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

Form C-104 and C-110
Supplemental Form C-104 and C-110
Effective 1-1-66

I. Operator **El Paso Inc.**
Address **800 Loma Linda Pl. S.E. Albuquerque, New Mexico**
Reason(s) for filing (Check proper box) Other (Please explain)
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
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 **Picture Cliff** Kind of Lease **State, Federal, or Private** Lease No. **1022**
Location
Unit Letter **A** **1030** Feet From The **North** Line and **1145** Feet From **East** Line of Section **30** Township **29N** Range **10W** N.M.P.M. **San Juan** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☐ or Condensate ☐ Address (Give address to which approval copy should be sent)
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒ Address (Give address to which approval copy should be sent)
El Paso Natural Gas Company El Paso, Texas
If well produces oil or natural gas, give location of tanks. Unit Sec. Twp. Rge. Is gas actually connected? Wh

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 Deepen
Date Spudded Date Compl. Ready to Prod. Total Depth
Elevations (DF, RKB, RL, etc.) Name of Producing Formation Top Oil/Gas Pay
Perforations

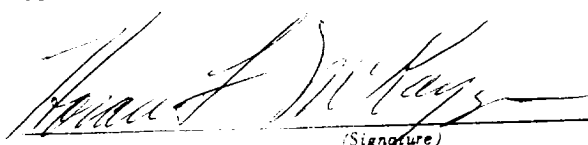
TUBING, CASING, AND CEMENTING RECORD
HOLE SIZE CASING & TUBING SIZE DEPTH SET
CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load of sand must be available for this depth or be for full 24 hours) or exceed top allowable
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 - Bbls.

GAS WELL
Actual Prod. Test - MMCF/D Length of Test Bbls. Condensate/MMCF Gravity and API
Testing Method (pump, back pr.) 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.


(Signature)

President

(Title)

June 20, 1966

(Date)

OIL CONSERVATION COMMISSION
APPROVED **JUL 1 1966**
BY **Original Signed by Emory C. Arnold**
TITLE **SUPERVISOR DIST. #1**

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 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 IV for changes of owner, well name or number, or transporter, or other change of condition.
Separate Forms C-104 must be filed for each pool in multiply completed wells.