

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

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
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SANTA FE	
FILE	
U.S.O.G.	
LAND OFFICE	
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El Paso Natural Gas Company

Address  
PO Box 4289, Farmington, NM 87499

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name San Juan 27-4 Unit	Well No. 149	Pool Name, including Formation Blanco Mesa Verde	Kind of Lease State (Federal) or Fee	Lease No. 080674
Location Unit Letter M : 1190 Feet From The South Line and 800 Feet From The West Line of Section 22 Township 27N Range 4W, NMPM, Rio Arriba County				

III. 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) PO Box 4289, Farmington, NM 87499
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) PO Box 90, Farmington, NM 87401
If well produces oil or liquids, give location of tanks.	Unit M Sec. 22 Twp. 27N Rge. 4W Is gas actually connected? When

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

IV. 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 Restv. <input type="checkbox"/> Diff. Restv. <input type="checkbox"/>		
Date Spudded 7-9-82	Date Compl. Ready to Prod. 9-30-82	Total Depth 6636'	P.B.T.D. 6596'
Elevations (DF, RKB, RT, GR, etc.) 7124' GL	Name of Producing Formation Mesa Verde	Top <del>XX</del> / Gas Pay 5690'	Tubing Depth 6466'
Perforations w/1 spz. 5690', 5701', 5742', 5757', 5782', 5797', 5804', 5810', 6040', 6058', 6094' 6287', 6306', 6313', 6354', 6387', 6411', 6471' w 1 spz.	Depth Casing Shoe 6636'		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	9 5/8"	224'	136 cu.ft.
8 3/4"	7"	4391'	296 cu.ft.
6 1/4"	4 1/2" csg. liner	4265-6615'	424 cu.ft.
	2 3/8" tubing		

V. 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	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D Shut in 7 days	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in) 1121	Casing Pressure (shut-in) 1142	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  
(Title)

October 18, 1982  
(Date)

OIL CONSERVATION DIVISION

10-27-82  
APPROVED OCT 27 1982

BY Original Signed

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 completed wells.