

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

30-045-23380

DATE RECEIVED	3
DISTRIBUTION	
TAXABLE	1
FILE	1
U.S.O.G.	
LAND OFFICE	
TRANSPORTER	1
OPERATOR	1
REGISTRATION OFFICE	1

El Paso Natural Gas Company

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"/>
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

DESCRIPTION OF WELL AND LEASE

Lease Name Kelly	Well No. 2A (PM)	Pool Name, including Formation Blanco Pictured Cliffs	Kind of Lease Federal or	Lease No. NMC4240
Location J 1720	South	1630	East	
Unit Letter	Feet From The	Line and	Feet From The	
Line of Section 35	Township 30-North	Range 10-West	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. J 35 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 10-15-79	Date Compl. Ready to Prod. 2-21-80	Total Depth 5439'	P.B.T.D. 5421					
Elevations (DF, RAB, RT, GR, etc.) 6147' GL	Name of Producing Formation Pictured Cliffs	Top Gas Pay 2657'	Tubing Depth 2725'					
Perforations 2657-2680, 2700-2714, 2718-2730, 2740-2750'			Depth Casing Shoe 5439'					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
13 3/4"	9 5/8"	221'	277 cu. ft.
8 3/4"	7"	3098'	368 cu. ft.
6 1/4"	4 1/2" Liner	2928-5439'	445 cu. ft.
	2 3/8"	2725'	

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-Bble.	Water-Bble.

RECEIVED
MAR 5 1980
OIL CON. COM.
DIST. 3

GAS WELL

Actual Prod. Test-MCF/D 1037	Length of Test 3 hours	Bble. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) Calc. A.O.F.	Tubing Pressure (Shut-in) SI 776	Casing Pressure (Shut-in) SI 776	Choke Size 3/4 Variable

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

February 26, 1980

(Date)

OIL CONSERVATION DIVISION

MAR 7 1980

APPROVED _____, 19

Original Signed by FRANK T. CHAVEZ

BY _____
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 Form C-104 must be filled for each pool in multiply
completed wells.