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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 - 87401	
Reason(s) for filing (Check proper box)	
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"/>
Other (Please explain)	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Huerfano Unit	Well No. 189	Pool Name, including Formation Basin Dakota	Kind of Lease State, <input checked="" type="checkbox"/> Federal or Fee	Lease No. SF 079231
Location				
Unit Letter L	1600	Feet From The South	Line and 855	Feet From The West
Line of Section 7	Township 25N	Range 9W	San Juan	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)	
El Paso Natural Gas Company	Box 990, Farmington, New Mexico - 87401	
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	Box 990, Farmington, New Mexico - 87401	
If well produces oil or liquids, give location of tanks.	Unit L	Sec. 7
	Twp. 25N	Rge. 9W

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 <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"/>	Some Restv. <input type="checkbox"/>	Diff. Restv. <input type="checkbox"/>
Date Spudded 4-5-69	Date Compl. Ready to Prod. 5-6-69		Total Depth 6878'		P.B.T.D. 6865'			
Elevations (DF, RKB, RT, GR, etc.) 6879' GL	Name of Producing Formation Dakota		Top of Gas Pay 6712		Tubing Depth 6753			
Perforations 6712-20, 6730-38, 6750-60					Depth Casing Shoe 6878'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE 12 1/4"	CASING & TUBING SIZE 8 5/8"		DEPTH SET 209'		SACKS CEMENT 160 Sks.			
7 7/8"	4 1/2"		6878'		645 Sks.			
	2 3/8"		6753'		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	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

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DIST. 3

GAS WELL

Actual Prod. Test - MCF/D 3947	Length of Test 3 Hours	Bbls. Condensate 14.17	Gravity of Condensate 59.7 API
Testing Method (pilot, back pr.) Calculated A.C.F.	Tubing Pressure (shut-in) 1598	Casing Pressure (shut-in) 1947	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.

Original Signed **F. H. WOOD**

(Signature)

Petroleum Engineer

(Title)

May 13, 1969

(Date)

OIL CONSERVATION COMMISSION

MAY 14 1969

APPROVED

BY **Original Signed by Emery C. Arnold**

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 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