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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 Natural Gas Company

Address
Box 990, Farmington, New Mexico - 87401

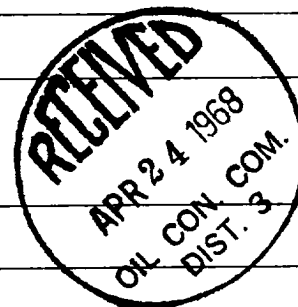
Reason(s) for filing (Check proper box) Other (Please explain)

New Well ☒ 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



II. DESCRIPTION OF WELL AND LEASE

Lease Name Huerfano Unit	Well No. 174	Pool Name, Including Formation Basin Dakota	Kind of Lease State, Federal or Fee	Lease No. NM 01368
Location Unit Letter E ; 1650 Feet From The North Line and 990 Feet From The West				
Line of Section 13 Township 26N Range 10W , NMPM, 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"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) Box 990, Farmington, New Mexico	
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) Box 990, Farmington, New Mexico	
If well produces oil or liquids, give location of tanks.	Unit E	Sec. 13
	Twp. 26N	Rge. 10W
Is gas actually connected? When		

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 Res'v.	Diff. Res'v.
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
Date Spudded 3-23-68	Date Compl. Ready to Prod. 4-18-68		Total Depth 6889'		P.B.T.D. 6866'			
Elevations (DF, RKB, RT, GR, etc.) 6574' GL	Name of Producing Formation Dakota		Top XX /Gas Pay 6610'		Tubing Depth 6587'			
Perforations 6610-20, 6634-39, 6692-6707, 6760-70, 6790-95, 6826-31					Depth Casing Shoe 6889'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8 5/8"		228'		195 Sks.			
7 7/8"	4 1/2"		6889'		590 Sks.			
	2 3/8"		6587'		Tubing			

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 4171	Length of Test 3 Hours	Bbls. Condensate XXXX 3 Hrs. 52.96	Gravity of Condensate 40 API
Testing Method (pitot, back pr.) Calculated A.O.F.	Tubing Pressure (shut-in) 1973	Casing Pressure (shut-in) 1980	Choke Size 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.

Original signed by
Cari E. Matthews

(Signature)

Petroleum Engineer

(Title)

April 23, 1968

(Date)

OIL CONSERVATION COMMISSION

APR 24 1968

APPROVED _____, 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 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.