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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

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

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Sec.	Range	Line	Section	Kind of Lease	Lease No.
Hancock A	6		So. Blanco Pictured Cliffs			Stat. (Federal) Fee	NM 04209
Location							
Unit Letter	G	1450	Feet From The	North	Line and	1740	Feet From The
Line of Section	26	Township	28N	Range	9W	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	PO Box 990, Farmington, NM 87401					
Name of Authorized Transporter of Castorhead Gas ☐ or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent)					
El Paso Natural Gas Company	PO Box 990, Farmington, NM 87401					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Range	Is gas actually connected?	When
	G	26	28N	9W		

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 Resv.	Diff. Resv.
		X	X					
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
6-17-72	8-16-72		2368'		2358'			
Elevations (DE, R&B, RT, GR, etc.)	Name of Producing Formation		Top Xd/Gas Pay		Tubing Depth			
6025'GL	Pictured Cliffs		2260'		tubingless			
Perforations					Depth Casing Shoe			
2260-2270' and 2290-2300'					2368'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8 5/8"		143'		107 cu. ft.			
6 3/4"	2 7/8"		2368'		373 cu. ft.			
	tubingless							

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	
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	
GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	
2337	3 hrs.		
Testing Method (pact, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	
Calc. AOF	tubingless	752	
		Choke 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.

[Signature]
(Signature)

Petroleum Engineer

August 23, 1972

OIL CONSERVATION COMMISSION

AUG 24 1972

APPROVED _____, 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 change of owner, well name or number, or transportation when such change of condition.