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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-110  
 Effective 1-1-65

I. Operator  
**EL PASO OIL & GAS COMPANY**  
 Address  
**P. O. Box 1560, Farmington, New Mexico 87401**  
 Reason(s) for filing (Check proper box)  
 New Well  Change in Transporter of:  
 Recompletion  Oil  Dry Gas   
 Change in Ownership  Casinghead Gas  Condensate  **EFFECTIVE JANUARY 1, 1969**

If change of ownership give name and address of previous owner **EL PASO PRODUCTS COMPANY, P. O. Box 1560, Farmington, N. M. 87401**

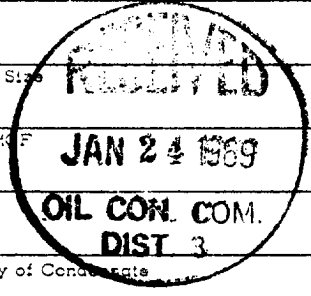
II. DESCRIPTION OF WELL AND LEASE  
 Lease Name **Delhi Taylor D** Well No. **1** Pool Name, including Formation **Basin Dakota** Kind of Lease **Federal - Indian** Lease No. **I-149-IND 9108**  
 Location **Comm. 6410**  
 Unit Letter **M**, **790** Feet From The **South** Line and **790** Feet From The **West**  
 Line of Section **3** Township **26 North** Range **11 West**, NMPM, **San Juan** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  
 Name of Authorized Transporter of Oil  or Condensate   
**Inland Corporation** Address (Give address to which approved copy of this form is to be sent)  
**P. O. Box 1528, Farmington, N. M. 87401**  
 Name of Authorized Transporter of Casinghead Gas  or Dry Gas   
**El Paso Natural Gas Company** Address (Give address to which approved copy of this form is to be sent)  
**P. O. Box 990, Farmington, N. M. 87401**  
 If well produces oil or liquids, give location of tanks. Unit **M** Sec. **3** Twp. **26N** Rge. **11W** Is gas actually connected? **Yes** When **5-5-59**

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 Restv. Diff. Restv.  
**X**  
 Date Spudded \_\_\_\_\_ Date Compl. Ready to Prod. \_\_\_\_\_ Total Depth \_\_\_\_\_ P.B.T.D. \_\_\_\_\_  
 Elevations (DF, RKB, RT, GR, etc.) \_\_\_\_\_ Name of Producing Formation \_\_\_\_\_ Top Oil/Gas Pay \_\_\_\_\_ Tubing Depth \_\_\_\_\_  
 Perforations \_\_\_\_\_ Depth Casing Shoe \_\_\_\_\_  
**TUBING, CASING, AND CEMENTING RECORD**  
 HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT

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 \_\_\_\_\_ Length of Test \_\_\_\_\_ Bbls. Condensate/MMCF \_\_\_\_\_ Gravity of Condensate \_\_\_\_\_  
 Testing Method (pilot, back pr.) \_\_\_\_\_ Tubing Pressure (Shut-in) \_\_\_\_\_ Casing Pressure (Shut-in) \_\_\_\_\_ Choke Size \_\_\_\_\_

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)  
 Agent  
 \_\_\_\_\_  
 (Title)  
 January 20, 1969  
 \_\_\_\_\_  
 (Date)

OIL CONSERVATION COMMISSION  
 JAN 24 1969  
 APPROVED \_\_\_\_\_, 19\_\_\_\_  
 BY **Original Signed by Emery C. Arnold**  
 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.