

DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION 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-11
Effective 1-1-65

API 30-045-21980

I. OPERATOR

Operator
El Paso Natural Gas Company

Address
P.O. Box 289, Farmington, New Mexico 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"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry 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 Lindsey	Well No. 2A	Pool Name, Including Formation Blanco M.V.	Kind of Lease State, Federal or Fee	Lease No. SF 078336C
Location Unit Letter <u>J</u> ; <u>1750</u> Feet From The <u>South</u> Line and <u>1750</u> Feet From The <u>East</u>				
Line of Section <u>11</u> Township <u>30-N</u> Range <u>9-W</u> , 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 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 289, Farmington, New Mexico 87401
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 289, Farmington, New Mexico 87401
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	J 11 30-N 9-W

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 12-22-78	Date Compl. Ready to Prod. 4-24-79	Total Depth 5412'	P.B.T.D. 5396'					
Elevations (DF, RKB, RT, GR, etc.) 5954' GL	Name of Producing Formation Mesa Verde	Top Oil/Gas Pay 4271'	Tubing Depth 5339'					
Perforations 4271, 4361, 4384, 4398, 4425, 4442, 4470, 4492, 4498, 4504, 4510, 4516, 4530, 4536, 4548, 4563, 4570, 4584, 4646, 4662, 4689, 4695, 4713, 4739, 4746, 4859, 4873, 4893, 4964, 4973, 4980, 4986, 4992, 4999, 5006, 5013, 5020, 5044, 5059, 5066, 5094, 5111, *	Depth Casing Shoe 5412'							
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
13 3/4"	9 5/8"		218'		224 cf			
8 3/4"	7"		3070'		361 cf			
6 1/4"	4 1/2" liner		2891-5412'		433 cf			
	2 3/8"		5339'		tubing			

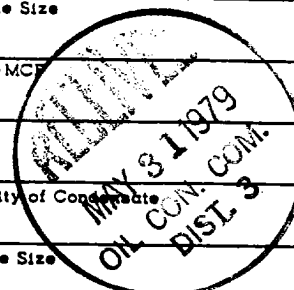
V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(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 *5140, 5146, 5200, 5231, 5250, 5266, 5277, 5299, 5368'.

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in) 272	Casing Pressure (shut-in) 370	Choke Size



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. P. Guisco
(Signature)
Drilling Clerk
(Title)
May 23, 1979
(Date)

OIL CONSERVATION COMMISSION

APPROVED MAY 31 1979
BY Original Signed by A. W. Kendrick
TITLE _____

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