

REGULATORY REPORT

400

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

1.

OPERATOR
PRODUCTION OFFICE
Operator

EL PASO NATURAL GAS CO.

Address

BOX 990, FARMINGTON, NEW MEXICO 87401

Reason(s) for change (check one)

(One (1) Please explain)

New Well

X

Change in Transporter's

Reason for

Oil

Dry Gas

Change in Ownership

Out-of-head Gas

Change in rate

If change of ownership, give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well ID	Section	State	Lease No.
GARTNER	4A	Blanco Mesa Verde	SE	080597
Location				
Depth	1450	Feet from the South	800	Feet from the East
Latitude	33	Longitude	30N	Range
			8W	County
			San Juan	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter (Oil or Condensate)	Name of Authorized Transporter (Gas)
EL PASO NATURAL GAS CO.	EL PASO NATURAL GAS CO.
Address	Address
BOX 990, FARMINGTON, NEW MEXICO	BOX 990, FARMINGTON, NEW MEXICO
If well produces oil and gas, give location of flow	
I 11-33 130N 8W	

If this production is commingled with that from any other lease or pool, give name and lease number

IV. COMPLETION DATA

Designate Type of Completion -- (X)	Oil Well	Gas Well	Water Well	Rejection	Flow Rate	Flow Rate	Flow Rate
		X	X				
Date Spudded	Date Sample Ready to Prod.						
8/4/77	10/17/77						
Elevations (ft., depth, etc.)	Depth of Producing Formation						
6365' GL	Mesa Verde						
Perforations							
4705-10, 4740-45, 4763-75, 4819-28, 4844-74, 4889-95, 4921-29, 5014-56, 5067-74, 5106-11, 5189-97, 5262-87, 5324-51, 5361-65, 5386-5402, 5410-16, 5446-52, 5508-20, 5552-64, 5577-86, 5620-28, 5638-54, 5692-98'							
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	JACKS CEMENT				
13 3/4"	9 5/8"	236'	224 cf.				
8 3/4"	7"	3541'	395 cf.				
6 1/4"	4 1/2" Liner	3381-5743'	125 cf.				
	2 3/8"	5633'	tubing				

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 all able for this depth or be for all 24 hours)

Date First New Oil Test	Date of Test	Flowing Pressure (flow, pump, gas lift, etc.)
Length of Test	Tubing Pressure	Choke Size
Actual Prod. During Test	Oil Rate	Choke Size

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Grav. of Gas (pcf)	Grav. of Condensate
2350	3 hours		
Testing Method (pilot, back prod)	Tubing Pressure (shut-in)	Grav. of Gas (pcf)	Grav. of Condensate
Calc. A.O.E.	641		

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

A. G. Dices
(Signature)

Drilling Clerk

OIL CONSERVATION COMMISSION

APPROVED

Original Signed by: A. R. Hendrick

FILED

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the deviated points taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all