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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-1
Effective 1-1-65

Operator EL PASO NATURAL GAS COMPANY	
Address P.O. Box 990, Farmington, New Mexico 87401	
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"/> Dry Gas <input type="checkbox"/>
Change In Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Scott	Well No. 3 A	Pool Name, Including Formation Blanco M.V.	Kind of Lease State, Federal or Fee	Lease No. 078604
Location				
Unit Letter I	1800	Feet From The S	Line and 1090	Feet From The E
Line of Section 29	Township 32N	Range 10W	, NMPM, San Juan County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> EL PASO NATURAL GAS COMPANY	Address (Give address to which approved copy of this form is to be sent) Box 990, Farmington, New Mexico				
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> EL PASO NATURAL GAS COMPANY	Address (Give address to which approved copy of this form is to be sent) Box 990, Farmington, New Mexico				
If well produces oil or liquids, give location of tanks.	Unit I	Sec. 29	Twp. 32N	Rge. 10W	Is gas actually connected? When

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

V. COMPLETION DATA

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 4-3-78	Date Compl. Ready to Prod. 6-14-78	Total Depth 5741'	P.B.T.D. 5724'					
Elevations (DF, RKB, RT, GR, etc., 6197' GL	Name of Producing Formation M.V.	Top of Gas Pay 4576'	Tubing Depth 5635'					
Perforations 576, 4582, 4684, 4774, 4798, 4890, 4898, 4918, 4926, 4934, 4942, 4950, 4991, 4999, 5073, 5112, 5120, 5251, 5263w/1 SPZ, 5306, 5312, 5322, 5328, 5334, 5353, 5360, 5372, 5379, 5386, 5396, 5402, 5418, 5425, 5469, 5500, 5515, 5534, 5549, 5587, 5595, 5609, 5629w/1SPZ			Depth Casing Shoe 5741'					
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
13 3/4"	9 5/8		305'		384 cf			
8 3/4"	7"		3521'		520 cf			
6 1/4"	4 1/2" liner		3367-5741'		320 cf			
	2 3/8"		5635'		Tubing			

VI. 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 (prior, back pr.)	Tubing Pressure (Shut-in) 430	Casing Pressure (Shut-in) 727	Choke Size

1. 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)

July 12, 1978

(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19 _____

BY _____ Original Signed _____

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