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# NEW MEXICO OIL CONSERVATION COMMISSION

FORM C-103  
(Rev 3-55)

## MISCELLANEOUS REPORTS ON WELLS

(Submit to appropriate District Office as per Commission Rule 1106)

Name of Company El Paso Natural Gas Company		Address P.O. Box 990, Farmington, New Mexico	
Lease McElvain	Well No. 4-A	Unit Letter K	Section 24
		Township 30	Range 7
Date Work Performed 10-5-64	Pool Blanco Mesa Verde	County Rio Arriba	

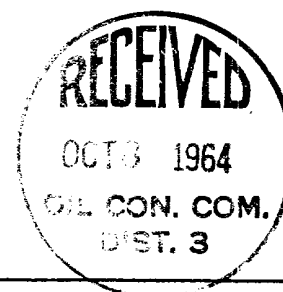
THIS IS A REPORT OF: (Check appropriate block)

- ☐ Beginning Drilling Operations
 ☐ Casing Test and Cement Job
 ☐ Other (Explain):
- ☐ Plugging
 ☒ Remedial Work

Detailed account of work done, nature and quantity of materials used, and results obtained.

2-3/8" tubing perforated at following depths:

- 1 hole at 4642 ft.
- 1 hole at 4700 ft.
- 1 hole at 4935 ft.
- 1 hole at 4965 ft.



Witnessed by John Tillerson	Position Production Engineer	Company El Paso Natural Gas Company
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FILL IN BELOW FOR REMEDIAL WORK REPORTS ONLY

### ORIGINAL WELL DATA

D F Elev. 6153	T D 5536	P B T D ---	Producing Interval 4932-5500	Completion Date 4-4-53
Tubing Diameter 2-3/8	Tubing Depth 5474	Oil String Diameter 7"	Oil String Depth 4657	
Perforated Interval(s)				

Open Hole Interval 4657 - 5536	Producing Formation(s) Mesa Verde
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### RESULTS OF WORKOVER

Test	Date of Test	Oil Production BPD	Gas Production MCFPD	Water Production BPD	GOR Cubic feet/Bbl	Gas Well Potential MCFPD
Before Workover						
After Workover						

OIL CONSERVATION COMMISSION

I hereby certify that the information given above is true and complete to the best of my knowledge.

Approved by Original Signed By A. R. KENDRICK	Name John J. Tillerson
Title PETROLEUM ENGINEER DIST. NO. 3	Position
Date OCT 8 1964	Company

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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 P. O. Box 990, Farmington, New Mexico	
Reason(s) for filing (Check proper box)	
New Well	<input type="checkbox"/>
Recompletion	<input checked="" type="checkbox"/>
Change in Ownership	<input type="checkbox"/>
Change in Transporter	<input type="checkbox"/>
Oil	<input type="checkbox"/>
Casinghead Gas	<input type="checkbox"/>

If change of ownership give name and address of previous owner

ILLEGIBLE

II. DESCRIPTION OF WELL AND LEASE

Lease Name San Juan 30-6 Unit	Well No. 77	Form, Date, and Permit No. Blanco Mesa Verde	Kind of Lease State, Federal or Fee
Location			
Unit Letter K	Feet From The	Line and	Feet From The
Line of Section 24	Township 30	Range 7	County Rio Arriba

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil	or Consignee	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas	or Dry Gas	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit	Sec.

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen
Date Spudded	Date Compl. Ready to Prod.	Total Depth	Perforations		
Pool	Name of Producing Formation	Top of Pay	Turning Depth		
Perforations Perforated tubing at 4642'. Turned back on Production 10-25-65			Depth Casing Head		
TUBING, CASING, AND CEMENTING RECORD					
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		

V. 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	Flowing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Stroke
Actual Prod. During Test	Oil-lb/dl.	Water-lb/dl.	Gas-lb/dl.

GAS WELL

Actual Prod. Test-MSCF/D	Length of Test	Flowing Method (Flow, pump, gas lift, etc.)	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Stroke Size

VI. CERTIFICATE OF COMPLETION

OIL CONSERVATION COMMISSION

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

APPROVED DEC 2 1965

Original Signed 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 all deviation tests taken on the well in accordance with RULE 1104.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out Sections I, II, III, and VI only 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.