					/	
DISTABLITION	NEW MEXICO OIL. (	NEW MEXICO OIL CONSERVATION COMMISSION B				
SANTA FE	1	REQUEST FOR ALLOWABLE  AND  Request For Allowable  Supersedes Old C-104 and G-1  Effective 1-1-65				
U.S.G.S.	. AUTHORIZATION TO TRA	ANSPORT OIL AND	NATURAL O	SAS		
IRANSPORTER OIL T	-					
OPERATOR /	- <del>'</del> - <del>'</del>					
Operator						
E1 Paso Natural Gas	Company			· · · · · · · · · · · · · · · · · · ·		
P.O. Box 990 Farmir	ngton, New Mexico 87401			•		
Reason(s) for filing (Check proper box New We!!	Change in Transporter of:	Other (Pleas	e explain)			
Recompletion	CII Dry Go	ıs [ ]				
Change in Ownership	Casinghead Gas Conde	nsate				
If change of ownership give name and address of previous owner			·			
DESCRIPTION OF WELL AND			1 2 2 2 2			
Lease Name Atlantic D Com D	Well No. Pool Name, Including F  5 A Blanco Nesa V		Kind of Lease State, Federal		B-10400-	
Location			1		J 20-700	
Unit Letter F ; 162	25 Feet From The North Lin	ne and <u>1475</u>	Feet From T	he West		
Line of Section 2 Tov	wnship 30=N Range	10-W , NMPN	San Ju	ıan	County	
	TER OF OIL AND NATURAL GA					
Name of Authorized Transporter of Oil	<del></del>			ed copy of this form is t	ŕ	
El Paso Natural Gas Name of Authorized Transporter of Cas	COMPANY singhead Gas or Dry Gas x	Address (Give address	to which approv	igton, New Mexical copy of this form is i	o be sent)	
El Paso Natural Gas	Company	P.O. Box 99	0 Farmir	gton, New Mexi	<u>co</u>	
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. F 2 30N 10W	Is gas actually connected? When				
If this production is commingled wit COMPLETION DATA	th that from any other lease or pool,	give commingling orde	r number:			
Designate Type of Completic	on - (X) Oil Well Gas Well	New Well Workover	Deepen	Plug Back   Same Res	stv. Diff. Restv.	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	_	P.B.T.D.		
12-16-77	4-3-78	5782!		5765!		
Elevations (DF, RKB, RT, GR, etc.) 6389 GR	Name of Producing Formation	Top ent/Gas Pay 4590'		Tubing Depth 5720'		
	MV 03.4713-28.4800-48.4858- ,5208-26,5264-90,5315-30 -87,5534-47,5557-69,5579	60 1076 1000 10	97-5016. 400,5400- 8-52,5691			
98,5741-50"	CASING & TUBING SIZE	DEPTHS		SACKS CEN	AFNT	
13 3/4"	9 5/8"	244'			224 cf	
8 3/4"	7''	3420'			·	
6 1/4"	4 1/2" liner 2 3/8"	3265-5782' 5720'		445 cf tubing		
TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a	fter recovery of total volu pth or be for full 24 hour:		•	exceed top allow-	
OIL WELL  Date First New Cit Run To Tanks	Date of Test	Producing Method (Flow		i, etc.)		
Length of Test	Tubing Pressure	Casing Pressure Chok		Choke Size	k. Siz.	
Actual Pred, During Test	Oil-Bblg.	Water - Bble.		Gas MCF		
				100		
GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF G		Gravity of Condensate		
7000 1001 1001 7D		Market and the second s				
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in) 729	Casing Pressure (Shut-in) Choke Size 731				
CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION				

VI. CERTIFICATE OF COMPLIANCE

I.

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II.

IV.

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

M. G. Giezo	·
(Signature)	
Drilling Clerk	

Drilling Clerk (Tule) 4-18-78 BY Original Signed by A. R. Kandrick

OTTOMORECUTE ORDER 17

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 sllowable 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.