

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

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El Paso Natural Gas Company
P. O. Box 990
Farmington, New Mexico

Red tape, for filing (fill in proper box)
New Well
Dry Gas
Casinghead Gas
Other (Please explain)

Change in Transporter of
Oil
Dry Gas
Casinghead Gas
Condensate

If change of ownership, give name and address of previous owner

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II. DESCRIPTION OF WELL AND LEASE

Lease Name Rosa	Unit Unit	Well No. 41	Pool Name, including Formation Blanco Mesa Verde	Kind of Lease State, Federal or Fee
Location Corr. Letter X ; Feet From The Line and Feet From The				
Line of Section 5 , Township 31 Range 5 , NMPM, Rio Arriba Country				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate	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 tank	Unit Sec. Twp. Rge. Is gas actually connected? When

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

IV. COMPLETION DATA

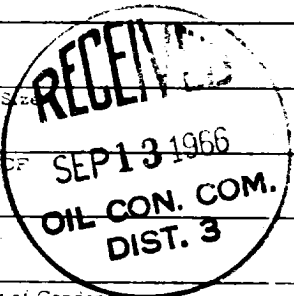
Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Feet	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Perforations			Depth Casing Shoe					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
Installed Intermittent with Adapter, Turned Back on Production 5-24-66			

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-MCF	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Test, (flow, pump, gas lift, etc.)	Tubing Pressure	Casing Pressure	Choke Size



VI. CERTIFICATE OF COMPLIANCE

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

J. Tillerson
(Signature)
J. Tillerson
(Title)
(Date)

OIL CONSERVATION COMMISSION

APPROVED **SEP 13 1966**, 19
BY **Original Signed by Emery C. Arnold**
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 deviation 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 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 multiple