

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

API 30-045-23218

NO. OF WELLS RECEIVED	5
DISTRIBUTION	
SANTA FE	
FILE	
MAIL ROOM	
LAND OFFICE	
TRANSPORTER	
OPERATOR	
REGISTRATION OFFICE	
Operator	

El Paso Natural Gas Company

Address
Box 289, Farmington, New Mexico 87401

Reason(s) for filing (check proper box)

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"/>

Other (Please explain)

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Atlantic B	Well No. 21	Pool Name, Including Formation Blanco Pictured Cliffs	Kind of Lease Lease , Federal or other	Lease No. NM0607
Location A 1090 North 1050 East	Unit Letter	Feet From The	Line and	Feet From The
Line of Section 3	Township 30-North	Range 10-West	NMPM, San Juan	County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Company	Box 289, Farmington, New Mexico 87401
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Company	Box 289, Farmington, New Mexico 87401
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. A 3 30-N 10-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.
		X	X					
Date Spudded 10-17-79	Date Compl. Ready to Prod. 1-23-80	Total Depth 3174'	P.B.T.D. 3156'					
Elevations (DF, RKB, RT, GR, etc.) 6307' GL	Name of Producing Formation Pictured Cliffs	Top Gas /Gas Pay 3020'	Tubing Depth 3125'					
Perforations 3020, 3026, 3035, 3041, 3047, 3053, 3090, 3096, 3138, 3144'			Depth Casing Shoe 3174'					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8"	138'	100 cu. ft.
7 7/8"	4 1/2"	3174'	531 cu. ft.
	1 1/4"	3125'	

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
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.
		Choke Size

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF
Testing Method (pirol, back pr.)	Tubing Pressure (Shut-in) 641	Casing Pressure (Shut-in) 641

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

January 29, 1980

OIL CONSERVATION DIVISION

APPROVED FEB 6 1980

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 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 Form O-104 must be filed for each pool in multiply completed wells.