

SALE	
FILE	
U.S.	
LAND OFFICE	
TRANSPORTER	OIL / GAS /
OPERATOR	/
PRODUCTION OFFICE	

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 <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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Huerfano Unit	Well No. 263	Pool Name, including Formation Basin Dakota	Kind of Lease (State) Federal or Fee	Lease No. E-85-37
Location				
Unit Letter K	1650	Feet From The S	Line and 1800	Feet From The W
Line of Section 32	Township 26N	Range 10W	NMPL, San Juan	County

III. 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	P. O. 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	P. O. Box 990, Farmington, NM 87401				
If well produces oil or liquids, give location of tanks.	Unit K	Sec. 32	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:

IV. 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 5-21-74	Date Compl. Ready to Prod. 6-27-74	Total Depth 6560'	P.B.T.D. 6543'					
Elevations (DF, RKB, RT, GR, etc.) 6557' GL	Name of Producing Formation Dakota	Top Gas Pay 6350	Tubing Depth 6455'					
Perforations 6350', 6362', 6408', 6420', 6470'	Depth Casing Shoe 6560'							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12 1/4"	8 5/8"	235'	182 cu. ft.					
7 7/8"	4 1/2"	6560	1060 cu. ft.					
	2 3/8"	6455'	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

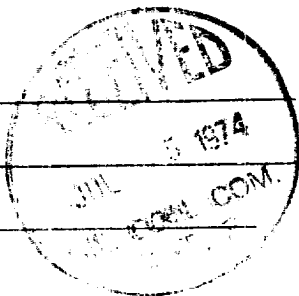
GAS WELL

Actual Prod. Test-MCF/D 1384	Length of Test 3 hours	Bbls. Condensate XXXX 3 hours 102.4	Gravity of Condensate 42.4
Testing Method (pilot, back pr.) Calc. A.O.F.	Tubing Pressure (Shut-in) 1452	Casing Pressure (Shut-in) 1842	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.

Al. B. Buono  
(Signature)  
Drilling Clerk  
(Title)  
July 3, 1974  
(Date)



OIL CONSERVATION COMMISSION

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY Original Signed by E. R. Kendrick  
PETROLEUM IN NEW MEXICO DIST. NO., 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.