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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 PO Box 990, Farmington, NM 87401

Reason(s) for filing (Check proper box) New Well Recompletion Change in Ownership

Change in Transporter of: Oil Dry Gas Casinghead Gas Condensate

Other (Please explain) _____

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 (State) Federal or Fee	Lease No.
<u>Atlantic D Com H</u>	<u>9</u>	<u>Blanco Pictured Cliffs Ext.</u>	<u>B-</u>	<u>10400-1</u>

Location: Unit Letter A ; 1190 Feet From The North Line and 1190 Feet From The East

Line of Section 16 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"/>	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>A</u>	<u>16</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

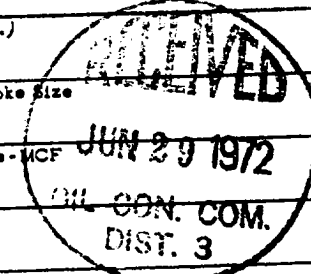
Designate Type of Completion - (X)	Oil well	Gas well	New Well	Workover	Deepen	Plug Back	Same Rest'v.	Diff. Rest'v.
		<u>X</u>	<u>X</u>					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
<u>4-26-72</u>	<u>6-26-72</u>	<u>3180'</u>	<u>3169'</u>
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top CX/Gas Pay	Tubing Depth
<u>6430'GL</u>	<u>Pictured Cliffs</u>	<u>3074'</u>	<u>tubingless</u>
Perforations			Depth Casing Shoe
<u>3074-86'</u>			<u>3180'</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>138'</u>	<u>107 cu. ft.</u>
<u>6 3/4"</u>	<u>2 7/8"</u>	<u>3180'</u>	<u>463 cu. ft.</u>
	<u>tubingless</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 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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
<u>1442</u>	<u>3 hours</u>		
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size
<u>Calc. AOF</u>	<u>tubingless</u>	<u>927</u>	<u>3/4"</u>

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.

FH Wood
(Signature)

Petroleum Engineer
(Title)

June 29, 1972
(Date)

OIL CONSERVATION COMMISSION
JUN 29 1972, 19____
APPROVED _____
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.