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DISTRIBUTION				
SANTA FE		_/	ا	
FILE			~	
u.s.g.s.				
LAND OFFICE			<u> </u>	
TRANSPORTER	OIL	7_		
	GAS	1		
OPERATOR		2		
PRORATION OFFICE			1	

<u> </u>	DISTRIBUTION ANTA FE	REQUEST FO	NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND			
-	I.E.G.S.		SPORT OIL AND NATURAL GA	S		
<u> </u>	AND OFFICE					
	RANSPORTER OIL / GAS /					
	PROPATION OFFICE					
1. 1	perator					
	El Paso Natural Gas Con	mpany				
A	Box 990, Farmington, N	ew Mexico 87401				
h	eason(s) for filing (Check proper box)		Other (Please explain)			
	lew Well	Change in Transporter of:				
F	Recompletion	Oil Dry Gas Casinghead Gas Condens	-			
(Change in Ownership	Casinghead Gas Condens	die 🗀			
If a	change of ownership give name nd address of previous owner					
II. D	ESCRIPTION OF WELL AND LI	EASE Well No. Pool Name, Including For	rmation Kind of Lease	Lease No.		
	_ease Name	149 Basin Dakota	State, F å eral	or Fee SF 079050C		
-	San Juan 28-6 Unit	149 DESILI PORCUE				
	Unit Letter A : 800	Feet From The North Line	and 800 Feet From T	he East		
	Onit Editor			Arriba County		
· L	Line of Section 27 Town	ship 28N Range	OW , 15(0) 10)			
	DESIGNATION OF TRANSPORTI	ER OF OIL AND NATURAL GAS	Address (Give address to which approv	ed copy of this form is to be sent)		
111.	Name of Authorized Transporter of Off	J. 05.1121111111111111111111111111111111111		~ • • • • • • • • • • • • • • • • • • •		
i i	El Paso Natural Gas Co	mpany	Box 990, Farmington, N Address (Give address to which approv	ed copy of this form is to be sent)		
	Name of Authorized Transporter of Casin	nghead Gas or Dry Gas X	Box 990, Farmington, N			
	El Paso Natural Gas Co	Unit Sec. Twp. Ege.	Is gas actually connected? Whe	n		
1	If well produces oil or liquids,	A 27 28N 6W	give commingling order number:			
1	If this production is commingled with COMPLETION DATA			Plug Back Same Res'v. Diff. Res'v.		
14.	Designate Type of Completion	Oil Well Gas Well	1464 4611			
		Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	Date Spudded 3-28-70	4-17-70	78681	7860'		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Gas Pay	Tubing Depth 7800		
		6563' GL Dakota (CIE		Depth Casing Shoe		
	7612-24, 7720-32, 7778	7868' 7612-24, 7720-32, 7778-86, 7809-17				
	TUBING, CASING, AND CEMENTING RECORD		D CEMENTING RECORD	SACKS CEMENT		
	HOLE SIZE	CASING & TUBING SIZE	2241	165 Sks.		
	13 3/4"	9 5/8"	3575'	180 Sks.		
	8 3/4" 6 1/4"	4 1/2"	78681	420 Sks.		
	<u> 6 1/4</u>	2 2 (01)	7800	Tubing		
v.	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a	enth or be for full 24 hours	and must be equal to or exceed top allow-		
• •	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas l	ift, etc.)		
	Date First New Oil Hun 16 Idiks			Choke Size		
	Length of Test	Tubing Pressure	Casing Pressure	Choice state of the choice of		
		Oil-Bbls.	Water - Bbls.	Gag-MCFAPR 3 0 1970		
	Actual Prod. During Test	OII-BBIS.				
				OIL CON. COM.		
	GAS WELL		Bbls. Condensate/MMCF	Gravity of Condensate		
	Actual Prod. Test-MCF/D	Length of Test	Bois. Condensate, Minor			
	6129	Tubing Pressure (shut-in)	Casing Pressure (Shut-in)	Choke Size		
	Testing Method (pitot, back pr.)	2701	2692			
	Calculated A.O.F.		OIL CONSERV	ATION COMMISSION APR 3.0 1970		
V			APPROVED	AFR 30 1970		
	I hereby certify that the rules and	regulations of the Oil Conservation with and that the information gives	n Girand by	By Original Signed by Emery C. Arnold		
	I hereby certify that the rules and regulations of the order of the Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		BY Onging Signed by			
			TITLESUPERVISOR DIST #9			
			This form is to be filed in	This form is to be filed in compliance with RULE 1104.		
	Unglow Signed F. H. WOOT		If this is a request for all	If this is a request for allowable for a newly drilled or despendent		
	(Signature)		well, this form must be accom	well, this form must be accompanied by with RULE 111.		
	Petroleum Engineer (Title) April 28, 1970 (Date)		All sections of this form must be filled out completely to all able on new and recompleted wells.			
			well name or number, or transp	well name or number, or transported with name or number,		
			Separate Forms C-104 m completed wells.			
			• • • • • • • • • • • • • • • • • • • •			

