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U.S.G.S.

LAND OFFICE

TRANSPORTER

OIL

GAS

OPERATION

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-119

Effective 1-1-65

Operator

EL PASO NATURAL GAS CO.

Address

BOX 289, FARMINGTON, NEW MEXICO

Reason(s) for filing (Check proper box)

Other (Please explain)

New Well

Change In Transporter of:

Recompletion

Oil

Dry Gas

Change In Ownership

Casinghead Gas

Condensate

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name

Well No.

Pool Name, including Formation

Kind of Lease

Lease No.

FIELDS

11

BLANCO PC

State, Federal or Fee

NM

010989

Location

Unit Letter

1440

Feet From The

N

Line and

1270

Feet From The

East

Line of Section

28

Township

32N

Range

11W

, NMPM,

San Juan

County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil

or Condensate

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

or Dry Gas

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

Sec.

Twp.

Rge.

Is gas actually connected?

When

H

28

32N

11W

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

Same Res'v.

Diff. Res'v.

4/21/78

9/13/78

3387'

P.B.T.D.

3377'

Elevations (DF, RKB, RT, GR, etc.)

Name of Producing Formation

Top Gas Pay

Tubing Depth

6323' GL

PC

3054'

---

Perforations

Depth Casing Shoe

3054, 3059, 3063, 3068, 3073, 3077, 3123, 3128 with 1 SPZ

3387'

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE

CASING & TUBING SIZE

DEPTH SET

SACKS CEMENT

12 1/4"

8 5/8"

120'

118 cf.

6 3/4"

2 7/8"

3265'

1056 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

630

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

10/16/78

Title

Date

OIL CONSERVATION COMMISSION

APPROVED

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.