

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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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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 checked="" 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 _____

1. DESCRIPTION OF WELL AND LEASE

Lease Name San Juan 27-5 Unit	Well No. 101E	Pool Name, including Formation Basin Dakota	Kind of Lease State/ Federal/ pr Fee	Lease No. SF 079491 A
Location Unit Letter <u>0</u> ; <u>800</u> Feet From The <u>South</u> Line and <u>1560</u> Feet From The <u>East</u>				
Line of Section <u>10</u> Township <u>27-N</u> Range <u>5-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"/>	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	P.O. Box 90, Farmington, NM 87401
If well produces oil or liquids, give location of tanks.	Unit : <u>0</u> Sec. : <u>10</u> Twp. : <u>27-N</u> Rge. : <u>5-W</u>

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 10-25-80	Date Compl. Ready to Prod. 7-1-81	Total Depth 8634'	P.B.T.D. 8626'					
Elevations (DF, RKB, RT, GR, etc.) 7368' GL	Name of Producing Formation Dakota	Top Oil/Gas Pay 8400'	Tubing Depth 8564'					
8400-8426, 8516-8540, 8572-8588' W/16 SPZ.						Depth Casing Shoe 8634'		
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"	13 3/8"		499'		660 cf.			
12 1/2"	9 5/8"		4576'		655 cf.			
8 3/4"	7"		4443-6978'		655 cf.			
6 1/4"	4 1/2"	2 3/8"	6853-8634'		8564'	314 cf.		

4. 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	
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	

GAS WELL

Actual Prod. Test-MCF/D 11g	Length of Test	Bbls. Condensate/MMCF	
Testing Method (spot, back pr.) Calc A.O.F.	Tubing Pressure (shut-in) 2171	Casing Pressure (shut-in)	Choke Size



5. 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. Suisse
(Signature)
Drilling Clerk
(Title)
July 20, 1981
(Date)

OIL CONSERVATION DIVISION
AUG 24 1981
APPROVED _____
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.