STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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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

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Rame of Authorized Transporter of Oil	PROBATION OFFICE	AUTHORIZ	ATION TO TRAN	AND ISPORT OF	I AND NATH	DAL CAS	
E1 Paso Natural Gas Company **Address** P. O. Box 4289, Farmington, NM 87499 **Retental for filing (Check proper Box) New Well Change in Transporter of: Oil Oil Ory Gas	<u>I.</u>					RAL GAS	
P. O. Box 4289, Farmington, NM 87499 Presential for filing (Check proper box) Change in Transporter of: Dry Gos Change in Ormership Oil Change of Ownership give name and address of previous owner	- 4	mpany	•				
Change of ownership give name and address of previous owner Castingheed Gas Condensate	1	gton, NM 8	7499				
Recomplisition Calingheed Gas Congenerate	Resson(s) for filing (Check proper box)				Other (Please	explain)	*
If change of ownership Casinghed Gas Condensate If change of ownership give name and address of previous owner II. DESCRIPTION OF WEIL AND LEASE Lease Name Hiterfano Unit 170E Basin Dakota State, Federally Fee SF 080894 Location Unit Letter H : 1450 Feet From The North Line and 1100 Feet From The East Line of Section 25 Township 26N Range 10W NMPM. San Juan Count III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Range of Authorized Transporter of Cill or Concensate Natural Gas Company Agrees (Give address to which approved copy of this form is to be sent) E1 Paso Natural Gas Company Address (Give address to which approved copy of this form is to be sent) E1 Paso Natural Gas Company Address (Give address to which approved copy of this form is to be sent) E1 Paso Natural Gas Company Address (Give address to which approved copy of this form is to be sent) E1 Paso Natural Gas Company Address (Give address to which approved copy of this form is to be sent) E1 Paso Natural Gas Company Address (Give address to which approved copy of this form is to be sent) E1 Paso Natural Gas Company Address (Give address to which approved copy of this form is to be sent) E1 Paso Natural Gas Company Address (Give address to which approved copy of this form is to be sent) E1 Paso Natural Gas Company Address (Give address to which approved copy of this form is to be sent) E1 Paso Natural Gas Company Address (Give address to which approved copy of this form is to be sent) E1 Paso Natural Gas Company Address (Give address to which approved copy of this form is to be sent) E1 Paso Natural Gas Company Address (Give address to which approved copy of this form is to be sent) E1 Paso Natural Gas Company Address (Give address to which approved copy of this form is to be sent) E1 Paso Natural Gas Company Address (Give address to which approved copy of this form is to be sent) E1 Paso Natural Gas Company	New Well	Change in T	ransporter of:		1	E es	
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	10-7-			Fil	lout only Se	ctions I, II, III, and VI	for changes of own

Separate Forms C-104 must be filed for each pool in multi-completed wells.

D	Oil Well Gas	s well New Well	WOLKOASL	Deepen	101 - 0	
Designate Type of Comp	letion - (X)	X X	1	i Deepen	bind Back	Same Resty. Ditt. Res
Date Spudded	Date Compi. Ready to Prod.	Total Dept		.	† 	, ! '
5-1-85		15.41 555.	6779'		P.B.T.D.	6759 '
5-1-85 Elevations (DF, RKB, RT, GR, et	Name of Producing Formation	Top OU (C.		 -		
6560' GL	Basin Dakota	Тор ОЦ/С	6497'		Tubing Dept	6611'
Perforations 6497, 6499, 6	501, 6523, 6525, 6529,	6531 6578	6580 658	22 6594	Dania Casia	- 22
6586, 6588, 6590, 659	2, 6594, 6596, 6598, 6	604 6606 66	0300, 030 508 6610	6612	Depth Coain	
Continued Perf's List	ed Below TUBING, CASIN	G AND CENENT	SC RECORD	0012,	L	6779'
HOLE SIZE	CASING & TUBING SIZ				,	
12 1/4"		<u> </u>	DEPTH SET		SA	CXS CEMENT
7 7/8"	8 5/8"		219'			177 cu ft
/_//0	4 1/2"		6779 ¹			2266 cu ft
			//			
V. TEST DATA AND REQUE	ST FOR ALLOWABLE (Test mu	us he after recovery	6611'	-/1/		
V. TEST DATA AND REQUE OIL WELL Date First New Cil Run To Tanks	ST FOR ALLOWABLE (Test mu		of total valume			al to or exceed top allo
	ST FOR ALLOWABLE (Test mu ab e for		of total volume full 24 hours) Method (Flow, p			ual to or exceed top allo
Date First New Cil Run To Tanks	ST FOR ALLOWABLE (Test mu ab e for	Producing h	of total volume (uil 24 hours) Method (Flow, p		, etc.)	ial to or exceed top alic
Date First New Cil Run To Tanks Length of Test	ST FOR ALLOWABLE (Test mu ab e for Date of Test Tubing Pressure	Producing A	of total volume (uil 24 hours) Method (Flow, p		Chore Size	ial to or exceed top allo
Date First New Cil Run To Tanks Length of Teet Actual Prod. During Test	ST FOR ALLOWABLE (Test mu ab e for Date of Test Tubing Pressure	Producing he Casing Pres	of total volume full 24 hours) method (Flow, p	ump, gas lift,	Choze Size Gas-MCF	
Date First New Cil Run To Tanks Length of Teet Actual Prod. During Test AS WELL	ST FOR ALLOWABLE (Test mu ab e for Date of Test Tubing Preseure Oil-Bbis.	Producing A	of total volume full 24 hours) method (Flow, p	ump, gas lift,	Chore Size	
Date First New Cil Run To Tanks Length of Teet Actual Prod. During Test AS WELL	ST FOR ALLOWABLE (Test mu ab e for Date of Test Tubing Preseure Oil-Bbis.	Producing A Casing Pres Water-Bbis. Bbis. Conde	of total volume full 24 hours) method (Flow, p	ump, gas tift.	Choze Size Gas-MCF	

* Continued Perf's:

6614, 6616, 6618, 6620, 6622, 6624, 6626, 6630 w/1 SPZ.