

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF TOWNSHIP SECTIONS	
DISTRIBUTION	
LAND OFFICE	
TRANSPORTER	<input type="checkbox"/> OIL <input type="checkbox"/> GAS
OPERATOR	
REGISTRATION OFFICE	

El Paso Natural Gas Company

P.O. Box 289, Farmington, NM 87401

Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <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 San Juan 32-9 Unit	Well No. 35A	Pool Name, including Formation Blanco Mesa Verde	Kind of Lease State, Federal or Fee	Lease No. 078626
Location Unit Letter <u>J</u> ; <u>1750</u> Feet From The <u>South</u> Line and <u>1680</u> Feet From The <u>East</u> Line of Section <u>10</u> Township <u>31-N</u> Range <u>9-W</u> , N.M.P.M., <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	P.O. Box 289, Farmington, NM 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	P.O. Box 289, Farmington, NM 87401
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	J 10 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'v.	Diff. Res'v.
		X	X					
Date Spudded 3-30-80	Date Compl. Ready to Prod. 2-4-81	Total Depth 6080'	P.B.T.D. 6063'					
Elevations (DF, RAB, RT, CR, etc.) 6515' GL	Name of Producing Formation Mesa Verde	Top <input checked="" type="checkbox"/> Oil/Gas Pay 5174'	Tubing Depth 5995'					
5638, 5644, 5650, 5655, 5660, 5675, 5680, 5698, 5703, 5708, 5723, 5731, 5740, 5750, 5780, 5846, 5870, 5885, 5900, 5937, 5944, 5948, 5998', 5556, 5406, 5399, 5328, 5321, 5310, 5296, 5284, 5272, 5174' W/1 SPZ.			Depth Casing Shoe 6080'					
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
13 3/4"	9 5/8"	223'	224 cf.					
8 3/4"	7"	3650'	369 cf.					
6 1/4"	4 1/2" Liner	3488-6080'	451 cf.					
	2 3/8"	5995'						

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
Total Prod. During Test	Oil - Bbls.	Water - Bbls.

GAS WELL

Annual Prod. Test - MCF/D 1445	Length of Test	Bbls. Condensate/AMCF	Gravity of Condensate
Testing Method (plot, back prod)	Tubing Pressure (shut-in) 259	Casing Pressure (shut-in) 531	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.

*A. G. Suarez*  
(Signature)

Drilling Clerk

February 13, 1981

OIL CONSERVATION DIVISION

APPROVED **FEB 27 1981**, 19\_\_\_\_

BY **Original Signed by FRANK T. CHAVEZ**

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.