

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

API 30-045-23176

NO. OF COPIES RECEIVED	5
DISTRIBUTION	
SANTA FE	1
PIU	
U.S.O.B.	
LAND OFFICE	
TRANSPORTER	7
OIL	
DAE	
OPERATOR	
PRODUCTION OFFICE	
Operator	

El Paso Natural Gas Company

Address
Box 289, Farmington, New Mexico 87401

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)

If change of ownership give name
and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

Lease Name Mudge	Well No. 12 A	Pool Name, Including Formation Blanco Mesa Verde	Kind of Lease State Federal or Foreign	Lease No. SF078096
Location Unit Letter <u>0</u> : <u>1300</u> Feet From The <u>South</u> Line and <u>2230</u> Feet From The <u>East</u> Line of Section <u>17</u> Township <u>31-N</u> Range <u>11-W</u> , NMPM, San Juan County				

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) Box 289, Farmington, New Mexico 87401	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) Box 289, Farmington, New Mexico 87401	
If well produces oil or liquids, give location of tanks.	Unit 0	Sec. 17
	Twp. 31-N	Rge. 11-W
	Is gas actually connected? When	

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

III. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res't.	Diff. Res't.
		X	X					
Date Spudded 6-21-79	Date Compl. Ready to Prod. 9-25-79	Total Depth 5632'	P.B.T.D. 5615'					
Elevations (DF, RAB, RT, GR, etc.) 6315' GL.	Name of Producing Formation Mesa Verde	Top Gas Pay 4954'	Tubing Depth 5550'					
Perforations 4954, 4977, 5047, 5055, 5063, 5139, 5179, 5184, 5194, 5205, 5210, 5215, 5220, 5225, 5240, 5247, 5254, 5261, 5268, 5290, 5314, 5340, 5362, 5395, 5411, 5449, 5472, 5516, 5530'.			Depth Casing Shoe 5632'					
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
13 3/4"	9 5/8"		221'		224 cf.			
8 3/4"	7"		3236'		459 cf.			
6 1/4"	4 1/2" Line & 2 3/8"		3035-5632' 5550'		441 cf. tubing			

IV. 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 6776	Length of Test 3 hours	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (spot, back pr.) Calc. A.O.F.	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in) 734	Choke Size 3/4 variable

V. 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.

Al. G. Brisco
(Signature)
Drilling Clerk

October 3, 1979

(Title)

(Date)

OIL CONSERVATION DIVISION

APPROVED OCT 18 1979, 19BY Original Signed by A. R. KendrickTITLE 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 deviation
tests taken on the well in accordance with RULE 111.All sections of this form must be filled out completely for allow-
able 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 Form C-104 must be filled for each pool in multiply
completed wells.