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TRANSPORTER	OIL <input checked="" type="checkbox"/> GAS <input checked="" type="checkbox"/>
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

**I. Operator**  
**El Paso Natural Gas Company**  
Address  
**P. O. Box 990**  
Reason(s) for filing (Check proper box)  
New Well ☒ Change in Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐  
Other (Please explain)

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(DK)</b>	Pool Name, including Formation <b>Basin Dakota</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 of Section <b>30</b> , Township <b>32-N</b> Range <b>6-W</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"/> <b>El Paso Natural Gas Company</b>	Address (Give address to which approved copy of this form is to be sent) <b>Box 990, Farmington, New Mexico</b>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <b>El Paso Natural Gas Company</b>	Address (Give address to which approved copy of this form is to be sent) <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.
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
Date Spudded <b>9-4-65</b>	Date Compl. Ready to Prod. <b>9-27-65</b>	Total Depth <b>8044'</b>	P.B.T.D. <b>C.O. 8612</b>					
Pool <b>Basin Dakota</b>	Name of Producing Formation <b>Dakota</b>	Top Oil/Gas Pay <b>7876</b>	Tubing Depth <b>7928</b>					
Perforations <b>7876-84; 7924-32; 7947-51; 8000-08</b>		Depth Casing Shoe <b>8044'</b>						
<b>TUBING, CASING, AND CEMENTING RECORD</b>								
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)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow pump, gas lift, etc.)	
	<b>1 1/2" tubing set at 7928'</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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
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