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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

Operator El Paso Natural Gas Company	
Address PO Box 990, Farmington, NM 87401	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

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

I. DESCRIPTION OF WELL AND LEASE				
Lease Name Klein	Well No. 20	Pool Name, including Formation Otero Chacra	Kind of Lease State (Federal) or Fee	Lease No. SF 079265
Location Unit Letter <u>M N</u> : <u>940</u> Feet From The <u>South</u> Line and <u>1600</u> Feet From The <u>West</u>				
Line of Section <u>30</u> Township <u>26N</u> Range <u>6W</u> , NMPM, <u>Rio Arriba</u> County				

II. 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) PO Box 990, Farmington, NM 87401	
Name of Authorized Transporter of Casinghead 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) PO Box 990, Farmington, NM 87401	
If well produces oil or liquids, give location of tanks.	Unit <u>M</u> Sec. <u>30</u> Twp. <u>26N</u> Rge. <u>6W</u>	Is gas actually connected? <input type="checkbox"/> When _____

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

V. COMPLETION DATA			
Designate Type of Completion - (X)	Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> New Well <input checked="" type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v. <input type="checkbox"/> Diff. Res'v. <input type="checkbox"/>		
Date Spudded 6-29-73	Date Compl. Ready to Prod. 11-1-73	Total Depth 3307'	P.B.T.D. 3296'
Elevations (DF, RKB, RT, GR, etc.) 6186'GL	Name of Producing Formation Chacra	Top Oil/Gas Pay 3180'	Tubing Depth tubingless
Perforations 3180-92' and 3282-92'			Depth Casing Shoe 3307'
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
13 3/4"	9 5/8"	126'	142 cu. ft.
8 3/4" & 6 3/4"	2 7/8"	3307'	850 cu. ft.
	tubingless		

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
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.

GAS WELL			
Actual Prod. Test-MCF/D 403	Length of Test 3 hrs.	Bbls. Condensate/MMCF	
Testing Method (pitot, back pr.) Calc. AOF	Tubing Pressure (shut-in) tubingless	Casing Pressure (shut-in) 693	Choke Size 3/4"

VI. CERTIFICATE OF COMPLIANCE	
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.	
<u>A. H. Dwyer</u> (Signature) Drilling Clerk (Title) November 12, 1973 (Date)	
OIL CONSERVATION COMMISSION NOV 12 1973 APPROVED _____ BY <u>Original Signed by Emory G. Arnold</u> TITLE <u>SUPERVISOR DIST. #3</u> 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 in multiply completed wells.	