

DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator EL PASO NATURAL GAS CO.	
Address BOX 289, 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"/>

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

I. DESCRIPTION OF WELL AND LEASE

Lease Name EPNG COM B	Well No. 3A	Pool Name, Including Formation BLANCO MESA VERDE	Kind of Lease <u>State</u> , Federal or Fee	Lease No. B 11017-29
Location				
Unit Letter E	: 1500	Feet From The N	Line and 810	Feet From The W
Line of Section 32	Township 31N	Range 10W	, NMPM, San Juan County	

I. 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 289, 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 289, FARMINGTON, NEW MEXICO				
If well produces oil or liquids, give location of tanks.	Unit E	Sec. 32	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: _____

II. 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 9/26/78	Date Compl. Ready to Prod. 12/26/78	Total Depth 5484'	P.B.T.D. 5464'					
Elevations (DF, RKB, RT, GR, etc.) 6120 GL	Name of Producing Formation MV	Top Gas /Gas Pay 4398'	Tubing Depth 5377'					
Perforations 4398, 4408, 4413, 4418, 4423, 4447, 4465, 4511, 4518, 4525, 4532, 4539, 4546, 4558, 4590, 4683, 4703, 4709, 4802, 4842, 4848 w/1SPZ. 4925, 5022, 5030, 5034, 5038, 5042, 5045, 5060, 5065, 5070, TUBING, CASING, AND CEMENTING RECORD 5075, 5080, 5085, 5115, 5137, 5156, 5203, 5271, HOLE SIZE 5278, 5306, CASING & TUBING SIZE 5336, 5380 w/DEPTH SET 1 SPZ.		Depth Casing Shoe 5484'						
13 5/4"		9 5/8"		213'		SACKS CEMENT 224 cf.		
8 3/4"		7"		3185'		561 cf.		
6 1/4"		4 1/2" liner		3007-5484		432 cf.		
2 3/8"				5377'				

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 (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
	503	754	

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. G. Davis
(Signature)
Drilling Clerk

1/8/79

(Title)

(Date)

OIL CONSERVATION COMMISSION

APPROVED JAN 17 1979, 19_____
BY Original Signed by A. R. Kendrick
SUPERVISOR, DIST. 3
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.

