

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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TRANSPORTER	OIL
	GAS
OPERATOR	
PROMOTION OFFICE	

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

Form C-104
Revised 10-01-78
Format 06-01-83
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"/> Other (Please explain)
<input type="checkbox"/> 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

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Pierce A	Well No. 4E	Pool Name, including Formation Basin Dakota	Kind of Lease State (Federal or Fee)	Lease # SF 078125B
Location Unit Letter <u>K</u> : <u>1455</u> Feet From The <u>South</u> Line and <u>1595</u> Feet From The <u>West</u>				
Line of Section <u>13</u> Township <u>30N</u> Range <u>10W</u> , NMPM. <u>San Juan</u> Coun				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS


Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 4289, Farmington, NM 87499
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 4289, Farmington, NM 87499
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? when
	K 13 30N 10W 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)
1-8-86
(Date)

OIL CONSERVATION DIVISION
FEB 13 1986
APPROVED _____
BY Original Signed by FRANK RAVEZ
SUPERVISOR # 3
TITLE _____

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the deviat tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for all able on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporter, or other such change of conditi
Separate Forms C-104 must be filed for each pool in multi completed wells.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil well	Gas well	New well	Workover	Deepen	Plug Back	Same Resv.	DILL. Ac.
Date Spudded 12-13-85	Date Compl. Ready to Prod. 1-8-86		X	X					
		Total Depth 7591'		P.B.T.D. 7585'					
Elevations (DF, RKB, RT, CR, etc.) 6361' GL	Name of Producing Formation Basin Dakota		Top Oil/Gas Pay 7369'		Tubing Depth 7523'				
Perforations 7369, 7371, 7373, 7375, 7377, 7381, 7383, 7385, 7387, 7389, 7391, 7469,								Depth Casing Shoe 7591'	
* Continued Perf's listed below TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE			DEPTH SET		SACKS CEMENT		
12 1/4"		9 5/8"			220'		165 cu ft		
8 3/4"		7"			3389'		518 cu ft		
6 1/4"		4 1/2"			7591'		647 cu ft		
		1 1/2"			7523'				

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 top allowable for this depth or be for full 24 hours)

OIL WELL		Producing Method (Flow, pump, gas lift, etc.)	
Date First New Oil Run To Tanks	Date of Test		
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 SI 7 Days	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (plug, back pr.)	Tubing Pressure (Start-End) SI 1430	Casing Pressure (Start-End) SI 2062	Choke Size

* Continued Perf's:

7471, 7473, 7475, 7482, 7484, 7486, 7488, 7490, 7521, 7523, 7536, 7538, w/1 SPZ.