| DISTRIBUTION<br>SANTA FE /<br>FILE -   | NEW MEXICO OIL CONSERVATION COMMISSION<br>REQUEST FOR ALLOWABLE<br>AND |  | Form C-104<br>Supersedes Old C-104 and C-110<br>Effective 1-1-65 |
|--|--|--|--|
| U.S.G.S.<br>LAND OFFICE<br>INAN PORTER<br>GAS  | _ AUTHORIZATION TO TRA   | NSPORT OIL AND NATURAL G   | SAS  |
| OPERATOR. /  | -  | API 30-045-23  | 138  |
| EL PASO NATURA   | L GAS CO.  | · · · · · · · · · · · · · · · · · · ·  |  |
|  | NGTON, NEW MEXICO  |  |  |
| Reason(s) for filing (Check proper bo.<br>New We!l X<br>Recompletion Change in Ownership   | x)<br>Change in Transporter of:<br>Oil Dry Ga<br>Casinghead Gas Conden |  |  |
| If change of ownership give name   |  |  | L  |
| and address of previous owner<br>DESCRIPTION OF WELL AND   | LEASE  |  | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,                           |
| Lease Name<br>ATLANTIC COM C<br>Location   | 10 Pool Name, Including Fo<br>BLANCO PC                                | State Føderal  | or Fee B 1040551   |
|  | 5 Feet From The N Lin<br>ownship 31N Range 1(                          |  |  |
| DESIGNATION OF TRANSPOR  | TER OF OIL AND NATURAL GA  | S<br>  Address (Give address to which approv   | ved copy of this form is to be sent)                             |
| EL PASO NATURA   | L GAS CO.  | BOX 289, FARMINGTON, N   | EW MEXICO  |
| Name of Authorized Transporter of Ca<br>EL PASO NATURA   |  | Address (Give address to which approv<br>BOX 289, FARMINGTON, N  |  |
| If well produces oil or liquids,<br>give location officients.  | Unit Sec. Twp. P.ge.<br>C 23 31N 10W                                   | Is gas actually connected? Whe   |  |
| If this production is commingled w<br>COMPLETION DATA  | ith that from any other lease or pool,                                 | give commingling order number:   |  |
| Designate Type of Completi   | on - (X) Oil Well Gas Well X   | New Well Workover Deepen   | Plug Back Same Res'v. Diff. Res'v.                               |
| Date Spudded   | Date Compl. Ready to Prod.   | Total Depth 3160'  | P.B.T.D.<br>3150'  |
| <u>10/13/78</u><br>Elevations (DF, RKB, RT, GR, etc.)  | Name of Producing Formation  | Top 🗲 /Gas Pay   | Tubing Depth   |
| 6279' GL .<br>Perforations   | PC   | 3062'  | Depth Casing Shoe  |
| 3062,3068,3074,3085,3089,3120,3136 w/1<br>TUBING, CASING, AND  |  | CEMENTING RECORD   |  |
| HOLE SIZE  | CASING & TUBING SIZE   | DEPTH SET<br>138'  | 105 c.f.   |
| $\begin{array}{c} 12 & 1/4 \\ 6 & 1/4 \\ \end{array}$  | 2 7/8"   | 3160'  | 586 c.f.   |
|  |  |  |  |
| TEST DATA AND REQUEST I  |  | fter recovery of total volume of load oil (<br>pth or be for full 24 hours)<br>Producing Method (Flow, pump, gas lif   | and must be equal to or exceed top allow-                        |
| Date First New Oil Run To Tanks  |  | Producing Marined (1 tow, pump, get ty   | ATT IN   |
| Length of Teat   | Tubing Pressure  | Casing Pressure  | Choke state  |
| Actual Prod. During Test   | Oil-Bbis.  | Water - Bble.  | Gas - 467 1 1913   |
| I  |  |  | T FEY COLLET   |
| GAS WELL<br>Actual Prod. Tool-MCF/D  | Length of Test   | Bbls. Condensate/MMCF  | Gravity of Cerdenzale  |
| Testing Method (pitot, back pr.)   | Tubing Pressure (Shut-in)  | Casing Pressure (Shut-in)<br>682   | Choke Size   |
| CERTIFICATE OF COMPLIAN  |  |  |  |
| I hereby certify that the rules and regulations of the Oil Conservation<br>Commission have been complied with and that the information given<br>above is true and complete to the best of my knowledge and belief. |  | Original Signed by A. R. Kenui icz   |  |
|  |  | TITLE SUPERVISOE DIST. 49  |  |
| Signature)   |  | This form is to be filed in compliance with NULE 1104.<br>If this is a request for allowable for a newly drilled or deepened<br>well, this form must be accompanied by a tabulation of the deviation |  |
| Drilling Clerk   |  | At mactions of this form must be filled out completely for allow-  |  |
| (Tille)<br>1/24/79   |  | able on new and recompleted walls.<br>Fill out only Sections I, II, III, and VI for changes of owner,<br>well name or number, or transporter, or other such change of condition.                     |  |
| (Dute)   |  | Separate Forms C-104 mus   | t be filed for each pool in multiply                             |
|  |  |  |  |