

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

| | |
|---------------------|--|
| OPERATOR | |
| TRANSPORTER | |
| LAND OFFICE | |
| REGISTRATION OFFICE | |

Operator El Paso Natural Gas Company

Address

P.O. Box 289, Farmington, NM 87401

Person(s) for filing (Check proper box)

New Well ☒Recompletion ☐Change in Ownership ☐

Change in Transporter of:

Oil ☐Casinghead Gas ☐Dry 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 28-7 Unit</u> | Well No. <u>242E</u> | Pool Name, Including Formation <u>Basin Dakota</u> | Kind of Lease State/ Federal of/Free <u>SF</u> | Lease No. <u>078497</u> |
| Location Unit Letter <u>M</u> : <u>900</u> Feet From The <u>South</u> Line and <u>800</u> Feet From The <u>West</u> Line of Section <u>7</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"/> <u>El Paso Natural Gas Company</u> | Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 289, Farmington, NM 87401</u> | |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <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>P.O. Box 289, Farmington, NM 97401</u> | |
| If well produces oil or liquids, give location of tanks. | Unit <u>M</u> | Sec. <u>7</u> |
| | Twp. <u>28N</u> | Rge. <u>7W</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>2-7-81</u> | Date Compl. Ready to Prod. <u>5-26-81</u> | | Total Depth <u>7576'</u> | | P.B.T.D. <u>7568'</u> | | | |
| Elevations (DF, RAB, RT, CR, etc.) <u>6416' GL</u> | Name of Producing Formation <u>Dakota</u> | | Top Gas Pay <u>7320'</u> | | Tubing Depth <u>7503'</u> | | | |
| 7320, 7329, 7339, 7349, 7422, 7457, 7488, 7500, 7510, 7521, 7538, 7548'W/1 SPZ. | | | | | Depth Casing Shoe <u>7576'</u> | | | |

| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
|-----------|----------------------|-----------|--------------|
| 13 3/4" | 9 5/8" | 251' | 224 cf. |
| 8 3/4" | 7" | 3390' | 392 cf. |
| 6 1/4" | 4 1/2" | 7576' | 648 cf. |
| | 1 1/2" | 7503' | |

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 WELL

| | | | |
|---|--|--|------------|
| Actual Prod. Test - MCF/D <u>867</u> | Length of Test | Bbls. Condensate/MMCF | |
| Testing Method (pilot, back pr.) | Tubing Pressure (Shut-in) <u>2347</u> | Casing Pressure (Shut-in) <u>2347</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.

A. G. Lises
(Signature)

Drilling Clerk

(Title)

June 1, 1981

(Date)

OIL CONSERVATION DIVISION

APPROVED JUN 4 1981 10

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 Form C-104 must be filed for each pool in multiply