

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

Form C-104
Revised 10-01-78
Format 08-01-83
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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION OFFICE		

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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED
SEP 13 1985
OIL CON. DIV
DIST. ?

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	Change in Transporter of:	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Condensate	
<input type="checkbox"/> Change in Ownership			

Other (Please explain)

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Hancock	Well No. 4A	Pool Name, including Formation Blanco Mesa Verde	Kind of Lease State, Federal or Fee	Lease No. NM 04209
Location				
Unit Letter <u>C</u>	<u>810</u> Feet From The <u>North</u>	Line and <u>1560</u> Feet From The <u>West</u>		
Line of Section <u>23</u>	Township <u>28N</u>	Range <u>9W</u>	, NMPM, San Juan Coun	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

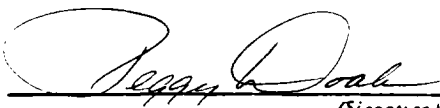
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Company	P. O. Box 4289, Farmington, NM 87499
Name of Authorized Transporter of Casinghead Gas <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	P. O. Box 4289, Farmington, NM 87499
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	C 23 28N 9W No .

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

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.



(Signature)
Drilling Clerk

(Title)
9-12-85

(Date)

OIL CONSERVATION DIVISION

APPROVED _____
BY _____
Original Signed by FRANK T. CHAVEZ
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 deeper well, this form must be accompanied by a tabulation of the deviate 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 own well name or number, or transporter, or other such change of condition.
Separate Forms C-104 must be filed for each pool in multi-completed wells.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res.
Date Spudded 7-12-85	Date Compl. Ready to Prod. 9-10-85		X	X					
		Total Depth 5159'			P.B.T.D. ~5149'				
Elevations (DF, RKB, RT, CR, etc.) 6164' GL	Name of Producing Formation Blanco Mesa Verde		Top Oil/Gas Pay 4476'		Tubing Depth 5044'				
Perforations 4930, 4936, 4952, 4965, 4970, 5006, 5024, 5051, 5070, 5078 w/1 SPZ. 2nd stage 4476, 4560, 4736, 4739, 4743, 4747, 4751, 4755, 4765, 4768							Depth Casing Shoe 5159'		
* Conti. Perf's Listed Below									
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12 1/4"	9 5/8"		299'		153 cu ft				
8 3/4"	7"		2819'		427 cu ft				
6 1/4"	4 1/2"		2668-5159'		436 cu ft				
	2 3/8"		5044'						

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)

OIL WELL		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 3205	Length of Test 3 Hrs.	Bbls. Condensate/MMCF 450 MCF	Gravity of Condensate 0
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (Shut-In) 758	Casing Pressure (Shut-In) 758	Choke Size 3/4"

* Conti. Perf's:

4770, 4776, 4790, 4801, 4804, 4807, 4829, 4839, 4846, 4869, 4882, 4901, 4908 w/1 SPZ.