

## OIL CONSERVATION DIVISION

P. O. BOX 7088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

DISTRIBUTION	
SANTA FE	
PHF	
U.S.G.	
LAND OFFICE	
TRANSPORTER	
OPERATOR	
REGISTRATION OFFICE	

Operator  
El Paso Natural Gas CompanyAddress  
P.O. Box 289, Farmington, NM 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

## DESCRIPTION OF WELL AND LEASE

Lease Name Case	Well No. 7A	Pool Name, Including Formation Blanco Mesa Verde	Kind of Lease State, Federal or Fee	Lease No. 078095
Location Unit Letter <u>P</u> ; <u>890</u> Feet From The <u>South</u> Line and <u>950</u> Feet From The <u>East</u> Line of Section <u>19</u> Township <u>31-N</u> Range <u>11-W</u> , NMPM, <u>San Juan</u> County				

## DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 289, Farmington, NM 87401
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 289, Farmington, NM 87401
If well produces oil or liquids, give location of tanks.	Unit <u>P</u> Sec. <u>19</u> Twp. <u>31N</u> Rge. <u>11W</u> Is gas actually connected? <u>When</u>

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

## COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
Date Spudded 3-19-80	Date Compl. Ready to Prod. 5-11-81	Total Depth 5324'	P.B.T.D. 5306'					
Elevations (DF, RKB, RT, GR, etc.) 5966' GL	Name of Producing Formation Mesa Verde	Top Oil/Gas Pay 4630'	Tubing Depth 5203'					
4972, 5000, 5019, 5033, 5040, 5062, 5074, 5137, 5184, 5211, 4630, 4653,		Depth Casing Shoe 5324'						
4669, 4676, 4683, 4738, 4752, 4798, 4804, 4812, 4817, 4824, 4833, 4840,		W/1 SPZ						
4845, 4849, 4855, 4861, 4867, 4873, 4879, 4889, 4897, 4908, 4922, 4930'								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
13 3/4"	9 5/8"	222'	224 cf.					
8 3/4"	7"	2895'	456 cf.					
6 1/4"	4 1/2" Liner	2731-5324'	446 cf.					
	2 3/8"	5203'						

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 2264	Length of Test	Bbls. Condensate/MMCF	Gravity
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in) 388	Casing Pressure (Shut-in) 850	Choke Size

## 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.

D. G. Buices  
(Signature)

Drilling Clerk

(Title)

May 13, 1981

(Date)

## OIL CONSERVATION DIVISION

APPROVED

MAY 21 1980

Original Signed by FRANK T. CHAVEZ

BY

TITLE 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 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.

Separate Form C-104 must be filed for each pool in multiply