

NO. OF COPIES REQUIRED
DISTRIBUTION
SANTA FE
FILE
U.S.G.S.
LAND OFFICE
TRANSPORTER
OPERATOR
PRORATION OFFICE

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form
C-104 and C-110

I. OPERATOR

Operator
El Paso Co. Inc.

Address
800 Lozano Plaza, S.E. Albuquerque, New Mexico

Reason(s) for filing (Check proper box) Other (Please explain)

New Well ☐ Change in Transporter of: Oil ☐ Dry Gas ☐
Recompletion ☐ Casinghead Gas ☐ Condensate ☐
Change in Ownership ☐

If change of ownership give name and address of previous owner
Paul Case P. O. Box 1022 700 Quincy N.E. Albuquerque, New Mexico

II. DESCRIPTION OF WELL AND LEASE

Lease Name Sullivan	Well No. 5	Pool Name, including Formation Aztec Pool, Fruitland	Kind of Well Oil	Lease 1030
Location Unit Letter A Feet From The North Line and 1145 Feet From East Line				
Line of Section 00	Township 29 N	Range 10 E	NMPMA San Juan	County San Juan

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 reports are sent)
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which reports are sent)
El Paso Natural Gas Company	El Paso, Texas
If well produces oil and gas, give location of title	Is gas actually connected?

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	Recompletion	Shut-in	Reserv.
Date Spudded	Date Compl. Ready to Prod.	Total Depth					
Elevations (DT, KKA, etc.)	Name of Producing Formation	Top Oil/Gas Pay					
Perforations							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load and must be in accordance with top allowable for this depth or be for full 24 hours)

Date First New Oil Flow Test	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
Length of Test	Tubing Pressure	Casing Pressure
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.

GAS WELL

Actual Prod. Test (MMCF)	Length of Test	Bbls. Condensate/MMCF	Gravity (SG)
Testing Method (pump, gas lift, etc.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	

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.

James A. McKay
President
June 20, 1966

OIL CONSERVATION COMMISSION
APPROVED **JUL 1 1966**
BY **Original Signed by Emily Arnold**
TITLE **SUPERVISOR DISTRICT 8**

This form is to be filed in compliance with Rule 1104. If this is a request for allowable for a new well, this form must be accompanied by a test taken on the well in accordance with Rule 1104. All sections of this form must be filed complete on new and recompleted wells. Fill out only Sections I, II, III, and IV well name or number or transporter, or other. Separate Forms C-104 must be filed for each pool in multiply completed wells.