

REQUEST FOR ALLOWABLE

AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form O-104
Supersedes Old O-104 and O-105
Effective 1-1-55

O.G.S.

NAME OF FIELD

DATE OF REPORT

OPERATOR

PRODUCTION OFFICE

Operator

EL PASO NATURAL GAS CO.

BOX 990, FARMINGTON, NEW MEXICO 87401

Reasons for filing of this report

New Well

X

Recompletion

Change in Ownership

Change in Transporter of:

Oil

☐

Dry Gas

Condensate Gas

☐

Change in Rate

Other (Please explain)

If change of ownership, production
and reduction of production, etc.

II. DESCRIPTION OF WELL AND LEASE

Well Name	Well No.	Well Name, No. and Loc.	Kind of Lease	Lease No.
GARTNER	2A	BLANCO MESA VERDE	State, Federal or Free	SF 08059
Location	Section	Range	Township	County
J	1720	South	1550	East
Line	28	Range	30-N	8W
			San Juan	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authority (Owner, Operator, or Condonee) X	Name of Authority to which approved copy of this form is to be sent
EL PASO NATURAL GAS CO.	BOX 990, FARMINGTON, NEW MEXICO
Name of Authority (Owner, Operator, or Condonee) X	Name of Authority to which approved copy of this form is to be sent
EL PASO NATURAL GAS CO.	BOX 990, FARMINGTON, NEW MEXICO
If well produces oil, gas, or condensate, give location of tank	
J 28 30N 8W	

If this production is from a well that from any other lease or pool, give lease or pool number:

IV. COMPLETION DATA

Designate Type of Completion -- (X)	Oil Well	Gas Well	Other	Recovery	Deepen	Other	Other
		X	X				
Date Completed	Date Compl. Ready to Prod.						
9/10/77	10/24/77			5537'		5520'	
Elevation (ft.)	Name of Producing Formation						
6150' GR	M.V.			4437'		5259'	
Perforations 4437, 4653, 4648, 4654, 4667, 4672, 4677, 4687, 4694, 4705, 4796, 4821, 4830, 4853, 4870, 4934, 4962, 4979, 5007, 5013, 5019, 5096, 5102, 5108, 5114, 5133, 5140, 5147, 5154, 5161, 5177, 5183, 5197, 5222, 5230, 5245, 5278, 5306, 5339, 5356, 5365, 5385, 5412, 5473, 5499'							
HOLES SET	CASING & TUBING SIZE						
13 3/4"	9 5/8"			227'		224cf.	
8 3/4"	7"			3256'		332 cf.	
6 1/4"	4 1/2" liner			3081-5537'		425 cf.	
	2 3/8"			5259'		tbq.	

V. TEST DATA AND EVIDENCE FOR ALLOWABLE OIL WELL

(Test must be after a minimum of 24 hours of load oil and must be done on a pressure test top all able for this depth of hole (all 24 hours)

Date First Flow Test	Pressure Test	Flow, pump, gas lift, etc.
Length of Test	Testing Pressure	Choke Size
Actual Prod. During Test	Pressure	Choke Size

GAS WELL

Actual Prod. Test	Length of Test	Pressure	Gravity of Condensate
Testing Method (pilot, back in)	Tubing Pressure (Shut-in)	Flowing Pressure (Shut-in)	Choke Size
	590	628	

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.

Drilling Clerk

11/7/77

OIL CONSERVATION COMMISSION

APPROVED

Original Signed By A. H. Kendrick

DATE

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 calculation of the deviation of the well in accordance with RULE 111.

All sections of this form must be filled out completely for all new, old, and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of ownership, lease number, or transportation or other such change of conditions.

Form O-104 must be filed for each well to which it applies.