DISTRIBUTION NEW MEXICO OIL CONSERVATION COMMISSION Form C-104 SINTAFE REQUEST FOR ALLOWABLE rsedes Old C-104 and C-i Effective 1-1-65 1 LE AND I S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS LAND OFFICE OIL TRANSPORTER GAS **OPERATOR** PROBATION OFFICE Cheralor EL PASO NATURAL GAS COMPANY 990 FARMINGTON, NEW MEXICO 87401 Other (Please explain) Change in Transporter of: New Well OIL Dry Gas Recompletion Condensate Change in Ownership Casinghead Gas If change of ownersh p give name and address of previous owner. II. DESCRIPTION OF WELL AND LEASE Lease No. Kind of Lease Well No. Pool Name, Including Formation 10735-29 State, Federal or Fee Blanco Mesa Verde Sunray K Com Location East 1100 South Line and Feet From The Unit Letter San Juan 10-W 31-N NMPM, County 32 Range Township III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS | Name of Authorized Transporter of Oil | or Condensate | | Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of CII BOX 990, FARMINGTON, NEW MEXICO 87401 EL PASO NATURAL GAS COMPANY Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas or Dry Gas Y BOX 990, FARMINGTON, NEW MEXICO 87401 EL PASO NATURAL GAS COMPANY Unit Sec. is gas actually connected? When P.ge. Twp. If well produces oil or liquids, 32 31N ! 10W P give location of tanks. If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Plug Back Same Res'v. Diff. Res'v. Workover Oil Well Gas Well New Well Deepen Designate Type of Completion -(X)Total Depth P.B.T.D. Date Compl. Ready to Prod. Date Spudded 55061 5523' 09/20/77 06/07/77 Elevations (DF, RKB, RT, GR, etc.) Tubing Depth Gas Pay Name of Producing Formation 45021 54821 Mesa Verde 6229' GR Perforations 4502, 4524, 4532, 4546, 4570, 4586, 4639, 4650, 4658, 4669, 4713, 4720, Depth Casing Shoe 28,4815,4828,4851,4876,4924,4930,4994,5006,5097,5102,5136,5140,5147,5167 5523! 72, \$176, 5182, 5194, 5199, 5203, 5223, 5228, 5247, 5255, 5260, 5308, 5317, 5321, 5417, 5492 SACKS CEMENT DEPTH SET CASING & TUBING SIZE HOLE SIZE 224 cu.ft. 218' 9 5/8" 13 3/4" 396 cu.ft 3265! 711 8 3/4" 3117-55231 421 cu.ft. 4 1/2" liner 6_1/4" tubing 54821 2 3/8" (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) V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Producing Meines /Flow, pump, gas lift, etc.) Date of Test Date First New Cil Run To Tanks Casing Pressure Choke Tubing Pressure Length of Test Oil-Bbls. Water - Bbls. Actual Pred. During Cost **GAS WELL** Gravity of Sondensate Bbls, Condensate/MMCF Length of Test Actual Prod. Test-MCF/D Casing Pressure (Shut-in) Choke Size Tubing Pressure (Shut-in) Testing Method (pitot, back pr.) 334 OIL CONSERVATION COMMISSION VI. CERTIFICATE OF COMPLIANCE APPROVED_ I hereby certify that the rules and regulations of the Oil Conservation Original Signed by A. R. Kendrick Commission have been compiled with and that the information given above is true and complete to the best of my knowledge and belief.

This form is to be filed in compliance with RULE 1104.

SUPERVISO

BY

(Signature)

(Title)

(Date)

1977

September 29,

TITLE .

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. the manufacture to filled for each most in multiple