

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501Form C-104
Revised 10-1-70REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NAME OF OPERATOR	
ADDRESS	
CITY	
STATE	
ZIP	
LAND OFFICE	
TRANSPORTER	
OPERATOR	
PRODUCTION OFFICE	

El Paso Natural Gas

Address

P.O. Box 289, Farmington, NM 87401

Reason(s) for filing (check proper box)

New Well	☐	Change in Transporter of:	
Recompletion	☒	Oil	☐
Change in Ownership	☐	Casinghead Gas	☐
		Dry 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	Lease No.
Hardie E (PM) (OWWO)	2A	Blanco Mesa Verde	State, Federal or Free SF	078499-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
			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	P.O. Box 289, Farmington, NM 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	P.O. Box 289, Farmington, NM 87401					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	P	9	28-N	8-W		

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Restv.	Diff. Restv.
		X		X				
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
9-15-76; w/o 6-25-80	11-3-76; w/o 7-29-80	5441						
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
6326' GL	M.V.	4376'	5388'					
Perforations			Depth Casing Shoe					
4376, 4457, 4476, 4482, 4488, 4494, 4505, 4509, 4523, 4532, 4548, 4555, 4717, 4750, 4777, 4794, 4875, 4887, 4978, 4991, 5046, 5052, 5058, 5064, 5071, 5077, 5083, 5089, 5104, 5117, 5135, 5166, 5177, 5202, 5233, 5247, 5256, 5299, 5317, 5328, 5347, 5381		5441						
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
13 3/4"	9 5/8"	237	224 cf.					
8 3/4"	7"	3150	370 cf.					
6 1/4"	4 1/2"	3001 - 5441	425 cf.					
	2 3/8"	5388						

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 top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Methods (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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
2656	3 hrs.		
Testing Method (pilot, back pr.)	Tubing Pressure (shot-in)	Casing Pressure (shot-in)	Choke Size
Calc. A.O.F.	410		3/4

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation
Division have been complied with and that the information given
above is true and complete to the best of my knowledge and belief.

Drilling Clerk

August 15, 1980

OIL CONSERVATION DIVISION

AUG 26 1980

APPROVED _____, 10 _____

BY Original Signed by FRANK T. CHAVEZ

TITLE SUPERVISOR DISTRICT #1

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 allow-
able on new and re-completed 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 Form C-104 must be filed for each pool in multiply