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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

Operator El Paso Natural Gas Company	
Address PO Box 990, Farmington, NM 87401	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input checked="" 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 Brookhaven Com A	Well No. 2	Pool Name, including Formation Blanco Mesa Verde	Kind of Lease (State) Federal or Fee	Lease No. E-286-14
Location Unit Letter <u>B</u> ; <u>990</u> Feet From The <u>North</u> Line and <u>1650</u> Feet From The <u>East</u>				
Line of Section <u>16</u> Township <u>31N</u> Range <u>10W</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"/>	Address (Give address to which approved copy of this form is to be sent) PO Box 990, Farmington, NM 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) PO Box 990, Farmington, NM 87401
If well produces oil or liquids, give location of tanks.	Unit <u>B</u> Sec. <u>16</u> Twp. <u>31N</u> Rge. <u>10W</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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X		X			X	
Date Spudded w/o 6-10-72	Date Compl. Ready to Prod. w/o 7-5-72	Total Depth 5554'	P.B.T.D. 5538'					
Elevations (DF, RKB, RT, GR, etc.) 6165'GL	Name of Producing Formation Mesa Verde	Top X/Gas Pay 4685'	Tubing Depth 5474'					
Perforations 4685-95', 4705-09', 4740-46', 4766-78', 4794-4806', 5170-78', 5216-22', 5232-40', 5276-84', 5300-06', 5317-23', 5354-62', 5400-08', 5432-40', 5452-60', 5486-94', 5554'			Depth Casing Shoe 5554'					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12 1/4"	9 5/8"	172'	125 sks.					
8 3/4"	7"	4587'	300 sks.					
6 1/4"	4 1/2"	5554'	125 sks.					
	2 3/8"	5474'	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

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DIST. 3

GAS WELL

Actual Prod. Test-MCF/D 5121 MCF/D	Length of Test 3 hours	Bbls. Condensate/XXX 7	Gravity of Condensate 36.5
Testing Method (pitot, back pr.) Calc. AOF	Tubing Pressure (shut-in) 689	Casing Pressure (shut-in) 762	Choke Size 2.750 plate

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.

HB Wood
(Signature)

Petroleum Engineer
(Title)

July 11, 1972
(Date)

OIL CONSERVATION COMMISSION
JUL 12 1972

APPROVED _____, 19__

BY Original Signed by Emery G. Arnold
SUPERVISOR DIST. #3

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 multiply completed wells.