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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

I. Operator
El Paso Natural Gas Company
Address
Box 990, Farmington, New Mexico - 87401
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 McClure	Well No. 8	Pict Name, including Formation Aztec Pictured Cliffs	Kind of Lease State, Federal or Fee <input checked="" type="checkbox"/>	Lease No. NM 04208
Location Unit Sec. E 1590 Feet From The North Line and 800 Feet From The West Range 14 Township 28N Range 9W NMPM, San Juan 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) El Paso Natural Gas Company Box 990, Farmington, New Mexico - 87401	
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) El Paso Natural Gas Company Box 990, Farmington, New Mexico - 87401	
If well produces oil or liquid, give location of source	Unit E	Sec. 14
	Twp. 28N	Range 9W

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't. <input type="checkbox"/>	Diff. Res't. <input type="checkbox"/>
Date Spudded 4-15-69	Date Compl. Ready to Prod. 5-8-69		Total Depth 2323'		P.B.T.D. 2312'			
Elevations (OE, RKB, RT, CR, etc.) 5877' GL	Name of Producing Formation Pictured Cliffs		Top of Gas Pay 2214		Tubing Depth Tubingless Completion			
Perforations 2211-20', 2230-42'						Depth Casing Shoe 2323'		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE 12 1/4" 6 3/4"	CASING & TUBING SIZE 8 5/8" 2 7/8"		DEPTH SET 132' 2323'		SACKS CEMENT 95 Sks. 170 Sks.			

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)

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 New Oil Run To Tanks	Oil - Bbls.	Water - Bbls.	Gas - MCF
OIL CON. COM. DIST. 3			
GAS WELL			
Actual New Oil Run To Tanks	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Sealing Method (spot, back on)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
Calculated A.O.F.		676	3/4"

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 F. H. WOOD

(Signature)

Petroleum Engineer

(Title)

May 14, 1969

(Date)

OIL CONSERVATION COMMISSION

APPROVED

MAY 16 1969

Original Signed by Emery C. Arnold

BY

SUPERVISOR DIST. #5

TITLE

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 1104.

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.