

OIL CONSERVATION DIVISION
 P. O. BOX 2000
 SANTA FE, NEW MEXICO 87501

30-045-23696

REQUEST FOR ALLOWABLE
 AND
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

DATE OF FILING	5
DISTRIBUTION	
FILE	1
USERS	
LAND OFFICE	
TRANSPORTER	1
OPERATOR	1
REGISTRATION OFFICE	

Operator: El Paso Natural Gas Company

Address: Box 289, Farmington, New Mexico 87041

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

New Well Change in Transporter of:
 Re-completion Oil Dry Gas
 Change in Ownership Casinghead Gas Condensate

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

2. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Tapp</u>	Well No. <u>2A</u>	Pool Name, including Formation <u>Blanco Mesa Verde</u>	Kind of Lease <u>SF</u>	Lease No. <u>080101</u>
Location Unit Letter <u>I</u> ; <u>1520</u> Feet From The <u>South</u> Line and <u>1100</u> Feet From The <u>East</u> Line of Section <u>17</u> Township <u>28-N</u> Range <u>8-W</u> , N.M.P.M., <u>San Juan</u> County				

3. 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>Box 289, Farmington, New Mexico 87041</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>Box 289, Farmington, New Mexico 87041</u>
If well produces oil or liquids, give location of tanks. Unit <u>I</u> Sec. <u>17</u> Twp. <u>28-N</u> Rge. <u>8-W</u>	Is gas actually connected? _____ When _____

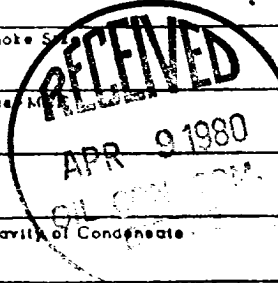
If this production is commingled with that from any other lease or pool, give commingling order number: _____

4. 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 <u>2-25-80</u>	Date Compl. Ready to Prod. <u>3-27-80</u>	Total Depth <u>4871'</u>		P.B.T.D. <u>4852'</u>				
Elevations (DF, RKB, RT, GR, etc.) <u>5751' GL</u>	Name of Producing Formation <u>Mesa Verde</u>	Top Gas Pay <u>3807'</u>		Tubing Depth <u>4782'</u>				
Perforations <u>3807, 3814, 3824, 3865, 3890, 3895, 3906, 3911, 4040, 4050, 4058, 4090, 4117, 4129, 4204, 4285, 4293, 4299, 4318, 4341, 4407, 4417, 4423, 4429, 4435, 4446, 4452, 4470, 4506, 4516, 4542, 4593, 4605, 4636, 4697, 4719, 4734, 4748, 4756, 4766, 4786'</u>						Depth Casing Shoe <u>4871'</u>		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT				
<u>13 3/4"</u>	<u>9 5/8"</u>	<u>225'</u>		<u>266 cu. ft.</u>				
<u>8 3/4"</u>	<u>7"</u>	<u>2530'</u>		<u>293 cu. ft.</u>				
<u>6 1/4"</u>	<u>4 1/2" Liner</u>	<u>2392-4871'</u>		<u>430 cu. ft.</u>				
	<u>2 3/8"</u>	<u>4782'</u>						

5. TEST DATA AND REQUEST FOR ALLOWABLE (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-Mcf



GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in) <u>420</u>	Casing Pressure (shut-in) <u>809</u>	Choke Size

6. 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
 April 8, 1980

OIL CONSERVATION DIVISION
APR 15 1980
 APPROVED _____, ID _____
 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 multiply completed wells.