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	GAS
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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

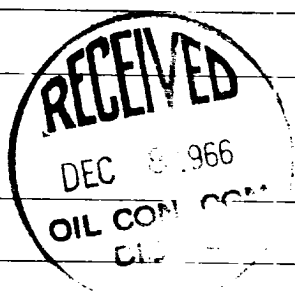
I. OPERATOR

Operator
El Paso Products Company

Address
Post Office Box 1560, Farmington, New Mexico 87401

Reason(s) for filing (Check proper box)

New Well	<input type="checkbox"/>	Change in Transporter of:		Other (Please explain)	
Recompletion	<input checked="" type="checkbox"/>	Oil	<input type="checkbox"/>	Dry Gas	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead 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 Frontier E	Well No. 1	Pool Name, including Formation Kutz-Gallup	Kind of Lease State, Federal or Fee Fed.	Lease No. NM-048567
Location				
Unit Letter O	790	Feet From The South	Line and 1850	Feet From The East
Line of Section 4	Township 27N	Range 11W	, NMPM, San Juan County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> McWood Corporation	Address (Give address to which approved copy of this form is to be sent.) P. O. Box 1702, Farmington, New Mexico 87401					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> None	Address (Give address to which approved copy of this form is to be sent.) No Pipeline Connection - Gas is being vented to atmosphere.					
If well produces oil or liquids, give location of tanks.	Unit O	Sec. 4	Twp. 27N	Rge. 11W	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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Pool	Diff. Res'v.
				X				
Date Spudded 5-23-60	Date Compl. Ready to Prod. 6-10-60	Total Depth 6753'		6753' COTD 6703'				
Elevations (DF, RKB, RT, GR, etc.) 6179' GL, 6191 DF	Name of Producing Formation Gallup	Top Oil/Gas Pay 5897' (Perfs.)		Tubing Depth 6010'				
Perforations 5897'-5919', 5968'-5993' 2 Sh/Ft.		Depth Casing Shoe 6746'						
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
	9-5/8"		228'		200 Sacks			
	7"		6756'		1st Stg. 200 Sacks; 2nd			
	2-3/8"		6485' Dakota		Stg. 100 Sacks			
	2-3/8"		6010' Gallup					

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 11-24-66	Date of Test -- 11-30-66	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 Hours	Tubing Pressure 30#	Casing Pressure 30#	Choke Size 64/64" 48" Stroke, 10SPM
Actual Prod. During Test 10.0 Bbls.	Oil - Bbls. 10.0 Bbls.	Water - Bbls. None	Gas - MCF 72

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	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 **WILLIAM R. SPEER**

(Signature)

Division Manager

(Title)

December 7, 1966

(Date)

OIL CONSERVATION COMMISSION

APPROVED **DEC - 8 1966** 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.