

DISTRIBUTION		
SANTA FE	/	
FILE	/	
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL /	
	GAS /	
OPERATOR	/	
PRODUCTION 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: Box 990, Farmington, New Mexico 87401

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

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>Kelly</u>	Well No. <u>3</u>	Pool Name, including Formation <u>Blanco Pictured Cliff Ext.</u>	Kind of Lease State, Federal or Fee	Lease No. <u>SF 080750</u>
Location Unit Letter <u>I</u> ; <u>1560</u> Feet From The <u>South</u> Line and <u>1090</u> Feet From The <u>East</u> Line of Section <u>26</u> Township <u>30-N</u> Range <u>10-W</u> , NMPM, <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"/>	Address (Give address to which approved copy of this form is to be sent)
<u>El Paso Natural Gas Company</u>	<u>Box 990, Farmington, New Mexico 87401</u>
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)
<u>El Paso Natural Gas Company</u>	<u>Box 990, Farmington, New Mexico 87401</u>
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. is gas actually connected? When
<u>I 26 30-N 10-W</u>	<u>Yes</u>

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Restv.	Diff. Restv.
<u>(X)</u>		<u>X</u>	<u>X</u>					
Date Spudded <u>3-16-74</u>	Date Compl. Ready to Prod. <u>4-15-74</u>	Total Depth <u>3044'</u>		P.B.T.D. <u>3034'</u>				
Elevations (DF, R&B, RT, GR, etc.) <u>6308' GL</u>	Name of Producing Formation <u>Pictured Cliff</u>	Top Gas Pay <u>2876</u>		Tubing Depth <u>Tubingless</u>		Depth Casing Shoe <u>3044'</u>		
Perforations <u>2876-2904', 2942-2950'</u>								
<b>TUBING, CASING, AND CEMENTING RECORD</b>								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT				
<u>12 1/4"</u>	<u>8 5/8"</u>	<u>132'</u>		<u>112 cu. ft.</u>				
<u>7 7/8" &amp; 6 3/4"</u>	<u>2 7/8"</u>	<u>3044'</u>		<u>570 cu. ft.</u>				
		<u>Tubingless</u>						

**V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL** (Test must be after recovery of total volume of oil, gas, and water or 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.) <u>APR 29 1974</u>	
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>2183'</u>	Length of Test <u>3 hours</u>	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.) <u>Calc. A.O.F.</u>	Tubing Pressure (shut-in)	Casing Pressure (shut-in) <u>967</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.

A. G. Suarez  
(Signature)  
Drilling Clerk  
(Title)  
4-24-74  
(Date)

**OIL CONSERVATION COMMISSION**  
APR 29 1974

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY Original Signed by Emery C. Arnold  
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.  
Separate Forms C-104 must be filed for each pool in multiply completed wells.