

DISTRIBUTION		S
SANTA FE		1
FILE		1
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	1
	GAS	1
OPERATOR		1
PRORATION 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-1
Effective 1-1-65

Operator	
EL PASO NATURAL GAS COMPANY	
Address	
BOX 990, FARMINGTON, NEW MEXICO 87401	
Reason(s) for filing (Check proper box)	
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"/>
Other (Please explain)	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Vandewart A	2A	Blanco Mesa Verde	State, Federal or Fee SF	078502
Location				
Unit Letter E	1800	Feet From The North	Line and 1140	Feet From The West
Line 11	Township 29-N	Range 8-W	NMPM, San Juan	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)
EL PASO NATURAL GAS COMPANY	BOX 990, FARMINGTON, NEW MEXICO 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)
EL PASO NATURAL GAS COMPANY	BOX 990, FARMINGTON, NEW MEXICO 87401
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	E 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	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X	X					
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
6/15/77	8/30/77		5539'		5522'			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Gas Pay		Tubing Depth			
6230' G.R.	Mesa Verde		4591'		5448'			
Perforations	4591, 4595, 4672, 4683, 4702, 4708, 4724, 4743, 4829, 4864, 4884, 4916,		Depth Casing Shoe		5539'			
921, 4932, 4974, 4998, 5030, 5039, 5057, 5067, 5135, 5138, 5153, 5172, 5184, 5193, 5208	TUBING, CASING, AND CEMENTING RECORD 5372, 5407, 5413, 5432, 5474, 5494,							
236, 5246, 5260, 5286, 5302, 5344, 5348,	HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT	
502, 5518	13 3/4"		9 5/8"		228'		224 cf.	
	8 3/4"		7"		3286'		315 cf.	
	6 1/4"		4 1/2"		3107-5539'		433 cf.	
	2 3/8"		5448'		tbq.			

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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
5436	3 hrs.		
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size
Calc A.O.F.	664		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.

APPROVED _____ 19 _____

BY Original Signed by _____

TITLE _____

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.

Supersedes Form C-104 must be filed for each well in multiple

Drilling Clerk

(Title)

October 12, 1977

(Date)

