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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-105
Effective 1-1-65

| | | |
|----------------------------------------------------------------|--------------------------------------------------------------------------------------------|------------------------|
| Operator EL PASO NATURAL GAS CO. | | |
| Address BOX 990, FARMINGTON, NEW MEXICO | | |
| Reason(s) for filing (Check proper box) | | |
| New Well <input checked="" type="checkbox"/> | Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> | Other (Please explain) |
| Recompletion <input type="checkbox"/> | Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> | |
| Change in Ownership <input type="checkbox"/> | | |
| If change of ownership give name and address of previous owner | | |

| | | | | |
|-------------------------------------------------------------------------------------------------------------------------|----------------|-----------------------------------------------|-----------------------------------------------|------------------------|
| II. DESCRIPTION OF WELL AND LEASE | | | | |
| Lease Name LUCERNE A | Well No. 2A | Pool Name, including Formation Blanco P.C. | Kind of Lease State, <u>Federal</u> or Fee | Lease No. SF 078389 |
| Location Unit Letter <u>P</u> ; <u>800</u> Feet From The <u>South</u> Line and <u>1180</u> Feet From The <u>East</u> | | | | |
| Line of Section <u>9</u> Township <u>31N</u> Range <u>10W</u> , NMPM, <u>San Juan</u> County | | | | |

| | | | | |
|--------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------------------------------------|-------------|-------------|
| I. 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 CO. | | BOX 990, FARMINGTON, NEW MEXICO | | |
| 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 CO. | | BOX 990, FARMINGTON, NEW MEXICO | | |
| If well produces oil or liquids, give location of tanks. | Unit P | Sec. 9 | Twp. 31N | Rge. 10W |
| | | Is gas actually connected? | | When |

| | | | | | | | | | |
|---------------------------------------------------------------------------------------------------------|--|--------------------------------------|----------|--------------------------------------|----------|----------------------------|-----------|-------------|--------------|
| If this production is commingled with that from any other lease or pool, give commingling order number: | | | | | | | | | |
| COMPLETION DATA | | | | | | | | | |
| Designate Type of Completion - (X) | | Oil Well | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v. | Diff. Res'v. |
| | | | X | X | | | | | |
| Date Spudded 12/16/77 | | Date Compl. Ready to Prod. 3/1/78 | | Total Depth 5663' | | P.B.T.D. 5649' | | | |
| Elevations (DF, RKB, RT, GR, etc.) 6173' GR | | Name of Producing Formation PC | | Top Gas /Gas Pay 2974' | | Tubing Depth 3040' | | | |
| Perforations 2974-92, 3018-36, 3050-58' | | | | | | Depth Casing Shoe 5663' | | | |

| | | | |
|--------------------------------------|----------------------|------------|--------------|
| TUBING, CASING, AND CEMENTING RECORD | | | |
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
| 13 3/4" | 9 5/8" | 280' | 1075 cf. |
| 8 3/4" | 7" | 3327' | 434 cf. |
| 6 1/4" | 4 1/2" liner | 3170-5663' | 431 cf. |
| | 1 1/4" | 3040' | tubing |

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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------------------------------|------------|
| 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 2090 | Length of Test 3 hours | Bbls. Condensate/MMCF | Gravity of Condensate |
| Testing Method (pilot, back pr.) Calc. A.O.F. | Tubing Pressure (shut-in) 537 | Casing Pressure (shut-in) 537 | Choke Size 3/4" |

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| CERTIFICATE OF COMPLIANCE | | OIL CONSERVATION COMMISSION | |
| 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. | | APPROVED _____, 19____ | |
| 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 back change of conditions. | | | |
| Separate Forms C-104 must be filed for each pool in multiply completed wells. | | | |
| Drilling Clerk 4/18/78 | | | |
| (Signature) | | | |
| (Title) | | | |
| (Date) | | | |