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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

I.

Operator <b>El Paso Natural Gas Company</b>	
Address <b>P. O. Box 990, Farmington, New Mexico</b>	
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 <b>Allison Unit</b>	Well No. <b>27(MV)</b>	Pool Name, Including Formation <b>Blanco Mesa Verde</b>	Kind of Lease State, Federal or Fee
Location			
Unit Letter <b>A</b>	<b>990</b> Feet From The <b>North</b> Line and <b>990</b> Feet From The <b>East</b>		
Line or Section <b>30</b>	Township <b>32N</b>	Range <b>6W</b>	NMPM, <b>San Juan</b> 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)	
<b>El Paso Natural Gas Company</b>	<b>Box 990, Farmington, New Mexico</b>	
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)	
<b>El Paso Natural Gas Company</b>	<b>Box 990, Farmington, New Mexico</b>	
If well produces oil or liquids, give location of tanks.	Unit <b>A</b> Sec. <b>30</b> Twp. <b>32N</b> Rge. <b>6W</b>	Is gas actually connected? <b>No</b> When

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		<b>X</b>	<b>X</b>					
Date Spudied <b>9-4-65</b>	Date Compl. Ready to Prod. <b>9-27-65</b>	Total Depth <b>8044</b>	B.R.T.D. <b>CO 8012</b>					
Pool <b>Blanco Mesa Verde</b>	Name of Producing Formation <b>Mesa Verde</b>	Top Oil/Gas Pay <b>5624</b>	Tubing Depth <b>5682</b>					
Perforations <b>5624-32; 5656-64; 5690-94</b>			Depth Casing Shoe					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET			SACKS CEMENT			
<b>15"</b>	<b>10 3/4"</b>	<b>332'</b>			<b>250 cu. ft.</b>			
<b>9 7/8"</b>	<b>7 5/8"</b>	<b>3600'</b>			<b>450 cu. ft.</b>			
<b>6 3/4"</b>	<b>5 1/2"</b>	<b>7829'</b>			<b>400 cu. ft.</b>			
<b>4 3/4"</b>	<b>4" liner</b>	<b>7752 to 8044'</b>			<b>30 cu. ft.</b>			

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)

<del>252222</del> New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
	<b>1 1/4" tubing set</b>	<b>at 5682'</b>	
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 <b>5.116 MCF/D</b>	Length of Test <b>2 hours</b>	Bbls. Condensate/MMCF	Gravity of Condensate
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