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LAND OFFICE	
TRANSPORTER	OIL /
	GAS /
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

I. Operator
El Paso Natural Gas Company
Address
P. O. Box 990, Farmington, New Mexico 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. 259 Pool Name, Including Formation Basin Dakota Kind of Lease State, (Federal) or Fee SF Lease No. 080425-A
Location
Unit Letter C ; 1180 Feet From The North Line and 1500 Feet From The West
Line of Section 6 Township 26 N Range 10 W , 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 P. O. Box 990, Farmington, N.M. 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 P. O. Box 990, Farmington, N.M. 87401
If well produces oil or liquids, give location of tanks. Unit C Sec. 6 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.
Date Spudded 3/6/74 Date Compl. Ready to Prod. 6/6/74 Total Depth 6802' P.B.T.D. 6795'
Elevations (DF, RKB, RT, GR, etc.) 6526' GL Name of Producing Formation Dakota Top ~~xxx~~/Gas Pay 6626' Tubing Depth 6754'
Perforations 6626, 6668, 6684, 6724, 6748, 6761, 6776 Depth Casing Shoe 6802'
TUBING, CASING, AND CEMENTING RECORD
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT
12 1/4" 8 5/8" 223 182 cu. ft.
7 7/8" 4 1/2" 6802 766 cu. ft.
2 3/8" 6754 tbg

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 Choke Size
Actual Prod. During Test Oil-Bbls. Water-Bbls. Gas-MCF
OIL CON. COM. DIST. 3

GAS WELL
Actual Prod. Test-MCF/D 446 Length of Test 3 hours Bbls. Condensate 63 Gravity of Condensate 43.6
Testing Method (pitot, back pr.) Calc. AOF 643 Casing Pressure (Shut-in) 1296 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.
Drilling Clerk June 12, 1974
OIL CONSERVATION COMMISSION
APPROVED Original Signed by A. R. Kendrick
TITLE PETROLEUM
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.