

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

SANTA FE	1
FILE	1
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL 1
	GAS 1
OPERATOR	2
PRORATION OFFICE	

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"/>
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. 195	Pool Name, Including Formation Basin Dakota	Kind of Lease State, Federal or Fee	Lease No. NM 0433A
Location Unit Letter C ; 1050 Feet From The North Line and 1800 Feet From The West				
Line of Section 21 Township 26-N Range 10-W , 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 C	Sec. 21	Twp. 26-N	Rge. 10W
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.
		X	X					
Date Spudded 2-21-69	Date Compl. Ready to Prod. 5-8-69		Total Depth 6705'		P.B.T.D. 6691'			
Elevations (DF, RKB, RT, CR, etc.) 6534' GL	Name of Producing Formation Dakota		Top XX/Gas Pay 6484'		Tubing Depth 6559'			
Perforations 6484-90, 6522-30, 6541-51				Depth Casing Shoe 6705				
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8 5/8"		222'		125			
7 7/8"	4 1/2"		6705'		665			
	2 3/8"		6559		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

RECEIVED  
MAY 16 1969  
OIL CON. COM.  
DIST. 3

GAS WELL

Actual Prod. Test-MCF/D 6293 MCF/D	Length of Test 3 hrs.	Bbls. Condensate/MMCF 3 hrs. 62.11	Gravity of Condensate 44.6 API
Testing Method (pilot, back pr.) Calculated AOF	Tubing Pressure (Shut-in) 934	Casing Pressure (Shut-in) 1701	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 14, 1969

(Date)

OIL CONSERVATION COMMISSION

APPROVED MAY 16 1969

BY Original Signed by Emery C. Arnold  
SUPERVISOR DIST. #3

TITLE

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