

OIL CONSERVATION DIVISION
 P. O. BOX 2088
 SANTA FE, NEW MEXICO 87501

DATE OF COMPLETION	
REGISTRATION	
RENTAL	
FILE	
DEPT.	
LAND OFFICE	
TRANSPORTER	
OPERATOR	
REGISTRATION OFFICE	

REQUEST FOR ALLOWABLE
 AND
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

30-045-23771

Operator
El Paso Natural Gas Company
 Address
Box 289, Farmington, New Mexico 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

1. DESCRIPTION OF WELL AND LEASE

Lease Name Warren	Well No. 3A	Pool Name, Including Formation Blanco Mesa Verde	Kind of Lease State, Federal or Free	Lease No. SF077123
Location Unit Letter C ; 1070 Feet From The North Line and 1850 Feet From The West				
Line of Section 13 Township 28-North Range 9-West , NMPM, San Juan 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) Box 289, Farmington, New Mexico 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) Box 289, Farmington, New Mexico 87401
If well produces oil or liquids, give location of tanks. Unit C Sec. 13 Twp. 28-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:

COMPLETION DATA

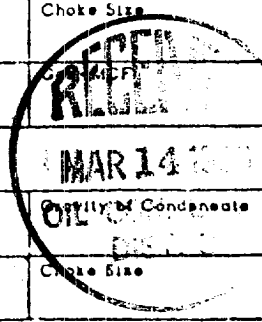
Designate Type of Completion - (X)	Oil Well <input type="checkbox"/>	Gas Well <input checked="" type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 1-8-80	Date Compl. Ready to Prod. 3-4-80		Total Depth 4930'		P.B.T.D. 4912			
Elevations (DF, RKB, RT, GR, etc.) 5852' G1	Name of Producing Formation Mesa Verde		Top Gas/Gas Pay 4085'		Tubing Depth 4814'			
Perforations 4085, 4126, 4144, 4162, 4169, 4226, 4246, 4289, 4294, 4484, 4490, 4500, 4506, 4511, 4516, 4524, 4528, 4561, 4566, 4571, 4598, 4603, 4626, 4690, 4703, 4718, 4779, 4802, 4836'						Depth Casing Shoe 4930'		
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
13 3/4"	9 5/8"		220'		224 cu. ft.			
8 3/4"	7"		2552'		313 cu. ft.			
6 1/4"	4 1/2" Liner		2409-4930'		440 cu. ft.			
	2 3/8"		4814'					

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 WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Quantity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in) 565	Casing Pressure (shut-in) 565	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.

[Signature]
 Drilling Clerk
 (Title)
 March 10, 1980
 (Date)

OIL CONSERVATION DIVISION
 APPROVED MAR 17 1980, 19
 Original Signed by FRANK J. HAVEL
 BY _____
 TITLE SUPERVISOR DISTRICT # 3

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.