

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

1. OPERATOR El Paso Natural Gas Company	
Address P. O. Box 289, Farmington, New Mexico 87401	
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"/>
Other (Please explain)	

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Rincon Unit	Well No. 125	Pool Name, Including Formation Blanco Mesa Verde	Kind of Lease State, Federal or See SF	Lease No. 079367 A
Location Unit Letter <u>N</u> : <u>990'</u> Feet From The <u>S</u> Line and <u>1650'</u> Feet From The <u>W</u>				
Line of Section <u>26</u> Township <u>27-N</u> Range <u>6-W</u> , NMPM, Rio Arriba 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	P. O. Box 289, Farmington, New Mexico
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, New Mexico
If well produces oil or liquids, give location of tanks.	Unit <u>N</u> Sec. <u>26</u> Twp. <u>27-N</u> Rge. <u>6-W</u>
Is gas actually connected?	When

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 <input type="checkbox"/>	Gas Well <input checked="" type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input checked="" type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Restv. <input type="checkbox"/>	Diff. Restv. <input type="checkbox"/>
Date Spudded 11-27-59, w/o 7-14-80	Date Compl. Ready to Prod. 1-16-60, w/o 8-14-80		Total Depth 7761'		P.B.T.D. 7665'			
Elevations (DF, RKB, RT, GR, etc.) 6622' GL	Name of Producing Formation Mesa Verde		Top of Gas Pay 4899'		Tubing Depth 5490'			
Perforations 5424, 5434, 5440, 5458, 5466-5482, 5492, 5500, 5520, 5528 4899, 4952, 4957, 4973, 4979, 4985, 5004, 5010, 5016'					Depth Casing Shoe			
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/4"	13 3/8"		334'		240 cu. ft.			
12 1/4"	9 5/8"		3421'		190 cu. ft.			
8 3/4"	7 "		7369'		960 cu. ft.			
6 1/4"	5 "		7283 - 7759'		150 cu. ft.			

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-Bbls.

GAS WELL

Actual Prod. Test-MCF/D 534	Length of Test 3 hrs.	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (plot, back pr.) Calc. A.O.F.	Tubing Pressure (shut-in)	Casing Pressure (shut-in) 571	Choke Size 3/4 variable

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.
(Signature)

Drilling Clerk

(Title)

September 5, 1980

(Date)

OIL CONSERVATION DIVISION

SEP 25 1980

APPROVED _____, 19 _____

Original Signed by FRANK T. CHAVEZ

BY _____

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