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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-11
Effective 1-1-65

Operator EL PASO NATURAL GAS COMPANY	
Address P.O. Box 990, Farmington, New Mexico 87401	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain)	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Barnes	Well No. 4A MV	Pool Name, including Formation Blanco M.V.	Kind of Lease State, Federal or Fee	Lease No. SF 078039
Location				
Unit Letter C	1018	Feet From The North	Line and 1720	Feet From The West
Line of Section 26	Township 32N	Range 11W	, 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	Box 990, Farmington, New Mexico 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	Box 990, Farmington, New Mexico 87401					
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 26	Twp. 32N	Rge. 11W	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.
		X	X					
Date Spudded 1-25-78	Date Compl. Ready to Prod. 5-30-78		Total Depth 5950'		P.B.T.D. 5933'			
Elevations (DF, RKB, RT, GR, etc.) 6487 GL	Name of Producing Formation M.V.		Top of Gas Pay 4769'		Tubing Depth 5899'			
Perforations 4769, 4867, 4892, 4910, 4916, 4934, 5006, 5014, 5037, 5059, 5080, 5088, 5107, 5120, 5126, 5141, w/1 SPZ. 5520, 5526, 5558, 5563, 5568, 5581, 5586.					Depth Casing Shoe 5950'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
13 3/4"	9 5/8"		237'		260 cf			
8 3/4"	7"		3652'		370 cf			
6 1/4"	4 1/2"		3478-5950'		422 cf			
	2 3/8"		5899'		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.	Condensate

GAS WELL

Actual Prod. Test-MCF/D A.O.F.	Length of Test 3 hours	Bbls. Condensate/MMCF	Grav. of Condensate
Testing Method (piston, back pr.) Calc. A.O.F.	Tubing Pressure (Shut-in) 497	Casing Pressure (Shut-in)	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.

Dean Bradford
(Signature)
Drilling Clerk
(Title)
July 13, 1978
(Date)

OIL CONSERVATION COMMISSION

APPROVED JUL 14 1978, 19
BY Original Signed By FRANK E. HAYES
TITLE DEPUTY OIL & GAS INSPECTOR

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 completed wells.

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OPERATOR		1
PRODUCTION 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-105
Effective 1-1-65

Operator EL PASO NATURAL GAS COMPANY	
Address Box 990, Farmington, New Mexico 87401	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain)	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Barnes	Well No. 4A PC	Pool Name, including Formation Blanco P.C. Ext.	Kind of Lease State, Federal or Fee SF	Lease No. 078039
Location Unit Letter C ; 1018 Feet From The North Line and 1720 Feet From The West Line of Section 26 Township 32N Range 11W , 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 COMPANY	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 COMPANY	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. 26 Twp. 32N Rge. 11W 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 1-25-78	Date Compl. Ready to Prod. 6-7-78	Total Depth 5950'		P.B.T.D. 5933'					
Elevations (RF, RKB, RT, GR, etc.) 6487 GL	Name of Producing Formation PC	Top Gas/Gas Pay 3256'		Tubing Depth 3300'					
Perforations 3256-66, 3274-90 w/16 SPZ.		Depth Casing Shoe 5950'							
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE 13 3/4"	CASING & TUBING SIZE 9 5/8"	DEPTH SET 237'		SACKS CEMENT 260 cf					
8 3/4"	7"	3652'		370 cf					
6 1/4"	4 1/2"	3478-5950 3300'		422 cf 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 A.O.F.	Length of Test 3 hours	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (meter, back pr.) Calc. A.O.F.	Tubing Pressure (Shut-in) 731	Casing Pressure (Shut-in) 727	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.


(Signature)
Deputy Oil Conservation Commissioner
(Title)
July 13, 1978
(Date)

OIL CONSERVATION COMMISSION
APPROVED JUL 14 1978
BY Original Signed by FRANK J. CHAVEZ
TITLE DEPUTY OIL CONSERVATION COMMISSIONER

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.
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