

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

30-045-23812

NO. OF EXPIRED RECEIPTS	
DIST. DIVISION	
SANTA FE	
FILE	
U.S.G.	
LAND OFFICE	
TRANSPORTER	
OPERATOR	
REGISTRATION OFFICE	

Operator El Paso Natural Gas Company	
Address Box 289, Farmington, New Mexico 87401	
Person(s) for filing (Check proper box)	
New Well ☒	Change in Transporter of:
Recompletion ☐	Oil ☐ Dry Gas ☐
Change in Ownership ☐	Casinghead Gas ☐ Condensate ☐

If change of ownership give name
and address of previous owner _____

2. DESCRIPTION OF WELL AND LEASE

Lease Name Jones A	Well No. 5A	Pool Name, including Formation Blanco Pictured Cliffs <i>est</i>	Kind of Lease State, Federal or Lease SF	Lease No. 078390
Location Unit Letter <u>C</u> : <u>1182</u> Feet From The <u>N</u> Line and <u>1815'</u> Feet From The <u>West</u>				
Line of Section <u>13</u> Township <u>28-N</u> Range <u>8-W</u> , NMPM, <u>San Juan</u> County				

3. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒	Address (Give address to which approved copy of this form is to be sent) El Paso Natural Gas Company Box 289, Farmington, New Mexico 87401	
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent) El Paso Natural Gas Company Box 289, Farmington, New Mexico 87401	
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 13
	Twp. 28-N	Rge. 8-W
	Is gas actually connected? ☐ When _____	

If this production is commingled with that from any other lease or pool, give commingling order number: _____

4. 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 1-4-80	Date Compl. Ready to Prod. 5-1-80		Total Depth 5631		P.B.T.D. 5614'			
Elevations (DF, RKB, RT, GR, etc.) 6363' GL	Name of Producing Formation Pictured Cliffs		Top Gas /Gas Pay 2970'		Tubing Depth 3064'			
Perforations 2970-2985, 3010-3030, 3050-3070, 3078-3085'					Depth Casing Shoe 5631'			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
13 3/4"	9 5/8"	226'	224 cu. ft.
8 3/4"	7"	3299'	289 cu. ft.
6 1/4"	4 1/2" Liner	3172-5631'	431 cu. ft.
	1 1/4"	3064'	

5. TEST DATA AND REQUEST FOR ALLOWABLE (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 733	Length of Test 3 hours	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) Calc. A.O.F.	Tubing Pressure (shut-in) 604	Casing Pressure (shut-in) 604	Choke Size 3/4 variable

6. 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. Lisco
(Signature)

Drilling Clerk

(Title)

May 8, 1980

(Date)

OIL CONSERVATION DIVISION

APPROVED JUN 3 1980, 19 _____

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 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.