

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PROMOTION OFFICE	

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 08-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
El Paso Natural Gas Company

Address
P. O. Box 4289, Farmington, NM 87499

Reason(s) for filing (Check proper box)
☒ New Well
☐ Recompletion
☐ Change in Ownership
 Change in Transporter of:
☐ Oil
☐ Casinghead Gas
☐ Dry Gas
☐ Condensate
 Other (Please explain) _____

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OIL CON. DIV.
DIST. 3

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Vaughn	Well No. 28	Pool Name, including Formation S. Blanco Pic. Cliffs	Kind of Lease State, (Federal) or Fee	Lease # SF 079266
Location Unit Letter <u>P</u> : <u>960</u> Feet From The <u>South</u> Line and <u>790</u> Feet From The <u>East</u> Line of Section <u>28</u> Township <u>26N</u> Range <u>6W</u> , NMPM, Rio Arriba Coun				

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) P. O. Box 4289, Farmington, NM 87499
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) P. O. Box 4289, Farmington, NM 87499
If well produces oil or liquids, give location of tanks.	Unit <u>P</u> Sec. <u>28</u> Twp. <u>26N</u> Rge. <u>6W</u> Is gas actually connected? <u>No</u> When _____

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.

Paris Lerney
(Signature)
Drilling Clerk
(Title)
10-23-85
(Date)

OIL CONSERVATION DIVISION

APPROVED OCT 30 1985
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 deeper well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for all wells 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 multicompleted wells.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas well	New well	Workover	Deepen	Plug Back	Same Res'v.	Drill Re
			X	X					
Date Spudded 8-16-85	Date Compl. Ready to Prod. 10-22-85		Total Depth 2600'			P.B.T.D. 2583'			
Elevations (DF, RKB, RT, CR, etc.) 6268' GL	Name of Producing Formation S. Blanco Pic. Cliffs		Top Oil/Gas Pay 2468'			Tubing Depth -0-			
Perforations 2468, 2422, 2481, 2485, 2489, 2493, 2497, 2513, 2520, 2524, 2528, 2531, w/12 SPZ.						Depth Casing Shoe 2592'			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT			
12 1/4"	8 5/8"		145'			191 cu ft			
6 3/4"	2 7/8"		2593'			428 cu ft			

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 of. able 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 SI 18 Days	Bbls. Condensate/MWCF	Gravity of Condensate
Testing Method (puls, back pr.)	Tubing Pressure (Shut-in) -0-	Casing Pressure (Shut-in) SI 871	Choke Size