

NO. OF COPIES RECEIVED		DISTRIBUTION		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							
SANTA FE		FILE		U.S.G.S.		LAND OFFICE		TRANSPORTER		OIL		GAS							
OPERATOR		PRORATION OFFICE																	
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"/>																			
Recompletion <input type="checkbox"/>																			
Change in Ownership <input type="checkbox"/>																			
Change in Transporter of:																			
Oil <input type="checkbox"/>																			
Dry Gas <input checked="" type="checkbox"/>																			
Casinghead Gas <input type="checkbox"/>																			
Condensate <input type="checkbox"/>																			
Other (Please explain)																			
If change of ownership give name and address of previous owner																			
DESCRIPTION OF WELL AND LEASE																			
Lease Name				Well No.				Pool Name, Including Formation				Kind of Lease				Lease No.			
Allison Unit				12 (OFTWO)				Blanco Mesa Verde				State, Federal or Fee				SF 078459-			
Location																			
Unit Letter G ; 1825 Feet From The North Line and 1550 Feet From The East																			
Line of Section 14 Township 32N Range 7N , NMPM, 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"/>																			
El Paso Natural Gas Company																			
Address (Give address to which approved copy of this form is to be sent)																			
Box 990, Farmington, New Mexico 87401																			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>																			
Northwest Pipeline Corporation																			
Address (Give address to which approved copy of this form is to be sent)																			
501 Airport Drive, Farmington, New Mexico 87401																			
If well produces oil or liquids, give location of tanks.																			
Unit Sec. Twp. Rge.																			
G 14 32N 7N																			
Is gas actually connected? When																			
f 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 Rest'v. Diff. Rest'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 Lay																			
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 (pilot, back pr.)																			
Tubing Pressure (Shut-in)																			
Casing Pressure (Shut-in)																			
Choke Size																			
CERTIFICATE OF COMPLIANCE																			
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.																			
OIL CONSERVATION COMMISSION																			
APPROVED FEB 7 1974 , 19																			
BY Original Signed by A. R. Kendrick																			
TITLE PETROLEUM ENGINEER DIST. NO. 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 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 Form C-104 must be filed for each pool in multiply																			
ORIGINAL SIGNED BY: DORA G. BRISCO																			
(Signature)																			
DEKLING CLERK																			
(Title)																			
JAN 1 1974																			
(Date)																			