

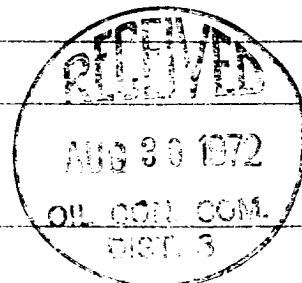
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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

Operator El Paso Natural Gas Company	
Address P O Box 990, Farmington, N.M. 87401	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well ☒	Change in Transporter of:
Recompletion ☐	Oil ☐ Dry Gas ☐
Change in Ownership ☐	Casinghead Gas ☐ Condensate ☐

If change of ownership give name and address of previous owner



II. DESCRIPTION OF WELL AND LEASE

Lease Name Day A	Well No. 14	Pool Name, Including Formation Blanco Pictured Cliffs Ext.	Kind of Lease State, (Federal) or Fee	Lease No. SF 078414
Location Unit Letter G 1650 Feet From The North Line and 1650 Feet From The East				
Line of Section 17 Township 29N Range 8W, 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 Casinghead 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 G	Sec. 17
	Twp. 29N	Rge. 8W
	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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res'tv.
		X	X					
Date Spudded 7-3-72	Date Compl. Ready to Prod. 8-25-72		Total Depth 3225'		P.B.T.D. 3215'			
Elevations (DF, RKB, RT, GR, etc.) 6461'GL	Name of Producing Formation Pictured Cliffs		Top x-l/Gas Pay 3110'		Tubing Depth tubingless			
Perforations 3110-3130'					Depth Casing Shoe 3225'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8 5/8"		140'		107 cu. ft.			
6 3/4"	2 7/8"		3225'		376 cu. ft.			
	tubingless							

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

GAS WELL

Actual Prod. Test-MCF/D 1722	Length of Test 3 hours	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (plot, back plot) Calc. AOF	Tubing Pressure (Shut-in) tubingless	Casing Pressure (Shut-in) 999	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 correct to the best of my knowledge and belief.

Petroleum Engineer
August 29, 1972 (Title)

OIL CONSERVATION COMMISSION
AUG 30 1972

APPROVED _____, 19__

BY Original Signed by 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.