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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 - 87401	
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. 173	Pool Name, Including Formation Basin Dakota	Kind of Lease State, <input checked="" type="checkbox"/> Federal or Fee	Lease No. SF 078014
Location Unit Letter 0 ; 990 Feet From The South Line and 1500 Feet From The East Line of Section 13 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"/> 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. 13	Twp. 26N	Rge. 10W	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: _____

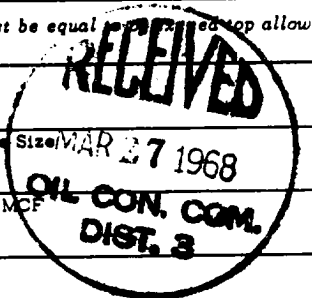
IV. COMPLETION DATA

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 2-20-68	Date Compl. Ready to Prod. 3-20-68		Total Depth 6800'		P.B.T.D. 6782'			
Elevations (DF, RKB, RT, GR, etc.) 6609' GL	Name of Producing Formation Dakota		Top <input checked="" type="checkbox"/> Gas Pay 6656		Tubing Depth 6632'			
Perforations 6656-70, 6682-89, 6740-54, 6765-72'					Depth Casing Shoe 6800'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8 5/8"		198'		170 Sks.			
7 7/8"	4 1/2"		6800'		635 Sks.			
	2 3/8"		6632'		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 greater than 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 4198	Length of Test 3 Hours	Bbls. Condensate 163.11 - 3 Hrs.	Gravity of Condensate 41.1 API Gravity
Testing Method (pitot, back pr.) Calculated A.O.F.	Tubing Pressure (shut-in) 1259	Casing Pressure (shut-in) 1494	Choke Size 3/4" Variable

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)

March 26, 1968

(Date)

OIL CONSERVATION COMMISSION

APPROVED **MAR 27 1968**, 19

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

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.