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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, NM 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 _____

Lease Name Huerfano Unit		Well No. 239	Pool Name, including Formation Angel Peak Gallup Ext.	Kind of Lease State, (Federal) or Fee	Lease No. NM 03017
Location Unit Letter <u>C</u> : <u>890</u> Feet From The <u>North</u> Line and <u>1750</u> Feet From The <u>West</u> Line of Section <u>18</u> Township <u>26N</u> Range <u>9W</u> , NMPM, <u>San Juan</u> County					

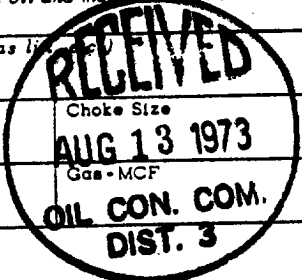
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> El Paso Natural Gas Company		Address (Give address to which approved copy of this form is to be sent) PO Box 990, Farmington, NM 87401			
Name of Authorized Transporter of Casinghead Gas <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) PO Box 990, Farmington, NM 87401			
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 18	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: _____

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 4-16-73	Date Compl. Ready to Prod. 8-3-73	Total Depth 6031'		P.B.T.D. 6016'					
Elevations (DF, RKB, RT, GR, etc.) 6485'GL	Name of Producing Formation Gallup	Top Oil/Gas Pay 5626'		Tubing Depth 5981'					
Perforations 5626-38', 5692-5704', 5722-34', 5804-12', 5822-30', 5864-72', 5882-94', 5926-34', 5966-78'		Depth Casing Shoe 6031'							
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12 1/4"	8 5/8"		231'		182 cu. ft.				
7 7/8"	4 1/2"		6031'		1148 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 (Flow, pump, gas lift, etc.)
Length of Test	Tubing Pressure	Casing Pressure
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.



GAS WELL	Actual Prod. Test-MCF/D 75	Length of Test 3 hours	Bbls. Condensate/MMCF 10.6	Gravity of Condensate 32°
Testing Method (pilot, back pr.) Calc. AOF	Tubing Pressure (shut-in) 238	Casing Pressure (shut-in) 787	Choke Size 3/4"	

VI. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
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.		APPROVED <u>AUG 13 1973</u> , 19____	
BY <u>Original Signed by Emery C. Arnold</u>		BY _____	
TITLE <u>SUPERVISOR DIST. #3</u>		TITLE _____	
This form is to be filed in compliance with RULE 1104.		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.		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.		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.		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.		Separate Forms C-104 must be filed for each pool in multiply completed wells.	

A. G. Buico
(Signature)
Drilling Clerk
(Title)
August 10, 1973
(Date)