

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

API 30-045-23377

NO. OF COPIES RECEIVED	5
DATE RECEIVED	
BY	
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OPERATOR	
ADDRESS	
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MAILING CITY	
MAILING STATE	
MAILING ZIP	
MAILING COUNTRY	

Operator
El Paso Natural Gas Company

Address
Box 289, 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"/>	Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>

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

DESCRIPTION OF WELL AND LEASE

Lease Name Koch	Well No. 1A	Pool Name, Including Formation Blanco Mesa Verde	Kind of Lease State Federal or State	Lease No. NM 0607
Location Unit Letter <u>0</u> ; <u>1190</u> Feet From The <u>South</u> Line and <u>1500</u> Feet From The <u>East</u> Line of Section <u>3</u> Township <u>30-North</u> Range <u>10-West</u> , NMPM, <u>San Juan</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"/>	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Company	Box 289, Farmington, New Mexico
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
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
0	0 3 30-N 10-W

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	X					
Date Spudded 10-29-79	Date Compl. Ready to Prod. 1-14-80	Total Depth 5843'	P.B.T.D. 5827'					
Elevations (DF, RKB, RT, GR, etc.) 6417' GL	Name of Producing Formation Mesa Verde	Top/Gas Pay 4700'	Tubing Depth 5732'					
Perforations 4700, 4712, 4722, 4729, 4736, 4742, 4766, 4780, 4800, 4826, 4832, 4840, 4848, 4854, 4884, 4891, 4898, 4904, 4981, 4988, 5038, 5076, 5097, 5203, 5210, 5224, 5230, 5249, 5284, 5292, 5347, 5352, 5358, 5375, 5380, 5386, 5395, 5400, 5416, 5430, 5436, 5449, 5454, 5481, 5492, 5546, *			Depth Casing Shoe 5843'					
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
13 3/4"	9 5/8"	224'	224 cu. ft.					
8 3/4"	7"	3493'	393 cu. ft.					
6 1/4"	4 1/2" Liner	3320-5843'	431 cu. ft.					
	2 3/8"	5732'						

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.

*5592, 5616, 5646, 5682, 5696, 5720, 5748'.
GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (spot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size
	350	725	

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.

G. Sisco
(Signature)
Drilling Clerk
(Title)
January 23, 1980
(Date)

OIL CONSERVATION DIVISION
FEB 11 1980

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

