

OIL CONSERVATION DIVISION

P. O. BOX 2000

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
 AND  
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

|                        |     |
|------------------------|-----|
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| SANTA FE               |     |
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| LAND OFFICE            |     |
| TRANSPORTER            | OIL |
| OPERATOR               | GAS |
| REGISTRATION OFFICE    |     |

El Paso Natural Gas Company

P.O. Box 289, Farmington, NM 87401

|  |                                     |
|--|-------------------------------------|
| Reason(s) for filing (Check proper box)      | Other (Please explain)              |
| New Well <input checked="" type="checkbox"/> |                                     |
| Recompletion <input type="checkbox"/>        |                                     |
| Change in Ownership <input type="checkbox"/> |                                     |
| Change in Transporter of:                    |                                     |
| Oil <input type="checkbox"/>                 | Dry Gas <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<br>Grambling A  | Well No.<br>2A | Pool Name, including Formation<br>Blanco Mesa Verde | Kind of Lease<br>State, Federal <del>and</del> NM | Lease No.<br>013861 |
| Location   |                |   |   |                     |
| Unit Letter P ; 850 Feet From The South Line and 1120 Feet From The West |                |   |   |                     |
| Line of Section 22 Township 28-North Range 8-West, NMPM, San Juan County |                |   |   |                     |

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, NM 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, NM 87401                                       |
| If well produces oil or liquids, give location of tanks.   | Is gas actually connected? When  |
| Unit P Sec. 22 Twp. 28-N Rge. 8-W  |  |

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

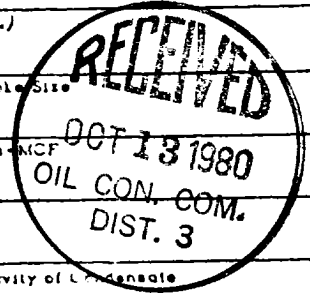
COMPLETION DATA

|  |   |                      |                       |                            |        |           |             |              |
|--|---|----------------------|-----------------------|----------------------------|--------|-----------|-------------|--------------|
| 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<br>3-19-80  | Date Compl. Ready to Prod.<br>9-23-80     | Total Depth<br>4954' | P.B.T.D.<br>4936'     |                            |        |           |             |              |
| Elevations (DF, RKB, RT, CR, etc.)<br>5809'  | Name of Producing Formation<br>Mesa Verde | Top Gas Pay<br>3866' | Tubing Depth<br>4871' |                            |        |           |             |              |
| 4500, 4510, 4514, 4518, 4522, 4534, 4538, 4554, 4560, 4576, 4608, 4635, 4665, 4684, 4742, 4758, 4771, 4785, 4820, 4848, 4868, 4890' 3866, 3940, 3958, 4402, 4408, 4152, 4264, 4344, 4452' W/1 SPZ. |   |                      |                       | Depth Casing Shoe<br>4954' |        |           |             |              |
| HOLE SIZE  | CASING & TUBING SIZE                      | DEPTH SET            | SACKS CEMENT          |                            |        |           |             |              |
| 13 3/4"  | 9 5/8"                                    | 220'                 | 295 cu. ft.           |                            |        |           |             |              |
| 8 3/4"   | 7"  | 2596'                | 322 cu. ft.           |                            |        |           |             |              |
| 6 1/4"   | 4 1/2"                                    | 2457-4954'           | 437 cu. ft.           |                            |        |           |             |              |
|  | 2 3/8"                                    | 4871'                |                       |                            |        |           |             |              |

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.) |            |
|                                 |                 | Casing Pressure                               | Choke Size |
| Length of Test                  | Tubing Pressure | Water-Bble.                                   | Gas-MCF    |
| Actual Prod. During Test        | Oil-Bble.       |   |            |



GAS WELL

|   |                                  |                                  |                       |
|---|----------------------------------|----------------------------------|-----------------------|
| Actual Prod. Test-MCF/D<br>1294                   | Length of Test                   | Bble. Condensate/MCF             | Gravity of Condensate |
| Testing Method (spot, back prod.)<br>Calc. A.O.F. | Tubing Pressure (shot-in)<br>920 | Casing Pressure (shot-in)<br>920 | 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.

*A. G. Busco*  
 (Signature)

Drilling Clerk  
 (Title)

10-7-80  
 (Date)

OIL CONSERVATION DIVISION

OCT 16 1980

APPROVED \_\_\_\_\_, 19  
 Original Signed by CHARLES GHOLSON  
 BY \_\_\_\_\_  
 TITLE DEPUTY OIL & GAS INSPECTOR, DIST #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