

OIL CONSERVATION DIVISION

P. O. BOX 2888

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

DATE OF APPLICATION	
LAND OFFICE	
TRANSPORTER	
OPERATOR	
REGISTRATION OFFICE	

Company El Paso Natural Gas Company	
Address P.O. Box 289, Farmington, New Mexico 87401	
Reason(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 _____

DESCRIPTION OF WELL AND LEASE

Lease Name San Juan 32-9 Unit	Well No. 25A	Pool Name, including Formation Blanco Mesa Verde	Kind of Lease ☒ State, ☐ Federal or ☐ Fee	Ledger No. B-11133-2
Location				
Unit Letter P	1090	Feet From The South	Line and 910	Feet From The East
Line of Section 2	Township 31-North	Range 10-West	San Juan 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 P	Sec. 2
	Twp. 31	Rge. 10
Is gas actually connected?		When

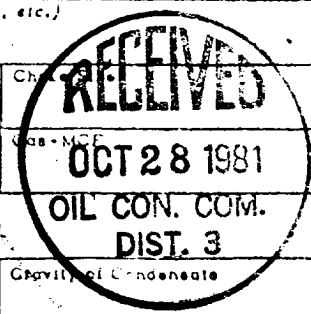
If this production is commingled with that from any other lease or pool, give commingling order number: _____

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well ☐	Gas Well ☒	New Well ☒	Workover ☐	Deepen ☐	Plug Back ☐	Same Resrv. ☐	Diff. Resrv. ☐
Date Spudded 7-15-80	Date Compl. Ready to Prod. 10-12-81		Total Depth 5905'		P.B.T.D. 5890'			
Elevations (DF, RKB, RT, CR, etc.) 6332' gl	Name of Producing Formation Mesa Verde		Top GD/Gas Pay 4868'		Tubing Depth 5808'			
5415, 5446, 5450, 5454, 5457, 5477, 5481, 5484, 5508, 5516, 5520, 5540, 5552, 5576, 5642, 5656, 5687, 5696, 5718, 5730, 5744, 5784, 5820, 5828, 4868, 4903, 4934, 4958, 4980, 5028, 5034, 5045, 5050, 5064, 5075, 5082, 5096, 5158, 5179, 5310, 5320' W/1 SPZ.					Depth Casing Shoe 5905'			
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	9 5/8"		238		224 cf.			
8 3/4"	7"		3497'		688 cf.			
6 1/4"	4 1/2"		3366-5904'		452 cf.			
	2 3/8"		5808'					

TEST DATA AND REQUEST FOR ALLOWABLE (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	CH
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF



GAS WELL

Actual Prod. Test - MCF/D 2359	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Chart-In) 540	Casing Pressure (Chart-In) 215	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.


(Signature)
Drilling Clerk
(Title)
October 20, 1981
(Date)

OIL CONSERVATION DIVISION

APPROVED **OCT 28 1981**
Original Signed by FRANK T. CHAVEZ
BY _____
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.

