

DISTRIBUTION
SCHEDULE
FILE
U.S.G.S.
LAND OFFICE
TRANSPORTER
OIL
GAS
OPERATOR
PROPRATION OFFICE

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form 1104
Supersedes Old C-104 and C-1
Effective 1-1-65

I. Operator
El Paso Natural Gas Company
Address
P. O. Box 990, Farmington, New Mexcio 87401
Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ 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 Atlantic Com A Well No. 7A Pool Name, Including Formation Blanco Mesa Verde Kind of Lease State, Federal or (Fee) Lease No.
Location
Unit Letter J 1470 Feet From The South Line and 1620 Feet From The East
Line of Section 23 Township 31-N Range 10-W, NMPL, San Juan County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☐ or Condensate ☒ El Paso Natural Gas Company Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒ El Paso Natural Gas Company P. O. Box 990, Farmington, New Mexico 87401
P. O. Box 990, Farmington, New Mexico 87401
If well produces oil or liquids, give location of tanks. Unit I Sec. 23 Twp. 31-N Rce. 10-W 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 Restv. Diff. Restv.
Date Spudded 12-06-76 Date Compl. Ready to Prod. 01-10-77 Total Depth 5792' P.B.T.D. 5775'
Elevations (DF, RKB, RT, CR, etc.) 6379' GL Name of Producing Formation Mesa Verde Top of Gas Pay 4674' Tubing Depth 5746'
Perforations 4674-82 4774-82 4853-61 4910-15 4925-39 4980-94 5005-12 5084-87 Depth Casing Shoe 5792'
5108-17 5374-83 5404-16 5436-47 5482-92 5511-19 5528-38 5604-16 5631-43
5654-66 5692-5700 5721-33 5741-49
TUBING, CASING, AND CEMENTING RECORD
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT
13 3/4" 9 5/8" 231' 224 cu. ft.
8 3/4" 7" 3546' 485 cu. ft.
6 1/4" 4 1/2" liner 3354-5792' 425 cu. ft.
2 3/8" 5746' 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
DIST. 3

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) Casing Pressure (shut-in) Choke Size
710

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.
Drilling Clerk
01-19-77
OIL CONSERVATION COMMISSION
APPROVED
Original Signed by A. R. Kendrick
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.