

EL PASO NATURAL GAS COMPANY

DEVIATION REPORT

Name Of Company El Paso Natural Gas Company				Address Box 990, Farmington, New Mexico			
Lease Huerfano Unit	Well No. 164	Unit Letter 0	Section 20	Township 26N	Range 9W		
Pool Basin Dakota				County San Juan			

DEPTH

245'

2150'

3010'

3755'

5763'

DEVIATION

3/4°

3/4°

3/4°

3/4°

3/4°



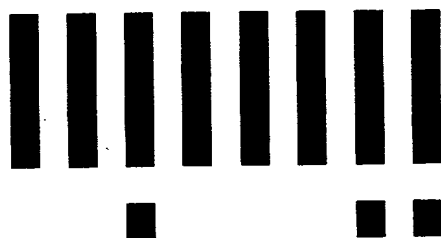
I, the undersigned, certify that I, acting in my capacity as Petroleum Engineer of El Paso Natural Gas Company, am authorized by said Company to make this report; and that this report was prepared by me or under my supervision and directions and that the facts stated therein are true to the best of my knowledge and belief.

FH Wood

Subscribed and sworn to before me this 13th day of June, 1967.

Alfred P. Sisco
Notary Public in and for San Juan County, New Mexico

My commission expires October 5, 1968.



LTR



Job separation sheet

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

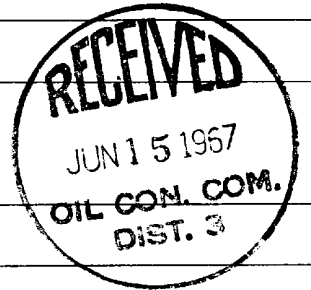
NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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 <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. 164	Pool Name, including Formation Basin Dakota	Kind of Lease State, Federal or Fee <input checked="" type="checkbox"/>	Lease No. ST 078000-A
Location Unit Letter 0 ; 1090 Feet From The South Line and 1800 Feet From The East Line of Section 20 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) 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 0	Sec. 20
	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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
Date Spudded 4-5-67	Date Compl. Ready to Prod. 6-8-67		Total Depth 6646'		P.B.T.D. 6612'			
Elevations (DF, RKB, RT, GR, etc.) 6447' GL	Name of Producing Formation Dakota		Top Gas/Gas Pay 6444'		Tubing Depth 6429'			
Perforations 6444-52, 6476-80, 6532-40, 6552-56					Depth Casing Shoe 6646'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8 5/8"		243'		170 Sks.			
7 7/8"	4 1/2"		6646'		790 Sks.			
	2 3/8"		6629'		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 3917	Length of Test 3 Hours	Bbls. Condensate/ 1000 3 Hrs.	Gravity of Condensate 45 API
Testing Method (pitot, back pr.) Calculated A.O.F.	Tubing Pressure (shut-in) 1727	Casing Pressure (shut-in) 1732	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)

June 13, 1967

(Date)

OIL CONSERVATION COMMISSION

JUN 15 1967

APPROVED _____, 19

BY **F. H. Wood**

TITLE **PETROLEUM ENGINEER DIST. NO. 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.