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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 El Paso Natural Gas Company	
Address Box 990, Farmington, New Mexico 87401	
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

DESCRIPTION OF WELL AND LEASE				
Lease Name KK Huerfano Unit	Well No. 213	Pool Name, Including Formation Basin Dakota	Kind of Lease State, F <input checked="" type="checkbox"/> Meral or Fee	Lease No. NM 03017
Location				
Unit Letter	0	800 Feet From The	South Line and	1750 Feet From The East
Line of Section	36	Township	27 N	Range 10W , NMPM, San Juan County

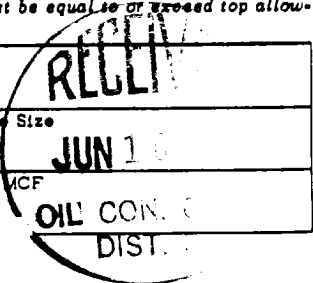
DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS						
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
El Paso Natural Gas Company	Box 990, Farmington, New Mexico 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 liquids, give location of tanks.	Unit	Sec.	Twp.	Pge.	Is gas actually connected?	When
	0	36	27N	10W		

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

COMPLETION DATA								
Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X	X					
Date Spudded 4-21-71	Date Compl. Ready to Prod. 5-21-71	Total Depth 6936	P.B.T.D. 6918					
Elevations (DF, RKB, RT, GR, etc.) 6485' GL	Name of Producing Formation Dakota	Top Gas /Gas Pay 6640	Tubing Depth 6844					
Perforations 6640-50', 6730-50', 6826-41'			Depth Casing Shoe 6936'					

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8"	213'	150 Sks.
7 7/8"	4 1/2"	6936'	700 Sks.
	2 3/8"	6844'	Tubing

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 1370	Length of Test 3 Hrs.	Bble. Condensate/MCF 3 Hrs. 12.48	Gravity of Condensate 44.9 API
Testing Method (pitot, back pr.) Calculated A. O. F.	Tubing Pressure (shut-in) 1449	Casing Pressure (shut-in) 2003	Choke Size 3/4" Variable

CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION JUN 10 1971	
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.		APPROVED _____, 19____	
Original Signed F. H. WOOD		BY <u>Original Signed by A. R Kendrick</u>	
(Signature)		PETROLEUM ENGINEER DIST. NO. 8	
Petroleum Engineer		TITLE _____	
(Title)		This form is to be filed in compliance with RULE 1104.	
June 14, 1971		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.	
(Date)		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.	