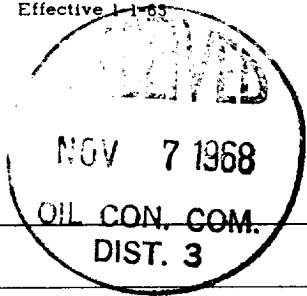


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OPERATOR		2
PRORATION OFFICE		

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 990, 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 _____

Lease Name EX Howell A		Well No. 4	Pool Name, Including Formation Basin Dakota	Kind of Lease State, Federal or Fee <input checked="" type="checkbox"/> SF	Lease No. 078580
Location					
Unit Letter E	1550	Feet From The North	Line and 900	Feet From The West	
Line of Section 4	Township 30N	Range 8W	NMPM, San Juan		County

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 990, 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 990, Farmington, New Mexico - 87401			
If well produces oil or liquids, give location of tanks.	Unit E	Sec. 4	Twp. 30N	Rge. 8W	Is gas actually connected? <input type="checkbox"/> When

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 Res'ty.	Diff. Res'ty.
			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
Date Spudded 9-23-68	Date Compl. Ready to Prod. 10-28-68	Total Depth 7714'		P.B.T.D. 7691'					
Elevations (DF, RKB, RT, GR, etc.) 6252' GL	Name of Producing Formation Dakota	Top Gas Gas Pay 7474'		Tubing Depth 7451'					
Perforations 7474-80, 7494-7504, 7538-44, 7592-7600, 7610-20, 7666-81'		Depth Casing Shoe 7714'							
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
13 3/4"	9 5/8"		234'		145 Sks.				
8 3/4"	7"		3300'		180 Sks.				
6 1/4"	4 1/2"		7714'		358 Sks.				
	2 3/8"		7451'		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

GAS WELL			
Actual Prod. Test-MCF/D 2191	Length of Test 3 Hours	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.) Calculated A.O.F.	Tubing Pressure (shut-in) 2387	Casing Pressure (shut-in) 2378	Choke Size 3/4"

VI. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
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.		NOV 7 1968	
Original signed by Carl E. Matthews (Signature)		APPROVED _____	
Petroleum Engineer (Title)		BY Original Signed by Emery C. Arnold	
November 4, 1968 (Date)		TITLE SUPERVISOR DIST. #3	
		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.	