

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF WELLS REQUESTED	
DISTRIBUTION	
LAND OFFICE	
TRANSPORTER	
OPERATOR	
REGISTRATION OFFICE	

El Paso Natural Gas Company

Address
P.O. Box 289, Farmington, New Mexico 87401

Reason(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

DESCRIPTION OF WELL AND LEASE

Lease Name San Juan 29-7 Unit	Well No. 114M	Pool Name, including Formation Basin Dakota	Kind of Lease State/Federal or Fee SF	Lease No. 078503
Location Unit Letter <u>XC</u> : 790 Feet From The North Line and 1530 Feet From The West Line of Section 33 Township 29-North Range 7-West, NMPM, Rio Arriba 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 D	Sec. 33	Twp. 29-N	Rge. 7-W	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'		P.B.T.D. 8084'			
Elevations (DF, RAB, RT, CR, etc.) 684'	Name of Producing Formation Dakota		Top Gas/Gas Pay 7866'		Tubing Depth 8002'			
					Depth Casing String 8092'			
7866, 7874, 7880, 7887, 7894, 7981, 7988, 8012, 8043, 8051, 8057' W/1 SPZ.								

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	13 3/8"	232'	283
12 1/4"	9 5/8"	3975'	831 cf.
8 1/4"	7"	3828-6266'	542 cf.
6 1/4"	4 1/2" 2 3/8"	6251-8092' 8002'	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	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D 2664	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) Calc. A.O.F.	Tubing Pressure (Shut-in) 2081	Casing Pressure (Shut-in)	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.

Drilling Clerk

October 8, 1981

OIL CONSERVATION DIVISION

APPROVED

BY Original Signed by FRANK T. CHAVEZ

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 zoned wells.