

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OPERATOR	GAS
PROMOTION OFFICE	

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

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 _____

OCT 18 1985
OIL CON. DIV.
DIST. 3

II. DESCRIPTION OF WELL AND LEASE

Lease Name Grambling C	Well No. 1A	Pool Name, including Formation Blanco Mesa Verde	Kind of Lease State, Federal or Fee	Lease SF 078200A
Location				
Unit Letter <u>P</u> : <u>790</u> Feet From The <u>South</u> Line and <u>890</u> Feet From The <u>East</u>				
Line of Section <u>14</u> Township <u>30N</u> Range <u>10W</u> , NMPM. <u>San Juan</u> Coun				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

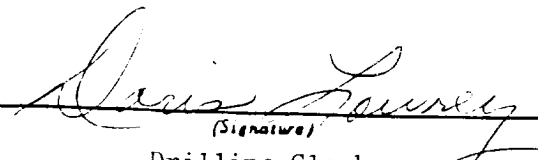
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Company	P. O. Box 4289, Farmington, NM 87499
Name of Authorized Transporter of Casinghead Gas <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 14 30N 10W	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)
10-17-85
(Date)

OIL CONSERVATION DIVISION
APPROVED OCT 21 1985
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 deviate tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for all able on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of own 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

W. COMPLETION DATA									Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Dist. Res.	
Designate Type of Completion - (X)										X	X						
Date Spudded 8-26-85			Date Compl. Ready to Prod. 10-16-85				Total Depth 5690'			P.B.T.D. 5677'							
Elevations (DF, RKB, RT, CR, etc.), 6315' GL			Name of Producing Formation Blanco Mesa Verde				Top Oil/Gas Pay 4590'			Tubing Depth 5589'							
Perforations 5384, 5426, 5442, 5449, 5491, 5498, 5506, 5524, 5534, 5544, 5584, 5596 w/1 SPZ. 2nd stage 5194, 5208, 5214, 5220, 5226, 5232, 5238, 5257,											Depth Casing Shoe 5689'						
Continued Perf's Listed Below TUBING, CASING, AND CEMENTING RECORD																	
HOLE SIZE			CASING & TUBING SIZE				DEPTH SET				SACKS CEMENT						
12 1/4"			9 5/8"				224'				171 cu ft						
8 3/4"			7"				3360'				504 cu ft						
6 1/4"			4 1/2"				3204-5689'				436 cu ft						
			2 3/8"				5589'										

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)

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/MCF	Gravity of Condensate
	SI 7 Days		
Testing Method (plot, back pr.)	Tubing Pressure (Start-End)	Casing Pressure (Start-End)	Choke Size
	721	721	

* Continued Perf's:

5264, 5272, 5281, 5296, 5302, 5308, 5315, 5326 w/1 SPZ. 3rd stage 4590, 4597, 4606, 4612, 4618, 4624, 4642, 4648, 4654, 4664, 4670, 4676, 4684, 4691, 4712, 4718, 4724, 4730, 4736, 4742, 4954, 5038, 5116 w/1 SPZ.