

OIL CONSERVATION DIVISION

P. O. BOX 2000

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NAME OF OPERATOR	
LOCATION	
LAND OFFICE	
TRANSPORTER	
OPERATOR	
PRODUCTION OFFICE	

El Paso Natural Gas Company

Address

P. O. Box 289, Farmington, New Mexico

Person(s) for filing (Check proper box)

New Well	☒	Change in Transporter of:	
Recompletion	☐	Oil	☐
Change in Ownership	☐	Casinghead Gas	☐
		Dry Gas	☐
		Condensate	☐

Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name San Juan 29-7 Unit	Well No. 49 A	Pool Name, including Formation Blanco Mesa Verde	Kind of Lease State, Federal or lease	Lease No. 078424
Location Unit Letter I ; 1840 Feet From The S Line and 900 Feet From The E	Line of Section 20	Township 29-N	Range 7-W	Rio Arriba County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Company	P. O. Box 289, Farmington, New Mexico
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Company	P. O. Box 289, Farmington, New Mexico
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. I 20 29 7
Is gas actually connected?	When

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. 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 10-23-80	Date Compl. Ready to Prod. 9-2-80	Total Depth 8112'	P.B.T.D. 8104'					
Elevations (DF, RAB, RT, CR, etc.) 6867' GL	Name of Producing Formation Mesa Verde	Top Gas Pay 5167'	Tubing Depth 6205'					
5851, 5858, 5845, 5852, 5859, 5870, 5887, 5894, 5901, 5908, 5915, 5922, 5933, 5950, 5958, 5969, 6006, 6033, 6068, 6083, 6110, 6134, 6154, 6163, 6177, 6218, 5167, 5204, 5256, 5267, 5290, 5298, 5337, 5357, 5363, 5369, 5375, 5381, 5412, 5420, 5444, 5483, 5505, 5512, 5538, 5550, 5630, 5656, 5650, 5657, 5663, 5692								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17 1/2"	13 3/8"	223'	295 cu. ft.					
12 1/4"	9 5/8"	3900'	716 cu. ft.					
8 3/4"	7 "	3730 - 6114'	681 cu. ft.					
6 1/4"	4 1/2"	6247 - 8112'	325 cu. ft.					

V. 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 9858	Length of Test 3 hrs.	Bbls. Condensate/MCF
Testing Method (pilot, back pr.) Calc. A. O. F.	Tubing Pressure (shut-in) 628	Casing Pressure (shut-in) 677

VI. 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

9-17-80

(Title)

(Date)

OIL CONSERVATION DIVISION

APPROVED

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 Forms C-104 must be filed for each pool in multiply completed wells.

