

OIL CONSERVATION DIVISION

P. O. BOX 2000
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
LAND OFFICE	
TRANSPORTER	
OPERATOR	
REGISTRATION OFFICE	

El Paso Natural Gas Company

Address
P.O. Box 289, Farmington, NM 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

DESCRIPTION OF WELL AND LEASE

Lease Name Atlantic B	Well No. 24	Pool Name, including Formation Blanco Pictured Cliffs	Kind of Lease State, Federal other	Lease No. NM0607
Location Unit Letter <u>N</u> : <u>1120</u> Feet From The <u>South</u> Line and <u>1840</u> Feet From The <u>West</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 ☐ 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
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
If well produces oil or liquids, give location of tanks.	Unit <u>N</u> Sec. <u>3</u> Twp. <u>30-N</u> Rge. <u>10-W</u> 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. ☐
Date Spudded 6-8-80	Date Compl. Ready to Prod. 8-28-80		Total Depth 3225'		P.B.T.D. 3207'			
Elevations (DF, RKB, RT, GR, etc.) 6337' GL	Name of Producing Formation Pictured Cliffs		Top Gas /Gas Pay 3044'		Tubing Depth 3081'			
Perforations 3044,3049,3054,3059, 3064,3071,3076,3081, 3088' W/1 SPZ.					Depth Casing Shoe 3225'			
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8 5/8"		223'		248 cu. ft.			
7 7/8"	4 1/2"		3225'		548 cu. ft.			
	1 1/4"		3081'					

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 1685	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in) 971	Casing Pressure (shut-in) 973	Choke Size

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

9-11-80

OIL CONSERVATION DIVISION

SEP 18 1980

APPROVED _____, 19 _____

Original Signed by FRANK T. CHAVEZ

BY _____
SUPERVISOR DISTRICT #3

TITLE _____

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