DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER OIL / GAS	
OPERATOR	
PRORATION 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-
Effective 1-1-65

I.

Operator: EL PASO NATURAL GAS CO.

Address: BOX 990, FARMINGTON, NEW MEXICO

Reason(s) for filing (Check proper box)

New Well: X
Recompletion:
Change in Ownership:

Change in Transporter of:
Oil:
Dry Gas:
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.
TURNER	2A	BLANCO MESA VERDE	State, Federal or Fee	SF 078128

Location
Unit Letter F : 1740 Feet From The North Line and 1810 Feet From The West
Line of Section 13 Township 30-N Range 10-W NMPM, San Juan County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate X — Address (Give address to which approved copy of this form is to be sent)
EL PASO NATURAL GAS CO. — EL PASO NATURAL GAS CO.

Name of Authorized Transporter of Casinghead Gas or Dry Gas X — Address (Give address to which approved copy of this form is to be sent)
EL PASO NATURAL GAS CO. — EL PASO NATURAL GAS CO.

If well produces oil or liquids, give location of tanks. Unit F | Sec. 13 | Twp. 30-N | Rge. 10-W | 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.
		X	X					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
11/5/77	1/18/78	5902'	5884'

Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
6524' GR	M.V.	4788'	5863'

Perforations: 4788-92,4802-06,4818-39,4852-62,4930-44,4944-58,4985-5004,5067-74,5084-89,5100-14,5166-72,5182-91,5201-14,5251-59,5304-14,5359-71,5385-99,5444-62,5462-81,5495-5506,5516-25,5535-44,5558-70,5613-21,5648-67,5679-91,5715-27,5770-74,5785-87,5821-29'

Depth Casing Shoe

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
13 3/4"	9 5/8"	228'	224 cf.
8 3/4"	7"	3565'	360 cf.
6 1/4"	4 1/2" liner	3394-5902'	440 cf.
	2 3/8"	5863'	tubing

V. TEST DATA AND REQUEST FOR ALLOWABLE (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)

OIL WELL

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 (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
	365	734	

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.

S. G. Guess
(Signature)

Drilling Clerk
(Title)

2/3/78
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19__

BY _____

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, or transporter, or other such change of condition.