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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

RECEIVED

APR 8 1974

Operator El Paso Natural Gas Company		O. C. C.	
Address 1800 Wilco Building, Midland, Texas 79701		ARTESIA, OFFICE	
Reason(s) for filing (Check proper box)			
New Well	<input type="checkbox"/>	Designate	Other (Please explain)
Recompletion	<input type="checkbox"/>	Change of Transporter of:	
Change in Ownership	<input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
		Casinghead Gas <input type="checkbox"/>	Condensate <input checked="" type="checkbox"/>

If change of ownership give name and address of previous owner _____

DESCRIPTION OF WELL AND LEASE				
Lease Name Rocky Arroyo	Lease No. 1	Well No. 1	Pool Name, including Formation Rocky Arroyo Morrow	Kind of Lease State, Federal or Fee Federal
Location				
Unit Letter J	1980	Feet From The South	Line and 1980	Feet From The East
Line of Section 8	Township 22-S	Range 22-E	, NMPM, Eddy County	

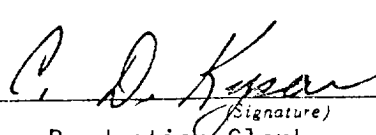
DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS				
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)		
Navajo Crude Oil Purchasing Co. (Attn: J. D. Miller		N. Freeman Ave., Artesia, New Mex. 88210		
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)		
If well produces oil or liquids, give location of tanks.		Unit J	Sec. 8	Twp. 22
		Rge. 22	Is gas actually connected? Yes	When 10

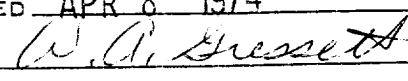
If this production is commingled with that from any other lease or pool, give commingling order number: _____

COMPLETION DATA									
Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Rest'v.	Diff. Rest'v.
Date Spudded	Date Compl. Ready to Prod.	Total Depth			P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay			Tubing Depth				
Perforations					Depth Casing Shoe				
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

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	Casing Pressure	Choke Size

I. 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.	
	
Production Clerk	
(Title)	
April 5, 1974	
(Date)	

OIL CONSERVATION COMMISSION	
APPROVED APR 8 1974, 19	
BY 	
TITLE OIL AND GAS INSPECTOR	
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.	