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State of New Mexico Energy, Minerals and Natural Resources Department

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

| DISTRICT III | | | | |
|-----------------|-----|--------|----|-------|
| 1000 Rio Brazos | RA. | Aztec. | NM | 87410 |

REQUEST FOR ALLOWABLE AND AUTHORIZATION

| Be | 1 | O INA | <u> </u> | OHI OIL | ANU NA | I UNAL GA | 43 | | | | | |
|--|--|--------------------|------------------------------|---------------------------|---------------------------|-------------------------------|--------------|------------|--|---------------------|------------|--|
| Operator El-Paso Natural Gas Company Well API No. | | | | | | | | | | | | |
| Address | Las C | ompan y | | | | | 1 | | | | | |
| PO Box 4289 | Farmi | ngton. | NM | 87499 | | | | | | | | |
| Reason(s) for Filing (Check proper box) New Well | | G is : | T | | [Oth | a (Please expl | ain) | | | | ŀ | |
| New Well Change in Transporter of: Recompletion Oil Dry Gas | | | | | | | | | | | | |
| Change in Operator Casinghead Gas Condensate | | | | | | | | | | | | |
| If change of operator give name and address of previous operator | | | | | - | | | | | | | |
| II. DESCRIPTION OF WELL | AND LEA | CIF. | | | | | | | | | • | |
| Lease Name | <u> </u> | | | | | g Formation Kind | | | of Lease No. | | ase No. | |
| San Juan 30-6 | | 419 | | | Fruitlan | d Coal | | State, I | ederal or Fe | NM O | 12710 | |
| Location | | | | | | | | | | | | |
| Unit Letter | - : | 430 | Feet I | Prom The | TOT CIT Lin | and | . 70 | Fee | t From The . | | Line | |
| Section 11 Township | 30N | | Range | . 7W | , N | MPM, R | Rio / | Arrit | oa | | County | |
| III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS | | | | | | | | | | | | |
| Name of Authorized Transporter of Oil | | or Conden | tale . | X | i . | e address to w | • | • | • • • | | | |
| Meridian Oil. Name of Authorized Transporter of Casing | | | | | | | | | ermington, NM 87499 oved copy of this form is to be sent) | | | |
| FI Paso Natura | | | | | 1 | x 4990 | - | - | | NM 874 | 1 | |
| If well produces oil or liquids. | | | Twp. | | Is gas actual! | | i | When | | 101 U/ 1 | | |
| rive location of tanks. | <u>i i</u> | | | <u> </u> | | | i | | | | | |
| If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA | | | | | | | | | | | | |
| | | Oil Well | \neg | Gas Well | New Weil | Workover | De | epen | Plug Back | Same Res'v | Diff Res'v | |
| Designate Type of Completion | | i | <u>_i</u> | | <u> </u> | <u> </u> | 1 | | | 1 |] | |
| Date Spudded | Date Compl. Ready to Prod. | | | | Total Depth | | | | P.B.T.D. | | | |
| Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | | | | Top Oil/Gas Pay | | | | Tubing Depth | | | |
| Perforations | | | | | Depth Casing Shoe | | | | | | | |
| | | | | | | | | | | • | | |
| | T | UBING, | CAS | ING AND | CEMENTI | NG RECOR | D D | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | | DEPTH SET | | | SACKS CEMENT | | | | | |
| | <u> </u> | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | • | | | | | | | | |
| V. TEST DATA AND REQUES | | | | | _ | | | | | | 1 | |
| OIL WELL (Test must be after re Date First New Oil Run To Tank | , | | of load | d oil and must | | exceed top all ethod (Flow, p | | | | jor juli 24 nou | rs.) | |
| Date Pirk New Oil Run 10 1amk | Date of Tes | t . | | | Producing M | culou (Flow, p | with S | 23 .y., e | | | | |
| Length of Test | Tubing Pres | Tubing Pressure | | | Casing Pressure | | | D | Care the | EIA | EN | |
| Actual Prod. During Test | Oil - Bbls. | | Water - Bbis. | | | N | Gas- MCF | | | | | |
| | | | | | APRZ | 7 1990 | | | | | | |
| GAS WELL | | | | | | . A A (CF | | (| JIL CC | ID TK | V. | |
| Actual Prod. Test - MCF/D | Length of | Cost | | | Bbis. Condensate/MMCF | | | | DIST. 3 | | | |
| Testing Method (pitot, back pr.) | Tubing Pressure (Shut-in) | | | Casing Pressure (Shut-in) | | | | Choke Size | | | | |
| | <u> </u> | | | | | | | | <u> </u> | | | |
| VI. OPERATOR CERTIFICATE OF COMPLIANCE | | | | | OIL CONSERVATION DIVISION | | | | | | | |
| I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above | | | 1 | | 102 | | | | | | | |
| is true and complete to the best of my knowledge and belief. | | | Date Approved APR 2 7 1990 | | | | | | | | | |
| Links Laborer | | | Date Approved AFR 2 7 1930 | | | | | | | | | |
| Signature | | | By_ | | | | | | | | | |
| Leslie Kahwajy-Prod. Serv. Supervisor Printed Name Table | | | Title SUPERVISOR DISTRICT #3 | | | | | | | | | |
| 04-25-90 (505) 326-9700 Telephone No. | | | | | | | | | | | | |
| | | | , | | <u> </u> | | | | | | | |

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
 4) Separate Form C-104 must be filed for each pool in multiply completed wells.