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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

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

I. Operator
 Operator: El Paso Natural Gas Company
 Address: PO Box 990, Farmington, NM 87401
 Reason(s) for filing (Check proper box):
 New Well Change in Transporter of:
 Recompletion Oil 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

Lease Name <u>Forrest</u>	Well No. <u>2</u>	Pool Name, including Formation <u>Aztec Pictured Cliffs</u>	Kind of Lease State, (Federal) or Fee <u>SF</u>	Lease No. <u>079962</u>
Location Unit Letter <u>I</u> ; <u>1690</u> Feet From The <u>South</u> Line and <u>1030</u> Feet From The <u>East</u> Line of Section <u>26</u> Township <u>30N</u> Range <u>11W, NMPM,</u> <u>San Juan</u> 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"/> <u>El Paso Natural Gas Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>PO Box 990, Farmington, NM 87401</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <u>El Paso Natural Gas Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>PO Box 990, Farmington, NM 87401</u>
If well produces oil or liquids, give location of tanks. Unit <u>I</u> Sec. <u>26</u> Twp. <u>30N</u> Rge. <u>11W</u>	Is gas actually connected? _____ When _____

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

IV. 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 <u>2-25-74</u>	Date Compl. Ready to Prod. <u>5-22-74</u>	Total Depth <u>2504'</u>		P.B.T.D. <u>2494'</u>				
Elevations (DF, RKB, RT, GR, etc.) <u>5927'GL</u>	Name of Producing Formation <u>Pictured Cliffs</u>	Top Oil/Gas Pay <u>2332'</u>		Tubing Depth <u>Tubingless</u>				
Perforations <u>2332-50', 2361-67'</u>			Depth Casing Shoe <u>2504'</u>					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT				
<u>12 1/4"</u>	<u>8 5/8"</u>	<u>135'</u>		<u>118 cu. ft.</u>				
<u>7 7/8" & 6 3/4"</u>	<u>2 7/8"</u>	<u>2504'</u>		<u>567 cu. ft.</u>				
	<u>tubingless</u>							

V. 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

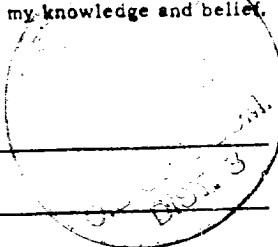
GAS WELL

Actual Prod. Test-MCF/D <u>690</u>	Length of Test <u>3 hrs.</u>	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.) <u>Calc. AOF</u>	Tubing Pressure (Shut-in) <u>tubingless</u>	Casing Pressure (Shut-in) <u>433</u>	Choke Size <u>3/4"</u>

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.

[Signature]
 Drilling Clerk
 (Title)
May 29, 1974
 (Date)



OIL CONSERVATION COMMISSION

APPROVED JUN 1 - 1974, 19 _____
 BY Original Signed by A. R. Kendrick
PETROLEUM ENGINEER DIST. 5
 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 multiply completed wells.