

DISTRIBUTION	
SANTA FE	/
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 1-104
Supersedes Old 6-104 and
Effective 1-1-65

I. OPERATOR
Operator
El Paso Natural Gas Company
Address
P. O. Box 990, Farmington, NM 87401
Reason(s) for filing (Check proper box) Other (Please explain)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Outstanding Gas ☐ Other ☐
If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Perm. Name, Including Location	Kind of Lease	Lease No.
Huerfano Unit	281	Basin Dakota	State (Federal) or Fee	SF078518
Location				
Unit Letter	J	1590 Feet From The	South	1495 Feet From The
Line	5	Township	25-N	Range
		9-W		NMCM, San Juan
				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"/>	Address (Give address to which approved copy of this form is to be sent)					
El Paso Natural Gas Company	P. O. Box 990, Farmington, NM 87401					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
El Paso Natural Gas Company	P. O. Box 990, Farmington, NM 87401					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	J	5	25-N	9-W		

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 Reservoir	Diff. Res.
		X	X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth		R.S.T.D.				
04-29-77	07-22-77	6874'		6858'				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	True XX to Top		Taking Depth				
6812' GR	Dakota	6653'		6774'				
Perforations				Depth Casing Shoe				
6653', 6656', 6678', 6729', 6732', 6734', 6748', 6765', 6768'				6874'				
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8 5/8"		213'		189 cf			
7 7/8"	4 1/2"		6874'		1221 cf			
	2 3/8"		6774'		tbg.			

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 better for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (If 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. Gas/Barrel/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
	1364	1996	

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. Buiss
(Signature)

Drilling Clerk
(Title)

August 2, 1977
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____

BY _____ Original Signature _____

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. Form 6-104 must be filed for each well to maintain