

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	
DISTRIBUTION	
LAND OFFICE	
TRANSPORTER	
OPERATOR	
LAND OFFICE	

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 ☐

Other (Please explain)

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Bolin A	Well No. 2	Pool Name, including Formation Undes Fruitland	Kind of Lease State/Federal/for Fee SF	Lease No. 078049A
Location Unit Letter C ; 820 Feet From The North Line and 1460 Feet From The West Line of Section 34 Township 29-N Range 8-W, NMPM, San Juan 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 C	Sec. 34	Twp. 29N	Rge. 8W	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.
			X	X					
Date Spudded 1-1-81	Date Compl. Ready to Prod. 2-17-81		Total Depth 3159'		P.B.T.D. 3142'				
Elevations (DF, RKB, RT, GR, etc.) 6422' GL	Name of Producing Formation Fruitland		Top of Gas Pay 2778'		Tubing Depth 2758'				
2778, 2781, 2784, 2787, 2790'					Depth Casing Shoe 3159'				
HOLE SIZE 12 1/4"	CASING & TUBING SIZE 8 5/8"		DEPTH SET 137'		SACKS CEMENT 106 cf.				
7 7/8"	5 1/2"		3159'		414 cf.				
	1 1/4"		2758						

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 1369	Length of Test 3 hours	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) CALC A.O.F.	Tubing Pressure (shut-in) 921	Casing Pressure (shut-in) 921	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.

A. G. Brisco
(Signature)

Drilling Clerk

(Title)

February 24, 1981

(Date)

OIL CONSERVATION DIVISION
FEB 27 1981

APPROVED _____, 19__

Original Signed by FRANK J. 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.