STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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FILE			
W.S.G.S.		1	
LAND OFFICE			_
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PROBATION OF	HCK		_

OIL CONSERVATION DIVISION P. O. BOX 2088 SANTA FE, NEW MEXICO 87501

Form C-104 Revised 10-01-78 Format 06-01-83 Page 1

REQUEST FOR ALLOWABLE

Address E1 Paso Natural Gas Company Resented by The Company P. O. Box 4289, Farmington, NM 87499 Change in Transporter of:	PROBATION OFFICE	AUTHO	PIZATION TO		AND	AND MATE			
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Recompletion	1	ngton.	NM 87499				D E E		<u>ra</u>
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Michange of ownership give name and address of previous owner II. DESCRIPTION OF WELL AND LEASE Lesse name TUTION 17A Blanco Mesa Verde Sicre (Federal) or Fee SF 079937 Location Until Letter F: 1610 Feet From The North Line and 1610. Feet From The West Line of Section 10 Township 27N Range 9W NMPM, San Juan Countil Line of Authorised Transporter of Oil or Connensate X Address (Give address to which approved copy of this form is to be sent) Fil Paso Natural Gas Company Name of Authorised Transporter of County Section 10 27N 9W If well production of Innuise. If yell production of Innuise. If yell production is commingled with that from any other lease or pool, give commingling order number: NOTE: Complete Parts IV and V on reverse side if necessary. VI. CERTIFICATE OF COMPILANCE Interest certify that the nilos and regulations of the Oil Conservation Division have been compliced with and that the information given is true and complete to the best of my knowledge and belief. Signature) Diffining Clerk (Titis) 8-27-85 (Date) (Date) Address (Give address to which approved copy of this form is to be sent) P. O. Box 4289, Farmington, NM 87499 Address (Give address to which approved copy of this form is to be sent) P. O. Box 4289, Farmington, NM 87499 If whis production is commingled with that from any other lease or pool, give commingling order number: NOTE: Complete Parts IV and V on reverse side if necessary. VI. CERTIFICATE OF COMPILANCE Diffining Clerk (Filia) Suppervisor District # 2 This form is to be filed in compliance with RULE 1104. All sections of this deviation of the substantion of the deviation of the deviation of the deviation of the deviation of the complete production of the such change of condition of the production of the such change of condition of th	Recompletion	Oii			ry Gas		SEP	2.0 38 5	
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Separate Forms C-104 must be filed for each pool in mult:	·			-	Fill	out only Se	ctions I. II. III. a	nd VI for chang	ren of own
					Sep	arate Forms			

IV	CO	MPI	FTI	ON	DAT	A

Designate Type of Completion	on – (X)	OII MeII	Gas well	New Well	Workover	Deepen	Plug Back	Same Resty.	DIIL R
Date Spudded 6-14-85		-20-85	rod.	Total Deptr	5061'		P.B.T.D.	5047'	<u></u>
Elevetions (DF, RKB, RT, GR, ste.) 6269 GL		Mesa Ve		Тор ОЦ/Са	4605'		Tubing Dep	5002'	 -
Performisone 4708, 4717, 4726 4980, 5009 w/1 SPZ. 4605	, 4734, , 4609,	4745, 47 4613, 46	770, 4815 617, 4621	, 4850, , 4625,	4885, 49 4629, 46	10, 4947, 33, 4646.	Depth Castr	ig Shoe	
Conti Perfs Below			ASING, AND				<u> </u>		
HOLE SIZE	CASI	ALBUT & DI			DEPTH SE		SA	CKS CEMEN	т
12 1/4"		9 5/8"			126'			118 cu ft	
8 3/4"		7''		2	610'			369 cu ft	
6 1/4"		4 1/2"		2	444-5061	1		484 cu ft	
		2 3/8"		5	002'				·

V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top all OIL WELL

OIL WELL							
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pu	Producing Method (Flow, pump, gas lift, etc.)				
Length of Test	Tubing Pressure	Casing Preseure	Chote Size				
Actual Prod. During Test	Oil-Bbis.	Water-Bbie.	Gas-MCF				
	•	1	i				

GAS WELL

Actual Prod. Teet-MCF/D	ongth of Test 3 Hrs.	Bbis. Condensate/MMCF 309 MCF	Gravity of Condensate
Teeting Method (puot. back pr.) Back Pressure	bing Pressure (Shut-in)	Casing Pressure (Shut-in) 819	Chore Size 3/4"

*Conti. Perf's:

4650, 4654, 4664, 4674, 4682, w/1 SPZ