County

OIL CONSERVATION DIVISION P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

HUBATTUAN DE PARTIMENT CON YEART DISTRIBUTION S \$441 A P E FR F. THANSPUNTER GAL

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Township

Unit Letter

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REQUEST FOR ALLOWABLE CHA

API 30-045-23160

| El Paso Natural Gas Address Box 289, Farmington, New Mexico Feason(s) for filing (Check proper box) New Well XX Change in Transporter of: Recompletion Oil Dry Gas Change in Ownership Give name and address of previous owner DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Including Formation Kind of Lease Midge 15 A Blanco Pictured Cliffs Federal SF 078096 | GPERATOR FAUNATION OFFICE | AUTHORIZATION TO TRANSPORT OIL AND NATE | JRAL GAS | |
|--|---|--|----------------------|------|
| Box 289, Farmington, New Mexico Feoson(s) for filing ((Arck proper box)) New Well XX Change in Transporter of: Recompletion Oil Dry Gus Change in Ownership Give name and address of previous owner DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Including Formation Kind of Lease Mudge 15 A Blanco Pictured Cliffs Sinia, Federal SF, 078096 | <u> </u> | Balana danakhiri dalam dana dana dana dana dana dana dana da | | |
| Box 289, Farmington, New Mexico Feoson(s) for filing (Check proper box) | El Paso Natural Gas | | | |
| Person(s) for filing (Check proper box) New Well XX Change in Transporter of: Recompletion Oil Dry Gus Change in Ownership Casinghead Gus Condensate If change of ownership give name and address of previous owner DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Including Formation Kind of Lease Lease No. Midge 15 A Blanco Pictured Cliffs Series Federal SF 078096 | Address | | | |
| New Well XX | Box 289, Farmington, | New Mexico | | |
| Recompletion Oil Dry Gua Change in Ownership: Casinghead Gus Condensate If change of ownership give name and address of previous owner DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Including Formation Kind of Lease Lease No. Mudge 15 A Blanco Pictured Cliffs Sinta, Federal SF 078096 | Reason(s) for filing (Check proper box) | Other (Pleas | e explain) | |
| Change in Ownership Give name and address of previous owner DESCRIPTION OF WELL AND LEASE Lease Name Mudge 15 A Blanco Pictured Cliffs Condensate State Federal or Fee Federal SF 078096 | Hew Well XX | Change in Transporter of: | | |
| If change of ownership give name and address of previous owner DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Including Formation Kind of Lease Lease No. Mudge 15 A Blanco Pictured Cliffs Sinta, Federal SF 078096 | Recompletion | Oil Dry Gan | | |
| DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Including Formation Mudge 15 A Blanco Pictured Cliffs State, Federal SF 078096 | Change in Ownership | Casinghead Gas Condensate | | |
| Lease Name Well No. Pool Name, Including Formation Kind of Lease Lease No. | • • • | | | |
| Mudge 15 A Blanco Pictured Cliffs Sinte Federal SF 078096 | DESCRIPTION OF WELL AND LEA | SE | | |
| Midge I IS Al Blanco Pictured Cliffs Federal ISF 078096 | Leose Name | Well No. Pool Name, Including Formation | Kind of Lease Lease | 110. |
| | Mudge | 15 A Rlanco Pictured Cliffs | State Federal OF 078 | 2096 |
| | | | | |

| Date Com | pl. Read | y to Prod | • | Total Depth | | - ^ | P.B.T.D. | · | · · · · · · · · · · · · · · · · · · · |
|-------------|------------------------------|--|---|---|---|---|--|--|--|
| | • | | | | | | | | |
| n = (X) | į | | Х | χ | 1 | 1 | 1 1 | ! ! | ! |
| (3/) | O11 A | Vell : | Gas Well | New Well | Workover | Deepen | Plug Back | Same Restv. | Diff. Resty |
| h that from | m any o | ther lear | e or pool, | give commir | igling order | number: | | | |
| <u> </u> | 0 | 1 21- | N, 11-W | -l | | | | | |
| D | Q | • | | , | ., | | | | |
| | Sec. | Twp. | Rge. | | | | | | |
| s | | | | Box | 289. Far | mington. | New Mex | ico | |
| Inghead Go | 36 | ot DiA (| Sas 🔯 | Address (G | ive oddress s | o which appro | oved copy of th | is form is to b | e sent) |
| s | | | | Box | 289, Far | cmington | New Mex | ico | |
| | or Cond | ensate ᢓ | ₹ | And:ess (C | ive address i | o which appri | oved copy of th | is form is to b | e sent) |
| | S Inghead Go S Unit | cr Cond S Ingliead Gas S Unit Sec. P 8 h that from any o | cr Condensate S S Inghead Gas or Dry C S Unit Sec. Twp. P 8 31- h that from any other least | cr Condensate S S Ingliead Gas or Dry Gas S Cunit Sec. Twp. Rge. P 8 31-N 11-W In that from any other lease or pool, | BOX Inghead Gas or Dry Gas Address (Gas BOX Unit Sec. Twp. Rge. Is gas actually P 8 31-N 11-W In that from any other lease or pool, give commin | Box 289, Far address in the from any other lease or pool, give commingling order Address (Give address is Box 289, Far Address (Give address is Box 289, Far Is gas actually connected that from any other lease or pool, give commingling order On Well Gas Well New Well Increase | Address (Give address to which appropriate to the property of the formal property of the prope | Address (Give address to which approved copy of the standard Gas or Dry Gas Address (Give address to which approved copy of the Address (Give address to which approved copy of the Samuel Samu | Address (Give address to which approved copy of this form is to be seen or Dry Gas & Box 289, Farmington, New Mexico Address (Give address to which approved copy of this form is to be seen or Dry Gas & Box 289, Farmington, New Mexico Box 289, Farmington, New Mexico Is gas actually connected? When P 8 31-N'11-W when that from any other lease or pool, give commingling order number: Out Well Gas Well New Well workover Deepen Plug Back Same Restv. |

Ronge 11-W , NMPM,

1150 Feet From The South Line and 810

31-N

1 1/4"

| | • | · · | |
|--|--------------------------|--------------------------|-------------------|
| 6060' GL Pictured Cliffs Perforations 2697-2714, 2714-2731, 2738-2753 TUBING, CASING, AND | | 5350' | 5333' |
| Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation 6060 GL Pictured Cliffs Perforations 2697-2714, 2714-2731, 2738-2753, TUBING, CASING, AND G | | Top Oil/Gas Pay | Tubing Depth |
| | | 2697' | 2784' |
| Perforations 2697-27 | 714, 2714-2731, 2738-275 | 33, 2760-2773' w/ 16 SPZ | Depth Casing Shoe |
| | · | | 5350 |
| | TUBING, CASING, AN | ND CEMENTING RECORD | |
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
| 13 3/4" | 9 5/8" | 2221 | 224 cf |
| 8 3/4" | 7" | 3020' | 400 cf |
| 6 1/4" | 4 1/2" liner | 2877-53501 | 433 cf |
| | | | |

TEST DATA AND REQUEST FOR ALLOWABLE (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)

2784

| 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 | OH-Bble. | Water-Bols. | Gas-MCF | | |

| GAS WELL | | | |
|----------------------------------|--------------------------|---------------------------|-----------------------|
| Actual Prod. Test-MCF/D | Length of Teet | Bbls. Condensate/MMCF | Gravity of Condensate |
| 3137 | 3 hours | | |
| Testing Method (pitol, back pr.) | Tubing Presewe (shut-in) | Cosing Pressure (Shet-in) | Choke 5110 |
| Calc. AOF | 840 | 840 | 3/4 variable |

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|---|-----|----|-----|------|-----|-----|-------|-----|----|
| | CUD | 71 | CIC | T'E' | OE. | COM | 125 1 | ANG | ٠Ľ |

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

| D. G. Brisco | |
|----------------|--|
| Drilling Clerk | |

October 11, 1979"

| REOVED | \$ J. J. | 16 | 1979 | 19 | |
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OIL CONSERVATION DIVISION

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Feet From The East

San Juan

This form is to be filed in compliance with MULE 1104.

If this is a request for allowable for a newly drilled or despened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sactions of this form must be filled out completely for silowable on new and recompleted walls.

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 consulated wells.