

DISTRIBUTION		NEW MEXICO OIL CONSERVATION COMMISSION		Form C-104 Supersedes Old C-104 and C-1 Effective 1-1-65	
FEE		REQUEST FOR ALLOWABLE			
FILE		AND			
U.S.G.S.		AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
LAND OFFICE					
TRANSPORTER		OIL			
		GAS			
OPERATOR					
PRORATION OFFICE					
Operator					
El Paso Natural Gas Company					
Address					
P. O. 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		Well No.		Pool Name, Including Formation	
Hardie E		2A		Blanco Mesa Verde	
Kind of Lease		State (Federal)		Lease No.	
		Free		SF078499-A	
Location					
Unit Letter		P		1050 Feet From The South Line and 800 Feet From The East	
Line of Section		9		Township 28-N Range 8-W, NMFM, San Juan County	
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)	
				P. O. Box 990, Farmington, New Mexico	
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)	
				P. O. Box 990, Farmington, New Mexico	
If well produces oil or liquids, give location of tanks.		Unit		Sec.	
		P		9	
		Twp.		Rge.	
		28-N		8-W	
Is gas actually connected? When					
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	
				X	
Date Spudded		Date Compl. Ready to Prod.		Total Depth	
9-15-76		11-3-76		5441'	
Elevations (DF, RKB, RT, GR, etc.)		Name of Producing Formation		Top ** Gas Pay	
6326' GK		Mesa Verde		4376	
Perforations		4376 4457 4476 4482 4488 4494 4505 4509 4523 4532 4548 4555		Taking Depth	
4717 4750 4777 4794 4875 4887 4978 4991 5046 5052 5058 5064 5071 5077				5396	
5083 5089 5104 5117 5135 5166 5177 5202 5233 5247 5256 5299 5317 5328				Depth Casing Shoe	
5347 5381 5400				5441	
TUBING, CASING, AND CEMENTING RECORD					
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET	
13 3/4"		9 5/8"		237'	
8 3/4"		7"		3150'	
6 1/4"		4 1/2" liner		3001-5441'	
		2 3/8"		5396'	
				SACKS CEMENT	
				224 cf.	
				370 cf.	
				425 cf.	
				tbg.	
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	
Actual Prod. During Test		Oil-Bbls.		Water-Bbls.	
				Choke Size	
				Gas-MCF	
				DIST. C	
GAS WELL					
Actual Prod. Test-MCF/D		Length of Test		Bbls. Condensate/MMCF	
Testing Method (pitot, back pr.)		Tubing Pressure (shut-in)		Casing Pressure (shut-in)	
		380		735	
				Choke Size	
CERTIFICATE OF COMPLIANCE					
OIL CONSERVATION COMMISSION					
APPROVED _____, 19____					
BY _____					
TITLE _____					
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.					
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.					
Signature _____					
(Signature)					
Drilling Clerk					
(Title)					
November 10, 1976					
(Date)					