

## OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

30-045-23843

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED	5
DISTRIBUTION	
SALES	1
FILE	
LEGAL	
LAND OFFICE	7
TRANSPORTATION	7
OPERATION	7
REGISTRATION OFFICE	7
Operator	

El Paso Natural Gas Company

Address  
Box 289, Farmington, New Mexico 87041

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"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)

If change of ownership give name  
and address of previous owner

## 1. DESCRIPTION OF WELL AND LEASE

Lease Name Lodewick	Well No. 9E	Pool Name, including Formation Basin Dakota	Kind of Lease State, Federal or <del>Other</del>	Lease No. NM02861
Location Unit Letter <u>L</u> : <u>1835</u> Feet From The <u>South</u> Line and <u>850</u> Feet From The <u>West</u> Line of Section <u>19</u> Township <u>27-N</u> Range <u>9-W</u> , NMPM, <u>San Juan</u> County				

## 2. 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) Box 289, Farmington, New Mexico 87041	
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) Box 289, Farmington, New Mexico 87041	
If well produces oil or liquids, give location of tanks.	Unit L	Sec. 19
	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:

## 3. 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 1-10-80	Date Compl. Ready to Prod. 3-17-80	Total Depth 7102'	P.B.T.D. 7089'					
Elevations (DF, RKB, RT, GR, etc.) 6498' GL	Name of Producing Formation Dakota	Top Oil/Gas Pay 6771'	Tubing Depth 6991'					
Perforations 6771, 6774, 6778, 6782, 6865, 6871, 6885, 6940, 6948, 6956, 6968, 6976, 6982, 7004'	TUBING, CASING, AND CEMENTING RECORD						Depth Casing Shoe 7102'	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT				
12 1/4"	9 5/8"	220'		165 cu. ft.				
7 7/8"	4 1/2"	7102'		1525 395 cu. ft.				
	2 3/8"	6991'						

## 4. 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.

## 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) 475	Casing Pressure (shut-in) 1085	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. J. Givens  
(Signature)Drilling Clerk  
(Title)March 19, 1980  
(Date)

## OIL CONSERVATION DIVISION

MAR 31 1980

APPROVED \_\_\_\_\_, 19 \_\_\_\_\_

BY Original Signed by FRANK T. CHAVEZTITLE 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.