Form C-104 SANTA FE REQUEST FOR ALLOWABLE Supersedes Old C-104 and C-116 FILE Effective 1-1-65 AND J.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS LAND OFFICE OIL TRANSPORTER GAS OPERATOR 1 PROPATION OFFICE Operator El Paso Natural Gas Company 87401 P. O. Box 990, Farmington, NM Reason(s) for filing (Check proper box) Other (Please explain) Change in Transporter of: Recompletion OII Dry Gas Change in Ownership Casinghead Gas Condensate If change of ownership give name and address of previous owner ____ II. DESCRIPTION OF WELL AND LEASE Well No. Fool Name, Including Formation Kind of Lease Lease No. SF078716-A 15 Hubbell Undes. Chacra State, (Federal c) Fee Location 1280 2125 Feet From The S Unit Letter_ ___Line and Feet From The Line of Section Township 29N 10W Range , NMPM. County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Cil 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, NM 87401 Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas or Dry GasX P. O. Box 990, Farmington, NM El Paso Natural Gas Company Sec. Is gas actually connected? Twp. P.ge. When If well produces cil or liquids, 10W 29N give location of tanks. ! 17 If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Gas Well Oil Well Plug Back | Same Res'v. Diff. Res'v. **Designate** Type of Completion - (X) Χ Date Compl. Ready to Prod. Total Depth P.B.T.D. 32831 32721 02-07-75 06-18-75 Elevations (DF, RKB, RT, GR, etc., Name of Producing Formation Top X1/Gas Pay Tubing Depth 5790' GL 3199 Tubingless Chacra Perforations Depth Casing Shoe 3199-3200', 3225-28' 3283' TUBING, CASING, AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT 8 5/8'' 2 7/8'' 12 1/4" <u>134'</u> 271 cu. ft. 3/4" 32831 728 cu. ft. Tubingless 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) Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tanks Date of Test Length of Test Tubing Pressure Casing Pressure Choke Size QILActual Prod. During Test Oil-Bbls. Water - Bbls. e-MSISI 3 **GAS WELL** Actual Prod. Test - MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate

Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate

342 3 hours
Testing Method (pitos, back pr.) Tubing Pressure (shut-in) Casing Pressure (shut-in) Choke Size

Calc. A.O.F. 1073 3/4"

APPROVED_

TITLE .

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.

Drilling Clerk

Signature)

(Title)

(Date)

July 15, 1975

This form is to be filed in compliance with RULE 1104.

Original Signed by Emery C. Arnold

OIL CONSERVATION COMMISSION

JUL 2 4, 1975

SUPERVISOR DIST.

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.