

## OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

///CORRECTED COPY///  
REQUEST FOR ALLOWABLE  
AND

## AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
PIEP	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	
OPERATOR	
REGISTRATION OFFICE	
Operator	

El Paso Natural Gas Company

Address

P.O. Box 289, Farmington, NM 87401

Reason(s) for filing (Check proper box)

New Well ☒  
Recompletion ☐  
Change in Ownership ☐

Change in Transporter of:

Oil ☐ Dry Gas ☐  
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 Com	Well No. 137	Pool Name, including Formation Blanco Mesa Verde	Kind of Lease State, Federal or Free	Lease No. SF 080675
Location Unit Letter <u>A</u> : <u>800</u> Feet From The <u>North</u> Line and <u>1120</u> Feet From The <u>East</u> Line of Section <u>34</u> Township <u>27-N</u> Range <u>4-W</u> , N.M.P.M., 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"/> 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 87401	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Northwest Pipeline	Address (Give address to which approved copy of this form is to be sent) P.O. Box 90, Farmington, NM 87401	
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 34
	Twp. 27-N	Rge. 4-W
	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 Res'v.	Diff. Res'v.
		X	X					
Date Spudded 8-11-80	Date Compl. Ready to Prod. 10-2-80	Total Depth 6699'	P.B.T.D. 6682'					
Elevations (DF, HKB, RT, GR, etc.) 7331' GL	Name of Producing Formation M.V.	Top Gas/Gas Pay 5761'	Tubing Depth 6580'					
6249, 6254, 6268, 6273, 6283, 6292, 6297, 6306, 6312, 6318, 6330, 6336, 6345, Casing Shoe		5761, 6699'						
6358, 6372, 6382, 6400, 6448, 6464, 6487, 6502, 6549, 6554, 6594, 6612'		5761, 6699'						
5768, 5814, 5818, 5826, 5830, 5852, 5857, 5878, 5884'								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
15 5/4"	9 5/8"	245	224 cu. ft.					
8 5/4"	7"	4369'	199 cu. ft.					
6 1/4"	4 1/2"	4239-6699'	424 cu. ft.					
	2 3/8"	6580'						

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 1137	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (Flow, back pr.) 465	Tubing Pressure (Shut-in) 1120	Casing Pressure (Shut-in)	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

October 14, 1980

## OIL CONSERVATION DIVISION

OCT 22 1980 JAN 16 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 Form C-104 must be filed for each pool in multiply