

**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-11  
Effective 1-1-65

**API 30-045-23149**

DISTRIBUTION	
ALBUQUERQUE	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

**I. OPERATOR**

Operator El Paso Natural Gas Company

Address P.O. Box 289, Farmington, New Mexico 87401

Reason(s) for filing (Check proper box)

New Well  Change In Transporter of: Oil  Dry Gas

Recompletion  Casinghead Gas  Condensate

Change In Ownership  Other (Please explain) \_\_\_\_\_

If change of ownership give name and address of previous owner \_\_\_\_\_

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name <u>Roelofs A</u>	Well No. <u>2A</u>	Pool Name, including Formation <u>Blanco P.C.</u>	Kind of Lease State, <u>Federal</u> or Fee	Lease No. <u>SF 078502A</u>
Location				
Unit Letter <u>F</u>	<u>1460</u> Feet From The <u>North</u> Line and <u>1740</u> Feet From The <u>West</u>			
Line of Section <u>14</u>	Township <u>29-N</u>	Range <u>8-W</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)
<u>El Paso Natural Gas Company</u>	<u>P.O. Box 289, Farmington, New Mexico 87401</u>
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)
<u>El Paso Natural Gas Company</u>	<u>P.O. Box 289, Farmington, New Mexico 87401</u>
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	<u>F 14 29-N 8-W</u>

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.
		X	X					
Date Spudded <u>3-12-79</u>	Date Compl. Ready to Prod. <u>5-3-79</u>	Total Depth <u>5696'</u>	P.B.T.D. <u>5678'</u>					
Elevations (DF, RKB, RT, GR, etc.) <u>6345' GL</u>	Name of Producing Formation <u>Pictured Cliffs</u>	Top Oil/Gas Pay <u>3036'</u>	Tubing Depth <u>3176'</u>					
Perforations <u>3036-3048, 3058-3070, 3078-3092, 3101-3118, 3144-3164'</u>	Depth Casing Shoe <u>5696'</u>							
<b>TUBING, CASING, AND CEMENTING RECORD</b>								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
<u>13 3/4"</u>	<u>9 5/8"</u>	<u>210'</u>	<u>224 cf</u>					
<u>8 3/4"</u>	<u>7"</u>	<u>3357'</u>	<u>308 cf</u>					
<u>6 1/4"</u>	<u>4 1/2" liner</u>	<u>3213-5696'</u>	<u>434 cf</u>					
	<u>1 1/4"</u>	<u>3176'</u>	<u>tubing</u>					

**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 <u>959</u>	Length of Test <u>3 hours</u>	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.) <u>Calc. A.O.F.</u>	Tubing Pressure (shut-in) <u>692</u>	Casing Pressure (shut-in) <u>694</u>	Choke Size <u>3/4"</u>

**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.



Drilling Clerk

(Title)

June 12, 1979

(Date)

**OIL CONSERVATION COMMISSION**

APPROVED JUN 20 1979, 19\_\_\_\_  
BY Original Signed by A. R. Kendrick  
TITLE SUPERVISOR DISTRICT # 1

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