

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

REGISTRATION OFFICE	
INSURANCE DIVISION	
TAXATION	
FILE	
MAILS	
LAND OFFICE	
TRANSPORTER	
OPERATOR	
REGISTRATION OFFICE	

El Paso Natural Gas Company

Address
P.O. Box 289, Farmington, NM 87401

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)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name San Juan 27-5 Unit	Well No. 5A	Pool Name, including Formation Blanco Mesa Verde	Kind of Lease State/Federal/Lease Fee SF	Lease No. 079394
Location Unit Letter <u>J</u> : <u>1700</u> Feet From The <u>South</u> Line and <u>1850</u> Feet From The <u>East</u> Line of Section <u>34</u> Township <u>27-North</u> Range <u>5-West</u> , NMPM, Rio Arriba County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☐ El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 289, Farmington, NM 87401	
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐ Northwest Pipeline Corp.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 289, Farmington, NM 87401	
If well produces oil or liquids, give location of tanks.	Unit J	Sec. 34
	Twp. 27N	Rge. 5W
	Is gas actually connected? When	

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

IV. 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 8-29-80	Date Compl. Ready to Prod. 3-9-81		Total Depth 5866'		P.B.T.D. 5849'			
Elevations (DF, RAB, KT, GR, etc.) 6553' GL	Name of Producing Formation Mesa Verde		Top Gas/Gas Pay 4897		Tubing Depth 5772			
5406, 5424, 5435, 5440, 5445, 5451, 5457, 5515, 5520, 5534, 5552, 5578, 5601, 5628, 5660,		5714, 5762, 5832'		4897, 4902, 4934, 4962, 4968, 4982, 4987, 5004, 5012, 5094, 5250, 5256'		Depth Casing Shoe 5866'		
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
13 3/4"	9 5/8"		240'		224 cf.			
8 3/4"	7"		3631'		223 cf.			
6 1/4"	4 1/2" Liner		3456-5866'		417 cf.			
	1 1/4"		3316					

V. 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)

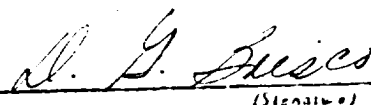
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
Length of Test	Tubing Pressure	Casing Pressure
Actual Prod. During Test	Oil-Bble.	Water-Bble.

GAS WELL

Actual Prod. Test-MCF/D 1282	Length of Test 3 hours	Bble. Condensate/MCF
Testing Method (prior, back pr.) CALC. A.O.F.	Tubing Pressure (shut-in) 604	Casing Pressure (shut-in) Choke Size

VI. 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

March 13, 1981

OIL CONSERVATION DIVISION

APPROVED **MAR 26 1981**BY **Original Signed by FRANK T. CHAVEZ**TITLE **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 Forms C-104 must be filed for each pool in multiply recompleted wells.