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|------------------|------------|
| DISTRIBUTION | |
| CONTAINER | |
| FILE | |
| U.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 C-104
Supersedes Old C-101 and
Effective 1-1-55

I. OPERATOR

Operator
El Paso Natural Gas Company

Address
P. O. Box 990, Farmington, New Mexico 87401

Reason(s) for filing (Check proper box)

| | | | | |
|---------------------|-------------------------------------|---------------------------|--------------------------|------------------------|
| New Well | <input checked="" type="checkbox"/> | Change in Transporter of: | | Other (Please explain) |
| Recompletion | <input type="checkbox"/> | Oil | <input type="checkbox"/> | |
| Change in Ownership | <input type="checkbox"/> | Casinghead Gas | <input type="checkbox"/> | |
| | | Dry 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 Vandewart A | Well No. 5A | Pool Name, including Partition Blanco PC Ext. | Kind of Lease State, Federal, or Free | Lease No. SF0785 |
| Location | | | | |
| Unit Letter J | 1700 | Feet From The South | Line and 1600 | Feet From The East |
| Line of Section 14 | Township 29-N | Range 8-W | NMFM, 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 | P.O. 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) | | | | |
| El Paso Natural Gas Company | P.O. Box 990, Farmington, NM 87401 | | | | |
| If well produces oil or liquids, give location of tanks. | Unit J | Sec. 14 | Twp. 29-N | Rge. 8-W | 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 | Same Res. | Diff. Res. |
| | | X | X | | | | | |
| Date Spudded 04-20-77 | Date Compl. Ready to Prod. 06-21-77 | Total Depth 6213' | P.B.T.D. 6196' | | | | | |
| Elevations (DF, RKB, RT, GR, etc.) 6927' GR | Name of Producing Formation PC | Top XX Gas Pay 3590 | Tubing Depth 3665' | | | | | |
| Perforations 3590-3600, 3634-40, 3654-66, 3672-78 | | | Depth Casing Shoe 6213' | | | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT | | | | | |
| 13 3/4" | 9 5/8" | 217' | 224 cf | | | | | |
| 8 3/4" | 7" | 4129' | 449 cf | | | | | |
| 6 1/4" | 4 1/2" liner | 3960-6213' | 415 cf | | | | | |
| | 1 1/4" | 3665' | tubing | | | | | |

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 |
| Actual Prod. During Test | Oil-Bbls. | Water-Bbls. |

GAS WELL

| | | | |
|--|----------------------------------|----------------------------------|-----------------------|
| Actual Prod. Test-MCF/D 2633 | Length of Test 3 hours | Bbls. Condensate/MMCF | Gravity of Condensate |
| Testing Method (pilot, back pr.) Calc. A.O.F. | Tubing Pressure (shut-in) 822 | Casing Pressure (shut-in) 822 | 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.

D. J. Buices
(Signature)
Drilling Clerk
(Title)
7-6-77
(Date)

OIL CONSERVATION COMMISSION

APPROVED OCT 28 1977, 19
BY N. B. Maynard

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.