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AND OFFICE	
TRANSPORTER	OIL 1 GAS 1
PERATOR	
LOCATION 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-11  
Effective 1-1-65

El Paso Natural Gas Company	
P.O. Box 990 Farmington, New Mexico 87401	
Person(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Completion <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"/>
Change of ownership give name and address of previous owner	

DESCRIPTION OF WELL AND LEASE		Kind of Lease	Lease No.
Well Name	Well No.	State, Federal or Fee	
Atlantic A	7A		NM 0606
Location			
Unit Letter	J	1840 Feet From The South Line and 1620 Feet From The East	
Line of Section	29	Township 31-N Range 10-W, NMPM, San Juan County	

SIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>		Box 990, Farmington, New Mexico
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>		Box 990, Farmington, New Mexico
Name of Well produces oil or liquids, or location of tanks.	Unit Sec. Twp. Rge.	Is gas actually connected? When
	J 29 31N 10W	

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	Same Res'v.
		X	X				
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.				
1-29-78	3-22-78	5452'	5435'				
Productions (DF, RKB, RT, GR, etc.,)	Name of Producing Formation	Top Gas Pay	Tubing Depth				
6039' GR	M.V.	4265'	5366'				
Productions 4265, 4283, 4309, 4351, 4370, 4381, 4395, 4415, 4433, 4481, 4490, 4501, 4509, 4547, 4555, 4563, 4872, 4883, 4979, 4983, 4989, 5006, 5012, 5019, 5034, 5040, 5046, 5059, 5070, 5076, 5083, 5095, 5102, 5135, 5165, 5187, 5215, 5246, 5268, 5275, 5298, 5353			Depth Casing Shoe				
			5452'				
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT				
13 3/4"	9 5/8"	223'	236 cf				
8 3/4"	7"	3123'	400 cf				
6 1/4"	4 1/2" liner	2980-5452'	430 cf				
	2 3/8"	5366'	tubing				

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)			
Well	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
to First New Oil Run To Tanks			
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MMCF

S WELL			
Actual Prod. Test-MMCF/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
	299	591	

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 is true and complete to the best of my knowledge and belief.	
<u>W. B. Guises</u> (Signature) Drilling Clerk (Title) 4-7-78 (Date)	

OIL CONSERVATION COMMISSION	
APPROVED _____, 1978	
BY Original Signed by _____	
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, 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.	