

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DIVISION	
SANTA FE	
FILE	
U.S.D.	
LAND OFFICE	
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OPERATOR	
REGISTRATION OFFICE	

Operator
El Paso Natural Gas CompanyAddress
P.O. 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

1. DESCRIPTION OF WELL AND LEASE

Lease Name San Juan 28-6 Unit	Well No. 22 A	Pool Name, including Formation Blanco Mesa Verde	Kind of Lease State, Federal or Lease NM	Lease No. 03583
Location Unit Letter <u>0</u> : <u>860</u> Feet From The <u>South</u> Line and <u>1790</u> Feet From The <u>East</u> Line of Section <u>8</u> Township <u>27-N</u> Range <u>6-W</u> , NMPM, <u>Rio Arriba</u> County				

2. 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	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	P. O. Box 289, Farmington, New Mexico
If well produces oil or liquids, give location of tanks.	Unit : Sec. : Twp. : Rge. : 0 : 8 : 27-N : 6-W
Is gas actually connected?	When

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

3. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res'tv.
		X	X					
Date Spudded 4-8-80	Date Compl. Ready to Prod. 7-7-80	Total Depth 5833'	P.B.T.D. 5814'					
Elevations (DF, RKB, RT, CR, etc.) 6480' GL	Name of Producing Formation Mesa Verde	Top Oil/Gas Pay 4814	Tubing Depth 5660					
Perforations 4814, 4824, 4829, 4841, 4862, 4869, 4876, 4888, 4894, 4916, 5058, 5072, 5138, 5248, 5358, 5368, 5374, 5385, 5389, 5398, 5404, 5410, 5416, 5438, 5456, 5462, 5470, 5489, 5496, 5521, 5570, 5615, 5622, 5656, 5676, 5700, 5706	Depth Casing Shoe 5833							
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
13 3/4"	9 5/8"	222	224 cu. ft.					
8 3/4"	7"	3447	234 cu. ft.					
6 1/4"	4 1/2" liner	3278-5833'	440 cu. ft.					
	2 3/8"	5660'						

4. 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
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.

GAS WELL

Actual Prod. Test-MCF/D 5833	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) Calc. AOF	Tubing Pressure (Shut-in) 770	Casing Pressure (Shut-in)	Choke Size

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.

Jerry Bradfield
(Signature)
Drilling Clerk
(Title)
August 1, 1980
(Date)

OIL CONSERVATION DIVISION

APPROVED AUG 6 1980, 19
BY Original Signed by FRANK T. CHAVEZ
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.