

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

30-045-23720

NO. OF COPIES RECEIVED	5
DIVISION	
SANTA FE	1
FILE	1
MAIL ROOM	
LAND OFFICE	
TRANSPORTER	1
OPERATION	1
REGISTRATION OFFICE	1

Operator El Paso Natural Gas Company	
Address Box 289, Farmington, New Mexico 87401	
Reason(s) for filing (check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input 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 _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Hardie E	Well No. 1A	Pool Name, including Formation Blanco Mesa Verde	Kind of Lease Federal or	Lease No. SF078499-A
Location Unit Letter I : 1800 Feet From The S Line and 1110 Feet From The E				
Line of Section 16 Township 28-N Range 8-W, 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	Box 289, Farmington, New Mexico	
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	Box 289, Farmington, New Mexico	
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. I 16 28-N 8-W	Is gas actually connected? 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 Back	Same Res'v.	Diff. Res'v.
		X	X					
Date Spudded 1-22-80	Date Compl. Ready to Prod. 3-10-80	Total Depth 4960	P.B.T.D. 4942'					
Elevations (DF, RKB, RT, GR, etc.) 5860' GL	Name of Producing Formation Mesa Verde	Top Gas Pay 3970'	Tubing Depth 4979'					
Perforations 3970, 4003, 4016, 4040, 4196, 4208, 4216, 4326, 4378, 4398, 4478, 4522, 4534, 4540, 4549, 4554, 4567, 4572, 4577, 4593, 4597, 4608, 4612, 4628, 4660, 4665, 4670, 4694, 4730, 4744, 4754, 4813, 4826, 4842, 4873, 4894, 4904'			Depth Casing Shoe 4960'					
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
13 3/4"	9 5/8"	224'	224 cu. ft.					
8 3/4"	7"	2675'	289 cu. ft.					
6 1/4"	4 1/2" Liner	2520-4960'	428 cu. ft.					
	2 3/8"	4879'						

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 WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in) 910	Casing Pressure (shut-in) 915	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.


(Signature)
Drilling Clerk
(Title)
March 17, 1980
(Date)

OIL CONSERVATION DIVISION

MAR 20 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 Forms C-104 must be filed for each pool in multiply completed wells.