

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-1-78

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

I. Operator
El Paso Natural Gas Company

Address
PO Box 4289, Farmington, NM 87499

Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of: _____
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

Other (Please explain) _____

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Moore	Well No. 9	Pool Name, Including Formation Blanco Pic.Cliffs Ext.	Kind of Lease State, Federal or Fee	Lease No. SF 078147
Location Unit Letter K ; 1560 Feet From The South Line and 1660 Feet From The West Line of Section 13 Township 32N Range 12W , 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"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) PO Box 4289, Farmington, NM 87499			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) PO Box 4289, Farmington, NM 87499			
If well produces oil or liquids, give location of tanks.	Unit K	Sec. 13	Twp. 32N	Rge. 12W
Is gas actually connected?		When		

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.
		X	X					
Date Spudded 10-27-82	Date Compl. Ready to Prod. 11-29-82		Total Depth 3105'		P.B.T.D. 3086'			
Elevations (DF, RKB, RT, GR, etc.) 6382' GL	Name of Producing Formation Pic.Cliffs		Top Oil/Gas Pay 2896'		Tubing Depth --			
Perforations 2896', 2905', 2926', 2933', 2940', 2958', 2965', 2972', 2981', 2987', 3016', 3059'					Depth Casing Shoe 3105'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8 5/8"		137'		100 cu.ft.			
7 7/8" & 6 3/4"	2 7/8"		3097'		1794 cu.ft.			

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 shut in 12 days	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in) 1050	Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

D. G. Buess
(Signature)
Drilling Clerk
(Title)
December 2, 1982
(Date)

OIL CONSERVATION DIVISION
12-7-82
APPROVED _____, 19____
BY _____ Original Signed by CHARLES SNOLSON
TITLE _____ DEPUTY OIL & GAS INSPECTOR, N.M.
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.