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TRANSPORTER	OIL GAS
OPERATOR	
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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 Box 990, Farmington, New Mexico	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	See Workover Details on Back
Recompletion <input checked="" type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <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 Martin	Well No. 1	Pool Name, Including Formation Fulcher Kutz Pictured Cliffs	Kind of Lease State, Federal or Fee <input checked="" type="checkbox"/>
Location Unit Letter A , 990 Feet From The North Line and 990 Feet From The East Line of Section 31 , Township 28N Range 10W , 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) Box 990, Farmington, New Mexico
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) Box 990, Farmington, New Mexico
If well produces oil or liquids, give location of tanks.	Unit A Sec. 31 Twp. 28N Rge. 10W
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 <input type="checkbox"/>	Gas Well <input checked="" type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input checked="" type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input checked="" type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spud led W/O 7-26-65	Date Compl. Ready to Prod. W/O ; 8-7-65		Total Depth 1855		P.B.T.D.			
Pool Fulcher Kutz P.C.	Name of Producing Formation Pictured Cliffs		To 28N /Gas Pay 1782		Tubing Depth Tubingless Completion			
Perforations 1782-90; 1802-10					Depth Casing Shoe 1855'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
14"	9 5/8"		65'		60 Sks.			
	5 1/2"		1773'		100 Sks.			
5 1/2"	2 7/8"		1855'		100 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	Check Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	

GAS WELL

Actual Prod. Test-MCF/D 407 MCF/D	Length of Test 3 Hours	Bbls. Condensate/MMCF	Gravimetric Condensate
Testing Method (pitot, back pr.) Calculated A.O.P.	Tubing Pressure	Casing Pressure 335	Check Size 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 E. S. OBERLY

(Signature)

Petroleum Engineer

September 22, 1965

(Title)

(Date)

OIL CONSERVATION COMMISSION

APPROVED **SEP 24 1965**, 19

BY **Original Signed Emory 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 Sections I, II, III, and VI only 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.

6-26-	Mixing mud.	
7-26-65	Cleaned out to bottom. Ran 58 joints 2 7/8", 6.4#, J-55 casing (1846.77') set at 1854.77' w/100 sacks 1:1 Diamix and Class "C" cement, 1/4 cu. ft. Strata-Crete "6"/sk., & 1/8# cello-flake/sk. Spotted 100 gallons 7/5% acetic acid on plug.	
8-4-65	Tested casing w/4500#, perf. 1802-10', 1782-90' w/2 SFF, frac w/25,000# 10/20 sand and 27,300 gallons water, 1% HCL, 6# J-100/1000 gal. BDP 1700#, tr. pr. 2400-2800-3300#, flushed w/1000 gallons. I.R. 25 BPM. ISIP 720#, 5 min. 600#, dropped 1 set of 16 balls.	
8-7-65	Swabbed well in.	
9-16-65	Date well was tested.	