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| U.S.G.S. | | |
| LAND OFFICE | | |
| TRANSPORTER | OIL | 1 |
| | GAS | 1 |
| 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 CO. | |
| Address | | BOX 990, FARMINGTON, NEW MEXICO | |
| Reason(s) for filing (Check proper box) | | Other (Please explain) | |
| New Well | <input checked="" type="checkbox"/> | Change in Transporter of: | |
| Recompletion | <input type="checkbox"/> | Oil | <input type="checkbox"/> |
| Change in Ownership | <input type="checkbox"/> | Casinghead Gas | <input type="checkbox"/> |
| | | Dry Gas | <input type="checkbox"/> |
| | | Condensate | <input type="checkbox"/> |

If change of ownership give name and address of previous owner _____

| | | | | | |
|-----------------|----|----------|--------------------------------|-----------------------|--------------------|
| Lease Name | | Well No. | Pool Name, including Formation | Kind of Lease | Lease No. |
| MUDGE | | 2A | BLANCO MV | State, Federal or Fee | 078040 |
| Location | | | | | |
| Unit Letter | 0 | 1025 | Feet From The South | Line and 1840 | Feet From The East |
| Line of Section | 10 | Township | 31N | Range | 11W |
| | | | | NMPM, | San Juan |
| | | | | | County |

| | | | |
|--|------|--|------|
| 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. |
| | 0 | 10 | 31N |
| | | | 11W |
| | | | |

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

| | | | | | | | | | |
|--|-----------------------------|----------|-------------|----------|-------------------|--------|-----------|-------------|--------------|
| 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 | Date Compl. Ready to Prod. | | Total Depth | | P.B.T.D. | | | | |
| 12/10/77 | 5/15/78 | | 5492 | | 5474' | | | | |
| Elevations (DF, RKB, RT, GR, etc.,) | Name of Producing Formation | | Top Gas Pay | | Tubing Depth | | | | |
| 6116' GR | MV | | 5031' | | 5441' | | | | |
| Perforations 5031, 5035, 5039, 5058, 5063, 5069, 5084, 5088, 5093, 5110, 5114, 5117, 5125, 5129, 5143, 5180, 5187, 5217, 5232, 5259, 5287, 5325, 5330, 5353, 5408, | | | | | Depth Casing Shoe | | | | |
| | | | | | 5492' | | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | | |
| 13 3/4" | 9 5/8" | | 240' | | 224 cf. | | | | |
| 8 3/4" | 7" | | 3176' | | 498 cf. | | | | |
| 6 1/4" | 4 1/2" liner | | 3033-5492' | | 431 cf. | | | | |
| | 2 3/8" | | 5441' | | 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 | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate |
| | | | |
| Testing Method (pilot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size |
| | 642 | 655 | |

| | | | |
|--|--|---|--|
| I. 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. | | APPROVED _____, 19 _____ | |
| Drilling Clerk | | BY _____ Original Signed by FRANK T. CHAVEZ | |
| 5/30/78 | | TITLE _____ | |
| (Signature) | | | |
| (Title) | | | |
| (Date) | | | |

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 allow-able 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.