

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-  
Effective 1-1-65

I.

DISTRIBUTION		
SANTA FE		/
FILE		/
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	/
	GAS	/
OPERATOR		/
PRORATA OFFICE		

Operator  
EL PASO NATURAL GAS CO.  
Address  
BOX 990, FARMINGTON, NEW MEXICO 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	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
BARRETT	4A	BLANCO MESA VERDE	State, Federal or Fee	SE 078336E
Location				
Unit Letter	P	1105 Feet From The	South	Line and 1175 Feet From The
Line of Section		20	Township	31-N
Range		9-W	, NMPM, 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 CO.	BOX 990, FARMINGTON, NEW MEXICO					
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 CO.	BOX 990, FARMINGTON, NEW MEXICO					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	P	20	31N	9W		

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	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
8/17/77	11/17/77		5795'		5778'			
Elevations (LF, RKB, RT, GR, etc.)	Name of Producing Formation		Top / Gas Pay		Tubing Depth			
6251' GR	Mesa Verde		4757'		5463'			
Perforations					Depth Casing Shoe			
4757, 4856, 4861, 4878, 4920, 4925, 4931, 4938, 4959, 4967, 4983, 5013, 5033, 5039, 5056, 5084, 5092, 5116, 5133, 5191, 5224, 5234, 5306, 5329, 5336, 5354, 5360, 5388, 5394, 5409, 5414, 5419, 5427, 5431, 5449, 5482, 5492, 5512, 5522, 5538, 5553, 5569, 5574, 5600, 5607, 5625, 5660, 5713, 5722, 5731	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
13 3/4"	9 5/8"		240'		224 cf.			
8 3/4"	7"		3496'		438 cf.			
6 1/4"	4 1/2" liner		3336-5795'		425 cf.			
	2 3/8"		5463'		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.	Ggs - 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)	Casing Pressure (shut-in)	Choke Size
	652	689	

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. G. Davis  
(Signature)  
Drilling Clerk  
(Title)  
12/14/77  
(Date)

OIL CONSERVATION COMMISSION  
APPROVED DEC 21 1977, 19\_\_\_\_  
BY Original Signed by A. R. Kendrick  
TITLE SUPERVISOR DIST. #3

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