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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PERORATION OFFICE		

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator  
El Paso Exploration Company  
Address  
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 ☐  
Other (Please explain)  
If change of ownership give name and address of previous owner  
El Paso Natural Gas Company, Box 4289, Farmington, New Mexico 87401

II. DESCRIPTION OF WELL AND LEASE  
Lease Name San Juan Well No. 23A Pool Name, including Formation Blanco Mesa Verde Kind of Lease State Federal or Fee NM Lease No. 029146  
Location  
Unit Letter F ; 1460 Feet From The North Line and 1795 Feet From The West  
Line of Section 33 Township 29N Range 9W NMPM, San Juan Count:

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  
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 Casinghead Gas ☐ or Dry Gas ☒ 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  
If well produces oil or liquids, give location of tanks. Unit F Sec. 33 Twp. 29N Rge. 9W Is gas actually connected? When

If this production is commingled with that from any other lease or pool, give commingling order number:

V. COMPLETION DATA  
Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'tv. Diff. Res'tv.  
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  
TUBING, CASING, AND CEMENTING RECORD  
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT

VI. 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 Size  
Actual Prod. During Test Oil-Bbls. Water-Bbls. Gas-MCF  
OIL CON. DIV.  
DIST. 3

GAS WELL  
Actual Prod. Test-MCF/D. Length of Test Bbls. Condensate/MCF Gravity of Condensate  
Testing Method (pilot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) 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.  
D. G. Drisco (Signature)  
Drilling Clerk (Title)  
June 23, 1983 (Date)  
OIL CONSERVATION DIVISION  
APPROVED JUN 28 1983  
BY Frank J. [Signature]  
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 multiple-completed wells.