

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

API 30-045-23714

NAME OF OPERATOR	/
DATE RECEIVED	/
FILE	/
USE	/
LAND OFFICE	/
TRANSPORTER	/
OPERATOR	/
REGISTRATION OFFICE	/

El Paso Natural Gas Company

Address
Box 289, Farmington, New Mexico 87401

Reason(s) for filing (check proper box)

New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

Other (Please explain)

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Heaton	Well No. 4A	Pool Name, Including Formation Blanco Mesa Verde	Kind of Lease State, Federal or Res	Lease No. SF078097
Location Unit Letter <u>I</u> ; <u>1825</u> Feet From The <u>South</u> Line and <u>930</u> Feet From The <u>East</u> Line of Section <u>29</u> Township <u>31-North</u> Range <u>11-West</u> , NMPM, <u>San Juan</u> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of 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) Box 289, Farmington, New Mexico
Name of 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) Box 289, Farmington, New Mexico
If well produces gas or liquids, give location Unit <u>I</u> Sec. <u>29</u> Twp. <u>31-N</u> Rge. <u>11-W</u>	Is gas actually connected? <input type="checkbox"/> When

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

COMPLETION DATA

Designate Type of Completion - (X)	Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> New Well <input checked="" type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Resv. <input type="checkbox"/> Diff. Resv. <input type="checkbox"/>		
Date Spudded 1-1-80	Date Comp. Ready to Prod. 2-7-80	Total Depth 5224'	P.B.T.D. 5207'
Elevations (DF, RKB, RT, GR, etc.) 5980' GL	Name of Producing Formation Mesa Verde	Top Gas/Gas Pay 4604'	Tubing Depth 5083'
Perforations 4604, 4619, 4627, 4646, 4668, 4676, 4801, 4818, 4824, 4829, 4834, 4854, 4864, 4870, 4875, 4881, 4886, 4906, 4919, 4942, 4984, 5029, 5036, 5048, 5054, 5068, 5110' W/1 SPZ.			Depth Casing Shoe 5224'
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
13 3/4"	9 5/8"	217'	224 cu. ft.
8 3/4"	7"	2834'	454 cu. ft.
6 1/4"	4 1/2" Liner	2660-5224'	446 cu. ft.
	2 3/8"	5083'	

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 - Bbls.

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (flow, back pr.)	Tubing Pressure (shut-in) 5083	Casing Pressure (shut-in) 5224	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.

A. G. Duice
(Signature)

Drilling Clerk

(Title)

February 13, 1980

(Date)

OIL CONSERVATION DIVISION

APPROVED FEB 22 1980, 19

BY Original Signed by FRANK T. CHAVEZ

TITLE SUPERVISOR DISTRICT # 3

This form is to be filed in compliance with RULE 1102.

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 Forms C-104 must be filed for each pool in multiply completed wells.