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TRANSPORTER	OIL / GAS /
OPERATOR	/
PROBATION 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-1,
Effective 1-1-65

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

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Gartner	Well No. 7A	Pool Name, Including Formation Blanco Mesa Verde	Kind of Lease State, Federal or Fee	Lease No. SF080597
Location Unit Letter <u>F</u> ; <u>1830</u> Feet From The <u>North</u> Line and <u>1460</u> Feet From The <u>West</u> Line of Section <u>26</u> Township <u>30-N</u> Range <u>8-W</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)	
El Paso Natural Gas Company	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 (Give address to which approved copy of this form is to be sent)	
El Paso Natural Gas Company	P.O. Box 990, Farmington, New Mexico 87401	
If well produces oil or liquids, give location of tanks.	Unit <u>F</u> Sec. <u>26</u> Twp. <u>30-N</u> Rge. <u>8-W</u>	Is gas actually connected? <input type="checkbox"/> 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't.	Diff. Res't.
		X	X					
Date Spudded 10-31-77	Date Compl. Ready to Prod. 3-27-78	Total Depth 5374'	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.) 5907' GR	Name of Producing Formation Mesa Verde	Top Gas Pay 4322'	Tubing Depth 5301'					
Perforations 4322-26 4350-56 4388-94 4474-4504 4514-42 4552-64 4592-4600 4614-26 4642-50 4687-4702 4712-26 4744-51 4774-87 4797-4816 4828-38 4866-72 4932-48 4958-84 4984-5011 5026-41 5064-72 5080-84 5098-5108		Depth Casing Shoe 5374'						
5166-75 5198-5202 5212-20 5245-TUBING, CASING, AND CEMENTING RECORD 50 5304-12 5330-36								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
13 3/4"	9 5/8"	237'	284 cf					
8 3/4"	7"	2956'	296 cf					
6 1/4"	4 1/2" liner	2792-5374'	448 cf					
	2 3/8"	5301'	tubing					

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 (pilot, back pr.)	Tubing Pressure (Shut-in) 604	Casing Pressure (Shut-in) 605	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. Biscoe
(Signature)

Drilling Clerk

(Title)

April 13, 1978

(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____

BY Original Signed by A. R. Hendrick

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 multiply completed wells.