

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES DESIRED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	
OPERATOR	
PRODUCTION OFFICE	

EL Paso Natural Gas Company

Address

P. O. Box 289, Farmington, New Mexico 87401

Reason(s) for filing (Check proper box)

New Well ☒Recompletion ☐Change in Ownership ☐

Change in Transporter of:

Oil ☐Casinghead Gas ☐Dry Gas ☐Condensate ☐

Other (Please explain)

If change of ownership give name
and address of previous owner

2. DESCRIPTION OF WELL AND LEASE

Lease Name Rincon Unit	Well No. 32A	Pool Name, including Formation Blanco Mesa Verde	Kind of Lease State, Federal or Free E	Lease No. 29028
Location Unit Letter P ; 800 Feet From The South Line and 855 Feet From The East Line of Section 16 Township 27-N Range 6-W , 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	P.O. 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)	
El Paso Natural Gas	P.O. Box 289, Farmington, New Mexico	
If well produces oil or liquids, give location of tanks.	Unit P	Sec. 16
	Twp. 27N	Rge. 6W
	Is gas actually connected? When	

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 4-28-80	Date Compl. Ready to Prod. 7-3-80		Total Depth 5864'		P.B.T.D. 5846'			
Elevations (DF, RKB, RT, GR, etc.) 6541' GL	Name of Producing Formation Mesa Verde		Top Oil/Gas Pay 4880'		Tubing Depth 5775'			
Perforations 4880, 4894, 4901, 4925, 4940, 4957, 4963, 4969, 5005, 5119, 5133, 5188, 5210, 5424, 5428, 5446, 5452, 5458, 5464, 5483, 5487, 5512, 5547, 5571, 5585, 5613, 5622, 5703, 5747, 5771, 5794, 5815'					Depth Casing Shoe 5864'			
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
13 3/4"	9 5/8"		221'		224 cu. ft.			
8 3/4"	7"		3514'		212 cu. ft.			
6 1/4"	4 1/2"		3376 - 5864'		437 cu. ft.			
	2 3/8"		5775'					

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	Choke Size	
Actual Prod. During Test	Oil - Bbls.	Gas - MCF	

GAS WELL

Actual Prod. Test - MCF/D 691	Length of Test	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in) 848	Choke Size

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.


(Signature)

Drilling Clerk

(Title)

July 16, 1980

(Date)

OIL CONSERVATION DIVISION

APPROVED **JUL 25 1980**, 19BY **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.