

DISTRIBUTION		
SANTA FE	/	
FILE	/	
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL /	
	GAS /	
OPERATOR	/	
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 1-1-65

I. OPERATOR

Operator: El Paso Natural Gas Company

Address: PO Box 990, Farmington, NM 87401

Reason(s) for filing (Check proper box) Other (Please explain)

New Well	<input type="checkbox"/>	Change in Transporter of:		Details on back.
Recompletion	<input checked="" type="checkbox"/>	Oil	<input type="checkbox"/>	
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>	
		Dry Gas	<input type="checkbox"/>	
		Condensate	<input type="checkbox"/>	

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Johnston	Well No.	1(OWWO)	Pool Name, including Formation	Aztec Pictured Cliffs	Kind of Lease	State (Federal) or Fee	Lease No.	NM 04202
Location	Unit Letter N ; 990 Feet From The South Line and 1700 Feet From The West								
Line of Section	11	Township	28N	Range	9W	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"/>	El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent)	PO Box 990, Farmington, NM 87401
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent)	PO Box 990, Farmington, NM 87401
If well produces oil or liquids, give location of tanks.	Unit N Sec. 11 Twp. 28N Rge. 9W	Is gas actually connected?	When

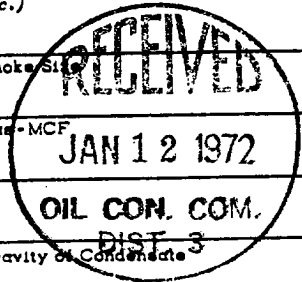
If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X		X			X	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
w/o 11-26-71	w/o 1-5-72	2274'	2263'					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Gas Pay	Tubing Depth					
5825'GL	Pictured Cliffs	2148'	Tubingless completion					
Perforations	2148-58', 2174-88'					Depth Casing Shoe		
2274'								
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
no record	9 5/8"	161'	70 sks.					
no record	5 1/2"	2141'	200 sks.					
4 3/4"	2 7/8"	2274'	110 sks.					

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 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/MMCF	Gravity of Condensate
787 MCF/D	3 hours		
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size
Calc. AOF	----	583	3/4"

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 F. H. WOOD

(Signature)

Petroleum Engineer

(Title)

January 11, 1972

(Date)

OIL CONSERVATION COMMISSION
JAN 12 1972

APPROVED _____, 19____

BY Original Signed by Emery C. Arnold

TITLE SUPERVISOR DIST. #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.

Workover:

- 11-23-71: Moved on and rigged up Dwinell Bros. Rig #1
- 11-26-71: Cleaned out old hole with mud to total depth and drilled new hole from 2260' to 2274'.
- 11-27-71: Ran 74 joints 2 7/8", 6.4#, J-55 production casing, 2263' set at 2274' with 110 sacks cement. WOC until completion. Top of Cement at 475'.
- 12-9-71: PBTD 2263'. Perf 2148-58', 2174-88' with 40 shots per zone. Frac with 30,000# 10/20 sand, 24,000 gallons water, dropped 1 set of 40 balls, flushed with 525 gallons water.
- 1-5-72: Date well was tested.