STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

Form C-104
Revised 10-1-78

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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator: El Paso Natural Gas Company

Address: P. O. Box 289, Farmington, New Mexico

Reason(s) for filing (Check proper box)

				Other (Please explain)
New Well	XX	Change in Transporter of:		
Recompletion		Oil	Dry Gas	
Change in Ownership		Casinghead Gas	Condensate	

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Rincon Unit	82 A	Blanco Mesa Verde	~~State~~, Federal or ~~Fee~~ SF	079365 A

Location: Unit Letter C : 835 Feet From The N Line and 1780' Feet From The W

Line of Section 23 Township 27-N Range 6-W, NMPM, Rio Arriba County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate XX	Address (Give address to which approved copy of this form is to be sent)
El PasoNatural Gas Company	P. O. Box 289, Farmington, New Mexico
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas XX	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Company	P. O. Box 289, Farmington, New Mexico

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	C	23	27	6		

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 Res'v.	Diff. Res'v.
		X	X					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
5-28-80	8-28-80	5859'	5842'

Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
6499' GL	Mesa Verde	4754	5742

Perforations: 5171,5199,5235,5262,5369,5385,5409,5435,5422,5450,5454,5476,5567,5591,5605,5648,5661,5670,5690,5729,5740,5757,5754,4831,4836,4852,4865,4871,4881,4887,4893,4919,4925,4931,4942,4948,4954,4960,4999,5004,5009,5014,5086,5100,5121'(Open squeeze hole at 5086').

Depth Casing Shoe: 5859

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
13 3/4"	9 5/8"	215'	224 ~~cu. ft.~~
8 3/4"	7 "	3497'	211 cu. ft.
	4 1/2"	3368-5859	434 cu. ft.
6 1/4"	2 3/8"	5742	

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.)	
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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
776	3 hrs.		
Testing Method (pitot, back pr.)	**Tubing Pressure (Shut-in)**	**Casing Pressure (Shut-in)**	**Choke Size**
Calc. A. O. F.	449	813	

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 above is true and complete to the best of my knowledge and belief.

Leon Bradley
(Signature)

Drilling Clerk
(Title)

9-17-80
(Date)

OIL CONSERVATION DIVISION

APPROVED SEP 25 1980, 19 _____

BY Original Signed by FRANK T. CHAVEZ
SUPERVISOR DISTRICT # 3

TITLE _____

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.