

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	
SANTA FE	
FILE	
U.S.S.	
LAND OFFICE	
TRANSPORTER	
OPERATOR	
PRODUCTION OFFICE	

El Paso Natural Gas Company

Address

Box 289, Farmington, New Mexico

Reason(s) for filing (check proper box)

New Well

☒

Recompletion

☐

Change in Ownership

☐

Change in Transporter of:

Oil

☐

Dry Gas

☐

Casinghead Gas

☐

Condensate

☐

Other (Please explain)

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
San Juan 29-7 Unit	84A	Blanco Mesa Verde	State, Federal or Fee	SF 078945
Location				
Unit Letter	0	: 1120	Feet From The South	Line and 1680
Line of Section 1		Township 29N	Range 7W	NMPM, Rio Arriba
		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	<input checked="" type="checkbox"/>	Box 289, Farmington, New Mexico 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	<input checked="" type="checkbox"/>	Box 289, Farmington, New Mexico 87401				
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rgs.	Is gas actually connected?	When
	0	1	29N	7W		

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	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
10-1-80	1-13-81	6008'	5993					
Elevations (DF, RAB, RT, GR, etc.)	Name of Producing Formation	Top XXX Gas Pay	Tubing Depth					
6489' GL	Mesa Verde	5155'	5993					
Perforations	Depth Casing Shoe							
5561, 5566, 5578, 5584, 5611, 5616, 5621, 5635, 5640, 5645, 5651, 5656, 5661, 5666, 5695, 5752, 5813, 5820, 5828, 5862, 5868, 5894, 5956, 5155, 5160, 5194, 5207, 5214, 5221, 5225, 5249, 5253, 5267, 5278, 5293, 5326, 5334, 5349, 5430, 5441, 5483, 5511, 5522' W/1 SPZ	6008							
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
13 3/4"	9 5/8"	229'	224 cu. ft.					
8 3/4"	7"	3681'	510 cu. ft.					
6 1/4"	4 1/2" Cs. Liner	3506-6008	431 cu. ft.					
	2 3/8"	5959						

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 - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
3466			
Testing Method (split, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
	535	998	

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.*A. G. Suarez*
(Signature)

Drilling Clerk

(Title)

January 26, 1981

(Date)

OIL CONSERVATION DIVISION

FEB 3 1981

APPROVED _____, 19 _____

BY Original Signed by FRANK T. CHAVEZ

TITLE 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 allow-
able 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.