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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	X	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

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease (State, (Federal) or Fee)	Lease No.
Hardie E	8	So. Blanco Pictured Cliffs Ext.		SF078499-a

Location

Unit Letter M : 870 Feet From The South Line and 1180 Feet From The West

Line of Section 9 Township 28 North Range 8 West , NMPM, San Juan County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒	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 ☐ or Dry Gas ☒	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
	M	9	28N	8W		

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	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
2-11-73	5-30-73	2818'	2807'
Elevations *(DF, RKB, RT, GR, etc.)*	**Name of Producing Formation**	**Top Gas Pay**	**Tubing Depth**
6234' GR	Pictured Cliffs	2676'	Tubingless
Perforations			**Depth Casing Shoe**
2676-2692, 2704-2728, and 2768-2784'			2818'

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8"	139'	107 cu. ft.
7 7/8 & 6 3/4"	2 7/8"	2818'	1450 cu. ft.
	Tubingless		

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)

OIL WELL

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**

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JUN 12 1973
OIL CON. COM.
DIST. 3

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
1441	3 hours		
Testing Method *(pitot, back pr.)*	**Tubing Pressure (Shut-in)**	**Casing Pressure (Shut-in)**	**Choke Size**
		997	3/4"

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 by
D. G. Brisco

(Signature)

(Title)

(Date)

OIL CONSERVATION COMMISSION

APPROVED JUN 12 1973, 19

BY Original Signed by A. R. Kendrick

TITLE PETROLEUM ENGINEER DIST. NO. 3

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, transporter or other such change of condition.