

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-1-70

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

El Paso Natural Gas Company

Address

P. O. 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 Atlantic A	Well No. 14	Pool Name, including Formation Blanco Pictured Cliffs	Kind of Lease State Federal or NM	Lease No. 0606
Location Unit Letter <u>L</u> : <u>1530'</u> Feet From The <u>S</u> Line and <u>1080'</u> Feet From The <u>N</u> Line of Section <u>26</u> Township <u>31-N</u> Range <u>10-W</u> , NMPM, <u>San Juan</u> County				

III. DESIGNATION 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 Company	P. O. 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 Company	P. O. Box 289, Farmington, New Mexico
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. <u>L</u> <u>26</u> <u>31</u> <u>10</u>
	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'tv.	Diff. Res'tv.
		X	X					
Date Spudded 5-21-80	Date Compl. Ready to Prod. 9-11-80	Total Depth 3275'	P.B.T.D. 3248'					
Elevations (DF, RKB, RT, GR, etc.) 6310' GL	Name of Producing Formation Pictured Cliffs	Top Oil/Gas Pay 3076'	Tubing Depth 3175'					
Perforations 3076, 3081, 3086, 3110, 3116, 3122, 3143, 3147, 3158, 3164, 3194, 3200	Depth Casing Shoe 3285'							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET				SACKS CEMENT		
12 1/4"	8 5/8"	215'				165 cu. ft.		
7 7/8"	4 1/2"	3275'				532 cu. ft.		
	1 1/2"	3175'						

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 612	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) Calc. A. O. F.	Tubing Pressure (shut-in) 115	Casing Pressure (shut-in) 400	Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Drilling Clerk

9-22-80

(Title)

(Date)

OIL CONSERVATION DIVISION

SEP 23 1980

APPROVED _____, ID _____

Original Signed by FRANK T. CHAVEZ

BY _____
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 filled for each pool in multiply completed wells.