

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS**

I.

Operator El Paso Exploration & Production Inc.	Well API No. 30-045-28725
Address 3300 N. Butler, Farmington, New Mexico 87401	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> 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 Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of operator give name and address of previous operator: _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name MARSHALL "A"	Well No. 8	Pool Name, Including Formation BASIN FRUITLAND COAL	Kind of Lease <u>State</u> (Federal or Rent)	Lease No. NM 011808-A
Location Unit Letter N : 945 Feet From The SOUTH Line and 1595 Feet From The WEST Line Section 15 Township T27N Range R9W , NMPM, SAN JUAN County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> Water pad # 2806170	Address (Give address to which approved copy of this form is to be sent)			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> EL PASO NATURAL GAS 2806169	Address (Give address to which approved copy of this form is to be sent) 614 REILLY AV, FARMINGTON, NM 87401			
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.
Is gas actually connected? YES		When? 9-93		

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 <input checked="" type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 11-24-92	Date Compl. Ready to Prod. 2-04-93		Total Depth 2340'		P.B.T.D. 2274'			
Elevations (DF, RKB, RT, GR, etc.) 6284' KB	Name of Producing Formation FRUITLAND COAL		Top Oil/Gas Pay 2110'		Tubing Depth 2169'			
Perforations 2110'-21, 2122'-24', 2128'-29', 2132', 2135'-37', 2164', 2180', 2196'-2209', 2228'-31' W/ 4 JSPF (144 HOLES)						Depth Casing Shoe 2340'		
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8"		316'		350 SX			
7-7/8"	5-1/2"		2340'		500 SX			
	2-3/8"		2169'					

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 better for all 20' lows)

Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
		Casing Pressure	Choke Size SEPI 7 1993
Length of Test	Tubing Pressure	Water - Bbls.	Gas- OIL CON. DIV. DIST. 3
Actual Prod. During Test	Oil - Bbls.		

GAS WELL

Actual Prod. Test - MCF/D 60	Length of Test 24 HR	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) Orifice well tester	Tubing Pressure (Shut-in) 542 psi	Casing Pressure (Shut-in) 542 psi	Choke Size

VI. OPERATOR 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.

Ted A. Tipton
Signature **Ted A. Tipton** Area Manager
Printed Name **9-15-93** Title **(505) 325-4397**
Date Telephone No.

OIL CONSERVATION DIVISION

SEP 17 1993
Date Approved
By *Bill D. Sherrill*
Title **SUPERVISOR DISTRICT #3**

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- All sections of this form must be filled out for allowable on new and recompleted wells.
- Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- Separate Form C-104 must be filed for each pool in multiply completed wells.