

P. O. BOX 2888
SANTA FE, NEW MEXICO 87501REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

OPERATOR	
TRANSPORTER	
REGISTRATION OFFICE	

El Paso Natural Gas Company

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

Person(s) for filing (Check proper box)		Other (Please explain)	
New Well	☒	Change in Transporter of:	
Recompletion	☐	Oil	☐
Change in Ownership	☐	Casinghead Gas	☐
		Dry Gas	☐
		Condensate	☐

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

DESCRIPTION OF WELL AND LEASE

Lease Name San Juan 28-5 Unit	Well No. 14A	Pool Name, including Formation Blanco Mesa Verde	Kind of Lease State, Federal or Fee	SF	Lease No. 080516A
Location Unit Letter <u>E</u> : <u>1520</u> Feet From The <u>North</u> Line and <u>1010</u> Feet From The <u>West</u> Line of Section <u>20</u> Township <u>28-North</u> Range <u>5-West</u> , NMPM, <u>Rio Arriba</u> County					

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒	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 ☒	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 <u>E</u>	Sec. <u>20</u>
	Twp. <u>28N</u>	Rge. <u>5W</u>
	Is gas actually connected? <u>When</u>	

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.
		☒	☒					
Date Spudded 11-4-80	Date Compl. Ready to Prod. 2-23-81	Total Depth 6124'	P.B.T.D. 6108'					
Elevations (DF, RAB, RT, CR, etc.) 6637' GL	Name of Producing Formation Mesa Verde	Top Oil /Gas Pay 5180	Tubing Depth 6006'					
5688, 5696, 5700, 5709, 5714, 5727, 5731, 5735, 5739, 5752, 5780, 5806, 5824, 5926, 5931, 5967, 6079' (2 extra holes in Mass. P.L. for a total of 19 holes.) 5180, 5252, 5285, 5295, 5303, 5321, 5327, 5404, 5416, 5433, 5439, 5483, 5529, 5560'			Depth Casing Shoe 6124'					
			W/1 SPZ.					
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
13 3/4"	9 5/8"		243'		224 cf.			
8 3/4"	7"		3828'		303 cf.			
6 1/4"	4 1/2" Liner		3659-6124'		417 cf.			
	2 3/8"		6006'					

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be at least 24 hours)

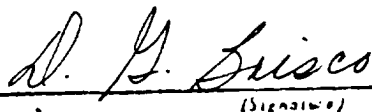
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
Length of Test	Tubing Pressure	Casing Pressure
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.

GAS WELL

Actual Prod. Test-MCF/D 1120	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pump, back pr.)	Tubing Pressure (Shot-in)	Casing Pressure (Shot-in)	Choke Size
	850	975	

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

(Date)

March 3, 1981

(Date)

OIL CONSERVATION DIVISION

APPROVED MAR 18 1981, 19BY Original Signed by FRANK I. 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 Forms O-104 must be filed for each pool in multiply completed wells.