			1
DISTRIBUTION		NEW MEXICO OIL CONSERVATION COMMISSION	Form C-104 Supersedes Old
SANTA FE		REQUEST FOR ALLOWABLE	
FILE	1111	AND	Effective 1-1-65
U.S.G.S.	<u> </u>	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS	
LAND OFFICE		THE THE THE THE THE THE GAS	
TRANSPORTER OIL			
GAS			
OPERATOR			
PRORATION OFFICE Operator			
El Paso Natural (Gas Comp	pany	
P. O. Box 990, Fa	armingto	on, NM 87401	
Reason(s) for filing (Check)	proper box)	Other (Please explain)	
New Well		Change in Transporter of:	
Recompletion		OII Dry Gas	
Change in Ownership		Casinghead Gas Condensate	
If change of ownership give and address of previous ow DESCRIPTION OF WEL Lease Name Howell A	mer		
Location		Title Didited NV	
Unit Letter I	168	S2 Feet From The S Line and 990 Feet From The	E
Line of Section 8	Towns	ship 30N Ronge 8W , NMPM, San Juan	
DESIGNATION OF TRAI	NSPORTE	R OF OIL AND NATURAL GAS	
Name of Authorized Transpor	ter cf Cil	cr Condensate X Address (Give address to which approved copy	of this form is to
El Paso Natural (P. O. Box 990, Farmington,	
Name of Authorized Transpor	ter of Casino	head Gas or Dry Gas X Address (Give address to which approved copy	of this form is to l
El Paso Natural (Sas Comp		

is to be sent) 7401 is to be sent) 7401 Sec. Twp. Rge. 8 30N 8W Is gas actually connected? If well produces oil or liquids, give location of tanks. When If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Oil Well Gas Well New Well Plug Back | Same Res'v. Diff. Res'v. Designate Type of Completion - (X) Date Spudded Date Compl. Ready to Prod. Total Depth F.B.T.D. 04-22-75
Elevations (DF, RKB, RT, GR, etc.) 09-22-75 57831 57671

6387' GL | MV | 4825 Perforations 4825', 4932', 4962', 4997', 5012', 5032', 5065', 5152', 5210 5242', 5259', 5367', 5377', 5387', 5413', 5433', 5443', 5462', 5531' -5599', 5629', 5646', 5681' Name of Froducing Formation Top CXI/Gas Pay Tubing Depth 56651 Depth Casing Shoe 57831 TUBING, CASING, AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT 224 cu. ft. 358 cu. ft. 415 cu. ft. 13 3/4" 9 5/8" 208' GL 3465' 8 3/4" 6 1/4'' 4 1/2" Liner 3290-5783'-3/8" <u> 5665'</u>

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 he for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pu	imp, gas lift, etc.)
Length of Test	Tubing Pressure	Casing Pressure	Chok 4.3
Actual Prod. During Test	Oil-Bals.	Water-Bbls.	Gas MES CT &
OAR WELL			1 00

GAS WELL Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF ondensate 3 hours Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size
3/4" Variable Calc. A.O.F. 482

APPROVED_

VI. CERTIFICATE OF COMPLIANCE

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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. P. Ducco
(Signature)
Drilling Clerk
(Title)
<u>October 1, 1975</u>

(Date)

OIL CONSERVATION COMMISSION

1975 OCT 6

es Old C-104 and C-116

Legse No. SF078580

County

By Original Signed by A. R. Kendrick

SUPERVISOR DIST. #3

TITLE .

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.

Connecte Forms C-104 must be filed for each nool in multiply