

OIL CONSERVATION DIVISION

P. O. BOX 7088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

DATE OF FILING	
DISTRIBUTION	
LAND AREA	
TYPE OF WELL	
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	☐
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	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
San Juan 29-7 Unit	86A	Blanco Mesa Verde	State/Federal or Fee SF	078423
Location	Unit Letter	E	1780	Feet From The
		North	Line and	980
		West		
	Line of Section	17	Township	29-N
		Range	7-W	NMPM,
			Rio Arriba	County

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, NM 87401					
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, NM 87401					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	E	17	29-N	7-W		

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.
		X	X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
3-22-81	9-22-81	8047	8039'					
Deviation (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top of Gas Pay	Tubing Depth					
6770' GL	Blanco Mesa Verde	5177'	6075					
5705, 5710, 5715, 5720, 5725, 5729, 5738, 5743, 5748, 5753, 5767, 5787, 5813, 5822, 5829, 5863, 5882, 5915, 5937, 5986, 5998, 6008, 6024, 6066, 6078, 6092, 6138' W/27 SPZ.			Depth Casing Shoe					
5177, 5256, 5274, 5286, 5292, 5323, 5363, 5518, 5523' W/9 SPZ.			SPZ. 8047'					
PIPE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17 1/2"	13 3/8"	235'	278 cf.					
12 1/2"	9 5/8"	3890'	954 cf.					
8 3/4"	7"	3686-6379'	674 cf.					
6 1/4"	4 1/2"	1 1/2"	6266-8047'	6075'				

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
Initial Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

AS WELL

Initial Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
11171			
Testing Method (prior, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
CALC A.O.F.	675	671	

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

Sept. 23, 1981

OIL CONSERVATION DIVISION

APPROVED

Original Signed by CHARLES GHOLSON

BY

TITLE

DEPUTY OIL & GAS INSPECTOR, DIST. #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.

