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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	2
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
P. O. 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	Lease No.	Well No.	Pool Name, Including Formation	Kind of Lease
Hardie	D	2	Blanco Mesa Verde	State, Federal or Fee
Location				
Unit Letter	K	Feet From The	Line and	Feet From The
Line of Section	14	Township	28	Range 8, NMPM, San Juan County

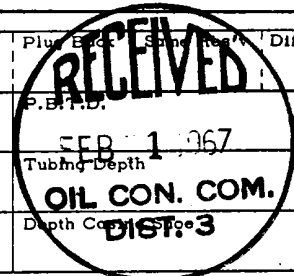
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. 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	Spud	Refract	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.						
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth						
Perforations	Depth	Completion							



TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
Installed Intermittent, turned back on production 1-16-67.			

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
Testing Method (pitot, back pr.)	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.

W. D. Dawson
W. D. Dawson (Signature) C. D. K.
(Title)
(Date)

OIL CONSERVATION COMMISSION

FEB 21 1967

APPROVED _____, 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, 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 only Sections I, II, III, and VI 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.

HARDIE D 2

K 14 28N 08W

30-045-07424

1650/S 1650/W

F



APPLICATION FOR PERMIT TO DRILL, RE-ENTER, DEEPEN, PLUGBACK, OR ADD A ZONE

PO Box 4289, Farmington, NM 87499 Burlington Resources Oil & Gas Company Operator Name and Address.		14538 OGRID Number	30 - 045-30359 API Number	6990 Property Code	Farmington A Property Name	100 Well No.
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Surface Location

UL or lot no.	P	Section	1	Township	29N	Range	13W	Lot Idn		Feet from the	660	North/South line	South	Feet from the	705	East/West line	East	County	San Juan
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⁸ Proposed Bottom Hole Location If Different From Surface

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
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Basin Fruitland Coal	Proposed Pool 1
	Proposed Pool 2

11 Work Type Code N ✓	12 Well Type Code G ✓	13 Cable/Rotary Rotary	14 Lease Type Code Fee	15 Ground Level Elevation 5362' GR -
16 Multiple N ✓	17 Proposed Depth 1370' ✓	18 Formation Fruitland Coal -	19 Contractor N/A	20 Spud Date N/A

21 Proposed Casing and Cement Program

Hole Size	Casing Size	Casing weight/foot	Setting Depth	Sacks of Cement	Estimated TOC
8 3/4"	7"	20.0#	120'	54 cu.ft.	Surface -
6 1/4"	4 1/2"	10.5#	1370' -	281 cu.ft.	Surface -

11 Describe the proposed program. If this application is to DEEPEN or PLUG BACK give the data on the present productive zone and proposed new productive zone. Describe the blowout prevention program, if any. Use additional sheets if necessary.

11" 2000 psi minimum double gate BOP -

11" 2000 psi minimum double gate BOP —

I hereby certify that the information given above is true and complete to the best of my knowledge and belief.		Signature:  Printed name: Peggy Cole		Title: Regulatory/Compliance Supervisor		Date: 9-5-00	
Approved by:  Title:		Approval Date:		Expiration Date:		Conditions of Approval: ☐ Attached	
OIL CONSERVATION DIVISION							

75N HOLD 0104 FOR