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

Form 1104
Supersedes Old C-104 and
F-104 (Rev. 1-1-65)

LAND OFFICE

TRANSPORTER

OPERATOR

PRODUCTION OFFICE

Operator

El Paso Natural Gas Company

Address

P.O. Box 990, Farmington, New Mexico

Reason(s) for filing (check proper box)

New Well ☐ Change in Transporter of: Oil ☐ Gas ☐ Dry ☐

Recompletion ☐ Gashead test ☐ Change in Ownership ☐

Other (Please explain)

Cleaned well up
6-1-77

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Well Name, including Section	Kind of Lease	Lease No.
Rincon Unit	99	Blanco Mesa Verde	State, Federal or Other	SF 079366
Location				
Unit Letter	A	1025 Feet From The North	1025 Feet From The East	
Line	27	Township	27N	Range
			6W	County
			Rio Arriba	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Name of Authorized Transporter of Gashead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>
EL PASO NATURAL GAS COMPANY	EL PASO NATURAL GAS COMPANY
Name of Authorized Transporter of Gashead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	EL PASO NATURAL GAS COMPANY
P. O. BOX 990	FARMINGTON, NEW MEXICO 87401
If well produces oil or gas, give location of tanks.	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	Workover	Deepen	Plug Back	Other	Diff. Res.
Date Spudded	Date Compl. Ready to Prod.						
Elevations (DF, RAB, etc., etc.)	Name of Producing Formation						
Perforations							
TUBING, CASING, AND CEMENTING RECORD							
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SAG & CEMENT				

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be approximately total volume of load oil and must be equal to or exceed top allowable for this depth or be full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Testing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Gravel	
Actual Prod. During Test	Oil-Bbls.	Gravel	

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Gravel	Gravity of Gas
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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.

James M. Warner
(Signature)
Production Engineer
(Title)
Sept. 21, 1977
(Date)

OIL CONSERVATION COMMISSION

APPROVED SEP 22 1977
Original Signed by A. R. Kendrick
BY
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 deviated 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.
Form C-104 must be filed for all wells to be drilled.