

DISTRIBUTION
DATE
FILE
S.G.S.
AND 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 30-045-23062

Operator
EL PASO NATURAL GAS CO.
Address
BOX 289, FARMINGTON, NEW MEXICO
Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)
If change of ownership give name and address of previous owner

1. DESCRIPTION OF WELL AND LEASE

Lease Name MUDGE	Well No. 9A	Pool Name, Including Formation BLANCO MESA VERDE	Kind of Lease State, <u>Federal</u> or Fee	Lease No. SE 078040
Location Unit Letter <u>0</u> : <u>1000</u> Feet From The <u>S</u> Line and <u>1695</u> Feet From The <u>E</u> Line of Section <u>3</u> Township <u>31N</u> Range <u>11W</u> , NMPM, <u>San Juan</u> County				

2. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> EL PASO NATURAL GAS CO.	Address (Give address to which approved copy of this form is to be sent) BOX 289, FARMINGTON, NEW MEXICO
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> EL PASO NATURAL GAS CO.	Address (Give address to which approved copy of this form is to be sent) BOX 289, FARMINGTON, NEW MEXICO
If well produces oil or liquids, give location of tanks. Unit <u>0</u> Sec. <u>3</u> Twp. <u>31N</u> Rge. <u>11W</u>	Is gas actually connected? <input type="checkbox"/> When

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

3. 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 10/12/78	Date Compl. Ready to Prod. 11/30/78	Total Depth 5353'	P.B.T.D. 5336'					
Elevations (DF, RKB, RT, GR, etc.) 5956'	Name of Producing Formation MV	Top 68 /Gas Pay 4166'	Tubing Depth 5287'					
Perforations 4166, 4206, 4258, 4295, 4302, 4306, 4315, 4322, 4346, 4370, 4387, 4394, 4401, 4409, 4416, 4423, 4430, 4445, 4456, 4469, 4478w/1SPZ. 4555, 4559, 4563, 4585, 4590, 4596, 4616, 4632, 4717, 4765, 4785, 4790w/1SPZ. 4900, 4905, 4909, 4913, 4917, 4946, 4951, 4956, 4966, 4973, 4978, 5000, 5014, 5036, 5054, 5073, 5098, 5114, 5150, 5170, 5206, 5234							DEPTH SET 5320w/1SPZ SACKS CEMENT	
13 3/4"	9 5/8"	212'	236 cf.					
8 3/4"	7"	3028'	484 cf.					
6 1/4"	4 1/2" liner	2856-5353'	426 cf.					
	2 3/8"	5287'	tubing					

4. 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

5. GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in) 240	Casing Pressure (shut-in) 632	Choke Size

6. 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. Biers
(Signature)
Drilling Clerk
(Title)
1/30/79
(Date)

OIL CONSERVATION COMMISSION
APPROVED FEB 5 1979
Original Signed by A. R. Kendrick
BY
TITLE SUPERVISOR DIST. 40
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.
Fillout 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 filled for each pool in multiply completed wells.

