ft.					
6 1/4"	4 1/2" Liner]	3380-5804'	425 cu. ft.					
	1 1/4"	3232						

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be at least 24 hours or as long as necessary 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 1077	Length of Test 3 Hours	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shot-in)	Casing Pressure (Shot-in)	Choke Size
	835	835	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. Brisco
(Signature)
Petroleum Engineer
(Title)
February 6, 1981
(Date)

OIL CONSERVATION DIVISION

APPROVED FEB 19 1981, 19
Original Signed by FRANK J. CHAVEZ
BY
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 Forms C-104 must be filed for each pool in multiply completed wells.