

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 08-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator El Paso Natural Gas Company	
Address P. O. Box 4289, Farmington, NM 87499	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input checked="" type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Gas <input type="checkbox"/> Condensate

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Hudson	Well No. 3E	Pool Name, including Formation Basin Dakota	Kind of Lease State (Federal) or Fee Federal	Lease No. SF 068990
Location				
Unit Letter F	1840	Feet From The North	Line and 1525	Feet From The West
Line of Section 8	Township 29N	Range 12W	San Juan County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

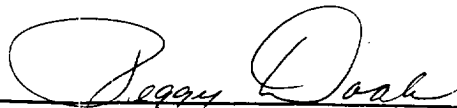
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Company	P. O. Box 4289, Farmington, NM 87499
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Company	P. O. Box 4289, Farmington, NM 87499
If well produces oil or liquids, give location of tanks.	Unit F
	Sec. 8
	Twp. 29N
	Rge. 12W
Is gas actually connected?	When
NO	

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.


(Signature)
Drilling Clerk
(Title)
6-28-85
(Date)

OIL CONSERVATION DIVISION
7-10-85
APPROVED
JUL 10 1985
BY Original Signed by FRANK T. CHAVEZ
SUPERVISOR DISTRICT # 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.
Separate Forms C-104 must be filed for each pool in multiple completed wells.

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 4-24-85	Date Compl. Ready to Prod. 6-18-85	Total Depth 6317' 6335				P.B.T.D. 6303'			
Elevations (DF, RKB, RT, CR, etc.) 5661' GL	Name of Producing Formation Basin Dakota	Top Oil/Gas Pay 6116'				Tubing Depth 6230'			
Perforations 6116, 6118, 6156, 6159, 6171, 6174, 6183, 6186, 6219, 6221, 6229, 6232, 6235, 6238, 6241, 6244, 6247, 6250, 6253, 6256 w/1 SPZ						Depth Casing Shoe 6317'			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4		8 5/8"		228		176 cu ft			
7 7/8		4 1/2"		6317		1720 cu ft			
		2 3/8"		6230					

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 159 765	Length of Test 3 Hrs.	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 1479	Casing Pressure (Shut-in) 1482	Choke Size 3/4"