

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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DISTRIBUTION	
SANTA FE	1
FILE	1
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL 1
	GAS 1
OPERATOR	2
PRORATION OFFICE	

I. Operator **El Paso Natural Gas Company**

Address **PO Box 990, Farmington, New Mexico 87401**

Reason(s) for filing (Check proper box) Other (Please explain)

New Well ☒ Change in Transporter of: Oil ☐ Dry Gas ☐

Recompletion ☐ Casinghead Gas ☐ Condensate ☐

Change in Ownership ☐

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Howell	Well No. 10	Pool Name, Including Formation So. Blanco Pictured Cliffs	Kind of Lease State, Federal or Fee SF	Lease No. 078566-A
Location Unit Letter C ; 705 Feet From The North Line and 1900 Feet From The West				
Line of Section 35 Township 28N Range 8W , 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"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) PO Box 990, Farmington, NM 87401
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) PO Box 990, Farmington, New Mexico 87401
If well produces oil or liquids, give location of tanks.	Unit C Sec. 35 Twp. 28N Rge. 8W
Is gas actually connected? When	

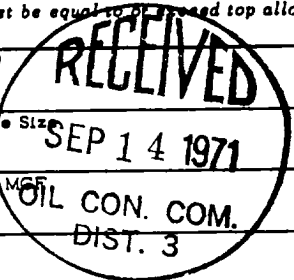
If this production is commingled with that from any other lease or pool, give commingling order number: _____

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas well <input checked="" type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 7-31-71	Date Compl. Ready to Prod. 8-23-71		Total Depth 2796'		P.B.T.D. 2785'			
Elevations (DF, RKB, RT, GR, etc.) 6216'GL	Name of Producing Formation Pictured Cliffs		Top Oil/Gas Pay 2640'		Tubing Depth Tubingless Completion			
Perforations 2640-50', 2660-66', 2694-2700'					Depth Casing Shoe 2796'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE 12 1/4"	CASING & TUBING SIZE 8 5/8"		DEPTH SET 141'		SACKS CEMENT 90			
6 3/4"	2 7/8"		2796'		155			

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 AOF 1684	Length of Test 3 hours	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.) Calc. A. O. F.	Tubing Pressure (shut-in) ---	Casing Pressure (shut-in) 947	Choke Size 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**

Petroleum Engineer

(Signature)

(Title)

September 13, 1971

(Date)

OIL CONSERVATION COMMISSION

SEP 14 1971

APPROVED _____, 19

BY **Original Signed by Emery C. Arnold**

SUPERVISOR DIST. #3

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 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.