

NAME	
ADDRESS	
PHONE	
UNIT NO.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRODUCTION 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-105
Effective 1-1-65

Operator <u>EL PASO PETROLEUM CORP.</u>	
Address <u>501 Airport Drive, Suite 114, Farmington, New Mexico 87401</u>	
Reasons for filing (check proper box)	Other (Please explain)
New Well ☒	Change in Transporter of:
Recompletion ☐	Oil ☐ Dry Gas ☒
Change in Operator ☐	Casinghead Gas ☐ Condensate ☐

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>El Paso Federal 17-27-13</u>	Well No. <u>4</u>	Pool Name, including Formation <u>WAW Fruitland-Pictured Cliff</u>	Kind of Lease State, Federal or Fee <u>Federal</u>	Lease No. <u>NM 9523</u>
Location				
Unit Letter <u>G</u> ; <u>1830</u> Feet From The <u>North</u> Line and <u>1690</u> Feet From The <u>East</u>				
Line of Section <u>17</u> Township <u>27N</u> Range <u>13W</u> , NMPM, <u>San Juan</u> 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)
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent)
<u>El Paso Natural Gas Co.</u>	<u>P. O. Box 990, Farmington, NM 87401</u>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? <u>No</u> When _____

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

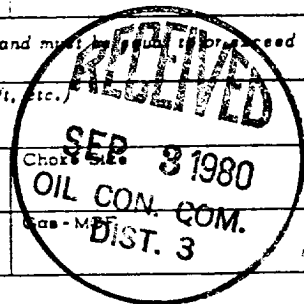
IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well ☐	Gas Well ☒	New Well ☒	Workover ☐	Deepen ☐	Plug Back ☐	Same Res'tv. ☐	Diff. Res'tv. ☐
Date Spudded <u>7/24/80</u>	Date Compl. Ready to Prod. <u>8/25/80</u>		Total Depth <u>1500'</u>		P.B.T.D. <u>1408'</u>			
Elevations (IE, RAE, RT, GR, etc.) <u>5998' GR</u>	Name of Producing Formation <u>Pictured Cliff</u>		Top Oil/Gas Pay <u>1312'</u>		Tubing Depth <u>1483'</u>			
Perforations <u>1312'-1317'</u>					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<u>12 1/2"</u>	<u>8 5/8"</u>		<u>167'</u>		<u>115</u>			
<u>6 1/2"</u>	<u>4 1/2"</u>		<u>1483'</u>		<u>250</u>			

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be at least 24 hours before test 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.



GAS WELL

Actual Prod. Test-MCF/D <u>16.8</u>	Length of Test <u>3 Hours</u>	Bbls. Condensate/MMCF -----	Gravity of Condensate -----
Testing Method (pilot, back pr.) <u>Back Pressure</u>	Tubing Pressure (Shut-in) <u>240 psi</u>	Casing Pressure (Shut-in) <u>240 psi</u>	Choke Size <u>3/8"</u>

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.

H. D. Hollingsworth
H. D. Hollingsworth (Signature)
Drilling & Production Foreman
(Title)
August 29, 1980
(Date)

OIL CONSERVATION COMMISSION
APPROVED SEP 19 1980, 19____
Original Signed by FRANK T. CHAVEZ
BY _____
TITLE SUPERVISOR DISTRICT # 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, 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.