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

I.

Operator

El Paso Natural Gas Company

Address

P. O. Box 990, Farmington, New Mexico 87401

Reason(s) for filing (Check proper box)

New Well [X]
Recompletion [ ]
Change in Ownership [ ]

Change in Transporter of:
Oil [ ] Dry Gas [ ]
Casinghead Gas [ ] Condensate [ ]

Other (Please explain)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Atlantic Com B	8A	Blanco Mesa Verde	State, (Federal) or Fee	NM 013688

Location

Unit Letter E : 1825 Feet From The North Line and 1100 Feet From The West

Line of Section 23 Township 31-N Range 10-W, NMPM, San Juan County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [ ] or Condensate [X]

Address (Give address to which approved copy of this form is to be sent)

P. O. Box 990, Farmington, New Mexico 87401

Name of Authorized Transporter of Casinghead Gas [ ] or Dry Gas [X]

Address (Give address to which approved copy of this form is to be sent)

P. O. Box 990, Farmington, New Mexico 87401

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	E	23	31-N	10-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 Resv.	Diff. Resv.
		X	X					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
12-03-76	12-28-76	5771'	5754'

Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top **	Tubing Depth
6297' GL	Mesa Verde	4609	5639'

Perforations 4609 4732 4751 4839 4843 4847 4851 4855 4858 4890 4919 4925 4931 4937 4967 4971 4974 5044 5048 5074 5077 5330 5332 5334 5346 5349 5367 5370 5374 5378 5381 5420 5423 5465 5470 5506 5510 5544 5578 5583 5634 5637

Depth Casing Shoe 5771'

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
13 3/4"	9 5/8"	243'	224 cu. ft.
8 3/4"	7"	3433'	373 cu. ft.
6 1/4"	4 1/2" liner	3284-5771'	455 cu. ft.
	2 3/8"	5639'	tubing

V. TEST DATA AND REQUEST FOR ALLOWABLE

(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)

OIL WELL

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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in) 656	Casing Pressure (Shut-in) 644	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. G. Bruce
(Signature)

Drilling Clerk
(Title)

January 13, 1977
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19 _____

BY Original Signed by A. R. 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 multiply