

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

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

API 30-039-21924

NO. OF COPIES REQUIRED	5
DISTRIBUTION	
SALES REP	
FILE	
U.S.O.B.	
LAND OFFICE	
TRANSPORTER	
OPERATOR	
REGISTRATION OFFICE	

Operator El Paso Natural Gas Company	
Address Box 289, Farmington, New Mexico 87401	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input 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 \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name San Juan 30-6 Unit	Well No. 63A	Pool Name, Including Formation Blanco Mesa Verde	Kind of Lease Federal	Lease No. NM012710
Location Unit Letter <u>C</u> ; <u>390</u> Feet From The <u>North</u> Line and <u>1410</u> Feet From The <u>West</u> Line of Section <u>15</u> Township <u>30-N</u> Range <u>7-W</u> , NMPM, <u>Rio Arriba</u> County				

III. 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 Box 289, Farmington, New Mexico 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 Box 289, Farmington, New Mexico 87401	
If well produces oil or liquids, give location of tanks.	Unit <u>C</u> Sec. <u>15</u> Twp. <u>30-N</u> Rge. <u>7-W</u>	Is gas actually connected? <input type="checkbox"/> When _____

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

IV. 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 7-24-79	Date Compl. Ready to Prod. 8-28-79		Total Depth 5784'			P.B.T.D. 5768'		
Elevations (DF, RAB, RT, CR, etc.) 6208' G.L.	Name of Producing Formation Mesa Verde		Top <input type="checkbox"/> Gas Pay 4991'			Tubing Depth 5737'		
Perforations 4991, 5006, 5017, 5023, 5060, 5074, 5097, 5105, 5191, 5224, 5230, 5236, 5288, 5312, 5318, 5324, 5349, 5355, 5361, 5367, 5372, 5381, 5386, 5397, 5402, 5407, 5412, 5417, 5426, 5465, 5471, 5477, 5484, 5528, 5559, 5567, 5590, 5606, 5623, 5659, 5713, 5749'						Depth Casing Shoe 5784'		
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT		
13 3/4"		9 5/8"		426'		507 cf.		
8 3/4"		7"		3439'		316 cf.		
6 1/4"		4 1/2" Liner		3270-5784'		436 cf.		
		2 3/8"		5737'		tubing		

V. TEST DATA AND REQUEST FOR ALLOWABLE (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	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
	471	584	

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. G. Busco  
(Signature)  
Drilling Clerk  
(Title)  
September 10, 1979  
(Date)

OIL CONSERVATION DIVISION

APPROVED SEP 17 1979, 19\_\_\_\_\_  
BY Original Signed by A. R. Kendrick  
TITLE SUPERVISOR DISTRICT # 5

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 completed wells.

