

OIL CONSERVATION DIVISION

P. O. BOX 2000

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

API 30-045-23418

NAME OF OPERATOR	5
LOCATION	
LAND OFFICE	
TRANSPORTER	
OPERATOR	
PERMITTING OFFICE	

Operator El Paso Natural Gas Company	
Address Box 289, Farmington, New Mexico 87401	
Reason(s) for filing (Check proper box)	
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 Huerfanito Unit	Well No. 86A	Pool Name, including Formation Blanco Mesa Verde	Kind of Lease Surface State	Lease No. E-1199-3
Location				
Unit Letter <u>C</u> : <u>1000</u> Feet From The <u>North</u> Line and <u>1800</u> Feet From The <u>West</u>				
Line of Section <u>36</u> Township <u>27-N</u> Range <u>9-W</u> , NMPM, <u>San Juan</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					
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					
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 36	Twp. 27-N	Rge. 9-W	Is gas actually connected? <input type="checkbox"/>	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	Some Rest'y.	Diff. Rest'y.
		X	X					
Date Spudded 8-23-79	Date Compl. Ready to Prod. 10-23-79		Total Depth 4850'		P.B.T.D. 4832'			
Elevations (DE, RAB, RT, GR, etc.) 6244' GL	Name of Producing Formation Mesa Verde		Top 49 /Gas Pay 4411'		Tubing Depth 4759'			
Perforations 4411, 4416, 4421, 4426, 4446, 4451, 4456, 4474, 4481, 4497, 4504, 4511, 4517, 4528, 4540, 4565, 4575, 4637, 4693, 4706, 4718, 4730, 4747, 4752, 4782'.					Depth Casing Shoe 4850'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8 5/8"		214'		165 cf.			
7 7/8"	4 1/2"		4850'		840 cf.			
	2 3/8"		4759'		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

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
	539	832	

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.

Drilling Clerk

October 24, 1979

(Date)

OIL CONSERVATION DIVISION

APPROVED _____, 10 _____

BY _____ Original Signed by _____

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.