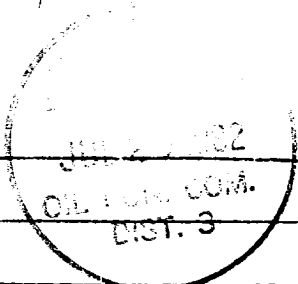


OIL CONSERVATION DIVISION  
 P. O. BOX 2088  
 SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
 AND  
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS



DEPARTMENT	
DIVISION	
SANTA FE	
FILE	
U.S.S.	
LAND OFFICE	
TRANSPORTER	
OPERATOR	
REGISTRATION OFFICE	
Operator	

Operator  
 El Paso Natural Gas Company

Address  
 Box 289, Farmington, New Mexico 87401

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

New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input 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 \_\_\_\_\_

DESCRIPTION OF WELL AND LEASE

Lease Name Cuccia Com B	Well No. 4A	Pool Name, including Formation Blanco Mesa Verde	Kind of Lease State/Federal/Free	Lease No. E 3904-2
Location				
Unit Letter <u>J</u> : <u>1795</u> Feet From The <u>South</u> Line and <u>1520</u> Feet From The <u>East</u>				
Line of Section <u>32</u> Township <u>27N</u> Range <u>X 8W</u> , NMPM, <u>San Juan</u> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of 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 289, Farmington, New Mexico 87401
Name of Authorized Transporter of 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 289, Farmington, New Mexico 87401
If well produces oil or liquids, give location of tanks.	Unit    Sec.    Twp.    Rge.    Is gas actually connected?    When

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug back	Same res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
						Depth Casing Shoe		
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		

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
Testing Method (shot, back pr.)	Tubing Pressure (Shot-in)	Casing Pressure (Shot-in)	Choke Size

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 above is true and complete to the best of my knowledge and belief.

A. G. Bisco  
 (Signature)  
 Drilling Clerk  
 (Title)  
 July 20, 1982  
 (Date)

OIL CONSERVATION DIVISION  
 JUL 20 1982  
 APPROVED \_\_\_\_\_, 19\_\_\_\_  
 Original Signed by **CHARLES GHOLSON**  
 for 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 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.