

OIL CONSERVATION DIVISION

P. O. BOX 2088
 SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
 AND
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

REGISTRATION	
TAXES	
FILE	
LAND OFFICE	
TRANSPORTER	
OPERATOR	
REGISTRATION OFFICE	

Operator
 El Paso Natural Gas Company

Address
 P.O. Box 289, Farmington, NM 87401

Reason(s) for filing (Check proper box) Other (Please explain)

New Well <input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>

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

DESCRIPTION OF WELL AND LEASE

Lease Name San Juan 32-9 Unit	Well No. 14B	Pool Name, including Formation Blanco Mesa Verde	Kind of Lease State, Federal or Fee	SF	Lease No. 080376
Location Unit Letter <u>P</u> ; <u>910</u> Feet From The <u>South</u> Line and <u>845</u> Feet From The <u>East</u> Line of Section <u>9</u> Township <u>31-N</u> Range <u>9-W</u> , NMPM, <u>San Juan</u> County					

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Company	P.O. Box 289, Farmington, NM 87401
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Company	P.O. Box 289, Farmington, NM 87401
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	P 9 31N 9W

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 3-21-80	Date Compl. Ready to Prod. 3-10-80	Total Depth 6165'	P.B.T.D. 6151'					
Elevations (DF, RAB, RT, CR, etc.) 6598' GL	Name of Producing Formation Mesa Verde	Top <input checked="" type="checkbox"/> Oil/Gas Pay 5030'	Tubing Depth 6071'					
5837, 5850, 5864, 5892, 5904, 5922, 5938, 5967, 6020, 6026, 6040, 6079, 6084, 5814, 5807, 5791, 5787, 5783, 5779, 5770, 5765, 5759, 5754, 5745, 5741, 5737, 5730, 5725, 5721, 5717, 5640, 5615, 5571, 5565, 5481, 5454, 5445, 5394, 5385, 5371, 5355, 5344, 5335, 5268, 5132, 5030 W/L SFZ	Depth Casing Shoe 6165'							
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
13 3/4"	9 5/8"	226'	224 cu. ft.					
8 3/4"	7"	3879'	414 cu. ft.					
6 1/4"	4 1/2" Liner	3735-6165'	424 cu. ft.					
	2 3/8"	6071'						

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.)	
		Casing Pressure	Choke Size
Length of Test	Tubing Pressure	Water-Bbls.	Gas-MCF
Actual Prod. During Test	Oil-Bbls.		

GAS WELL

Actual Prod. Test-MCF/D 1587	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (spot, back pr.)	Tubing Pressure (shot-in) 382	Casing Pressure (shot-in) 640	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.

A. G. Drisco
 (Signature)
 Drilling Clerk
 (Title)
 February 20, 1981
 (Date)

OIL CONSERVATION DIVISION

APPROVED MAR 12 1981, 19 _____
 BY Original Signed by FRANK T. CHAVEZ
 TITLE SUPERVISOR DISTRICT #8

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 Form C-104 must be filed for each pool in multiply