

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

NAME OF OPERATOR	
REGISTRATION	
SANTA FE	
FILE	
UNIT NO.	
LAND OFFICE	
TRANSPORTER	
OPERATOR	
PRODUCTION OFFICE	
Operator	

El Paso Natural Gas Company

Address

Box 289, Farmington, New Mexico 87401

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)

If change of ownership give name  
and address of previous owner

## DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Hardie D	1A	Blanco Mesa Verde	State, Federal or Free	SF 078390-A
Location				
Unit Letter	0	1120	Feet From The	South
			Line and	1750
			Feet From The	East
Line of Section	12	Township	28-N	Range
			8-W	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				Box 289, Farmington, New Mexico 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				Box 289, Farmington, New Mexico 87401
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.
	0	12	28-N	8-W
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 Restv.	Diff. Restv.
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
1-13-80	5-15-80	5679'	5662'					
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation	Top GR/Gas Pay	Tubing Depth					
6410' GL	Mesa Verde	4658'	5614'					
Perforations	4658, 4663, 4668, 4679, 4685, 4691, 4698, 4707, 4713, 4719, 4747, 4760, 4772	Depth Casing Shoe						
	4777, 4782, 4957, 5022, 5044, 5050, 5147, 5168, 5237, 5242, 5248, 5254, 5260, 5266, 5302,	5679'						
	5312, 5332, 5355, 5370, 5392, 5401, 5420, 5458, 5483, 5539, 5558, 5576, 5592, 5610, 5630'	W/1SPZ						
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
13 3/4"	9 5/8"	223'	228 cf.					
8 3/4"	7"	3390'	296 cf.					
6 1/4"	4 1/2"	3257-5679'	425 cf.					
	2 3/8"	5614'						

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 - MCF

## GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
6007	3 hours		
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-In)	Casing Pressure (Shut-In)	Choke Size
Calc. AOF	756		3/4 variable

## 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.

Drilling Clerk

May 29, 1980

## OIL CONSERVATION DIVISION

JUN 17 1980

APPROVED \_\_\_\_\_, 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 allow-  
able 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.