

OIL CONSERVATION DIVISION

P.O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NAME OF OPERATOR	
DISTRIBUTION	
TRANSPORTER	
OPERATOR	
REGISTRATION OFFICE	

El Paso Natural Gas Company

Address
P.O. Box 289, Farmington, NM 87401

Reason(s) for filing (Check proper box)		Other (Please explain)
New Well ☒	Change in Transporter of: Oil ☐ Dry Gas ☐ Casinghead Gas ☐ Condensate ☐	

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Huerfano	Well No. 144E	Pool Name, Including Formation Basin Dakota	Kind of Lease State, Federal or Fee NM	Lease No. 01051
Location Unit Letter <u>A</u> : <u>870</u> Feet From The <u>N</u> Line and <u>840</u> Feet From The <u>E</u> Line of Section <u>31</u> Township <u>27-N</u> Range <u>9-W</u> , NMPM, <u>San Juan</u> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒	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 ☐ or Dry Gas ☒	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.	Unit <u>A</u> Sec. <u>31</u> Twp. <u>27-N</u> Rge. <u>9-W</u> 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 Resrv. ☐	Diff. Resrv. ☐
Date Spudded 11-10-81	Date Compl. Ready to Prod. 1-19-82	Total Depth 6902'	P.B.T.D. 6887'					
Elevations (DF, RAB, RT, GR, etc.) 6428' GL	Name of Producing Formation Dakota	Top Gas Pay 6615'	Tubing Depth 6797'					
6615, 6621, 6627, 6652, 6710, 6715, 6722, 6739, 6776, 6813, 6839' W/1 SPZ.						Depth Casing Shoe 6902'		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12 1/4"	8 5/8"	222'	165 cf.					
7 7/8"	4 1/2"	6902'	1849 cf.					
	2 3/8"	6797'						

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-Bble.	Water-Bble.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D 414	Length of Test	Bble. Condensate/MMCF	Gravity of Condensate
Testing Method (flow, back pr.)	Tubing Pressure (Shut-in) 1108	Casing Pressure (Shut-in) 1280	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.



Drilling Clerk

(Date)

January 22, 1982

(Date)

OIL CONSERVATION DIVISION

APPROVED  , 19

Original Signed by FRANK T. CHAVEZ

BY 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 Form C-104 must be filed for each pool in multiply