

|                  |            |
|------------------|------------|
| DISTRIBUTION     |            |
| SANTA FE         |            |
| FILE             |            |
| U.S.G.S.         |            |
| LAND OFFICE      |            |
| TRANSPORTER      | OIL<br>GAS |
| OPERATOR         |            |
| PROHATION OFFICE |            |

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 and C-1  
Effective 1-1-65

I.

|                                                        |                                                                                                                                                                           |
|--------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Operator<br>El Paso Natural Gas Company                |                                                                                                                                                                           |
| Address<br>P. O. Box 990, Farmington, New Mexico 87401 |                                                                                                                                                                           |
| Reason(s) for filing (Check proper box)                |                                                                                                                                                                           |
| New Well <input checked="" type="checkbox"/>           | Change in Transporter of:<br>Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/><br>Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> |
| Recompletion <input type="checkbox"/>                  |                                                                                                                                                                           |
| Change in Ownership <input type="checkbox"/>           | Other (Please explain)                                                                                                                                                    |

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

|                                                                                                                                                               |                  |                                                       |                                           |                         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-------------------------------------------------------|-------------------------------------------|-------------------------|
| Lease Name<br>Grambling C                                                                                                                                     | Well No.<br>11-A | Pool Name, including P. No.<br>Blanco Pictured Cliffs | Kind of Lease<br>State, (Federal) or Free | Lease No.<br>SF078200-A |
| Location<br>Unit Letter G 1710 Feet From The North Line and 1820 Feet From The East<br>Line of Section 14 Township 30-N Range 10-W, N.M.P.M., 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 (Please give address to which approved copy of this form is to be sent)<br>El Paso Natural Gas Company<br>P. O. Box 990, Farmington, New Mexico 87401 |               |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> | Address (Please give address to which approved copy of this form is to be sent)<br>El Paso Natural Gas Company<br>P. O. Box 990, Farmington, New Mexico 87401 |               |
| If well produces oil or liquids, give location of tanks.                                                                 | Unit<br>G                                                                                                                                                     | Sec.<br>14    |
|                                                                                                                          | Twp.<br>30-N                                                                                                                                                  | Range<br>10-W |

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             | Flow                                       | Arcovery | Deepen | Plug Back | Same Res. | Diff. Res. |
|                                                       |                                                | X                    | X                                          |          |        |           |           |            |
| Date Spudded<br>07-10-76                              | Date Compl. Ready to Prod.<br>01-10-77         | Total Depth<br>3155' | L.B.T.D.<br>3145'                          |          |        |           |           |            |
| Elevations (DE, RAB, RT, GR, etc.)<br>6423' GL        | Name of Producing Formation<br>Pictured Cliffs | ***<br>3070          | Tubing Perforations<br>tubingless<br>3155' |          |        |           |           |            |
| Perforations 3070, 3074, 3090, 3096, 3102, 3111, 3114 |                                                |                      |                                            |          |        |           |           |            |
| TUBING, CASING, AND CEMENT RECORD                     |                                                |                      |                                            |          |        |           |           |            |
| HOLE SIZE<br>12 1/4"                                  | CASING & TUBING SIZE<br>8 5/8"                 | DEPTH SET<br>144'    | SINKS CEMENT<br>118 cu. ft.                |          |        |           |           |            |
| 8 3/4"                                                | 2 7/8"                                         | 3155'                | 531 cu. ft.                                |          |        |           |           |            |
| tubingless                                            |                                                |                      |                                            |          |        |           |           |            |

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-MCF                                     | 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) | Casing Pressure (Shut-in)<br>766 | 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.

D. D. Bruno  
(Signature)  
Drilling Clerk  
(Title)  
January 17, 1977  
(Date)

OIL CONSERVATION COMMISSION

APPROVED JAN 21 1977, 19

BY Original Signed by A. R. Kendrick

TITLE Drilling Clerk

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.

Form C-104 must be filed for each well in multiple