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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

Operator El Paso Natural Gas Company	
Address Box 990, Farmington, New Mexico - 87401	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Recompletion <input checked="" type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	See Back for Details

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Huerfano Unit	Well No. 163	Pool Name, Including Formation Basin Dakota	Kind of Lease State, Federal or Fee <input checked="" type="checkbox"/>	Lease No. NM 03493
Location Unit Letter 0 ; 800 Feet From The South Line and 1800 Feet From The East Line of Section 19 Township 26N Range 9W , 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)
El Paso Natural Gas Company	Box 990, 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	Box 990, Farmington, New Mexico - 87401
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. 0 19 26N 9W
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 type="checkbox"/> Workover <input checked="" type="checkbox"/> Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/> Same Res'v. <input type="checkbox"/> Diff. Res'v. <input type="checkbox"/>
Date Spudded W/O 6-11-69	Date Compl. Ready to Prod. W/O 7-1-69	Total Depth 6720'	P.B.T.D. 6711'
Elevations (DF, RKB, RT, GR, etc.) 6477' GL	Name of Producing Formation Dakota	Top Oil/Gas Pay 6466'	Tubing Depth 6464'
Perforations Old Perfs 6466-71', 6489-94'. New Perfs 6556-72'		Depth Casing Shoe 6720'	
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8"	207'	170 Sks.
7 7/8"	4 1/2"	6720'	760 Sks.
	2 3/8"	6464'	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 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 837	Length of Test 3 Hours	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.) Calculated A.O.F.	Tubing Pressure (shut-in) 1143	Casing Pressure (shut-in) 1143	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:
L. O. Van Ryan

Petroleum Engineer

July 11, 1969

(Signature)

(Title)

(Date)

OIL CONSERVATION COMMISSION
FEB 11 1970

APPROVED _____
Original Signed by Emery C. Arnold

BY _____
SUPERVISOR DIST. #3

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

Restimulation

6-11-69 RIGGED UP DWINELL BROS. RIG #1, SPOTTED 500 GALLONS 7 1/2% HCL ACROSS
INTERVAL TO BE PERFORATED. PERF. 6556-72' W/2 SFF. SET SELECT LINER
FROM 6456' TO 6496' TO COVER PERFS 6456-71, 6489-94', TRAC PERFS.
6556-72' W/25,000# 20/40 SAND, 27,000 GAL. WATER. NO BDP, TR. PR.
3400#, I.R. 30 BPM. ISIP 2200#, 5 MIN. 1600#, 15 MIN. 1400#.
6-12-69 FISHING FOR SELECT LINER.
6-13-69 RECOVERED SELECT LINER.
6-14-69 RAN 204 JOINTS 2 3/8", 4.7#, J-55 TUBING (6454') LANDED AT 6464' W/BAKER
EXPENDABLE CHECK VALVE ON BOTTOM, TYPE X SN 1 JOINT UP FROM BOTTOM.
7-1-69 DATE WELL WAS TESTED.