

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

30-045-23846

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES REQUIRED	5
DISTRIBUTION	
SANTA FE	1
FILE	1
USE OF	
LAND OFFICE	2
TRANSPORTER	1
OPERATOR	1
REGISTRATION OFFICE	1

Operator
El Paso Natural Gas CompanyAddress
Box 289, Farmington, New Mexico 87401

Person(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 Huerfano Unit	Well No. 275	Pool Name, including Formation Basin Dakota	Kind of Lease State, Federal or Other	Lease No. NM 01074
Location Unit Letter <u>P</u> : <u>800</u> Feet From The <u>South</u> Line and <u>800</u> Feet From The <u>East</u> Line of Section <u>36</u> Township <u>27-N</u> Range <u>11-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 87401	
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 87401	
If well produces oil or liquids, give location of tanks.	Unit P	Sec. 36
	Twp. 27-N	Rge. 11-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 2-27-80	Date Compl. Ready to Prod. 4-9-80		Total Depth 6794'		P.B.T.D. 6775'			
Elevations (DF, RKB, RT, CR, etc.) 6489' G1	Name of Producing Formation Dakota		Top of Gas Pay 6517'		Tubing Depth 6671'			
Perforations 6517, 6520, 6522, 6548, 6599, 6607, 6611, 6644, 6648, 6652, 6656, 6659, 6662, 6672'					Depth Casing Shoe 6794'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8 5/8"		215'		765 cu. ft.			
7 7/8"	4 1/2"		6794'		378 cu. ft.			
	2 3/8"		6671'					

4. TEST DATA AND REQUEST FOR ALLOWABLE (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/MMCF	Choke Size
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in) 1151	Casing Pressure (shut-in) 1933	

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. Bischo
(Signature)

Drilling Clerk

(Title)

April 21, 1980

(Date)

OIL CONSERVATION DIVISION

APPROVED MAY 8 1980, 19
Original Signed by FRANK T. CHAVEZ
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.