

DISTRIBUTION	
CARTAGE	
FILE	
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 1104
Supersedes Old Form 1104
Effective 1-1-75

I. Operator
El Paso Natural Gas Company
Address
P. O. Box 990, Farmington, New Mexico 87401
Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Continued Gas ☐ Condensate ☐
If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Pore section	Kind of Lease	Lease No.
Vandewart A	1A	Blanco P.C. Ext.	State, Federal or Fee	SF078502
Location				
Unit Letter	P	800	Feet From The South	800
Line	11	Township	29-N	Range
			8-W	NMCM, San Juan

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	P. O. Box 990, Farmington, New Mexico 87401	
Name of Authorized Transporter of Condensate Gas ☐ or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent)	
El Paso Natural Gas Company	P. O. Box 990, Farmington, New Mexico 87401	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	P	11
		29N
		8W

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	Workover	Deepen	Plug Back	Side Entry	Diff. Re
		X	X				
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.				
6-4-77	8-29-77	5708'	5690'				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Exp. **Gas Day	Tubing Depth				
6396' GR	P.C.	3102'	3160'				
Perforations	Depth Gas and Flow						
3102-12, 3126-36, 3152-56, 3162-66'	5708'						
TUBING, CASING, AND CEMENTING RECORD							
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT				
13 3/4"	9 5/8"	224'	224 cf				
8 3/4"	7"	3533'	327 cf				
6 1/2"	4 1/2" liner	3366-5708'	415 cf				
	1 1/2"	3160'	tbg.				

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-111s.	Gas-MCF

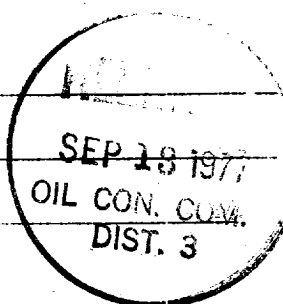
GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
578	3 hrs.		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
Calc. A.O.F.	771	771	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.

J. G. Buias
(Signature)
Drilling Clerk
(Title)
9-1-77
(Date)



OIL CONSERVATION COMMISSION

APPROVED
BY Original Signed by A. R. Kendrick
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 calculation of the deviation 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.