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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
El Paso Natural Gas Company
Address
Box 990, 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 Huerfano Unit	Well No. 201	Pool Name, including Formation Basin Dakota	Kind of Lease State, Federal or Fee <input checked="" type="checkbox"/> SF	Lease No. 080456
Location Unit Letter I ; 1656 Feet From The South Line and 990 Feet From The East Line of Section 9 Township 26N Range 10W , 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) Box 990, Farmington, New Mexico 87401	
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) Box 990, Farmington, New Mexico 87401	
If well produces oil or liquids, give location of tanks.	Unit I	Sec. 9
	Twp. 26N	Rge. 10W

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 2-23-70	Date Compl. Ready to Prod. 3-17-70		Total Depth 6900'		P.B.T.D. 6867'			
Elevations (DF, RKB, RT, GR, etc.) 6665' GL	Name of Producing Formation Dakota		Top xxx Gas Pay 6727'		Tubing Depth 6834'			
Perforations 6727-33, 6763-69, 6779-85, 6824-36					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8 5/8"		208'		160 Sks.			
7 7/8"	4 1/2"		6900'		655 Sks.			
	2 3/8"		6834'		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 1485	Length of Test 3 Hours	Bbls. Condensate/MMCF 49.23	Gravity of Condensate 42.6 API
Testing Method (pitot, back pr.) Calculated A.O.F.	Tubing Pressure (shut-in) 1342	Casing Pressure (shut-in) 1947	Choke Size 3/4" Variable

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.

(Signature)
Petroleum Engineer

April 15, 1970

(Title)

(Date)

OIL CONSERVATION COMMISSION

APR 16 1970

APPROVED _____
Original Signed by **Emery C. Arnold**

BY _____
SUPERVISOR DIST. 10

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