

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-1-78REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NAME OF OPERATOR	
LOCATION	
LAND OFFICE	
TRANSPORTER	
OPERATOR	
LAND OFFICE	

El Paso Natural Gas Company

Address

P.O. Box 289, Farmington, NM 87401

Person(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)

If change of ownership give name
and address of previous owner

1. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Rincon Unit	230	Largo Chacra	State, Federal or Fee	SF 080213
Location				
Unit Letter	M	970 Feet From The	South Line and	790 Feet From The
Line of Section	28	Township	27-N	Range 7-W
NMPM, Rio Arriba				County

2. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Company	<input checked="" type="checkbox"/>	P.O. Box 289, Farmington, NM 87401
Name of Authorized Transporter of Casinghead Gas	or Dry Gas	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Company	<input checked="" type="checkbox"/>	P.O. Box 289, Farmington, NM 87401
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	M	28
	Twp.	Rge.
	27-N	7-W
Is gas actually connected?		When

If this production is commingled with that from any other lease or pool, give commingling order number:

3. 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.					
6-4-81	7-16-81	4094'	4084'					
Elevations (DF, RAB, RT, GR, etc.)	Name of Producing Formation	Top of Gas Pay	Tubing Depth					
6746' GL 6662'	Chacra	3863'	tubingless					
3863, 3868, 3904, 3929, 3934, 4042, 4054, 4068' W/1 SPZ.			Depth Casing Shoe					
			4094'					
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12 1/4"	8 5/8"	133	106 cf.					
6 3/4" & 7 7/8"	2 7/8"	4094'	1035 cf.					
Tubingless Completion								

4. 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 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
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
391			
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size
		927	

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.



Drilling Clerk

July 22, 1981

OIL CONSERVATION DIVISION

APPROVED

Original Signed by FRANK T. CHAVEZ

BY

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 Form C-104 must be filed for each pool in multiply completed wells.