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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-1
Effective 1-1-65

Operator EL PASO NATURAL GAS CO.	
Address BOX 990, FARMINGTON, NEW MEXICO	
Reason(s) for filing (check proper box)	Other (Please explain)
New Well ☒	Change In Transporter of:
Recompletion ☐	Oil ☐ Dry Gas ☐
Change In Ownership ☐	Casinghead Gas ☐ Condensate ☐

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name JONES A	Well No. 1A	Pool Name, including Formation BLANCO MESA VERDE	Kind of Lease State, Federal or Fee	Lease No. SE 078046
Location Unit Letter J : 1460 Feet From The South Line and 1750 Feet From The East Line of Section 10 Township 28-N Range 8-W, NMPM, San Juan County				

III. 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 CO.	BOX 990, FARMINGTON, NEW MEXICO
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 CO.	BOX 990, FARMINGTON, NEW MEXICO
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When.
J 10 28-N 8-W	

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 Resrv.	Diff. Resrv.
		X	X					
Date Spudded 2/18/78	Date Compl. Ready to Prod. 4/5/78	Total Depth 5123'	P.B.T.D. 5104'					
Elevations (DF, RKB, RT, GR, etc., 5948' GR	Name of Producing Formation MV	Top Gas Pay 4083'	Tubing Depth 5046'					
Perforations 4085, 4105, 4119, 4126, 4136, 4147, 4159, 4167, 4180, 4185, 4203, 4212, 4220, 4253, 4258, 4279, 4315, 4322, 4325, 4332, 4353, 4370, 4377, 4383, 4392, 4409, 4444, 4457, 4462, 4475, 4482, 4485, 4488, 4498, 4528, 4560, 4598, 4636, 4677, 4683, 4692, 4709, 4736, 4752, 4763, 4780, 4798, 4828, 4860, 4918, 4936, 4977, 4983, 4992, 5009, 5044, 5057, 5062, 5075	Depth Casing Shoe 5123'							
HOLE SIZE 13 3/4"	CASING & TUBING SIZE 9 5/8"		DEPTH SET 212'		SACKS CEMENT 224 cf.			
8 3/4"	7"		280'		285 cf.			
6 1/4"	4 1/2" liner		2646-5123'		455 cf.			
	2 3/8"		5046		tubing			

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

GAS WELL

Actual Prod. Test-MCF/D 6517	Length of Test 5 hours	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.) Calc. A.O.F.	Tubing Pressure (Shut-in) 861	Casing Pressure (Shut-in)	Choke Size 5/4"

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. J. Ducro
(Signature)
Drilling Clerk
(Title)
4/6/78
(Date)

OIL CONSERVATION COMMISSION	
APPROVED _____, 19 _____	BY <u>Original Signed</u>
TITLE <u>SECRETARY</u>	
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.	