

OIL CONSERVATION DIVISION

P. O. BOX 2000

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	
OPERATOR	
PRODUCTION OFFICE	
Operator	

El Paso Natural Gas Company	
Address	
P.O. Box 289, 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

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Atlantic C	6A	Blanco Mesa Verde	State, Federal or Free	NM 0607
Location				
Unit Letter	D	1105 Feet From The North Line and 810 Feet From The West		
Line of Section	6	Township 30-N	Range 10-W	San Juan County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒	Address (Give address to which approved copy of this form is to be sent)					
El Paso Natural Gas Company	P.O. Box 289, Farmington, New Mexico					
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent)					
El Paso Natural Gas Company	P.O. Box 289, Farmington, New Mexico					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	D	6	30-N	10-W		

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X	X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
2-16-80	7-1-80	5353'	5335					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
6034' GL	Mesa Verde	4227'	5259'					
Perforations	4227, 4270, 4297, 4305, 4313, 4321, 4342, 4350, 4363, 4437, 4447, 4471, 4601, 4615, 4741, 4762, 4924, 4930, 4936, 4962, 4968, 4973, 4990, 4996, 5002, 5010, 5014, 5019, 5031, 5050, 5067, 5140, 5149, 5174, 5199, 5209, 5235, 5247, 5299'			Depth Casing Shoe				
5019, 5031, 5050, 5067, 5140, 5149, 5174, 5199, 5209, 5235, 5247, 5299'		5353'						
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
13 3/4"	9 5/8"	224'	224 cu. ft.					
8 3/4"	7"	3008'	393 cu. ft.					
6 1/4"	4 1/2"	2804-5353'	440 cu. ft.					
	2 3/8"	5259'						

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
Actual Prod. During Test	Oil-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
3941'	3 hours		
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
Calc. A.O.F.	675		3/4 variable

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.

Drilling Clerk

July 14, 1980

OIL CONSERVATION DIVISION

APPROVED JUL 20 1980, 19
BY Original Signed by FRANK T. CHAVEZ
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.