

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

OF OFFICE RECORDS	
DISTRIBUTION	
SANTA FE	
FILE	
MAIL	
LAND OFFICE	
TRANSPORTER	
OPERATOR	
FORMATION OFFICE	

Operator
El Paso Natural Gas CompanyAddress
P.O. Box 289, Farmington, NM 87401

Reason(s) for filing (check proper box)

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

Other (Please explain)

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Vaughn	32	Basin Dakota	State, Federal or Fee SF	079266
Location				
Unit Letter	K	1530 Feet From The	S Line and	1450 Feet From The
Line of Section	29	Township	26	Range
			6	NMPM, Rio Arriba
				County

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)					
El Paso Natural Gas Company	P. O. Box 289, Farmington, New Mexico 87401					
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent)					
El Paso Natural Gas Company	P. O. Box 289, Farmington, New Mexico 87401					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	K	29	26	6		

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.
		☒	☒					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
06-27-80	12-10-80	7297'	7279'					
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
6462'	Dakota	6916'	7103					
6916, 6922, 6928, 6967, 6972, 6078, 7010, 7016, 7033, 7045, 7056, 7078, 7082, 7125, 7131, 7137' W/1 SPZ.			Depth Casing Shoe					
			7297					

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
13 3/4"	9 3/8"	239'	224 cf
7 7/8"	4 1/2"	7297'	408 cf
	2 3/8"	7103'	

TEST DATA AND REQUEST FOR ALLOWABLE (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.	

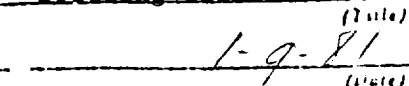
GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	
283			
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size
	2471	2476	

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


(Date)
1-9-81
(Date)

OIL CONSERVATION DIVISION

APPROVED _____, 19 _____

BY Original Signed by FRANK T. CHAVEZ
SUPERVISOR DISTRICT # 3

TITLE _____

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