

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GASOperator
El Paso Natural Gas CompanyAddress
P.O. Box 289, Farmington, NM 87401

Reason(s) for filing (Check proper box)

New Well ☒
Recompletion ☐
Change in Ownership ☐

Change in Transporter of:

Oil ☐ Dry Gas ☐
Casinghead Gas ☐ Condensate ☐

Other (Please explain)

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name San Juan 27-5 Unit	Well No. 52A	Pool Name, including Formation Tap. Pic. Cliffs	Kind of Lease State/Federal or Fee SF	Lease No. 079393
Location Unit Letter <u>E</u> : <u>1555</u> Feet From The <u>North</u> Line and <u>885</u> Feet From The <u>West</u> Line of Section <u>4</u> Township <u>27-N</u> Range <u>5-W</u> , NMPM, Rio Arriba County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒ El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 289, Farmington, NM 87401					
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒ Northwest Pipeline Corp.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 90, Farmington, NM 87041					
If well produces oil or liquids, give location of tanks.	Unit E	Seg. 4	Twp. 27N	Rge. 5W	Is gas actually connected? ☐	When

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'v.	Diff. Res'v.
		X	X					
Date Spudded 9-30-80	Date Compl. Ready to Prod. 2-12-81	Total Depth 5966'	P.B.T.D. 5949'					
Elevations (DF, R&B, RT, GR, etc.) 6540' GL	Name of Producing Formation Pic. Cliffs	Top of Gas Pay 3376'	Tubing Depth 3419'					
3376-91, 3391-3406, 3416-29, 3429-42' W/10 SPZ.			Depth Casing Shoe 5966'					

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
13 3/4"	9 5/8"	239'	224 cf.
8 3/4"	7"	3709'	337 cf.
6 1/4"	4 1/2" liner	3592-5966'	417 cf.
	1 1/4"	3419	

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)

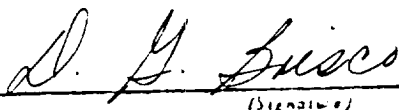
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-Bbls.

GAS WELL

Actual Prod. Test-MCF/D 860	Length of Test 3 hrs	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pr.) Calc. A.O.F.	Tubing Pressure (Shut-in) 1038	Casing Pressure (Shut-in) 1038	Choke Size 3/4 variable

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.



Drilling Clerk

March 3, 1981

OIL CONSERVATION DIVISION

MAR 11 1981

APPROVED

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