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**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

**API 30-045-23265**

Operator  
 Address **Horace F. McKay, Jr.**  
**P.O. Box 14738**  
**Albuquerque, New Mexico 87111**

Reason(s) for filing (Check proper box)      Other (Please explain)

New Well       Change in Transporter of:      Oil       Dry Gas   
 Recompletion       Oil       Casinghead Gas       Condensate   
 Change in Ownership

If change of ownership give name and address of previous owner \_\_\_\_\_

**DESCRIPTION OF WELL AND LEASE**

Lease Name <b>Sullivan</b>	Well No. <b>3-A</b>	Pool Name, including Formation <del>Aztec Fruitland</del> <b>Aztec Pictured Cliffs</b>	Kind of Lease State, Federal or Fee <b>Fee</b>	Lease No.
Location Unit Letter <b>A</b> ; <b>990</b> Feet From The <b>North</b> Line and <b>1050</b> Feet From The <b>East</b> Line of Section <b>29</b> Township <b>29N</b> Range <b>11W</b> NMPM, <b>San Juan</b> County				

**DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
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)
<b>El Paso Natural Gas Company</b>	<b>P.O. Box 1492, El Paso, Texas</b>
If well produces oil or liquids, give location of tanks.	Unit      Sec.      Twp.      Rge.      Is gas actually connected?      When
	<b>Wait on connection</b>

If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

**COMPLETION DATA**

Designate Type of Completion - (X)	Oil Well <input type="checkbox"/>	Gas Well <input checked="" type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded <b>11-3-78</b>	Date Compl. Ready to Prod. <b>11-21-78</b>	Total Depth <b>1900</b>	P.B.T.D. <b>1850</b>					
Elevations (DF, RKB, RT, GR, etc.) <b>5492 Gr</b>	Name of Producing Formation <b>Fruitland Pictured Cliffs</b>	Top Oil/Gas Pay <b>1564-1582</b> <b>1766-1806</b>	Tubing Depth <b>2-3/8 @ 1693</b>					
Perforations	Depth Casing Shoe <b>1891</b>							

**TUBING, CASING, AND CEMENTING RECORD**

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<b>11 1/4</b>	<b>7</b>	<b>86</b>	<b>100 sx</b>
<b>6 3/4</b>	<b>4 1/2</b>	<b>1891</b>	<b>300 sx</b>

**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 FRUITLAND 1564-1582**

Annual Prod. Test-MCF/D <b>352 MCF</b>	Length of Test <b>3 hrs.</b>	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) <b>Orifice Well Tester</b>	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in) <b>654, 7 da</b>	Choke Size <b>3/4</b>

**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.

*Harold C. Kennedy*  
 \_\_\_\_\_  
 Agent (Title)  
 1-8-1979 (Date)

**OIL CONSERVATION COMMISSION**  
**MAR 8 1979**

APPROVED \_\_\_\_\_, 19\_\_\_\_  
 BY **Original Signed by A. R. Kendrick**

TITLE **SUPERVISOR**

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.