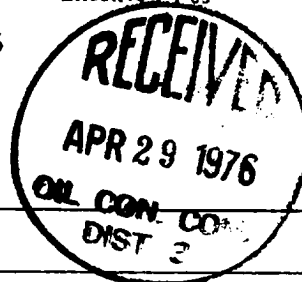


DISTRIBUTION			
SANTA FE		1	
FILE		1	✓
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL	1	
	GAS	1	
OPERATOR		1	
PRORATION OFFICE			

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



Operator
El Paso Natural Gas Company

Address
P. O. Box 990, Farmington, NM 87401

Reason(s) for filing (Check proper box)

New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ 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 Howell L	Well No. 3A	Pool Name, including Formation Blanco MV	Kind of Lease State, (Federal) or Fee	Lease No. SF078385A
Location Unit Letter <u>F</u> ; <u>1700</u> Feet From The <u>N</u> Line and <u>1460</u> Feet From The <u>W</u> Line of Section <u>35</u> Township <u>30N</u> Range <u>8W</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"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 990, Farmington, NM 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) P. O. Box 990, Farmington, NM 87401					
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 35	Twp. 30N	Rge. 8W	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.
		X	X					
Date Spudded 03-01-76	Date Compl. Ready to Prod. 04-12-76	Total Depth 5476'	P.B.T.D. 5460'					
Elevations (DF, RKB, RT, GR, etc.) 6084' GL	Name of Producing Formation MV	Top Oil/Gas Pay 4564'	Tubing Depth 5438'					
Perforations 4564', 4636', 4650', 4658', 4684', 4694', 4722', 4754', 4775', 4884', 4923', 5120', 5130', 5153', 5162', 5198', 5212', 5242', 5268', 5284', 5300', 5357', 5380', 5435'		Depth Casing Shoe 5476'						
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
13 3/4"	9 5/8"		222'		224 cu. ft.			
8 3/4"	7"		3213'		317 cu. ft.			
6 1/4"	4 1/2" Liner		3068-5476'		417 cu. ft.			
	2 3/8"		5438'		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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in) 359	Casing Pressure (Shut-in) 598	Choke Size

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. Lucas
(Signature)
Drilling Clerk
(Title)
April 27, 1976
(Date)

OIL CONSERVATION COMMISSION

APPROVED MAY 3 1976, 19_____
BY Original Signed by A. R. Kendrick
TITLE SUPERVISOR DIST. 2

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