

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE	
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OPERATOR	GAS
PRODUCTION OFFICE	

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 checked="" type="checkbox"/> New Well	Change in Transporter of:	<b>RECEIVED</b> OCT 15 1985	
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil		<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas		<input type="checkbox"/> Condensate

Other (Please explain)

If change of ownership give name  
and address of previous owner

**OIL CON. DIV.**  
**DIST. 3**

II. DESCRIPTION OF WELL AND LEASE

Lease Name Bolin A	Well No. 3	Pool Name, Including Formation Blanco Pictured Cliffs	Kind of Lease State, (Federal) or Fee	Lease No. SF 078049A
Location Unit Letter <u>K</u> ; <u>1850</u> Feet From The <u>South</u> Line and <u>1480</u> Feet From The <u>West</u> Line of Section <u>34</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"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 4289, Farmington, NM 87499					
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) P. O. Box 4289, Farmington, NM 87499					
If well produces oil or liquids, give location of tanks.	Unit K	Sec. 34	Twp. 29N	Rge. 8W	Is gas actually connected? No	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)  
10-14-85  
(Date)

OIL CONSERVATION DIVISION

OCT 22 1985

APPROVED \_\_\_\_\_  
BY \_\_\_\_\_ Original Signed by FRANK T. CHAVEZ  
TITLE \_\_\_\_\_ SUPERVISOR DISTRICT # 3

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all able on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multi-completed wells.

#### IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil well	Gas well X	New well X	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res.
Date Spudded 8-31-85	Date Compl. Ready to Prod. 10-11-85	Total Depth 2965'			P.B.T.D. 2955'				
Elevations (DF, RKB, RT, GR, etc.) 6289' GL	Name of Producing Formation Blanco Pictured Cliffs	Top Oil/Gas Pay 2811'			Tubing Depth -0-				
Perforations 2811, 2815, 2832, 2836, 2840, 2844, 2857, 2861, 2868, 2886, 2895, 2920, 2924, 2928, w/14 SPZ.							Depth Casing Shoe 2965'		
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12 1/4"	8 5/8"		139'		106 cu ft				
6 3/4"	2 7/8"		2965'		583 cu ft				

#### 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	Length of Test SI 7 Days	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (plot, back pr.)	Tubing Pressure (Shut-in) -0-	Casing Pressure (Shut-in) 673	Choke Size