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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

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 <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 Atlantic D Com C	Well No. 4A	Pool Name, Including Formation Blanco M.V.	Kind of Lease State, Federal or Fee	Lease No. E-2724-2
Location Unit Letter <u>J</u> ; <u>1715</u> Feet From The <u>South</u> Line and <u>1500</u> Feet From The <u>East</u> Line of Section <u>2</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) P.O. 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) P.O. Box 990 Farmington, New Mexico	
If well produces oil or liquids, give location of tanks.	Unit J	Sec. 2
	Twp. 30N	Rge. 10W
	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 12-8-77	Date Compl. Ready to Prod. 4-6-78		Total Depth 5915'		P.B.T.D. 5898'			
Elevations (DF, RKB, RT, GR, etc.) 6516' GR	Name of Producing Formation MV		Top Gas/Gas Pay 4722'		Tubing Depth 5814'			
Perforations 4722, 4839, 4845, 4875, 4931, 4936, 4949, 4956, 4967, 4972, 5017, 5199, 5205, 5252, 5258, 5283, 5383, 5389, 5410, 5416, 5478, 5482, 5499, 5502, 5506, 5510, 5519, 5529, 5559, 5563, 5564, 5574, 5593, 5637, 5652, 5706, 5721, 5768, 5799, 5817,					Depth Casing Shoe 5915'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
13 3/4"	9 5/8"		236'		224 cf			
8 3/4"	7"		3684'		375 cf			
6 1/4"	4 1/2" liner		3388-5915'		440 cf			
	2 3/8"		5814'		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) 551	Casing Pressure (Shut-in) 724	Choke Size

I. 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)
4-20-78
(Date)

OIL CONSERVATION COMMISSION

APPROVED MAY 1 1978
BY Original Signature
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.