

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

|                        |             |  |
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| U.S.G.S.               |             |  |
| LAND OFFICE            |             |  |
| TRANSPORTER            | OIL         |  |
|                        | NATURAL GAS |  |
| OPERATOR               |             |  |
| PRODUCTION 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**

Operator: El Paso Exploration Company

Address: Box 4289, Farmington, New Mexico 87499

Reason(s) for filing (Check proper box)

|  |   |                                     |  |
|--|---|-------------------------------------|--|
| <input type="checkbox"/> New Well            | Change in Transporter of:               | <input type="checkbox"/> Dry Gas    | Other (Please explain)<br>Change Pool Name |
| <input type="checkbox"/> Recompletion        | <input type="checkbox"/> Oil            | <input type="checkbox"/> Condensate |  |
| <input type="checkbox"/> Change in Ownership | <input type="checkbox"/> Casinghead Gas |                                     |  |

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

**II. DESCRIPTION OF WELL AND LEASE**

|  |               |   |                                      |                       |
|--|---------------|---|--------------------------------------|-----------------------|
| Lease Name<br>Little Federal 32  | Well No.<br>2 | Pool Name, including Formation<br>West Lindrith Gallup Dakota | Kind of Lease<br>3000, Federal, 1000 | Lease No.<br>NM 28715 |
| Location<br>Unit Letter 0 790 Feet From The South Line and 1650 Feet From The East<br>Line of Section 32 Township 24N Range 3W NMPM, Sandoval 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"/><br>Giant Refining Company              | Address (Give address to which approved copy of this form is to be sent)<br>P. O. Box 256, Farmington, New Mexico 87401 |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/><br>El Paso Natural Gas Company | Address (Give address to which approved copy of this form is to be sent)<br>Box 4289, Farmington, New Mexico 87499      |
| If well produces oil or liquids, give location of tanks.<br>Unit 0 Sec. 32 Twp. 24N Rge. 3W   | Is gas actually connected? 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.

H. G. Brisco  
(Signature)  
Brilling Clerk  
(Title)  
June 12, 1984  
(Date)

OIL CONSERVATION DIVISION

APPROVED JUN 12 1984, 19  
BY Frank J. [Signature]  
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 deviated 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 multiple completed wells.

#### IV. 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                                | Date Compl. Ready to Prod.  |          | Total Depth     |           |          | P.B.T.D.          |              |             |              |
| Elevations (DF, RKB, RT, CR, etc.)          | Name of Producing Formation |          | Top Oil/Gas Pay |           |          | Tubing Depth      |              |             |              |
| Perforations                                |                             |          |                 |           |          | Depth Casing Shoe |              |             |              |
| <b>TUBING, CASING, AND CEMENTING RECORD</b> |                             |          |                 |           |          |                   |              |             |              |
| HOLE SIZE                                   | CASING & TUBING SIZE        |          |                 | DEPTH SET |          |                   | SACKS CEMENT |             |              |
|   |                             |          |                 |           |          |                   |              |             |              |
|   |                             |          |                 |           |          |                   |              |             |              |
|   |                             |          |                 |           |          |                   |              |             |              |

#### V. 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                               | Choke Size |
| 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 (grad, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size            |