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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 Box 990, Farmington, New Mexico	
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 Barnes	Well No. 11	Pool Name, Including Formation Actec Pictured Cliffs EXT.	Kind of Lease State, (Federal) or Fee	Lease No. SF078039
Location Unit Letter H : 1500 Feet From The North Line and 850 Feet From The East Line of Section 27 Township 32 North Range 11 West NMPM, San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒	Address (Give address to which approved copy of this form is to be sent) El Paso Natural Gas Company Box 990, Farmington, New Mexico 87401				
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent) El Paso Natural Gas Company Box 990, Farmington, New Mexico 87401				
If well produces oil or liquids, give location of tanks.	Unit H	Sec. 27	Twp. 32	Rge. 11	Is gas actually connected? ☐ 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					
Date Spudded 12-16-72	Date Compl. Ready to Prod. 5-23-73	Total Depth 3340'	P.B.T.D. 3330'					
Elevations (DF, RKB, RT, GR, etc.) 6470' GL	Name of Producing Formation Pictured Cliffs	Top of Gas Pay 3210'	Tubing Depth					
Perforations 3210-40'	Depth Casing Shoe 3340'							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12 1/4"	8 5/8"	127' GL	107 cu. ft.					
6 3/4"	2 7/8"	3340'	535 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 1802	Length of Test 3 Hours	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back prod)	Testing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
Scale, AGF	Tubingless	927	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.

OIL CONSERVATION COMMISSION

JUN 12 1973

APPROVED _____, 19____

BY Original Signed by Emery C. Arnold

TITLE SUPERVISOR DIST. #3

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.