

OIL CONSERVATION DIVISION

P. O. BOX 289

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

TO BE FILLED BY OPERATOR	
DISTRIBUTION	
SANTA FE	
P.O. BOX	
U.S. MAIL	
LAND OFFICE	
TRANSPORTER	
OPERATOR	
REGISTRATION OFFICE	

El Paso Natural Gas Company

Address

P.O. Box 289, Farmington, NM 87401

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

DESCRIPTION OF WELL AND LEASE

Lease Name San Juan 28-7 Unit	Well No. 204	Pool Name, including Formation Blanco P.C. Ext.	Kind of Lease State, Federal or Fee SF	Lease No. 078497
Location Unit Letter J : 1680 Feet From The South Line and 1620 Feet From The East Line of Section 8 Township 28-N Range 7-W, NMPM, Rio Arriba County				

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) P.O. Box 289, Farmington, NM 87401
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 289, Farmington, NM 87401
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. J 8 28-N 7-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	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
	5-11-81	5072	5057'					
Elevations (DF, RKB, RT, GR, etc.) 6622' GL	Name of Producing Formation P.C.	Top Gas Pay	Tubing Depth					
		3300'	3328'					
			Depth Casing Shoe					
			5974'					

3300-11, 3320-41' W/16 SPZ.

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
13 3/4"	9 5/8"	232'	224 cf.
8 3/4"	7"	3635'	280 cf.
6 1/4"	4 1/2"	3495-5974'	430 cf.
	1 1/4"	3328'	

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
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.

MAILED
MAY 18 1980
OIL CON. COM.
DIST. 3

GAS WELL

Actual Prod. Test - MCF/D 1387	Length of Test 3 hours	Bbls. Condensate/AMCF	Gravity of Condensate
Testing Method (spot, back pr.) CALC. A.O.F.	Tubing Pressure (Chart-In) 964	Casing Pressure (Chart-In) 964	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.

A. G. Bruce
(Signature)

Drilling Clerk

(Title)

May 11, 1981

(Date)

OIL CONSERVATION DIVISION

APPROVED MAY 21 1980

Original Signed by FRANK T. CHAVEZ

BY 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 allow-
able 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