

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

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

22. SPECIAL SERVICES	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.S.	
LAND OFFICE	
TRANSPORTER	OIL
OPERATOR	GAS
REGISTRATION OFFICE	

Operator El Paso Natural Gas Company	
Address P.O. Box 289, Farmington, NM 87401	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

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. 35A	Pool Name, including Formation Blanco Mesa Verde	Kind of Lease <del>State</del> Federal <del>and</del> SF	Lease No. 079527
Location Unit Letter <u>D</u> : <u>1110</u> Feet From The <u>North</u> Line and <u>1050</u> Feet From The <u>West</u> Line of Section <u>26</u> Township <u>27-N</u> Range <u>4-W</u> , NMPM, <u>Rio Arriba</u> 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)
El Paso Natural Gas Company	P.O. Box 289, Farmington, NM
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)
Northwest Pipeline	P.O. Box 90, Farmington, NM
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	D 26 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 8-31-80	Date Compl. Ready to Prod. 10-16-80	Total Depth 6713'	P.B.T.D. 6695'					
Elevations (DF, RAB, RT, CR, etc.) 7254' GL	Name of Producing Formation M. V.	Top Gas Pay 5822'	Tubing Depth 6630'					
6273, 6278, 6283, 6290, 6296, 6301, 6307, 6340, 6351, 6356, 6370, 6382, 6398, 6416, 6444, 6483, 6503, 6541, 6638, 6651, 5822, 5835, 5874, 5889, 5894, 5915, 5920, 5934, 5939, 6125, 6130, 6184, 6200' W/1 SPZ.		Depth Casing Shoe 6713'						
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
13 3/4"	9 5/8"	238'	224 cu. ft.					
8 3/4"	7"	4422'	224 cu. ft.					
6 1/4"	4 1/2" Liner	4241-6713'	424 cu. ft.					
	2 3/8"	6630'						

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.)	
		Casing Pressure	Choke
Length of Test	Tubing Pressure	Water - Bble.	
Actual Prod. During Test	Oil - Bble.		

GAS WELL

Actual Prod. Test-MCF/D 2619	Length of Test	Bble. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, back pr.)	Tubing Pressure (Shut-in) 1115	Casing Pressure (Shut-in) 1136	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.

*Al J. Dierco*  
(Signature)

Drilling Clerk

October 29, 1980

(Date)

OIL CONSERVATION DIVISION

NOV 5 1980

APPROVED \_\_\_\_\_, 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 Forms C-104 must be filed for each pool in multiply zoned wells.