

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.D.	
LAND OFFICE	
TRANSPORTER	OIL
OPERATOR	GAS
EXAMINATION OFFICE	
Operator	

El Paso Natural Gas Company

Address

Box 289, Farmington, New Mexico 87401

Reason(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 San Juan 28-6 Unit	Well No. 10A	Pool Name, Including Formation S. Blanco Pictured Cliffs	Kind of Lease State/Federal or Fee	Lease No. NM 013657
Location Unit Letter <u>P</u> : <u>910</u> Feet From The <u>South</u> Line and <u>1040</u> Feet From The <u>East</u> Line of Section <u>25</u> Township <u>28N</u> Range <u>6W</u> , NMPM, Rio Arriba 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 87401	
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒ Northwest Pipeline Corporation	Address (Give address to which approved copy of this form is to be sent) Box 90, Farmington, New Mexico 87401	
If well produces oil or liquids, give location of tanks.	Unit P	Sec. 25
	Twp. 28N	Rge. 6W
	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 Resv.	Diff. Resv.
		X	X					
Date Spudded 10-12-80	Date Compl. Ready to Prod. 1-28-81	Total Depth 5966	P.B.T.D. 5950					
Elevations (DF, RAB, RT, GR, etc.) 6684' GL	Name of Producing Formation Pictured Cliffs	Top XXX Gas Pay 3376	Tubing Depth 3407					
Perforations 3376-96, 3396-3416, 3416-36'W/16 SPZ.			Depth Casing Shoe 5966'					
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
13 3/4"	9 5/8"	242'	224 cu. ft.					
8 3/4"	7"	3703'	328 cu. ft.					
6 1/4"	4 1/2" Liner	3522-5966	423 cu. ft.					
	1 1/4"	3407'						

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)

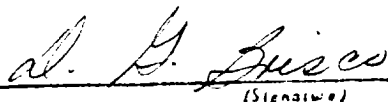
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-Bbls.

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
810	3 Hours		
Testing Method (flow, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
	1047	1062	3/4"

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

(Date)

February 5, 1981

(Date)

OIL CONSERVATION DIVISION

APPROVED

FEB 19 1981

, 19

BY Original Signed by FRANK J. CHAVEZ

SUPERVISOR DISTRICT # 3

TITLE

This form is to be filed in compliance with RULE 1-104.

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 1-111.

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.