

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
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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

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)

<input checked="" type="checkbox"/> New Well	Change in Transporter of:	Other (Please explain) <u>RECEIVED</u> JAN 14 1985 OIL CON. DIV. DIST. 3
<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	

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Huerfano Unit</u>	Well No. <u>284</u>	Pool Name, including Formation <u>Basin Dakota</u>	Kind of Lease State, (Federal) or Fee <u>NM</u>	Lease No. <u>03016</u>
Location				
Unit Letter <u>0</u> : <u>850'</u> Feet From The <u>South</u> Line and <u>1590</u> Feet From The <u>East</u>				
Line of Section <u>11</u> Township <u>25N</u> Range <u>9W</u> , NMPM, <u>San Juan</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input 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 990, Farmington, NM 87499</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input 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 990, Farmington, NM 87499</u>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit <u>0</u> Sec. <u>11</u> Twp. <u>25N</u> Rge. <u>9W</u>	<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

(Signature)

(Title)

January 10, 1985

(Date)

OIL CONSERVATION DIVISION  
1-24-85  
APPROVED JAN 24 1985  
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 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 multiphase 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 11-18-84	Date Compl. Ready to Prod. 1-3-85	Total Depth 6732'				P.B.T.D. 6713'			
Elevations (DF, RKB, RT, CR, etc.) 6589' GL	Name of Producing Formation Dakota	Top Oil/Gas Pay 6418'				Tubing Depth 6547'			
Perforations 6418-54', 6507-24', 6528-52' w/4 spf						Depth Casing Shoe 6729'			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12 1/4"	8 5/8"		213'		165				
7 7/8"	4 1/2"		6730'		1357 cu				
	2 3/8		6547						

#### 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 1353	Length of Test 3 hrs.	Bbls. Condensate/MCF -0-	Gravity of Condensate -0-
Testing Method (puot, back pr.) back pressure	Tubing Pressure (Shut-in) 1629	Casing Pressure (Shut-in) 1522	Choke Size 3/4"