

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NAME OF OPERATOR	
LAND OFFICE	
TRANSPORTER	
OPERATOR	
REGISTRATION OFFICE	

El Paso Natural Gas Company

Address

P.O. Box 289, Farmington, NM

Person(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	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
San Juan 30-6 Unit	87A	Blanco Mesa Verde	State, Federal or Fee	5167-2
Location				
Unit Letter	D	920	Feet From The North	Line and 1100
Feet From The West				
Line of Section	36	Township	30-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.
	D	36
	30-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't.	Diff. Res't.
		X	X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
6-28-80	12-1-80	6210'	6191'					
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
6687' GL	Mesa Verde	5686'	6210'					
5807, 5825, 5866, 5871, 5876, 5881, 5886, 5891, 5898, 5906, 5910, 6055,			Depth Casing Shoe					
6061, 6088, 6103, 6112, 6121, 6177, 5686, 5676, 5670, 5610, 5595, 5590,			6191'					
5545, 5535, 5501, 5496, 5459, 5453, 5447, 5439, 5433, 5421, 5382' W/1 SPZ.								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
13 3/4"	9 5/8"	288'	325 cu. ft.					
8 3/4"	7"	3919'	296 cu. ft.					
6 1/4"	4 1/2"	3718-6210'	431 cu. ft.					
	2 3/8"	6105'						

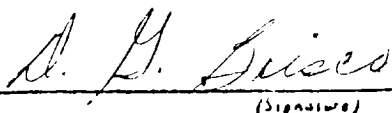
TEST DATA AND REQUEST FOR ALLOWABLE
OIL WELL(Test must be after recovery of total volume of load oil and must be equal to or exceed top oil
able for this depth or be for full 24 hours)

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

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
1295			
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size
	255	754	

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.

(Signature)

Drilling Clerk

(Title)

December 10, 1980

(Date)

OIL CONSERVATION DIVISION

APPROVED JAN 12 1981, 10

BY Original Signed by FRANK T. CHAVEZ

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 allow-
able on new and re-completed 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