

REQUIREMENT FOR ALLOWABLE  
AND

# AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

El Paso Natural Gas Company

P. O. Box 990, Farmington, New Mexico 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"/>
Change in Ownership	<input type="checkbox"/>	Coalbed Gas	<input type="checkbox"/>
		Dry 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	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
San Juan 28-7 Unit	227	Basin Dakota	State (Federal or Fee)	SP 079.

Location \_\_\_\_\_

Unit Letter A : 810 Feet From The North Line and 820 Feet From The East \_\_\_\_\_

Line of Section 36 Township 28-N Range 7-W , 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 990, Farmington, New Mexico 87401	
Name of Authorized Transporter of Gas (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)	
El Paso Natural Gas Company					P. O. Box 990, Farmington, New Mexico 87401	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	A	36	28-N	7-W		

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

## COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Basic Rest.	Diff. Re-
Date Spudded 03-05-77	Date Compl. Ready to Prod. 06-27-77		X	X					
		Total Length 7807'					P.B.T.D. 7797		
Elevations (DF, RKB, RT, GR, etc., 6626' GR	Name of Producing Formation Dakota	Top** Gas Day 7588'					Taking Depth 7754'		
Perforations 7588', 7603', 7703', 7710', 7736', 7756', 7784'							Depth Casing Shoe 7807'		

## TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
13 3/4"	9 5/8"	222'	224 cf
8 3/4"	7"	3695'	250 cf
6 1/4"	6 1/4"	7807'	766 cf
	1 1/2"	7754'	tubing

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	Length of Test	Eble. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in) 2031	Casing Pressure (shut-in) - 2627	Choke Size

## CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

A. G. Busco

Drilling Clerk

June 30, 1977

## OIL CONSERVATION COMMISSION

APPROVED \_\_\_\_\_, 19

ORIGINAL SIGNATURE OF W. L. MAXWELL, JR.

TITLE INTERVIEW

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 deviatoric 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. Complete Form G-104 must be filed for each well in multiple.