

DISTRIBUTION	
SANTAFEE	/
FILE	/
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL /
	GAS /
OPERATION	
PRODUCTION 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

Operator  
**EL PASO NATURAL GAS COMPANY**

Address  
**P. O. BOX 289, FARMINGTON, N.M. 87401**

Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well	<input checked="" type="checkbox"/>	Change In Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change In Ownership	<input type="checkbox"/>	Dry Gas	<input type="checkbox"/>
		Casinghead Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

If change of ownership give name and address of previous owner

**DESCRIPTION OF WELL AND LEASE**

Lease Name <b>Mudge</b>	Well No. <b>8A</b>	Pool Name, including Formation <b>Blanco Mesa Verde</b>	Kind of Lease State, Federal or <u>Fee</u>	Lease No.
Location				
Unit Letter <b>I</b>	: <b>1715</b>	Feet From The <b>South</b>	Line and <b>1180</b>	Feet From The <b>East</b>
Line of Section <b>12</b>	Township <b>31N</b>	Range <b>11W</b>	, NMPM, <b>San Juan</b> County	

**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)					
<b>El Paso Natural Gas Company</b>	<b>P. O. Box 990, Farmington, N.M. 87401</b>					
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)					
<b>El Paso Natural Gas Company</b>	<b>P. O. Box 990, Farmington N.M. 87401</b>					
If well produces oil or liquids, give location of tanks.	Unit <b>I</b>	Sec. <b>12</b>	Twp. <b>31N</b>	Rge. <b>11W</b>	Is gas actually connected? <input type="checkbox"/>	When

If this production is commingled with that from any other lease or pool, give commingling order number:

**COMPLETION DATA**

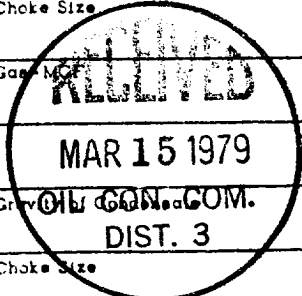
Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		<b>X</b>	<b>X</b>					
Date Spudded <b>11-05-78</b>	Date Compl. Ready to Prod. <b>2-2-79</b>	Total Depth <b>5325</b>		P.B.T.D. <b>5296'</b>				
Elevations (DF, RKB, RT, CR, etc.) <b>5915' GL</b>	Name of Producing Formation <b>M.V.</b>	Top Oil/Gas Pay <b>4179</b>		Tubing Depth <b>5088'</b>				
Perforations <b>4197, 4263, 4500, 4630, 4707, 4741, 4764, 4772, 4785, 4902, 4906, 4910, 4914, 4918, 4949, 4956, 4968, 4976, 4995, 5010, 5044-52, 5064-72, 5076-82, 5094-5102'</b>		Depth Casing Shoe <b>5296'</b>						

**TUBING, CASING, AND CEMENTING RECORD**

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<b>13 3/4"</b>	<b>9 5/8"</b>	<b>218'</b>	<b>224 cf</b>
<b>8 3/4"</b>	<b>7"</b>	<b>2985'</b>	<b>480 cf</b>
<b>6 1/4"</b>	<b>4 1/2"</b>	<b>5296'</b>	<b>125 cf</b>
	<b>2 3/8"</b>	<b>5088'</b>	

**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
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in) <b>717</b>	Casing Pressure (shut-in) <b>720</b>	Choke Size

**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.

*N. G. Busco*  
 (Signature)  
 Drilling Clerk  
 (Title)  
 March 2, 1979  
 (Date)

**OIL CONSERVATION COMMISSION**

APPROVED MAR 15 1979, 19\_\_

Original Signed by **A. R. Kendrick**

BY \_\_\_\_\_  
 SUPERVISOR DIST. 30

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 multiply completed wells.