

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

OIL CONSERVATION DIVISION

P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-01-78  
Format 06-01-83  
Page 1

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

**I. Operator**  
El Paso Natural Gas Company

**Address**  
P. O. Box 4289, Farmington, NM 87499

**Reason(s) for filing (Check proper box)**

<input checked="" type="checkbox"/> New Well	<input type="checkbox"/> Change in Transporter of:	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Condensate
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	

**Other (Please explain)**

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DIST. 3

If change of ownership give name  
and address of previous owner \_\_\_\_\_

**II. DESCRIPTION OF WELL AND LEASE**

<b>Lease Name</b> Huerfano Unit	<b>Well No.</b> 137E	<b>Pool Name, including Formation</b> Basin Dakota	<b>Kind of Lease</b> State (Federal) or Fee	<b>Lease No</b> SF 078518A
<b>Location</b>				
Unit Letter <u>A</u> ; <u>810</u> Feet From The <u>North</u> Line and <u>1140</u> Feet From The <u>East</u>				
Line of Section <u>31</u> Township <u>26N</u> Range <u>9W</u> , NMPM, <u>San Juan</u> County				

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**


<b>Name of Authorized Transporter of Oil</b> <input type="checkbox"/> or <b>Condensate</b> <input checked="" type="checkbox"/>	<b>Address (Give address to which approved copy of this form is to be sent)</b>
El Paso Natural Gas Company	P. O. Box 4289, Farmington, NM 87499
<b>Name of Authorized Transporter of Casinghead Gas</b> <input type="checkbox"/> or <b>Dry Gas</b> <input checked="" type="checkbox"/>	<b>Address (Give address to which approved copy of this form is to be sent)</b>
El Paso Natural Gas Company	P. O. Box 4289, Farmington, NM 87499
<b>If well produces oil or liquids, give location of tanks.</b>	<b>Unit</b> <b>Sec.</b> <b>Twp.</b> <b>Rge.</b>
	A 31 26N 9W
<b>Is gas actually connected?</b>	<b>When</b>
No	

If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

NOTE: Complete Parts IV and V on reverse side if necessary.

**VI. CERTIFICATE OF COMPLIANCE**

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

  
(Signature)  
Drilling Clerk  
(Title)  
9-26-85  
(Date)

OIL CONSERVATION DIVISION

APPROVED OCT - 3 1985  
BY Original Signed by FRANK T. CHAVEZ  
TITLE SUPERVISOR DISTRICT # 3

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepen well, this form must be accompanied by a tabulation of the deviated tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all wells 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 multiple completed wells.

#### IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well X	New Well X	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'
Date Spudded 4-8-85	Date Compl. Ready to Prod. 9-25-85	Total Depth 6772'			P.B.T.D. 6753'				
Elevations (DF, RKB, RT, GR, etc.) 6575' GL	Name of Producing Formation Basin Dakota	Top Oil/Gas Pay 6475'			Tubing Depth 6601'				
Perforations 6475, 6477, 6479, 6503, 6505, 6512, 6555, 6557, 6561, 6563, 6565, 6567, 6569, 6571, 6573, 6575, 6577, 6579, 6581, 6583, 6585, 6587, 6589,							Depth Casing Shoe 6772'		
* Conti. Perf's Listed Below									
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12 1/4"	8 5/8"		215'		176 cu ft				
6 1/4"	4 1/2"		6772'		2048 cu ft				
	2 3/8"		6601'						

#### 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

#### GAS WELL

Actual Prod. Test - MCF/D 3344	Length of Test 3 Hrs.	Bble. Condensate/MMCF 575 MCF	Gravity of Condensate 0
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 1566	Casing Pressure (Shut-in) 1670	Choke Size 3/4"

\* Conti. Perf's:

6591, 6593, 6595, 6597, 6599, 6601, 6603, w/30 SPZ.