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| FILE | | | |
| U.S.G.S. | | | |
| LAND OFFICE | | | |
| TRANSPORTER | OIL | | |
| | GAS | 1 | |
| OPERATOR | | 1 | |
| | | T (| 1 |

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

Form C-104
Supersedes Old C-104 and C-110

| FILE / | REQUEST | FUR ALLUMABLE | Effective 1-1-65 | | | | | |
|--|---------------------------------------|--|--|--|--|------|---------------------|--|
| U.S.G.S. | AUTHORIZATION TO TRA | AND NO DE AND NO | ATURAL CAS | | | | | |
| LAND OFFICE | AUTHORIZATION TO TRA | MOPOR! OIL AND NA | ATURAL GAS | | | | | |
| OIL | | | | | | | | |
| TRANSPORTER GAS / | | 30-045- 24016 | | | | | | |
| OPERATOR , | | - , | | | | | | |
| PRORATION OFFICE | | | | | | | | |
| Operator | | <u> </u> | | | | | | |
| C & E Operators | Tec | | | | | | | |
| Address | 1 1101 | | | | | | | |
| One Freroy Sour | re - Suite #170 - Dalla: | s. Texas 75206 | | | | | | |
| Reason(s) for filing (Check proper box) | - V444 | Other (Please e | xplain) | | | | | |
| New Well | Change in Transporter of: | | | | | | | |
| Recompletion | Oil Dry Ga | s 🔲 | | | | | | |
| Change in Ownership | Casinghead Gas Conder | nsate | | | | | | |
| | | | | | | | | |
| If change of ownership give name | | | | | | | | |
| and address of previous owner | | | | | | | | |
| . DESCRIPTION OF WELL AND | LEASE | | | | | | | |
| Lease Name | Well No. Pool Name, Including F | | | | | | | |
| Fee | 7 Blanco M | V S | State, Federal or Fee Fee | | | | | |
| Location | | | | | | | | |
| Unit Letter H;146 | Feet From The North Lin | ne and 800 | Feet From The | | | | | |
| Onit Detter | | | | | | | | |
| Line of Section 7 Tov | mship 30N Range | 11W , NMPM, | San Juan County | | | | | |
| | | | | | | | | |
| . DESIGNATION OF TRANSPORT | TER OF OIL AND NATURAL GA | is | | | | | | |
| Name of Authorized Transporter of Oil | or Condensate | Address (Give address to | which approved copy of this form is to be sent) | | | | | |
| 1 | | | | | | | | |
| Name of Authorized Transporter of Cas | inghead Gas 🗽 or Dry Gas 🗔 | Address (Give address to | which approved copy of this form is to be sent) | | | | | |
| El Paso Natural Gas Co | | Box 990 - Parm | lington, New Mexico 87401 | | | | | |
| Unit Sec. Twp. Pge. Is gas actually connected? When | | When | | | | | | |
| If well produces oil or liquids, give location of tanks. | | No | | | | | | |
| If this production is commingled wi | th that from any other lease or pool. | give commingling order | number: | | | | | |
| V. COMPLETION DATA | in that from any other reads of post, | 6. | | | | | | |
| | Oil Well Gas Well | New Well Workover | Deepen Plug Back Same Res'v. Diff. Res'v. | | | | | |
| Designate Type of Completion | \mathbf{x} | X | ! | | | | | |
| Date Spudded | Date Compl. Ready to Prod. | Total Depth | P.B.T.D. | | | | | |
| 12/22/79 | 3/01/80 | 4835 | 4728 | | | | | |
| Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | Top Oil/Gas Pay | Tubing Depth | | | | | |
| , | Blanco MV | 4140 | 4570 | | | | | |
| Perforations | | | Depth Casing Shoe | | | | | |
| 4140 - 4666 | | | | | | | | |
| 3240 4333 | TUBING, CASING, AN | D CEMENTING RECORD |) | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SE | | | | | | |
| 12-1/4" | 9-5/8" | 2461 | 110 Sk. | | | | | |
| 9-5/8" | 7" | 2126' | 350 Sk. | | | | | |
| 6-3/4" | 4-1/2" | 47281 | 310 Sk. | | | | | |
| 5-3/4 | | | | | | | | |
| TOTAL PARA AND DECLIEST E | OP ALLOWARIE (Test must be a | ifter recovery of total volum | ne of load oil and must be equal to or exceed top allow- | | | | | |
| OIL WELL | able for this de | epin or of jor just at now. | | | | | | |
| 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 | | | | | |
| | | | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | | | | |
| Actual Prod. During Test | Oil-Bbls. | Water - Bbls. | Ggs -MCF | | | | | |
| Actual Floar Dailing Foot | | | | | | | | |
| | | | | | | | | |
| O A C WEST | | | | | | | | |
| GAS WELL | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate | | | | | |
| Actual Prod. Test-MCF/D | 1- | | And the second | | | | | |
| 8922 | 3 Hours Tubing Pressure (Shut-in) | Casing Pressure (Shut- | | | | | | |
| Testing Method (pitot, back pr.) | , , | • | 3/4" THC | | | | | |
| | 1302 | 1302 | | | | | | |
| I. CERTIFICATE OF COMPLIAN | CE | OIL C | ONSERVATION COMMISSION | | | | | |
| | | | APR 1 1 1980 | | | | | |
| I hereby certify that the rules and | regulations of the Oil Conservation | APPROVED | | | | | | |
| Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief. | | Original Signed | BY Original Signed by FRANK T. CHAVEZ | | | | | |
| above is true and complete to th | s best of my knowledge and belief. | OHDEDWICON | DISTRICT # 3 | | | | | |
| | | TITLE SUPERVISOR | Mid-mire in | | | | | |
| | | 14 | be filed in compliance with RULE 1104. | | | | | |
| · · · · · · · · · · · · · · · · · · · | | - 11 | | | | | | |
| (Signature) Acont (Title) 4/7/80 | | 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 | tests taken on the well in accordance with RULE !!! | | | | | |
| | | 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. | | | | | | |
| | | | | | | ate) | well name or number | C-104 must be filed for each pool in multiply |
| | | | | | | | Separate Forms | A-TAL many no serve on serve bare on the serve of the ser |
| | | | | | | | | |