

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES REQUIRED	
DISTRICT OFFICE	
SANTA FE	
FILE	
U.S.D.	
CARD OFFICE	
TRANSPORTER	
OIL	
GAS	
OPERATOR	
PRODUCTION 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	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
San Juan 28-7 Unit	12 A	Blanco Mesa Verde	Federal State, Federal or Fee SF	078417
Location				
Unit Letter C	880	Feet From The N	Line and 1730	Feet From The W
Line of Section 17	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 289, Farmington, NM		
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)		
El Paso Natural Gas Company	P. O. Box 289, Farmington NM		
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Is gas actually connected?	When
	C 17 28 7		

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	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
5-11-80	7-23-80	5937'	5919'					
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
6627' GL	Mesa Verde	4918'	5850'					
Perforations	Depth Casing Shoe							
5507, 5514, 5518, 5525, 5534, 5538, 5546, 5551, 5557, 5572, 5578, 5601, 5651, 5659, 5691, 5726, 5738, 5750, 5792, 5827, 5873, 5879, 4918, 4924, 4930, 4960, 4966, 4978, 4984, 4990, 5020, 5035, 5047, 5053, 5059, 5065, 5166, 5172, 5181, 5189, 5203, 5209, 5215, 5253, 5346, **	5937'							
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
13 3/4"	9 5/8"	229'	224 cu. ft.					
8 3/4"	7"	3621'	282 cu. ft.					
6 1/4"	4 1/2"	3459-5937'	398 cu. ft.					
	2 3/8"	5850'						

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 ** 5357, 5363, 5369, 5717, 5423'.

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
5251	3 hrs.		
Testing Method (plots, back pr.)	Tubing Pressure (#shut-in)	Casing Pressure (#shut-in)	Choke Size
Calc. A. O. F.	955		3/4

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.

[Signature]
(Signature)

Drilling Clerk

(Title)

August 14 1980

(Date)

OIL CONSERVATION DIVISION

APPROVED SEP 4 1980, 19

BY Original Signed by FRANK T. 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 Form C-104 must be filed for each pool in multiply completed wells.