

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

DISTRIBUTION		5
SANTA FE		1
LE		1
L.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	1
	GAS	1
OPERATOR		1
PRODUCTION OFFICE		

I.

Operator
EL PASO NATURAL GAS CO.
Address
BOX 990, FARMINGTON, NEW MEXICO
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	Well No. 6A	Pool Name, Including Formation BLANCO PICTURED CLIFFS	Kind of Lease State, Federal or Fee	Lease No. NM 013688
Location Unit Letter C ; 900 Feet From The North Line and 1800 Feet From The West Line of Section 22 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 <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> EL PASO NATURAL GAS CO.	Address (Give address to which approved copy of this form is to be sent) BOX 990, FARMINGTON, NEW MEXICO					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> EL PASO NATURAL GAS CO.	Address (Give address to which approved copy of this form is to be sent) BOX 990, FARMINGTON, NEW MEXICO					
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 22	Twp. 31N	Rge. 10W	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'ty.	Diff. Res'ty.
		X	X					
Date Spudded 6/30/77	Date Compl. Ready to Prod. 11/28/77	Total Depth 5641'		P.B.T.D. 5624'				
Elevations (DF, RKB, RT, CR, etc.) 6256' GR	Name of Producing Formation P.C.		Top / Gas Pay 3024'		Tubing Depth 3071'			
Perforations 3024-40, 3044-54, 3062-78, 3086-92'					Depth Casing Shoe 5641'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
13 3/4"	9 5/8"		232'		224 cf.			
8 3/4"	7"		3410'		508 cf.			
6 1/4"	4 1/2" liner		3192-5641'		365 cf.			
	1 1/4"		3071'		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

GAS WELL

Actual Prod. Test-MCF/D 1785	Length of Test 3 hours	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.) Calc. A.O.F.	Tubing Pressure (shut-in) 710	Casing Pressure (shut-in) 713	Choke Size 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.

N. G. Bisco
(Signature)
Drilling Clerk
(Title)
12/15/77
(Date)

OIL CONSERVATION COMMISSION

APPROVED DEC 21 1977, 19
BY Original Signed by A. R. Kendrick
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.
Supersedes Form C-104 must be filed for each well to which it applies.