

DISTRIBUTION	
SANITARY	
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 1104
Supersedes Old C-104 and
Effective 1-1-65

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 <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 Roelofs A	Well No. 2-R	Pool Name, including Formation Blanco Mesa Verde	Kind of Lease State, (Federal) or Fee	Lease No. SF 07841
Location				
Unit Letter K	1808	Feet From The South	Line or 1500	Feet From The West
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, 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	P. O. Box 990, Farmington, New Mexico 87401				
If well produces oil or liquids, give location of tanks.	Unit K	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 Resv.	Diff. Re.
		X	X					
Date Spudded 05-15-77	Date Compl. Ready to Prod. 06-09-77	Total Depth 6014'	P.B.T.D. 5997'					
Elevations (DF, RKB, RT, CR, etc.) 6735' GR	Name of Producing Formation Mesa Verde	Top ** Gas Pay 5045'	Taking Depth 5951'					
Perforations 5045 5054 5080 5178 5186 5196 5207 5285 5295 5316 5324 5329 5335 5478 5564 5583 5612 5620 5627 5660 5679 5697 5723 5743 5797 5808 5858 5878 5893 5937 5945 5961			Depth Casing Shoe 6014'					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
13 3/4"	9 5/8"	218'	224 cf.					
8 3/4"	7"	3681'	343 cf.					
6 1/4"	4 1/2" liner	3535-6014'	442 cf.					
	2 3/8"	5951'	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	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
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in) 194	Casing Pressure (Shut-in) 778	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.


(Signature)

Drilling Clerk

(Title)

June 16, 1977

(Date)

OIL CONSERVATION COMMISSION

APPROVED JUN 21 1977, 19

BY ORIGINAL SIGNED BY H. E. MAXWELL, JR.

TITLE INTERVIEW

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 deviated 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.