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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-105
Effective 1-1-65

Operator El Paso Natural Gas Company	
Address P.O. Box 990, Farmington, New Mexico 87401	
Reason(s) for filing (Check proper box)	Other (Please explain)
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"/>

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Day	Well No. 1 A	Pool Name, including Formation Blanco Mesa Verde	Kind of Lease State, Federal or Fee	Lease No. SF 078414A
Location				
Unit Letter <u>F</u> ; <u>1750</u> Feet From The <u>North</u> Line and <u>1500</u> Feet From The <u>West</u>				
Line of Section <u>17</u> Township <u>29-N</u> Range <u>8-W</u> , NMPM, <u>San Juan</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
El Paso Natural Gas Company		
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
El Paso Natural Gas Co. P.O. Box 990, Farmington, New Mexico 87401		
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 17
	Twp. 29N	Rge. 8W
	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 Restv.	Diff. Restv.
		X	X					
Date Spudded 1-10-78	Date Compl. Ready to Prod. 3-21-78		Total Depth 5702'		P.B.T.D. 5685'			
Elevations (DF, RKB, RT, GR, etc.) 6396' GR	Name of Producing Formation Mesa Verde		Top of Gas Pay 4636'		Tubing Depth 5631'			
Perforations 4636, 4644, 4651, 4658, 4681, 4686, 4699, 4705, 4724, 4758, 4820, 4898, 4902, 4912, 4954, 5056, 5062, 5068, 5081, 5113, 5243, 5248, 5252, 5276, 5280, 5284, 5294, 5314, 5330, 5334, 5338, 5363, 5432, 5465, 5546, 5554, 5564, 5618					Depth Casing Shoe 5702'			
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
13 3/4"	9 5/8"		243'		224 cf			
8 3/4"	7"		3374'		321 cf			
6 1/4"	4 1/2" liner		3219-5702'		440 cf			
	2 3/8"		5631'		tbgs.			

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 (pilot, back pr.)	Tubing Pressure (Shut-in) 225	Casing Pressure (Shut-in) 614	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.

J. G. Duesco
(Signature)
Drilling Clerk
(Title)
April 18, 1978
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
Original Signed by A. R. Kendrick
BY _____
TITLE SUPERVISOR

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.
Separate Forms C-104 must be filed for each pool in multiply completed wells.