

OIL CONSERVATION DIVISION
P. O. BOX 2000
SANTA FE, NEW MEXICO 87501Form C-104
Revised 10-1-70

REGISTRATION	
DISTRIBUTION	
RENTAL	
PIPE	
WELLS	
LAND OFFICE	
TRANSPORTER	
OPERATOR	
REGISTRATION OFFICE	
REGULATOR	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

El Paso Natural Gas Company			
Address P.O. Box 289, Farmington, NM 87401			
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well	☒	Change in Transporter of:	
Recompletion	☐	Oil	☐
Change in Ownership	☐	Casinghead Gas	☐
		Dry Gas	☐
		Condensate	☐

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

DESCRIPTION OF WELL AND LEASE

Lease Name Rincon Unit	Well No. 223A	Pool Name, including Formation Blanco M.V. & Largo Chacra	Kind of Lease State/Federal/for Fee SF	Lease No. 080213
Location Unit Letter <u>N</u> : <u>910</u> Feet From The <u>South</u> Line and <u>1700</u> Feet From The <u>West</u> Line of Section <u>34</u> Township <u>27-N</u> Range <u>7-W</u> , NMPM, <u>Rio Arriba</u> County				

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 P.O. Box 289, Farmington, New Mexico	
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 P.O. Box 289, Farmington, New Mexico	
If well produces oil or liquids, give location of tanks.	Unit N	Sec. 34
	Twp. 27-N	Rge. 7-W
	Is gas actually connected? _____ When _____	

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same item	Diff. Res.
		X	X					
Date Spudded 11-10-81	Date Compl. Ready to Prod. 12-21-81	Total Depth 5591'	P.B.T.D. 5570'					
Elevations (DF, RKB, RT, GR, etc.) 6599' GL	Name of Producing Formation Chacra-Mesa Verde	Top Gas/Gas Pay 3775'	Tubing Depth 5498'					
5160, 5194, 5198, 5202, 5206, 5210, 5226, 5230, 5234, 5244, 5272, 5286, 5296, 5305,			Depth Casing Shoe					
5330, 5346, 5380, 5446, 5468, 5484, 5505' 3775, 3779, 3784, 3788, 3851, 3856, 3860, 3872' W/1 SPZ			5591'					
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
13 3/4"	9 5/8"	217'	224 cf					
8 3/4"	7"	3179'	301 cf					
6 1/4"	4 1/2" Liner	2983-5589'	449 cf					
	2 3/8"	5498'						

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)

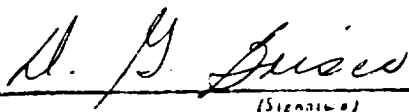
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D 537	Length of Test	Bbls. Condensate/AMCF	Gravity of Condensate
Testing Method (prod. back prod.)	Tubing Pressure (Shut-in) 228	Casing Pressure (Shut-in) 921	Choke Size

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

(Date)

January 19, 1982

(Date)

OIL CONSERVATION DIVISION

APPROVED 15 1982, 10
Original Signed by FRANK T. CHAVEZ
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 Form C-104 must be filed for each pool in multiply