

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 DESIRED	5
DISTRIBUTION	
SANTA FE	1
FILE	
U.S.G.A.	
LAND OFFICE	
TRANSPORTER	7
OPERATOR	
REGISTRATION OFFICE	

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. 12A	Pool Name, Including Formation Blanco Pictured Cliffs	Kind of Lease State Federal State	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, <u>San Juan</u> 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)			
El Paso Natural Gas Company	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)			
El Paso Natural Gas Company	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'v.	Diff. Res'v.
		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, RKB, RT, CR, etc.) 6315' G.L.	Name of Producing Formation Pictured Cliffs		Top Gas /Gas Pay 2918'		Tubing Depth 2984'			
Perforations 2918-2933, 2940-2953, 2962-2976, 2982-2990, 3008-3022'.					Depth Casing Shoe 5632'			

TUBING, CASING, AND CEMENTING RECORD

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" Liner	3035-5632'	441 cf.
	1 1/4"	2984'	tubing

IV. 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)

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 1155	Length of Test 3 hrs.	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) CALC. A.O.F.	Tubing Pressure (Shut-in) 750	Casing Pressure (Shut-in) 750	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.

(Signature)

Drilling Clerk

(Title)

October 3, 1979

(Date)

OIL CONSERVATION DIVISION

OCT 18 1979

APPROVED _____, 19

Original Signed by A. R. Kendrick

BY _____

SUPERVISOR DISTRICT #2

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 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 filed for each pool in multiply
completed wells.