STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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| LAND OFFICE | | |
| TRANSPORTER | OIL | |
| | GAS | |
| OPERATOR | | |
| PRORATION OFFICE | | |

Form C-104
Revised 10-1-78

# OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

## REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator
El Paso Natural Gas Company

Address
P.O. Box 289, Farmington, NM 87401

Reason(s) for filing (Check proper box)
- New Well [X]
- Recompletion [ ]
- Change in Ownership [ ]
- Change in Transporter of: Oil [ ] Dry Gas [ ] Casinghead Gas [ ] Condensate [ ]

Other (Please explain)

If change of ownership give name and address of previous owner _____

## DESCRIPTION OF WELL AND LEASE

| Lease Name | Well No. | Pool Name, Including Formation | Kind of Lease | Lease No. |
|---|---|---|---|---|
| Hubbell | 3E | Basin Dakota | State, Federal or Fee SF | 078716A |

Location
Unit Letter H : 1540 Feet From The North Line and 1020 Feet From The East

Line of Section 18 Township 29-N Range 10-W, NMPM, San Juan County

## DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| Name of Authorized Transporter of Oil [ ] or Condensate [X] | Address (Give address to which approved copy of this form is to be sent) |
|---|---|
| El Paso Natural Gas Company | P.O. Box 289, Farmington, NM 87401 |
| Name of Authorized Transporter of Casinghead Gas [ ] or Dry Gas [X] | Address (Give address to which approved copy of this form is to be sent) |
| El Paso Natural Gas Company | P.O. Box 289, Farmington, NM 87401 |

| If well produces oil or liquids, give location of tanks. | Unit | Sec. | Twp. | Rge. | Is gas actually connected? | When |
|---|---|---|---|---|---|---|
| | H | 18 | 29N | 10W | | |

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 | 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. |
|---|---|---|---|
| 12-10-80 | 4-6-81 | 6641' | 6624' |
| **Elevations (DF, RKB, RT, GR, etc.)** | **Name of Producing Formation** | **Top Oil/Gas Pay** | **Tubing Depth** |
| 5619' GL | Dakota | 6448' | 6525' |
| 6448,6456,6464,6472,6480,6513,6534,6556' W/1 SPZ. | | | Depth Casing Shoe 6641' |

| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
|---|---|---|---|
| 12 1/4" | 8 5/8" | 216' | 165 cf |
| 7 7/8" | 4 1/2" | 6641' | 1529 cf. |
| | 2 3/8" | 6525' | |
| | | | |

## 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)*

OIL WELL

| 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** |
| | | | |

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OIL CON. COM.
DIST. 3

GAS WELL

| Actual Prod. Test-MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate |
|---|---|---|---|
| 166 | | | |
| **Testing Method (pitot, back pr.)** | **Tubing Pressure (Shut-in)** | **Casing Pressure (Shut-in)** | **Choke Size** |
| | 949 | 1247 | |

## CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

A. G. Gurule
(Signature)

Drilling Clerk
(Title)

April 9, 1981
(Date)

## OIL CONSERVATION DIVISION

APPROVED APR 16 1981, 19____

BY Original Signed by FRANK T. CHAVEZ

TITLE SUPERVISOR DISTRICT # 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.