

DISTRIBUTION		5
SANTA FE		1
NEW MEXICO		1
S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	1
	GAS	1
OPERATOR		1
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-  
Effective 1-1-65

I. Operator  
El Paso Natural Gas Company  
Address  
P. O. Box 990, Farmington, New Mexico 87401  
Reason(s) for filing (Check proper box)  
New Well ☒ Change in Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐  
Other (Please explain)  
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.
Quigley	1A	Blanco Mesa Verde	State, Federal or Fee	SF078316A
Location				
Unit Letter	F	1700	Feet From The North	Line and 830
Feet From The West				
Line of Section	6	Township	30N	Range 9W
, 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 Company	P. O. 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 Company	P. O. 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	6	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'ty.	Diff. Res'ty.
		X	X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
7-15-77	11-30-77	5918'	5901'					
Elevations (DF, RAB, RT, GR, etc.)	Name of Producing Formation	Top Gas Pay	Tubing Depth					
6527'GR	M.V.	4817'	5844'					
Perforations 4817-30, 4862-69, 4894-4912, 4939-47, 4990-5014, 5024-34, 5062-74, 5154-64, 5170-86, 5228-51, 5269-82, 5356-64, 5374-82, 5414-23, 5488-5520, 5542-50, 5560-69, 5698-5714, 5750-60, 5778-92, 5808-21, 5835-52			Depth Casing Shoe					
5590-98, 5609-18, 5646-56,			5918'					
TUBING, CASING AND CEMENTING RECORD			5590-98, 5609-18, 5646-56,					
HOLE SIZE			CASING & TUBING SIZE			DEPTH SET		
13 3/4"			9 5/8"			241'		
8 3/4"			7"			3706'		
6 1/2"			4 1/2" liner			3502-5918'		
2 3/8"			5844'			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
	726	726	

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.

J. G. Luiseo  
(Signature)

Drilling Clerk

(Title)

December 19, 1977

(Date)

OIL CONSERVATION COMMISSION

DEC 21 1977

APPROVED \_\_\_\_\_, 19 \_\_\_\_\_

BY Original Signed by A. S. Kendrick

TITLE SUPERVISOR DIST. #2

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.

Supersedes Form C-104 must be filed for each well in multiple