. NO. DE -OFIES RECEIVED			157	
DISTRIBUTION				
SANTA FE		17		
FILE		17		
U.S.G.\$,				
LAND OFFICE				
TRANSPORTER	OIL	1		
	GAS	1		
OPERATOR		17		
PROPATION OFFICE		T		

Porm C-104 Supersedes Old C-104 and C-11:

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE Effective 1-1-65 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Operator El Paso Natural Gas Company Address P.O. Box 990, Farmington, New Mexico 87401 Reason(s) for filing (Check proper box) Other (Please explain) Change in Transporter of: New Well Recompletion Cil 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 Well No.; Pool Name, Including Formation Kind of Lease Lease No. 4A Lucerne A Blanco P.C. SF078389 State, Federal or Fee Location 975 __ Feet From The <u>North</u> Line and <u>1485</u> Feet From The West 10 Township 31-N Range 10-W San Juan , NMPM, II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| Name of Authorized Transporter of Oil | or Condensate | X | Address (Give address to which approved copy of this form is to be sent) El Paso Natural Gas Company Name El Pasto Watural Gas Co. Casinghead Gas or Dry Gas X Address (Give address to which approved copy of this form is to be sent) P.O. Box 990 Farmington, New Mexico Unit Twp. Rge. Sec. Is gas actually connected? If well produces oil or liquids, 10 C If this production is commingled with that from any other lease or pool, give commingling order number: V. COMPLETION DATA Designate Type of Completion - (X) Workover Plug Back | Same Res'v. Diff. Res'v Deepen X Date Spudded Date Compl. Ready to Prod. Total Depth 11-28-77 3-27-78 56681 5651' Elevations (DF, RKB, RT, GR, etc., Name of Producing Formation Top /Gas Pay Tubing Depth 6184' GR P.C. 2986' 30681 Depth Casing Shoe 2986-3002,3006-16,3022-28,3052-64' 56681 TUBING, CASING, AND CEMENTING RECORD CASING & TUBING SIZE SACKS CEMENT 5/8" 231 13 3/4¹¹ 562 cf 3 3/4" 3364 474 cf 6 1/411 4 1/2" liner 3204-56681 431 cf 1 1/4" 30681 (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) V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Date of Test Producing Method (Flow, pump, gas lift, etc.) Date First New Cil Run To Tanks Choke Size Length of Test Tubing Pressure Casing Pressure Actual Prod. During Test Oil-Bhis. Water - Bbls. Gas-MCF **GAS WELL** Bbis. Condensate/MMCF Gravity of Condensate Length of Test Actual Prod. Test-MCF/D 865 3 hours Casing Pressure (Shut-in) Choke Size Testing histhod (pitot, back pr., Tubing Pressure (Shut-in) 3/4" Calc A.O.F. 614 616 OIL CONSERVATION COMMISSION A. CERTIFICATE OF COMPLIANCE APPROVED_ 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. By Original Signed by A. R. Kendrick Estra Albert i TITLE __ This form is to be filed in compliance with RULE 1104. usco If this is a request for allowable for a nawly drilled or despened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111. (Signature) Drilling Clerk All sections of this form must be filled out completely for allowable on new and recompleted wells. (Title)

April 17, 1978

(Date)

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.