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LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRORATION 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-110
Effective 1-1-65

Operator El Paso Natural Gas Company	
Address Box 990, Farmington, New Mexico 87401	
Reason(s) for filing (Check proper box)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input checked="" 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

DESCRIPTION OF WELL AND LEASE

Lease Name Allison Unit	Well No. 10	Pool Name, Including Formation Blanco Mesa Verde	Kind of Lease State, Federal or Fee <input checked="" type="checkbox"/>	Lease No. Fee
Location				
Unit Letter E	1750	Feet From The North	Line and 990	Feet From The West
Line of Section 20	Township 32N	Range 6W	San Juan County	

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	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)				
Northwest Pipeline Corporation	501 Airport Drive, Farmington, New Mexico 87401				
If well produces oil or liquids, give location of tanks.	Unit E	Sec. 20	Twp. 32N	Rge. 6W	Is gas actually connected? When

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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

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.


(Signature)
DAVID A. BISCOE
(Title)
JAN 1 1974
(Date)

OIL CONSERVATION COMMISSION

FEB 7 1974

APPROVED _____, 19 _____
BY <u>Original Signed by A. R. Kendrick</u>
TITLE <u>PETROLEUM ENGINEER DIST. NO. 3</u>

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.

Form C-104 must be filed for each pool in multiply

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501Form C-103
Revised 10-1-78

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5a. Indicate Type of Lease	
State <input type="checkbox"/>	Fee <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.	
Fee	
7. Unit Agreement Name	
Allison Unit	
8. Farm or Lease Name	
Allison Unit	
9. Well No.	
#10	
10. Field and Pool, or Wildcat	
Blanco Mesa Verde	
12. County	
San Juan	

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR.
USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)OIL
WELL ☐GAS
WELL ☒

OTHER-

Name of Operator

El Paso Natural Gas Company

Address of Operator

P.O. Box 4289, Farmington, New Mexico 87499

Location of Well

UNIT LETTER E 1750 FEET FROM THE North LINE AND 990 FEET FROM
THE West LINE, SECTION 20 TOWNSHIP 32N RANGE 6W NMPM.

15. Elevation (Show whether DF, RT, GR, etc.)

6530' GL

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

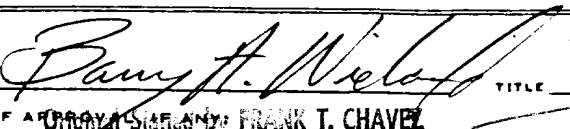
PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐PLUG AND ABANDON ☐CHANGE PLANS ☐OTHER ☐REMEDIAL WORK ☐COMMENCE DRILLING OPNS. ☐CASING TEST AND CEMENT JOBS ☐OTHER Returned to production ☒ALTERING CASING ☐PLUG AND ABANDONMENT ☐

7. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

(1-26-86) Returned to production after 90 day plus shut-in.

RECEIVED
JAN 30 1986
OIL CON. DIV.
D.S.T. 3

8. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED	TITLE <u>Production Engineer</u>	DATE <u>January 27, 1986</u>
		
APPROVED	TITLE <u>SUPERVISOR DISTRICT #</u>	DATE <u>3/8/86</u>
CONDIT	Original Signed by <u>FRANK T. CHAVEZ</u>	