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LAND OFFICE	
TRANSPORTER	OIL <input checked="" type="checkbox"/> GAS <input checked="" type="checkbox"/>
OPERATOR	
PRODUCTION 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-105
Effective 1-1-65

I. Operator
EL PASO NATURAL GAS CO.

Address
BOX 990, FARMINGTON, NEW MEXICO

Reason(s) for filing (Check proper box) Other (Please explain)

New Well Change in Transporter of:
Recompletion Oil Dry Gas
Change in Ownership Casinghead Gas Condensate

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	BARRETT	Well No.	1A	Pool Name, including Formation	BLANCO M.V.	Kind of Lease	State, Federal or Fee	Lease No.	SF 078336 B
Location	Unit Letter <u>C</u> ; <u>1150</u> Feet From The <u>North</u> Line and <u>1020</u> Feet From The <u>West</u>								
	Line of Section	<u>19</u>	Township	<u>31N</u>	Range	<u>9W</u>	, 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"/>	EL PASO NATURAL GAS CO.	Address (Give address to which approved copy of this form is to be sent)	BOX 990, FARMINGTON, NEW MEXICO
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	EL PASO NATURAL GAS CO.	Address (Give address to which approved copy of this form is to be sent)	BOX 990, FARMINGTON, NEW MEXICO
If well produces oil or liquids, give location of tanks.	Unit <u>C</u> Sec. <u>19</u> Twp. <u>31N</u> Rge. <u>9W</u>	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.
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
<u>12/10/77</u>	<u>5/16/78</u>		<u>6190'</u>		<u>6173'</u>			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top <input checked="" type="checkbox"/> Gas Pay		Tubing Depth			
<u>6620' GL</u>	<u>MV</u>		<u>5114'</u>		<u>6123'</u>			
Perforations	5114-17, 5194-5201, 5212-20, 5234-40, 5259-70, 5276-86, 5292-5311, 5311-30' w/16SPZ. 5412-18, 5422-38, 5454-58, 5592-98, 5631-46w/16SPZ. 5638-90, 5698-5711, 5714-26, 5730-38, 5742-56, 5756-69, 5780-87, 5800-09, 5827-33, 5838-47, 5862-70w/16 SPZ. 5891-96, 5924-30, 5946-55, 5966-76, 6003-16, 6034-40, 6084-90, 6118-24 w/16 SPZ.				Depth Casing Shoe			
	<u>13 3/4"</u>				<u>9 5/8"</u>	<u>224 cf.</u>		
	<u>8 3/4"</u>				<u>7"</u>	<u>3980'</u>		
	<u>6 1/4"</u>				<u>4 1/2" liner</u>	<u>3822-6190'</u>		
					<u>2 3/8"</u>	<u>6123</u>		
						<u>tubing</u>		

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)	Casing Pressure (shut-in)	Choke Size
	<u>473</u>	<u>660</u>	

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. Suarez
(Signature)
Drilling Clerk
(Title)
5/30/78
(Date)

OIL CONSERVATION COMMISSION
APPROVED JUN 6 1978, 19____
BY Original Signed by FRANK T. CHAVEZ
TITLE DEPUTY OIL & GAS INSPECTOR, 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.
Separate Forms C-104 must be filed for each pool in multiply completed wells.