

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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

API 30-045-23384

NO. OF COPIES REQUIRED	5
DISTRIBUTION	
MANAGER	1
FILE	1
MAIL ROOM	
LAND OFFICE	
TRANSPORTER	7
GAS	7
OPERATION	7
PRODUCTION OFFICE	7

Operator
El Paso Natural Gas Company

Address
Box 289, Farmington, New Mexico 87401

Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<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 Zachary	Well No. 1 A	Pool Name, including Formation Blanco Mesa Verde	Kind of Lease State, Federal or Lease	Lease No. SF 078097
Location Unit Letter <u>J</u> : <u>1590</u> Feet From The <u>South</u> Line and <u>1690</u> Feet From The <u>East</u> Line of Section <u>25</u> Township <u>31-North</u> Range <u>11-West</u> , <u>NMPM</u> , <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	Box 289, Farmington, New Mexico 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	Box 289, Farmington, New Mexico 87401
If well produces oil or liquids, give location of tanks.	Un. <u>J</u> Sec. <u>25</u> Twp. <u>31-N</u> Rge. <u>11-W</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:

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resrv.	Diff. Resrv.
		X	X					
Date Spudded 7-16-79	Date Compl. Ready to Prod. 1-2-80	Total Depth 5274'	P.B.T.D. 5258'					
Elevations (DF, RAB, RT, GR, etc.) 5906' G1	Name of Producing Formation Mesa Verde	Top Oil/Gas Pay 4745'	Tubing Depth 5148'					
Perforations: 4745, 4764, 4783, 4788, 4793, 4800, 4805, 4811, 4817, 4823, 4829, 4835, 4841, 4853, 4859, 4865, 4871, 4877, 4883, 4894, 4903, 4908, 4913, 4937, 4968, 4993, 5017, 5039, 5051, 5066, 5073, 5094, 5103, 5031, 5142'			Depth Casing Shoe 5274'					
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
13 3/4"	9 5/8"	215'	224 cu. ft.					
8 3/4"	7"	2977'	418 cu. ft.					
6 1/4"	4 1/2" Liner	2852-5274'	438 cu. ft.					
	2 3/8"	5148'						

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-Bbls.

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size
	338	885	

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.

D. G. Quisco
(Signature)
Drilling Clerk
(Title)
January 11, 1980
(Date)

OIL CONSERVATION DIVISION
APPROVED FEB 7 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 Form C-104 must be filed for each pool in multiply completed wells.

