

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 OFFICE COPIES	
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Operator
El Paso Natural Gas Company

Address
P.O. Box 289, Farmington, New Mexico 87401

Reason(s) for filing (Check proper box) Other (Please explain)

New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input checked="" 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"/>

If change of ownership give name and address of previous owner _____

DESCRIPTION OF WELL AND LEASE

Lease Name Hardie E	Well No. 2A	Pool Name, including Formation Siblanco Pictured Cliffs	Kind of Lease State, Federal or Other SF	Lease No. 078499-A
Location (OWWO)				
Unit Letter P : 1050 Feet From The South Line and 800 Feet From The East				
Line of Section 9 Township 28-North Range 8-West , NMPM, San Juan 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 Company	P.O. Box 289, Farmington, NM 87401
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 Company	P.O. Box 289, Farmington, New Mexico 87401
If well produces oil or liquids, give location of tanks.	Unit : P Sec. : 9 Twp. : 28-N Rge. : 8-W Is gas actually connected? _____ When _____

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

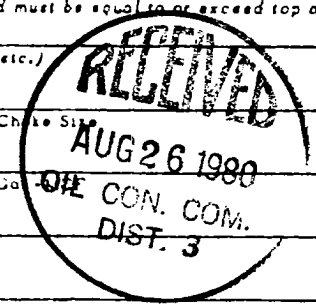
COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <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 Resrv. <input type="checkbox"/>	Diff. Resrv. <input type="checkbox"/>
Date Spudded 9-15-76; w/o 6-25-80	Date Compl. Ready to Prod. 11-3-76; w/o 7-29-80		Total Depth 5441'		P.B.T.D. 5424'			
Elevations (DF, RKB, RT, GR, etc.) 6326' GL	Name of Producing Formation Pictured Cliffs		Top Oil/Gas Pay 2801'		Tubing Depth 2891'			
Perforations 2801-2813, 2833-2853, 2853-2873, 2896-2910'					Depth Casing Shoe 5441'			

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
13 3/4"	9 5/8"	237'	224 cf.
8 3/4"	7"	3150'	370 cf.
6 1/4"	4 1/2" Liner 1 1/4"	3001-5441' 2891'	425 cf.

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
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.



GAS WELL

Actual Prod. Test-MCF/D 2520	Length of Test 3 hours	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, back pr.) Calc. A.O.F.	Tubing Pressure (shut-in) 1022	Casing Pressure (shut-in) 1022	Choke Size 3/4 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]
Drilling Clerk
(Date)
August 15, 1980
(Date)

OIL CONSERVATION DIVISION
AUG 26 1980

APPROVED _____, 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 completions.