

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

OPERATOR	
TRANSPORTER	
OPERATION OFFICE	

Operator El Paso Natural Gas Company	
Address P.O. Box 289, Farmington, NM 87041	
Person(s) for filing (Check proper box)	
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 _____

DESCRIPTION OF WELL AND LEASE

Lease Name San Juan 28-7 Unit	Well No. 61A	Pool Name, including Formation Blanco Mesa Verde	Kind of Lease State, Federal or Gas SF	Lease No. 079289
Location Unit Letter <u>P</u> : <u>940</u> Feet From The <u>South</u> Line and <u>790</u> Feet From The <u>East</u>				
Line of Section <u>10</u> Township <u>28-N</u> Range <u>7-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"/> 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 <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> 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
If well produces oil or liquids, give location of tanks.	Unit <u>P</u> Sec. <u>10</u> Twp. <u>28N</u> Rge. <u>7W</u>
Is gas actually connected? <input type="checkbox"/> When _____	

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 <input type="checkbox"/>	Gas well <input checked="" type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 5-30-80	Date Compl. Ready to Prod. 4-28-81	Total Depth 5945'	P.B.T.D. 5927'					
Elevations (DF, RKB, RT, CR, etc.) 6572' GL	Name of Producing Formation M. V.	Top Gas/Gas Pay 4968'	Tubing Depth 5866'					
5487, 5491, 5494, 5512, 5516, 5520, 5545, 5549, 5560, 5564, 5568, 5577,		Depth Casing Shoe 5954'						
5614, 5628, 5644, 5705, 5745, 5768, 5907, 5848, 5898' W/1 SPZ. 4968,								
5003, 5021, 5064, 5070, 5074, 5078, 5096, 5100, 5103, 5245, 5371'								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT				
13 3/4"	9 5/8"	283'		325cf.				
8 3/4"	7"	3629'		276 cf.				
6 1/4"	4 1/2"	3475-5945'		431 cf.				
	2 3/8"	5866'						

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 7193	Length of Test 3 hours	Bbls. Condensate/MCF	Gravity <u>DIST. 3</u>
Testing Method (puol, back pr.) CALA. A.O.F.	Tubing Pressure (Shot-In) 680	Casing Pressure (Shot-In)	Choke Size

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. Suico
(Signature)

Drilling Clerk

(Title)

May 1, 1981

(Date)

OIL CONSERVATION DIVISION

APPROVED MAY 8 1981, 19BY Original Signed by FRANK T. 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 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 Forms C-104 must be filed for each pool in multiply
completed wells.