

ESTABLISHMENT
A.F.C.
OFFICE
REPORTER
OIL
GAS
CATCH
ATION 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 30-045-23137

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

DESCRIPTION OF WELL AND LEASE
Name: LUCERNE A Well No.: 1A Pool Name, including Formation: BLANCO MESA VERDE Kind of Lease: State, Federal or Fee SF Lease No.: 078604
Section: 9 Township: 21N Range: 10W NMPM, San Juan County
Well Letter: C ; 950 Feet From The N Line and 1780 Feet From The W

IGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☐ or Condensate ☒ 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 ☐ or Dry Gas ☒ Address (Give address to which approved copy of this form is to be sent)
EL PASO NATURAL GAS CO. BOX 289, FARMINGTON, NEW MEXICO
It produces oil or liquids, location of tanks. Unit: C Sec: 9 Twp: 21N Rge: 10W Is gas actually connected? When:

production is commingled with that from any other lease or pool, give commingling order number:
PLETION DATA
Designate Type of Completion - (X)
Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D.
12/2/78 1/8/79 5488' 5472'
ations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Gas Pay Tubing Depth
6014' MV 4307' 5401'
orations 4307, 4343, 4404, 4428, 4457, 4528, 4534, 4547, 4549, 4562, 4594, 4606, 4613, 4627, 4634, 4641, 4647, 4654w/1SPZ, 4725, 4732, 4785, 4792, 4828, 4863, 4870, 4898, 4967, 4973w/1SPZ, 5043, 5050, 5065, 5071, 5077, 5083, 5089, 5094, 5105, 5111, 5117, 5155, 5177, 5186, 5222, 5230, 5268, 5308, 5361, 5398, 5422-w/1SPZ. DEPTH SET SACKS CEMENT
13 3/4" 9 5/8" 223' 224 cf.
8 3/4" 7" 3320' 468 cf.
6 1/4" 4 1/2" liner 3139-5488 Liner 426 cf.
2 3/8" 5401 tubing

T DATA AND REQUEST FOR ALLOWABLE 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)
First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)
Depth of Test Tubing Pressure Casing Pressure Choke Size
al Prod. During Test Oil-Bbls. Water-Bbls. Gas-MCF
WELL
al Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate
ing Method (pilot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size
716 716

CIFICATE OF COMPLIANCE
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given is true and complete to the best of my knowledge and belief.
D. G. Buice
(Signature)
Drilling Clerk
(Title)
1/30/79
(Date)

OIL CONSERVATION COMMISSION
FEB 5 1979
APPROVED _____, 19_____
BY Original Signed by A. R. Keadrick
TITLE SUPERVISOR DIST. 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 multiply completed wells.