

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

El Paso Natural Gas Company

Address

P.O. Box 289, Farmington, NM 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 San Juan 32-5 Unit	Well No. 4 (OWFO)	Pool Name, including Formation Basin Dakota	Kind of Lease State , Federal and SF	Lease No. 079011
Location Unit Letter <u>N</u> ; <u>790</u> Feet From The <u>South</u> Line and <u>1850</u> Feet From The <u>West</u> Line of Section <u>23</u> Township <u>32-N</u> Range <u>6-W</u> , NMPM <u>Rio Arriba</u> County				

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) P.O. Box 289, Farmington, NM 87401
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒ Northwest Pipeline Corp.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 90, Farmington, NM 87401
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When N 23 32-N 6-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 11-5-60;12-24-80	Date Compl. Ready to Prod. 12-14-60 ;1-5-81	Total Depth 8079	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.) 6322' GL	Name of Producing Formation Dakota	Top Oil /Gas Pay 7834'	Tubing Depth 7988'					
Perforations 7834,46,7889-7924;7933-38,7962-70' W/4 SPF			Depth Casing Shoe 8079'					
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12 1/4"	8 5/8"	606	300					
7 7/8"	5 1/2"	8079	350					
	2 3/8"	7988'						

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

GAS WELL

Actual Prod. Test-MCF/D 6815	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
NO 646	Tubing Pressure (Shut-in) 2642	Casing Pressure (Shut-in) 2852	Choke Size
Testing Method (pilot, back pr.)	NO 601	NO 788	

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.
(Signature)

Drilling Clerk

(Title)

January 23, 1981

(Date)

OIL CONSERVATION DIVISION

APPROVED JAN 29 1981, 19BY 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 allow-
able 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
completed wells.