

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

INTERMEDIARY	
LAND OFFICE	
TRANSPORTER	
OPERATOR	
REGISTRATION OFFICE	

El Paso Natural Gas Company

Address

P.O. Box 289, Farmington, New Mexico 87401

Reason(s) for filing (check proper box)

New Well

☒

Change in Transporter of:

Recompletion

☐

Oil

☐

Dry Gas

☐

Change in Ownership

☐

Casinghead Gas

☐

Condensate

☐

Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Schoen	Well No. 1R	Pool Name, including Formation Blanco Mesa Verde	Kind of Lease State, Federal or Fee	Lease No. SF 078202
Location Unit Letter <u>K</u> ; <u>1760</u> Feet From The <u>South</u> Line and <u>1540</u> Feet From The <u>West</u> Line of Section <u>27</u> Township <u>30-North</u> Range <u>10-West</u> , NMPM, <u>San Juan</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒ El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 289, Farmington, NM 87401				
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒ El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 289, Farmington, NM 87401				
If well produces oil or liquids, give location of tanks.	Unit K	Sec. 27	Twp. 30-N	Rge. 10-W	Is gas actually connected? 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'tv.	Diff. Res'tv.
		X	X					
Date Spudded 1-14-81	Date Compl. Ready to Prod. 3-9-81	Total Depth 5371'	P.B.T.D. 5353'					
Elevations (DF, RKB, RT, CR, etc.) 6119' GL	Name of Producing Formation Mesa Verde	Top Gas/Gas Pay 4280'	Tubing Depth 5297'					
4942, 4947, 4952, 4964, 4969, 4974, 4980, 4990, 5001, 5026, 5035, 5085, 5146, 5214, 5267, 5298, 5312, 5326, 4280, 4296, 4303, 4310, 4327, 4340, 4357, 4365, 4374, 4386, 4443, 4550, 4610, 4630, 4667, 4752, 4778, 4798, 4860, 4879' W/1 SPZ.							Depth Casing Shoe 5371'	
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		
13 3/4"	9 5/8"		243'			224 cf.		
8 3/4"	7"		3043'			515 cf.		
6 1/4"	4 1/2" Liner		2881-5371'			438 cf.		
	2 3/8"		5297'					

V. TEST DATA AND REQUEST FOR ALLOWABLE (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)

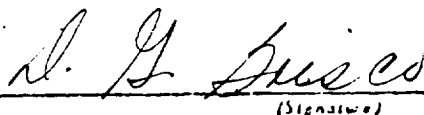
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift)
Length of Test	Tubing Pressure	Casing Pressure
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.

GAS WELL

Actual Prod. Test - MCF/D 2047	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in) 580	Casing Pressure (shut-in) 950	Choke Size

VI. 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

(Title)

March 13, 1981

(Date)

OIL CONSERVATION DIVISION

APPROVED MAR 26 1981, 19BY Original Signed by FRANK T. CHAVEZTITLE 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.