

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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U.S.G.A.	
LAND OFFICE	
TRANSPORTER	OIL
OPERATOR	GAS
PRODUCTION OFFICE	

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Revised 10-01-78
Format 08-01-83
Page 1

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OIL CON. DIV.
DIST. 3

I.

Operator	El Paso Natural Gas Company		
Address	P. O. Box 4289, Farmington, NM 84799		
Reason(s) for filing (Check proper box)	Other (Please explain)		
☒ New Well	Change in Transporter is:		
☐ Recombination	☐ Oil	☐ Dry Gas	
☐ Change in Ownership	☐ Casinghead Gas	☐ Condensate	

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease
Huerfano Unit	129E	Basin Dakota	State, Federal or Fee	SF 078000
Location				
Unit Letter	L	Feet From The South	Line and	945 Feet From The West
Line of Section	9	Township	26N	Range 9W, NMPM, San Juan Co.

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

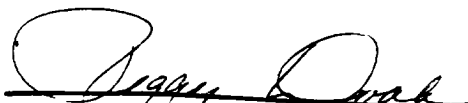
Name of Authorized Transporter of Oil ☐ or Condensate ☒	Address (Give address to which approved copy of this form is to be sent)
Meridian Oil Trading Inc.	P. O. Box 1599, Aztec, NM 87410
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒	Address (Give address to which approved copy of this 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.	Is gas actually connected? when
Unit L, Sec. 9, Twp. 26N, Rge. 9W	

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)
4-10-86
(Date)

OIL CONSERVATION DIVISION

APPROVED _____
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 deep well, this form must be accompanied by a tabulation of the dev. tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for a well on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of 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	New well	Workover	Deepen	Plug Back	Same Res'v.	Drill
			X	X					
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.				
3-9-86	4-8-86		6814'		6788'				
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth				
6497' GL	Basin Dakota		6568'		6686'				
Perforations 6568, 6572, 6592, 6594, 6596, 6598, 6600, 6602, 6605, 6608, 6626, 6630, 6684, 6686, 6688, 6690, 6692, 6694, 6696, 6698 w/20 SPZ.							Depth Casing above		
							6814'		
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12 1/4"	8 5/8"		225'		178 cu ft				
7 7/8"	4 1/2"		6814'		1937 cu ft				
	2 3/8"		6686'						

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 able 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	Chase Size
Actual Pres. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Pres. Test - MCF/D	Length of Test	Bbls. Condensate/10MCF	Gravity of Condensate
	SI 7 Days		
Testing Method (pilot, back pr.)	Tubing Pressure (Start-End)	Casing Pressure (Start-End)	Chase Size
	SI 778	SI 1780	