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U.S.A.	
LAND OFFICE	
TRANSPORTER	OIL 1
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OPERATION	7
PROBATION 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

Operator El Paso Natural Gas Company	
Address PO Box 990, Farmington, NM 87401	
Reason(s) for filing (Check proper box)	
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 Roelofs	Well No.: Pool Name, including Formation 5 Blanco Pictured Cliffs Ext.	Kind of Lease State (Federal) or Fee SF	Lease No. 078415
Location			
Unit Letter O	850 Feet From The South	Line and 1800 Feet From The East	
Line of Section 15	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 ☒ El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) PO Box 990, Farmington, NM	
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒ El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) PO Box 990, Farmington, NM	
If well produces oil or liquids, give location of tanks.	Unit O	Sec. 15
	Twp. 29N	Range 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 ☐	Some Resrv. ☐	Diff. Resrv. ☐
Date Spudded 9-26-72	Date Compl. Ready to Prod. 5-10-73		Total Depth 3503'		P.B.T.D. 3493'			
Elevations (DF, RKB, RT, CR, etc.) 6750'GL	Name of Producing Formation Pictured Cliffs		Top XII/Gas Pay 3418		Tubing Depth tubingless			
Perforations 3418-36'					Depth Casing Shoe 3503'			
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"		3503'		358 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	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

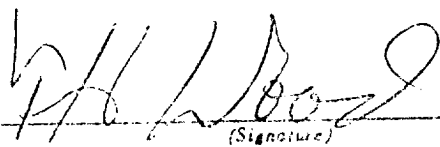
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OIL CON. COM.
DIST. 3

GAS WELL

Actual Prod. Test-MCF/D 1398	Length of Test 3 hrs.	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.) Calc. AOF	Tubing Pressure (Shut-In) tubingless	Casing Pressure (Shut-In) 1044	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)
Petroleum Engineer
(Title)
May 16, 1973
(Date)

OIL CONSERVATION COMMISSION

APPROVED MAY 17 1973, 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 changes of owner, well name or number, or transportation of other such change of condition.