

DISTRIBUTION STATE

S.G.S.

AND OFFICE

TRANSPORTER

OIL GAS

OPERATION

PRODUCTION 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 Co.

Address

Box 289, Farmington, NM

Reason(s) for filing (Check proper box)

New Well

Recompletion

Change in Ownership

Change in Transporter of:

Oil

Casinghead Gas

Dry Gas

Condensate

Other (Please explain)

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name

Hughes A

Well No.

6A

Pool Name, including Formation

Blanco MV

Kind of Lease

State, Federal or Fee

SF

Lease No.

078049

Location

Unit Letter

F

2355'

Feet From The

North

Line and

2040'

Feet From The

West

Line of Section

33

Township

29N

Range

8W

NMPM, San Juan

County

I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil

or Condensate

El Paso Natural Gas

Address (Give address to which approved copy of this form is to be sent)

Box 289, Farmington, NM

Name of Authorized Transporter of Casinghead Gas

or Dry Gas

El Paso Natural Gas

Address (Give address to which approved copy of this form is to be sent)

Box 289, Farmington, NM

If well produces oil or liquids, give location of tanks.

Unit

F

Sec.

33

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 Restv.

Diff. Restv.

Date Spudded

8-27-78

Date Compl. Ready to Prod.

10-30-78

Total Depth

5277'

P.B.T.D.

5261'

Elevations (DF, RKB, RT, GR, etc.)

6062 G.L.

Name of Producing Formation

Mesa Verde

Top Gas Pay

4207'

Tubing Depth

5182'

Perforations

4207, 4214, 4233, 4239, 4246, 4260, 4277, 4278, 4293, 4300, 4314, 4320, 4326, 4332, 4458, 4588, 4636, 4699, 4716, 4724, 4814, 4819, 4825, 4842, 4847, 4853, 4858, 4898, 4905, 4912, 4927, 4976, 5031, 5067, 5074, 5090, 5154, 5172, 5180 w/

DEPTH SET

SACKS CEMENT

HOLE SIZE

CASING & TUBING SIZE

1 SPZ

13 3/4"

9 5/8"

237'

224 cf

8 3/4"

7"

2920'

380 cf

6 1/4"

4 1/2" liner

2754-5277

515 cf

2 3/8"

5182

tubing

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(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

Testing Method (pilot, back pr.)

Tubing Pressure (shut-in)

Casing Pressure (shut-in)

Choke Size

739

744

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

11-17-78

OIL CONSERVATION COMMISSION

APPROVED

BY

TITLE

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 multiply completed wells.