

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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TRANSPORTER	OIL
OPERATOR	GAS
PRODUCTION OFFICE	

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator El Paso Natural Gas Company	
Address PO Box 4289, Farmington, NM 87499	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input checked="" type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Harvey State	Well No. 10	Pool Name, including Formation Devils Fork Gallup	Kind of Lease (State, Federal or Fee)	Lease No. 291-36
Location Unit Letter <u>L</u> : <u>1740</u> Feet From The <u>South</u> Line and <u>790</u> Feet From The <u>West</u> Line of Section <u>32</u> Township <u>25N</u> Range <u>6W</u> , NMPM, <u>Rio Arriba</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" 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 4289, Farmington, NM 87499	
Name of Authorized Transporter of Casinghead Gas <input checked="" 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 4289, Farmington, NM 87499	
If well produces oil or liquids, give location of tanks.	Unit <u>L</u>	Sec. <u>32</u>
	Twp. <u>25N</u>	Rge. <u>6W</u>
	Is gas actually connected? <u>no</u>	

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

NOTE: Complete Parts IV and V on reverse side if necessary.

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 is true and complete to the best of my knowledge and belief.

Drilling Clerk

(Signature)

(Title)

May 3, 1985

(Date)

OIL CONSERVATION DIVISION

APPROVED

MAY 03 1985

Original Signed by FRANK T. CHAVEZ

BY

SUPERVISOR DISTRICT # 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 owner well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multi-completed wells.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 3-26-85	Date Compl. Ready to Prod. 5-3-85 4-26-85		Total Depth 6281'		P.B.T.D. 6238'				
Elevations (DF, RKB, RT, GR, etc.) 6763' GL	Name of Producing Formation Gallup		Top Oil/Gas Pay 5832'		Tubing Depth 6035'				
Perforations 5832', 5854', 5876', 5895', 5898', 5914', 5917', 5938', 5941', 5944', 5947', 5966', 5958', 5961', 5973', 5976', 5979', 5990', 5994', 5997', 6010', 6031', 6048', 6109', 6113' w/1 spz							Depth Casing Shoe 6282'		
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"		8 5/8"		134'		91 cu.ft.			
7 7/8"		4 1/2"		6282'		1147 cu.ft.			
		2 3/8"		6035'					

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)

Date First New Oil Run To Tanks 4-26-85	Date of Test 5-3-85	Producing Method (Flow, pump, gas lift, etc.) flowing	
Length of Test 72 hrs.	Tubing Pressure 430 SI	Casing Pressure 1089 SI	Choke Size 3/4"
Actual Prod. During Test 240 bbls./24 hrs.	Oil-Bbls. 240	Water-Bbls. 24	Gas-MCF 427

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size