

DISTRIBUTION	
AMT A FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL /
	GAS /
OPERATOR	/
PRORATION 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-110
Effective 1-1-65

Operator EL PASO NATURAL GAS CO.	
Address BOX 289, 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	


DESCRIPTION OF WELL AND LEASE			
Lease Name LUCERNE A	Well No. 9	Pool Name, including Formation BLANCO PC	Kind of Lease State, Federal or Fee SF
Lease No. 078389			
Location			
Unit Letter A	1035	Feet From The North	Line and 800
Feet From The East			
Line of Section 10	Township 31N	Range 10W	NMPM, San Juan County

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 289, 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 289, FARMINGTON, NEW MEXICO	
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 10	Twp. 31N
		Rge. 10W	
Is gas actually connected?		When	

If this production is commingled with that from any other lease or pool, give commingling order number:							
COMPLETION DATA							
Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back
			X	X			
Date Spudded 4/19/78	Date Compl. Ready to Prod. 9/26/78	Total Depth 3145'			P.B.T.D. 3134'		
Elevations (DF, R&E, RT, GR, etc., 6119' GL	Name of Producing Formation PC	Top Gas Pay 2925			Tubing Depth ----		
Perforations 2925, 2929, 2934, 2954, 2960, 2966, 2972, 3039 w/1 SPZ					Depth Casing Shoe 3145'		
TUBING, CASING, AND CEMENTING RECORD							
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT		
12 1/4"	8 5/8"		145'		136 cf.		
6 3/4"	2 7/8"		3145'		575 cf.		

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
		593	

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)	
10/17/78	
(Date)	

OIL CONSERVATION COMMISSION	
APPROVED 10/26/1978, 19	
BY Original Signed by A. R. Kendrick	
TITLE SUPERVISOR DIST. 2	
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.	