

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-110
Effective 1-1-65

Operator El Paso Natural Gas Company	
Address P. O. Box 990, Farmington, NM 87401	
Reason(s) for filing (Check proper box)	
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Recompletion <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Marcotte	Well No. Pool Name, including Formation 1 (OWWO) Blanco MV	Kind of Lease State, Federal or (Fee)	Lease No.
Location			
Unit Letter G	1650 Feet From The N Line and 1650 Feet From The E		
Line of Section 8	Township 31N Range 10W	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 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) El Paso Natural Gas Company P. O. Box 990, Farmington, NM 87401		
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 8	Twp. Rge. 31N 10W

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 09-15-75	Date Compl. Ready to Prod. W/O 10-09-75	Total Depth 5247'	P.B.T.D. 5230'					
Elevations (DF, RKB, RT, GR, etc.) 5847' GL	Name of Producing Formation MV	Top Oil/Gas Pay 4384'	Tubing Depth 5149'					
Perforations 4384', 4426', 4447', 4467', 4484', 4722', 4771', 4824', 4871', 4889', 4900', 4910', 4931', 4977', 4998', 5056', 5078', 5094', 5126', 5146', 5165', 5192'	Depth Casing Shoe 5247'							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
13 3/8"	9 5/8"	175'	150					
8 3/4"	7"	4308'	500					
6 1/8"	4 1/2"	5247'	221 cu. ft.					
	2 3/8"	5149'	1bg					

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 7213	Length of Test 3 hours	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.) Calc. A.O.F.	Tubing Pressure (shut-in) 577	Casing Pressure (shut-in) 677	Choke Size 3/4" Variable

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.

A. J. Lisco
(Signature)
Drilling Clerk
(Title)
October 14, 1975
(Date)

OIL CONSERVATION COMMISSION

APPROVED OCT 17 1975, 19____
BY _____
TITLE EL PASO 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 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