REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

DISTRIBUTION		5
ANTA FE	/	
ILE	/	✓
I.S.G.S.		
LAND OFFICE		
TRANSPORTER OIL	/	
TRANSPORTER GAS	/	
OPERATOR		
PRORATION OFFICE	/	

I.

Operator

El Paso Natural Gas Company

Address

P. O. Box 990, Farmington, NM   87401

Reason(s) for filing *(Check proper box)*

New Well	[X]	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 _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Huerfano Unit	248	Angel Peak Gallup Ext	State, (Federal) or Fee	SF077980-A

Location

Unit Letter __E__ ; __1465__ Feet From The __N__ Line and __865__ Feet From The __W__

Line of Section __5__ Township __26N__ Range __9W__ , NMPM, San Juan County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [ ] or Condensate [X]	Address *(Give address to which approved copy of this form is to be sent)*
El Paso Natural Gas Company	P. O. Box 990, Farmington, NM 87401
Name of Authorized Transporter of Casinghead Gas [ ] or Dry Gas [X]	Address *(Give address to which approved copy of this form is to be sent)*
El Paso Natural Gas Company	P. O. Box 990, Farmington, NM 87401

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	E	5	26N	9W		

If this production is commingled with that from any other lease or pool, give commingling order number: _____
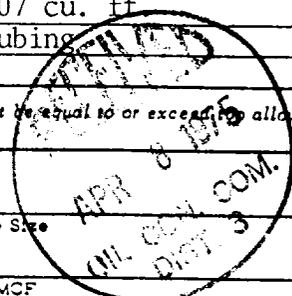
IV. COMPLETION DATA

Designate Type of Completion — (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X	X					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
05-09-74	03-21-74	6174'	6159'

Elevations *(DF, RKB, RT, GR, etc.)*	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
6523' GL	Gallup	5842	6112'

Perforations

	Depth Casing Shoe
5842', 5860', 5894', 5946', 5974', 6010', 6030', 6050', 6072', 6102', And 6108'	6174'

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8"	226'	182 cu. ft.
7 7/8"	4 1/2"	6174'	1207 cu. ft.
	2 3/8"	6112'	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 allowable for this depth or be for full 24 hours)

OIL WELL

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	Length of Test	Bbls. Condensate/MMCF 3 hours	Gravity of Condensate
164	3 hours	19.29	49.6
Testing Method *(pitot, back pr.)*	Tubing Pressure **(Shut-in)**	Casing Pressure **(Shut-in)**	Choke Size
Calc. A.O.F.	Dead	662	3/4" Varialbe

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission 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)

April 4, 1975
(Date)

OIL CONSERVATION COMMISSION

APPROVED APR 10 1975 , 19___

BY Original Signed by Emery C. Arnold

TITLE   SUPERVISOR DIST ___

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...