

NO. OF COPIES RECEIVED	6
DISTRIBUTION	
SANTA FE	1
FILE	1
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL 1 GAS 1
OPERATOR	2
PRORATION OFFICE	

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

I.

Operator <b>El Paso Natural Gas Company</b>	
Address <b>Box 990, Farmington, New Mexico - 87401</b>	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input 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 \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Gonzales Com</b>	Well No. <b>3</b>	Pool Name, Including Formation <b>Basin Dakota</b>	Kind of Lease <b>Rate, Federal or Fee</b>	Lease No. <b>B-10796-4</b>
Location Unit Letter <b>K</b> ; <b>1650</b> Feet From The <b>South</b> Line and <b>1650</b> Feet From The <b>West</b> Line of Section <b>16</b> Township <b>30N</b> Range <b>12W</b> , NMPM, <b>San Juan</b> 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) <b>Box 990, Farmington, New Mexico - 87401</b>					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) <b>Box 990, Farmington, New Mexico - 87401</b>					
If well produces oil or liquids, give location of tanks.	Unit <b>K</b>	Sec. <b>16</b>	Twp. <b>30N</b>	Rge. <b>12W</b>	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.
		<b>X</b>	<b>X</b>					
Date Spudded <b>9-30-69</b>	Date Compl. Ready to Prod. <b>10-29-69</b>	Total Depth <b>6655'</b>		P.B.T.D. <b>6639'</b>				
Elevations (DF, RKB, RT, GR, etc.) <b>5692' GL</b>	Name of Producing Formation <b>Dakota</b>	Top Gas Pay <b>6398</b>		Tubing Depth <b>6546'</b>				
Perforations <b>6398-6405, 6470-90, 6527-32, 6554-59'</b>				Depth Casing Shoe <b>6655'</b>				
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<b>12 1/4"</b>	<b>8 5/8"</b>		<b>337'</b>		<b>245 Sks.</b>			
<b>7 7/8"</b>	<b>4 1/2"</b>		<b>6655'</b>		<b>815 Sks.</b>			
	<b>2 3/8"</b>		<b>6546'</b>		<b>Tubing</b>			

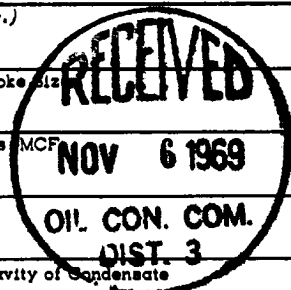
V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(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 <b>2037</b>	Length of Test <b>3 Hours</b>	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.) <b>Calculated A.O.F.</b>	Tubing Pressure (shut-in) <b>XXEX 1997</b>	Casing Pressure (shut-in) <b>1984</b>	Choke Size <b>3/4"</b>



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.

Original Signed F. H. WOOD

(Signature)

Petroleum Engineer

(Title)

November 5, 1969

(Date)

OIL CONSERVATION COMMISSION

APPROVED NOV 6, 1969

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 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 multiply completed wells.

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

<sup>1</sup> Operator Name and Address  Burlington Resources Oil & Gas PO Box 4289 Farmington, NM 87499		<sup>2</sup> OGRID Number  14538
		<sup>3</sup> Reason for Filing Code  CO - 7/11/96
<sup>4</sup> API Number 30-045-20557	<sup>5</sup> Pool Name BASIN (FRUITLAND COAL)	<sup>6</sup> Pool Code 71629
<sup>7</sup> Property Code 007049	<sup>8</sup> Property Name GONZALES COM	<sup>9</sup> Well Number #3

II. <sup>10</sup> Surface Location

UI or lot no. K	Section 16	Township 030N	Range 012W	Lot.Idn	Feet from the 1650	North/South Line S	Feet from the 1650	East/West Line W	County SAN JUAN
--------------------	---------------	------------------	---------------	---------	-----------------------	-----------------------	-----------------------	---------------------	--------------------

<sup>11</sup> Bottom Hole Location

UI or lot no.	Section	Township	Range	Lot.Idn	Feet from the	North/South Line	Feet from the	East/West Line	County
<sup>12</sup> Lse Code		<sup>13</sup> Producing Method Code		<sup>14</sup> Gas Connection Date		<sup>15</sup> C-129 Permit Number		<sup>16</sup> C-129 Effective Date	
								<sup>17</sup> C-129 Expiration Date	

III. Oil and Gas Transporters

<sup>18</sup> Transporter OGRID	<sup>19</sup> Transporter Name and Address	<sup>20</sup> POD	<sup>21</sup> O/G	<sup>22</sup> POD ULSTR Location and Description

IV. Produced Water

<sup>23</sup> POD	<sup>24</sup> POD ULSTR Location and Description
-------------------	--

V. Well Completion Data

<sup>25</sup> Spud Date	<sup>26</sup> Ready Date	<sup>27</sup> TD	<sup>28</sup> PBSD	<sup>29</sup> Perforations
<sup>30</sup> Hole Size		<sup>31</sup> Casing & Tubing Size	<sup>32</sup> Depth Set	<sup>33</sup> Sacks Cement

VI. Well Test Data

<sup>34</sup> Date New Oil	<sup>35</sup> Gas Delivery Date	<sup>36</sup> Test Date	<sup>37</sup> Test Length	<sup>38</sup> Tbg. Pressure	<sup>39</sup> Csg. Pressure
<sup>40</sup> Choke Size	<sup>41</sup> Oil	<sup>42</sup> Water	<sup>43</sup> Gas	<sup>44</sup> AOF	<sup>45</sup> Test Method

<sup>46</sup> I hereby certify that the rules of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.  Signature: <i>Dolores Diaz</i>		OIL CONSERVATION DIVISION  Approved by: Frank T. Chavez	
Printed Name: Dolores Diaz		Title: District Supervisor	
Title: Production Associate		Approved Date: July 11, 1996	
Date: 7/11/96	Phone: (505) 326-9700		
<sup>47</sup> If this is a change of operator fill in the OGRID number and name of the previous operator 14538 Meridian Oil Production			
Previous Operator Signature  Signature: <i>Dolores Diaz</i>		Printed Name Dolores Diaz	Title Production Associate
		Date 7/11/96	

