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L.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRODUCTION OFFICE	

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
Reason(s) for filing (check proper box):
New Well ☒ Change in Transporter of: Oil ☐ Dry Gas ☐
Recompletion ☐ Casinghead Gas ☐ Condensate ☐
Change in Ownership ☐ Other (Please explain):

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Huerfano Unit	Well No. 86(Bk)	Pool Name, including Formation Basin Dakota	Kind of Lease State, Federal or Fee
Location Unit Letter L Section 1750 Feet From The South Line and 1090 Feet From The West Line of Section 36 Township 27N Range 9W 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 L Sec 36 Twp. 27N Rge. 9W	Is gas actually connected? <input type="checkbox"/> 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.
Date Spudded 6-2-65	Date Compl. Ready to Prod. 7-2-65	Total Depth 6700	P.B.T.D.					
Pool Basin Dakota	Name of Producing Formation Dakota	Top Oil/Gas Pay 6423	Tubing Depth 6555					
Perforations 6423-31, 6489-97, 6517-25, 6569-77			Depth Casing Shoe 6700'					
TUBING, CASING, AND CEMENTING RECORD								
1 1/2" HOLE SIZE	CASING & TUBING SIZE 9 5/8"	DEPTH SET 305'	SACKS CEMENT 250 Sks.					
7 7/8"	7" & 5.5"	6700'	900 Sks.					
	1 1/4"	1442'	Tubing					
	2 3/8"	6555'	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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
5556	3 Hours		
Testing Method (plot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size
Calculated A.O.F.	2097		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 E.S. OBERLY

Petroleum Engineer (Signature)

August 30, 1965 (Title)

(Date)

OIL CONSERVATION COMMISSION

APPROVED SEP 20 1965

BY Original Signed 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 Sections I, II, III, and VI only 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.