

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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OPERATOR	GAS
PRODUCTION 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

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	<b>Change in Transporter of:</b>	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Condensate	
<input type="checkbox"/> Change in Ownership			

**Other (Please explain)**

If change of ownership give name and address of previous owner \_\_\_\_\_

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DIST. 3

II. DESCRIPTION OF WELL AND LEASE

<b>Lease Name</b> Hughes	<b>Well No.</b> 10A	<b>Pool Name, including Formation</b> Blanco Mesa Verde	<b>Kind of Lease</b> State, (Federal) or Fee	<b>Lease</b> SF 078050
<b>Location</b> Unit Letter <u>D</u> ; <u>1575</u> Feet From The <u>North</u> Line and <u>1190</u> Feet From The <u>West</u> Line of Section <u>3</u> Township <u>27N</u> Range <u>9W</u> , NMPM, San Juan Cour				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

<b>Name of Authorized Transporter of Oil</b> <input type="checkbox"/> or <b>Condensate</b> <input checked="" type="checkbox"/> El Paso Natural Gas Company	<b>Address (Give address to which approved copy of this form is to be sent)</b> P. O. Box 4289, Farmington, NM 87499
<b>Name of Authorized Transporter of Casinghead Gas</b> <input type="checkbox"/> or <b>Dry Gas</b> <input checked="" type="checkbox"/> El Paso Natural Gas Company	<b>Address (Give address to which approved copy of this form is to be sent)</b> P. O. Box 4289, Farmington, NM 87499
<b>If well produces oil or liquids, give location of tanks.</b> Unit <u>D</u> Sec. <u>3</u> Twp. <u>27N</u> Rge. <u>9W</u>	<b>Is gas actually connected?</b> <u>No</u> <b>when</b> _____

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.

*David L. Chavez*  
(Signature)  
Drilling Clerk  
(Title)  
10-23-85  
(Date)

OIL CONSERVATION DIVISION

APPROVED NOV 20 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 deeper well, this form must be accompanied by a tabulation of the device 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, well 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.

Job separation sheet

#### IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil well	Gas well	New well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Re
			X	X					
Date Spudded 9-19-85	Date Compl. Ready to Prod. 10-22-85		Total Depth 5671'			P.B.T.D. 5659'			
Elevations (DF, RKB, RT, CR, etc.) 6848' GL	Name of Producing Formation Blanco Mesa Verde		Top Oil/Gas Pay 5307'			Tubing Depth 5613'			
Perforations 5441, 5448, 5471, 5486, 5545, 5553, 5561, 5580, 5612, 5625 w/1 SPZ. 2nd stage-1st set 5257, 5261, 5266, 5271, 5276, 5287, 5292, 5297,						Depth Casing Shoe 5671'			
* Continued Perf's Listed Below TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"		9 5/8"		224'		136 cu ft			
8 3/4"		7"		3277'		392 cu ft			
6 1/4"		4 1/2" Liner		3111-5671'		443 cu ft			
		2 3/8" Tubing		5613'					

#### 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 SI 7 Days	Bbls. Condensate/MCF	Gravity of Condensate
Testing method (plug, back pr.)	Tubing Pressure (Shut-in) SI 388	Casing Pressure (Shut-in) SI 659	Choke Size

\* Continued Perf's.