

## OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

API 30-039-21943

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DISTRIBUTION	
SANTA FE	
PIF	
U.S.D.	
LAND OFFICE	
TRANSPORTER	
OPERATOR	
FORMATION OFFICE	
Operator	

El Paso Natural Gas Company

Address

Box 289, Farmington, New Mexico 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

## I. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
San Juan 28-7 Unit	198	So. Blanco P.C. Ext.	<del>State</del> , Federal or <del>Other</del>	SF 079298
Location				
Unit Letter <u>I</u>	<u>1530</u>	Feet From The <u>South</u>	Line and <u>1010</u>	Feet From The <u>East</u>
Line of Section <u>12</u>	Township <u>27-N</u>	Range <u>7-W</u>	<u>NMPM</u>	Rio Arriba County

## II. 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	Box 289, Farmington, New Mexico 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	Box 289, Farmington, New Mexico 87401	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	<u>I</u>	<u>12</u>
	Twp.	Rge.
	<u>27-N</u>	<u>7-W</u>
Is gas actually connected?	When	

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

## III. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		<u>X</u>	<u>X</u>					
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
6-21-79	10-24-79		3409'			3390		
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation		Top of Gas Pay			Tubing Depth		
6617' GL	Pictured Cliffs		3248'			tubingless		
Perforations	3248, 3254, 3260, 3274, 3282, 3290, 3318, 3324, 3330'					Depth Casing Shoe		
						3409'		

## TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8"	146'	106 cf.
6 3/4"	2 7/8"	3409'	358 cf.

## IV. 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	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shot-in)	Casing Pressure (Shot-in)	Choke Size
		1121	

## V. 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. J. Guise  
(Signature)

Drilling Clerk

(Title)

October 26, 1979

(Date)

## OIL CONSERVATION DIVISION

APPROVED NOV 15 1979, 19BY Original Signed by A. R. Kandrick

SUPERVISOR PERMITTING

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 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 recompleted wells.