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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

I. Operator
El Paso Natural Gas Company
Address
Box 990, Farmington, New Mexico
Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)
If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE
Lease Name: Buerrano Unit
Well No.: 149
Pool Name, including Formation: Basin Dakota
Kind of Lease: State, Federal ☒ or Fee
Lease No.:
Location
Unit Letter: B, 1650 Feet From The South Line and 1650 Feet From The West
Line of Section: 18 Township: 25N Range: 9W, NMPM, San Juan County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☐ or Condensate ☒
El Paso Natural Gas Company
Address (Give address to which approved copy of this form is to be sent):
Box 990, Farmington, New Mexico
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒
El Paso Natural Gas Company
Address (Give address to which approved copy of this form is to be sent):
Box 990, Farmington, New Mexico
If well produces oil or liquids, give location of tanks.
Unit: B Sec: 18 Twp: 25N Rge: 9W
Is gas actually connected? When

If this production is commingled with that from any other lease or pool, give commingling order number:
IV. COMPLETION DATA
Designate Type of Completion - (X)
Oil Well Gas Well New Well Workover Deepen Plug Back Same Res. Diff. Res.
Date Spudded: 6-16-66 Date Compl. Ready to Prod.: 7-13-66 Total Depth: 6637- P.B.T.D.: C.O. 6622'
Elevations (DF, RKB, RT, GR, etc.): 6605' GL Name of Producing Formation: Dakota Top Gas Pay: 6586 Tubing Depth: 6601'
Perforations: 6566-96, 6610-16 Depth Casing Shoe: 6637'
TUBING, CASING, AND CEMENTING RECORD
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT
12 1/4" 8 5/8" 336' 210 Sks.
7 7/8" 4 1/2" 6637' 565 Sks. - 3 Stages
2 3/8" 6601' Tubing

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: 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 (pitot, back pr.): Tubing Pressure (Shut-in): Casing Pressure (Shut-in): Choke Size:
Calculated A.O.F.: 1927 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.

PK Wood
(Signature)
Petroleum Engineer

OIL CONSERVATION COMMISSION
APPROVED JUL 29 1966
BY [Signature]
TITLE SUPERVISOR DIST. #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 deviation tests taken on the well in accordance with RULE 1111.
All sections of this form must be filled out completely for allow-