

REQUEST FOR ALLOWABLE
AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

OPERATOR	1
LAND OWNER	1
TRANSPORTER	1
OPERATION OFFICE	1

I.

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 ☐
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.				
SCOTT	6A	BLANCO MESA VERDE	State, Federal or Fee	SF 078389				
Location								
Unit Letter	J	1660 Feet From The South	Line and	1838 Feet From The East				
Line of Section	4	Township	31-N	Range	10-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.	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.	BOX 990, FARMINGTON, NEW MEXICO					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	J	4	31N	10W		

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'ty.	Diff. Res'ty.
		X	X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
9/29/77	11/16/77	5535'	5519'					
Elevations (DP, RL, RL, GR, etc.)	Name of Producing Formation	Top Gas Pay	Tubing Depth					
5989' GR	Mesa Verde	4501'	5352'					
Perforations	4501, 4534, 4553, 4611, 4614, 4622, 4626, 4634, 4637, 4649, 4654, 4658, 4674, 4735, 4760, 4887, 4916, 4945, 4964, 4974, 4978, 5062, 5066, 5077, 5080, 5096, 5100, 5104, 5108, 5118, 5122, 5126, 5132, 5136, 5140, 5198, 5241, 5327, 5341, 5381	Depth Casing Shoe						
			5535'					
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
13 3/4"	9 5/8"	222'	627 cf					
8 3/4"	7"	3240'	459 cf					
6 1/4"	4 1/2" liner	3045-5535'	422 cf					
	2 3/8"	5352'	tbg.					

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
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.

Choke Size

San-MCF

OIL CON

DISC

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
	701	702	

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.

D. G. Linder
(Signature)

Drilling Clerk
(Title)

12-12-77
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____

BY Original Signed by A. B. Kendrick

TITLE SUPERVISOR

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.