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TRANSPORTER	OIL GAS
OPERATOR	
PRORATION OFFICE	

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-110  
Effective 1-1-65

I. Operator  
**El Paso Natural Gas Company**  
Address  
**Box 990, Farmington, New Mexico**  
Reason(s) for filing (Check proper box) Other (Please explain)  
New Well ☒ 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 <b>Huerfano Unit</b>	Well No. <b>92</b>	Pool Name, Including Formation <b>Basin Dakota</b>	Kind of Lease State, Federal or Fee
Location Unit Letter <b>L</b> ; <b>1650</b> Feet From The <b>South</b> Line and <b>890</b> Feet From The <b>West</b> Line of Section <b>12</b> , Township <b>26-N</b> Range <b>9-W</b> , NMPM, <b>San Juan</b> County			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> <b>El Paso Natural Gas Company</b>	Address (Give address to which approved copy of this form is to be sent) <b>Box 990, Farmington, New Mexico</b>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <b>El Paso Natural Gas Company</b>	Address (Give address to which approved copy of this form is to be sent) <b>Box 990, Farmington, New Mexico</b>
If well produces oil or liquids, give location of tanks. Unit <b>L</b> Sec. <b>12</b> Twp. <b>26-N</b> Rge. <b>9-W</b>	Is gas actually connected? _____ When _____

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 <input type="checkbox"/>	Gas Well <input checked="" type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spud <b>10-1-65</b>	Date Compl. Ready to Prod. <b>10-29-65</b>		Total Depth <b>6688</b>		B.B.T.D. <b>C.O. 6635</b>			
Pool <b>Basin Dakota</b>	Name of Producing Formation <b>Dakota</b>		Top <del>xx</del> /Gas Pay <b>6382</b>		Tubing Depth <b>6404'</b>			
Perforations <b>6382-86, 6415-19, 6470-78</b>					Depth Casing Shoe <b>6688</b>			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<b>13 3/8"</b>	<b>9 5/8"</b>		<b>325'</b>		<b>300 sks.</b>			
<b>7 1/2"</b>	<b>4 1/2"</b>		<b>6688</b>		<b>1100 cu. ft.</b>			
	<b>2 3/8"</b>		<b>6404'</b>		<b>tubing</b>			

V. 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 <b>4,007 MCF/D</b>	Length of Test <b>3 hours</b>	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.) <b>Calculated A.O.F.</b>	Tubing Pressure <b>2083</b>	Casing Pressure <b>2083</b>	Choke Size <b>3/4"</b>

VI. CERTIFICATE OF COMPLIANCE

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.

**ORIGINAL SIGNED E. S. OBERLY**

(Signature)

**Petroleum Engineer**

(Title)

**December 1, 1965**

(Date)

OIL CONSERVATION COMMISSION

APPROVED **DEC 3 1965**, 19 \_\_\_\_\_

BY **Original Signed Emery C. Arnold**

TITLE **Supervisor Dist. # 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 Sections I, II, III, and VI only 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.