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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS



I. Operator
El Paso Natural Gas Company

Address
Box 990, Farmington, New Mexico 87401

Reason(s) for filing (Check proper box) Other (Please explain)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Kelly	Well No. 2	Pool Name, Including Formation Blanco Mesa Verde	Kind of Lease State, Federal or Fee <input checked="" type="checkbox"/> Fee	Lease No. NM 04240
Location				
Unit Letter A	990	Feet From The North Line and 990	Feet From The East	
Line of Section 35	Township 30N	Range 10W	, 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 checked="" type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) Box 990, Farmington, New Mexico					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) Box 990, Farmington, New Mexico					
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 35	Twp. 30N	Rge. 10W	Is gas actually connected? <input type="checkbox"/>	When

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	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
Date Spudded 8-8-67	Date Compl. Ready to Prod. 8-28-67		Total Depth 5113'		P.B.T.D. 5081'			
Elevations (DF, RKB, RT, GR, etc.) 6044' GL	Name of Producing Formation Mesa Verde		Top XX /Gas Pay 4203		Tubing Depth 5034'			
Perforations 4203-08, 4247-57, 4315-35. 4832-42, 4862-72, 4903-08, 5054-64'					Depth Casing Shoe 5113'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
13 3/4"	9 5/8"		213'		160 Sks.			
8 3/4"	7"		2831'		175 Sks.			
6 1/4"	4 1/2" Liner		2712-5113'		270 Sks.			
4 1/2"	2 3/8"		5034'		Tubing			

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 be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
		Casing Pressure	Choke Size
Length of Test	Tubing Pressure	Water - Bbls.	Gas - MCF
Actual Prod. During Test	Oil - Bbls.		

GAS WELL

Actual Prod. Test - MCF/D 6082MCF/D	Length of Test 3 Hours	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.) Calculated A.O.F.	Tubing Pressure (Shut-in) 564	Casing Pressure (Shut-in) 1034	Choke Size 3/4"

VI. 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.

Original Signed **F. H. WOOD**
(Signature)

Petroleum Engineer

(Title)

September 1, 1967

(Date)

OIL CONSERVATION COMMISSION
SEP 5 1967
APPROVED _____, 19____
Original Signed by **Emery C. Arnold**
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.