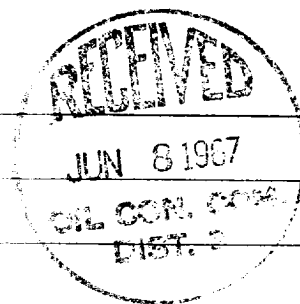


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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain)	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Huerfano Unit	Well No. Pool Name, Including Formation 170 Basin Dakota	Kind of Lease State, Federal or Fee <input checked="" type="checkbox"/> SF	Lease No. 076605
Location			
Unit Letter 0	900 Feet From The South Line and 1650 Feet From The East		
Line of Section 25	Township 26N	Range 10W	NMPM, San Juan 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"/>	Address (Give address to which approved copy of this form is to be sent) Box 990, Farmington, New Mexico	
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) Box 990, Farmington, New Mexico	
If well produces oil or liquids, give location of tanks.	Unit	Sec. Twp. Rge.
		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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
Date Spudded 2-28-67	Date Compl. Ready to Prod. 5-22-67	Total Depth 6673'	P.B.T.D. 6654'					
Elevations (DF, RKB, RT, GR, etc.) 6602' GL	Name of Producing Formation Dakota	Top Gas/Gas Pay 5912'	Tubing Depth 6480'					
Perforations 5912-16, 6536-40, 6566-X, 6606-14, 6624-20			Depth Casing Shoe 6673'					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	6 5/8"		210'		21 Sks.			
7 7/8"	4 1/2"		6673'		55 Sks.			
	2 3/8"		6480'		Tubing-			

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 Tank	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 8379 MCF/D	Length of Test 3 Hours	Bbls. Condensate 46.13 - 3 hours	Gravity of Condensate 48.6 API
Testing Method (pitot, back pvt) Calculated A.O.F.	Tubing Pressure (shut-in) 1056	Casing Pressure (shut-in) 1025	Choke Size 3/4"

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 by
Carl E. Matthews

(Signature)

Petroleum Engineer

(Title)

June 5, 1967

(Date)

OIL CONSERVATION COMMISSION

APPROVED **JUN 8 1967**, 19

BY **Original Signed by Emory C. Arnold**

TITLE **SUPERVISOR DIST. 23**

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.