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OPERATOR	1
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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
P O 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 ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE
Lease Name: Huerfano Unit Well No.: 240 Pool Name, including Formation: Angel Peak Gallup Ext. Kind of Lease: State (Federal or) Fee: SF Lease No.: 078103
Location:
Unit Letter: C : 890 Feet From The North Line and 1800 Feet From The West
Line of Section: 23 Township: 26N Range: 9W, NMPM, 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 Casinghead 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: C Sec: 23 Twp: 26N Rge: 9W 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.
Date Spudded: 5-27-73 Date Compl. Ready to Prod.: 8-1-73 Total Depth: 5932' P.B.T.D.: 5915'
Elevations (DF, RKB, RT, GR, etc.): 6385'GL Name of Producing Formation: Gallup Top Oil/Gas Pay: 5586' Tubing Depth: 5864'
Perforations: 5586, 5592, 5622, 5624, 5660, 5662, 5706, 5708, 5748, 5750, 5772, 5778, 5816, 5818, 5870, 5872 Depth Casing Shoe: 5932
TUBING, CASING, AND CEMENTING RECORD
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT
12 1/4" 8 5/8" 237' 182 cu. ft.
7 7/8" 4 1/2" 5932' 1112 cu. ft.
2 7/8" 5864' 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)
Length of Test	Tubing Pressure	Casing Pressure
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.

GAS WELL
Actual Prod. Test-MCF/D: 748 Length of Test: 3 hrs Bble. Condensate/MMCF: 22 Gravity of Condensate: 37.2
Testing Method (pitot, back pr.): Calc. AOF Tubing Pressure (Shut-in): 1257 Casing Pressure (Shut-in): 1276 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.
Drilling Clerk
August 8, 1973
OIL CONSERVATION COMMISSION
APPROVED AUG 10 1973, 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, or transporter, or other such change of condition.