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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

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OIL CON. COM.
DIST. 3

I.

Operator: El Paso Natural Gas Company

Address: Box 990, Farmington, New Mexico - 87401

Reason for filing: [illegible] Other (Please explain)

New Well: [illegible] Change of Operator: [illegible]

Recompletion: [illegible] Oil: [illegible] Dry Gas: X

Change in Ownership: [illegible] Casinghead Gas: [illegible] Condensate: [illegible]

If change of operator give name and address of previous owner: [illegible]

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Hargrave	3	Fulcher Kutz P. C.	State, Federal or Fee: X	SF 077382

Location: Unit Letter P, 990 Feet From The South Line and 1150 Feet From The East Line

Section 16, Township 27N, Range 10W, San Juan County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil	Or Condensate: X	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Company		Box 990, Farmington, New Mexico - 87401
Name of Authorized Transporter of Casinghead Gas	**Or Dry Gas: X**	**Address (Give address to which approved copy of this form is to be sent)**
Southern Union Gas Company		Box 808, Farmington, New Mexico - 87401

If well produces oil or liquids, give location of tanks: Unit P, Sec. 16, Twp. 27N, Rge. 10W

If this production is commingled with that from any other lease or pool, give commingling order number: [illegible]

IV. COMPLETION DATA

Designate Type of Completion:	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resv.	Diff. Resv.
			X		X			

Date Spudded: [illegible] Date Compl. Ready to Prod.: [illegible] Total Depth: [illegible] P.B.T.D.: [illegible]

Elevations (DF, RKB, RT, GR, etc.): [illegible] Name of Producing Formation: [illegible] Top Oil/Gas Pay: [illegible]

Perforations: [illegible]

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
[illegible]	[illegible]	[illegible]	[illegible]

V. TEST DATA AND REQUEST FOR ALLOWABLE *(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)*

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
[illegible]	[illegible]	[illegible]

Length of Test	Tubing Pressure	Casing Pressure	Choke Size
[illegible]	[illegible]	[illegible]	[illegible]

Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
[illegible]	[illegible]	[illegible]	[illegible]

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pitot, back pressure, etc.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	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.

Original signed by
Carl E. Matthews

Petroleum Engineer

February 13, 1969

OIL CONSERVATION COMMISSION

APPROVED FEB 14 1969, 19

BY Original Signed by 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, it 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 only Sections I, II, III, and VI for changes of owner, transporter or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply