

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NAME OF OPERATOR	
ADDRESS	
CITY	
STATE	
ZIP	
LAND OFFICE	
TRANSPORTER	
OPERATOR	
REGISTRATION OFFICE	

El Paso Natural Gas Company

Address

P.O. Box 289, Farmington, NM 87401

Person(s) for filing (check proper box)

New Well ☐ Change in Transporter of: Oil ☐ Dry Gas ☐

Recompletion ☒ Casinghead Gas ☐ Condensate ☐

Change in Ownership ☐

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.
San Juan 27-4 Unit	134	(OWWO) Blanco MV	State, Federal or Private SF	080668

Location

Unit Letter N : 1190 Feet From The South Line and 1850 Feet From The West

Line of Section 9 Township 27-N Range 4-W , 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, NM
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent)
Northwest Pipeline	P.O. Box 90, Farmington, NM

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	N	9	27-N	4-W		

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	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
9-10-79; wo 10-5-80	11-27-79; wo 11-	80 6244'	6219'

Elevations (L.S., RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
6715'	Mesa Verde	5368	6104

5368, 5387, 5393, 5413, 5426, 5512, 5516, 5571, 5578, 5628, 5634, 5712, 5725, 5732, 5779, 5784, 5788, 5801, 5806, 5810, 5843, 5848, 5853, 5866, 5877, 5899, 5912, 5952, 5996, 6020, 6042, 6083, 6111, 6134'	Depth Casing Shoe
	6235

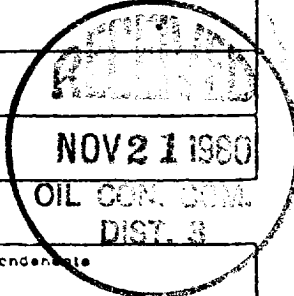
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
13 3/4"	9 5/8"	223'	295 cu. ft.
8 3/4"	7"	3703'	231 cu. ft.
6 1/4"	4 1/2"	3762-6235'	434 cu. ft.
	1 1/4"	3668'	

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-MCF



GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
2047; wo 8843	3 hrs		

Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size
CALC A.O.F.	590; wo 710	1114	

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. Buico
(Signature)
Drilling Clerk
(Title)
November 12, 1980
(Date)

OIL CONSERVATION DIVISION

APPROVED NOV 21 1980, 19
BY Original Signed by CHARLES GHOLSON
TITLE DEPUTY OIL & GAS INSPECTOR, DIST. #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 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 Form C-104 must be filed for each pool in multiply completed wells.