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U.S.G.S.

LAND OFFICE

TRANSPORTER OIL

OPERATOR GAS

PRORATION OFFICE

NEW MEXICO OIL CONSERVATION COMMISSION
 REQUEST FOR ALLOWABLE
 AND
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
 Supersedes Old C-104 and C-110
 Effective 1-1-64

I. COMPANY INFORMATION

El Paso Natural Gas Company

Address: **Box 990, Farmington, New Mexico**

Reason(s) for Filing (Check appropriate box):

New Well Change in Transporter or Operator **Change of Name & Operator**

Production Casinghead Gas Other (Please explain)

If change of ownership give name and address of previous owner: _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Huerfanito Unit	Well No. 79 (M)	Well Name, Including Formation Blanco Mesa Verde	Kind of Lease State, Federal or Private Federal
Location: Twp. Letter H Section 1550 Feet From The North Line and 790 Feet From The East	Line of Section 26 Township 27N Range 9W N.M.P.M. San Juan County		

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter: 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 Box 990, Farmington, New Mexico
Name of Authorized Transporter: 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 Box 990, Farmington, New Mexico
If well produces oil or liquids, give location of tanks: Unit H Sec. 26 Twp. 27 Rge. 9	Is gas actually connected? No When _____

If this production is commingled with that from any other lease or pool, give commingling order number: _____

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Reentry <input type="checkbox"/> Diff. Restv. <input type="checkbox"/>
Date Spudded	Date Compl. Ready to Prod. Total Depth F.B.T.D.
Well	Name of Producing Formation Top Oil/Gas Pay Tubing Depth
Perforations	Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

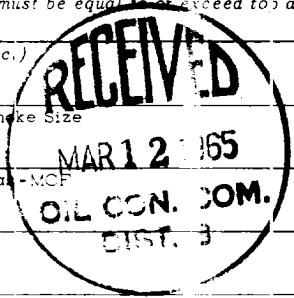
V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

Test must be after recovery of total volume of load oil and must be equal to or exceed to allow-able for this depth or be for full 24 hours

Date First New Oil Run To Tank	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-MMCF

GAS WELL

Actual Prod. Test-MMCF	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back p.)	Tubing Pressure	Casing Pressure	Choke Size



VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Original signed **E. S. Oberly**
 (Signature)
Petroleum Engineer
 (Title)
March 9, 1965
 (Date)

OIL CONSERVATION COMMISSION
 MAR 12 1965
 APPROVED _____ 19
 BY **A. R. ADAMS**
 TITLE **PETROLEUM ENGINEER DIST. N. 7**

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 Sections I, II, III, and VI only 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.