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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 30-045-23349

Operator El Paso Natural Gas Company	
Address Box 289, Farmington, New Mexico 87401	
Reason(s) for filing (Check proper box)	Other (Please explain)
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"/>

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Allison Unit	Well No. 55	Pool Name, including Formation Blanco Mesa Verde	Kind of Lease State , Federal or Lease	Lease No. SF078459-B
Location				
Unit Letter <u>K</u> ; <u>2200</u> Feet From The <u>S</u> Line and <u>2330</u> Feet From The <u>W</u>				
Line of Section <u>10</u> Township <u>32-N</u> Range <u>7-W</u> , NMPM, <u>San Juan</u> 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"/>	Address (Give address to which approved copy of this form is to be sent)	
El Paso Natural Gas Company	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)	
Northwest Pipeline Corp.	Box 90, Farmington, New Mexico 87401	
If well produces oil or liquids, give location of tanks.	Unit K	Sec. 10
	Twp. 32-N	Rge. 7-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 9-6-79	Date Compl. Ready to Prod. 11-13-79		Total Depth 6518'		P.B.T.D. 6502'			
Elevations (DF, RKB, RT, GR, etc.) 6867' GL	Name of Producing Formation Mesa Verde		Top Oil /Gas Pay 5738'		Tubing Depth 6433'			
Perforations 5738, 5746, 5752, 5757, 5775, 5791, 5879, 5919, 5923, 5968, 6028, 6034, 6040, 6046, 6060, 6066, 6072, 6078, 6084, 6090, 6096, 6102, 6108, 6114, 6128, 6145, 6160, 6177, 6187, 6213, 6244, 6261, 6292, 6328, 6340, 6359, 6377, 6397, 6407, 6430, 6476, 6485, 6498'					Depth Casing Shoe 6518'			
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
13 3/4"	9 5/8"		225'		224 cu. ft.			
8 3/4"	7"		4157'		361 cu. ft.			
6 1/4"	4 1/2"		4020-6518'		431 cu. ft.			
	2 3/8"		6433'		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) 667	Casing Pressure (Shut-in) 1152	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. Suarez
(Signature)
Drilling Clerk

November 15, 1979
(Title)

(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____

BY Original Signed by G. B. M. Davis

TITLE _____

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.