

**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

DISTRIBUTION	
ANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRORATION OFFICE	

I. OPERATOR

Operator
El Paso Natural Gas Company

Address
P. O. 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 Pierce A	Well No. 1A	Pool Name, Including Formation Blanco Mesa Verde	Kind of Lease State, (Federal) Fee	Lease No. SF078125-B
Location				
Unit Letter 0	800	Feet From The S	Line and 1670	Feet From The E
Line of Section 13	Township 30N	Range 10W	, NMFM, 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)
El Paso Natural Gas Company	P. O. Box 990, Farmington, NM 87401
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)
El Paso Natural Gas Company	P. O. Box 990, Farmington, NM 87401
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? when?
	0 13 30N 10W

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

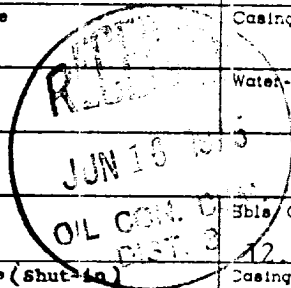
IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res't.	Diff. Res't.
		X	X					
Date Spudded 04-27-75	Date Compl. Ready to Prod. 05-28-75	Total Depth 5693'	B.B.T.D. 5683'					
Elevations (DF, RKB, RT, CR, etc.) 6374' GL	Name of Producing Formation Mesa Verde	Top Oil/Gas Pay 4952'	Tubing Depth 5185'					
Perforations 4952', 4991', 5022', 5152', 5176', 5196', 5294', 5312', 5324', 5353', 5364', 5388', 5414', 5432', 5449', 5510', 5530', 5557', 5584', 5594', 5610', 5631'		Depth Casing Shoe 5693'						
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
13 3/4"	9 5/8"		219'		236 cu. ft.			
8 3/4"	7"		3391'		379 cu. ft.			
6 3/4"	4 1/2" Liner		3240-5693'		422 cu. ft.			
	2 3/8"		5185'		Tbg			

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 2129	Length of Test 3 hours	Bbls. Condensate/MCF XXXX 3 hours	Gravity of Condensate 42.7
Testing Method (pitot, back pr.) Calc. A.O.F.	Tubing Pressure (shut-in) 163	Casing Pressure (shut-in) 1097	Choke Size 3/4" Variable

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.

A. G. Bivas
(Signature)
Drilling Clerk
(Title)
June 13, 1974
(Date)

OIL CONSERVATION COMMISSION

APPROVED JUN 18 1975, 19
BY Original Signed by Emery C. Arnold
TITLE _____

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 multiple