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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PROMOTION OFFICE	

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED  
SEP 16 1985

OIL CON. DIV.  
DIST. 3

Operator  
El Paso Natural Gas Company  
Address  
P.O. Box 4289, Farmington, New Mexico 87499

Reason(s) for filing (Check proper box)

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

Other (Please explain)  
Temporary for 20 days

If change of ownership give name  
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Howell D	Well No. 3 B	Pool Name, including Formation Blanco Mesa Verde	Kind of Lease State, Federal or Fee FED. SF	Lease No. 078387
Location Unit Letter H ; 1850 Feet From The N Line and 870 Feet From The E Line of Section 31 Township 31N Range 8 W , NMPM, San Juan County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) Box 4289, Farmington, New Mexico 87499					
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 4289, Farmington, New Mexico 87499					
If well produces oil or liquids, give location of tanks.	Unit H	Sec. 31	Twp. 31N	Rge. 8W	Is gas actually connected?	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.
		X	X					
Date Spudded X	Date Compl. Ready to Prod. 9/16/85		Total Depth 5756' TD		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) 6298' GR	Name of Producing Formation Mesa Verde		Top Oil/Gas Pay 5370 Point Lookout		Tubing Depth 5731'			
Perforations X					Depth Casing Shoe 5757'			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
13 3/4	9 5/8	216'	130 cf
8 3/4	7"	3615'	533 cf
6 1/4	4 1/2	5756'	100 sx
	2 3/8	5731'	tubing

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
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
		385	

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.

Tom B. Grant Jr.  
(Signature)  
Prod. Eng.  
(Title)  
  
(Date)

OIL CONSERVATION DIVISION

SEP 16 1985

APPROVED  
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 deviated 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 multiple.