

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

REQUEST FOR ALLOWABLE
 AND
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

DATE RECEIVED	
DIST. DIVISION	
SANTA FE	
FILE	
U.S.G.B.	
LAND OFFICE	
TRANSPORTER	<input type="checkbox"/>
OPERATOR	<input type="checkbox"/>
REGISTRATION OFFICE	

Operator
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 checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>

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

DESCRIPTION OF WELL AND LEASE

Lease Name San Juan 29-7 Unit	Well No. 44A	Pool Name, including Formation Blanco Mesa Verde	Kind of Lease State, Federal or Free SF	Lease No. 078423
Location Unit Letter I ; 1640 Feet From The South Line and 1120 Feet From The East Line of Section 17 Township 29-N Range 7-W , 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) P.O. Box 289, Farmington, NM
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) P.O. Box 289, Farmington, NM
If well produces oil or liquids, give location of tanks.	Unit I Sec. 17 Twp. 29-N Rge. 7-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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
Date Spudded 11-6-79	Date Compl. Ready to Prod. 9-25-80	Total Depth 7956	P.B.T.D. 7948'					
Elevations (DF, RKB, RT, GR, etc.) 6668' GL	Name of Producing Formation Mesa Verde	Top Oil /Gas Pay 5098'	Tubing Depth 6056'					
5626, 5632, 5638, 5644, 5650, 5656, 5662, 5668, 5674, 5680, 5686, 5698, 5704, 5718, 5730, 5736, 5743, 5750, 5777, 5793, 5850, 5860, 5895, 5922, 5962, 5983, 5992, 6007, 6054, 6074, 5098, 5116, 5174, 5192, 5198, 5204, 5210, 5227,							Depth Casing Shoe 7956	
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"	13 3/8"		220'		325 cu. ft.			
12 1/4"	9 5/8"		3888'		580 cu. ft.			
8 3/4"	7"		3746-6241'		660 cu. ft.			
6 1/4"	4 1/2"		6093-7956'		336 cu. ft.			

TEST DATA AND REQUEST FOR ALLOWABLE ¹/₂" (Test must be after recovery of 50% 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 6459'	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) Calc. A.O.F.	Tubing Pressure (shut-in)	Casing Pressure (shut-in) 658	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.

A. G. Bisco
 (Signature)
Drilling Clerk
 (Title)
October 6, 1980
 (Date)

OIL CONSERVATION DIVISION
OCT 16 1980
 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.
 Separate Form C-104 must be filed for each pool in multiply completed wells.