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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 PO Box 990, Farmington, NM 87401	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner

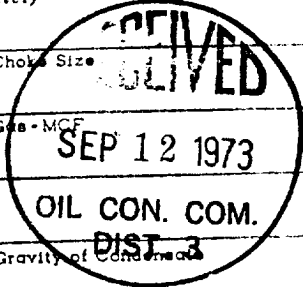
DESCRIPTION OF WELL AND LEASE		Kind of Lease	Lease No.
Lease Name Atlantic B	Well No. Pool Name, Including Formation 5(OWWO) Blanco Mesa Verde	State (Federal) or Fee SF	080917
Location			
Unit Letter B	1017 Feet From The North Line and 1650 Feet From The East		
Line of Section 5	Township 30N	Range 10W	County San Juan

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	El Paso Natural Gas Company	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	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? When

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

V. COMPLETION DATA		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res.	Diff. Res.
Designate Type of Completion - (X)			X		X			X	
Date Spudded w/o 6-22-73	Date Compl. Ready to Prod. w/o 8-28-73	Total Depth 5532'	P.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						

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 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		Bbls. Condensate/MMCF	Gravity of Condensate
Actual Prod. Test-MCF/D 6661 MCF/D	Length of Test 3 hrs.	Casing Pressure (shut-in) 739	Choke Size 4" M.R.
Testing Method (pitot, back pr.) Calc. AOF	Tubing Pressure (shut-in) 739		

VI. 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  
September 12, 1973  
(Date)

OIL CONSERVATION COMMISSION

APPROVED SEP 12 1973

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.