

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

Form C-104
Supersedes Old C-104 and C-105
Effective 1-1-65

NO. OF COPIES	3
DISTRICT OFFICE	2
STATE OFFICE	1
FIELD OFFICE	1
LAND OFFICE	1
TRANSPORTER	OIL 1 GAS 1
OPERATOR	4
PRODUCTION OFFICE	

El Paso Products Company	
Post Office Box 1560, Farmington, New Mexico 87401	
Reason(s) for filing (Check proper box)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>
	Dry Gas <input type="checkbox"/>
	Condensate <input type="checkbox"/>
Other (Please explain) Change in Company Name: El Paso Natural Gas Products Company to EL PASO PRODUCTS COMPANY	
If change of ownership give name and address of previous owner	

SECTION 1. LOCATION OF WELL AND LEASE		
Lease Name Blackrock "C"	Well No. 1	Pool Name, Including Formation Basin Dakota
Kind of Lease State, Federal or Fee		Federal
Location		
Unit Letter C	990 Feet From The North	Line and 1650 Feet From The West
Line of Section 21	Township 26N	Range 11W
NMPM, San Juan		County

SECTION 2. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
McWood Corporation	P. O. Box 1702, Farmington, New Mexico 87401	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	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	
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 21
	Twp. 26N	Rge. 11W
	Is gas actually connected? Yes	When Unknown

If this production is commingled with that from any other lease or pool, give commingling order number:							
V. COMPLETION DATA							
Designate Type of Completion - (X)							
	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.
							Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.		
Pool	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth		
Perforations						Depth Casing Shoe	

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

SECTION 3. 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)			
Time 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
AS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size

SECTION 4. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
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.		APPROVED MAR 2 1966	
Original Signed WILLIAM R. SPEER		BY Original Signed Emery C. Arnold	
(Signature)		TITLE Supervisor Dist. # 3	
Division Manager			
(Title)			
February 28, 1966			
(Date)			
		This form is to be filed in compliance with RULE 110.	
		If this is a request for allowable for a newly drilled or reworked 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 Sections I, II, III, and VI only for changes of owner, well name or number, or transport or other such change of condition.	
		Separate Forms C-104 must be filed for each pool in multiply completed wells.	

