

## OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

|                     |  |
|---------------------|--|
| DATE OF COMPLETION  |  |
| DISTRICT            |  |
| SANTA FE            |  |
| FILE                |  |
| USE                 |  |
| LAND OFFICE         |  |
| TRANSPORTER         |  |
| OPERATOR            |  |
| REGISTRATION OFFICE |  |

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 (if please explain)

If change of ownership give name  
and address of previous owner

## DESCRIPTION OF WELL AND LEASE

|                                                                                                                                                                                                                    |                 |                                              |                                                        |                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|----------------------------------------------|--------------------------------------------------------|---------------------|
| Lease Name<br>San Juan 27-5 Unit                                                                                                                                                                                   | Well No.<br>56A | Pool Name, including Formation<br>Blanco MV. | Kind of Lease<br>Lease, Federal or <del>Lease</del> SF | Lease No.<br>079394 |
| Location<br>Unit Letter <u>E</u> <u>1790</u> Feet From The <u>North</u> Line and <u>815</u> Feet From The <u>West</u><br>Line of Section <u>34</u> Township <u>27-N</u> Range <u>5-W</u> , 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"/><br>El Paso Natural Gas Company             | Address (Give address to which approved copy of this form is to be sent)<br>P.O. Box 289, Farmington, NM |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/><br>Northwest Pipeline Cox 90, Farm | Address (Give address to which approved copy of this form is to be sent)<br>P.O. Box 90, Farmington, NM  |
| If well produces oil or liquids,<br>give location of tanks.                                                                                                 | Unit Sec. Twp. Rge.<br><u>E</u> <u>34</u> <u>27-N</u> <u>5-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 Res'v. | Diff. Res'v. |
|                                                                                                                                        |                                           | X                                    | X                     |          |        |           |             |              |
| Date Spudded<br>8-17-80                                                                                                                | Date Compl. Ready to Prod.<br>12-9-80     | Total Depth<br>5854'                 | P.B.T.D.<br>5837'     |          |        |           |             |              |
| Elevations (DF, RKB, RT, CR, etc.)<br>6512' GL                                                                                         | Name of Producing Formation<br>Mesa Verde | Top <del>Oil</del> /Gas Pay<br>5410' | Tubing Depth<br>5690' |          |        |           |             |              |
| 5410, 5415, 5420, 5426, 5432, 5444, 5450, 5456, 5491, 5496, 5505, 5511, 5578, 5595, 5608, 5712, 4971, 4978, 4990, 4995, 5002' W/1 SPZ. |                                           | Depth Casing Shoe<br>5854'           |                       |          |        |           |             |              |
| HOLE SIZE                                                                                                                              | CASING & TUBING SIZE                      | DEPTH SET                            | SACKS CEMENT          |          |        |           |             |              |
| 13 3/4"                                                                                                                                | 9 5/8"                                    | 231'                                 | 224 cu. ft.           |          |        |           |             |              |
| 8 3/4"                                                                                                                                 | 7"                                        | 3581'                                | 217 cu. ft.           |          |        |           |             |              |
| 6 1/4"                                                                                                                                 | 4 1/2"                                    | 3423-5854'                           | 413 cu. ft.           |          |        |           |             |              |
|                                                                                                                                        | 2 3/8"                                    | 5690'                                |                       |          |        |           |             |              |

TEST DATA AND REQUEST FOR ALLOWABLE  
OIL WELL (Test must be after recovery of total volume of load oil and must be run long enough to allow  
able 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<br>986                  | Length of Test<br>3 hours        | Bbls. Condensate/MMCF     | Gravity of Condensate |
| Testing Method (spot, back pr.)<br>Calc. A.O.F. | Tubing Pressure (shut-in)<br>911 | 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.  
(Signature)

Drilling Clerk

December 23, 1980

(Date)

## OIL CONSERVATION DIVISION

APPROVED \_\_\_\_\_, 19\_\_\_\_  
Original Signed by FRANK T. CHAVEZBY \_\_\_\_\_  
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 multiple