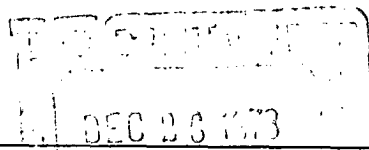


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TRANSPORTER	OIL 1 GAS 1
OPERATOR	1
PRORATION OFFICE	1

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



I. Operator  
El Paso Natural Gas Company  
Address  
PO Box 990, Farmington, NM 87401  
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 Allison Unit	Well No. 32	Pool Name, Including Formation Basin Dakota	Kind of Lease State (Federal) or Fee	Lease No. SF 081155
Location Unit Letter <u>E</u> : <u>1770</u> Feet From The <u>North</u> Line and <u>870</u> Feet From The <u>West</u> Line of Section <u>21</u> Township <u>32N</u> Range <u>6W</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"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) PO Box 990, Farmington, NM 87401			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) PO Box 990, Farmington, NM 87401			
If well produces oil or liquids, give location of tanks.	Unit E	Sec. 21	Twp. 32N	Rge. 6W
Is gas actually connected?		When		

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

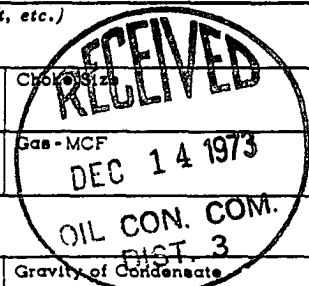
IV. COMPLETION DATA

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 9-16-73	Date Compl. Ready to Prod. 11-30-73		Total Depth 8058'		P.B.T.D. 8040'			
Elevations (DF, RKB, RT, GR, etc.) 6405' GL	Name of Producing Formation Dakota		Top Oil/Gas Pay 7874'		Tubing Depth 7999'			
Perforations 7874', 7876', 7922', 7944', 7946', 7996' and 7998'					Depth Casing Shoe 8058'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
13 3/4"	9 5/8"		408'		420 cu. ft.			
8 3/4" & 7 7/8"	4 1/2"		8058'		1294 cu. ft.			
	2 3/8"		7999'		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 2711	Length of Test 3 hrs.	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.) Calc. AOF	Tubing Pressure (shut-in) 1020	Casing Pressure (shut-in) 2474	Choke Size 3/4"

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.

A. G. Buico  
(Signature)  
Drilling Clerk  
December 12, 1973  
(Date)

OIL CONSERVATION COMMISSION

APPROVED DEC 14 1973, 19  
BY C. C. Lewis  
TITLE SUPERVISOR DIST. #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 filed for each pool in multiply completed wells.