

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

API 30-045-22992

1.

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

Operator
El Paso Natural Gas Company

Address
P.O. Box 289, Farmington, N.M. 87401

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:		Other (Please explain)
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"/>	

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Atlantic	Well No. 2A	Pool Name, Including Formation Blanco M.V.	Kind of Lease State, Federal or Fee	Lease No. NM 013688
Location Unit Letter <u>I</u> ; <u>1520</u> Feet From The <u>South</u> Line and <u>880</u> Feet From The <u>East</u>				
Line of Section <u>24</u> Township <u>31-N</u> Range <u>10-W</u> , NMPM, <u>San Juan</u> 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)
El Paso Natural Gas Company	P.O. Box 289, Farmington, N.M. 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	P.O. Box 289, Farmington, N.M. 87401
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	I 24 31-N 10-W

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 11-7-78	Date Compl. Ready to Prod. 5-14-79	Total Depth 6085'	P.B.T.D. 6068'					
Elevations (DF, RKB, RT, GR, etc.) 6608' G.L.	Name of Producing Formation Mesa Verde	Top of Gas Pay 4928'	Tubing Depth 6020'					
Perforations 4928, 4933, 5056, 5168, 5173, 5195, 5231, 5237, 5243, 5249, 5255, 5270, 5289, 5340, 5360, 5381, 5392, 5420, 5541, 5559, 5565, 5647, 5651, 5655, 5659, 5675, 5678, 5681, 5699, 5702, 5705, 5708, 5745, 5779, 5788, 5810, 5827, 5868, 5874, 5891, 5916, 5922, **			Depth Casing Shoe 6085'					
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
13 3/4"	9 5/8"	212'	224 cf					
8 3/4"	7"	3760'	529 cf					
6 1/4"	4 1/2" liner	3565-6085'	433 cf					
	2 3/8"	6020'	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

**5959, 6038, 6044'

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
	403	666	

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. G. Brisco
(Signature)
Drilling Clerk
(Title)
June 19, 1979
(Date)

OIL CONSERVATION COMMISSION

JUN 20 1979

APPROVED _____, 19 _____

BY Original Signed by A. R. Kendrick

SUPERVISOR DISTRICT #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 multiple