

OIL CONSERVATION DIVISION

P. O. BOX 2000

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

El Paso Natural Gas Company

P.O. Box 289, Farmington, NM 87401

Reason(s) for filing (check proper box)

New Well	☒	Change in Transporter of:		Other (Please explain)	
Recompletion	☐	Oil	☐	Dry Gas	☐
Change in Ownership	☐	Casinghead Gas	☐	Condensate	☐

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	19	Blanco Pic Cliffs	State/Federal & Fee NM	013688
Location				
Unit Letter	C	550	Feet From The North	Line and 1560
Line of Section		25	Township	31-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, NM 87401
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, NM 87401
If well produces oil or liquids, give location of tanks.	Unit, Sec., Twp., Rge.
	C, 25, 31-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'tv.	Diff. Res'tv.
		X	X					
Date Spudded 12-21-81 12-2-81	Date Compl. Ready to Prod. 12-30-81	Total Depth 3409'	P.B.T.D. 3393'					
Elevations (DF, RAB, RT, GR, etc.) 6473' GL	Name of Producing Formation Pic. Cliffs	Top Gas/Gas Pay 3230'	Tubing Depth 3320'					
			Depth Casing Shoe 3409'					

3230, 3235, 3240, 3254, 3259, 3264, 3312, 3328, 3340, 3354' W/1 SPZ.

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8"	221'	165 cf.
7 7/8"	4 1/2"	3409'	776 cf.
	1 1/2"		

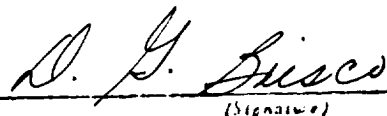
TEST DATA AND REQUEST FOR ALLOWABLE
OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

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
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	

GAS WELL

Actual Prod. Test-MCF/D 816	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, back pr.)	Tubing Pressure (Shot-In)	Casing Pressure (Shot-In)	Choke Size
	421	421	

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

Jan. 11, 1982

OIL CONSERVATION DIVISION

APPROVED **JAN 18 1982**
Original Signed by FRANK T. CHAVEZBY _____
TITLE SUPERVISOR DISTRICT # 3

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 Forms C-104 must be filed for each pool in multiply
completed wells.