

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OPERATOR	GAS
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)	Other (Please explain)
<input checked="" type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate

If change of ownership give name
and address of previous owner _____

AUG 16 1985
OIL CON. DIV.
DIST. 3

II. DESCRIPTION OF WELL AND LEASE

Lease Name Huerfano Unit	Well No. 125E	Pool Name, including Formation Basin Dakota	Kind of Lease State, (Federal) or Fee	Lease No. NM 03493
Location Unit Letter <u>L</u> ; <u>1800</u> Feet From The <u>South</u> Line and <u>830</u> Feet From The <u>West</u> Line of Section <u>30</u> Township <u>26N</u> Range <u>9W</u> , NMPM, <u>San Juan</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

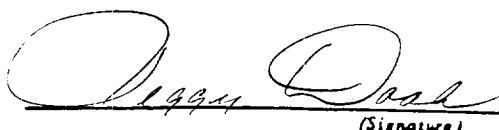
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Company	P. O. Box 4289, Farmington, NM 87499
Name of Authorized Transporter of Casinghead Gas <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
	L 30 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)

8-14-85

(Date)

OIL CONSERVATION DIVISION

AUG 16 1985

APPROVED _____, 19____

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 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 wells on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporter, or other such change of conditions.

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 X	New well X	Workover	Deepen	Plug Back	Same Res'v.	DILL Res
Date Spudded 6-2-85	Date Compl. Ready to Prod. 8-9-85	Total Depth 6736' 6734'			P.B.T.D. 6736' 6719'				
Elevations (DF, RKB, RT, CR, etc.) 6763' GL	Name of Producing Formation Basin Dakota	Top Oil/Gas Pay 6516'			Tubing Depth 6634'				
Perforations 6516, 6518, 6520, 6543, 6545, 6597, 6600, 6602, 6605, 6607, 6610, 6612, 6615, 6617, 6632, 6634, 6637, 6639, 6642, 6644 w/1 SPZ						Depth Casing Shoe 6736'			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12 1/4"	8 5/8"		226		177 cu ft				
7 7/8"	4 1/2"		6736		2042 cu ft				
	2 3/8"		6634						

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 1973	Length of Test 3 Hrs.	Bbls. Condensate/MMCF 343 MCF	Gravity of Condensate 0
Testing Method (plug, back pr.) Back Pressure	Tubing Pressure (Shut-in) 1002	Casing Pressure (Shut-in) 1281	Choke Size 3/4"