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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-111  
 Effective 1-1-65

Operator  
 El Paso Natural Gas Company

Address  
 P.O. Box 990 Farmington, New Mexico 87401

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

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

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

DESCRIPTION OF WELL AND LEASE

Lease Name Gartner	Well No. 5A	Pool Name, including Formation Blanco Mesa Verde	Kind of Lease State, Federal or Fee	Lease No. SF 080597
Location Unit Letter <u>F</u> ; <u>1515</u> Feet From The <u>North</u> Line and <u>1500</u> Feet From The <u>West</u> Line of Section <u>27</u> Township <u>30-N</u> Range <u>8-W</u> , NMPM, <u>San Juan</u> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 990, Farmington, New Mexico
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 990, Farmington, New Mexico
If well produces oil or liquids, give location of tanks. Unit <u>F</u> Sec. <u>27</u> Twp. <u>30N</u> Rge. <u>8W</u>	Is gas actually connected? _____ When _____

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 <input checked="" type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 11-9-77	Date Compl. Ready to Prod. 3-21-78	Total Depth 5290'	P.B.T.D. 5273'					
Elevations (DF, RKB, RT, GR, etc.) 5881' GR	Name of Producing Formation Mesa Verde	Top <del>of</del> Gas Pay 4188'	Tubing Depth 5213'					
Perforations 4188-95, 4278-83, 4398-4422, 4422-47, 4456-62, 4477-95, 4545-52, 4572-83, 4593-98, 4616-26, 4636-46, 4690-4709, 4749-73, 4811-20, 4854-64, 4974-98, 4898-4922, 4932-54, 4976-96, 5017-27, 5040-49, 5062-68, 5079-89, 5126-36, 5227-32'		Depth Casing Shoe 5290'						
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
13 3/4"	9 5/8"		234'		224 cf			
8 3/4"	7"		3002'		353 cf			
6 1/4"	4 1/2" liner		2850-5290		430 cf			
	2 3/8"		5213'		tbg			

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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in) 341	Casing Pressure (shut-in) 625	Choke Size

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.

*N. G. Lucas*  
 (Signature)

Drilling Clerk  
 (Title)

4-18-78  
 (Date)

OIL CONSERVATION COMMISSION

APR 20 1978  
 APPROVED \_\_\_\_\_, 19\_\_\_\_

BY Original Signed By A. R. Kendrick

TITLE SUPERVISOR DIST. #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.