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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  
El Paso Natural Gas Company

Address  
P. O. 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 ☐

Other (Please explain)

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Pinon Mesa	Well No. 1	Pool Name, Including Formation Basin Dakota	Kind of Lease State (Federal) or Fee	Lease No. Ute Mountain Tribal MOO-C-1420-0626
Location Unit Letter A ; 1000 Feet From The N Line and 1180 Feet From The E Line of Section 36 Township 31N Range 14W , NMPM, San Juan 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"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 990, Farmington, NM 87401	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 990, Farmington, NM 87401	
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 36
	Twp. 31N	Rge. 14W
	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't.	Diff. Res't.
		X	X					
Date Spudded 12-09-74	Date Compl. Ready to Prod. 01-09-75		Total Depth 6447'		P.B.T.D. 6431'			
Elevations (DF, RKB, RT, GR, etc.) 5685'	Name of Producing Formation Dakota		Top Oil/Gas Pay 6198'		Tubing Depth 6286'			
Perforations 6198', 6214', 6240', 6242', 6262', 6264', 6274'					Depth Casing Shoe 6447'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
13 3/4"	9 5/8"		204'		225 cu. ft.			
7 7/8"	4 1/2"		6447'		1395 cu. ft.			
	2 3/8"		6286'		Tbg			

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 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 4879	Length of Test 3 hours	Bbls. Condensate/MCF 3 hours 1.00	Gravity of Condensate 61 API
Testing Method (pilot, back pr.) Calc. A. O. F.	Tubing Pressure (shut-in) 1961	Casing Pressure (shut-in) 1950	Choke Size 3/4" Variable

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.

W. P. Buias  
(Signature)

Drilling Clerk

(Title)

January 21, 1975

(Date)

OIL CONSERVATION COMMISSION

JAN 24 1974

APPROVED \_\_\_\_\_, 19

BY Original Signed by Emory 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 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 Forms C-104 must be filed for each pool in multiply completed wells.