

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

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Form C-104
Revised 10-01-78
Format 08-01-83
Page 1

JAN 15 1986

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

OIL CON. DIV
DIST. 3

I.

Operator El Paso Natural Gas Company	
Address P. O. Box 4289, Farmington, NM 87499	
Reason(s) for filing (Check proper box)	Other (Please explain)
☒ New Well ☐ Recompletion ☐ Change in Ownership	Change in Transporter of: ☐ Oil ☐ Dry Gas ☐ Casinghead Gas ☐ Condensate

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Hancock	Well No. 6M	Pool Name, including Formation Basin Dakota	Kind of Lease State (Federal) or Fee	Lease NM 03541
Location Unit Letter <u>P</u> ; <u>1025</u> Feet From The <u>South</u> Line and <u>530</u> Feet From The <u>East</u> Line of Section <u>29</u> Township <u>28N</u> Range <u>9W</u> , NMPM, San Juan Cou				

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 4289, Farmington, NM 87499
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 4289, Farmington, NM 87499
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	P 29 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.

OIL CONSERVATION DIVISION

APPROVED

JAN 15 1986

BY

Original Signed by **FRANK T. CHAVEZ**

SUPERVISOR DISTRICT #3

TITLE

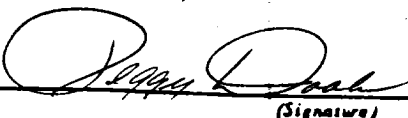
This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or 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 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.



(Signature)

Drilling Clerk

(Title)

1-7-86

(Date)

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil well	Gas well	New well	Workover	Deepen	Plug Back	Same Res.	Drill
Date Spudded		Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
8-28-85		1-6-86		7085'		7077'			
Elevations (DF, RKB, RT, GR, etc.)		Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
6387' GL		Basin Dakota		6903'		7025'			
Perforations						Depth Casing Shoe			
6903, 6906, 6926, 6929, 6968, 6971, 6974, 6977, 6980, 6983, 6986, 6989,						7085'			
* Continued Perf's Listed Below TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"		13 3/8"		220'		295 cu ft			
12 1/4"		9 5/8"		2775'		888 cu ft			
8 3/4"		7" Liner		2597-5400'		707 cu ft			
6 1/4"		4 1/2" Liner		5296-7085'		324 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	Bbls. Condensate/MCF	Gravity of Condensate
1374	SI 7 Days	201 MCF/D	0
Testing Method (pilot, back pr.)	Tubing Pressure (Shot-in)	Casing Pressure (Shot-in)	Choke Size
Back Pressure	SI 1014	SI -0-	3/4"

* Continued Perf's:

6992, 6995, 6998, 7035, 7038, 7041, 7059, 7061 w/1 SPZ. 2nd stage 5008, 5045, 5072, 5086, 5130, 5146, 5187, 5214, w/1 SPZ. 3rd stage 1st set 4863, 4868, 4872, 4876, 4880, 4892, 4896, 4901; 2nd set 4915, 4919, 4933, 4951, 4969, 4983 w/1 SPZ.