

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

30-039-21973

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DISTRIBUTION	
SANTA FE	✓
FILE	
U.S.B.	
LAND OFFICE	
TRANSPORTER	7
OPERATOR	7
PRODUCTION OFFICE	7
Operator	

El Paso Natural Gas Company

Address

Box 289, Farmington, New Mexico 87401

Reason(s) for filing (check proper box)

New Well

☒

Change in Transporter of:

Recompletion

☐

Oil

☐

Dry Gas

☐

Change in Ownership

☐

Casinghead Gas

☐

Condensate

☐

Other (Please explain)

If change of ownership give name
and address of previous owner

1. DESCRIPTION OF WELL AND LEASE

Lease Name Rincon Unit	Well No. 99A	Pool Name, including Formation Blanco Mesa Verde	Kind of Lease State, Federal or Gas	Lease No. SF079366
Location Unit Letter <u>E</u> : <u>1760</u> Feet From The <u>North</u> Line and <u>810</u> Feet From The <u>West</u> Line of Section <u>27</u> Township <u>27-N</u> Range <u>6-W</u> , NMPM, <u>Rio Arriba</u> County				

2. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) Box 289, Farmington, New Mexico 87401	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) Box 289, Farmington, New Mexico 87401	
If well produces oil or liquids, give location of tanks.	Unit E	Sec. 27
	Twp. 27-N	Rge. 6-W
	Is gas actually connected? When	

If this production is commingled with that from any other lease or pool, give commingling order number:

3. 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 9-3-79	Date Compl. Ready to Prod. 2-26-80	Total Depth 5815'	P.B.T.D. 5799'					
Elevations (DF, RKB, RT, GR, etc.) 6528' GL	Name of Producing Formation Mesa Verde	Top Gas/Gas Pay 4808'	Tubing Depth 5605'					
Perforations 4808, 4837, 4845, 4853, 4861, 4869, 4889, 4900, 4908, 4988, 5145, 5188, 5229, 5319, 5351, 5356, 5363, 5369, 5375, 5381, 5396, 5401, 5406, 5411, 5425, 5453-5464,			Depth Casing Shoe 5815'					
5475-5481, 5496-5506, 5520-5529, 5581-5598, 5619-5625, 5639-5645, 5670-5674'								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
13 3/4"	9 5/8"	223'	224 cu. ft.					
8 3/4"	7"	3496'	231 cu. ft.					
6 1/4"	4 1/2" Liner	3342-5815'	431 cu. ft.					
	2 3/8"	5605'						

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	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-Bbls.

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Choke Size
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in) 483	Casing Pressure (Shut-in) 1050	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.

Drilling Clerk

(Title)

March 7, 1980

(Date)

OIL CONSERVATION DIVISION

APPROVED MAR 31 1980, 19BY Original Signed by FRANK T. CHAVEZTITLE 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 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.