

P. O. BOX 289
SANTA FE, NEW MEXICO 87501REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

LAND OFFICE	
TRANSPORTER	
OPERATOR	
LAND OFFICE	

Operator El Paso Natural Gas Company	
Address P.O. Box 289, Farmington, NM 87401	
Reason(s) for filing (check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name
and address of previous owner _____

DESCRIPTION OF WELL AND LEASE

Lease Name San Juan 27-5 Unit	Well No. 52A	Pool Name, including Formation Blanco Mesa Verde	Kind of Lease State / Federal / For Fee SF	Lease No. 079393
Location Unit Letter <u>E</u> : <u>1555</u> Feet From The <u>North</u> Line and <u>885</u> Feet From The <u>West</u> Line of Section <u>4</u> Township <u>27-N</u> Range <u>5-W</u> , NMPM, Rio Arriba County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	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 87401
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Northwest Pipeline Corp.	P.O. Box 90, Farmington, NM 87041
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
E 4 27N 5W	

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 9-30-80	Date Compl. Ready to Prod. 2-12-81	Total Depth 5966'	P.B.T.D. 5949'					
Elevations (DF, RKB, RT, GR, etc.) 6540' GL	Name of Producing Formation Mesa verde	Top XX Gas Pay 5045'	Tubing Depth 5894'					
5556, 5562, 5567, 5571, 5585, 5589, 5593, 5597, 5608, 5614, 5620, 5626, 5643, 5650, 5664, 5680, 5699, 5708, 5745, 5860, 5907' 5045, 5056, 5072, 5119, 5132, 5154, 5181, 5186, 5238, 5244, 5270, 5289, 5341, 5384, 5422, 5445, 5486, 5492, 5511, 5518, 5523' W/1 SPZ.							Depth Casing Shoe 5966'	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
13 3/4"	9 5/8"	239'	224 cf.					
8 3/4"	7"	3709'	337 cf.					
6 1/4"	4 1/2" liner	3592-5966'	417 cf.					
	2 3/8"	5894'						

TEST DATA AND REQUEST FOR ALLOWABLE
OIL WELL

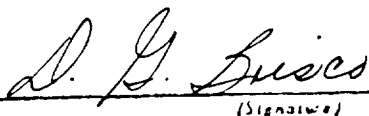
(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

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-MCF

GAS WELL

Actual Prod. Test-MCF/D 6783	Length of Test 3 hours	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) Calc. A.O.F.	Tubing Pressure (Shut-in) 978	Casing Pressure (Shut-in)	Choke Size 3/4 variable

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 2, 1981

OIL CONSERVATION DIVISION

APPROVED MAR 11 1981, 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 allow-
able 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.