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

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

El Paso Natural Gas Company

Address  
P.O. Box 289, Farmington, New Mexico 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 27-5 Unit	Well No. 98E	Pool Name, including Formation Basin Dakota	Kind of Lease State/Federal/for Fee SF	Lease No. 079492 C
Location Unit Letter L : 1840 Feet From The South Line and 1120 Feet From The West Line of Section 14 Township 27-N Range 5-W, 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"/> 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 Corp.	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 L Sec. 14 Twp. 27-N Rge. 5-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 <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> New Well <input checked="" type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v. <input type="checkbox"/> Diff. Res'v. <input type="checkbox"/>		
Date Spudded 5-13-81	Date Compl. Ready to Prod. 7-30-81	Total Depth 7911'	P.B.T.D. 7903'
Elevations (DF, RAB, RT, GR, etc.) 6612' GL	Name of Producing Formation Dakota	Top Gas Pay 7636'	Tubing Depth 7799'
7636, 7645, 7745, 7753, 7798, 7807, 7818, 7826, 7835, 7843'			Depth Casing Shoe 7911'
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	13 3/8"	222'	325 cf.
12 1/4"	9 5/8"	3816'	622 cf.
8 3/4"	7"	3685'-6211'	646 cf.
6 1/4"	4 1/2" 2 3/8"	6050-7911' 7799'	344 cf.

TEST DATA AND REQUEST FOR ALLOWABLE (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
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.

GAS WELL

Actual Prod. Test-MCF/D 720	Length of Test 3 hours	Bbls. Condensate/MMCF	Gravimetric Condensate DIST. 3
Testing Method (pilot, back pr.) CALC. A.O.F.	Tubing Pressure (Shot-in) 2248	Casing Pressure (Shot-in)	Choke Size 3/4 variable

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.

*A. G. Brisco*  
(Signature)

Drilling Clerk

(Title)

August 12, 1981

(Date)

OIL CONSERVATION DIVISION

NOV 18 1981

APPROVED

TITLE DEPUTY OIL & GAS INSPECTOR, DIST. #3

BY Original Signed by CHARLES GHOLSON

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.