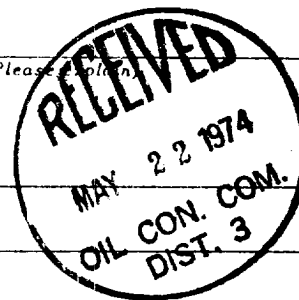


DISTRIBUTION	
SANTA FE	1
FILL	1
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL 1
	GAS 1
OPERATOR	1
PRODUCTION OFFICE	

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

I. Operator  
El Paso Natural Gas Company  
Address  
P. O. Box 990, Farmington, New Mexico 87401  
Reason(s) for filing (Check proper box)  
New Well ☒ Change in Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐  
Other (Please explain)



If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Hubbell	Well No. 10	Pool Name, including Formation Aztec Pictured Cliffs	Kind of Lease State, Federal or Fee	Lease No. Fee
Location Unit Letter P ; 1017 Feet From The South Line and 990 Feet From The East Line of Section 19 Township 29-N Range 10-W, NMPM, San Juan 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) P.O. Box 990, 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) P.O. Box 990, Farmington, New Mexico 87401	
If well produces oil or liquids, give location of tanks.	Unit P	Sec. 19
	Twp. 29-N	Rge. 10-W
	Is gas actually connected? When	

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	Plug Back	Same Res'v.	Diff. Res'v.
		X	X					
Date Spudded 1-31-74	Date Compl. Ready to Prod. 5-6-74	Total Depth 2876'	P.B.T.D. ----					
Elevations (DE, KKB, RT, GR, etc.) 5476' G.L.	Name of Producing Formation Pictured Cliff	Top Oil/Gas Pay 1726'	Tubing Depth Tubingless					
Perforations 1726-44			Depth Casing Shoe 1873					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
13-3/4"	8-5/8"	202'	212 cu. ft.					
8-3/4"	2-7/8"	1873'	460 cu. ft.					
	Tubingless							

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 1778	Length of Test 3 hours	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.) Calc. A.O.F.	Tubing Pressure (shut-in) ----	Casing Pressure (shut-in) 535	Choke Size 3/4"

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. J. Suico*  
(Signature)

Drilling Clerk

(Title)

May 9, 1974

(Date)

OIL CONSERVATION COMMISSION

APPROVED MAY 22 1974, 19

BY Original Signed by Emery C. Arnold

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.