

DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
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-110
Effective 1-1-65

Operator El Paso Natural Gas Company	
Address P.O. Box 289, Farmington, New Mexico 87401	
Reason(s) for filing (Check proper box)	Other (Please explain)
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 _____

DESCRIPTION OF WELL AND LEASE

Lease Name Atlantic B	Well No. 7A	Pool Name, including Formation Blanco Mesa Verde	Kind of Lease State, Federal or Fee	Lease No. SF 080917
Location Unit Letter <u>F</u> ; <u>1640</u> Feet From The <u>North</u> Line and <u>1540</u> Feet From The <u>West</u>				
Line of Section <u>34</u> Township <u>31-N</u> Range <u>10-W</u> , NMPM, <u>San Juan</u> County				

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, New Mexico 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, New Mexico 87401
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. is gas actually connected? When
	F 34 31N 10W

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Restv.	Diff. Restv.
		X	X					
Date Spudded 1-22-79	Date Compl. Ready to Prod. 2-15-79	Total Depth 5645'	P.B.T.D. 5628'					
Elevations (DF, RKB, RT, GR, etc.) 6243' GL	Name of Producing Formation Mesa Verde	Top Oil/Gas Pay 4475'	Tubing Depth 5582'					
Perforations 4475, 4490, 4519, 4566, 4599, 4607, 4623, 4659, 4688, 4696, 4704, 4712, 4720, 4729, 4741, 4755, 4768, 4776, 4859, 4879, 4923, 4932, 5001, 5008, 5031, 5038, 5064, 5096, 5124, 5163, 5203, 5208, 5212, 5216, 5232, 5237, 5242, 5247, 5259, 5263, 5269, 5274, 5300, 5305, *			Depth Casing Shoe 5645'					
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
13 3/4"	9 5/8"	214'	224 cf					
8 3/4"	7"	3373'	402 cf					
6 1/4"	4 1/2" liner	3176-5645'	431 cf					
	2 3/8"	5582'	tubing					

TEST DATA AND REQUEST FOR ALLOWABLE (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
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas

*5323, 5328, 5365, 5388, 5446, 5464, 5470, 5494, 5503, 5531, 5561, 5601'

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
	532	688	

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. P. Bisco
(Signature)
Drilling Clerk
(Title)
March 8, 1979
(Date)

OIL CONSERVATION COMMISSION

APPROVED MAR 15 1979, 19_____
BY Original Signed by A. R. Kendrick
TITLE SUPERVISOR DIST.

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.