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LAND OFFICE	
TRANSPORTER	OIL <input checked="" type="checkbox"/> GAS <input type="checkbox"/>
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

Operator **El Paso Natural Gas Company**

Address **Box 990, Farmington, New Mexico**

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

New Well ☒ Change in Transporter of: Oil ☐ Dry Gas ☐

Recompletion ☐ Casinghead Gas ☐ Condensate ☐

Change in Ownership ☐

If change of ownership give name and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Huerfano Unit</b>	Well No. Pool Name, including Formation <b>85(Dk) Basin Dakota</b>	Kind of Lease State, Federal or Fee <input checked="" type="checkbox"/>
Location		
Unit Letter <b>N</b>	Feet From The <b>South</b> Line and <b>1750</b> Feet From The <b>West</b>	
Line of Section <b>26</b>	Township <b>27N</b> Range <b>9W</b>	NMPM, <b>San Juan</b> 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)
<b>El Paso Natural Gas Company</b>	<b>Box 990, Farmington, New Mexico</b>
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)
<b>El Paso Natural Gas Company</b>	<b>Box 990, Farmington, New Mexico</b>
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	<b>N 26 27N 9W No</b>

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 <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> New Well <input checked="" type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v. <input type="checkbox"/> Diff. Res'v. <input type="checkbox"/>		
Date Spudded <b>10-1-65</b>	Date Compl. Ready to Prod. <b>10-19-65</b>	Total Depth <b>6861</b>	P.B.T.D. <b>C.O. 6814</b>
Pool <b>Basin Dakota</b>	Name of Producing Formation <b>Dakota</b>	Top of Gas Pay <b>6592</b>	Tubing Depth <b>6706</b>
Perforations <b>6592-96; 6654-62; <del>XX</del> 6672-80, 6730-38</b>			Depth Casing Shoe <b>6861'</b>

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<b>12 1/4"</b>	<b>9 5/8"</b>	<b>344'</b>	<b>300 Sks.</b>
<b>7 7/8"</b>	<b>7" &amp; 5 1/2"</b>	<b>6861'</b>	<b>1080 cu. ft.</b>
	<b>2 3/8"</b>	<b>6706</b>	<b>Tubing</b>
	<b>1 1/4"</b>	<b>4580</b>	<b>Tubing</b>

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
<b>4509</b>	<b>3 Hrs.</b>		
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size
<b>Calculated</b>	<b>1923</b>		<b>3/4"</b>

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

(Signature)

Petroleum Engineer

(Title)

11-19-65

(Date)

OIL CONSERVATION COMMISSION

APPROVED **NOV 24 1965**

BY **Original Signed Emory C. Arnold**

TITLE **Supervisor Dist. # 2**

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.