

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF APPROVED WELLS	
DISTRIBUTION	
SANTA FE	
EL PASO	
US OIL	
LAND OFFICE	
TRANSPORTER	
OPERATOR	
REGISTRATION OFFICE	
Operator	

El Paso Natural Gas Company

Address

P. O. Box 289, Farmington, New Mexico

Person(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 Howell D	Well No. 5	Pool Name, including Formation Basin Dakota	Kind of Lease State, Federal or Other SF	Lease No. 078387
Location Unit Letter <u>I</u> : <u>1520</u> Feet From The <u>S</u> Line and <u>1160</u> Feet From The <u>E</u> Line of Section <u>31</u> Township <u>31-N</u> Range <u>8-W</u> , NMPM, <u>San Juan</u> County				

III. 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) P. O. 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) P. O. Box 289, Farmington, New Mexico	
If well produces oil or liquids, give location of tanks.	Unit <u>I</u>	Sec. <u>31</u>
	Twp. <u>31</u>	Rge. <u>8</u>
	Is gas actually connected? <u> </u> When <u> </u>	

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't.	Dist.
		X	X					
Date Spudded 5-22-80	Date Compl. Ready to Prod. 9-8-80	Total Depth 7768'	P.B.T.D. 7755'					
Elevations (DF, RKB, RT, GR, etc.) 6362' GL	Name of Producing Formation Dakota	Top Oil /Gas Pay 7536'	Tubing Depth 7702'					
7536, 7546, 7556, 7562, 7567, 7572, 7613, 7620, 7626, 7654, 7661, 7672, 7678, 7722, 7728, 7736			Depth Casing Shoe 7768'					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
13 3/4"	9 5/8"	229'	224 cu. ft.
8 3/4"	7 "	3637'	369 cu. ft.
6 1/4"	5 1/2"	5999'	107' cu. ft.
4 3/4"	4"	5875' 7768' 7702'	100 cu. ft.

V. 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	
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	

GAS WELL

Actual Prod. Test-MCF/D 166	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prot, back pr.) Calc. A. O. F.	Tubing Pressure (shut-in) 436	Casing Pressure (shut-in) 1797	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

9-22-80

(Title)

(Date)

OIL CONSERVATION DIVISION

SEP 25 1980

APPROVED

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 Forms C-104 must be filed for each pool in multiple completed wells.