

## OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES REQUIRED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.S.	
LAND OFFICE	
TRANSPORTER	<input type="checkbox"/> OIL <input type="checkbox"/> GAS
OPERATOR	
REGISTRATION OFFICE	
Operator	

El Paso Natural Gas Company

Address

Box 289, Farmington, New Mexico 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

## DESCRIPTION OF WELL AND LEASE

Lease Name Hargrave	Well No. 2R	Pool Name, Including Formation Fulcher Kutz Pictured Cliffs	Kind of Lease State, <input checked="" type="checkbox"/> General or Fee	Lease No. SF 077382
Location Unit Letter <u>I</u> : <u>1850</u> Feet From The <u>South</u> Line and <u>910</u> Feet From The <u>East</u> Line of Section <u>9</u> Township <u>27N</u> Range <u>10W</u> , NMPM, <u>San Juan</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"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) Box 289, Farmington, New Mexico 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) Box 289, Farmington, New Mexico 87401					
If well produces oil or liquids, give location of tanks.	Unit <u>I</u>	Sec. <u>9</u>	Twp. <u>27N</u>	Rge. <u>10W</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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
Date Spudded 12-2-80	Date Compl. Ready to Prod. 1-13-81		Total Depth 2358'		P.B.T.D. 2348'			
Elevations (DF, RKB, RT, GR, etc.) 6256' GL	Name of Producing Formation Pictured Cliffs		Top <del>XX</del> /Gas Pay 2147		Tubing Depth Tubingless			
Perforations 2147, 2150, 2153, 2156, 2163, 2167, 2171, 2174'W/1 SPZ.					Depth Casing Shoe 2358			
HOLE SIZE 12 1/4"	CASING & TUBING SIZE 8 5/8"		DEPTH SET 134'		SACKS CEMENT 106 cu. ft.			
6 3/4"	2 7/8"		2358		394 cu. ft.			
Tubingless Completion								

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
Total Prod. During Test	Oil-Bble.	Water-Bble.	Gas-MCF

## GAS WELL

Actual Prod. Test-MCF/D 1583	Length of Test	Bble. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in) 256	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. J. Suarez  
(Signature)

Drilling Clerk

(Title)

January 26, 1981

(Date)

OIL CONSERVATION DIVISION  
JAN 30 1981

APPROVED

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 allow-  
able 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.