

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF OFFICE COPIES	
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El Paso Natural Gas Company

Address

P.O. Box 289, Farmington, New Mexico 87401

Reason(s) for filing (Check proper box)

New Well <input type="checkbox"/>	Change in Transporter of:	Other (Please explain)
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Change in Operator according to
Change in Ownership <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	criteria of unit agreement.
	Condensate <input type="checkbox"/>	

If change of ownership give name
and address of previous owner

Amoco Production Company, 501 Airport Drive, Farmington, NM 87401

DESCRIPTION OF WELL AND LEASE

Lease Name San Juan 29-4 Unit	Well No. 23	Pool Name, including Formation Wildcat Pic. Cliffs	Kind of Lease State/Federal/Free	SF	Lease No. 079758
Location Unit Letter <u>J</u> ; <u>2180</u> Feet From The <u>South</u> Line and <u>1580</u> Feet From The <u>East</u> Line of Section <u>15</u> Township <u>29-N</u> Range <u>4-W</u> , NMPM, <u>Rio Arriba</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"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 289, Farmington, New Mexico 87401				
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Northwest Pipeline Corp.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 90, Farmington, NM 87401				
If well produces oil or liquids, give location of tanks.	Unit J	Sec. 15	Twp. 29-N	Rge. 4-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 Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, H&B, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
					Depth Casing Shoe			
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT		

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 greater than 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/MMCF	Gravity of Condensate
Testing Method (puot, back pr.)	Tubing Pressure (shot-in)	Casing Pressure (shot-in)	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

(Title)

April 29, 1982

(Date)

OIL CONSERVATION DIVISION

APR 30 1982

APPROVED _____, 19____

BY Original Signed by FRANK T. CHAVEZ
SUPERVISOR DISTRICT #

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.