

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

30-045-23180

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	5
DISTRIBUTION	
SALE	1
FILE	1
U.S.S.	
LAND OFFICE	
TRANSPORTATION	7
OPERATION	7
REGISTRATION OFFICE	7
Operator	

El Paso Natural Gas Company

Address
Box 289, Farmington, New Mexico 87041

Reason(s) for filing (check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)

If change of ownership give name
and address of previous owner

1. DESCRIPTION OF WELL AND LEASE

Lease Name Neil	Well No. 20	Pool Name, Including Formation Blanco Pictured Cliffs	Kind of Lease State , Federal or Other	Lease No. SF078051
Location Unit Letter <u>K</u> ; <u>1710</u> Feet From The <u>South</u> Line and <u>1630</u> Feet From The <u>West</u> Line of Section <u>33</u> Township <u>32-North</u> Range <u>11-West</u> , NMPM, <u>San Juan</u> County				

2. 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.	Unit K	Sec. 33	Twp. 32-N	Rge. 11-W	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.
		X	X					
Date Spudded 7-2-79	Date Compl. Ready to Prod. 3-19-80	Total Depth 3056'	P.B.T.D. 3045'					
Elevations (DF, RKB, RT, GR, etc.) 6176' GL	Name of Producing Formation Pictured Cliffs	Top Gas /Gas Pay 2873'	Tubing Depth tubingless					
Perforations 2873, 2880, 2888, 2895, 2905, 2912, 2919, 2927, 2933, 2971, 2977'	Depth Casing Shoe 3056'							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8"	241'	165 cu. ft.
6 3/4"	2 7/8"	3056'	638 cu. ft.

3. 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)

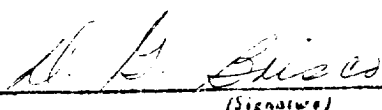
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (#hat-in)	Casing Pressure (#hat-in)	Choke Size
		952	

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

(Title)

March 26, 1980

(Date)

OIL CONSERVATION DIVISION

APR 11 1980

APPROVED _____, 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 Forms C-104 must be filed for each pool to multiply completed wells.