

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

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REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

El Paso Natural Gas Company	
Address P.O. Box 289, Farmington, NM 87401	
Reason(s) for filing (check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner Amoco Production Company, 501 Airport Drive, Farmington, NM 87401

DESCRIPTION OF WELL AND LEASE					
Lease Name San Juan 29-4 Unit	Well No. 23	Pool Name, including Formation Wildcat Pic. Cliffs	Kind of Lease State, Federal or Fee	SF	Lease No. 079758
Location					
Unit Letter <u>J</u> : <u>2180</u> Feet From The <u>South</u> Line and <u>1580</u> Feet From The <u>East</u>					
Line of Section <u>15</u> Township <u>29-N</u> Range <u>4-W</u> , NMPM, <u>Rio Arriba</u> 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	P.O. Box 289, Farmington, NM 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 Corp.	P.O. Box 90, Farmington, NM 87401	
If well produces oil or liquids, give location of tanks.	Unit <u>J</u> Sec. <u>15</u> Twp. <u>29-N</u> Rge. <u>4-W</u>	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 type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v. <input type="checkbox"/> Diff. Res'v. <input type="checkbox"/>		
Date Spudded 11-20-78	Date Compl. Ready to Prod. 12-22-78	Total Depth 4491'	P.B.T.D. 44441'
Elevations (DF, HKB, RT, GR, etc.) 7401'	Name of Producing Formation Pic. Cliffs	Top Gas / Gas Pay 4076'	Tubing Depth 4397'
4076-89, 4100-4130, 4248-50, 4287-92, 4312-17, 4364-66, 4376-79'			Depth Casing Shoe 4489'

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8"	354'	300
7 7/8"	4 1/2"	4489'	1100
	2 3/8"	4397'	

TEST DATA AND REQUEST FOR ALLOWABLE CIL 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 618	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prod, back pr.)	Tubing Pressure (Shot-in) 40	Casing Pressure (Shot-in) 307 1128	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.

D. G. Grimes
(Signature)
Drilling Clerk
(Title)
May 17, 1982
(Date)

OIL CONSERVATION DIVISION
JUL 20 1982
APPROVED _____, 19____
Original Signed by CHARLES GHOLSON
BY _____
TITLE DEPUTY OIL & GAS INSPECTOR, DIST. #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.