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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-11
Effective 1-1-65

Operator EL PASO NATURAL GAS		
Address BOX 990, FARMINGTON, NEW MEXICO		
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

Lease Name HUGHES	Well No. 1A	Pool Name, Including Formation BLANCO MESA VERDE	Kind of Lease State, Federal or Fee	Lease No. SF 078046
Location Unit Letter <u>D</u> ; <u>925</u> Feet From The <u>North</u> Line and <u>850</u> Feet From The <u>West</u> Line of Section <u>19</u> Township <u>29-N</u> Range <u>8-W</u> , NMPM, <u>San Juan</u> County				

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 CO.		BOX 990, FARMINGTON, NEW MEXICO	
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 CO.		BOX 990, FARMINGTON, NEW MEXICO	
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 19	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:

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 2/27/78	Date Compl. Ready to Prod. 4/18/78	Total Depth 5699'		P.B.T.D. 5681'					
Elevations (DF, RKB, RT, GR, etc.) 6408' GR	Name of Producing Formation M V	Top Gas Pay 4646'		Tubing Depth 5629'					
Perforations 4646, 4652, 4674, 4680, 4701, 4708, 4736, 4745, 4773, 4782, 4791, 4926, 4938, 4987, 4993, 5036, 5044, 5052, 5071, 5079, 5115, 5250, 5254, 5258, 5262, 5266, 5284, 5288, 5292, 5312, 5316, 5340, 5388		Depth Casing Shoe 5699'							
5618' HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
13 3/4"		9 5/8"		220'		224 cf.			
8 3/4"		7"		3360'		372 cf.			
6 1/4"		4 1/2" liner		3201-5699'		434 cf.			
		2 3/8"		5629'		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 (pilot, back pr.)	Tubing Pressure (Shut-in) 264	Casing Pressure (Shut-in) 539	Choke Size

VI. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
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 _____	
Drilling Clerk 5/12/78		Original Signed by A. R. Kendrick	
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.	
		Separate Forms C-104 must be filed for each pool in multiply completed wells.	