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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION 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-110
Effective 1-1-65

Operator EL PASO NATURAL GAS COMPANY	
Address BOX 289, 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

DESCRIPTION OF WELL AND LEASE

Lease Name Hardie	Well No. 4A	Pool Name, including Formation Blanco Mesa Verde	Kind of Lease State, Federal or Fee	Lease No. SF 078416-A
Location				
Unit Letter P	800	Feet From The South	Line and 815	Feet From The East
Line of Section 23	Township 29-N	Range 8-W	NMPM,	San Juan County

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 289, 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 289, Farmington, New Mexico 87401					
If well produces oil or liquids, give location of tanks.	Unit P	Sec. 23	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:

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 10-4-78	Date Compl. Ready to Prod. 11-6-78	Total Depth 5697'	P.B.T.D. 5680					
Elevations (DF, RKE, RT, CR, etc.) 6379' Gr	Name of Producing Formation Mesa Verde	Top Oil/Gas Pay 4683	Tubing Depth 5602'					
Perforations 4683, 4690, 4698, 4724, 4733, 4755, 4793, 4799, 4841, 4849, 4915, 4939, 4951, 4959, 4965, 4978, 5007, 5014, 5055, 5227, 5233, 5240, 5251, 5257, 5269, 5275, 5281, 5287, 5293, 5309, 5317, 5344, 5360, 5365, 5384, 5418, 5442, 5481, 5558, 5579, 5627'		Depth Casing Shoe 5697'						
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
13 3/4"	9 5/8"	201'	224 cf					
8 3/4"	7"	3336'	301 cf					
6 1/4"	4 1/2" liner	3164-5697'	435 cf					
	2 3/8"	5602'	tubing					

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) 288	Casing Pressure (Shut-in) 794	Choke Size

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.

R. G. Guisco
(Signature)
Drilling Clerk
(Title)
November 30, 1978
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY _____ Original Signed by FRANK J. CHAVEZ
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.