

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

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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	4
PRORATION OFFICE	

I. Operator **El Paso Natural Gas Company**

Address **Box 990, Farmington, New Mexico**

Reason(s) for filing (Check proper box)

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

Other (Please explain) **Workover - See Back for details**

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Kernaghan</b>	Well No. <b>3</b>	Pool Name, Including Formation <b>Blanco Mesa Verde</b>	Kind of Lease State, Federal or Fee
Location Unit Letter <b>B</b> ; <b>990</b> Feet From The <b>North</b> Line and <b>1650</b> Feet From The <b>East</b> Line of Section <b>k29</b> , Township <b>31N</b> Range <b>8W</b> , NMPM, <b>San Juan</b> 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 type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. 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 Res'v.	Diff. Res'v.
		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	
Date Spudded <b>W/O 5-18-65</b>	Date Compl. Ready to Prod. <b>5-26-65</b>	Total Depth <b>5888</b>	<del>NET</del> T.D. <b>5872</b>					
Pool <b>Blanco Mesa Verde</b>	Name of Producing Formation <b>Mesa Verde</b>	Total Gas Pay <b>5326</b>	Tubing Depth <b>5805</b>					
Perforations <b>5326-30, 5340-44, 5360-68, 5720-28, 5744-48, 5766-70, 5810-14</b>			Depth Casing Shoe <b>5888'</b>					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
<b>13 3/4"</b>	<b>9 5/8"</b>	<b>178</b>	<b>125</b>					
<b>8 3/4"</b>	<b>7"</b>	<b>5200'</b>	<b>500</b>					
<b>6 1/4"</b>	<b>4 1/2"</b>	<b>5888'</b>	<b>125</b>					
<b>Tubing</b>	<b>2 3/8"</b>	<b>5805'</b>						

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 <b>7813 MCF/D</b>	Length of Test <b>3 Hours</b>	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.) <b>Calculated A.O.F.</b>	Tubing Pressure <b>831</b>	Casing Pressure <b>830</b>	Choke Size <b>3/4"</b>

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.

ORIGINAL SIGNED E. S. OBERLY

(Signature)

Petroleum Engineer

(Title)

June 17, 1965

(Date)

OIL CONSERVATION COMMISSION

APPROVED **JUN 21 1965**  
BY **Original Signed Emery C. Arnold**  
TITLE **Supervisor Dist. # 2**

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 Sections I, II, III, and VI only 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.

5-19-65	Backed tubing off at 5299', set bridge plug at 5112', squeezed open hole w/250 sacks regular cement, 1/4 cu. ft. fine gilsonite/sk., followed w/150 sacks regular cement, 10% sand, 2% calcium chloride. Fert. 4 holes at 3120', set retainer at 3038', squeezed parts w/150 sacks regular cement, 2% calcium chloride, final pressure 1000#.
5-21-65	Drilled out cement to 5226'. Went in hole w/kumukle joint, drilled 11' of whistock hole. Went in w/hole opener and reamed from 5226' to 5237'. Whistock total depth 5688', ran 183 joints 4 1/2", 10.5#, J-55 casing (5877.63') set at 5887.63' w/125 sacks regular cement, 1/4 gal. 1/4 cu. ft. fine gilsonite/sk., preceded w/20 bbls. gel water. Float collar at 5872'. Fert. Point Lookout 5720-28 w/2 SRF; 5744-48, 5766-70, 5810-14' w/4 SRF; Trac w/62,076 gallons water w/2# FR-2/1000 gal., 51,000# 20/40 sand, flushed w/4830 gallons water. I.R. 52.8 BPM, Max. pr. 4000#, HDP -0-, tr. pr. 3700-1900-2200#, dropped 3 sets of 16 balls each. ISIP -0-, 5 Min. SIP -0-. Set bridge plug at 5600'. Fert. Citter House 5326-30, 5340-44 w/4 SRF; 5360-68' w/2 SRF, Trac w/44,814 gallons water w/2# FR-2 and 10 gal. WK-1/1000 gal., 36,000# 20/40 sand, flushed w/4400 gallons water. I.R. 48.5 BPM, Max. pr. 4000#, HDP -0-, tr. pr. 2600-1900-2200#, dropped 2 sets of 16 balls each. ISIP 4000#, 5 Min. SIP -0-. Cleaned out to 5872'. Ran 183 joints 2 3/8", 4.7#, J-55 tubing (5795.42') landed at 5805.42', SN @ 5800', 3' perf. & bull plug below SN. Date well was tested.
5-24-65	
5-25-65	
5-26-65	
6-3-65	