

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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SANTA FE	
FILE	
U.S.D.	
LAND OFFICE	
TRANSPORTER	<input type="checkbox"/> OIL <input type="checkbox"/> GAS
OPERATOR	
REGISTRATION OFFICE	

Operator El Paso Natural Gas	
Address P. O. Box 289, Farmington, New Mexico	
Reason(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"/>
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. 94 A	Pool Name, including Formation S. Blanco Pictured Cliffs	Kind of Lease State , Federal or State SF	Lease No. 078500
Location				
Unit Letter <u>E</u> : <u>1520</u> Feet From The <u>North</u> Line and <u>820</u> Feet From The <u>West</u>				
Line of Section <u>30</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 <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	P. O. Box 289, Farmington, New Mexico
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	P. O. Box 289, Farmington, New Mexico
If well produces oil or liquids, give location of tanks.	Unit : Sec. : Twp. : Rge. : Is gas actually connected? : When
	<u>E</u> : <u>30</u> : <u>28-N</u> : <u>7-W</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.
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
Date Spudded 3-31-80	Date Compl. Ready to Prod. 8-7-80	Total Depth 5537'	P.B.T.D. 5523'					
Elevations (DF, RKB, RT, GR, etc.) 6294' GL	Name of Producing Formation Pictured Cliffs	Top Gas /Gas Pay 2832'	Tubing Depth 2930'					
Perforations 2832-2843, 2852-2864, 2870-2886, 2888-2900, 2913-2918, 2928-2934, 2941-2947' W/8 SPZ.						Depth Casing Shoe 5537'		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
13 3/4"	9 5/8"	200'	224 cu. ft.
8 3/4"	7"	3178'	275 cu. ft.
6 1/4"	4 1/2"	3028-5505'	432 cu. ft.
	1 1/4"	2930'	

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-Bbls.

GAS WELL

Actual Prod. Test-MCF/D 1130	Length of Test 3 hours	Bbls. Condensate/MMCF
Testing Method (pilot, back pr.) Calc. AOF	Tubing Pressure (Shut-in) 865	Casing Pressure (Shut-in) 865
		Gravity <input type="checkbox"/> Condensate <input type="checkbox"/> Dist. <u>5/3</u> 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.

[Signature]
(Signature)
Drilling Clerk
(Title)
August 21, 1980
(Date)

OIL CONSERVATION DIVISION

APPROVED SEP 8 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 multiple completed wells.