

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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TRANSPORTER	OIL	
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OPERATOR		
PRODUCTION OFFICE		

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-01-78  
Format 08-01-83  
Page 1

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

**RECEIVED**  
AUG 09 1985  
OIL CON. DIV.  
DIST. 3

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	Change in Transporter of:	
<input type="checkbox"/> 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

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. 209E	Pool Name, including Formation Basin Dakota	Kind of Lease State (Federal) or Fee	Lease No. SF 078103
Location				
Unit Letter N	890	Feet From The South	Line and 1750	Feet From The West
Line of Section 23	Township 26N	Range 9W	San Juan Coun	

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 4289, Farmington, NM 87499
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 4289, Farmington, NM 87499
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	N 23 26N 9W No

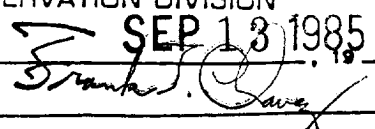
If this production is commingled with that from any other lease or pool, give commingling order number:

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)  
8-8-85  
(Date)

9-13-85  
OIL CONSERVATION DIVISION  
APPROVED  SEP 13 1985  
BY  
SUPERVISOR DISTRICT # 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 deeper well, this form must be accompanied by a tabulation of the deviator tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for all able 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 multi-completed wells.

#### IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Dill. Re.
			X	X					
Date Spudded 4-29-85	Date Compl. Ready to Prod. 7-17-85	Total Depth 6707' 6721'				P.B.T.D. 6687'			
Elevations (DF, RKB, RT, CR, etc.) 6420' GL	Name of Producing Formation Basin Dakota	Top Oil/Gas Pay 6430'				Tubing Depth 6547'			
Perforations 6430, 6434, 6440, 6444, 6448, 6452, 6480, 6486, 6490, 6515, 6519, 6538, 6541, 6544, 6547, 6553, 6557, 6569, 6573, 6577 w/20 SPZ						Depth Casing Shoe 6706'			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"		8 5/8"		231		165 140 cu ft			
7 7/8"		4 1/2"		6721 6706		2153 1410 cu ft			
		2 3/8"		6547					

#### 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 1438	Length of Test 3 Hrs.	Bbls. Condensate/MCF 230 MCF	Gravity of Condensate 0
Testing Method (plug, back pr.) Back Pressure	Tubing Pressure (Shut-in) 1079	Casing Pressure (Shut-in) 1132	Choke Size 3/4"