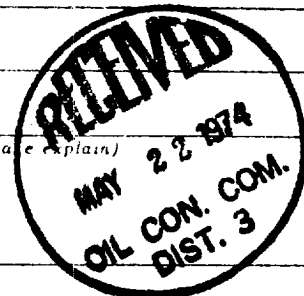


SANTA FE		1
FILE		1
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	1
	GAS	1
OPERATOR		1
PRODUCTION OFFICE		

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

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



If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Hubbell	10	Undes. Chacra	State, Federal or <u>Fee</u>	Fee
Location				
Unit Letter	P	1017	Feet From The South	Line and 990'
Line of Section		19	Township	29-N
Range		10-W	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 approved copy of this form is to be sent)	
El Paso Natural Gas Company				P.O. Box 990, Farmington, New Mexico 87401	
Name of Authorized Transporter of Casinghead Gas	☐	or Dry Gas	☒	Address (Give address to which approved copy of this form is to be sent)	
El Paso Natural Gas Company				P.O. Box 990, Farmington, New Mexico 87401	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Range	Is gas actually connected? When
	P	19	29-N	10-W	

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	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
1-31-74	4-25-74		2876'		----			
Elevations (OF, FKB, RT, GR, etc.)	Name of Producing Formation		Top of Gas Pay		Tubing Depth			
5476	Chacra		2812'		Tubingless			
Perforations					Depth Casing Shoe			
2812-24					2876'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
13-3/4"	9-5/8"		202'		212 cu. ft.			
7-7/8" & 6-3/4"	2-7/8"		2876'		444 cu. ft.			
		Tubingless						

V. TEST DATA AND REQUEST FOR ALLOWABLE (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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
1072	3 hours		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
Calc. AOF	-----	1058	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. G. Sisco
(Signature)
Drilling Clerk
(Title)
May 9, 1974
(Date)

OIL CONSERVATION COMMISSION
APPROVED MAY 22 1974
Original Signed by Emery C. Arnold
BY
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.