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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-111  
Effective 1-1-65

Operator EL PASO NATURAL GAS CO.	
Address BOX 990, FARMINGTON, NEW MEXICO	
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 \_\_\_\_\_

I. DESCRIPTION OF WELL AND LEASE	
Lease Name FIELDS	Well No. Pool Name, Including Formation 4A (MV) BLANCO M.V.
Kind of Lease State, Federal or Fee NM	
Lease No. 010989	
Location	
Unit Letter 0 : 840 Feet From The South Line and 1580' Feet From The East	
Line of Section 28 Township 32-N Range 11W , NMPM, San Juan County	


II. 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 CO.	BOX 990, FARMINGTON, NEW MEXICO
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 CO.	BOX 990, FARMINGTON, NEW MEXICO
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	0 28 32N 11W

If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

VI. 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 8/8/77	Date Compl. Ready to Prod. 5/24/78
Elevations (DF, RKB, RT, GR, etc.) 6185' GR	Name of Producing Formation MV
Perforations 4431, 4541, 4546, 4567, 4659, 4666, 4671, 4676, 4681, 4686, 4691, 4727, 4741, 4748, 4760, 4764, 4769, 4799w/1SPZ. 4829, 4852, 4859, 4863, 4881, 4889, 4897, 4903, 4942, 4975, 4997, 5015, 5047, 5061, 5069, 5077, 5083, 5094, 5116 w/1SPZ. 5171, 5176, 5194, 5198, 5203, 5208, 5212, 5216, 5222, 5225, 5256, 5271, 5277, 5281, 5298, 5303, 5308, 5316, 5321 w/1SPZ. 5353, 5366, 5380, 5403, 5412, (OVER	Total Depth 5615'
13 3/4"	9 5/8"
8 3/4"	7"
6 1/4"	4 1/2" liner
	2 3/8"
	224'
	3290'
	3146-5615'
	5386
	tubing

VII. 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 5517	Length of Test 3 hours
Testing Method (pilot, back pr.) Calc. A.O.F.	Tubing Pressure (Shut-in) 781
Bbls. Condensate/MMCF	Gravity of Condensate
Casing Pressure (Shut-in)	Choke Size 3/4"

VIII. 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)	
Drilling Clerk	
(Title)	
6/9/78	
(Date)	

OIL CONSERVATION COMMISSION	
APPROVED JUN 20 1978	
BY Original Signed by A. L. Hendrick	
TITLE SUPERVISOR	
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.	

PERFORMATIONS -- CONTINUED...

5426, 5432, 5438, 5459, 5496, 5523, 5529, 5535, 5540, 5570 w/1 SPZ.