

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

| | |
|------------------------|-----|
| NO. OF COPIES RECEIVED | |
| DISTRIBUTION | |
| SANTA FE | |
| FILE | |
| U.S.G.S. | |
| LAND OFFICE | |
| TRANSPORTER | OIL |
| | GAS |
| OPERATOR | |
| PROBATION OFFICE | |

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
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED
JUL 31 1985
OIL CON. DIV.
DIST. 3

I. Operator El Paso Natural Gas Company

Address P. O. Box 4289, Farmington, NM 87499

Reason(s) for filing (Check proper box)

| | | |
|--|---|-------------------------------------|
| <input checked="" type="checkbox"/> New Well | Change in Transporter of: | |
| <input type="checkbox"/> 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 |

Other (Please explain) _____

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

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|---|-------------------------|---|---|-------------------------------|
| Lease Name <u>Huerfano Unit</u> | Well No. <u>105E</u> | Pool Name, including Formation <u>Basin Dakota</u> | Kind of Lease <u>State, Federal or Fee Federal</u> | Lease No. <u>SF 076566</u> |
| Location <u>Unit Letter L</u> : <u>1520</u> Feet From The <u>South</u> Line and <u>420</u> Feet From The <u>West</u> | | | | |
| <u>Line of Section 29</u> <u>Township 27N</u> <u>Range 10W</u> , NMPM, <u>San Juan</u> County | | | | |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS


| | |
|--|--|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |
| <u>El Paso Natural Gas Company</u> | <u>P. O. Box 4289, Farmington, NM 87499</u> |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |
| <u>El Paso Natural Gas Company</u> | <u>P. O. Box 4289, Farmington, NM 87499</u> |
| If well produces oil or liquids, give location of tanks. | Unit Sec. Twp. Rge. Is gas actually connected? When |
| | <u>L 29 27N 10W</u> <u>NO</u> |

If this 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 COMPLIANCE

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


(Signature)
Peggy Cook
Drilling Clerk
(Title)
7-29-85
(Date)

OIL CONSERVATION DIVISION

APPROVED AUG 07 1985
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 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 multiple completed wells.

IV. COMPLETION DATA

| Designate Type of Completion - (X) | | Oil Well | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v. | Diff. Res'v. |
|--|-----------------------------|----------------------|-----------------|-----------|--------------|-------------------|-----------|-------------|--------------|
| | | | X | X | | | | | |
| Date Spud/Drilled | Date Compl. Ready to Prod. | | Total Depth | | P.B.T.D. | | | | |
| 5-24-85 | 7-9-85 | | 6459 | | 6443 | | | | |
| Elevations (DF, RKB, RT, CR, etc.) | Name of Producing Formation | | Top Gas/Gas Pay | | Tubing Depth | | | | |
| 6056' GL | Basin Dakota | | 6211 | | 6326 | | | | |
| Perforations 6211, 6213, 6215, 6217, 6266, 6268, 6270, 6272, 6274, 6276, 6278, 6280, 6282, 6284, 6316, 6318, 6320, 6322, 6324, 6326, w/1 SPZ | | | | | | Depth Casing Shoe | | | |
| | | | | | | 6458 | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | | |
| HOLE SIZE | | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | |
| 12 1/4" | | 8 5/8" | | 238 236 | | 159 cu ft | | | |
| 7 7/8" | | 4 1/2" | | 6458 | | 2323 cu ft | | | |
| | | 2 3/8" | | 6326 | | | | | |

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 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 | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate |
| 1885 | 3 Hrs. | 301 MCF | 0 |
| Testing Method (pucl, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size |
| Back Pressure | 1237 | 1371 | 3/4" |