

OIL CONSERVATION DIVISION

P. O. BOX 2080

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.D.A.	
LAND OFFICE	
TRANSPORTER	<input checked="" type="checkbox"/> OIL <input type="checkbox"/> GAS
OPERATOR	
PRODUCTION OFFICE	

Operator El Paso Natural Gas Company

Address Box 289, Farmington, New Mexico

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 <u>San Juan 28-6 Unit</u>	Well No. <u>65A</u>	Pool Name, including Formation <u>Blanco Mesa Verde</u>	Kind of Lease State, Federal or Fee <u>NM</u>	Lease No. <u>013657</u>
Location Unit Letter <u>P</u> : <u>895</u> Feet From The <u>South</u> Line and <u>1120</u> Feet From The <u>East</u> Line of Section <u>24</u> Township <u>28-North</u> Range <u>6-West</u> , NMPM, County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> <u>El Paso Natural Gas Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 289, Farmington, New Mexico</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>El Paso Natural Gas Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 289, Farmington, New Mexico</u>
If well produces oil or liquids, give location of tanks.	Unit <u>P</u> Sec. <u>24</u> Twp. <u>28-N</u> Rge. <u>6-W</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 <u>4-14-80</u>	Date Compl. Ready to Prod. <u>6-2-80</u>		Total Depth <u>6033'</u>		P.B.T.D. <u>6026'</u>			
Elevations (DF, RKB, RT, CR, etc.) <u>6579'GL</u>	Name of Producing Formation <u>Mesa Verde</u>		Top Oil/Gas Pay <u>5080'</u>		Tubing Depth <u>5967'</u>			
Perforations <u>5080,5137,5144,5167,5174,5190,5204,5210,5236,5328,5386,5427,</u> <u>5455,5555,5560,5564, 5591,5600,5605,5610,5655, ,5669,5679,5697,5127,</u> <u>5737,5754,5786,5847,5913,5933, **TUBING, CASING, AND CEMENTING RECORD **5954,6000'</u>					Depth Casing Shoe <u>6033'</u>			
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<u>13 3/4"</u>	<u>9 5/8"</u>		<u>225'</u>		<u>224 cu. ft.</u>			
<u>8 3/4"</u>	<u>7"</u>		<u>3732'</u>		<u>243 cu.ft.</u>			
<u>6 1/4"</u>	<u>4 1/2"</u>		<u>3587-6033'</u>		<u>425 cu. ft.</u>			
	<u>2 3/8"</u>		<u>5967'</u>					

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	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shot-in) <u>600</u>	Casing Pressure (Shot-in) <u>820</u>	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.

D. G. Luico  
(Signature)

Drilling Clerk

(Title)

June 9, 1980

(Date)

OIL CONSERVATION DIVISION

APPROVED JUN 20 1980, 19

BY Original Signed by FRANK T. CHAVEZ

TITLE SUPERVISOR DISTRICT #2

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.