

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-111
Effective 1-1-65

API 30-045-23286

I. Operator
El Paso Natural Gas
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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Pinon Mesa A	Well No. 3	Pool Name, Including Formation Basin Dakota	Kind of Lease State, Federal or Fee Federal	Lease No. Ute mt. Tri MOO C-1420-0626
Location Unit Letter B ; 810 Feet From The North Line and 1450 Feet From The East Line of Section 35 Township 31-N Range 14-W , NMPM, San Juan County				

III. 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	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	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 B	Sec. 35
	Twp. 31-N	Rge. 14-W
	Is gas actually connected? When	

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

IV. 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 4-30-79	Date Compl. Ready to Prod. 7-10-79	Total Depth 6277'		P.B.T.D. 6260'				
Elevations (DF, RKB, RT, GR, etc.) 5632' G.L.	Name of Producing Formation Dakota	Top of Gas Pay 5960		Tubing Depth 6112'				
Perforations 5960, 6016, 6022, 6028, 6034, 6040, 6054, 6069, 6079, 6086, 6108, 6124' w/ 1 SPZ				Depth Casing Shoe 6277'				
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE 12 1/4"	CASING & TUBING SIZE 8 5/8"		DEPTH SET 217'		SACKS CEMENT 165 cu. ft.			
7 7/8"	4 1/2"		6277'		1429 cu. ft.			
	2 3/8"		6112'		tubing			

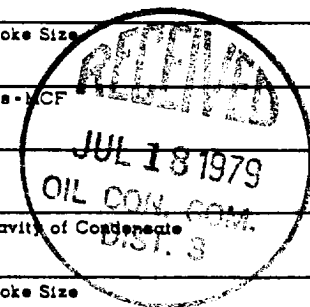
V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(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) 1186	Casing Pressure (shut-in) 1774	Choke Size



VI. 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. Luise
(Signature)

Drilling Clerk

(Title)

7-16-79

(Date)

OIL CONSERVATION COMMISSION

APPROVED JUL 23 1979, 19

BY Original Signed by A. R. Kendrick

TITLE SUPERVISOR DISTRICT # 8

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