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	GAS 1
OPERATOR	1
PRODUCTION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form 1104
Supersedes Old C-104 and C-110
Effective 1-1-65

I. OPERATOR
Operator: El Paso Natural Gas Company
Address: PO Box 990, Farmington, NM 87401
Reason(s) for filing (Check proper box)
New Well: ☒ Change in Transporter of:
Recompletion: ☐ Oil ☐ Dry Gas ☐
Change in Ownership: ☐ Gas ahead Gas ☐ Condensate ☐
Other (Please explain):
If change of ownership give name and address of previous owner:

II. DESCRIPTION OF WELL AND LEASE

Lease Name	236	Angel Peak Gallup Ext.	Kind of Lease	State (Federal):	Fee	SF	Lease No.	
Unit	E	1500	Feet From The	North	Line and	890	Feet From The	West
Line of Section	9	Township	26N	Range	9W	NMCM	San Juan	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒	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 Gashead Gas ☐ or Dry Gas ☒	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	Sec.	Twp.	Rge.	Is gas actually connected?	Yes
	E	9	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 - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Rest.	Diff. Rest.
		X	X					
Date Spud	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
2-24-73	6-15-73	6058'	6041'					
Elevations (DF, H&B, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
6446'GL	Gallup	5712'	5981'					
Perforations		Depth Casing Shoe						
5712-28', 5742-50', 5772-84', 5824-36', 5862-70', 5882-90', 5900-16', 5940-48' and 5974-90'		6058'						
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12 1/4"	8 5/8"	230	271 cu. ft.					
7 7/8"	4 1/2"	6058'	1134 cu. ft.					
	2 3/8"	5981	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)

Date First New Oil Run To Tanks	Date of Test	Producing Method (if low, pump, gas lift, etc.)	
Length of Test	Testing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Test Test-MCF/D	Length of Test	Bbls. Condensate/AMCF	Gravity of Condensate
457	3 hrs.	31	40.3°
Testing Method (pump, back pr.)	Testing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
Calc. AOF	722	1064	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.

Drilling Clerk

June 28, 1973

OIL CONSERVATION COMMISSION

APPROVED JUL 9 1973, 19
Original Signed by Emery C. Arnold
BY
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, or transporter, or other such change of condition.