

OIL CONSERVATION DIVISION
P. O. BOX 7088
SANTA FE, NEW MEXICO 87501Form C-104
Revised 10-1-70REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF LEASES COVERED	
DISTRICT	
TAXI	
FILE	
U.S.G.	
LAND OFFICE	
TRANSPORTER	
OPERATOR	
REGISTRATION OFFICE	

Operator
El Paso Natural Gas CompanyAddress
P.O. Box 289, Farmington, NM 87401

Reason(s) for filing (check proper box)

New Well ☒
Recompletion ☐
Change in Ownership ☐

Change in Transporter of:

Oil ☐ Dry Gas ☐
Casinghead Gas ☐ Condensate ☐

Other (Please explain)

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. 45A	Pool Name, including Formation Blanco Mesa Verde	Kind of Lease State/Federal/for Fee SF	Lease No. 078389 A
Location Unit Letter <u>E</u> : <u>1120</u> Feet From The <u>North</u> Line and <u>1520</u> Feet From The <u>West</u> Line of Section <u>12</u> Township <u>31 -N</u> Range <u>10 -W</u> , NMPM, <u>San Juan</u> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒ El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 289, Farmington, NM 87401					
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒ El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 289, Farmington, NM 87401					
If well produces oil or liquids, give location of tanks.	Unit <u>E</u>	Sec. <u>12</u>	Twp. <u>31-N</u>	Rge. <u>10-W</u>	Is gas actually connected? ☐	When

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.
		☒	☒					
Date Spudded 7-3-81	Date Compl. Ready to Prod. 9-22-81	Total Depth 5824'	P.B.T.D. 5806'					
Elevations (DF, RKB, RT, GR, etc.) 6277' GL	Name of Producing Formation Mesa Verde	Top Gas /Gas Pay 4662'	Tubing Depth 5718'					
5360, 5390, 5395, 5400, 5416, 5429, 5434, 5447, 5452, 5470, 5487, 5510, 5621, 5628, 5662, 5678, 5714' 4662, 4710, 4805, 4856, 4904, 4964, 4982, 5003, 5016, 5027, 5036, 5131, 5136, 5247, 5300' W/1 SPZ.		Depth Casing Shoe 5824'						
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT				
13 3/4"	9 5/8"	234'		224 cf.				
8 3/4"	7"	3470'		667 cf.				
6 1/4"	4 1/2"	3358-5823'		438 cf.				
	2 3/8"	5718'						

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 2779	Length of Test	Bbls. Condensate/MCF	Gravity/Bbl Condensate
Testing Method (shot, back pr.)	Tubing Pressure (Shot-in) 270	Casing Pressure (Shot-in) 668	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.

Drilling Clerk

September 30, 1981

OIL CONSERVATION DIVISION

APPROVED

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