

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

NO. OF COPIES RECEIVED	6
DISTRIBUTION	
SANTA FE	1
FILE	1
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL 1 GAS 1
OPERATOR	2
PRORATION OFFICE	



I. Operator
El Paso Natural Gas Company

Address
Box 990, Farmington, New Mexico

Reason(s) for filing (Check proper box)

New Well ☒

Recompletion ☐

Change in Ownership ☐

Change in Transporter of:

Oil ☐

Casinghead Gas ☐

Dry Gas ☐

Condensate ☐

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. 160	Pool Name, Including Formation Basin Dakota	Kind of Lease State, <input checked="" type="checkbox"/> Federal or Fee	Lease No. SF 077980
Location Unit Letter 0 ; 990 Feet From The South Line and 1800 Feet From The East Line of Section 17 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"/> El Paso Natural Gas Company	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"/> El Paso Natural Gas Company	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 0 Sec. 17 Twp. 26N Rge. 9W	Is gas actually connected? <input type="checkbox"/> 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 Spudded 3-20-67	Date Compl. Ready to Prod. 4-20-67	Total Depth 6736'	P.B.T.D. 6718'					
Elevations (DF, RKB, RT, GR, etc.) 6424' GL	Name of Producing Formation Dakota	Top Oil / Gas Pay 6472	Tubing Depth 6568					
Perforations 6472-78, 6498-6504, 6558-70			Depth Casing Shoe 6736'					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE 12 1/4" 7 7/8"	CASING & TUBING SIZE 8 5/8" 4 1/2" 2 3/8"		DEPTH SET 207' 6736' 6568'		SACKS CEMENT 170 Sks. 590 Sks. 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 826	Length of Test 3 Hours	Bbls. Condensate/ Water 47/3 Hrs.	Gravity of Condensate
Testing Method (pitot, back pr.) Calculated A.O.F.	Tubing Pressure (Shut-in) 1004	Casing Pressure (Shut-in) 2006	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 **F. H. WOOD**

(Signature)

Petroleum Engineer

(Title)

April 28, 1967

(Date)

OIL CONSERVATION COMMISSION

APPROVED **MAY 2 1967**, 19
Original Signed by **Emery C. Arnold**
BY

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 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.