

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

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REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

El Paso Natural Gas Company	
Address P.O. Box 289, Farmington, NM 87401	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner \_\_\_\_\_

DESCRIPTION OF WELL AND LEASE

Lease Name San Juan 30-6 Unit	Well No. 70	Pool Name, including Formation (OWWO) Blanco Mesa Verde	Kind of Lease State, Federal or <del>Lease</del> SF	Lease No. 012293
Location Unit Letter <u>M</u> <u>960</u> Feet From The <u>South</u> Line and <u>810</u> Feet From The <u>West</u> Line of Section <u>12</u> Township <u>30-N</u> Range <u>7-W</u> , N.M.P.M., Rio Arriba County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	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 <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	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: <u>M</u> Sec: <u>12</u> Twp: <u>30-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 <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/>	New Well <input type="checkbox"/> Workover <input checked="" type="checkbox"/>	Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/> Diff. Res'v. <input type="checkbox"/>
Date Spudded 8-5-55; 12-20-80	Date Compl. Ready to Prod. 9-4-55; 12-31-80	Total Depth 5694	P.B.T.D.	
Elevations (DF, RKB, RT, GR, etc.) 6364'	Name of Producing Formation Mesa Verde	Top <del>GR</del> /Gas Pay 5151'	Tubing Depth 5649	
Perforations 5622-5688, 5485-5554, 5151-5222'			Depth Casing Shoe 5694	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
	9 5/8"	171'	125 cu. ft.	
	7"	3415'	250	
	5 1/2" * 5 1/2"	3317-5694' * 3316	175 * 175	
	2 3/8"	5649'		

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 9059	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
WO-1892 Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in) 1100	Casing Pressure (Shut-in) 1100	Choke Size
	252	444	

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.

Al. G. Buises  
(Signature)  
Drilling Clerk  
(Title)  
January 26, 1981  
(Date)

OIL CONSERVATION DIVISION  
JAN 29 1981  
APPROVED \_\_\_\_\_, 19\_\_\_\_  
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 completed wells.