

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

*Emery*

*Please note corrected*

*Lease numbers*

Operator **El Paso Natural Gas Company**

Address **PO Box 990, Farmington, NM 87401**

Other (Please explain)

Reasons for change (check proper box)

Change in Transporter of:

Oil ☐

Dry Gas ☐

Casinghead Gas ☐

Condensate ☐

If change of ownership give name  
and address of previous owner

**E 5111-4**

II. DESCRIPTION OF WELL AND LEASE

Well No.	Pool Name, Including Formation	Kind of Lease (State, Federal or Fee)	Lease No.
106	Basin Dakota	E-5111-4	
Location			
Unit Letter <b>K</b>	Feet From The <b>South</b> Line and <b>1840</b> Feet From The <b>West</b>		
Line or Section <b>36</b>	Township <b>29N</b> Range <b>7W</b> , NMPM, <b>Rio Arriba</b> County		

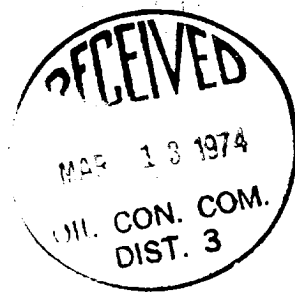
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<b>El Paso Natural Gas Company</b>	<b>PO Box 990, Farmington, NM 87401</b>
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)
<b>El Paso Natural Gas Company</b>	<b>PO Box 990, Farmington, NM 87401</b>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit <b>K</b> Sec. <b>36</b> Twp. <b>29N</b> Rge. <b>7W</b>	

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 Res'v.	Diff. Res'v.
		<b>X</b>	<b>X</b>					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
<b>6-11-73</b>	<b>8-22-73</b>	<b>8115'</b>	<b>8106'</b>					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top CN/Gas Pay	Tubing Depth					
<b>6815'GL</b>	<b>Dakota</b>	<b>7862'</b>	<b>8065'</b>					
Perforations			Depth Casing Shoe					
<b>7862', 7880', 7960', 7962', 7988', 8010', 8030', 8072'</b>			<b>8115'</b>					
TUBING, CASING, AND CEMENTING RECORD			SACKS CEMENT					
Casing & Tubing Size			Depth Set			<b>225 cu. ft.</b>		



NO. OF COPIES RECEIVED		5
DISTRIBUTION		
*SANTA FE	/	✓
FILE	/	
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	/
	GAS	/
OPERATOR		
PRORATION OFFICE		

**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**

Operator: El Paso Natural Gas Company

Address: PO Box 990, Farmington, NM

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

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

Other (Please explain):

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

E 5111-4

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name <u>San Juan 29-7 Unit</u>	Well No. <u>105</u>	Pool Name, including Formation <u>Basin Dakota</u>	Kind of Lease (State) Federal or Fee <u>E</u>	Lease No. <u>5111-4</u>
Location				
Unit Letter <u>A</u>	<u>825</u> Feet From The <u>North</u> Line and	<u>1145</u> Feet From The <u>East</u>		
Line of Section <u>36</u>	Township <u>29N</u>	Range <u>7W</u>	, NMPM, <u>Rio Arriba</u> 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"/>	Address (Give address to which approved copy of this form is to be sent)
<u>El Paso Natural Gas Company</u>	<u>PO Box 990, Farmington, NM 87401</u>
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)
<u>El Paso Natural Gas Company</u>	<u>PO Box 990, Farmington, NM 87401</u>
If well produces oil or liquids, give location of lines.	Is gas actually connected? When
Unit <u>A</u> Sec. <u>36</u> Twp. <u>29N</u> Rge. <u>7W</u>	

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 Restv.	Diff. Restv.
		X	X					
Date Spudset <u>5-30-73</u>	Date Compl. Ready to Prod. <u>8-11-73</u>	Total Depth <u>7777'</u>	P.B.T.D. <u>7769'</u>					
Elevations <u>6432' GL</u>	Name of Producing Formation <u>Dakota</u>	Top Oil/Gas Pay <u>7526'</u>	Tubing Depth <u>7743'</u>					
Perforations <u>7526', 7528', 7538', 7540', 7638', 7640', 7682', 7684', 7705', 7712', 7715', 7734', 7736', 7756' and 7758'</u>			Depth Casing Shoe <u>7777'</u>					
<b>TUBING, CASING, AND CEMENTING RECORD</b>								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
<u>13 3/4"</u>	<u>9 5/8"</u>	<u>216'</u>	<u>225 cu. ft.</u>					
<u>8 3/4"</u>	<u>7"</u>	<u>3597'</u>	<u>272 cu. ft.</u>					
<u>6 1/4"</u>	<u>4 1/2"</u>	<u>7777'</u>	<u>638 cu. ft.</u>					
	<u>1 1/2"</u>	<u>7743'</u>	<u>tubing</u>					

**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	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

**OIL CON. COM. DIST. 3**

**AUG 27 1973**

**OIL CON. COM.**

<b>GAS WELL</b>	Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
-----------------	---------------------------	----------------	-----------------------	-----------------------