

OIL CONSERVATION DIVISION

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

TO: OFFICE RECEIVED	
DISTRIBUTION	
SANTA FE	
PIEL	
U.S. O.B.	
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

II. DESCRIPTION OF WELL AND LEASE

Lease Name San Juan 28-7 Unit	Well No. 233E	Pool Name, including Formation Basin Dakota	Kind of Lease State, Federal or Fee SF	Lease No. 079289
Location Unit Letter <u>G</u> : <u>1710</u> Feet From The <u>North</u> Line and <u>1780</u> Feet From The <u>East</u> Line of Section <u>14</u> Township <u>28-N</u> Range <u>7-W</u> , NMPM, <u>Rio Arriba</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 289, Farmington, NM 87401				
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 289, Farmington, NM 87401				
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 14	Twp. 28-N	Rge. 7-W	Is gas actually connected? When

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 6-2-81	Date Compl. Ready to Prod. 7-16-81		Total Depth 7857'		P.B.T.D. 7837'			
Elevations (DF, RAB, RT, GR, etc.) 6612' GL	Name of Producing Formation Dakota		Top Oil/Gas Pay 7610'		Tubing Depth 7756'			
7610, 7617, 7624, 7631, 7638, 7726, 7732, 7738, 7775, 7780' W/1 SPZ.					Depth Casing Shoe 7857'			
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	9 5/8"		241'		130 cf.			
8 3/4"	7"		3639'		351 cf.			
6 1/4"	4 1/2"		7857'		638 cf.			
	2 3/8"		7756'					

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 - Bbls.	Gas - MCF	

GAS WELL

Actual Prod. Test - MCF/D 1587	Length of Test	Grav. Condensate
Testing Method (puot, back pr.) Calc. A.O.F.	Tubing Pressure (Shut-in) 2185	Casing Pressure (Shut-in) 2187

VI. 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.

R. G. Davis
(Signature)

Drilling Clerk

(Title)

July 22, 1981

(Date)

OIL CONSERVATION DIVISION

APPROVED

BY Original Signed by FRANK T. CHAVEZ

SUPERVISOR DISTRICT # 8

TITLE

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