

DISTRIBUTION	
SANTA FE	
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

* REVISED

Form C-104
Supersedes Old C-104 and C-11
Effective 1-1-65

30-039-22083

I. Operator
El Paso Natural Gas Company

Address
Box 289, Farmington, New Mexico 87401

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:		Other (Please explain)	
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 Carson	Well No. 2	Pool Name, Including Formation Basin Dakota	Kind of Lease Lease , Federal Lease	Lease No. SF079483-
Location Unit Letter <u>K</u> ; <u>1470</u> Feet From The <u>South</u> Line and <u>810</u> Feet From The <u>West</u> Line of Section <u>7</u> Township <u>30-N</u> Range <u>4-W</u> , NMPM, <u>Rio Arriba</u> 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"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) Box 289, Farmington, New Mexico 87401
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) Box 289, Farmington, New Mexico 87401
If well produces oil or liquids, give location of tanks. Unit <u>K</u> Sec. <u>7</u> Twp. <u>30-N</u> Rge. <u>4-W</u>	Is gas actually connected? <input type="checkbox"/> When _____

IV. COMPLETION DATA

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 Restv.	Diff. Restv.
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
Date Spudded 7-3-79	Date Compl. Ready to Prod. * 9-11-79	Total Depth 8347'	P.B.T.D. 8240'					
Elevations (DF, RKB, RT, GR, etc.) 6692' G.L.	Name of Producing Formation Dakota	Top Gas Pay 8032'	Tubing Depth 8067'					
Perforations 8032-8100, 8124-8144, 8144-8163, 8168-8195' W/1 SPZ.			Depth Casing Shoe 8347'					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
13 3/4"	9 5/8"	225'	271 c.f.					
8 3/4"	7"	3913'	264 c.f.					
6 1/4"	4 1/2"	8347'	677 c.f.					
	2 3/8"	8067'	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
1979			

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) * 2915	Casing Pressure (Shut-in) * 2920	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.

A. L. Brisco
(Signature)
Drilling Clerk
(Title)
Sept. 14, 1979
(Date)

OIL CONSERVATION COMMISSION

APPROVED Oct 28 1979
Original Signed by A. L. Brisco
BY _____
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 multiple