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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

I. Operator
El Paso Natural Gas Company

Address
Box 990, Farmington, New Mexico 87401

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"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry 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 Stickle	Well No. 1	Pool Name, including Formation Undesignated Pictured Cliffs	Kind of Lease State, <input checked="" type="checkbox"/> Federal or Free	Lease No. NM 03562
Location Unit Letter C 990 Feet From The North Line and 1454 Feet From The West Line of Section 12 Township 30N Range 10W , 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"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) Box 990, Farmington, New Mexico 87401	
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) Box 990, Farmington, New Mexico 87401	
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 12
	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: _____

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Fill Back	Same Res't	Diff. Res't
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
Date Spudded 4-13-71	Date Compl. Ready to Prod. 5-5-71		Total Depth 3340		P.B.T.D. 3329			
Elevations (DF, RKB, RT, GR, etc.) 6521' GL	Name of Producing Formation Pictured Cliffs		Top of Gas Pay 3222'		Tubing Depth			
Perforations 3222 - 3238'				Depth Casing Shoe 3340'				
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8 5/8"		143'		85 Sks.			
6 3/4"	xx 8 5/8" 2 7/8"		3340'		270 Sks.			

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 1721	Date of Test 3 Hours	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test Calculated A.O.F.	Tubing Pressure	Casing Pressure 894	Choke Size 3/4"
Actual Prod. During Test:	Oil-Bbls.	Water-Bbls.	Gas-MCF
GAS WELL			
Actual Prod. Test-MCF/D 1721	Length of Test 3 hrs	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) CAOP	Tubing Pressure (shut-in)	Casing Pressure (shut-in) 894	Choke Size 3/4"

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.

Signed **E. H. WOOD**
(Signature)
Petroleum Engineer
(Title)
May 18, 1971
(Date)

OIL CONSERVATION COMMISSION

APPROVED **5-24**, 19 **71**
Original Signed by **Ernest C. Arnold**
BY
TITLE **SUPERVISOR DIST. #9**

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.