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MO OF COMITY RECEIVED 16				
фізтинацтной	NEW MEXICO OIL CO	NEW MEXICO OIL CONSERVATION COMMISSION		
SANTAFE	REQUEST I	REQUEST FOR ALLOWABLE		
rii.E ///		AND		Effective 1-1-65
U.S.G.S.	AUTHORIZATION TO TRA	NSPORT OIL AND N	ATURAL GAS	
LAND OFFICE				
TRANSPORTER GAS /				
OPERATOR 2		•		
PROBATION OFFICE				
CPETATOL EL PASO NATURAL	CAS CO			
Address	day co.	··	·	
BOX 990, FARMING		- <u></u>		
Reason(s) for filing (Check proper box)	Change in Transporter of:	Other (Please	explain)	
New Well X	Cil Dry Gas			
Change in Ownership	Casinghead Gas Condens	F 1		•
		· · · · · · · · · · · · · · · · · · ·		
If change of ownership give name and address of previous owner				
DESCRIPTION OF WELL AND	LEASE		Vind of the	· · · · · · · · · · · · · · · · · · ·
Lease Name	Well No. Pool Name, Including Fo		Kind of Lease State, Federdi or F	ee NM 0560422
EL PASO	1A BLANCO MESA	V VEKDE	State, 1 ddetat et 1	144 0300422
Unit Letter C : 500 Feet From The North Line and 1840 Feet From The West				
_				
Line of Section 20 Tow	mship 29-N Range	9 - W , NMPM,	San Juan	County
DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GAS	S		(.)
Name of Authorized Transporter of Cil	or Condensate 🔼			opy of this form is to be sent)
EL PASO NATURAL GAS CO. Name of Authorized Transporter of Casinghead Gas or Dry Gas To Address (Give address to which approved copy of this form is to be sent)				
EL PASO NATURAL GAS CO. BOX 990, FARMINGTON,				i
If well produces oil or liquids,	Unit Sec. Twp. P.ge.	Is gas actually connecte		
give location of tanks.	C 20 29N 9W			
	h that from any other lease or pool, (give commingling order	number:	
COMPLETION DATA	Cil Well Gas Well	New Well Workover	Deepen Plu	g Back Same Res'v. Diff. Res'v.
Designate Type of Completion	pn = (X)	Χ	1 1	
Date Spudged	Date Compl. Ready to Prod.	Total Depth	P.E	3.T.D.
1/5/78	3/9/78 Name of Producing Formation	4723 Top O!I/Gas Pay	Tul	4706'
Elevations (DF, RKB, RT, GR, etc., 5559 GR.	Mesa Verde	3652' 4674'		·
Perforations 3652, 3660, 3713, 3719, 3835, 3845, 4029, 4035, 4096, 4152, 4168 Depth Casing Shoe				
74,4180,4187,4284,4290,4296,4302,4318,4324,4330,4342,4349,43\$5, 4723'				
	61,4490,4501,4521,454	18,4566,4582,	4675'	CACKE CENENT
HOLE SIZE	CASING & TUBING SIZE	242'	1	SACKS CEMENT
13 3/4" 8 3/4"	9 5/8"	2331'		322 cf.
6 1/4"	4 1/2" liner	2163-47	23'	443 cf.
	2 3/8"	4674'	·	tubing
TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be of	ter recovery of socal volumenth or be for full 24 hours	ne of load oil and π	sust be equal to or exceed top allow-
Olf. WELL. Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow	pump, gas lift, etc	.)
Date First New Oil Adil 10 Failes				
Length of Test	Tubing Pressure	Casing Pressure	Ch	oke Sire
		Water - Bbls.	Ga	s-MCF
Actual Fred. During Test	Oil-Bbis.	Haler - Sole.		
		<u> </u>		
GAS WELL	I ength of Test	Bbls. Condensate/MMCI	Gre	ivity of Condensate
Actual Prod. Teet-MCF/D	Length of Test			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-	in) Ch	of Size
	461	658	ONSERVATION	N COMMISSION
CERTIFICATE OF COMPLIANO	L E		in the second	10
I hereby certify that the rules and r	egulations of the Oil Conservation	APPROVED	Signed by A	R. Kendrick
Commission have been complied wabove in true and complete to the	BYOriginal	N-0		
		13		

(Signature) Drilling Clerk (Title)

(Date)

3/28/78

SUPERVISOR 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 Forms C-104 must be filed for each pool in multiply