

OIL CONSERVATION DIVISION

P. O. BOX 20880
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

OF OILFIELD RECORDS	
DISTRIBUTION	
SANITARY	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	
OPERATOR	
REGISTRATION OFFICE	
Operator	

El Paso Natural Gas Company

Address

P.O. Box 289, Farmington, New Mexico 87401

Reason(s) for filing (check proper box)

New Well

☒

Change in Transporter of:

Recompletion

☐

Oil

☐

Dry Gas

☐

Change in Ownership

☐

Casinghead Gas

☐

Condensate

☐

Other (Please explain)

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. 8A	Pool Name, including Formation Blanco Mesa Verde	Kind of Lease State, Federal or Free SF	Lease No. 078417
Location Unit Letter <u>I</u> ; <u>1740</u> Feet From The <u>South</u> Line and <u>1120</u> Feet From The <u>East</u> Line of Section <u>18</u> Township <u>28-N</u> Range <u>7-W</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)
El Paso Natural Gas Company	P.O. Box 289, Farmington, New Mexico
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Company	P.O. Box 289, Farmington, New Mexico
If well produces oil or liquids, give location of tanks.	Unit <u>I</u> Sec. <u>18</u> Twp. <u>28-N</u> Rge. <u>7-W</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.
		X	X					
Date Spudded 4-22-80	Date Compl. Ready to Prod. 6-26-80	Total Depth 6209'	P.B.T.D. 6192'					
Elevations (DF, RKB, RT, GR, etc.) 6878' GL	Name of Producing Formation Mesa Verde	Top Oil Gas Pay 5138	Tubing Depth 6142'					
Perforations 5138, 5147, 5170, 5181, 5190, 5195, 5200, 5211, 5226, 5244, 5250, 5256, 5262, 5268, 5275, 5388, 5441, 5527 5533, 5621, 5657, 5705' 5760, 5766, 5772, 5781, 5791, 5799, 5812, 5826, 5836, 5845, 5854, 5873, 5908, 5935, 5946, 5970, 6012, 6027, 6046, 6060, 6078, 6093, 6118, *			Depth Casing Shoe 6209'					
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
13 3/4"	9 5/8"	217'	224 cu. ft.					
8 3/4"	7"	3807'	317 cu. ft.					
6 1/4"	4 1/2" Liner	3713-6209'	438 cu. ft.					
	2 3/8"	6142'						

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	Choke Size
Actual Prod. During Test	Oil-Bble.	Water-Bble.	Gas-MCF

** 6168'
GAS WELL

Actual Prod. Test-MCF/D 3424	Length of Test 3 hours	Bble. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) Calc. A.O.F.	Tubing Pressure (Shut-in) 795	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.

A. P. Bisco
(Signature)

Drilling Clerk

(Title)

July 15, 1980

(Date)

OIL CONSERVATION DIVISION

APPROVED JUL 29 1980, 19
BY Original Signed by FRANK I. CHAVEZ
TITLE 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 C-104 must be filed for each pool in multiply completed wells.