

**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-11
Effective 1-1-65

API 30-045-22995

DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

I. OPERATOR

Operator
El Paso Natural Gas Company

Address
Bpx 289, Farmington, New Mexico 87401

Reason(s) for filing (Check proper box) Other (Please explain)

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 B	Well No. 1A	Pool Name, Including Formation Blanco Mesa Verde	Kind of Lease State, <u>Federal</u> or Fee	Lease No. SF08917
Location				
Unit Letter 0	800 Feet From The South	Line and 1550	Feet From The East	
Line of Section 33	Township 31 N	Range 10 W	, 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"/>	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Company	Box 289, Farmington, New Mexico 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	Box 289, Farmington, New Mexico 87401
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	0 33 31 N 10 W

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 2-12-79	Date Compl. Ready to Prod. 6-20-79	Total Depth 5600'		P.B.T.D. 5584'				
Elevations (DF, RKB, RT, GR, etc.) 6218' GL	Name of Producing Formation Mesa Verde	Top Gas/Gas Pay 4427'		Tubing Depth 5517'				
Perforations: 4427, 4463, 4511, 4530, 4548, 4556, 4570, 4594, 4637, 4644, 4650, 4656, 4672, 4681, 4689, 4713, 4718, 4774, 4815, 4836, 4849, 4877, 4956, 4963, 5016, 5033 w/1 SPZ, 5125, 5131, 5137, 5143, 5157, 5162, 5175, 5181, 5197, 5207, 5212, 5225, 5231, 5237, 5243, 5259, 5265, 5282, 5300, 5312, 5388, 5435, 5439, 5514' w/1 SPZ						Depth Casing Shoe 5600'		
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT		
13 3/4"		9 5/8"		232		224 cu. ft.		
8 3/4"		7"		3266'		434 cu. ft.		
6 1/4"		4 1/2"		3086-5600'		434 cu. ft.		
		2 3/8"		5517'		tubing		

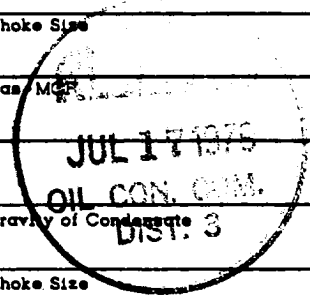
V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size
	22	751	



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. Buico
(Signature)
Drilling Clerk
(Title)
6-12-79
(Date)

OIL CONSERVATION COMMISSION

APPROVED JUL 18 1979, 19____
BY Original Signed by A. B. ...
SUPERVISOR DISTRICT # _____

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