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TRANSPORTER	OIL	/
	GAS	/
OPERATOR		/
PRODUCTION 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-111
Effective 1-1-65

I. Operator
EL PASO NATURAL GAS COMPANY
Address
Box 990, Farmington, New Mexico 87401
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

II. DESCRIPTION OF WELL AND LEASE

Lease Name San Juan 32-9 Unit	Well No. 43 A	Pool Name, including Formation Blanco MV	Kind of Lease State, Federal or Fee E	Lease No. 7025
Location Unit Letter D ; 1150 Feet From The North Line and 1055 Feet From The West Line of Section 2 Township 31 N Range 10 W , 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 87401
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 87401
If well produces oil or liquids, give location of tanks.	Unit D Sec. 2 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:

IV. 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 4-17-78	Date Compl. Ready to Prod. 7-13-78	Total Depth 5637'	P.B.T.D. 5619'					
Elevations (DF, RAB, RT, GR, etc.) 6126 GL	Name of Producing Formation MV	Top Gas/Gas Pay 4440'	Tubing Depth 5482'					
Perforations 4440, 4446, 4546, 4584, 4680, 4691, 4734, 4742, 4750, 4764, 4776, 4784, 4792, 4800, 4808, 4847, 4854, 4915, 4922, 4934, 4998, 5006, 5014, 5022, 5053 w/1SPZ		Depth Casing Shoe 5637'						
5116, 5129, 5138, 5162, 5168, 5174, 5180, 5186, 5192, 5198, 5210, 5213, 5216, 5228, 5234, 5240, 5246, 5252, 5266, 5281, 5289, 5329, 5374, 5412, 5454, 5462, 5509 w/1 SPZ		DEPTH SET						
13 3/4"		9 5/8"		225'		260 cf		
8 3/4"		7"		3251'		439 cf		
6 1/4"		4 1/2" liner		3095-5637'		442 cf		
2 3/8"				5482'		Tubing		

V. 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) 444	Casing Pressure (shut-in) 647	Choke Size

VI. 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.

D. B. Busico
(Signature)
Drilling Clerk
(Title)
8-3-78
(Date)

OIL CONSERVATION COMMISSION
APPROVED AUG 8 1978, 19
BY Original Signed by A. R. Kendrick
SUPERVISOR
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.

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION

P.O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

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LAND OFFICE	
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REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Tenneco Oil Company	
Address P. O. Box 3249, Englewood, CO 80155	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input checked="" type="checkbox"/> Change in Ownership	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/> Condensate

If change of ownership give name and address of previous owner **El Paso Natural Gas, P. O. Box 4990, Farmington, NM 87499**

II. DESCRIPTION OF WELL AND LEASE

Lease Name San Juan 32-9 Unit	Well No. 43A	Pool Name, including Formation Blanco Mesa Verde	Kind of Lease State, Federal or Fee STATE	Lease No. E-7025
Location				
Unit Letter D	: 1150	Feet From The North	Line and 1055	Feet From The West
Line of Section 2	Township 31N	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"/>	Address (Give address to which approved copy of this form is to be sent)
Conoco Inc. Surface Transporter	P. O. Box 460, Hobbs, NM 88240
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	P. O. Box 4990, Farmington, NM 87499
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit D Sec. 2 Twp. 31N Rge. 10W	Yes

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

Scott McKim
(Signature)
Senior Regulatory Analyst
(Title)
OCT 1 1985
(Date)

OIL CONSERVATION DIVISION
APPROVED **OCT - 2 1985**, 19
BY *Frank J. [Signature]*
TITLE **SUPERVISOR DISTRICT # 3**

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