

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	NATURAL 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

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MAR 19 1986

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator El Paso Natural Gas Company		DIST. 3
Address P. O. Box 4289, Farmington, NM 87499		
Reason(s) for filing (Check proper box)		Other (Please explain)
<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

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Huerfano Unit	Well No. 99E	Pool Name, including Formation Basin Dakota	Kind of Lease State, Federal or (see )	Lease No. B-10815-9
Location Unit Letter <u>K</u> : <u>1500</u> Feet From The <u>South</u> Line and <u>1490</u> Feet From The <u>West</u> Line of Section <u>2</u> Township <u>26N</u> Range <u>10W</u> , NMPM, San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

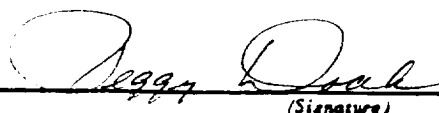
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) El Paso Natural Gas Company P. O. Box 4289, Farmington, NM 87499	
Name of Authorized Transporter of Casinghead Gas <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 K	Sec. 2
	Twp. 26N	Rge. 10W
	Is gas actually connected? No	
	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)

(Date)

OIL CONSERVATION DIVISION

APPROVED

APR 09 1986

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 multiply 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.	Diff. Res'v.
Date Spudded 2-13-86	Date Compl. Ready to Prod. 3-17-86	Total Depth 6996'			P.B.T.D. 6979'				
Elevations (DF, RKB, RT, CR, etc.) 6666' GL	Name of Producing Formation Basin Dakota	Top Oil/Gas Pay 6790'			Tubing Depth 6935'				
Perforations 6790, 6792, 6794, 6828, 6830, 6832, 6872, 6874, 6876, 6878, 6880,							Depth Casing Shoe 6996'		
* Continued Perf's listed below TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"		8 5/8"		223'		189 cu ft			
7 7/8"		4 1/2"		6996'		2003 cu ft			
		2 3/8"		6935'					

#### 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	Length of Test SI 7 Days	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-In) SI 795	Casing Pressure (Shut-In) SI 1435	Choke Size

\* Continued Perf's:

6882, 6884, 6886, 6892, 6894, 6896, 6898, 6900, 6936 w/20 SPZ.