

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS



1. OPERATOR	
El Paso Natural Gas Company	
Address PO Box 4289, Farmington, NM 87499	
Reason(s) for filing (Check proper box)	
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 _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Allison Unit Com	Well No. 60	Pool Name, including Formation Blanco Mesa Verde	Kind of Lease State (Federal) or Fee	Lease No. SF 078483A
Location Unit Letter <u>G</u> ; <u>1520</u> Feet From The <u>North</u> Line and <u>1530</u> Feet From The <u>East</u> Line of Section <u>26</u> Township <u>32N</u> Range <u>7W</u> , NMPM, San Juan County				

III. 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	PO Box 4289, Farmington, NM 87499
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)
Northwest Pipeline	PO Box 90, Farmington, NM 87401
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
G 26 32N 7W	

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

IV. 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 9-27-82	Date Compl. Ready to Prod. 10-26-82	Total Depth 6210'	P.B.T.D. 6189'					
Elevations (DF, RKB, RT, GR, etc.) 6520' GL	Name of Producing Formation Mesa Verde	Top Oil/Gas Pay 5412'	Tubing Depth 6111'					
Perforations		5769', 5779', 5785', 5791', 5797', 5803', 5809', 5812', 5822', 5832', 5838'		Depth Casing Shoe 6210'				
5859', 5874', 5886', 5896', 5903', 5920', 5941', 5986', 6019', 6039', 6094', 6123', w/1 spz.		5412', 5466', 5494', 5509', 5517', 5582', 5613', 5672', 5682', 5695', 5701', 5729' w/1 spz.						
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT				
12 1/4"	9 5/8"	217'		130 cu.ft.				
8 3/4"	7"	3692'		402 cu.ft.				
6 1/4"	4 1/2"	3542-6205'		466 cu.ft.				
	2 3/8"	6111'						

V. 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	Length of Test shut in 8 days	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in) 683	Casing Pressure (shut-in) 1006	Choke Size

VI. 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.

D. G. Duico
(Signature)
Drilling Clerk
(Title)
November 8, 1982
(Date)

OIL CONSERVATION DIVISION
11-18-82
APPROVED NOV 18 1982
Original Signed by CHARLES GHOLSON
BY
TITLE DEPUTY OIL & GAS INSPECTOR, DIST. #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 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 Forms C-104 must be filed for each pool in multiply completed wells.