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TRANSPORTER	OIL	/
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OPERATOR		/
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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 PO Box 990, Farmington, New Mexico 87401	
Reason(s) for filing (Check proper box)	
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"/>
Other (Please explain)	

If change of ownership give name  
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Huerfano Unit	Well No. 229	Pool Name, including Formation Basin Dakota	Kind of Lease State, Federal or Fee SF	Lease No. 08095
Location				
Unit Letter P ; 900 Feet From The South Line and 990 Feet From The East				
Line of Section 5 Township 26N Range 10W, NMPM, San Juan County				

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	PO Box 990, Farmington, NM 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	PO Box 990, Farmington, NM 87401	
If well produces oil or liquids, give location of tanks.	Unit P	Sec. 5
	Twp. 26N	Rge. 10W
	Is gas actually connected? When	

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

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 4-15-72	Date Compl. Ready to Prod. 6-16-72	Total Depth 6944'		P.B.T.D. 6931'					
Elevations (DF, RKB, RT, GR, etc.) 6644'GL	Name of Producing Formation Dakota	Top Oil/Gas Pay 6714'		Tubing Depth 6871'					
Perforations 6714-20', 6752-58', 6768-76', 6816-28', 6876-82'				Depth Casing Shoe 6944'					
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12 1/4"	8 5/8"		228'		177 cu. ft.				
7 7/8"	4 1/2"		6944'		1097 cu. ft.				
	2 3/8"		6871'		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

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OIL CON. COM.  
DIST. 3

GAS WELL

Actual Prod. Test-MCF/D 1033	Length of Test 3 hours	Bbls. Condensate/MMCF 38.91	Gravity of Condensate 43.9°
Testing Method (pitot, back pr.) Calc. AOF	Tubing Pressure (Shut-in) 1691	Casing Pressure (Shut-in) 1977	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.

EH Wood  
(Signature)  
Petroleum Engineer  
(Title)  
June 20, 1972  
(Date)

OIL CONSERVATION COMMISSION  
JUN 21 1972  
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.