

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

30-045-23853

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES REQUIRED	5
DISTRIBUTION	
STAFF	1
FILE	1
U.S.G.	
LAND OFFICE	
TRANSPORTER	1
OPERATOR	1
REGISTRATION OFFICE	1

Operator
El Paso Natural Gas CompanyAddress
Box 289, Farmington, New Mexico

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

1. DESCRIPTION OF WELL AND LEASE

Lease Name Tapp	Well No. 4A	Pool Name, including Formation Blanco Mesa Verde	Kind of Lease State, Federal or Lease	Lease No. SF078499
Location Unit Letter <u>F</u> : <u>1850</u> Feet From The <u>North</u> Line and <u>1815</u> Feet From The <u>West</u> Line of Section <u>16</u> Township <u>28-North</u> Range <u>8-West</u> , NMPM, <u>San Juan</u> County				

2. 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 87041
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 87041
If well produces oil or liquids, give location of tanks.	Unit : <u>F</u> Sec. : <u>16</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:

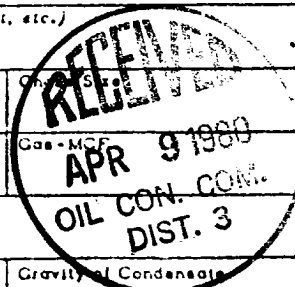
3. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
Date Spudded 2-19-80	Date Compl. Ready to Prod. 3-17-80	Total Depth 5088'	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.) 5959' GL	Name of Producing Formation Mesa Verde	Top Oil/Gas Pay 4046'	Tubing Depth 5011'					
Perforations 4046, 4077, 4084, 4100, 4124, 4260, 4273, 4290, 4300, 4305, 4367, 4373, 4438, 4449, 4462, 4584, 4626, 4631, 4644, 4648, 4659, 4672, 4686, 4691, 4710, 4730, 4738, 4772, 4789, 4808, 4824, 4920, 4928, 4936, 4953, 4978, 5021'			Depth Casing Shoe 5088'					
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
13 3/4"	9 5/8"	228'	224 cu. ft.					
8 3/4"	7"	2789'	305 cu. ft.					
6 1/4"	4 1/2" Liner	2621-5088'	426 cu. ft.					
	2 3/8"	5011'						

4. 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	Grav. Sec.
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
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in) 415	Casing Pressure (Shut-in) 850	Choke Size

5. 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)

March 26, 1980

(Date)

OIL CONSERVATION DIVISION

APPROVED APR 25 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.