

Operator
EL PASO NATURAL GAS COMPANY
Address
P. O. BOX 289, FARMINGTON, NM 87401
Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)

If change of ownership give name and address of previous owner

1. DESCRIPTION OF WELL AND LEASE
Lease Name
Hughes A
Well No.
2A
Pool Name, including Formation
Blanco Mesa Verde
Kind of Lease
State, Federal or Fee
SF
Lease No.
078049
Location
Unit Letter
I
1780 Feet From The
S
Line and
1178 Feet From The
E
Line of Section
27
Township
29-N,
Range
8-W
NMPM,
San Juan
County

2. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☐ or Condensate ☒
EL PASO NATURAL GAS COMPANY
Address (Give address to which approved copy of this form is to be sent)
Box 289, Farmington, NM 87401
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒
EL PASO NATURAL GAS COMPANY
Address (Give address to which approved copy of this form is to be sent)
BOX 289, Farmington, NM 87401
If well produces oil or liquids, give location of tanks.
Unit
I
Sec.
27
Twp.
29N
Rge.
8W
Is gas actually connected?
When

If this production is commingled with that from any other lease or pool, give commingling order number:
3. COMPLETION DATA
Designate Type of Completion - (X)
Oil Well
Gas Well
X
New Well
X
Workover
Deepen
Plug Back
Same Res'v.
Diff. Res'v.
Date Spudded
1-19-79
Date Compl. Ready to Prod.
2-20-79
Total Depth
6196'
P.B.T.D.
6177'
Elevations (DF, R&B, RT, GR, etc.)
6764' GL
Name of Producing Formation
Mesa Verde
Top ~~XXX~~ Gas Pay
4898'
Tubing Depth
6046'
Depth Casing Shoe
6196'
2224, 2236, 2246, 2253, 2261, 2296, 2321, 2335, 2367, 2373, 2379, 2403, 2425, 2427, 2534, 2540, 2605, 2610, 2616, 2622, 2638, 2646, 2659, 2664, 2691, 2738, 2760, 2800, 2820, 2855, 2862, 2876, 2884, 2927, 2939, 2948, 2966, 2977, 3019, 3036, 3065'
HOLE SIZE
13 3/4"
8 3/4"
6 1/4"
CASING & TUBING SIZE
9 5/8"
7"
4 1/2" liner
2 3/8"
DEPTH SET
216"
3739"
3585-6196"
6046"
SACKS CEMENT
224 cf.
309 cf
436 cf
tubing

4. 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 & Condensate
Testing Method (pilot, back pr.)
Tubing Pressure (Shut-in)
798
Casing Pressure (Shut-in)
802
Choke Size

RECEIVED
MAR 15 1979
OIL CON. COM.
DIST. 3

5. CERTIFICATE OF COMPLIANCE
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.
D. G. Buices
(Signature)
Drilling Clerk
(Title)
March 8, 1979
(Date)

OIL CONSERVATION COMMISSION
APPROVED
MAR 15 1979
BY
Original Signed by A. R. Kendrick
TITLE
SUPERVISOR DIST. 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 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.