

DISTRIBUTION	
SANTA FE	/
FILE	/
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL / GAS /
OPERATOR	/
PRODUCTION 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 Company	
Address P. O. Box 990, Farmington, NM 87401	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
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 <input type="checkbox"/>
Other (Please explain)	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Nye	Well No. 15	Pool Name, Including Formation Undes. Fruitland	Kind of Lease State (Federal) or Fee	Lease No. SF078197
Location				
Unit Letter <u>E</u> ; <u>1810</u> Feet From The <u>N</u> Line and <u>1000</u> Feet From The <u>W</u>				
Line of Section <u>8</u> Township <u>29N</u> Range <u>10W</u> , NMFM, <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 990, Farmington, NM 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) P. O. Box 990, Farmington, NM 87401	
If well produces oil or liquids, give location of tanks.	Unit <u>E</u>	Sec. <u>8</u>
	Twp. <u>29N</u>	Rge. <u>10W</u>
	Is gas actually connected? When	

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 Rest'v.	Diff. Rest'v.
		<u>X</u>	<u>X</u>					
Date Spudded <u>01-20-75</u>	Date Compl. Ready to Prod.		Total Depth <u>2001</u>		P.B.T.D. <u>1989'</u>			
Elevations (DF, RKB, RT, CR, etc.) <u>5744' GL</u>	Name of Producing Formation <u>Fruitland</u>		Top Oil/Gas Pay <u>1867'</u>		Tubing Depth <u>Tubingless</u>			
Perforations <u>1867-68', 1916-17', 1948-49'</u>					Depth Casing Shoe <u>2001'</u>			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<u>12 1/4"</u>	<u>8 5/8"</u>		<u>113' GL</u>		<u>106 cu. ft.</u>			
<u>6 3/4"</u>	<u>2 7/8"</u>		<u>2001'</u>		<u>348 cu. ft.</u>			
	<u>Tubingless</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
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-Bbls.

GAS WELL

Actual Prod. Test-MCF/D <u>344</u>	Length of Test <u>3 hours</u>	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) <u>Calc. A.O.F.</u>	Tubing Pressure (shut-in)	Casing Pressure (shut-in) <u>707</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.

D. B. Bisco
(Signature)

Drilling Clerk
(Title)

July 10, 1975
(Date)

OIL CONSERVATION COMMISSION

APPROVED JUL 15 1975

Original Signed by Emery C. Arnold

TITLE SUPERVISOR DIST. #3

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or derelict well, this form must be accompanied by a tabulation of the data tests taken on the well in accordance with RULE 111.

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

Fill out only Sections I, II, III, and VI for each well name or number, or transporter, or other such data.

Separate Forms C-104 must be filed for each well.