

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

30-045-23684

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

REGISTRATION	3
DISTRIBUTION	
DATE OF FILE	4
U.S.D.	
LAND OFFICE	
TRANSPORTER	7
OPERATOR	7
REGISTRATION OFFICE	

Operator
El Paso Natural Gas Company

Address
Box 289, Farmington, New Mexico 87401

Reason(s) for filing (Check proper box) Other (Please explain)

New Well Change in Transporter of:

Recompletion Oil Dry Gas

Change in Ownership Casinghead Gas Condensate

If change of ownership give name and address of previous owner _____

DESCRIPTION OF WELL AND LEASE

Lease Name Riddle F	Well No. 1A	Pool Name, Including Formation Blanco Mesa Verde	Kind of Lease State, Federal or	Lease No. SF078499-A
Location Unit Letter C ; 950 Feet From The North Line and 1600 Feet From The West				
Line of Section 17 Township 28-North Range 8-West , NMPM, San Juan County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) Box 289, Farmington, New Mexico 87401
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) Box 289, Farmington, New Mexico 87401
If well produces oil or liquids, give location of tanks. Unit C Sec. 17 Twp. 28-N Rge. 8-W	Is gas actually connected? <input type="checkbox"/> When _____

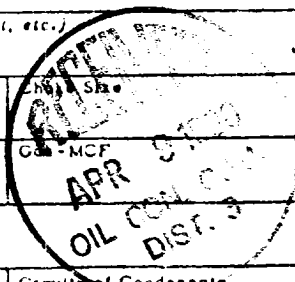
If this production is commingled with that from any other lease or pool, give commingling order number: _____

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input type="checkbox"/>	Gas well <input checked="" type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Some Res'tv. <input type="checkbox"/>	Diff. Res'tv. <input type="checkbox"/>
Date Spudded 2-13-80	Date Compl. Ready to Prod. 3-11-80	Total Depth 4940'	P.B.T.D. 4923'					
Elevations (DF, R&B, RT, GR, etc.) 5798' GL	Name of Producing Formation Mesa Verde	Top Gas Pay 3868'	Tubing Depth 4807'					
Perforations 3868, 3872, 3908, 3912, 3916, 3920, 3924, 3956, 3969, 3964, 4261, 4266, 4350, 4356, 4415, 4418, 4421, 4442, 4445, 4448, 4459, 4462, 4500, 4503, 4519, 4537, 4550, 4562, 4586, 4622, 4644, 4704, 4732, 4786, 4792, 4833'							Depth Casing Shoe 4940'	
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT		
13 3/4"		9 5/8"		209'		165 cu. ft.		
8 3/4"		7"		2536'		299 cu. ft.		
6 1/4"		4 1/2" Liner		2400-4940'		438 cu. ft.		
		2 3/8"		4807'				

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



GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (plot, back pr.)	Tubing Pressure (Shot-in)	Casing Pressure (Shot-in)	Choke Size
	413	726	

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. Dices
(Signature)
Drilling Clerk
(Title)
March 31, 1980
(Date)

OIL CONSERVATION DIVISION
APR 11 1980

APPROVED _____, 1980

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