

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 RECEIVED	
DISTRICT	
SANTA FE	
FILE	
USUB.	
LAND OFFICE	
TRANSPORTER	OIL
OPERATOR	GAS
PAID OFFICE	
Operator	

El Paso Natural Gas

Address

P. O. 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

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
San Juan 18-7-80	94 A	Blanco Mesa Verde	State, Federal or Free SF	078500
Location				
Unit Letter	1520	Feet From The North	Line and 820	Feet From The West
Line of Section	30	Township	28-N	Range 7-W, NMPM, Rio Arriba County

III. 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	☒	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	☒	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
	E	30	28-N	7-W		

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. 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.					
3-31-80	8-7-80	5537'	5523'					
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation	Top of Gas Pay	Tubing Depth					
6294' GL	Mesa Verde	4406'	5443'					
Perforations			Depth Casing Shoe					
4798, 4808, 4837, 4842, 4937, 4943, 4950, 4982, 4433, 5039, 5044, 5062, 5068, 5082, 5088, 5100, 5105, 5110, 5119, 5132, 5148, 5170, 5176, 5182, 5190, 5198, 5214, 5250, 5276, 5301, 5318, 5329, 5414, 5424, 5432'			5537'					
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.					
	2 3/8"	5443'						

V. 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)

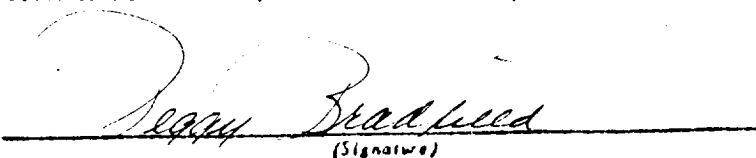
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bble.	Water-Bble.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bble. Condensate/MMCF	Gravity of Condensate
7636	3 hours		
Testing Method (pump, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size
Calc. AOF	962		3/4 Variable

I. 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)

Drilling Clerk

(Title)

August 29, 1980

(Date)

OIL CONSERVATION DIVISION

APPROVED SEP 8 1980, 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 completed wells.