

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

30-045-23769

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

REGISTRATION	5
DATE	1
FILE	1
USE	1
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 _____

DESCRIPTION OF WELL AND LEASE

Lease Name Jones A	Well No. 3A	Pool Name, including Formation Blanco Mesa Verde	Kind of Lease State, Federal or Private	Lease No. SF078390
Location Unit Letter <u>D</u> : <u>840</u> Feet From The <u>North</u> Line and <u>830</u> Feet From The <u>West</u> Line of Section <u>15</u> Township <u>28-N</u> Range <u>8-W</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>D</u> Sec. <u>15</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: _____

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 11-12-79	Date Compl. Ready to Prod. 3-25-80	Total Depth 5532'	P.B.T.D. 5514'					
Elevations (DF, RKB, RT, GR, etc.) 6378' GL	Name of Producing Formation Mesa Verde	Top Gas/Gas Pay 4505'	Tubing Depth 5451'					
Perforations 4505, 4511, 4536, 4543, 4551, 4569, 4577, 4585, 4601, 4607, 4614, 4580, 4871, 4922, 4928, 5026, 5090, 5094, 5098, 5106, 5110, 5120, 5125, 5131, 5136, 5161, 5165, 5188, 5209, 5217, 5250, 5277, 5300, 5350, 5364, 5370, 5399, 5430', 5454'		Depth Casing Shoe 5532'						
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
13 3/4"	9 5/8"	304'	325 cf.					
8 3/4"	7"	3212'	305 cf.					
6 1/4"	4 1/2" Liner	3038-5532'	305 cf.					
	2 3/8"	5451'						

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
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-Bbls.

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Gas
Testing Method (spot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size
	840	840	

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. G. Lucas
(Signature)
Drilling Clerk
(Title)
April 1, 1980
(Date)

OIL CONSERVATION DIVISION

APPROVED APR 15 1980, 19BY Original Signed by FRANK T. CHAVEZTITLE 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.