

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 08-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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AUG 09 1985

OIL CON. DIV.
DIST. 3

I.

Operator
El Paso Natural Gas Company

Address
P. O. Box 4289, Farmington, NM 87499

Reason(s) for filing (Check proper box)

<input checked="" type="checkbox"/> New Well	Change in Transporter of:	Other (Please explain)
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Condensate

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Riddle	Well No. 6	Pool Name, including Formation Blanco Pictured Cliffs	Kind of Lease State (Federal) or Fee	Lease No. SF- 0782014
Location Unit Letter <u>P</u> ; <u>1180</u> Feet From The <u>South</u> Line and <u>1170</u> Feet From The <u>East</u> Line of Section <u>10</u> Township <u>30N</u> Range <u>9W</u> , NMPM, San Juan Coun				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

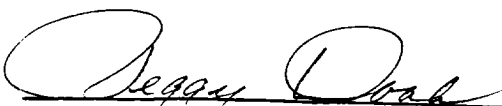
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Company	P. O. Box 4289, Farmington, NM 87499
Name of Authorized Transporter of Casinghead Gas <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 Company	P. O. Box 4289, Farmington, NM 87499
If well produces oil or liquids, give location of tanks.	Unit : Sec. : Twp. : Rge. : Is gas actually connected? : When
	P : 10 : 30N : 9W : No :

If this production is commingled with that from any other lease or pool, give commingling order number: _____

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.


(Signature)
Drilling Clerk
(Title)
8-8-85
(Date)

OIL CONSERVATION DIVISION

AUG 09 1985

APPROVED _____
BY Original Signed by FRANK T. CHAVEZ
TITLE _____ SUPERVISOR DISTRICT # 3

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deeper 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 all wells 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 multi-completed wells.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well X	New Well X	Workover	Deepen	Plug Back	Same Res'ty.	Diff. Re.
Date Spudded 5-31-85	Date Compl. Ready to Prod. 8-6-85	Total Depth 3019' 3020			P.B.T.D. 3010' 3006				
Elevations (DF, RKB, RT, GR, etc.) 6098' GL	Name of Producing Formation Blanco Pictured Cliffs	Top Oil/Gas Pay 2888'			Tubing Depth				
Perforations 2888, 2891, 2906, 2913, 2920, 2927, 2934, 2941 w/1 SPZ						Depth Casing Shoe 225'			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12 1/4"	8 5/8"		228 225		189 cu ft				
6 3/4"	2 7/8"		3020 3019		509 cu ft				

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 all able 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 566	Length of Test 3 Hrs.	Bbls. Condensate/MMCF 75 MCF	Gravity of Condensate 0
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (shut-in) Tubingless	Casing Pressure (shut-in) 768	Choke Size 3/4"