

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
OPERATOR	GAS
PROMOTION 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

REC'D
JAN 22 1986
OIL CONSERVATION DIVISION

I.

Operator
El Paso Natural Gas Company

Address
P. O. Box 4289, Farmington, NM 87499

Reason(s) for filing (Check proper box)

☒ New Well	Change in Transporter of:	
☐ Recompletion	☐ Oil	☐ Dry Gas
☐ Change in Ownership	☐ Casinghead Gas	☐ Condensate

Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease name Luthy A	Well No. 4	Pool Name, including Formation Blanco Mesa Verde	Kind of Lease State (Federal) Fee	Lease No. SF 078622
Location				
Unit Letter <u>G</u> : <u>2250</u> Feet From The <u>North</u> Line and <u>1610</u> Feet From The <u>East</u>				
Line of Section <u>1</u> Township <u>26N</u> Range <u>8W</u> , NMPM, <u>San Juan</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☐	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 ☐ or Dry Gas ☒	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>G</u> Sec. : <u>1</u> Twp. : <u>26N</u> Rge. : <u>8W</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)

1-21-86

(Date)

OIL CONSERVATION DIVISION

APPROVED

BY

Original Signed by FRANK T. CHAVEZ

SUPERVISOR DISTRICT # 3

TITLE

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 deviat tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all: able 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 conditi

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 Reservoir	Drill Re-
Date Spudded	Date Compl. Ready to Prod.		X	X					
12-14-85	1-20-86								
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Total Depth		P.B.T.D.					
6194' GL	Blanco Mesa Verde	4955'		4947'					
Perforations	Top Oil/Gas Pay	Tubing Depth							
4653, 4656, 4659, 4669, 4672, 4703, 4705, 4722, 4732, 4748, 4780, 4815,		4534'		4888'					
* Continued Perf's listed below		Depth Casing Shoe		4955'					
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT					
12 1/4"	9 5/8"	225'		154 cu ft					
8 3/4"	7"	2646'		419 cu ft					
6 1/4"	4 1/2" Liner	2503-4955'		428 cu ft					
	2 3/8" Tbg	4888'							

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	Bbls. Condensate/MCF	Gravity of Condensate
	SI 7 Days		
Testing Method (qual, back pr.)	Tubing Pressure (Shut-In)	Casing Pressure (Shut-In)	Choke Size
	SI 1035	SI 1041	

* Continued Perf's:

4818, 4845, 4870, 4907 w/16 SPZ. 2nd stage 4534, 4536, 4538, 4540, 4542, 4544, 4545, 4546, 4548, 4557, 4559, 4561, 4563, 4565, 4567, 4569, 4571, 4608, 4611, 4614, 4617, 4620 w/21 SPZ.