

NO. OF COPIES RECEIVED	6
DISTRIBUTION	
SANTA FE	/
FILE	/ L
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL /
	GAS /
OPERATOR	2
PRORATION 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

I. OPERATOR

Operator
El Paso Natural Gas Company

Address
Box 990, Farmington, New Mexico

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 Huerfano Unit	Well No. 152	Pool Name, Including Formation Basin Dakota	Kind of Lease State, Federal or Fee	Lease No.
------------------------------------	------------------------	---	--	-----------

Location

Unit Letter **C**; **890** Feet From The **North** Line and **1535** Feet From The **West**

Line of Section **12** Township **25-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 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 Company	Box 990, Farmington, New Mexico

If well produces oil or liquids, give location of tanks.	Unit C	Sec. 12	Twp. 25N	Rge. 10W	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: _____

IV. COMPLETION DATA

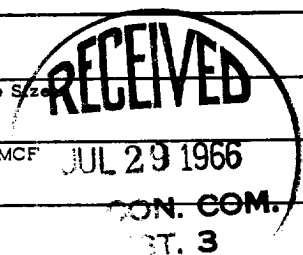
Designate Type of Completion - (X)	Oil Well <input type="checkbox"/>	Gas Well <input checked="" type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
------------------------------------	-----------------------------------	--	--	-----------------------------------	---------------------------------	------------------------------------	--------------------------------------	---------------------------------------

Date Spudded 6-30-66	Date Compl. Ready to Prod. 7-20-66	Total Depth 6855'	P.B.T.D. C.O. 6820'
Elevations (DF, RKB, RT, GR, etc.) 6924' GL	Name of Producing Formation Dakota	Top <input checked="" type="checkbox"/> Gas Pay 6764	Tubing Depth 6813
Perforations 6764-76, 6786-98			Depth Casing Shoe 6855

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8"	313'	210 sks.
7 7/8"	4 1/2"	6855'	525 sks.
	2 3/8"	6813'	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 7347 MCF/D	Length of Test 3 hours	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.) Calculated A.O.F.	Tubing Pressure (Shut-in) SI 1759	Casing Pressure (Shut-in) SI 1949	Choke Size 3/4"

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.

Original Signed **F. H. MOGD**
(Signature)
Petroleum Engineer
(Title)
July 28, 1966
(Date)

OIL CONSERVATION COMMISSION

APPROVED **AUG - 1 1966** , 19
BY Original Signed by Emery C. Arnold
TITLE **SUPERVISOR DIST. #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 multiply completed wells.