

EL PASO NATURAL GAS COMPANY

1800 WILCO BUILDING - MIDLAND, TEXAS 79701

Reason(s) for Filing (check proper box)
New Well ☒ Change in Transporter of:
Existing Well ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

Other (Please Specify) **ARTESIA OFFICE**

GAS STORAGE WELL

JUL 12 1982

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Well No. **WASHINGTON RANCH GAS STORAGE PROJECT 19**

Kind of Lease **FEDERAL**

Location
Unit Letter **C** Feet From The **687** North Line and **2017** Feet From The **West**
Line of Section **34** Township **25S** Range **24E** **EDDY** County

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☐

Address (Give address to which approved copy of this form is to be sent)

Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒

Address (Give address to which approved copy of this form is to be sent)
ATTN: PRODUCTION CONTROL
P. O. BOX 1492, EL PASO, TEXAS 79788

If well produces oil or liquids, give location of tanks. Unit Sec. Twp. Rge. Is gas actually connected? When
No

III. COMPLETION DATA

Designate Type of Completion - (X)
☐ Oil Well ☐ Gas Well ☒ New Well ☐ Workover ☐ Deepen ☐ Plug Back ☐ Same Res'v. ☐ Diff. Res'v.

Date Spudded **2-12-82** Date Compl. Ready to Prod. **3-20-82** Total Depth **7000** F.B.T.D. **6940**
Name of Producing Formation **WASHINGTON RANCH/GAS POOL MORROW** Top Oil/Gas Pay **6750** Taking Depth **6823**
Perforations **6750-6810** Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4	9 5/8	822	700 sx Class C
8 3/4	7	6,982	500 sx Class H
6 1/8	2 7/8	6,823	

IV. 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 all - able for this depth or be for full 24 hours)

Length of Test **24 hrs** Tubing Pressure **107 psi** Back pressure **176 psi**

Flowing Method (Flow, pump, gas lift, etc.) **Flow** Casing Pressure **176 psi** Gravity of Condensate **1/2**

Water-Basis **176 psi**

TEST DATA AND REQUEST FOR ALLOWABLE GAS WELL

Length of Test **24 hrs** Tubing Pressure **107 psi** Back pressure **176 psi**

Flowing Method (Flow, pump, gas lift, etc.) **Flow** Casing Pressure **176 psi** Gravity of Condensate **1/2**

I. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

John P. Deck
(Signature)
Supervisor Production Services
July 2, 1982
(Date)

APPROVED **JUL 28 1982**
BY **W. D. Gressett**
TITLE **SUPERVISOR, DISTRICT II**

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 Sections I, II, III, and VI only 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.