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| 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 - 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"/> |
| Change in Ownership | <input type="checkbox"/> | Casinghead Gas | <input type="checkbox"/> |
| | | Dry 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.: 178 | Pool Name, Including Formation Basin Dakota | Kind of Lease State, Federal or Fee <input checked="" type="checkbox"/> | Lease No. SF 078429 |
| Location | | | | |
| Unit Letter F | 1650 | Feet From The North Line and 1750 | Feet From The West | |
| Line of Section 22 | 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"/> | 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. Is gas actually connected? When |
| | F 22 26N 10W |

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 5-27-68 | Date Compl. Ready to Prod. 6-18-68 | Total Depth 6803' | P.B.T.D. 6797' | | | | | |
| Elevations (DF, RKB, RT, GR, etc.) 6606' GL | Name of Producing Formation Dakota | Top Gas Pay 6542' | Tubing Depth 6516' | | | | | |
| Perforations 6542-52', 6565-70, 6581-86, 6620-40, & 6682-92, 6726-36 | | | Depth Casing Shoe 6803' | | | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | |
| 12 1/4" | 8 5/8" | | 205' | | 170 Sks. | | | |
| 7 7/8" | 4 1/2" | | 6803' | | 650 Sks. | | | |
| | 2 3/8" | | 6516' | | 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 2245 | Length of Test 3 Hours | Bbls. Condensate/MMCF | Gravity of Condensate |
| Testing Method (pitot, back pr.) Calculated A.O.F. | Tubing Pressure (Shut-in) 1777 | Casing Pressure (Shut-in) 1784 | 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.

(Signature)
Petroleum Engineer
(Title)
June 21, 1968
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____ **JUN 24 1968**

BY Original Signed by Emery C. Arnold

TITLE _____ **SUPERVISOR DIST. 79**

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