

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

Form C-104
Revised 10-01-78
Format 36-01-83
Page 1

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.A.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PROBATION OFFICE	

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	Change in Transporter of:	Other (Please explain)
☐ 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 <u>Huerfano Unit</u>	Well No. <u>184E</u>	Pool Name, including Formation <u>Basin Dakota</u>	Kind of Lease State (Federal) or Fee <u>SF 080795</u>	Lease No.
Location				
Unit Letter <u>A</u>	<u>1190</u> Feet From The <u>North</u> Line and <u>1190</u> Feet From The <u>East</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 ☐ or Condensate ☒	Address (Give address to which approved copy of this form is to be sent)
<u>Meridian Oil Trading Inc.</u>	<u>P. O. Box 1599, Aztec, New Mexico 87410</u>
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent)
<u>El Paso Natural Gas Company</u>	<u>P. O. Box 4289, Farmington, New Mexico 87499</u>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? when
<u>A 11 26N 10W</u>	<u>No</u>

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.

(Signature)
Drilling Clerk

(Title)
3-31-86
(Date)

OIL CONSERVATION DIVISION

APPROVED _____, 1986

BY Original Signed by FRANK T. CHAVEZ
SUPERVISOR DISTRICT #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.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
			X	X					
Date Spudded 2-27-86	Date Compl. Ready to Prod. 3-25-86	Total Depth 6950'			P.B.T.D. 6933'				
Elevations (DF, RKB, RT, CR, etc., 6672' GL	Name of Producing Formation Basin Dakota	Top Oil/Gas Pay 6786'			Tubing Depth 6885'				
Perforations 6786, 6788, 6805, 6807, 6847, 6849, 6851, 6853, 6855, 6857, 6859, 6861, 6863, 6870, 6872, 6874, 6876, 6881, 6883, 6885 w/20 SPZ.						Depth Casing Shoe 6950'			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"		8 5/8"		222'		178 cu ft			
7 7/8"		4 1/2"		6950'		845 cu ft			

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 SI 7 Days	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-In) SI 1085	Casing Pressure (Shut-In) SI 1440	Choke Size