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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

I.

Operator El Paso Natural Gas Company		
Address PO Box 990, Farmington, NM 87401		
Reason(s) for filing (Check proper box)		Other (Please explain)
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"/>	

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Day A	Well No. 16	Pool Name, Including Formation Blanco Pictured Cliffs Ext.	Kind of Lease State, (Federal) or Fee	SF	Lease No. 078414
Location					
Unit Letter <u>I</u> : <u>1460</u> Feet From The <u>South</u> Line and <u>1660</u> Feet From The <u>East</u>					
Line of Section <u>8</u> Township <u>29N</u> Range <u>8W</u> , NMPM, <u>San Juan</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) PO Box 990, Farmington, NM 87401				
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) PO Box 990, Farmington, NM 87401				
If well produces oil or liquids, give location of tanks.	Unit J	Sec. 8	Twp. 29N	Rge. 8W	Is gas actually connected? <input type="checkbox"/> 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'v.	Diff. Res'v.
		X	X					
Date Spudded 1-8-73	Date Compl. Ready to Prod. 4-30-73		Total Depth 3119		P.B.T.D. 3109			
Elevations (DF, RKB, RT, GR, etc.) 6367'GL	Name of Producing Formation Pictured Cliffs		Top Oil/Gas Pay 3014'		Tubing Depth tubingless			
Perforations 3014-24' and 3034-44'					Depth Casing Shoe 3119			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
.12 1/4"	8 5/8"		130'		107 cu. ft.			
6 3/4"	2 7/8"		3119		345 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-Bbls.

GAS WELL

Actual Prod. Test-MCF/D 2430	Length of Test 3 hrs.	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) Calc. AOF	Tubing Pressure (shut-in) tubingless	Casing Pressure (shut-in) 984	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.

F. H. Wood  
(Signature)  
Petroleum Engineer  
(Title)  
May 3, 1973  
(Date)

OIL CONSERVATION COMMISSION

APPROVED MAY 4 1973, 19  
BY Original Signed by A. R. Kendrick  
TITLE PETROLEUM ENGINEER DIST. NO. 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 transporter, or other such change of condition.

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