AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. OPERATOR

Operator: EL PASO NATURAL GAS CO.

Address: BOX 990, FARMINGTON, NEW MEXICO 87401

Reason for filing (Please explain)

New Well: X

Recompletion

Change in Ownership

Change in Transporter of:

Oil: ☐

Casinghead Gas: ☐

Dry Gas: ☐

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Mudge	4A	Blanco Mesa Verde	State, Federal or Fee SF	078040

Location							
Unit Letter	C	1015	Feet From The	North	1950	Feet From The	West
Line of Section	1	Township	31N	Range	11W	NMPM,	San Juan County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate X: EL PASO NATURAL GAS CO. — Address (give address to which approved copy of this form is to be sent): BOX 990, FARMINGTON, NEW MEXICO 87401

Name of Authorized Transporter of Casinghead Gas or Dry Gas X: EL PASO NATURAL GAS CO. — Address (give address to which approved copy of this form is to be sent): BOX 990, FARMINGTON, NEW MEXICO 87401

If well produces oil or liquids, give location of tanks: Unit C, Sec. 1, Twp. 31N, Rge. 11W

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

IV. COMPLETION DATA

Designate Type of Completion	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.
7/20/77	9/12/77	5767'	5750'

Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
6337' GR	Mesa Verde	4688'	5552'

Perforations: 4688-97,4740-46,4817-21,4851-45,4858-66,4904-08,4918-22,4932-[illegible],4999-5006,5022-26,5034-38,5048-58,5070-79,5170-84,5214-34,5318-32,5343-49 5767'
[illegible]59-65,5375-81,5391-97,5429-33,5443-49,5463-73,5483-87,5542-49,5561-66,5588-5604,5616-24,5651-59

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
13 3/4"	9 5/8"	332'	295 cu. ft.
8 3/4"	7"	3449'	500 cu. ft.
6 1/4"	4 1/2" liner	3274-5767'	430 cu. ft.
	2 3/8"	5552'	tbg.

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		Choke Size
Actual Prod. During Test	Oil-Bbls.		Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
7919	3 hrs.		
Testing Method (pitot, back pr.)	**Tubing Pressure (Shut-in)**	**Casing Pressure (Shut-in)**	**Choke Size**
Calc. A.O.F.	702		3/4"

VI. 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.

N. B. Guidry
(Signature)

Drilling Clerk
(Title)

September 28, 1977
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____

BY Original Signed by A. R. Kendrick

TITLE _____

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, it 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 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 multiple completions.