

OIL CONSERVATION DIVISION

P. O. BOX 2000

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, NM 87401

Reason(s) for filing (check proper box)

New Well	☒	Change in Transporter of:		Other (Please explain)	
Recompletion	☐	Oil	☐	Dry Gas	☐
Change in Ownership	☐	Casinghead Gas	☐	Condensate	☐

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.				
San Juan 27-4 Unit	139	Balnco Mesa Verde	State, Federal or Fee SF	080668				
Location								
Unit Letter	I	2200 Feet From The	South Line and	800 Feet From The	East			
Line of Section	9	Township	27-North	Range	4-West	NMPM,	Rio Arriba	County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒	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 87401					
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent)					
Northwest Pipeline Corp.	P.O. Box 90, Farmington, NM 87401					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	I	9	27-N	4-W		

If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA

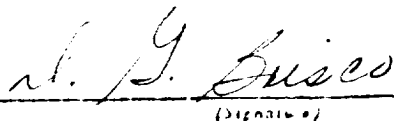
Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Some Res'y.	Diff. Res'y.
		X	X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
9-3-81	11-16-81	6269'	6250'					
Elevation (DE, RAE, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
6748'	Mesa Verde	5337'	6174'					
5786, 5790, 5794, 5816, 5821, 5826, 5843, 5849, 5854, 5874, 5892, 5898, 5906, 5915, 5930, 5036, 5951, 5987, 6046, 6075, 6134, 6140, 6157, 6170, 6180' 5337, 5356, 5369, 5396, 5418, 5434, 5451, 5456, 5470, 5706, 5729, 5734' W/1 SPZ.			Depth Casing Shoe					
			6269'					
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
13 3/4"	9 5/8"	225	224 cf.					
8 3/4"	7"	4007'	256 cf.					
6 1/4"	4 1/2"	3869-6270'	418 cf.					
	2 3/8"	6174'						

TEST DATA AND REQUEST FOR ALLOWABLE
OIL WELL (Test must be after recovery of total volume of lead 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	Length of Test	Bbls. Condensate/MCF
3599		
Testing Method (flow, back pr.)	Tubing Pressure (Shot-10)	Casing Pressure (Shot-10)
	461	1087

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

(Title)

November 18, 1981

(Date)

OIL CONSERVATION DIVISION

NOV 19 1981

APPROVED _____, IS

Original Signed by FRANK T. CHAVEZ

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.

Complete Form O-104 must be filed in each pool in multiple copies.