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| TRANSPORTER | OIL | / |
| | GAS | / |
| OPERATOR | | / |
| PRORATION OFFICE | | |

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 PO Box 990, Farmington, NM 87401 | |
| Reason(s) for filing (Check proper box) | Other (Please explain) |
| 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"/> |

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

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|--------------------------------------------------------------------------|-----------------------------------------|--------------------------|
| Lease Name Russell | Well No. 10 | Pool Name, including Formation So. Blanco Pictured Cliffs <i>Ext.</i> | Kind of Lease State (Federal or Fee) | Lease No. NM 013860-A |
| Location Unit Letter <u>L</u> 2 ; <u>1625</u> Feet From The <u>South</u> Line and <u>990</u> Feet From The <u>West</u> Line of Section <u>24</u> Township <u>28N</u> Range <u>8W</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"/> 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, NM 87401 | |
| If well produces oil or liquids, give location of tanks. | Unit I | Sec. 24 |
| | Twp. 28N | Rge. 8W |
| | 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: _____

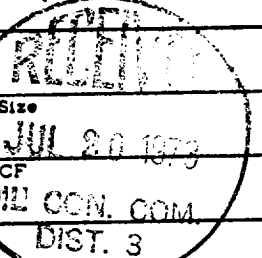
IV. COMPLETION DATA

| | | | | | | | | |
|-----------------------------------------------|------------------------------------------------|--------------------------|----------------------------|----------|--------|-----------|-------------|--------------|
| Designate Type of Completion - (X) | Oil Well | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v. | Diff. Res'v. |
| | | X | X | | | | | |
| Date Spudded 4-21-73 | Date Compl. Ready to Prod. 6-29-73 | Total Depth 2925' | P.B.T.D. 2915' | | | | | |
| Elevations (DF, RKB, RT, GR, etc.) 6247'GL | Name of Producing Formation Pictured Cliffs | Top Oil/Gas Pay 2770' | Tubing Depth tubingless | | | | | |
| Perforations 2800-15', 2850-65' | | | Depth Casing Shoe 2925' | | | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT | | | | | |
| 12 1/4" | 8 5/8" | 127 | 107 cu. ft. | | | | | |
| 6 3/4" | 2 7/8" | 2925' | 325 cu. ft. | | | | | |
| | tubingless | | | | | | | |

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 sop 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 1139 | Length of Test 3 hrs. | Bbls. Condensate/MMCF | Gravity of Condensate |
| Testing Method (pitot, back pr.) Calc. AOF | Tubing Pressure (shut-in) tubingless | Casing Pressure (shut-in) 994 | 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.

A. G. Ducina
(Signature)
Drilling Clerk
(Title)
July 18, 1973
(Date)

OIL CONSERVATION COMMISSION

APPROVED JUL 20 1973, 19____
BY Original Signed by A. R. Kendrick
PETROLEUM ENGINEER DIST. NO. 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.