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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

|                                                   |                                                                             |
|---------------------------------------------------|-----------------------------------------------------------------------------|
| Operator<br><b>El Paso Natural Gas Company</b>    |                                                                             |
| Address<br><b>Box 990, Farmington, New Mexico</b> |                                                                             |
| Reason(s) for filing (Check proper box)           |                                                                             |
| New Well <input checked="" type="checkbox"/>      | Change in Transporter of:                                                   |
| Recompletion <input type="checkbox"/>             | Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>               |
| Change in Ownership <input type="checkbox"/>      | Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> |
| Other (Please explain)                            |                                                                             |

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

|                                                                                                             |                           |                                                            |                                        |
|-------------------------------------------------------------------------------------------------------------|---------------------------|------------------------------------------------------------|----------------------------------------|
| Lease Name<br><b>Huerfanito Unit</b>                                                                        | Well No.<br><b>88(MV)</b> | Pool Name, Including Formation<br><b>Blanco Mesa Verde</b> | Kind of Lease<br>State, Federal or Fee |
| Location                                                                                                    |                           |                                                            |                                        |
| Unit Letter <b>B</b> , <b>800</b> Feet From The <b>North</b> Line and <b>1500</b> Feet From The <b>East</b> |                           |                                                            |                                        |
| Line or Section <b>23</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,<br>give location of tanks.                                                              | Unit<br><b>B</b>                                                         | Sec.<br><b>23</b> |
|                                                                                                                          | Twp.<br><b>27N</b>                                                       | Rge.<br><b>9W</b> |
|                                                                                                                          | 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 Res'v. | Diff. Res'v. |
|                                         |                                                  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |          |                                  |           |             |              |
| Date Spudded<br><b>4-17-65</b>          | Date Compl. Ready to Prod.<br><b>5-4-65</b>      |                                     | Total Depth<br><b>6772</b>          |          | P.B.T.D.                         |           |             |              |
| Pool<br><b>Blanco Mesa Verde, Ext</b>   | Name of Producing Formation<br><b>Mesa Verde</b> |                                     | Top Gas Pay<br><b>4400</b>          |          | Tubing Depth<br><b>no tubing</b> |           |             |              |
| Perforations<br><b>4400-16; 4430-46</b> |                                                  |                                     |                                     |          | Depth Casing Shoe<br><b>4519</b> |           |             |              |
| TUBING, CASING, AND CEMENTING RECORD    |                                                  |                                     |                                     |          |                                  |           |             |              |
| HOLE SIZE                               | CASING & TUBING SIZE                             |                                     | DEPTH SET                           |          | SACKS CEMENT                     |           |             |              |
| <b>13 3/4"</b>                          | <b>9 5/8"</b>                                    |                                     | <b>327</b>                          |          | <b>175</b>                       |           |             |              |
| <b>8 3/4"</b>                           | <b>2 7/8"</b>                                    |                                     | <b>4519</b>                         |          | <b>100</b>                       |           |             |              |
| <b>8 3/4", 7 7/8", 5 3/4"</b>           | <b>2 7/8"</b>                                    |                                     | <b>6772</b>                         |          | <b>120</b>                       |           |             |              |
|                                         |                                                  |                                     |                                     |          | <b>P.C. 100</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                 |
| Actual Prod. During Test        | Oil - Bbls.     | Water - Bbls.                                 | Gravity of Condensate |

|                                                              |                                     |                                |                           |
|--------------------------------------------------------------|-------------------------------------|--------------------------------|---------------------------|
| GAS WELL                                                     |                                     |                                |                           |
| Actual Prod. Test-MCF/D<br><b>2767 MCF/D</b>                 | Length of Test<br><b>3 hours</b>    | Bbls. Condensate/MMCF          | Gravity of Condensate     |
| Testing Method (pitot, back pr.)<br><b>Calculated A.O.F.</b> | Tubing Pressure<br><b>No tubing</b> | Casing Pressure<br><b>1116</b> | Choke Size<br><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)

August 26, 1965

(Date)

OIL CONSERVATION COMMISSION

APPROVED **OCT 4 1965**, 19

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.

|                        |            |
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| LAND OFFICE            |            |
| TRANSPORTER            | OIL<br>GAS |
| OPERATOR               |            |
| PRORATION 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) Other (Please explain)  
New Well ☒ Change in Transporter of:  
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<br><b>Huerfano Unit</b>                                                                                                                                                                                        | Well No.<br><b>88(DK)</b> | Pool Name, Including Formation<br><b>Basin Dakota</b> | Kind of Lease<br>State, Federal or Fee |
| Location<br>Unit Letter <b>B</b> ; <b>800</b> Feet From The <b>North</b> Line and <b>1500</b> Feet From The <b>East</b><br>Line or Section <b>23</b> , Township <b>27N</b> Range <b>9W</b> , NMFM, <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"/><br><b>El Paso Natural Gas Company</b>         | Address (Give address to which approved copy of this form is to be sent)<br><b>Box 990, Farmington, New Mexico</b> |                   |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/><br><b>El Paso Natural Gas Company</b> | Address (Give address to which approved copy of this form is to be sent)<br><b>Box 990, Farmington, New Mexico</b> |                   |
| If well produces oil or liquids,<br>give location of tanks.                                                                                                    | Unit<br><b>B</b>                                                                                                   | Sec.<br><b>23</b> |
|                                                                                                                                                                | Twp.<br><b>27N</b>                                                                                                 | Rge.<br><b>9W</b> |
|                                                                                                                                                                | 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 <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<br><b>4-17-65</b>                            | Date Compl. Ready to Prod.<br><b>5-4-65</b>  |                                              | Total Depth<br><b>6772</b>                   |                                   | P.B.T.D.                         |                                    |                                      |                                       |
| Pool<br><b>Basin Dakota</b>                               | Name of Producing Formation<br><b>Dakota</b> |                                              | Top <del>XX</del> /Gas Pay<br><b>6454</b>    |                                   | Tubing Depth<br><b>No tubing</b> |                                    |                                      |                                       |
| Perforations<br><b>6454-58; 6520-36; 6608-12; 6646-50</b> |                                              |                                              |                                              |                                   | Depth Casing Shoe<br><b>6772</b> |                                    |                                      |                                       |
| TUBING, CASING, AND CEMENTING RECORD                      |                                              |                                              |                                              |                                   |                                  |                                    |                                      |                                       |
| HOLE SIZE                                                 | CASING & TUBING SIZE                         |                                              | DEPTH SET                                    |                                   | SACKS CEMENT                     |                                    |                                      |                                       |
| <b>13 3/4"</b>                                            | <b>9 5/8"</b>                                |                                              | <b>327</b>                                   |                                   | <b>175</b>                       |                                    |                                      |                                       |
| <b>8 3/4"</b>                                             | <b>2 7/8"</b>                                |                                              | <b>4519</b>                                  |                                   | <b>100</b>                       |                                    |                                      |                                       |
| <b>8 3/4", 7 7/8", 6 3/4"</b>                             | <b>2 7/8"</b>                                |                                              | <b>6772</b>                                  |                                   | <b>120</b>                       |                                    |                                      |                                       |
|                                                           |                                              |                                              |                                              |                                   | <b>P.C. 100</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<br><b>2588 MCF/D</b>                 | Length of Test<br><b>3 hours</b>    | Bbls. Condensate/MMCF          | Gravity of Condensate     |
| Testing Method (pitot, back pr.)<br><b>Calculated A.O.F.</b> | Tubing Pressure<br><b>No tubing</b> | Casing Pressure<br><b>2217</b> | Choke Size<br><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.

OR'G'NAL SIGNED F. S. OBERLY

(Signature)  
**Petroleum Engineer**

**8-26-65**

(Title)

(Date)

OIL CONSERVATION COMMISSION

APPROVED **OCT 4 1965**, 19  
BY **Original Signed Emery C. Arnold**  
TITLE **Supervisor Dist. # 3**

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