

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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U.S.G.A.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PROBATION OFFICE	

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-01-78  
Format 08-01-83

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REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

**I. Operator**  
El Paso Natural Gas Company

**Address**  
P. O. Box 4289, Farmington, NM 87499

**Reason(s) for filing (Check proper box)**

<input checked="" type="checkbox"/> New Well	<input type="checkbox"/> Change in Transporter of:	<b>Other (Please explain)</b>
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	
	<input type="checkbox"/> Dry Gas	
	<input type="checkbox"/> Condensate	

If change of ownership give name  
and address of previous owner \_\_\_\_\_

**II. DESCRIPTION OF WELL AND LEASE**

<b>Lease Name</b> Hardie D	<b>Well No.</b> 4	<b>Pool Name, including Formation</b> S. Blanco Pictured Cliffs	<b>Kind of Lease</b> State, Federal or Fee	<b>Lease</b> SF 078390A
<b>Location</b>				
Unit Letter <u>M</u> : <u>1160</u> Feet From The <u>South</u> Line and <u>930</u> Feet From The <u>West</u>				
Line of Section <u>12</u> Township <u>28N</u> Range <u>8W</u> , NMPM, San Juan Cou				

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

<b>Name of Authorized Transporter of Oil</b> <input type="checkbox"/> or <b>Condensate</b> <input checked="" type="checkbox"/>	<b>Address (Give address to which approved copy of this form is to be sent)</b>
El Paso Natural Gas Company	P. O. Box 4289, Farmington, NM 87499
<b>Name of Authorized Transporter of Casinghead Gas</b> <input type="checkbox"/> or <b>Dry Gas</b> <input checked="" type="checkbox"/>	<b>Address (Give address to which approved copy of this form is to be sent)</b>
El Paso Natural Gas Company	P. O. Box 4289, Farmington, NM 87499
<b>If well produces oil or liquids, give location of tanks.</b>	<b>Unit</b> <u>M</u> <b>Sec.</b> <u>12</u> <b>Twp.</b> <u>28N</u> <b>Rge.</b> <u>8W</u>
	<b>Is gas actually connected?</b> <u>No</u> <b>When</b> <u>1</u>

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

NOTE: Complete Parts IV and V on reverse side if necessary.

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

OIL CONSERVATION DIVISION

FEB 12 1986

APPROVED \_\_\_\_\_, 19

BY Original Signed by FRANK T. CHAVEZ

TITLE SUPERVISOR DISTRICT #3

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the device tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all able on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filled for each pool in multi-completed wells.



(Signature)

Drilling Clerk

(Title)

2-2-86

(Date)

#### IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil well	Gas well	New well	Workover	Deepen	Plug Back	Same Res'v.	Drill
			X	X					
Date Spudded 12-21-85	Date Compl. Ready to Prod.	Total Depth 3035'				P.B.T.D. 3025'			
Elevations (DF, RKB, RT, GR, etc.) 6276' GL	Name of Producing Formation S. Blanco Pic. Cliffs	Top Oil/Gas Pay 2881'				Tubing Depth			
Perforations 2881, 2884, 2887, 2890, 2893, 2896, 2932, 2936, 2985, 2988 w/1 SPZ						Depth Casing Shoe 3035'			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"		8 5/8"		133'		112 cu ft			
6 3/4"		2 7/8"		3035'		593 cu ft			

#### V. TEST DATA AND REQUEST FOR ALLOWABLE (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 SI 7 Days	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pucl, back pr.)	Tubing Pressure (Shut-In) SI -0-	Casing Pressure (Shut-In) SI 440	Choke Size