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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-105  
Effective 1-1-65

Operator EL PASO NATURAL GAS CO.	
Address BOX 990, FARMINGTON, NEW MEXICO	
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"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead 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 KERNAGHAN	Well No. 1A	Pool Name, including Formation BLANCO M.V.	Kind of Lease State, Federal or Fee	Lease No. SF 078387A
Location Unit Letter E ; 1460 Feet From The North Line and 840 Feet From The West Line of Section 33 Township 31N Range 8W , 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				
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				
If well produces oil or liquids, give location of tanks.	Unit E	Sec. 33	Twp. 31N	Rge. 8W	Is gas actually connected? When

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

V. 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 10/11/77	Date Compl. Ready to Prod. 4/24/78		Total Depth 6016'		P.B.T.D. 5999'			
Elevations (DF, RKB, RT, GR, etc.) 6475' GR	Name of Producing Formation MV		Top of Gas Pay 5116'		Tubing Depth 5927'			
Perforations 5116-20, 5176-80, 5190-5213, 5214-36, 5310-25, 5352-62, 5384-5404, 5559-80, 5581-5602, 5612-20, 5640-50, 5660-74, 5686-5700, 5759-77, 5794-5802, 5812-24, 5839-56, 5866-70, 5904-10, 5911-10, 5912-10, 5913-10, 5914-10, 5915-10, 5916-10, 5917-10, 5918-10, 5919-10, 5920-10, 5921-10, 5922-10, 5923-10, 5924-10, 5925-10, 5926-10, 5927-10, 5928-10, 5929-10, 5930-10, 5931-10, 5932-10, 5933-40'					Depth Casing Shoe 6016'			
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
15"	9 5/8"		237'		295 cf.			
8 3/4"	7"		3616'		290 cf.			
6 1/4"	4 1/2" liner		3461-6016'		440 cf.			
	2 3/8"		5927'		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 (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size
	497	540	

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. Lucas  
(Signature)  
Drilling Clerk  
(Title)  
5/12/78  
(Date)

OIL CONSERVATION COMMISSION

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