

|                  |     |   |
|------------------|-----|---|
| DISTRIBUTION     |     | 5 |
| SANTA FE         |     | 1 |
| LE               |     | 1 |
| L.S.G.S.         |     |   |
| LAND OFFICE      |     |   |
| TRANSPORTER      | OIL | 1 |
|                  | 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**

Operator: EL PASO NATURAL GAS CO.

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<br><u>SCHWERTFEGER</u> | Well No.<br><u>1A</u> | Pool Name, including Formation<br><u>BLANCO MESA VERDE</u> | Kind of Lease<br>State, Federal or Fee<br><u>NM</u> | Lease No.<br><u>013685</u> |
| Location                          |                       |  |   |                            |
| Unit Letter <u>0</u>              | <u>850</u>            | Fees From The <u>South</u>                                 | Line and <u>1850</u>                                | Fees From The <u>East</u>  |
| Line of Section <u>27</u>         | Township <u>31-N</u>  | Range <u>9-W</u>   | , NMPM, <u>San Juan</u> 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"/>         | <u>EL PASO NATURAL GAS CO.</u> | Address (Give address to which approved copy of this form is to be sent) | <u>BOX 990, FARMINGTON, NEW MEXICO</u> |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> | <u>EL PASO NATURAL GAS CO.</u> | Address (Give address to which approved copy of this form is to be sent) | <u>BOX 990, FARMINGTON, NEW MEXICO</u> |
| If well produces oil or liquids, give location of tanks.   | Unit <u>0</u>                  | Sec. <u>27</u>   | Twp. <u>31N</u> Rge. <u>9W</u>         |

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. |
|--|--|-------------------------------------|-------------------------------------|----------|--------|-----------|-------------|--------------|
|  |  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |          |        |           |             |              |
| Date Spudded<br><u>5/13/77</u>   | Date Compl. Ready to Prod.<br><u>12/12/77</u>    | Total Depth<br><u>5600'</u>         | P.B.T.D.<br><u>5583'</u>            |          |        |           |             |              |
| Elevations (DF, RKB, RT, GR, etc.)<br><u>6160' GR</u>  | Name of Producing Formation<br><u>Mesa Verde</u> | Top Gas Pay<br><u>4463'</u>         | Tubing Depth<br><u>5560'</u>        |          |        |           |             |              |
| Perforations <u>4463-77, 4690-94, 4705-11, 4761-77, 4777-94, 4805-15, 4846-54, 4884-2-29, 5043-50, 5061-80, 5093-5100, 5170-82, 5192-5201, 5240-60, 5278-94, 5309-7, 5388-94, 5403-13, 5428-44, 5454-65, 5488-5501, 5550-58'</u> |  |                                     | Depth Casing Shoe<br><u>5600'</u>   |          |        |           |             |              |
| HOLE SIZE  | CASING & TUBING SIZE                             | DEPTH SET                           | SACKS CEMENT                        |          |        |           |             |              |
| <u>13 3/4"</u>   | <u>9 5/8"</u>                                    | <u>216'</u>                         | <u>283 cf.</u>                      |          |        |           |             |              |
| <u>8 3/4"</u>  | <u>7"</u>  | <u>3300'</u>                        | <u>370 cf.</u>                      |          |        |           |             |              |
| <u>6 1/4"</u>  | <u>4 1/2" liner</u>                              | <u>3140-5600'</u>                   | <u>430 cf.</u>                      |          |        |           |             |              |
|  | <u>2 3/8"</u>                                    | <u>5560'</u>                        | <u>tubing</u>                       |          |        |           |             |              |

**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        | Length of Test                          | Bbls. Condensate/MMCF                   | Gravity of Condensate |
| Testing Method (pitot, back pr.) | Tubing Pressure (shut-in)<br><u>413</u> | Casing Pressure (shut-in)<br><u>540</u> | Choke Size            |

**VI. CERTIFICATE OF COMPLIANCE**

I hereby certify that the rules and regulations of the Oil Conservation Commission have been compiled with and that the information given above is true and complete to the best of my knowledge and belief.

D. P. Lewis  
(Signature)

Drilling Clerk

(Title)

1/4/78

(Date)

**OIL CONSERVATION COMMISSION**

APPROVED JAN 10 1978 19  
BY Original Signed by A. R. Kendrick  
TITLE SUPPLEMENTARY TEST

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.