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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
OPERATION OFFICE	
Operator	

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

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. 2A	Pool Name, including Formation Blanco M.V.	Kind of Lease State, Federal or Fee	Lease No. sf 078416A
Location				
Unit Letter C	800	Feet From The North	Line and 1750	Feet From The West
Line of Section 25	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, N.M. 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, N.M. 87401				
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 25	Twp. 29N	Ege. 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 Restv.	Diff. Restv.
		X	X					
Date Spudded 9-26-78	Date Compl. Ready to Prod. 11-8-78		Total Depth 5680'		P.B.T.D. 5663'			
Elevations (DF, RAB, RT, GR, etc.) 6388' Gr	Name of Producing Formation M.V.		Top Oil/Gas Pay 4658'		Tubing Depth 5598'			
Perforations: 4658, 4670, 4676, 4682, 4705, 4709, 4714, 4722, 4727, 4764, 4776, 4781, 4911					Depth Casing Shoe 5680'			
5434, 4957, 4961, 5014, 5025, 5205, 5208, 5220, 5224, 5228, 5246, 5250, 5262, 5266, 5270, 5288, 5293, 5298, 5321, 5325, 5337, 5342, 5358, 5364, 5398, 5422, 5428, 5470, 5480, 5560, 5611								

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
13 3/4"	9 5/8"	209'	224 cf
8 3/4"	7"	3400'	315 cf
6 1/4"	4 1/2" liner	3220-5680'	427 cf
	2 3/8"	5598'	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 (pitot, back pr.)	Tubing Pressure (Shut-in) 282	Casing Pressure (Shut-in) 875	Choke Size Dkt. 3

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. G. Gross
(Signature)

Drilling Clerk

(Title)

November 29, 1978

(Date)

OIL CONSERVATION COMMISSION

APPROVED DEC 3 1978 , 19

BY _____

TITLE Drilling Clerk

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.