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| SANTA FE | | 1 | | |
| FILE | | 1 | - | |
| U.S.G.S. | | | L_ | |
| LAND OFFICE | | | <u> </u> | |
| | OIL | | <u> </u> | |
| IRANSPORTER | GAS | 1 | L | |
| OPERATOR . | | 1 | | |
| PROBATION OFFICE | | | | |

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

Form C-10s Supersedes Old C-104 and C-110

| | SANTA FE | | OR ALLOWABLE | | Effective I-1-65 | | |
|---|---|--|---|---|--------------------------------------|--|--|
| - | FILE | AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS | | | | | |
| - | U.S.G.S. | AUTHORIZATION TO TRAIN | ISI ORT OIL ARD THE | .,0,,,,, | | | |
| ł | IRANSPORTER OIL / | | | | | | |
| | GAS / | | | | | | |
| - } | PROPATION OFFICE | | | | | | |
| 1. | Operator Operator | | | | | | |
| - | El Paso Natural Gas Company | | | | | | |
| | Address | naton NM 87401 | | | | | |
| | PO Box 990, Farmi Reoson(s) for filing (Check proper box) | ligion, 1414 07102 | Other (Please e | xplain) | | | |
| | New Well | Change in Transporter of: | <u></u> | | | | |
| | Recompletion | Oil Dry Gas | | | | | |
| ľ | Change in Ownership | Casinghead Gas Condens | ate [] | | | | |
| | If change of ownership give name | | | | | | |
| | and address of previous owner | | | | | | |
| II. | DESCRIPTION OF WELL AND L | EASE. Well No. Pool Name, Including For | rmation | (ind of Lease | Lease No. | | |
| | Lease Name | State, Federal or(Fee) | | | | | |
| | Location | | | | | | |
| | Unit Letter B : 1160 | Feet From The North Line | and | Feet From The | East | | |
| | | 27N B | 5W , NMPM, | Rio Ar | riba County | | |
| | Line of Section 31 Town | nship Z/IV Range | 7 | | | | |
| 111 | DESIGNATION OF TRANSPORT | ER OF OIL AND NATURAL GAS | S days to | which approved | l copy of this form is to be sent) | | |
| 111. | Name of Authorized Transporter of Oil | of Condensate [21] | PO Box 990, Fari | nington, N | IM 87401 | | |
| | El Paso Natural G | San Cas CV | Address (Give address to | which approved | l copy of this form is to be sent) | | |
| | Name of Authorized Transporter of Casinghead Gas or Dry Gas X PO Box 990, Farmington, NM 874 | | | M 87401 | | | |
| | Linit Sec. Twp. Ege. Is gas actually connected? When | | | | | | |
| | If well produces oil or liquids, give location of tanks. | B 31 27N 5W | | | | | |
| | If this production is commingled with | h that from any other lease or pool, | give commingling order | number: | | | |
| IV | COMPLETION DATA | Oil Well Gas Well | New Well Workover | Deepen | Plug Back Same Resty. Diff. Resty. | | |
| | Designate Type of Completio | n = (X) | X | 1 | P.B.T.D. | | |
| | Date Spudded | Date Compl. Ready to Prod. | Total Depth 7556 | | 7548 | | |
| | 7-17-73 | 9-10-73 Name of Producing Formation | Top Xil/Gas Pay | | Tubing Depth | | |
| | Elevations (DF, RKB, RT, GR, etc.) | Da kota | 7286' | | 7489' | | |
| | 6413'GL | | | | Depth Casing Shoe 7556' | | |
| | 7286', 7288', 739 | 4', 7396', 7442', 7462' and | 1 /400 | | | | |
| | | TUBING, CASING, AND | DEPTH SE | T | SACKS CEMENT | | |
| | HOLE SIZE | 9 5/8" | 234' | | 225 cu. ft. | | |
| | 13 3/4" 8 3/4" | 7'' | 3364' | | 140 cu. ft. | | |
| | 6 1/4" | 4 1/2'' | 7556' | | 644 cu. ft. | | |
| | | 1 1/2" | 7489' | | | | |
| 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) | | | | | | | |
| | OIL WELL Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.) | | | | "" FPEN A | | |
| | | | | | TONOR SEPT. | | |
| | Length of Test | Tubing Pressure | | | | | |
| | Actual Prod. During Test | Oil-Bble. | Water-Bbls. | | Ga SEP 18 1973 | | |
| | | | 1 | | OIL CON. COM. | | |
| | | | | | DIST. 3 | | |
| | GAS WELL Actual Prod. Test-MCF/D | Length of Test | Bbls. Condensate/MMC | F | Gravity of Condensate | | |
| | 3097 | 3 hrs. | | -12) | Choke Size | | |
| | Testing Method (pitot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut | -14, | 3/4" | | |
| | Calc. AOF | 1223 | 2004 | CONSERVA | TION COMMISSION | | |
| ٧ | CERTIFICATE OF COMPLIANCE | | SED 1 8 1973 | | | | |
| 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. (Signature) | | APPROVED | APPROVED | | | | |
| | | BY Original S | By Original Signed by Emery C. Arnold | | | | |
| | | TITLE SUPERVISOR DIST. #3 | | | | | |
| | | 111LE to be filed in compliance with RULE 1104. | | | | | |
| | | | | | | | |
| Drilling Clerk | | | well, this form mu | well, this form must be accompanied by with RULE 111. | | | |
| | | | It services of this form must be filled out completely to | | | | |
| (Title) | | able on new and recompleted worker, | | | | | |
| | September 18, 1973 | | Fill out only Sections I. II. III. and VI for Change of condition. well name or number, or transporter, or other such change of condition. Separate Forms C-104 must be filed for each pool in multiply | | | | |
| | (l | Date) | Separate For completed wells. | ns C-104 mus | t be filed for each poor in mustip.y | | |
| | | | il combining merre. | | | | |