

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

Form C-1104
Supersedes Old C-104 and
Effective 1-1-65

ILLEGIBLE

I. PRORATION 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: ☐
Recompletion ☐	Oil ☐ Dry Gas ☐
Change in Ownership ☐	Casinghead Gas ☐ Condensate ☐
Other (Please explain) Installed Piston 6-29-77	

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name San Juan 28-6 Unit	Well No. 69	Pool Name, Including Location Blanco Mesa Verde	Kind of Lease State, Federal or Other SF	Lease No. 079365
Location Unit Letter M 990 Feet From The South 810 Feet From The West				
Line Section 24 Township 27N Range 6W NMEP, Rio Arriba County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Operator or Authorized Oil Company EL PASO NATURAL GAS COMPANY	Condensate ☐	Address (Give address to which approved copy of this form is to be sent) EL PASO NATURAL GAS COMPANY P. O. BOX 990 FARMINGTON, NEW MEXICO 87401		
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒	Address to which approved copy of this form is to be sent FARMINGTON, NEW MEXICO 87401			
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.

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 Well	Diff. Re
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.F.					
Elevations (DF, RKB, RF, GR, etc.)	Name of Producing Formation	Perforations		Tubing Depth					
Perforations		Depth Casing Shoe							
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT					

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 oil able for this depth or better 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-Bble.	Water-Bble.	

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Brk. Condensate/MMCF	Gravity of Condensate
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
BY Original Signed by A. R. Kendrick
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 deviate 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 each pool to maintain