

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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	GAS	
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

I.

Operator El Paso Natural Gas Company		<div style="text-align: center;"> RECEIVED AUG 02 1985 OIL CON. DIV. DIST. 3 </div>
Address P. O. Box 4289, Farmington, NM 87499		
Reason(s) for filing (Check proper box) <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 _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Huerfano Unit	Well No. 135E	Pool Name, Including Formation Basin Dakota	Kind of Lease State, Federal or Fee Federal	Lease No. SF 078103
Location Unit Letter <u>H</u> : <u>1650</u> Feet From The <u>North</u> Line and <u>990</u> Feet From The <u>East</u> Line of Section <u>23</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"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 4289, Farmington, NM 87499
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 4289, Farmington, NM 87499
If well produces oil or liquids, give location of tanks. Unit <u>H</u> Sec. <u>23</u> Twp. <u>26N</u> Rge. <u>9W</u>	Is gas actually connected? <u>No</u> When _____

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)
7-31-85

(Date)

8-8-85 OIL CONSERVATION DIVISION
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 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 multi-completed wells.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
			X	X					
Date Spudded 5-10-85	Date Compl. Ready to Prod. 7-12-85	Total Depth 6696'				P.B.T.D. 6678'			
Elevations (DF, RKB, RT, GR, etc.) 6370' GL	Name of Producing Formation Basin Dakota	Top Oil/Gas Pay 6401'				Tubing Depth 6608'			
Perforations 6401, 6403, 6405, 6408, 6418, 6445, 6449, 6496, 6499, 6502, 6507, 6511, 6521, 6525, 6531, 6535, 6591, 6595, 6602, 6608 w/20 SPZ						Depth Casing Shoe 6696'			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12 1/4"	8 5/8"		236 228		145 140 cu ft				
7 7/8"	4 1/2"		6696		2030 cu ft				
	2 3/8" Tbg		6608						

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 2324	Length of Test 3 Hrs.	Bbls. Condensate/MMCF 400 MCF	Gravity of Condensate 0
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 1461	Casing Pressure (Shut-in) 1654	Choke Size 3/4"