

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
STATE	
FED.	
U.S.G.	
LAND OFFICE	
TRANSPORTER	
OPERATOR	
REGISTRATION OFFICE	
Operator	

El Paso Natural Gas Company

Address

Box 289, Farmington, New Mexico 87401

Person(s) for filing (Check proper box)

New Well

☒

Recompletion

☐

Change In Ownership

☐

Change In Transporter of:

Oil

☐

Dry Gas

☐

Casinghead Gas

☐

Condensate

☐

Other (Please explain)

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Schultz	Well No. 2R	Pool Name, including Formation So. Blanco Pictured Cliffs	Kind of Lease State, Federal or Fee	Lease No. E 6634
Location Unit Letter <u>E</u> : <u>2150</u> Feet From The <u>North</u> Line and <u>930</u> Feet From The <u>West</u> Line of Section <u>16</u> Township <u>27-North</u> Range <u>8-West</u> , NMPM, <u>San Juan</u> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☐ El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) Box 289, Farmington, New Mexico	
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐ El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) Box 289, Farmington, New Mexico	
If well produces oil or liquids, give location of tanks.	Unit E	Sec. 16
	Twp. 27-N	Rge. 8-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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X	X					
Date Spudded 3-22-80	Date Compl. Ready to Prod. 5-14-80		Total Depth 2380'		P.B.T.D. 2369'			
Elevations (DF, RKB, RT, GR, etc.) 6077' GL	Name of Producing Formation Pictured Cliffs		Top Oil /Gas Pay 2191'		Tubing Depth tubingless			
Perforations 2191, 2196, 2201, 2206, 2216, 2220, 2224, 2243, 2247, 2251, 2255, 2265, 2269' W/1					Depth Casing Shoe 2380'			
SPZ. TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8 5/8"		138'		99 cu. ft.			
6 3/4"	2 7/8"		2380'		338 cu. ft.			
TUBINGLESS COMPLETION								

TEST DATA AND REQUEST FOR ALLOWABLE
OIL WELL (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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in) 560	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)

May 21, 1980

(Date)

OIL CONSERVATION DIVISION

APPROVED JUN 5 1980, 19BY Original Signed by FRANK T. CHAVEZTITLE 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 statement 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.