

## OIL CONSERVATION DIVISION

P. O. BOX 7088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

API 30-039-22114

NO. OF COPIES RECEIVED	5
DISTRIBUTION	
SALES	1
FILE	1
USE	
LAND OFFICE	
TRANSPORTER	7
OPERATOR	1
REGISTRATION OFFICER	

El Paso Natural Gas Company

Address

Box 289, Farmington, New Mexico 87401

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)

If change of ownership give name  
and address of previous owner

## DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
San Juan 27-4	4A	Blanco Mesa Verde	State, Federal or <del>Free</del>	SF080670
Location	Unit Letter	Feet From The	Line and	Feet From The
	0	850	South	1775
			East	
Line of Section	31	Township	27-North	Range
			4-West	
			NMPM,	Rio Arriba
				County

## 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)					
Northwest Pipeline	Box 90, 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, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	0	31	27-N	4-W		

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	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
10-19-79	1-2-80	6569'	6551'					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top <del>Oil</del> /Gas Pay	Tubing Depth					
7176' G1	Mesa Verde	5630'	6440'					
Perforations	5630, 5637, 5644, 5650, 5676, 5682, 5689, 5711, 5736, 6117, 6123, 6136, 6141, 6146, 6160, 6166, 6180, 6186, 6220, 6226, 6238, 6255, 6275, 6322, 6356, 6366, 6418, 6424, 6442, 6462'	Depth Casing Shoe	6569'					
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
13 3/4"	9 5/8"	309'	336 cu. ft.					
8 3/4"	7"	4263'	253 cu. ft.					
6 1/4"	4 1/2" Liner	4117-6569'	440 cu. ft.					
	2 3/8"	6440'						

## 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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
	883	1164	

## 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.

*J. G. Duess*  
(Signature)

Drilling Clerk

(Title)

January 11, 1980

(Date)

## OIL CONSERVATION DIVISION

APPROVED JAN 28 1980, 19  
Original Signed by FRANK T. 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 Form C-104 must be filed for each pool in multiply completed wells.