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LAND OFFICE
TRANSPORTER OIL
GAS
OPERATOR
PRORATION OFFICE

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes O.C.C. 104 and C-110
Effective 1-1-65

I. **La Plata Cathering System, Inc.**
Address: **P. O. Box 717 - Farmington, New Mexico**
Reason(s) for filing (Check proper box) Other (Please explain)
New Well ☐ Change in Transporter of ☐
Permitting activity ☐ Oil ☐ Dry Gas ☐
Change in ownership ☐ Gasification Gas ☐ Condensate ☒

If change of ownership given name and address of previous owner:

II. DESCRIPTION OF WELL AND LEASE

Lease Name Huerfano Huerfano	Well No. Well Name, including formation 75 Blanco Mesa Verde	Kind of Lease State, Federal or Foreign Fed.
Location Twp. Letter H Feet From The Line and Feet From The	Line of Section 26 Township 27-N Range 9-W COMPM San Juan County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter: Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Transwestern Tankers, Inc.	Address (Give address to which approved copy of this form is to be sent) Box 2077 - Farmington, New Mexico
Name of Authorized Transporter: Gasification 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 920 - Farmington, New Mexico
If well produces oil or liquid, give location of tank: Unit H Sec. 26 Twp. 27-N Range 9-W	Is gas actually connected? No When Awaiting pipe line connection

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) <input type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Re. w. Diff. Rest'v.	Date Started	Date Compl. Ready to Prod.	Total Depth	Full T.D.
Name of Producing Formation	Top of Gas Pay	Bottom Depth	Depth Drilling Shoe	
TUBING, CASING, AND CEMENTING RECORD				
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

Test must be after recovery of total volume of fluid oil and must be equal to or exceed top allowable for this depth or be for full 24 hours

Date First New or Re-test	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Flow, Bbls./hr.	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Flow, Bbls./hr.	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back p.)	Tubing Pressure	Casing Pressure	Choke Size

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.

OIL CONSERVATION COMMISSION

APPROVED **11 1965**
BY **Original of [Signature] C. Beeson**

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.

C. Beeson **Agent in Farmington**

March 9, 1965