

OIL CONSERVATION DIVISION

P. O. BOX 2000

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES REQUIRED	
DISTRIBUTION	
SANTA FE	
ALBUQUERQUE	
DOUGLAS	
EL PASO	
LAND OFFICE	
TRANSPORTER	
OPERATOR	
REGISTRATION OFFICE	

Operator El Paso Natural Gas Company	
Address P.O. Box 289, Farmington, New Mexico 87401	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well ☐	Change in Transporter of: Oil ☐ Dry Gas ☒
Recompletion ☐	Casinghead Gas ☐ Condensate ☒
Change in Ownership ☐	

If change of ownership give name
and address of previous owner _____

DESCRIPTION OF WELL AND LEASE

Lease Name Allison Unit	Well No. 57	Pool Name, including Formation Basin Dakota	Kind of Lease, State, Federal or Fee	Lease No. Fee
Location Unit Letter <u>K</u> : <u>1780</u> Feet From The <u>South</u> Line and <u>1780</u> Feet From The <u>West</u> Line of Section <u>13</u> Township <u>32-N</u> Range <u>7-W</u> , N.M.P.M., <u>San Juan</u> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒ 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 ☐ or Dry Gas ☒ Northwest Pipeline Corp.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 90, Farmington, NM 87401
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. K 13 32-N 7-W
Is gas actually connected?	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)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X	X					
Date Spudded 11-19-80	Date Compl. Ready to Prod. 6-24-81	Total Depth 8146'	P.B.T.D. 8138'					
Elevations (DF, RKB, RT, GR, etc.) 6555'	Name of Producing Formation Dak.	Top Gas/Gas Pay 7969'	Tubing Depth 8068'					
7969, 7875, 7981, 7987, 8108, 8025, 8085, 8092, 8115'.			Depth Casing Shoe 8146'					

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/4"	13 3/8"	233'	224 cf.
12 1/2"	9 5/8"	3776'	798 cf.
8 3/4"	7"	3647-6320'	685 cf.
6 1/4"	4 1/2" 2 3/8"	6198-8146' 8068'	344 cf.

TEST DATA AND REQUEST FOR ALLOWABLE
OIL WELL

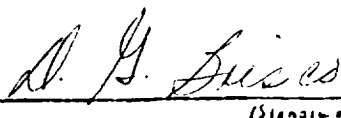
(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
Length of Test	Tubing Pressure	Casing Pressure
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.

GAS WELL

Actual Prod. Test-MCF/D 3513	Length of Test 3 hours	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (spot, back pr.) Calc. A.O.F.	Tubing Pressure (Shot-in)	Casing Pressure (Shot-in)	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.
(Signature)

Drilling Clerk

(Title)

September 9, 1981

(Date)

OIL CONSERVATION DIVISION

APPROVED _____

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