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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

API 30-045-23354

Operator		ElPamCo, Inc.	
Address		P.O. Box 14738 Albuquerque, New Mexico 87111	
Reason(s) for filing (Check proper box)		Other (Please explain)	
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"/>	

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Sullivan	Well No.	6-B	Pool Name, including Formation	Aztec Pictured Cliffs	Kind of Lease	State, Federal or Fee	Fee	Lease No.
Location									
Unit Letter	G	1650	Feet From The	North	Line and	1580	Feet From The	East	
Line of Section	25	Township	29N	Range	11W	NMPM,	San Juan	County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/>	or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)				
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)				
El Paso Natural Gas Company		P.O. Box 1492, El Paso, Texas				
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
						Wait on connection

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	11-30-78	Date Compl. Ready to Prod.	12-17-78	Total Depth	1820	P.B.T.D.	1757	
Elevations (DF, RKB, RT, GR, etc.)	5466 Gr	Name of Producing Formation	Pictured Cliffs	Top Oil/Gas Pay	1702-1734	Tubing Depth	2-3/8 @ 1682	
Perforations						Depth Casing Shoe	1804	
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
11	7	123	75					
6 1/2	4 1/2	1804	400					
	2-3/8	1682						

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 PICTURED CLIFFS 1702-1734

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
620 MCF	3 hrs.		
Testing Method (pilot, back pt.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
Orifice Well Tester	406, 7 days		3/4

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.

Agent
(Signature)
(Title)
1-8-1979
(Date)

OIL CONSERVATION COMMISSION

MAR 8 1979

APPROVED _____, 19____
BY Original Signed by A. R. Kendrick
TITLE SUPERVISOR DIST. #

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.