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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-
Effective 1-1-65

I. Operator
 El Paso Natural Gas Company
 Address
 PO Box 990, Farmington, NM 87401
 Reason(s) for filing (Check proper box)
 New Well Change In Transporter of:
 Recompletion Oil Dry Gas
 Change In Ownership Casinghead Gas Condensate

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Atlantic D Com M	Well No. 14	Pool Name, including Formation Blanco Pictured Cliffs	Kind of Lease (State) Federal or Fee	Lease No. B - 10567-1
Location Unit Letter <u>J</u> ; <u>1540</u> Feet From The <u>South</u> Line and <u>1630</u> Feet From The <u>East</u> Line of Section <u>32</u> Township <u>31N</u> Range <u>10W</u> , NMPM, <u>San Juan</u> 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)
El Paso Natural Gas Company	PO Box 990, Farmington, NM 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)
El Paso Natural Gas Company	PO Box 990, Farmington, NM 87401
If well produces oil or liquids, give location of tanks.	Unit <u>J</u> Sec. <u>32</u> Twp. <u>31N</u> Rge. <u>10W</u> Is gas actually connected? _____ When _____

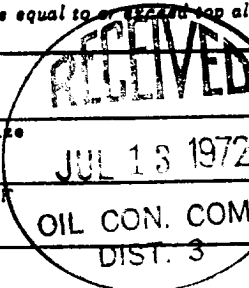
If this production is commingled with that from any other lease or pool, give commingling order number: _____

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res.
		X	X					
Date Spudded 6-1-72	Date Compl. Ready to Prod. 7-6-72	Total Depth 3026'	P.B.T.D. 3015'					
Elevations (WF, R&B, RT, GR, etc.) 6224'GL	Name of Producing Formation Pictured Cliffs	Top <input checked="" type="checkbox"/> Gas Pay 2908'	Tubing Depth tubingless					
Perforations 2908-2920'	Depth Casing Shoe 3026'							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12 1/4"	8 5/8"	133'	107 cu. ft.					
6 3/4"	2 7/8"	3026'	629 cu. ft.					

V. 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 greater than 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 4188	Length of Test 3 hours	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) Calc. AOF	Tubing Pressure (shut-in) tubingless	Casing Pressure (shut-in) 1008	Choke Size 3/4"

VI. 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]
 Petroleum Engineer
 (Title)
 July 12, 1972
 (Date)

OIL CONSERVATION COMMISSION
JUL 13 1972, 19____
 APPROVED _____
 BY Original Signed by Emery C. Arnold
 TITLE SUPERVISOR DIST. #3

This form is to be filed in compliance with RULE 1104.
 If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the device tests taken on the well in accordance with RULE 111.
 All sections of this form must be filled out completely for all wells on new and recompleted wells.
 Fill out only Sections I, II, III, and VI for changes of oil well name or number, or transporter, or other such change of conditions.
 Separate Forms C-104 must be filed for each pool in multi-completed wells.