

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	
ADDRESS	
CITY	
STATE	
ZIP	
TYPE OF WELL	
TRANSPORTER	
OPERATOR	
PRODUCTION OFFICE	
Operator	

El Paso Natural Gas Company

Address

P.O. Box 289, Farmington, NM 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

DESCRIPTION OF WELL AND LEASE

Lease Name San Juan 27-4 Unit	Well No. 125A	Pool Name, including Formation Tapacito PC Ext.	Kind of Lease State, Federal or Fee	SF	Lease No. 080673
Location Unit Letter <u>0</u> ; <u>1100</u> Feet From The <u>South</u> Line and <u>1820</u> Feet From The <u>East</u> Line of Section <u>8</u> Township <u>27-N</u> Range <u>4-W</u> , NMPM, Rio Arriba County					

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☐ El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 289, Farmington, NM					
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒ Northwest Pipeline Corp.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 90, Farmington, NM					
If well produces oil or liquids, give location of tanks.	Unit <u>0</u>	Sec. <u>8</u>	Twp. <u>27-N</u>	Rge. <u>4-W</u>	Is gas actually connected? ☐	When

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 Restv. ☐	Diff. Restv. ☐
Date Spudded 10-1-80	Date Compl. Ready to Prod. 12-10-80		Total Depth 6354'		P.B.T.D. 6338'			
Elevations (DF, RKB, RT, GR, etc.) 6856' GL	Name of Producing Formation Pic. Cliffs		Top Oil/Gas Pay 3739'		Tubing Depth 3804'			
					Depth Casing Shoe 6354'			

3739-62,3769-89,3801-24'W/1 SPZ.

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
13 3/4"	9 5/8"	224'	224 cu. ft.
8 3/4"	7"	4120'	304 cu. ft.
6 1/4"	4 1/2" Liner	3954-5354;	417 cu. ft.
	1 1/4"	3804'	

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)

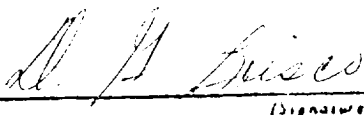
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D 1634	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) Calc. A.O.F.	Tubing Pressure (shut-in) 1060	Casing Pressure (shut-in) 1060	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.



Drilling Clerk

(Title)

December 23, 1980

(Date)

OIL CONSERVATION DIVISION

JAN 14 1981

APPROVED

Original Signed by FRANK T. CHAVEZ

BY

SUPERVISOR DISTRICT #3

TITLE

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.