

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

30-045-23721

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	5
DISTRIBUTION	
LAND OFFICE	1
TRANSPORTER	1
OPERATOR	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 _____

1. DESCRIPTION OF WELL AND LEASE

Lease Name Russell	Well No. 5A	Pool Name, including Formation Blanco Mesa Verde	Kind of Lease Lease , Federal or Lease	Lease No. NM 013860A
Location Unit Letter <u>I</u> : <u>1790</u> Feet From The <u>South</u> Line and <u>990</u> Feet From The <u>East</u>				
Line of Section <u>25</u> Township <u>28-N</u> Range <u>8-W</u> , NMPM, <u>San Juan</u> County				

2. 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>25</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: _____

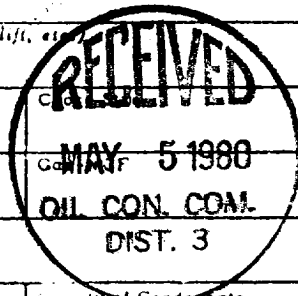
3. COMPLETION DATA

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>11-18-79</u>	Date Compl. Ready to Prod. <u>4-7-80</u>		Total Depth <u>5411'</u>		P.B.T.D. <u>5393</u>			
Elevations (DF, RAB, RT, GR, etc.) <u>6212' GL</u>	Name of Producing Formation <u>Mesa Verde</u>		Top Gas /Gas Pay <u>4371'</u>		Tubing Depth <u>5350'</u>			
Perforations <u>4371, 4376, 4428, 4439, 4445, 4461, 4468, 4474, 4480, 4613, 4655, 4689, 4741, 4832, 4837, 4875, 4881, 4927, 4967, 4970, 4992, 5015, 5018, 5034, 5039, 5044, 5060, 5066, 5072, 5139, 5151, 5164, 5218, 5248, 5266, 5308, 5330, 5350'</u>					Depth Casing Shoe <u>5411'</u>			
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<u>13 3/4"</u>	<u>9 5/8"</u>		<u>219'</u>		<u>224 cu. ft.</u>			
<u>8 3/4"</u>	<u>7"</u>		<u>3092'</u>		<u>272 cu. ft.</u>			
<u>6 1/4"</u>	<u>4 1/2"</u>		<u>2935-5411'</u>		<u>430 cu. ft.</u>			
	<u>2 3/8"</u>		<u>5350</u>					

4. 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/MNCF	Quantity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Casing Size
	<u>452</u>	<u>1011</u>	

5. 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. Buico
(Signature)
Drilling Clerk
(Title)
April 21, 1980
(Date)

OIL CONSERVATION DIVISION
APPROVED MAY 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.