

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

NO. OF COPIES RETURNED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	
OPERATOR	
REGISTRATION OFFICE	

Operator El Paso Natural Gas Company	
Address P. O. Box 289, Farmington, New Mexico 87401	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Jones A	Well No. 2A	Pool Name, Including Formation Blanco M. V.	Kind of Lease State, Federal or Fee Federal	Lease No. SF-078390
Location Unit Letter <u>0</u> : <u>930</u> Feet From The <u>S</u> Line and <u>1830</u> Feet From The <u>E</u> Line of Section <u>11</u> Township <u>28-N</u> Range <u>8-W</u> , NMPM, <u>San Juan</u> 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"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P. O. 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) P. O. Box 289, Farmington, New Mexico 87401
If well produces oil or liquids, give location of tanks.	Unit <u>0</u> Sec. <u>11</u> Twp. <u>28-N</u> Rge. <u>8-W</u> Is gas actually connected? <input type="checkbox"/> 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 12-23-79	Date Compl. Ready to Prod. 08-11-80	Total Depth 5490'	P.B.T.D. 5471					
Elevations (DF, RKB, RT, GR, etc.) 6252' GR	Name of Producing Formation M. V.	Top Oil/Gas Pay 4387	Tubing Depth 5397'					
Perforations 4387, 4469, 4480, 4498, 4504, 4510, 4540, 4564, 4570, 4576, 4582, 4588, 4594, 4700,		Depth Casing Shoe 5180, 5187, 5198, 5220, 5271, 5281, 5296, 5340, 5356, 5372, 5389, 5407, 5420, 5436' W/I SPZ.						
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
13 3/4"	9 5/8"	221'	224 c.f.					
8 3/4"	7"	3193'	297 c.f.					
6 1/4"	4 1/2"	3052-5490'	425 c.f.					
	2 3/8"	5397'						

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-MSCF

GAS WELL

Actual Prod. Test-MCF/D 5259	Length of Test 3 hours	Bbls. Condensate/MSCF	Gravity of Condensate
Testing Method (pilot, back pr.) Calc. A.O.F.	Tubing Pressure (shut-in) 788	Casing Pressure (shut-in)	Choke Size 3/4 variable

VI. 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)
08-27-80
(Date)

OIL CONSERVATION DIVISION

APPROVED SEP 10 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 Forms C-104 must be filed for each pool in multiply completed 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.