

OIL CONSERVATION DIVISION
P.O. BOX 2000
SANTA FE, NEW MEXICO 87501

30-045-23988

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

SENDER'S OFFICE	3
DISTRIBUTION	
SALE	L
FILE	L
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	7
OPERATOR	L
REGISTRATION OFFICE	L
Operator	

El Paso Natural Gas	
Address Box 289, Farmington, New Mexico	
Reason(s) for filing (check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <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 Sharp	Well No. # 1 A	Pool Name, including Formation Blanco Mesa Verde	Kind of Lease State, Federal or State Federal	Lease No. SF079205
Location Unit Letter <u>K</u> ; <u>1600</u> Feet From The <u>South</u> Line and <u>1580</u> Feet From The <u>West</u> Line of Section <u>18</u> Township <u>28-N</u> Range <u>8-W</u> , NMPM, <u>San Juan</u> 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	P.O. Box 289, Farmington, New Mexico
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	P.O. Box 289, Farmington, New Mexico
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	K 18 28-N 8-W

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

COMPLETION DATA

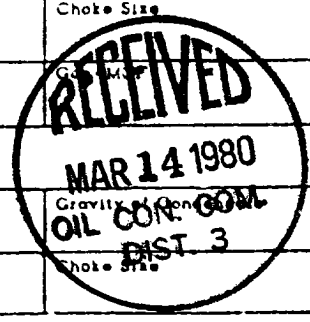
Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X	X					
Date Spudded 1-24-80	Date Compl. Ready to Prod. 3-4-80	Total Depth 4882'	P.B.T.D. 4866'					
Elevations (DF, RAB, RT, GR, etc.) 5829' GL	Name of Producing Formation Mesa Verde	Top oil /Gas Pay 4135'	Tubing Depth 4882'					
Perforations 4135, 4142, 4265, 4272, 4332, 4371, 4385, 4443, 4449, 4462, 4468, 4474, 4488, 4500, 4505, 4512, 4523, 4529, 4535, 4556, 4562, 4600, 4620, 4646, 4664, 4678, 4706, 4739, 4765, 4773, 4806, 4852, w 1 SPZ TUBING, CASING, AND CEMENTING RECORD							Depth Casing Shoe 4882'	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT				
13 3/4"	9 5/8"	228'		224 cf				
8 3/4"	7"	2539'		312 cf				
6 1/4"	4 1/2"	2351' - 4882'		433 cf				
	2 3/8"	4810'						

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 WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Test Method (pilot, back pr.)	Tubing Pressure (shut-in) 580	Casing Pressure (shut-in) 875	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.

[Signature]
(Signature)
Drilling Clerk
(Title)
March 11, 1980
(Date)

OIL CONSERVATION DIVISION
APPROVED MAR 17 1980, 19____
BY Original Signed by FRANK T. HAVEZ
SUPERVISOR DISTRICT #3
TITLE _____

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.