

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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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)	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 \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name Ballard	Well No. 13E	Pool Name, Including Formation Basin Dakota	Kind of Lease State, Federal or Fee Federal	Lease No. NM 03154
Location				
Unit Letter <u>A</u> : <u>830</u> Feet From The <u>North</u> Line and <u>950</u> Feet From The <u>East</u>				
Line of Section <u>14</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 : <u>A</u> Sec. : <u>14</u> Twp. : <u>26N</u> Rge. : <u>9W</u>
Is gas actually connected?	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)

7-31-85

(Date)

8-8-85 OIL CONSERVATION DIVISION  
APPROVED AUG 08 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 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 multiple 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 5-26-85	Date Compl. Ready to Prod. 7-15-85	Total Depth 6660'				P.B.T.D. 6640'			
Elevations (DF, RKB, RT, GR, etc.) 6286' GL	Name of Producing Formation Basin Dakota	Top Oil/Gas Pay 6392'				Tubing Depth 6519'			
Perforations 6392, 6394, 6396, 6398, 6400, 6435, 6437, 6491, 6492, 6493, 6495, 6496, 6497, 6498, 6503, 6505, 6507, 6509, 6517, 6519 w/20 SPZ						Depth Casing Shoe 6660'			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12 1/4"	8 5/8"		228		236 cu ft				
7 7/8"	4 1/2"		6660		2096 cu ft				
	2 3/8" Tbg		6519						

#### 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 2696	Length of Test 3 Hrs.	Bbls. Condensate/MMCF 462 MCF	Gravity of Condensate 0
Testing Method (puls, back pr.) Back Pressure	Tubing Pressure (Shut-in) 1628	Casing Pressure (Shut-in) 1737	Choke Size 3/4"