

## AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

LAND OFFICE	
TRANSPORTER	1
OPERATOR	1
PRODUCTION OFFICE	

Operator

EL PASO NATURAL GAS CO.

Address

BOX 990, FARMINGTON, NEW MEXICO

Reason(s) for filing (check proper box)

New Well

☒

Change in Transporter of:

Recompletion

☐

Oil

☐

Dry Gas

Change in Ownership

☐

Casinghead Gas

☐

Condensate

☐

Other (Please explain)

If change of ownership give name  
and address of previous owner

## II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.					
RIDDLE C	2A	BLANCO MESA VERDE	State, Federal or Fee	SE 078319-A					
Location	Unit Letter	I	1600	Feet From The	South	Line and	885	Feet From The	East
Line of Section	30	Township	31-N	Range	9-W	NMPM,	San Juan	County	

## III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which approved copy of this form is to be sent)				
EL PASO NATURAL GAS CO.	<input checked="" type="checkbox"/>	BOX 990, FARMINGTON, NEW MEXICO				
Name of Authorized Transporter of Casinghead Gas	or Dry Gas	Address (Give address to which approved copy of this form is to be sent)				
EL PASO NATURAL GAS CO.	<input checked="" type="checkbox"/>	BOX 990, FARMINGTON, NEW MEXICO				
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Age.	Is unit actually connected?	When
	I	30	31N	9W		

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

## IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res't.	Diff. Res't.
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
8/9/77	1/18/78	5887'						
Elevations (DF, RAB, RT, GR, etc.)	Name of Producing Formation	Top Gas Pay	Tubing Depth					
6373' GR	MV	4686'						
Perforations	4686-95, 4784-89, 4920-33, 4934-46, 4992-5006, 5007-20, 5032-45, 5123-56, 5167-76, 5186-95, 5254-69, 5341-52, 5398-5413, 5443-56, 5457-68, 5500-14, 5575-88, 5612-35, 5649-62, 5672-83, 5709-18, 5738-52, 5788-5801, 5813-29'	Depth Casing Shoe						
		5887'						
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
13 3/4"	9 5/8"	240'	224 cf.					
8 3/4"	7"	3565'	385 cf.					
6 1/4"	4 1/2" liner	3388-5887'	420 cf.					
	2 3/8"	5771'	tubing					

## V. 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 (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size
	713	718	

## VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.



(Signature)

Drilling Clerk

(Title)

2/15/78

(Date)

## OIL CONSERVATION COMMISSION

APPROVED \_\_\_\_\_, 19\_\_\_\_

BY Original Signature \_\_\_\_\_

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.

Supersede Form O-104 must be filed for each test to maintain