

DISTRIBUTION		
S. STATE		
FILE		
I. 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-1
Effective 1-1-65

I.

Operator		EL PASO NATURAL GAS CO.	
Address			
BOX 990, FARMINGTON, NEW MEXICO 87401			
Reason(s) for filing (check proper box)		Other (Please explain)	
New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.			
TURNER B COM	1A	BLANCO MESA VERDE	State, Federal or Fee	E 2757-3			
Location							
Unit Letter	F	1830 Feet From The North	Line and	1548 Feet From The West			
Line of Section	2	Township	30-N	Range	9-W	NMPM, 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 CO.				BOX 990, FARMINGTON, NEW MEXICO 87401		
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 CO.				BOX 990, FARMINGTON, NEW MEXICO 87401		
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	is gas actually connected?	When
	F	2	30N	9W		

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 Res'v.	Diff. Res'v.
		X	X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
7/4/77	11/21/77	5408'						
Elevations (DF, RAB, RT, GR, etc.)	Name of Producing Formation	Top /Gas Pay	Tubing Depth					
6018' GR	Mesa Verde	4354'	5342'					
Perforations	4354-70, 4449-56, 4475-94, 4510-50, 4572-96, 4610-23, 4636-82, 4762-71,	Depth Casing Shoe						
4810-37, 4872-86, 4910-37, 4998-5011, 5092-99, 5114-49, 5162-85, 5198-5211, 5227-41,		5295'						
5245-51, 5255-64, 5276-82, 5295-5408 - open hole.								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
13 3/4"	9 5/8"	225'	224 cf.					
8 3/4"	7"	3213'	423 cf.					
6 1/4"	4 1/2"	5295'	176 cf.					
	2 3/8"	5342'	tubing					

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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size
	SI 517	SI 517	

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)

11/21/77

(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19 _____

BY Original Signed by _____

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.