

OIL CONSERVATION DIVISION

P. O. BOX 2000

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES REQUIRED	
DISTRIBUTION	
LAND OFFICE	
FILE	
U.S.G.	
LAND OFFICE	
TRANSPORTER	
OPERATOR	
REGISTRATION OFFICE	

Operator El Paso Natural Gas Company	
Address P.O. Box 289, Farmington, NM 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 28-6 Unit	Well No. 123R	Pool Name, including Formation Basin Dakota	Kind of Lease State/ Federal/ or Fee	Lease No. 079192
Location				
Unit Letter <u>G</u> : <u>1520</u> Feet From The <u>North</u> Line and <u>1540</u> Feet From The <u>East</u>				
Line of Section <u>16</u> Township <u>28-North</u> Range <u>6-West</u> , NMPM, Rio Arriba 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, 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)	
Northwest Pipeline Corporation	P.O. Box 90, Farmington, NM 87401	
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 16
	Twp. 28-N	Rge. 6-W
	Is gas actually connected? 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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X	X					
Date Spudded 12-17-80	Date Compl. Ready to Prod. 2-4-81	Total Depth 8042'	P.B.T.D. 8034'					
Elevations (DF, RAB, RT, GR, etc.) 6699' GL	Name of Producing Formation Dakota	Top Oil/Gas Pay 7838	Tubing Depth 8002'					
7838, 7844, 7850, 7940, 7946, 7952, 7987, 7999, 8014, 8020, 8026' W/1 SPZ.			Depth Casing Shoe 8042'					
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
13 3/4"	9 5/8"	246'	224 cu. ft.					
8 3/4"	7"	3904'	360 cu. ft.					
6 1/4"	4 1/2"	8042'	640 cu. ft.					
	1 1/2"	8002'						

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 393	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in) 2120	Casing Pressure (Shut-in) 2130	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. Brisco
(Signature)

Drilling Clerk

February 20, 1981

(Date)

OIL CONSERVATION DIVISION

APPROVED FEB 27 1981, 19_____
Original Signed by FRANK T. CHAVEZ
BY _____
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