

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

DATE OF COMPLETION	
DATE OF FILING	
DATE OF REVIEW	
DATE OF CLOSURE	
DATE OF RECOMPLETION	
DATE OF CHANGE IN OWNERSHIP	
DATE OF CHANGE IN TRANSPORTER	
DATE OF CHANGE IN OPERATOR	
DATE OF CHANGE IN FORMATION	
DATE OF CHANGE IN LEASE	
DATE OF CHANGE IN UNIT	
DATE OF CHANGE IN POOL	
DATE OF CHANGE IN KIND OF LEASE	
DATE OF CHANGE IN STATE, FEDERAL OR FEE	
DATE OF CHANGE IN LEASE NO.	
DATE OF CHANGE IN LOCATION	
DATE OF CHANGE IN UNIT LETTER	
DATE OF CHANGE IN FEET FROM THE	
DATE OF CHANGE IN LINE AND	
DATE OF CHANGE IN FEET FROM THE	
DATE OF CHANGE IN WEST	
DATE OF CHANGE IN LINE OF SECTION	
DATE OF CHANGE IN TOWNSHIP	
DATE OF CHANGE IN RANGE	
DATE OF CHANGE IN NMPM	
DATE OF CHANGE IN RIO ARRIBA	
DATE OF CHANGE IN COUNTY	

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

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
San Juan 27-5 Unit	35A	S. Blanco Pictured Cliffs	State, Federal or Fee	SF 079394
Location				
Unit Letter	F	1560 Feet From The	North	Line and 1520 Feet From The
Line of Section	33	Township	27N	Range 5W, NMPM, Rio Arriba County

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)					
Northwest Pipeline Corporation	Box 90, Farmington, New Mexico 87401					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	F	33	27N	5W		

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	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
7-23-80	1-13-81	5846	5828					
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation	Top SW /Gas Pay	Tubing Depth					
6504' GL	Pictured Cliffs	3228	3309					
Perforations	3228-46, 3256-72, 3275-3292, 3300-12, W/16 SPZ.			Depth Casing Shoe				
				5846				
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
13 3/4"	9 5/8"	238	224 cu. ft.					
8 3/4"	7"	3506	215 cu. ft.					
6 1/4"	4 1/2"	3414-5846	419 cu. ft.					

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/MMCF	Gravity of Condensate
1427			
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
Calculated A. OF	780	782	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

(Signature)

January 26, 1981

(Title)

(Date)

OIL CONSERVATION DIVISION

JAN 30 1981

APPROVED _____, 10 _____

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 Forms C-104 must be filed for each pool to multiply production.