

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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

TO: DISTRICT OFFICE	
DISTRIBUTION	
STAFF	
FILE	
U.S.G.	
LAND OFFICE	
TRANSPORTER	
OPERATOR	
REGISTRATION OFFICE	

Operator El Paso Natural Gas Company	
Address P.O. Box 289, Farmington, NM 87401	
Reason(s) for filing (Check proper box)	
New Well ☒	Change in Transporter of:
Recompletion ☐	Oil ☐ Dry Gas ☐
Change in Ownership ☐	Casinghead Gas ☐ Condensate ☐

If change of ownership give name and address of previous owner _____

DESCRIPTION OF WELL AND LEASE

Lease Name San Juan 29-7 Unit	Well No. 114M	Pool Name, including Formation Blanco Mesa Verde	Kind of Lease State, Federal or Fee SF	Lease No. 078503
Location Unit Letter <u>XC</u> : <u>790</u> Feet From The <u>North</u> Line and <u>1530</u> Feet From The <u>West</u> Line of Section <u>33</u> Township <u>29-North</u> Range <u>7-West</u> , NMPM, <u>Rio Arriba</u> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒ El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 289, Farmington, NM 87401
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒ El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 289, Farmington, NM 87401
If well produces oil or liquids, give location of tanks.	Unit <u>D</u> Sec. <u>33</u> Twp. <u>29-N</u> Rge. <u>7-W</u> Is gas actually connected? ☐ When _____

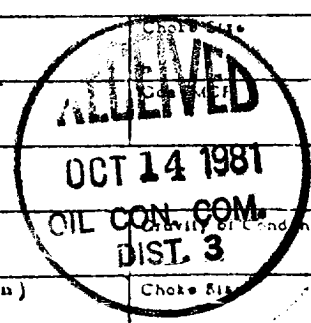
If this production is commingled with that from any other lease or pool, give commingling order number: _____

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well ☐ Gas Well ☒	New Well ☒ Workover ☐ Deepen ☐ Plug Back ☐ Same Res'v. ☐ Diff. Res'v. ☐
Date Spudded 2-6-81	Date Compl. Ready to Prod. 9-30-81	Total Depth 8092'
Elevations (DF, RKB, RT, GR, etc.) 684'	Name of Producing Formation Mesa Verde	Top Gas/Gas Pay 5227'
5786, 5791, 5796, 5806, 5810, 5832, 5844, 5852, 5862, 5877, 5882, 5896, 5911, 5922, 5926, 5931, 5936, 5988, 6116, 6130, 6178, 5227, 5234, 5256, 5262, 5306, 5313, 5320, 5338, 5362, 5368, 5376, 5386, 5395, 5455, 5460, 5469, 5517, 5524, 5664' W/I SPZ		Tubing Depth 6151'
HOLE SIZE		DEPTH SET
17 1/2"	13 3/8"	232'
12 1/4"	9 5/8"	3975'
8 1/4"	7"	3828-6266'
6 1/4"	4 1/2"	6251-8092'
CASING & TUBING SIZE		SACKS CEMENT
13 3/8"		283 cf.
9 5/8"		831 cf.
7"		542 cf.
4 1/2"		325 cf.

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 15,637	Length of Test 3 hours	Bbls. Condensate/MMCF
Testing Method (Pilot, back prod.) Calc. A.O.F.	Tubing Pressure (Shot-in) 292	Casing Pressure (Shot-in) 935

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.

D. B. Duico
(Signature)
Drilling Clerk
(Title)
October 8, 1981
(Date)

OIL CONSERVATION DIVISION
APPROVED OCT 14 1981
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