

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

NO. OF LEASES COVERED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
OPERATION	NATURAL GAS
PROMOTION OFFICE	

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

Form C-104  
Revised 10-01-78  
Format 06-01-83  
Page 1

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

**I. Operator**  
El Paso Natural Gas Company

**Address**  
P. O. Box 4289, Farmington, NM 87499

**Reason(s) for filing (Check proper box)**  
 New Well  
 Recompletion  
 Change in Ownership  
 Change in Transporter of:  
 Oil  
 Coalbed Gas  
 Dry Gas  
 Condensate  
**Other (Please explain)**

RECEIVED  
AUG 27 1985  
OIL CON. DIV.  
DIST. 2

If change of ownership give name and address of previous owner \_\_\_\_\_

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name Schultz Com G	Well No. 13A	Pool Name, including Formation Blanco Mesa Verde	Kind of Lease (State, Federal or Fee)	Lease No. E-6634
Location Unit Letter <u>J</u> ; <u>1500</u> Feet From The <u>South</u> Line and <u>1500</u> Feet From The <u>East</u> Line of Section <u>16</u> Township <u>27N</u> Range <u>8W</u> , NMPM, <u>San Juan</u> 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 4289, Farmington, NM 87499
Name of Authorized Transporter of Coalbed 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 4289, Farmington, NM 87499
If well produces oil or liquids, give location of tanks. Unit : <u>J</u> Sec. : <u>16</u> Twp. : <u>27N</u> Rge. : <u>8W</u>	Is gas actually connected? <u>No</u> When _____

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

NOTE: Complete Parts IV and V on reverse side if necessary.

**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 is true and complete to the best of my knowledge and belief.

  
(Signature)  
Drilling Clerk  
(Title)  
8-26-85  
(Date)

OIL CONSERVATION DIVISION

APPROVED SEP 27 1985  
BY [Signature]  
TITLE SUPERVISOR DISTRICT # 2

This form is to be filed in compliance with RULE 1104.  
If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the deviated tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for all wells on new and recompleted wells.  
Fill out only Sections I, II, III, and VI for changes of ownership name or number, or transporter, or other such change of conditions.  
Separate Forms C-104 must be filed for each pool in multi-completed wells.