NEW MEXICO OIL CONSERVATION COMMISSION SINTAFE Form C-104 REQUEST FOR ALLOWABLE 1 46 Supersedes Old C-104 and C-1 AND Effective 1-1-65 1 5.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS LAND OFFICE OIL TRANSPORTER OPERATOR PRORATION OFFICE Operator EL PASO NATURAL GAS CO. BOX 990, FARMINGTON, NEW MEXICO 87401 Reason(s) for filing (Check proper box) Other (Please explain) New Well Change in Transporter of: Recompletion 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. ATLANTIC A State, Federal or Fee 3A Blanco Mesa Verde NM 0606 ; 1150 Feet From The North Line and 1500 Feet From The West Township 31-N Range 10-W , NMPM, San Juan III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil Address (Give address to which approved copy of this form is to be sent) EL PASO NATURAL GAS (thorized Transporter of Casinghead BOX 990 FARMINGTON NEW MEXICO Address (Give address to which approved copy of this form is to be sent) Name of Authorized or Dry Gas 💢 EL PASO NATURAL GAS CO. BOX 990 FARMINGTON NEW MEXICO If well produces oil or liquids, P.ge. give location of tanks. 28 31N If this production is commingled with that from any other lease or pool, give commingling order number: V. COMPLETION DATA Oil Well Gas Well Workover New Well Plug Back | Same Res'v. Diff. Res'v. Designate Type of Completion - (X) X Total Depth Date Spudded Date Compl. Ready to Prod. P.B.T.D. 8/25/77 Elevations (DF, RKB, RT, GR, etc.) 10/24/77 5438' 5421 1 Name of Producing Formation Gas Pay Tubing Depth Mesa Verde 43331 Perforations 4333, 4373, 4380, 4412, 4426, 4460, 4506, 4516, 4526, 4536, 4546, 4556, ا 5292 Depth Casing Shoe **6,**<u>4695,4707,4727,4829,4845,4954,4959,5004,5008,5012,5016,5020,5024,5039</u> 54381 **3,**5069,5073,5077,5106,5130,5158,5178,5188,5223,5235,5297 HOLE SIZE CASING & TUBING SIZE SACKS CEMENT 13 3/4" 9 5/8" 2341 224 cf. 8 3/4" 7" 31281 348 cf 6 1/4" 1/2" liner <u> 2963-5438'</u> 423 cf. 3/8" 52921 tubing V. TEST DATA AND REQUEST FOR ALLOWABLE (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) OIL WELL 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 - Bble. Gge - 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) Casing Pressure (Shut-in) Choke Size L CERTIFICATE OF COMPLIANCE OIL CONSERVATION COMMISSION 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

Succes

This form is to be filed in compliance with RULE 1104.

(Signature)

(Title)

(Date)

Drilling Clerk

10/28/77

If this is a request for allowable for a newly drilled or deepened well, this is in minust be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

Ail 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.