June 23, 1983

(Date)

PO. DF ( PPIGO SECTIVES

SANTA FE FILE

U.S.G.S.

DISTRIBUTION

## OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEX CO 87501

REQUEST FOR ALLOWABLE

	TRANSPORTER DIL GAS	A	R ALLOWABLE ND PORT OIL AND NATURAL GAS			
l.	PROBATION OFFICE Operator	AUTHORIZATION TO TRANSI	ORT OF ARD HATORAL GAS			
	El Paso Exploration Company					
	Box 4289, Farmington, New Mexico 87401					
	Recson(s) for filing (Check proper box	) Change in Transporter of:	Other (Please explain)			
	New Well Recompletion	Oil Dry Go				
	Change in Ownership X	Casinghead Gas Conder	nsate			
	If change of ownership give name and address of previous owner	El Paso natural Gas comp	pany, Box 4289, Farmington	n, New Mexico 87401		
u.	DESCRIPTION OF WELL AND	LEASE   Well No.   Pool Name, Including F	ormation Kind of Leas	N		
	San Juan	20(777) Aztec P. C.		7/ Nu h20146		
	Unit Letter K : 180	00' Feet From The South Lin	se and 1800' Feet From	The West		
	Line of Section 35 To	waship 29N Hange	9W , NMPM, S	an Juan Count		
Π.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	\S	·····		
	Name of Authorized Transporter of Oil or Condensate   El Paso Natural Gas Company		Address (Give address to which approved copy of this form is to be sent)  Box 4289, Farmington, New Mexico 87401			
	Name of Authorized Transporter of Car	singhead Gas or Dry Gas \lambda	Address (Give address to which approved copy of this form is to be sent)			
	El Paso Natural Gas	S Company Unit   Sec.   T.wp.   Rgs.	Box 4289, Farmington,			
	If well produces oil or liquids, give location of tanks.	K 35 29N 9W	1			
	If this production is commingled wi COMPLETION DATA	th that from any other lease or pool,	give commingling order number:			
• •	Designate Type of Completic	on - (X) Gas Well	New Well Workover Deepen	Plug Back   Same Res'v. Diff. Res		
	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		<u> </u>	Depth Casing Shoe		
	HOLE SIZE	TUBING, CASING, AND	DEPTH SET	SACKS CEMENT		
			- 10° (A)			
٠.	TEST DATA AND REQUEST FOR ALLOWABLE  OIL WELL  Date First New Oil Run To Tanks  Date of Test  Producing Method (Flow, pulp, saz lift, etc.), 002					
	Date First New Oil Run 15 1 unks	LARIE OF THE	Producing Method (Flow, pump. sas li	12 8 1983		
	Length of Test	Tubing Pressure	Casing Pressure	SIT. SDIV.		
	Actual Prod. During Test	Oil-Bhia.	Water - Bbls.	D Real s MOSF		
i						
1	Actual Prod. Teet-MCF/D	Length of Test	Bbis. Condensats/MMCF	Gravity of Condensate		
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Cosing Pressure (Shut-is)	Choke Size		
- {						
•	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 is true and complete to the best of my knowledge and belief.		APPROVED.	, 18		
			BY Shake	SUPERVISOR ***		
	M. 1.		TITLE	compliance with RULE 1104.		
	A. G. Susco		to this is a remiset for allog	wable for a newly drilled or deepen inied by a tabulation of the deviati		
•	(Signature) Drilling Clerk		tests taken on the well in accor	rdance with RULE III.		
•	(Title)		All sections of this form mu able on new and recompleted we	ist be filled out completely for allo		

Fill out only Sections I. II. III. and VI for changes of ownswell name or number, or transporter or other such change of conditions and the section of the s

Drilling Clerk

June 23, 1983

(Title)

(Date)

SANTA FE

FILE U.S.G.S. LAND OFFICE

## OIL CONSERVATION DIVISION P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

PO. OF COPIES SECEIVES DISTRIBUTION OIL

REQUEST FOR ALLOWABLE

1.	AND  OPERATOR AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS  PROBATION OPERATOR OPERATOR				
	El Paso Exploration Company				
	Box 4289, 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				
	If change of ownership give name and address of previous owner	El Paso natural Gas com	pany, Box 4289, Farmingto	n, New Mexico 87401	
п.	DESCRIPTION OF WELL AND LEASE				
	San Juan	Well No. Pool Name, Including F	Blanco M. V. Stote Feder		
	Unit Letter K : 1800 Feet From The South Line and 1800 Feet From The West				
	Line of Section 35 To	ownship 29N Range	9W , <b>nmpm</b> , S	an Juan County	
П.	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAME Name of Authorized Transporter of Oil or Condensate  E1 Paso Natural Gas Company		S Address (Give address to which approved copy of this form is to be sent) Box 4289, Farmington, New Mexico 87401		
	Name of Authorized Transporter of Casinghead Gas ur Dry Gas 🐧		Address (Give address to which approved copy of this form is to be sent)  Box 4289, Farmington, New Mexico 87401		
	El Paso Natural Ga  If well produces oil or liquids, give location of tanks.	Unit Sec. Typ. Rge.  K 35 29N 9W	Is gas actually connected? Wh		
	If this production is commingled with that from any other lease or pool, give commingling order number:				
۷.	Designate Type of Completic	Oil Well Gas-Well	New Well Workover Despen	Plug Back   Same Res'v. Diff. Res	
	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	<u> </u>	<u> </u>	Depth Casing Shoe	
		TUBING, CASING, AND	CEMENTING RECORD		
-	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
ļ					
-			1		
	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 all oil. WELL  able for this depth or be: for full 24 hours)				
	Date First New Oil Run To Tanks	Date of Test.	Producing Method (Flow, pump,	E-BEIVE M	
	Length of Test	Tubing Pressure	Casing Pressure	JUN 2 8 1983	
	Actual Prod. During Test	OII-Bbla.	Water-Bbls.	ECON. DIV.	
_	DIST. 3				
	Actual Prod. Test-MCF/D	Length of Test	Bble. Condensate/MMCF	Gravity of Condensate	
$\mid$	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shub-is)	Choke Size	
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.			OIL CONSERVATION DIVISION.  JUN-28 1983		
	A. G. Brisa	20	This form is to be filed in compliance with RULE 1104.  If this is a request for allowable for a newly drilled or despens		
(Signature)			well, this form must be accompanied by a tabulation of the deviation		

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 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 filled for each pool; in multiple