

OIL CONSERVATION DIVISION

P. O. BOX 2000

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

DATE OF FILING	
DISTRIBUTION	
STATE	
FIL	
U.S.O.B.	
LAND OFFICE	
TRANSPORTER	
OPERATOR	
PRODUCTION OFFICE	

El Paso Natural Gas Company

Address
P.O. Box 289, Farmington, New Mexico 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

II. DESCRIPTION OF WELL AND LEASE

Lease Name San Juan 30-6 Unit	Well No. # 94A	Pool Name, including Formation Blanco Mesa Verde	Kind of Lease State/Federal or Fee NM	Lease No. 02151A
Location Unit Letter <u>F</u> : <u>1750</u> Feet From The <u>North</u> Line and <u>1690</u> Feet From The <u>West</u> Line of Section <u>28</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"/> 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 <input type="checkbox"/> or Dry Gas <input type="checkbox"/> 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 <u>EF</u> Sec. <u>28</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 11-28-81	Date Compl. Ready to Prod. 1-4-82	Total Depth 5864'	P.B.T.D. 5845'					
Elevations (DF, RKB, RT, GR, etc.) 6325' GL	Name of Producing Formation Mesa Verde	Top Gas Pay 4987'	Tubing Depth 5806'					
5432, 5437, 5462, 5486, 5491, 5496, 5501, 5506, 5518, 5523, 5528, 5557, 5576, 5593, 5611, 5660, 5676, 5712, 5808, 5823', 4987, 5029, 5039, 5043, 5058, 5068, 5081, 5123, 5170, 5189, 5212, 5244, 5269, 5284, 5308, 5319, 5327'							Depth Casing Shoe 5864'	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
13 3/4 "	9 5/8"	225'	224 cf.					
8 3/4"	7"	3510'	426 cf.					
6 1/4"	4 1/2"	3358-5864'	445 cf.					
	2 3/8"	5806'						

V. 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
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	

GAS WELL

Actual Prod. Test-MCF/D 3733	Length of Test	Bbls. Condensate/MMCF	Gravel
Testing Method (spot, back pr.)	Tubing Pressure (Shot-in)	Casing Pressure (Shot-in)	Choke Size
	428	700	

VI. 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. Quisco
(Signature)

Drilling Clerk

(Title)

January 11, 1982

(Date)

OIL CONSERVATION DIVISION

1-18-82

APPROVED

JAN 18 1982

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 in multiply completed wells.