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LAND OFFICE		
TRANSPORTER	OIL	/
	GAS	/
OPERATOR		/
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-11  
Effective 1-1-65

Operator EL PASO NATURAL GAS CO.	
Address BOX 990, FARMINGTON, NEW MEXICO	
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"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain)	

If change of ownership give name and address of previous owner \_\_\_\_\_

I. DESCRIPTION OF WELL AND LEASE	
Lease Name SAN JUAN 32-9 Unit	Well No. Pool Name, Including Formation 4A (MV) BLANCO MV
Kind of Lease State, <u>Federal</u> or Fee	Lease No. SF 079909
Location	
Unit Letter <u>I</u> : <u>1670</u> Feet From The <u>South</u> Line and <u>1090</u> Feet From The <u>East</u>	
Line of Section <u>12</u> Township <u>31N</u> Range <u>10W</u> , NMPM, <u>San Juan</u> County	

II. 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 CO.	BOX 990, FARMINGTON, NEW MEXICO
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 CO.	BOX 990, FARMINGTON, NEW MEXICO
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit <u>I</u> Sec. <u>12</u> Twp. <u>31N</u> Rge. <u>10W</u>	

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 <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> New Well <input checked="" type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v. <input type="checkbox"/> Diff. Res'v. <input type="checkbox"/>
Date Spudded 6/10/78	Date Compl. Ready to Prod. 8/15/78
Elevations (DF, RKB, RT, GR, etc.) 6574' GL	Name of Producing Formation MV
Perforations 5607, 5621, 5634, 5640, 5661, 5665, 5678, 5683, 5688, 5693, 5704, 5709, 5727, 5739, 5778, 5835, 5849, 5890, 5897, 5928, 5941, 5979	Top Oil/Gas Pay 5171'
5171, 5215, 5231, 5251, 5259, 5277, 5287, 5543w/ISPZ.	DEPTH SET 225'
CASING & TUBING SIZE	SACKS CEMENT
13 3/4"	9 5/8"
8 3/4"	7"
6 1/4"	4 1/2" liner
	2 3/8"
	6007' 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
Length of Test	Producing Method (Flow, pump, gas lift, etc.)
Actual Prod. During Test	Tubing Pressure
	Casing Pressure
	Choke Size
	Water-Bbls.
	Gas-MCF

GAS WELL	
Actual Prod. Test-MCF/D	Length of Test
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)
	725
	Casing Pressure (Shut-in)
	721
	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.	
<u>A. B. Lisco</u> (Signature) Drilling Clerk (Title) 8/25/78 (Date)	

OIL CONSERVATION COMMISSION	
APPROVED _____, 19____	
BY <u>Original Signed By A. J. Hendrick</u>	
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.	