

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION 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: PO Box 4289, Farmington, NM 87499

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:

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DIST. 3

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name <u>Lindrith Unit</u>	Well No. <u>113</u>	Pool Name, including Formation <u>S. Blanco Pic. Cliffs</u>	Kind of Lease State, Federal or Fee	Lease No. <u>SF 078915</u>
Location Unit Letter <u>K</u> : <u>1450</u> Feet From The <u>South</u> Line and <u>1850</u> Feet From The <u>West</u>				
Line of Section <u>36</u> Township <u>24N</u> Range <u>3W</u> , NMPM, <u>Rio Arriba</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"/>	Address (Give address to which approved copy of this form is to be sent)
<u>El Paso Natural Gas Company</u>	<u>PO Box 4990, Farmington, NM 87499</u>
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)
<u>El Paso Natural Gas Company</u>	<u>PO Box 4990, Farmington, NM 87499</u>
If well produces oil or liquids, give location of tanks.	Unit <u>K</u> Sec. <u>36</u> Twp. <u>24N</u> Rge. <u>3W</u>
Is gas actually connected?	When
<u>no</u>	

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]  
(Signature)

Drilling Clerk  
(Title)

January 30, 1985  
(Date)

OIL CONSERVATION DIVISION  
2-885  
APPROVED FEB 28 1985, 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 deepens 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 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.
			X	X					
Date Spudded 11-24-84	Date Compl. Ready to Prod. 1-18-85	Total Depth <del>3149</del> 3150'		P.B.T.D. <del>3149</del> 3150'					
Elevations (DF, RKB, RT, GR, etc.) 7117' GL	Name of Producing Formation Pic. Cliffs	Top Oil/Gas Pay 2993'		Tubing Depth 3080'					
Perforations 2993', 3007', 3020', 3031', 3043', 3050', 3063', 3098' w/1 spz							Depth Casing Shoe 3149'		
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12 1/4"	8 5/8"		136'		100 cu. ft.				
7 7/8"	4 1/2"		3149'		212 cu. ft.				
	1 1/4"		3080'						

#### V. 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 - MCF

#### GAS WELL

Actual Prod. Test - MCF/D 1345	Length of Test 3 hrs.	Bbls. Condensate/MCF - 0 -	Gravity of Condensate - 0 -
Testing Method (pilot, back pr.) back press.	Tubing Pressure (Shut-in) <del>908</del> 913	Casing Pressure (Shut-in) <del>908</del> 914	Choke Size 3/4"