

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE	
TRANSPORTER	OIL
OPERATOR	GAS
PROMOTION OFFICE	

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

Form C-104  
Revised 10-01-78  
Format 08-01-83  
Page 1

RECEIVED  
DEC 16 1985  
OIL CON. DIV.  
DIST. 3

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)

<input checked="" type="checkbox"/> New Well	Change in Transporter of:	
<input type="checkbox"/> 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

Other (Please explain)

If change of ownership give name  
and address of previous owner

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name Vaughn	Well No. 32E	Pool Name, including Formation Basin Dakota	Kind of Lease State (Federal) or Fee	Lease SF 079266
Location				
Unit Letter <u>D</u> ; <u>940</u> Feet From The <u>North</u> Line and <u>1190</u> Feet From The <u>West</u>				
Line of Section <u>29</u> Township <u>26N</u> Range <u>6W</u> NMPM, Rio Arriba Cou				

**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)
El Paso Natural Gas Company	P. O. Box 4289, Farmington, NM 87499
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	P. O. Box 4289, Farmington, NM 87499
If well produces oil or liquids, give location of tanks.	Unit : <u>D</u> Sec. : <u>29</u> Twp. : <u>26N</u> Rge. : <u>6W</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)

Drilling Clerk

(Title)

12-13-85

(Date)

OIL CONSERVATION DIVISION

DEC 19 1985

APPROVED

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 deep well, this form must be accompanied by a tabulation of the device tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all able on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multi-completed wells.

#### IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil well	Gas well	New well	Workover	Deepen	Plug Back	Same Reservoir	Drill
			X	X					
Date Spudded 11-4-85	Date Compl. Ready to Prod. 12-12-85	Total Depth 7512'			P.B.T.D. 7504'				
Elevations (DF, RKB, RT, GR, etc.) 6737' GL	Name of Producing Formation Basin Dakota	Top Oil/Gas Pay 7237'			Tubing Depth 7407'				
Perforations 7237, 7240, 7243, 7246, 7321, 7324, 7327, 7330, 7333, 7336, 7339, 7357,								Depth Casing Shoe 7512'	
* Continued Perf's Listed Below									
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"		9 5/8"		346'		435 cu ft			
7 7/8"		4 1/2"		7512'		1873 cu ft			
		2 3/8"		7407'					

#### 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 1642	Length of Test SI 7 Days	Bble. Condensate/MCF 434 MCF/D	Gravity of Condensate 0
Testing Method (pump, back pr.) Back Pressure	Tubing Pressure (Shut-In) SI 1955	Casing Pressure (Shut-In) SI 2212	Choke Size 3/4"

\* Continued Perf's:

7360, 7367, 7369, 7371, 7373, 7387, 7390, 7393, 7396, 7399, 7402, 7405, 7408 w/25 SPZ.