

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
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-11
Effective 1-1-65

API 30-045-22994

I.

Operator	
El Paso Natural Gas	
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"/>
Other (Please explain)	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Atlantic B		6A(MV) Blanco Mesa Verde	State, Federal or Fee Federal	SF 080917
Location				
Unit Letter F ; 1500' Feet From The North Line and 1730' Feet From The West				
Line of Section 33 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"/>	Address (Give address to which approved copy of this form is to be sent)	
El Paso Natural Gas	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	Box 289, Farmington, New Mexico	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	F	33
	Twp.	31-N
	Rge.	10-W
	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	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
2-1-79	7-24-79		5555'		5537'			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Gas Pay		Tubing Depth			
6167 C.L.	Mesa Verde		4381'		5461'			
Perforations	4381, 4500, 4512, 4531, 4551, 4598, 4614, 4620, 4626, 4637, 4643, 4679,		Depth Casing Shoe		5140, 5555'			
156 4685, 4774, 4847, 4878, 4928, 4947, 4980, 4990, 5032, 5107, 5114, 5126, 5131, 5136, 5140,	5162, 5168, 5173, 5180, 5189, 5196, 5216, 5238, 5254, 5308, 5357, 5390, 5455, 5468'							
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
13 3/4"	9 5/8"		226'		224 cf			
8 3/4"	7"		3269'		434 cf.			
6 1/4"	4 1/2" Liner		3116 - 5555'		424 cf.			
	2 3/8"		5461'		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
2722	3 hours		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
Calc. A.O.F.	700		3/4

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.



Drilling Clerk

(Title)

7-30-79

(Date)

OIL CONSERVATION COMMISSION

APPROVED AUG 14 1979, 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