

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

API 30-039-21867

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DISTRIBUTION	
SANTA FE	
FILE	
U.S.S.	
LAND OFFICE	
TRANSPORTER	
OPERATOR	
PRODUCTION OFFICE	

Operator
El Paso Natural Gas CompanyAddress
Box 289, Farmington, New Mexico 87401

Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name
and address of previous owner _____

I. DESCRIPTION OF WELL AND LEASE

Lease Name San Juan 28-6 Unit	Well No. 57A	Pool Name, including Formation Blanco Mesa Verde	Kind of Lease State , Federal or	Lease No. SF080505A
Location Unit Letter <u>F</u> ; <u>1520</u> Feet From The <u>North</u> Line and <u>1650</u> Feet From The <u>West</u> Line of Section <u>13</u> Township <u>28-N</u> Range <u>6-W</u> , NMPM, <u>Rio Arriba</u> County				

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Company	Box 289, Farmington, New Mexico 87401
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Company	Box 289, Farmington, New Mexico 87401
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. <u>F</u> <u>13</u> <u>28-N</u> <u>6-W</u>
Is gas actually connected?	When

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

III. 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 5-12-79	Date Compl. Ready to Prod. 9-25-79	Total Depth 6138'	P.B.T.D. 6121'					
Elevations (DF, RKB, RT, GR, etc.) 6606' G.L.	Name of Producing Formation Mesa Verde	Top Oil/Gas Pay 5180'	Tubing Depth 6045'					
Perforations 5180, 5198, 5264, 5276, 5286, 5291, 5296, 5307, 5312, 5331, 5336, 5352, 5358, 5398, 5420, 5440, 5482, 5504, 5509, 5538, 5561, 5583, 5609, 5684, 5702, 5707, 5712, 5755, 5759, 5771, 5778, 5791, 5796, 5822, 5830, 5846, 5894, 5918, 5937, 5944, 5960, 5984, 6008, 6030, **		Depth Casing Shoe 6138'						
MOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
13 3/4"	9 5/8"	222'	224 cf.					
8 3/4"	7"	3857'	256 cf.					
6 1/4"	4 1/2" Liner	3722-6138'	421 cf.					
	2 3/8"	6045'	tubing					

IV. 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

**6037, 6066, 6100'.
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)	Choke Size
	942	942	

V. 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.

D. G. Busico
(Signature)

Drilling Clerk

(Title)

October 1, 1979

(Date)

OIL CONSERVATION DIVISION

APPROVED 10-1-1979
BY Original Signature of A. Hendrick
SUPERVISOR DISTRICT 3

TITLE _____

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 Form C-104 must be filed for each pool in multiply completed wells.