Form C-104
Revised 10-1-70

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Distribution		
SANTA FE		
FNP		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
TAXATION OFFICE		

Operator

El Paso Natural Gas Company

Address

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

Reason(s) for filing (Check proper box)

New Well	[X]	Change in Transporter of:		Other (Please explain)
Recompletion	[ ]	Oil [ ]	Dry Gas [ ]	
Change in Ownership	[ ]	Casinghead Gas [ ]	Condensate [ ]	

If change of ownership give name
and address of previous owner _____

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Sullivan	1A	Blanco Mesa Verde	State, Federal or Fee: NM-	03195-A

Location

Unit Letter __E__ : __1640'__ Feet From The __N__ Line and __1070'__ Feet From The __W__

Line of Section __7__ Township __30-N__ Range __10-W__ , NMPM, San Juan County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [ ] or Condensate [ ]	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Company	P. O. Box 289, Farmington, New Mexico 87401
Name of Authorized Transporter of Casinghead Gas [ ] or Dry Gas [ ]	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Company	P. O. Box 289, Farmington, New Mexico 87401

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	E	7	30-N	10-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	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
03-06-80	-8-11-80	5468'	5452'

Elevations (DF, KKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
6171' GL	Mesa Verde	4366'	5310'

Perforations 4366,4372,4386,4391,4396,4406,4412,4426,4437'4816,4827,4891,4967,5025,
5031,5044,5055,5065,5071,5077,5088,5103,5116,5140,5150,5198,5250,5298,
5315'

Casing Shoe 5468'

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
13 3/4"	9 5/8"	213'	224 c.f.
8 3/4"	7"	3092'	385 c.f.
6 1/4"	4 1/2"	2939-5468'	438 c.f.
	2 3/8"	5310'	

TEST DATA AND REQUEST FOR ALLOWABLE
(Test must be after recovery of total volume of load oil and must not exceed top allowable for this depth or be for full 24 hours)

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	Choke Size
Length of Test	Tubing Pressure	Casing Pressure	
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
2617			
Testing Method (fl.of. back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
	924	924	

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.

(Signature) Terry Bradfield

Drilling Clerk
(Title)

08-28-80
(Date)

OIL CONSERVATION DIVISION

APPROVED __SEP 8 1980__ , 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...