## NEW MEXICO OIL CONSTRUCTION COMMISSION REQUEST FOR ALLOWABLE ДИA

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

	U.S.G.S.  LAND OFFICE  IRANSPORTER OIL / GAS /  OPERATOR /	AUTHORIZATION TO TRA	AND ANSPORT OIL AND	NATURAL (	GAS			
1. PRORATION OFFICE Coperator								
	El Paso Natural Gas C	El Paso Natural Gas Company						
	P. O. Box 990, Farmington, New Mexico 87401							
	Reason(s) for (ling (Check proper box)  New Well X Change in Transporter of:							
	Recompletion Oil Dry Gas			/8		•		
	Change in Ownership	nsate			<del></del>			
	If change of ownership give name and address of previous owner							
11.	DESCRIPTION OF WELL AND LEASE  Lease Name   Well No.   Pool Name, Including Formation				V in the			
	Lease Name Day A		State Federal or Fee SF07841					
	Location			. 31070414				
	Unit Letter C;	800 Feet From The N Lir	ne and 800 Feet From		The W			
	Line of Section 7 Township 29N Range 8W , NMPM, San Juan County							
III.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	NS					
	Name of Authorized Transporter of Oil El Paso Natural Gas Co	<del></del>	P. O. Box 990			•		
	Name of Authorized Transporter of Cas	P. O. Box 990, Farmington, New Mexico 87401  Address (Give address to which approved copy of this form is to be sent)						
	El Paso Natural Gas Co	Ompany  Unit   Sec.   Twp.   Ege.	P. O. Box 990			xico 87401		
	If well produces oil or liquids, give location of tanks.	produces oil or liquids,						
IV.	If this production is commingled with that from any other lease or pool, give commingling order number:  COMPLETION DATA							
- • •	Designate Type of Completion	n - (X) Oil Well Gas Well X	New Well Workover	Deepen	Plug Back Sa	me Resty. Diff. Re	s'v.	
	Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.			
	07-22-74 Elevations (DF, RKB, RT, GR, etc.)	08-20-74 Name of Producing Formation	2959 Top XI/Gas Pay		2947 Tubing Depth			
	6195' GL	Pictured Cliff	2852	<del></del>	Tubing Depth Casing Si			
	Perforations 2852-761			2959!				
		TUBING, CASING, AND	DEPTH SET		SACKS CEMENT			
	HOLE SIZE	8 5/8"	148'	<u> </u>	147 cu. f			
	7 7/8" & 6 3/4"	2 7/8"	29591		224 cu. f			
		Tubingless			ļ. <del></del>	<del></del>		
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)							
1	OII, WELL Date First New Oil Run To Tanks	Producing Method (Flow, pump, gas lift, etc.)						
	Length of Test	Tubing Pressure	Casing Pressure		Choke Size			
	Actual Prod. During Test	011 - Bbls.	Water-Bbls.		Gas-MCF			
1	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMC	F	Gravity of Cond	ensate	$\neg$	
	1712	3 hours						
	Teeting Method (pitot, back pr.) Calc A.O.F.	Tubing Pressure (Shut-in)	Casing Pressure (Shut	-1n j	Choke Size			
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.		OIL		TION COMMI			
			APPROVED SFP 1 8, 1974  ByOriginal Stated & Lacy C. Arnold					
			ByOriginal Stated to Latery C. Arnold					
			TITLE SUPERVISOR DIST. #3					
	A. B. Bucce (Signature)		This form is to be filed in compliance with RULE 1104.					
	(Signature)		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 allow-					
	Drilling Clerk							
,	September 4, 1974		able on new and recompleted wells.					
<b>;•</b>	. (Date)		well name or number, or transporter, or other such change of condition.					