

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

30-045-23697

NO. OF TAPES REQUIRED	5
FILE	1
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	7
OPERATOR	1
REGISTRATION OFFICE	

El Paso Natural Gas Company

Address
Box 289, Farmington, New Mexico 87401

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)

If change of ownership give name
and address of previous owner

2. DESCRIPTION OF WELL AND LEASE

Lease Name Riddle F	Well No. 3A	Pool Name, including Formation Blanco Mesa Verde	Kind of Lease State, Federal or Free	Lease No. SF 080112
Location Unit Letter <u>F</u> ; <u>1825</u> Feet From The <u>North</u> Line and <u>1625</u> Feet From The <u>West</u> Line of Section <u>20</u> Township <u>28-North</u> Range <u>8-West</u> , NMPM, <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"/>	Address (Give address to which approved copy of this form is to be sent)					
El Paso Natural Gas Company	Box 289, Farmington, New Mexico 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	Box 289, Farmington, New Mexico 87401					
If well produces liquids, give location	Unit F	Sec. 20	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:

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 12-26-79	Date Compl. Ready to Prod. 2-25-80	Total Depth 4810'	P.B.T.D. 4792'					
Elevations (DF, RKB, RT, GR, etc.) 5734' GL	Name of Producing Formation Mesa Verde	Top Oil/Gas Pay 3756'	Tubing Depth 4742'					
Perforations 3756, 3764, 3772, 3820, 3892, 3978, 3992, 4018, 4040, 4074, 4110, 4132, 4138, 4144, 4150, 4172, 4266, 4280, 4288, 4340, 4356, 4362, 4377, 4384, 4395, 4400, 4428, 4434, 4440, 4464, 4497, 4527, 4582, 4611, 4642, 4670, 4680, 4710, 4760'			Depth Casing Shoe 4810'					
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
13 3/4"	9 5/8"	219'	307 cu. ft.					
8 3/4"	7"	2451'	304 cu. ft.					
6 1/4"	4 1/2" Liner	2288-4810'	437 cu. ft.					
	2 3/8"	4742'						

5. 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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in) 697	Casing Pressure (shut-in) 899	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.

Drilling Clerk

February 28, 1980

(Date)

OIL CONSERVATION DIVISION

MAR 5 1980

APPROVED _____, 19____

BY Original Signed by FRANK T. CHAVEZ

SUPERVISOR DISTRICT # 3

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 completed wells.