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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	
Reason(s) for filing (Check proper box)	Other (Please explain)
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"/>

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Huerfano Unit	Well No. 166	Pool Name, including Formation Basin Dakota	Kind of Lease State, <input checked="" type="checkbox"/> Federal or Fee	Lease No. SP 078518-A
Location				
Unit Letter D	990	Feet From The North	Line and 990	Feet From The West
Line of Section 31	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
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
If well produces oil or liquids, give location of tanks.	Unit: D Sec. 31 Twp. 26N Rge. 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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
Date Spudded 3-10-67	Date Compl. Ready to Prod. 5-3-67	Total Depth 6654	P.B.T.D. 6625'					
Elevations (DF, RKB, RT, GR, etc.) 6611' GL	Name of Producing Formation Dakota	Topsoil/Gas Pay 6513	Tubing Depth 6591'					
Perforations 6513-19, 6540-46, 6597-6603, 6613-19			Depth Casing Shoe 6654'					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12 1/4"	8 5/8"	207'	170					
7 7/8"	4 1/2"	6654'	570					
	2 3/8"	6591'						

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 4405	Length of Test 3 Hours	Bbls. Condensate/ MCF 42.4 - 3 Hrs.	Gravity of Condensate 48
Testing Method (pitot, back pr.) Calculated A.O.F.	Tubing Pressure (shut-in) 2000	Casing Pressure (shut-in) 1973	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)

May 8, 1967

(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____

Original Signed by Emory 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.