

DISTRIBUTION	5
SANTA FE	1
FILE	1
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL /
	GAS /
OPERATOR	1
PRORATION OFFICE	1

**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

**I. Operator**  
El Paso Natural Gas Company  
Address  
P. O. Box 990, Farmington, NM 87401

Reason(s) for filing (Check proper box) Other (Please explain)

New Well  Change In Transporter of:  
 Recompletion  Oil  Dry Gas   
 Change In Ownership  Casinghead Gas  Condensate

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

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name Caperton	Well No. 1	Pool Name, Including Formation Blanco PC Ext	Kind of Lease (State, Federal or Fee) B-1	Lease No. 0938-36
Location Unit Letter <u>A</u> ; <u>1050</u> Feet From The <u>N</u> Line and <u>900</u> Feet From The <u>E</u> Line of Section <u>32</u> Township <u>30N</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 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>A</u> Sec. <u>32</u> Twp. <u>30N</u> Rge. <u>8W</u>	Is gas actually connected? <input type="checkbox"/> 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 <input type="checkbox"/>	Gas Well <input checked="" type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 12-10-74	Date Compl. Ready to Prod. 05-29-75	Total Depth 3003'	<b>RECEIVED JUN 5 1975</b>			P.B.T.D. 2993'		
Elevations (DF, RKB, RT, GR, etc.) 6162' GL	Name of Producing Formation Pictured Cliffs	Top Oil/Gas Pay 2898'				Tubing Depth Tubingless		
Perforations 2898', 2911', 2942', 2950'						Depth Casing Shoe 3003'		
<b>TUBING, CASING, AND CEMENTING RECORD</b>								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12 1/4"	8 5/8"	126'	112 cu. ft.					
7 7/8" and 6 3/4"	2 7/8"	3003'	526 cu. ft.					
	Tubingless							

**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 524	Length of Test 3 hours	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.) Calc. A.O.F.	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in) 931	Choke Size 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.

D. G. Duco  
Drilling Clerk  
June 04, 1975

(Signature)  
(Title)  
(Date)

**OIL CONSERVATION COMMISSION**  
JUN 5 1975

APPROVED \_\_\_\_\_, 19\_\_\_\_

BY \_\_\_\_\_

TITLE \_\_\_\_\_ SUPERVISOR

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