

OIL CONSERVATION DIVISION P. O. BOX 2000 SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-1-70

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

El Paso Natural Gas Company
Box 289, Farmington, New Mexico 87401

Reason(s) for filing (check proper box)
New Well ☐
Recompletion ☒
Change in Ownership ☐

Change in Transporter of:
Oil ☐
Casinghead Gas ☐
Dry Gas ☐
Condensate ☐
Other (Please explain)

Change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Well No. 6A (PM) Pool Name, Including Formation Blanco Pictured Cliffs
Kind of Lease State, Federal or ~~State~~
Lease No. SF078095
Feet From The South 1618 Line and 1086
Feet From The East 11-West NMPM, San Juan
County

AUTHORIZATION OF TRANSPORTER OF OIL AND NATURAL GAS

Authorized Transporter of Oil ☐ or Condensate ☒
El Paso Natural Gas Company
Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒
El Paso Natural Gas Company
Address (Give address to which approved copy of this form is to be sent)
Box 289, Farmington, New Mexico 87401
Address (Give address to which approved copy of this form is to be sent)
Box 289, Farmington, New Mexico 87401
Is gas actually connected? ☐ When

Production is commingled with that from any other lease or pool, give commingling order number:
Type of Completion - (X)
Oil Well ☐ Gas Well ☒ New Well ☒ Workover ☐ Deepen ☐
Date Compl. Ready to Prod. 7-24-78; w/o 1-9-80
Name of Producing Formation Pictured Cliffs
Total Depth 5469'
Top Gas/Gas Pay 2852'
Plug Back ☐ Same Heav. ☐ Diff. Heav. ☐
P.B.T.D. 5450'
Tubing Depth 2875'
Depth Casing Shoe 5469'

TUBING, CASING, AND CEMENTING RECORD		DEPTH SET		SACKS CEMENT	
CASING & TUBING SIZE	DEPTH	CASING & TUBING SIZE	DEPTH	SACKS CEMENT	DEPTH
9 5/8"	202'	4 1/2" Liner	3139'	248 cf.	499 cf.
7"	2994-5469'	1 1/4"	2875'	455 cf.	

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)
To Tanks ☐ Date of Test ☐
Tubing Pressure ☐ Producing Method (Flow, pump, gas lift, etc.) ☐
Oil - Bbls. ☐ Casing Pressure ☐ Choke Size ☐
Water - Bbls. ☐ Gas - MCF ☐

Length of Test 3 hours
Tubing Pressure (shut-in) 515
Ubls. Condensate/MMCF 515
Casing Pressure (shut-in) 515
Gravity of Condensate 3/4 variable
Choke Size 3/4 variable

LIANCE
tion On Mesa Verde Formation,
and regulations of the Oil Conservation
with and that the information given
the best of my knowledge and belief.

Suzes
(name)

OIL CONSERVATION DIVISION
APPROVED JAN 23 1980
BY Original Signed by FRANK L. CHAVEZ
TITLE SUPERVISOR DISTRICT # 3

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
taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allow-
able 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
completed wells.
Separate Forms C-104 must be filed.

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES REQUIRED	3
DISTRIBUTION	
LAND OFFICE	1
FILE	1
LAND OFFICE	1
TRANSPORTER	1
OPERATOR	1
REGISTRATION OFFICE	1

Operator
El Paso Natural Gas Company

Address

Box 289, Farmington, New Mexico 87401

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"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry 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 Case	Well No. 6A (PM)	Pool Name, Including Formation Blanco Pictured Cliffs	Kind of Lease State , Federal or State	Lease No. SF078095
Location				
Unit Letter <u>I</u> ; <u>1618</u> Feet From The <u>South</u> Line and <u>1086</u> Feet From The <u>East</u>				
Line of Section <u>5</u> Township <u>31-North</u> Range <u>11-West</u> , NMPM, <u>San Juan</u> 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 Company	Box 289, Farmington, New Mexico 87401					
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 Company	Box 289, Farmington, New Mexico 87401					
If well produces oil or liquids, give location of tanks.	Unit <u>I</u>	Sec. <u>5</u>	Twp. <u>31-N</u>	Rge. <u>11-W</u>	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	Same Res'v.	Diff. Res'v.
		<u>X</u>	<u>X</u>					
Date Spudded 1-27-78;w/o 12-3-79	Date Compl. Ready to Prod. 7-24-78;w/o 1-9-80		Total Depth 5469'		P.B.T.D. 5450'			
Elevations (DF, RKB, RT, GR, etc.) 6192' GL	Name of Producing Formation Pictured Cliffs		Top Gas/Gas Pay 2852'		Tubing Depth 2875'			
Perforations 2852-2874'					Depth Casing Shoe 5469'			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
13 3/4"	9 5/8"	202'	248 cf.
8 3/4"	7"	3139'	499 cf.
6 1/4"	4 1/2" Liner	2994-5469'	455 cf.
	1 1/4"	2875'	

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

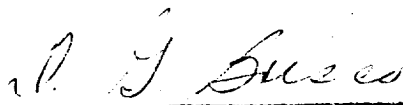
GAS WELL

Actual Prod. Test-MCF/D 988	Length of Test 3 hours	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pr.) Calc. A.O.F.	Tubing Pressure (shut-in) 515	Casing Pressure (shut-in) 515	Choke Size 3/4 variable

CERTIFICATE OF COMPLIANCE

(See Workover Completion On Mesa Verde Formation.)

I hereby certify that the rules and regulations of the Oil Conservation Division 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

January 18, 1980

(Date)

OIL CONSERVATION DIVISION

APPROVED JAN 23 1980, 19BY Original Signed by FRANK T. CHAVEZTITLE SUPERVISOR DISTRICT # 3

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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 Form C-104 must be filed for each pool in multiply completed wells.