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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
El Paso Natural Gas Company
Address
P. O. Box 990, Farmington, NM 87401
Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE
Lease Name Huerfano Unit Well No. 258 Pool Name, including Formation Angel Peak Gallup Ext Kind of Lease State, (Federal) or Fee NM03017 Lease No.
Location
Unit Letter P 990 Feet From The S Line and 990 Feet From The E
Line of Section 36 Township 27N Range 10W, NMPM, San Juan County

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)
El Paso Natural Gas Company P. O. Box 990, Farmington, NM 87401
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 990, Farmington, NM 87401
If well produces oil or liquids, give location of tanks. Unit Sec. Twp. Rge. Is gas actually connected? When
P 36 27N 10W

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. ☐
Date Spudded 03-26-74 Date Compl. Ready to Prod. 11-29-74 Total Depth 6153' P.B.T.D. 6137'
Elevations (DF, RKB, RT, GR, etc.) 6496' GL Name of Producing Formation Gallup Top Oil/Gas Pay 5734' Tubing Depth 6096'
Perforations 5734', 5822', 5926', 5988', 6010', 6048', 6086', and 6090' Depth Casing Shoe 6153'
TUBING, CASING, AND CEMENTING RECORD
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT
12 1/4" 8 5/8" 208' 183 cu. ft.
7 7/8" 4 1/2" 6153' 1166 cu. ft.
2 3/8" 6096' Tubing

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 428 Length of Test 3 hours Bbls. Condensate/MMCF XXX 3 hours Gravity of Condensate 20 API
Testing Method (pilot, back pr.) Calc. A.O.F. Tubing Pressure (Shut-in) 257 Casing Pressure (Shut-in) 764 Choke Size 3/4" Variable

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.

M. J. Saines
(Signature)

Drilling Clerk
(Title)

December 6, 1974
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY _____

TITLE SUPERVISOR

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.