

OIL CONSERVATION DIVISION

P. O. BOX 2000

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NAME OF OPERATOR	
ADDRESS	
CITY	
STATE	
ZIP	
TRANSPORTER	
OPERATION	
REGISTRATION OFFICE	

El Paso Natural Gas Company

Address

P.O. Box 289, Farmington, NM 87401

Person(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

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
San Juan 27-5 Unit	25A	Blanco Mesa Verde	State/Federal/for Fee SF	079393
Location	Unit Letter	Feet From The	Line and	Feet From The
	F	1790	North	1740
			West	
	Line of Section	Township	Range	County
	3	27-North	5-West	Rio Arriba

III. 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, New Mexico					
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent)					
Northwest Pipeline Corporation	P.O. Box 90, Farmington, New Mexico					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	F	3	27N	5W		

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	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
10-30-80	3-5-81	6166'	6148'					
Elevations (DF, RAB, RT, GR, etc.)	Name of Producing Formation	Top of Gas Pay	Tubing Depth					
6676' GL	Mesa Verde	5208'	6042'					
5726, 5731, 5736, 5741, 5754, 5759, 5776, 5781, 5786, 5791, 5813, 5818, 5823, 5836, 5841, 5864, 5875, 5966, 5972, 5986, 5995, 6031, 6037, 6064' 5208, 5213, 5237, 5289, 5320, 5333, 5337, 5341, 5350, 5354, 5358, 5575, 5601, 5606, 5611' W/1 SPZ.			Depth Casing Shoe					
			6166'					
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
15 3/4"	9 5/8"	239'	224 cf.					
8 3/4"	7"	3880'	310 cf.					
6 1/4"	4 1/2" Liner	3698-6160'	419 cf.					
	2 3/8"	6042'						

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-Bble.	Water-Bble.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bble. Condensate/MMCF	Choke Size
5015	3 hours		
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	
Calc. A.O.F.	898		

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)

March 6, 1981

(Date)

OIL CONSERVATION DIVISION

APPROVED MAR 26 1981

BY 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 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.