

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

DEPARTMENT	
DIVISION	
SANTA FE	
FILE	
U.S.O.B.	
LAND OFFICE	
TRANSPORTER	<input type="checkbox"/> OIL <input type="checkbox"/> GAS
OPERATOR	
REGISTRATION OFFICE	
Operator	

El Paso Natural Gas Company

Address
P. O. 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"/>	Dry Gas
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>	Condensate

Other (Please explain)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Jones A	Well No. 4A	Pool Name, including Formation S Blanco P.C.	Kind of Lease State, Federal or Free Federal	Lease No. SF-078390
Location Unit Letter <u>J</u> ; <u>1645</u> Feet From The <u>S</u> Line and <u>1790</u> Feet From The <u>E</u> Line of Section <u>13</u> Township <u>28-N</u> Range <u>8-W</u> , NMPM, San Juan 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"/>	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
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 : <u>J</u> Sec. : <u>13</u> Twp. : <u>28-N</u> Rge. : <u>8-W</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:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Gas	Partial Prod.	Diff. Rea'v.
		X	X					
Date Spudded 12-22-79	Date Compl. Ready to Prod. 08-07-80	Total Depth 5597'	P.B.T.D. SEP 8 1980 OIL CON. COM. DIST. 3					
Elevations (DF, RKB, RT, CR, etc.) 6310' GL	Name of Producing Formation P.C.	Top Oil/Gas Pay 2905'	Depth of Gas Pool 5597'					
Perforations 2905-2926, 2953-2975, 2995-3006' W/16 SPZ.								

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
13 3/4"	9 5/8"	229'	224 c.f.
8 3/4"	7"	3260'	301 c.f.
6 1/2"	4 1/2" liner	3097-5597'	429 c.f.
	1 1/2"	3017'	

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.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D 1094	Length of Test 3 hours	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, back pr.) Calc. A.O.F.	Tubing Pressure (shut-in) 623	Casing Pressure (shut-in) 623	Choke Size 3/4 variable

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.


Drilling Clerk
(Title)
08-27-80
(Date)

OIL CONSERVATION DIVISION

APPROVED SEP 8 1980, 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 multiply completed wells.