

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PROMOTION OFFICE	

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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator
El Paso Natural Gas Company

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

Reason(s) for filing (Check proper box) Other (Please explain)

<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

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Turner Hughes	Well No. 14A	Pool Name, Including Formation Blanco Mesa Verde	Kind of Lease State, (Federal) or Fee	Lease No. SF 078050
Location				
Unit Letter <u>I</u> ; <u>1620</u> Feet From The <u>South</u> Line and <u>1120</u> Feet From The <u>East</u>				
Line of Section <u>4</u> Township <u>27N</u> Range <u>9W</u> , NMPM. San Juan 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)					
El Paso Natural Gas Company	P. O. Box 4289, Farmington, NM 87499					
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)					
El Paso Natural Gas Company	P. O. Box 4289, Farmington, NM 87499					
If well produces oil or liquids, give location of tanks.	Unit I	Sec. 4	Twp. 27N	Rge. 9W	Is gas actually connected? No	When

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)
Drilling Clerk

(Title)
9-24-85

(Date)

OIL CONSERVATION DIVISION

APPROVED OCT - 3 1985
BY Original Signed by FRANK T. CHAVEZ
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 deviator tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for all wells on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of owner name or number, or transporter, or other such change of condition.
Separate Forms C-104 must be filed for each pool in multi-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'
			X	X					
Date Spudded 6-21-85	Date Compl. Ready to Prod. 9-20-85		Total Depth 5208'			P.B.T.D.	5194'		
Elevations (DF, RKB, RT, GR, etc.) 6409' GL	Name of Producing Formation Blanco Mesa Verde		Top Oil/Gas Pay 4723'			Tubing Depth 5180'			
Perforations 5003, 5039, 5069, 5100, 5132, 5161, 5184 w/1 SPZ. 2nd stage 4723, 4760, 4765, 4770, 4775, 4780, 4786, 4792, 4800, 4805, 4810, 4820, 4824,						Depth Casing Shoe 5208'			
* Conti. Perf's Listed Below TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE			DEPTH SET		SACKS CEMENT		
12 1/4"		9 5/8"			228'		159 cu ft		
8 3/4"		7"			2754'		379 cu ft		
6 1/4"		4 1/2" Liner			2593-5208'		454 cu ft		
		2 3/8"			5180'				

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/MCF	Gravity of Condensate
1770	3 Hrs.	269 MCF	0
Testing Method (puls, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
Back Pressure	496	718	3/4"

* Conti. Perf's:

4829, 4839, 4863, 4872, 4878, 4887, 4895, 4914, 4924, 4942, 4968 w/1 SPZ.

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