

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	5
DISTRIBUTION	
SANTA FE	1
FILE	1
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL 1 GAS 1
OPERATOR	1
PRODUCTION OFFICE	

Operator
El Paso Natural Gas Company

Address
PO Box 990, Farmington, NM 87401

Reason(s) for filing (Check proper box) Other (Please explain)
 New Well Change in Transporter of:
 Recompletion Oil Dry Gas
 Change in Ownership Casinghead Gas Condensate

See back for details

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

DESCRIPTION OF WELL AND LEASE

Lease Name Atlantic B	Well No. 5(OWWO)	Pool Name, including Formation Blanco Mesa Verde	Kind of Lease State, (Federal) or Fee SF	Lease No. 080917
Location Unit Letter B ; 1017 Feet From The North Line and 1650 Feet From The East Line of Section 5 Township 30N Range 10W , 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 B Sec. 5 Twp. 30N Rge. 10W Is gas actually connected? <input type="checkbox"/> When _____

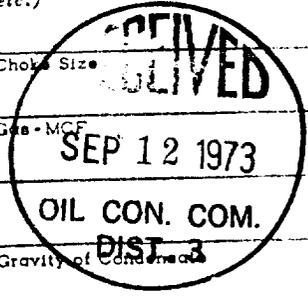
If this production is commingled with that from any other lease or pool, give commingling order number: _____

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res.	Diff. Res.
		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>
Date Spudded w/o 6-22-73	Date Compl. Ready to Prod. w/o 8-28-73	Total Depth 5532'	F.B.T.D. 5515'					
Elevations (DF, RKB, RT, GR, etc.) 6224'GL	Name of Producing Formation Mesa Verde	Top Oil/Gas Pay 4494'	Tubing Depth 5458'					
Perforations 4494-4502', 4512-22', 4618-32', 4672-84' w/16 spz. 5094-5100', 5120-26', 5138-48', 5158-68', 5186-92', 5202-08', 5228-34', 5244-60 w/16 spz. 5294-5306', 5366-72', 5396-5404' & TUBING, CASING, AND CEMENTING RECORD 5462-68 w/16 spz			Depth Casing Shoe 5532'					
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
no record	9 5/8"		175'		125			
8 3/4"	7"		4404'		300			
6 1/8"	4 1/2"		5532'		243 cu. ft.			
	2 3/8"		5458'		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 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 6661 MCF/D	Length of Test 3 hrs.	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.) Calc. AOF	Tubing Pressure (shut-in) 739	Casing Pressure (shut-in) 739	Choke Size 4" M.R.

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.

M. J. Brown

(Signature)
Drilling Clerk

(Title)
September 12, 1973

(Date)

OIL CONSERVATION COMMISSION

APPROVED **SEP 12 1973**, 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 deep well, this form must be accompanied by a tabulation of the device 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 only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of conditions.
Separate Forms C-104 must be filed for each pool in recompleted wells.