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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: X | Change in Transporter of:
Recompletion: | Oil: | Dry Gas:
Change in Ownership: | Casinghead Gas: | Condensate:

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Huerfano Unit	**192**	**Basin Dakota**	State, Federal or Fee **SF** X	**080127**

Location
Unit Letter **P** : **800** Feet From The **South** Line and **800** Feet From The **East**

Line of Sec. **22** Twp. **26N** Rge. **9W** NMPM **San Juan** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate X — 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 or Dry Gas X — 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 liquefied petroleum gas, give location of tanks.

Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
P	**22**	**26N**	**9W**		

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion (Check one)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X	X					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
2-20-69	**3-29-69**	**6683'**	**6670'**

Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
6385' GL	**Dakota**	**6390**	**6582'**

Perforations	Depth Casing Shoe
6390-6400, 6429-34, 6482-90, 6552-60, 6598-6606	**6683'**

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	**8 5/8"**	**234'**	**190 Sks.**
7 7/8"	**4 1/2"**	**6683'**	**625 Sks.**
	2 3/8"	**6582'**	**Tubing**

V. TEST DATA AND REQUEST FOR ALLOWABLE (*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*)

OIL WELL

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

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MAR 26 1969
OIL CON. COM.
DIST. 3

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
4435	**3 Hours**	**34.87**	**50.6 API**

Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
Calculated A.O.F.	**2048**	**2033**	**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 by
Carl E. Matthews
Signature

Petroleum Engineer
Title

March 24, 1969
Date

OIL CONSERVATION COMMISSION

APPROVED **MAR 26 1969**, 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, transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.