

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 08-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
El Paso Natural Gas Company

Address
P. O. Box 4289, Farmington, NM 87499

Reason(s) for filing (Check proper box)

<input checked="" type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Condensate	
<input type="checkbox"/> Change in Ownership			

Other (Please Specify):

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

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DIST. 3

II. DESCRIPTION OF WELL AND LEASE

Lease Name Montgomery	Well No. 2	Pool Name, Including Formation Basin Dakota	Kind of Lease State, Federal or Fee	State	Lease No. Fee
Location Unit Letter <u>A</u> : <u>800</u> Feet From The <u>North</u> Line and <u>1100</u> Feet From The <u>East</u> Line of Section <u>17</u> Township <u>30N</u> Range <u>11W</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)
El Paso Natural Gas Company	P. O. Box 4289, Farmington, NM 87499
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 4289, Farmington, NM 87499
If well produces oil or liquids, give location of tanks.	Unit : <u>A</u> Sec. : <u>17</u> Twp. : <u>30N</u> Rge. : <u>11W</u>
Is gas actually connected? When	NO

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.


(Signature)
Drilling Clerk
(Title)
5-24-85
(Date)

OIL CONSERVATION DIVISION
6-11-85
APPROVED
Original Signed By CHARLES GIVOLSON
BY
TITLE DEPUTY OIL & GAS INSPECTOR, 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 deviatio 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 multiple completed wells.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Dif. Res'v.
Date Spudded 4-10-85	Date Compl. Ready to Prod. 5-17-85		X	X					
		Total Depth 6660'		P.B.T.D. 6633'					
Elevations (DF, RKB, RT, GR, etc.) 5584'	Name of Producing Formation Basin Dakota	Top Oil/Gas Pay Gas		Tubing Depth 6592'					
Perforations 6417, 6419, 6421, 6436, 6440, 6449, 6453, 6500, 6505, 6511, 6516, 6534, 6539, 6544, 6549, 6554, 6565, 6580, 6599, 6603, w/1SPZ		Depth Casing Shoe 6652'							
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS OF CEMENT				
12 1/4"	9 5/8"		314'		210 cu ft 201				
6 1/4"	4 1/2"		6653'		1470 cu ft 2270				
	2 3/8"		6592'						

V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed testable 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 2211	Length of Test 3 hrs.	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (shut-in) 182 766	Casing Pressure (shut-in) 561 1805	Choke Size 3/4"