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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
 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

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
<u>Atlantic B</u>	<u>12</u>	<u>Blanco Pictured Cliffs</u>	State, (Federal) or Fee	<u>SF 080917</u>
Location				
Unit Letter <u>C</u>	<u>990</u>	Feet From The <u>North</u> Line and	<u>1750</u>	Feet From The <u>West</u>
Line of Section <u>5</u>	Township <u>30N</u>	Range <u>10W</u>	, NMPM, <u>San Juan</u> 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)					
<u>El Paso Natural Gas Company</u>	<u>PO Box 990, Farmington, NM 87401</u>					
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)					
<u>El Paso Natural Gas Company</u>	<u>PO Box 990, Farmington, NM 87401</u>					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	<u>C</u>	<u>5</u>	<u>30N</u>	<u>10W</u>		

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.
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.				
<u>5-29-72</u>	<u>7-6-72</u>	<u>2957'</u>		<u>2947'</u>				
Elevations (T.F., F.B.B., R.T., GR., etc.)	Name of Producing Formation	Top <input checked="" type="checkbox"/> Oil/Gas Pay		Tubing Depth				
<u>6188'GL</u>	<u>Pictured Cliffs</u>	<u>2836'</u>		<u>tubingless</u>				
Perforations				Depth Casing Shoe				
<u>2836-46' and 2858-68'</u>				<u>2957'</u>				
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT				
<u>12 1/4"</u>	<u>8 5/8"</u>	<u>136'</u>		<u>118 cu. ft.</u>				
<u>6 3/4"</u>	<u>2 7/8"</u>	<u>2957'</u>		<u>604 cu. ft.</u>				

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 greater than that allowed 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
			<u>3/4"</u>
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
			<u>3</u>

GAS WELL

Actual Press. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
<u>3164</u>	<u>3 hrs.</u>		
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
<u>Calc. AOF</u>	<u>tubingless</u>	<u>941</u>	<u>3/4"</u>

VI. CERTIFICATE OF COMPLIANCE

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

W.H. Wood
 (Signature)
 Petroleum Engineer
 (Title)
 July 12, 1972
 (Date)

OIL CONSERVATION COMMISSION

APPROVED JUL 13 1972, 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 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.