STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES REC	CEIVED	
DISTRIBUTIO	N	
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	\Box
OPERATOR		
PROPATION OFFICE		

OIL CONSERVATION DIVISION P.O. BOX 2088 SANTA FE, NEW MEXICO 87501

Form C-104 Revised 10-01-78 Format 06-01-83 Page 1

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

	CE.					
\boldsymbol{u}						
P O Rox 3249. Fnalewood. CO 80155						
Low grant of the	PDC					
Reason(s) for filing (Check proper box) Other (Please explain)	6 1985					
New Well Change in Transporter of:						
Recompletion Oil Dry Gas Well Name						
Change in Ownership Casinghead Gas Condensate Well Name	31.3					
If change of ownership give name El Paso Natural Gas, P.O. Box 4990, Farmington, NM 87499						
II. DESCRIPTION OF WELL AND LEASE						
Lease Name Well No. Pool Name, Including Formation Kind of Lease State, Federal or Fee	USA Lease No.					
Mudge LS 12 Blanco MV	SF 078096					
Location						
H . 1681 Feet From The N Line and 990 Fe	et From The					
Unit Letter						
Line of Section 17 Township 31N Range 11W , NMPM, S	San Juan County					
Line Order (Control of Control of						
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS						
Name of Authorized Transporter of Oil or Condensate X						
	P. O. Box 460, Hobbs, NM 88240					
						
Name of Authorized Transporter of Casinghead Gas Tor Dry Gas X Address (Give address to which approved copy of this for	rm is to be sent)					
Name of Authorized Transporter of Casinghead Gas Tor Dry Gas X El Paso Natural Gas P. O. Box 4990, Farmington	rm is to be sent)					
Name of Authorized Transporter of Casinghead Gas or Dry Gas X El Paso Natural Gas Unit Sec. Twp. Rge. Is gas actually connected? When	rm is to be sent)					
Name of Authorized Transporter of Casinghead Gas Tor Dry Gas X El Paso Natural Gas P. O. Box 4990, Farmingto	rm is to be sent)					
Name of Authorized Transporter of Casinghead Gas or Dry Gas X El Paso Natural Gas Unit Sec. Twp. Rge. Is gas actually connected? When If well produces oil or liquids, give location of tanks. H 17 31N 11W Yes	rm is to be sent)					
Name of Authorized Transporter of Casinghead Gas or Dry Gas X E1 Paso Natural Gas Unit Sec. Twp. Rge. Is gas actually connected? When give location of tanks. If this production is commingled with that from any other lease or pool, give commingling order number	rm is to be sent)					
Name of Authorized Transporter of Casinghead Gas or Dry Gas X El Paso Natural Gas Unit Sec. Twp. Rge. Is gas actually connected? When If well produces oil or liquids, give location of tanks. H 17 31N 11W Yes	rm is to be sent)					
Name of Authorized Transporter of Casinghead Gas or Dry Gas X E1 Paso Natural Gas Unit Sec. Twp. Rge. Is gas actually connected? When If well produces oil or liquids, give location of tanks. If this production is commingled with that from any other lease or pool, give commingling order number NOTE: Complete Parts IV and V on reverse side if necessary.	on, NM 87499					
Name of Authorized Transporter of Casinghead Gas or Dry Gas X E1 Paso Natural Gas If well produces oil or liquids, give location of tanks. If this production is commingled with that from any other lease or pool, give commingling order number NOTE: Complete Parts IV and V on reverse side if necessary. VI. CERTIFICATE OF COMPLIANCE Address (Give address to which approved copy of this to P. O. Box 4990, Farmingto P. O. Box 4990	on, NM 87499					
Name of Authorized Transporter of Casinghead Gas or Dry Gas X E1 Paso Natural Gas Unit Sec. Twp. Rge. Is gas actually connected? When yes If this production of tanks. If this production is commingled with that from any other lease or pool, give commingling order number NOTE: Complete Parts IV and V on reverse side if necessary. VI. CERTIFICATE OF COMPLIANCE Interests certify that the rules and regulations of the Oil Conservation Division have been complied APPROVED	on, NM 87499					
Name of Authorized Transporter of Casinghead Gas or Dry Gas X E1 Paso Natural Gas If well produces oil or liquids, give location of tanks. If this production is commingled with that from any other lease or pool, give commingling order number NOTE: Complete Parts IV and V on reverse side if necessary. VI. CERTIFICATE OF COMPLIANCE Address (Give address to which approved copy of this to P. O. Box 4990, Farmingto P. O. Box 4990	ON DIVISION					
Name of Authorized Transporter of Casinghead Gas or Dry Gas X E1 Paso Natural Gas If well produces oil or liquids, give location of tanks. If this production is commingled with that from any other lease or pool, give commingling order number NOTE: Complete Parts IV and V on reverse side if necessary. VI. CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.	on, NM 87499					
Name of Authorized Transporter of Casinghead Gas or Dry Gas X E1 Paso Natural Gas If well produces oil or liquids, give location of tanks. If this production is commingled with that from any other lease or pool, give commingling order number NOTE: Complete Parts IV and V on reverse side if necessary. VI. CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.	ON DIVISION					
Name of Authorized Transporter of Casinghead Gas or Dry Gas X E1 Paso Natural Gas Unit Sec. Twp. Rge. Is gas actually connected? When Yes If the production of tanks. If this production is commingled with that from any other lease or pool, give commingling order number NOTE: Complete Parts IV and V on reverse side if necessary. VI. CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief. Address (Give address to which approved copy of this for P. O. Box 4990, Farmingto P. O. Box 4990, Farmingto P. O. Box 4990, Farmingto Is gas actually connected? When Yes OIL CONSERVATIO BY TITLE	ON DIVISION Supervisor District 18					
Name of Authorized Transporter of Casinghead Gas or Dry Gas X E1 Paso Natural Gas Unit Sec. Twp. Rge. Is gas actually connected? When Yes If this production of tanks. If this production is commingled with that from any other lease or pool, give commingling order number. NOTE: Complete Parts IV and V on reverse side if necessary. VI. CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief. BY TITLE This form is to be filed in compliance with RULE 1 If this is a request for allowable for a newly drilled.	ON DIVISION SUPERVISOR DISTRICT SINGLED TO A condeepened well, this form must be accommon to the condess of th					
Name of Authorized Transporter of Casinghead Gas or Dry Gas X E1 Paso Natural Gas Unit Sec. Twp. Rge. Is gas actually connected? When ye s If well produces oil or liquids, give location of tanks. If this production is commingled with that from any other lease or pool, give commingling order number. NOTE: Complete Parts IV and V on reverse side if necessary. VI. CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief. Sr. Regulatory Analyst Address (Give address to which approved copy of this for P. O. Box 4990, Farmington P. O. Box 4990, Farmi	SUPERVISOR DISTRICT SIND to deepened well, this form must be accompanied to the well in accordance with RULE 111.					
Name of Authorized Transporter of Casinghead Gas or Dry Gas X E1 Paso Natural Gas Unit Sec. Twp. Rge. Is gas actually connected? When ye s If well produces oil or liquids, give location of tanks. If this production is commingled with that from any other lease or pool, give commingling order number. NOTE: Complete Parts IV and V on reverse side if necessary. VI. CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief. Sr. Regulatory Analyst (Signature) Sr. Regulatory Analyst Address (Give address to which approved copy of this for P. O. Box 4990, Farmingto When Yes Is gas actually connected? When Yes OIL CONSERVATION APPROVED TITLE This form is to be filed in compliance with RULE 1 If this is a request for allowable for a newly drilled panied by a tabulation of the deviation tests taken on All sections of this form must be filled out complete	SUPERVISOR DISTRICT 104. It or deepened well, this form must be accome the well in accordance with RULE 111. Ity for allowable on new and recompleted walls					
Name of Authorized Transporter of Casinghead Gas or Dry Gas X E1 Paso Natural Gas Unit Sec. Twp. Rge. Is gas actually connected? When Yes If well produces oil or liquids, give location of tanks. If this production is commingled with that from any other lease or pool, give commingling order number. NOTE: Complete Parts IV and V on reverse side if necessary. VI. CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief. Sr. Regulatory Analyst Address (Give address to which approved copy of this for P. O. Box 4990, Farmingto	SUPERVISOR DISTRICT 104. It or deepened well, this form must be accome the well in accordance with RULE 111. Ity for allowable on new and recompleted walls					

Form C-104 Revised 10-01-78 Format 06-01-83 Page 2 Слоке Size

WMCF Gravity of Condensate	Sbis. Condensate/		Length of Test	Actual Prod. Test - MCF/D	
				GAS WELL	
			· · · · · · · · · · · · · · · · · · ·	T*************************************	
Gas - MCF					
23W 268	Water - Bbls.		Oil - Bbls.	Actual Prod. During Test	
Суроке Зіде	Casing Pressure		Tubing Pressure	isəī io rīga	
Flow, pump, gas lift, etc.)			Date of Test	Date First New Oil Run To Tanks	
TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Geptih or be for full 24 hours)				V. TEST DATA AND REQUEST FOR	
DEPTH SET SACKS CEMENT					
	CASING & TIBING CASE		HOLE SIZE		
TUBING, CASING, AND CEMENTING RECORD					
Depth Casing Shoe				Perforations	
				- Colonia	
Anded BriduT	Top Oil/Gas Pay		Name of Producing Formation	Elevations (DF, RKB, RT, GR, etc.)	
G.T.B.9	Total Depth		Date Compl. Ready to Prod.	Date Spudded	
Norkover Deepen Plug Back , Same Resv Drift Resv	New Well	Gas Well		Designate Type of Completion —	
IV. COMPLETION DATA					

Casing Pressure (Shut-in)



Testing Method (pilot, back pr.)

Tubing Presssure (Shut-in)