

OIL CONSERVATION DIVISION
P. O. BOX 2058
SANTA FE, NEW MEXICO 87501

RECEIVED

DEC 14 1981

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

O. C. D.

ARTESIAL OFFICE

NAME OF OPERATOR	
LOCATION	
STATE	
FILE	
U.S.A.	
LAND OFFICE	
TRANSPORTER	
OPERATION	
PRODUCTION OFFICE	
Operator	

El Paso Natural Gas Company ✓

Address

Box 1492, El Paso, Texas 79978

Reason(s) for filing (Check proper box)

New Well ☐
Recompletion ☐
Change in Ownership ☒

Change in Transporter of:

Oil ☐
Casinghead Gas ☐Dry Gas ☐
Condensate ☐

Other (Please explain)

Change Lease Name and Well Number
From: Government M No. 2

If change of ownership give name and address of previous owner: Cities Service Company, Box 1919, Midland, Texas 79702

PROJECT APPROVED BY NMOC ORDER NO. R-6175-A

DESCRIPTION OF WELL AND LEASE

Lease Name	Washington Ranch	Well No.	6	Pool Name, including Formation	Washington Ranch Morrow	Kind of Lease	State, Federal or Fee	Federal	Lease No.	22207
Storage Project WI										

Location

Unit Letter N : 660 Feet From The South Line and 1980 Feet From The West

Line of Section 27 Township 25 South Range 24 East, NMPM, Eddy

County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒	The Permian Corporation		Address (Give address to which approved copy of this form is to be sent)		Box 3119, Midland, Texas 79702	
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒	El Paso Natural Gas Company		Address (Give address to which approved copy of this form is to be sent)		Box 1492, El Paso, Tx. 79978	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
					yes	7-14-72

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	Some Res't'n.	Diff. Fr.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RAB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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 testable for this depth or be for full 24 hours)

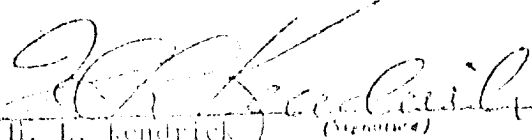
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

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


H. L. Kendrick (Signature)
Sr. Production EngineerNovember 24, 1981
(Date)November 24, 1981
(Date)

OIL CONSERVATION DIVISION

JAN 11 1982

APPROVED

BY

SUPERVISOR, DISTRICT II

TITLE

This form is to be filed in compliance with RULE 1194.
If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a calculation of the density factor taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all wells on new and recompleted wells.

Fill out only Sections I, II, III, and VI for change of well name or number, or transporter or other such change of record.

Separate Form C-104 must be filed for each pool in new completed wells.