

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

Operator
EL PASO NATURAL GAS CO.

Address
BOX 289, 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 _____

DESCRIPTION OF WELL AND LEASE

Lease Name VANDEWART A	Well No. 4A	Pool Name, including Formation BLANCO MESA VERDE	Kind of Lease State, <u>Federal</u> or Fee SF	Lease No. 078502
Location Unit Letter J ; 1780 Feet From The S Line and 1590 Feet From The E				
Line of Section 13 Township 29N Range 3W , NMPM, San Juan County				

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 CO.	Address (Give address to which approved copy of this form is to be sent) BOX 289, FARMINGTON, NEW MEXICO
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> EL PASO NATURAL GAS CO.	Address (Give address to which approved copy of this form is to be sent) BOX 289, FARMINGTON, NEW MEXICO
If well produces oil or liquids, give location of tanks. Unit J Sec. 13 Twp. 29N Rge. 3W	Is gas actually connected? <input type="checkbox"/> When _____

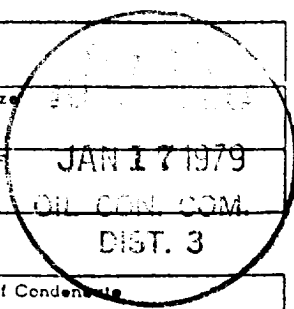
If this production is commingled with that from any other lease or pool, give commingling order number: _____

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Restv.	Diff. Restv.
		X	X					
Date Spudded 11/25/78	Date Compl. Ready to Prod. 12/26/78		Total Depth 6169'		P.B.T.D. 6138'			
Elevations (DF, RKB, RT, GR, etc.) 6829'	Name of Producing Formation MV		Top of Gas Pay 5061'		Tubing Depth 6079'			
Perforations 5061, 5161, 5174, 5182, 5200, 5255, 5267, 5274, 5281, 5288, 5308, 5319, 5326, 5334, 5341, 5437, 5443, 5466, 5510, 5517, 5534, 5542, 5550, 5594, 5683w/1SPZ.						Depth Casing Shoe 6169'		
5726, 5732, 5738, 5744, 5756, 5768, TUBING, CASING, AND CEMENTING RECORD 5780, 5796, 5806, 5813, 5820, 5827, 5836, 5844, HOLE SIZE 5875, 5886, CASING & TUBING SIZE 5909, 5926, DEPTH SET 5939, 5990, SACKS CEMENT 6010, 6025, 6050, 6068, 6079, 6093w/1SPZ.								
13 3/4"	9 5/8"		226'		224 cf.			
8 3/4"	7"		3948'		508 cf.			
6 1/4"	4 1/2" liner		3804-6169'		417 cf.			

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	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in) 346	Casing Pressure (Shut-in) 715	Choke Size

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.

A. G. Buss
(Signature)
Drilling Clerk
(Title)
1/10/79
(Date)

OIL CONSERVATION COMMISSION

APPROVED JAN 17 1979, 19____
Original Signed by A. R. Hendrick

BY _____
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 completed wells.