

DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL /
	GAS /
OPERATOR	/
PROPRATION 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, Farmington, NM 87401

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:		Other (Please explain)
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>	
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>	
		Dry 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 Scott	Well No. 8	Pool Name, including Formation Blanco PC Ext	Kind of Lease State (Federal) or Fee	Lease No. SF078604
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Location

Unit Letter I ; 1750 Feet From The S Line and 950 Feet From The E

Line of Section 17 Township 31N Range 10W , NMFM, 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"/>	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Company	P. O. 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	P. O. Box 990, Farmington, NM 87401

If well produces oil or liquids, give location of tanks.	Unit <u>I</u>	Sec. <u>17</u>	Twp. <u>31N</u>	Rge. <u>10W</u>	Is gas actually connected?	When
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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 <u>09-10-75</u>	Date Compl. Ready to Prod. <u>10-21-75</u>	Total Depth <u>3005'</u>	P.B.T.D. <u>2994'</u>
Elevations (DF, RKB, RT, GR, etc.) <u>6044' GL</u>	Name of Producing Formation <u>PC</u>	Top <u>X</u> / Gas Pay <u>2822</u>	Tubing Depth <u>Tubingless</u>
Perforations <u>2822', 2832', 2834', 2851', 2856', 2882', 2884', 2954', 2956'</u>			Depth Casing Shoe <u>3005'</u>

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>12 1/4"</u>	<u>8 5/8"</u>	<u>220'</u>	<u>354 cu. ft.</u>
<u>7 7/8" and 6 3/4"</u>	<u>2 7/8"</u>	<u>3005'</u>	<u>760 cu. ft.</u>
<u>Tubingless Completion</u>			

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
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.

GAS WELL

Actual Prod. Test-MCF/D <u>914</u>	Length of Test <u>3 hours</u>	Bbls. Condensate/MMCF <u>929</u>	Grains of Condensate <u>3/4"</u>
Testing Method (pitot, back pr.) <u>Calc. A.O.F.</u>	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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.

A. G. Dices
(Signature)
Drilling Clerk
(Title)
October 31, 1975
(Date)

OIL CONSERVATION COMMISSION
NOV 4 1975
APPROVED _____, IS
BY Original Signed by A. R. Kendrick
TITLE _____

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 multiple