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| PROBATION 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-110
Effective 1-1-65

| | |
|--|---|
| Operator El Paso Natural Gas Company | |
| Address PO Box 990, Farmington, NM 87401 | |
| Reason(s) for filing (Check proper box) | |
| New Well <input checked="" type="checkbox"/> | Change in Transporter of: |
| 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 <input type="checkbox"/> |
| Other (Please explain) | |

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

| | | | | |
|-----------------------|-----------------|---|---------------------------------|-----------------------|
| Lease Name Hardie | Well No. 11 | Pool Name, including Formation Blanco Pictured Cliffs Ext. | Lease (Federal) or Fee SF | Lease No. 078416-A |
| Location | | | | |
| Unit Letter C | 970 | Feet From The North | Line and 1500 | Feet From The West |
| Line of Section 25 | Township 29N | Range 8W | NMPM, San Juan County | |

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | | | | | |
|---|--|------------|-------------|------------|------------------------------------|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> El Paso Natural Gas Company | Address (Give address to which approved copy of this form is to be sent) PO Box 990, Farmington, NM | | | | |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Company | Address (Give address to which approved copy of this form is to be sent) PO Box 990, Farmington, NM | | | | |
| If well produces oil or liquids, give location of tanks. | Unit C | Sec. 25 | Twp. 29N | Rge. 8W | Is gas actually connected? When |

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

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 Spudded 1-4-73 | Date Compl. Ready to Prod. 5-14-73 | Total Depth 3138 | P.B.T.D. 3127 | | | | | |
| Elevations (DF, RKB, RT, GR, etc.) 6379'GL | Name of Producing Formation Pictured Cliffs | Top X1/Gas Pay 3018' | Tubing Depth tubingless | | | | | |
| Perforations 3018-38' and 3048-68' | | | Depth Casing Shoe 3138' | | | | | |

TUBING, CASING, AND CEMENTING RECORD

| | | | |
|-----------------|----------------------|-----------|--------------|
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
| 12 1/4" | 8 5/8" | 137' | 107 cu. ft. |
| 7 7/8" & 6 3/4" | 2 7/8" | 3138' | 348 cu. ft. |
| tubingless | | | |

TEST DATA AND REQUEST FOR ALLOWABLE
OIL WELL

(Test must be after recovery of total volume of load oil and must be held for two hours or 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 1329 | Length of Test 3 hours | Bbls. Condensate/MMCF | Gravity of Condensate |
| Testing Method (pilot, back pr.) Calc. AOF | Tubing Pressure (Shut-in) tubingless | Casing Pressure (Shut-in) 1053 | Choke Size 3/4" |

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.

Drilling Clerk
(Signature)
May 24, 1973
(Title)

OIL CONSERVATION COMMISSION
MAY 24 1973

APPROVED _____, 19____
BY Original Signed by Emery C. Arnold,
TITLE SUPERVISOR DIST. #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 deviate 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 transportation or other such change of condition.