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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-11
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)*				Other *(Please explain)*
New Well	X	Change in Transporter of:		
Recompletion		Oil	Dry Gas	
Change in Ownership		Casinghead Gas	Condensate	

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

I. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Klein	22	Otero Chacra	State, (Federal) or Fee SF	079265

Location
Unit Letter G : 1700 Feet From The North Line and 1775 Feet From The East

Line of Section 30 Township 26N Range 6W , NMPM, Rio Arriba

II. 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	PO Box 990, Farmington, NM 87401
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	PO Box 990, Farmington, NM 87401

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	G	30	26N	6W		

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

V. COMPLETION DATA

Designate Type of Completion – (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resv.	Diff.
		X	X					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
7-23-73	10-15-73	3670'	3660'
Elevations *(DF, RKB, RT, GR, etc.)*	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
6485'GL	Chacra	3520'	tubingless
Perforations			**Depth Casing Shoe**
3520-40'			3670'

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8"	135'	106 cu.ft.
7 7/8" & 6 3/4"	2 7/8"	3670'	535 cu.ft.
	tubingless		

V. TEST DATA AND REQUEST FOR ALLOWABLE
(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)

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method *(Flow, pump, gas lift, etc.)*	
			Choke Size
Length of Test	Tubing Pressure	Casing Pressure	
			Gas-MCF
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	

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OIL CON. COM.
DIST. 3

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
746	3 hrs.		
Testing Method *(pitot, back pr.)*	**Tubing Pressure** *(Shut-in)*	**Casing Pressure** *(Shut-in)*	**Choke Size**
Calc. AOF	tubingless	779	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.

_____ (Signature)
Drilling Clerk (Title)
October 23, 1973 (Date)

OIL CONSERVATION COMMISSION

APPROVED OCT 24 1973, 19__

BY ~~Original Signed by Emery C. Arnold~~
SUPERVISOR DIST. #3

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 operator, 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.