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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

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 <input checked="" type="checkbox"/>	
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Huerfano Unit	Well No. 253	Pool Name, including Formation Angel Peak Gallup	Kind of Lease State, (Federal) or Fee	Lease No. NM01365
Location Unit Letter <u>P</u> ; <u>1050</u> Feet From The <u>S</u> Line and <u>1090</u> Feet From The <u>E</u>				
Line of Section <u>11</u> Township <u>26N</u> Range <u>10W</u> , NMPM, <u>San Juan</u> 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 P	Sec. 11	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: _____

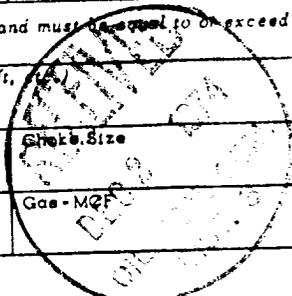
IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Rent	Diff. Rent
		X	X					
Date Spudded 02-07-74	Date Compl. Ready to Prod. 11-15-74	Total Depth 6178'		P.B.T.D. 6153'				
Elevations (DF, RKB, RT, GR, etc.) 6648' GL	Name of Producing Formation Gallup	Top <input checked="" type="checkbox"/> Gas Pay 5836'		Tubing Depth 6118'		Depth Casing Shoe		
Perforations 5836', 5870', 5906', 5944', 6004, 6024', 6042', 6064', 6098', 6108'						6178'		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8 5/8"		208' GL		183 cu. ft.			
7 7/8"	4 1/2"		6178'		1036 cu. ft.			
	2 3/8"		6118'		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
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.



GAS WELL

Actual Prod. Test - MCF/D 161	Length of Test 3 hours	Bbls. Condensate XXXX 3 hours 13.5	Gravity of Condensate 24 API
Testing Method (pitot, back pr.) Calc A.O.F.	Tubing Pressure (shut-in) 467	Casing Pressure (shut-in) 572	Choke Size 3/4" Variable

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.

W. H. Gibson
 (Signature)

 Drilling Clerk
 (Title)

 November 27, 1974
 (Date)

OIL CONSERVATION COMMISSION
DEC 3, 1974
 APPROVED _____
 BY Original Signed by Emery C. Arnold

 SUPERVISOR DIST. #0
 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.