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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-110  
Effective 1-1-65

API 30-045-23045

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

I. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
SMYERS COM	1A	BLANCO MESA VERDE	State, Federal or Fee	E 1195-3
Location				
Unit Letter	F	1775	Feet From The	North
		Line and	1455	Feet From The
		W		
Line of Section	2	Township	31N	Range
		11W	, 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 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 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	Sec.	Twp.	Pge.
	F	2	31N	11W
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	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
10/3/78	11/27/78		5415'		5398'			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Gas Pay		Tubing Depth			
5997' GL	MV		4237'		5358'			
Perforations 4237, 4289, 4333, 4379, 4395, 4463, 4478, 4484, 4491, 4498, 4505, 4523, 4547, 4560, 4566, 4577, 4583, 4658, 4664, 4670 w/1SPZ, 4830, 4837, 4877, 4883, 4965, 4970, 5415'					Depth Casing Shoe			
4996, 4999, 5002, 5052, 5058, 5061, TUBING, CASING, AND CEMENTING RECORD					5081, 5088, 5169, 5183, 5231, 5242, HOLE SIZE 5276, 5364w/CASING & TUBING SIZE 1SPZ.			
13 3/4"		9 5/8"		222'		224 cf.		
8 3/4"		7"		3100'		477 cf.		
6 1/4"		4 1/2" liner		2922-5415'		278 cf.		
		2 3/8"		5358'		tubing		

III. 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 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
	300	691	

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. Guisco  
(Signature)  
Drilling Clerk  
(Title)  
12/5/78  
(Date)

OIL CONSERVATION COMMISSION

APPROVED DEC 11 1978, 19  
BY Original Signed by A. R. Kendrick  
TITLE PERMIT DIST. A

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.