

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES REQUIRED	
DATE RECEIVED FROM	
SANTA FE	
FILE	
USE OF	
LAND OFFICE	
TRANSPORTER	
OPERATOR	
PRODUCTION OFFICE	

Operator
El Paso Natural Gas CompanyAddress
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 30-6 Unit	101A	Blanco Mesa Verde	State, Federal or Co SF	079383
Location				
Unit Letter <u>0</u> : <u>800</u> Feet From The <u>South</u> Line and <u>1840</u> Feet From The <u>East</u>				
Line of Section <u>35</u> Township <u>30-N</u> Range <u>7-W</u> . NMPM, <u>Rio Arriba</u> 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	
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	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	0	35
	Twp.	Rge.
	30-N	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.
		X	X					
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
8-28-80	12-3-80		6455'			6437'		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
6913'	Mesa Verde		5571'			6330'		
5984, 5991, 5998, 6018, 6029, 6034, 6045, 6051, 6057, 6063, 6069, 6075, 6081, 6087, 6175, 6198, 6237, 6243, 6251, 6269, 6286, 6293, 6320, 6380'						Depth Casing Shoe		
5571, 5579, 5604, 5617, 5632, 5638, 5644, 5650, 5664, 5752, 5761, 5767, 5779, 5829, 5887' W/L						6455'		
SPZ	HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT	
13 3/4"	9 5/8"		244'		224 cu. ft.			
8 3/4"	7"		4170		329 cu. ft.			
6 1/4"	4 1/2"		3998-6455		424 cu. ft.			
	2 3/8"		6330'					

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)

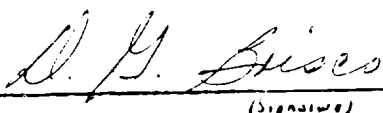
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-Mcf

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
3900			
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size
	852	852	

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

December 15, 1980

OIL CONSERVATION DIVISION

APPROVED JAN 14 1981

BY Original Signed by FRANK T. CHAVEZ

SUPERVISOR DISTRICT # 3

TITLE

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 to multiply