

REGISTRATION OF OIL AND NATURAL GAS PRODUCTION

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

APPENDIX TO TRANSPORTATION OF OIL AND NATURAL GAS

TRANSPORTER	OIL	1
	GAS	1
OPERATOR		1
PRORATION OFFICE		

I. OPERATOR
Operator: El Paso Natural Gas Company
Address: PO Box 990, Farmington, NM 87401
Reason(s) for filing (Check proper box):
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain):

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Huerfano Unit</u>	Well No. <u>228</u>	Pool Name, Including Formation <u>Basin Dakota</u>	Kind of Lease (State) Federal or Fee <u>E</u>	Lease No. <u>2659-5</u>
Location Unit Letter <u>C</u> : <u>840</u> Feet From The <u>North</u> Line and <u>1750</u> Feet From The <u>West</u> Line of Section <u>32</u> Township <u>27N</u> Range <u>10W</u> , NMPM, <u>San Juan</u> 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"/> <u>El Paso Natural Gas Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>PO Box 990, Farmington, NM 87401</u>	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <u>El Paso Natural Gas Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>PO Box 990, Farmington, NM 87401</u>	
If well produces oil or liquids, give location of tanks.	Unit <u>C</u> Sec. <u>32</u> Twp. <u>27N</u> Rge. <u>10W</u>	Is gas actually connected? <input type="checkbox"/> 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	Same Res'v.	Diff. Res'v.
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
Date Spudded <u>3-21-72</u>	Date Compl. Ready to Prod. <u>4-11-72</u>		Total Depth <u>6544'</u>		P.B.T.D. <u>6529'</u>			
Elevations (DF, RKB, RT, GR, etc.) <u>6100'GL</u>	Name of Producing Formation <u>Dakota</u>		Top XX Gas Pay <u>6266'</u>		Tubing Depth <u>6475'</u>			
Perforations <u>6266-72', 6298-6304', 6356-68', 6408-20', 6458-70'</u>					Depth Casing Shoe <u>6544'</u>			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<u>12 1/4"</u>	<u>8 5/8"</u>		<u>208'</u>		<u>177 cu. ft.</u>			
<u>7 7/8"</u>	<u>4 1/2"</u>		<u>6544'</u>		<u>1166 cu. ft.</u>			
	<u>2 3/8"</u>		<u>6475'</u>		<u>tubing</u>			

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
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D <u>1146</u>	Length of Test <u>3 hours</u>	Bbls. Condensate/MMCF <u>97.88</u>	Gravity of Condensate <u>41.5°</u>
Testing Method (pitot, back pr.) <u>Calc. AOF</u>	Tubing Pressure (shut-in) <u>1239</u>	Casing Pressure (shut-in) <u>1652</u>	Choke Size <u>3/4" variable</u>

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.

PH L. Arnold
(Signature)
Petroleum Engineer
(Title)
April 19, 1972
(Date)

OIL CONSERVATION COMMISSION
APPROVED APR 19 1972, 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.