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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

| | |
|---|---|
| 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 _____

I. DESCRIPTION OF WELL AND LEASE

| | | | | |
|--|------------------------|---|--|---------------------------------|
| Lease Name Huerfano Unit | Well No. 206 | Pool Name, Including Formation Basin Dakota | Kind of Lease State, Federal or Fee <input checked="" type="checkbox"/> | Lease No. SF 078103-B |
| Location Unit Letter J ; 1850 Feet From The South Line and 1750 Feet From The East Line of Section 26 Township 26N Range 9W , NMPM, San Juan County | | | | |

I. 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 J | Sec. 26 |
| | 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: _____

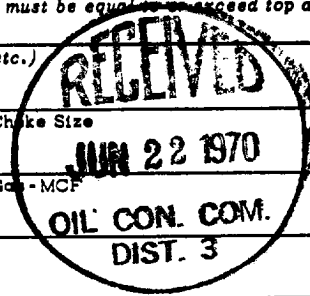
V. COMPLETION DATA

| | | | | | | | | |
|---|--|-------------------------------------|-------------------------------------|----------|-----------------------------------|-----------|-------------|--------------|
| 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 5-2-70 | Date Compl. Ready to Prod. 6-4-70 | | Total Depth 6781' | | P.B.T.D. 6755' | | | |
| Elevations (DF, RKB, RT, GR, etc.) 6498' GL | Name of Producing Formation Basin Dakota | | Top of Gas Pay 6483' | | Tubing Depth 6721' | | | |
| Perforations 6483-89', 6499-6505, 6526-32, 6582-94, 6610-16, 6660-66 | | | | | Depth Casing Shoe 6781' | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | |
| 12 1/4" | 8 5/8" | | 244' | | 160 Sks. | | | |
| 7 7/8" | 4 1/2" | | 6781' | | 665 Sks. | | | |
| | 2 3/8" | | 6721' | | 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 2571 MCF/D | Length of Test 3 Hrs. | Bbls. Condensate/MMCF 25.22 | Gravity of Condensate 47.2 API |
| Testing Method (pitot, back pr.) Calculated A.O.F. | Tubing Pressure (shut-in) 1908 | Casing Pressure (shut-in) 2034 | 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 **F. H. WOOD**

(Signature)

Petroleum Engineer

(Title)

June 17, 1970

(Date)

OIL CONSERVATION COMMISSION
JUN 22 1970

APPROVED _____, 19 _____

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 completed wells.