

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
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
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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	JUL 22 1985 OIL CON. DIV. 1 DIST. 3
<input type="checkbox"/> Recompletion	
<input type="checkbox"/> Change in Ownership	
Change in Transporter of:	
<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<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 Feuille A	Well No. 5E	Pool Name, including Formation Basin Dakota	Kind of Lease State, Federal or Fee Federal	Lease No. SF 078197
Location				
Unit Letter <u>K</u> : <u>1510</u> Feet From The <u>South</u> Line and <u>1690</u> Feet From The <u>West</u>				
Line of Section <u>4</u> Township <u>29N</u> Range <u>10W</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 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	Sec.	Twp.	Rge.	Is gas actually connected?	When
	K	4	29N	10W	NO	

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)
7-19-85
(Date)

OIL CONSERVATION DIVISION

APPROVED JUL 22 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 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 multiple completed wells.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well X	New Well X	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 5-5-85	Date Compl. Ready to Prod. 7-5-85		Total Depth 6975'		P.B.T.D. 6950'				
Elevations (DF, RKB, RT, GR, etc.) 5892' GL	Name of Producing Formation Basin Dakota		Top Oil/Gas Pay 6679'		Tubing Depth 6771'				
Perforations 6679, 6682, 6685, 6705, 6708, 6720, 6723, 6726, 6740, 6743, 6746, 6749, 6752, 6755, 6758, 6761, 6764, 6767, 6770, 6773 w/20 SPZ							Depth Casing Shoe 6972'		
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12 1/4"	9 5/8"		225'		125 183 cu ft				
7 7/8"	4 1/2"		6973'		1915 cu ft				
	2 3/8"		6771'						

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	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 1911	Length of Test 3 Hrs.	Bbls. Condensate/MMCF 277 MCF	Gravity of Condensate 0
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 1492	Casing Pressure (Shut-in) 1540	Choke Size 3/4"