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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 Huerfano Unit	Well No. 210	Pool Name, including Formation Basin Dakota	Kind of Lease State, Federal or Fee <input checked="" type="checkbox"/> Fee	Lease No. SF 079917
Location				
Unit Letter k O	500	Feet From The South	Line and 1780	Feet From The East
Line of Section 35	Township 27N	Range 10W	, NMPM, San Juan County	

II. 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. Rge. Is gas actually connected? When
O 35 27N 10W	

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

V. 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 5-10-71	Date Compl. Ready to Prod. 6-3-71		Total Depth 6964'		P.B.T.D. 6929'			
Elevations (DF, RKB, RT, GR, etc.) 6561' GL	Name of Producing Formation Dakota		Top of Gas Pay 6722'		Tubing Depth 6876'			
Perforations 6722-32', 6767-72', 6818-28', 6842-52'. 6878 - 88'					Depth Casing Shoe 6964'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8 5/8"		212'		150 Sks.			
7 7/8"	4 1/2"		6964'		690 Sks.			
	2 3/8"		6876'		Tubing			

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 greater than 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
			JUN 21 1971
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-Bbls.
			CON. CO. 1 DIST. 3

GAS WELL

Actual Prod. Test-MCF/D 2603 MCF/D	Length of Test 3 Hours	Bbls. Condensate XXXX 3 hrs.	Gravity of Condensate 45.8
Testing Method (pilot, back pr.) Calculated A. O. F.	Tubing Pressure (shut-in) 1288	Casing Pressure (shut-in) 1905	Choke Size 3/4" Variable

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)

June 17, 1971

(Date)

OIL CONSERVATION COMMISSION
JUN 21 1971

APPROVED _____, 19 _____

BY **Original Signed by A. R. Kendrick**

TITLE **PETROLEUM ENGINEER DIST. NO. 9**

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.