

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NAME OF OPERATOR	
LAND OFFICE	
TRANSPORTER	
OPERATOR	
REGISTRATION OFFICE	

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 Moncrief Com A	Well No. 2 E	Pool Name, including Formation Basin Dakota	Kind of Lease State, Federal or Fee E	Lease No. 453-18
Location Unit Letter <u>J</u> : <u>1410'</u> Feet From The <u>S</u> Line and <u>1470'</u> Feet From The <u>E</u> Line of Section <u>2</u> Township <u>30-N</u> Range <u>13-W</u> , NMPM, San Juan 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"/> El Paso Natural Gas Company	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"/> El Paso Natural Gas Company	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 J	Sec. 2	Twp. 30	Rge. 13	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'v.	Diff. Res'v.
		X	X					
Date Spudded 7-23-80	Date Compl. Ready to Prod. 9-8-80	Total Depth 6782'	P.B.T.D. 6765' 4982'					
Elevations (DF, RAB, RT, GR, etc.) 5904' GL	Name of Producing Formation Dakota	Top Gas Pay 6561'	Tubing Depth 6705'					
Perforations 6561, 6566, 6572, 6593, 6618, 6624, 6630, 6642, 6648, 6658, 6666, 6673, 6681, 6718, 6732							Depth Casing Shoe 6782'	
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12 1/4"	8 5/8"	336'	248 cu. ft.					
7 7/8"	4 1/2"	6782'	350 cu. ft.					
	2 3/8"	6705'						

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	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test-MCF/D 3221'	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) Calc. A. O. F.	Tubing Pressure (Shut-in) 1976	Casing Pressure (Shut-in)	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.
(Signature)

Drilling Clerk

(Title)

9-15-80

(Date)

OIL CONSERVATION DIVISION

SEP 16 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 allow-
able 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