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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION 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 <b>El Paso Natural Gas Company</b>	
Address <b>Box 990, Farmington, New Mexico 87401</b>	
Reason(s) for filing (check proper box)	Other (Please explain)
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"/>

If change of ownership give name and address of previous owner \_\_\_\_\_

<b>DESCRIPTION OF WELL AND LEASE</b>	
Lease Name <b>Allison Unit NP</b>	Well No. <b>27</b> Pool Name, including Formation <b>Basin Dakota</b> Kind of Lease <b>Y</b> State, Federal or Fee <b>SF</b> Lease No. <b>081155</b>
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>32N</b> Range <b>6W</b> , NMPM, <b>San Juan</b> County	

<b>DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS</b>									
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 87401</b>								
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <b>Northwest Pipeline Corporation</b>	Address (Give address to which approved copy of this form is to be sent) <b>501 Airport Drive, Farmington, New Mexico 87401</b>								
If well produces oil or liquids, give location of tanks.	<table border="1"> <tr> <td>Unit</td> <td>Sec.</td> <td>Twp.</td> <td>Rge.</td> </tr> <tr> <td><b>A</b></td> <td><b>30</b></td> <td><b>32N</b></td> <td><b>6W</b></td> </tr> </table>	Unit	Sec.	Twp.	Rge.	<b>A</b>	<b>30</b>	<b>32N</b>	<b>6W</b>
Unit	Sec.	Twp.	Rge.						
<b>A</b>	<b>30</b>	<b>32N</b>	<b>6W</b>						
	Is gas actually connected? <input type="checkbox"/> When _____								

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

<b>COMPLETION DATA</b>	
Designate Type of Completion - (X)	<input type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v. <input type="checkbox"/> Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation
Perforations	Depth Casing Shoe

<b>TUBING, CASING, AND CEMENTING RECORD</b>			
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

<b>GAS WELL</b>	
Actual Prod. Test - MCF/D	Length of Test
Bbls. Condensate/MMCF	Gravity of Condensate

