

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

API 30-045-23382

REGISTRATION NUMBER	5
DISTRIBUTION	
DATE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	
OPERATOR	
REGULATION OFFICER	

El Paso Natural Gas Company

Address
Box 289, Farmington, New Mexico 87401

Person(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 San Juan 32-9 Unit	Well No. 23A	Pool Name, including Formation Blanco Mesa Verde	Kind of Lease State, Federal or Co-ten	Lease No. SF 078509
Location Unit Letter <u>F</u> ; <u>1600</u> Feet From The <u>North</u> Line and <u>1490</u> Feet From The <u>West</u>				
Line of Section <u>5</u> Township <u>31-N</u> Range <u>9-W</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
	F 5 31-N 9-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'tv.	Diff. Res'tv.
		X	X					
Date Spudded 7-8-79	Date Compl. Ready to Prod. 1-3-80	Total Depth 6394'	P.B.T.D. 6377'					
Elevations (DF, RKB, RT, GR, etc.) 6809'	Name of Producing Formation Mesa Verde	Top Gas/Gas Pay 5232'	Tubing Depth 6275'					
Perforations 5232, 5335, 5543, 5556, 5568, 5576, 5584, 5592, 5600, 5637, 5642, 5649, 5665, 5671, 5677, 5747, 5780, 5802, 5809, 5832, 5900, 5906, 5912, 5918, 5924, 5930, 5936, 5942, 5948, 5954, 5960, 5984, 6012, 6019, 6032, 6047, 6060, 6085, 6132, 6171, 6208, 6252, 6266'							Depth Casing Shoe 6394'	
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
13 3/4"	9 5/8"		222'		224 cu. ft.			
8 3/4"	7"		4059'		262 cu. ft.			
6 1/4"	4 1/2" Liner		3888-6394'		433 cu. ft.			
	2 3/8"		6275'					

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 of Condensate
Testing Method (prior, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size
	268	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.

J. J. Lisco
(Signature)

Drilling Clerk

January 10, 1980

(Date)

OIL CONSERVATION DIVISION
JAN 31 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 Forms C-104 must be filed for each pool in multiply completed wells.