

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-110  
Effective 1-1-65

API 30-045-23124

Operator El Paso Natural Gas Company	
Address P.O. Box 289, Farmington, New Mexico 87401	
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	

Lease Name Sheets		Well No. 1A	Pool Name, including Formation Blanco M.V.	Kind of Lease State, Federal or Fee	Lease No. SF080376A
Location					
Unit Letter I ; 1840 Feet From The South Line and 800 Feet From The East					
Line of Section 28 Township 31-N Range 9-W, NMPM, San Juan County					

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 I	Sec. 28	Twp. 31-N	Rge. 9-W	Is gas actually connected? When

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

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 1-22-79	Date Compl. Ready to Prod. 4-16-79	Total Depth 5662'		P.B.T.D. 5645'					
Elevations (DF, RKB, RT, GR, etc.) 6131' GL	Name of Producing Formation Mesa Verde	Top Gas Pay 4478'		Tubing Depth 5574'					
Perforations 4478, 4484, 4716, 4722, 4740, 4766, 4784, 4800, 4806, 4812, 4818, 4824, 4907, 4930, 4973, 5080, 5088, 5096, 5195, 5216, 5220, 5234, 5238, 5260, 5266, 5272, 5278, 5284, 5301, 5305, 5338, 5352, 5374, 5394, 5409, 5430, 5455, 5462, 5479, 5517, 5586'		Depth Casing Shoe							
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT					
13 3/4"	9 5/8"	209'		224 cf					
8 3/4"	7"	3395'		394 cf					
6 1/4"	4 1/2" liner	3243-5662'		417 cf					
	2 3/8"	5574'		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
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size
	202	450	

VI. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION MAY 16 1979	
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.		APPROVED _____ 19	
BY _____		Original Signed by A. R. Kendrick	
TITLE _____		SUPERVISOR DISTRICT # 3	
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			

D. P. Briesco  
(Signature)  
Drilling Clerk  
(Title)  
May 9, 1979  
(Date)