

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION

P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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OIL CONSERVATION DIVISION  
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Form C-104  
Revised 10-01-78  
Format 06-01-83  
Page 1

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SEP 24 1984  
OIL CON. DIV.  
DIST. 3

I.

Operator El Paso Exploration Company	
Address PO Box 4289, Farmington, NM 87499	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input checked="" type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Blanco 29-12 Com	Well No. 1E	Pool Name, Including Formation Basin Dakota	Kind of Lease State, Federal or Fee	Lease No. 048572
Location Unit Letter <u>H</u> <u>1800'</u> Feet From The <u>North</u> Line and <u>790'</u> Feet From The <u>East</u> Line of Section <u>7</u> Township <u>29N</u> Range <u>12W</u> NMPM, <u>San Juan</u> 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 4990, 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 4990, Farmington, NM 87499								
If well produces oil or liquids, give location of tanks.	<table border="1"> <tr> <td>Unit</td> <td>Sec.</td> <td>Twp.</td> <td>Rge.</td> </tr> <tr> <td>H</td> <td>7</td> <td>29N</td> <td>12W</td> </tr> </table>	Unit	Sec.	Twp.	Rge.	H	7	29N	12W
Unit	Sec.	Twp.	Rge.						
H	7	29N	12W						
Is gas actually connected? <u>no</u> When									

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

NOTE: Complete Parts IV and V on reverse side if necessary.

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 is true and complete to the best of my knowledge and belief.

Peggy Bradfield  
(Signature)  
Drilling Clerk  
(Title)  
September 14, 1984  
(Date)

OIL CONSERVATION DIVISION

APPROVED SEP 24 1984, 19  
BY [Signature]  
TITLE SUPERVISOR DISTRICT # 3

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 completed wells.

#### 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 8-16-84	Date Compl. Ready to Prod. 9-17-84	Total Depth 6442'		P.B.T.D. 6420' 6314					
Elevations (DF, RKB, RT, GR, etc.) 6442' GL 5675	Name of Producing Formation Dakota	Top Oil/Gas Pay 6196		Tubing Depth 6289'					
Perforations 6196', 6201', 6213', 6222', 6275', 6283', 6291', 6299' w/8 spz						Depth Casing Shoe 6437'			
<b>TUBING, CASING, AND CEMENTING RECORD</b>									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12 1/4"	9 5/8"		225'		195 cu.ft.				
8 3/4" & 7 7/8"	4 1/2"		6437'		2329 cu.ft.				
	2 3/8"		6289'						

#### V. TEST DATA AND REQUEST FOR ALLOWABLE (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 158 723	Length of Test 3 hrs.	Bbls. Condensate/MMCF -0-	Gravity of Condensate --
Testing Method (pilot, back pr.) Back pressure	Tubing Pressure (Shut-in) 1728	Casing Pressure (Shut-in) 1725	Choke Size 3/4"