

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
El Paso Natural Gas Company

Address
P. O. Box 4289, Farmington, NM 87499

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Dry Gas
<input checked="" type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Condensate
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	

Other (Please explain) JUL 19 1985
OIL CON. DIV.
DIST. 3

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Howell C	Well No. 2A	Pool Name, including Formation Blanco Pictured Cliffs	Kind of Lease State, Federal or Free Federal	Lease No. SF 078596
Location				
Unit Letter <u>J</u> ; <u>1535</u> Feet From The <u>South</u> Line and <u>1550</u> Feet From The <u>East</u>				
Line of Section <u>3</u> Township <u>29N</u> Range <u>8W</u> , NMPM, <u>San Juan</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

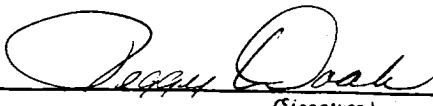
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Company	P. O. Box 4289, Farmington, NM 87499
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Company	P. O. Box 4289, Farmington, NM 87499
If well produces oil or liquids, give location of tanks.	Unit <u>J</u> Sec. <u>3</u> Twp. <u>29N</u> Rge. <u>8W</u>
	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.


(Signature)
Drilling Clerk
(Title)
7-14-85
(Date)

8-185 OIL CONSERVATION DIVISION
APPROVED 1985
Original Signed by FRANK T. CHAVEZ
BY _____
SUPERVISOR DISTRICT # 3
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 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 1-10-75	Date Compl. Ready to Prod. 6-24-85	Total Depth 5521'				P.B.T.D. 5504'			
Elevations (DF, RKB, RT, GR, etc.) 6276' GL	Name of Producing Formation Blanco Pictured Cliffs	Top Oil/Gas Pay 3023'				Tubing Depth 3066'			
Perforations 3023-3039, 3051-3066, 3071-3082, w/10 SPZ.						Depth Casing Shoe 5521'			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
13 3/4"	9 5/8"		207		224 cu ft				
8 3/4"	7"		3282		305 cu ft				
6 1/4"	4 1/2" Liner		3107-5521		419 cu ft				
Tubing	1 1/4" 3 1/2" 4 1/2"		3066' 3107'						

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 255	Length of Test 3 Hrs.	Bbls. Condensate/MMCF 46 MCF	Gravity of Condensate 0
Testing Method (prior, back pr.) Back Pressure	Tubing Pressure (Shut-in) 631	Casing Pressure (Shut-in) 631	Choke Size 3/4"