

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
FORMATION OFFICE	

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 08-01-83
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NOV 13 1985
OIL CON. DIV.
DIST. 3

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)

☒ New Well ☐ Recompletion ☐ Change in Ownership

Change in Transporter of:
☐ Oil ☐ Casinghead Gas ☐ Dry Gas ☐ Condensate

Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Howell D	Well No. 5E	Pool Name, including Formation Basin Dakota	Kind of Lease State, (Federal) or Fee	Lease SF 078387
Location Unit Letter <u>G</u> : <u>1340</u> Feet From The <u>North</u> Line and <u>1350</u> Feet From The <u>East</u> Line of Section <u>31</u> Township <u>31N</u> Range <u>8W</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"/>	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 : <u>G</u> Sec. : <u>31</u> Twp. : <u>31N</u> Rge. : <u>8W</u> Is gas actually connected? <u>No</u> When

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)
11-11-85

(Date)

OIL CONSERVATION DIVISION
NOV 13 1985

APPROVED _____, 19____
BY Original Signed by FRANK T. CHAVEZ
SUPERVISOR DISTRICT # 3
TITLE _____

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the deviator 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 well name or number, or transporter, or other such change of conditions.

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	New well	Workover	Deepen	Plug Back	Same Res'v.	Drill Re
			X	X					
Date Spudded 9-16-85	Date Compl. Ready to Prod. 11-7-85	Total Depth 7837'				P.B.T.D. 7800'			
Elevations (DF, RKB, RT, GR, etc.) 6365' GL	Name of Producing Formation Basin Dakota	Top Oil/Gas Pay 7592'				Tubing Depth 7779'			
Perforations 7594, 7603, 7649, 7653, 7656, 7659, 7676, 7700, 7704, 7708, 7712, 7716,						Depth Casing Shoe 7824'			

* Continued Perf's Listed Below

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	9 5/8"	220'	130 cu ft
8 3/4"	7"	3551'	503 cu ft
6 1/4"	4 1/2"	7824'	658 cu ft
	1 1/2"	7779'	

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 SI 7 Days	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (Dual, back pr.)	Tubing Pressure (Shut-In) SI 480	Casing Pressure (Shut-In) SI 1551	Choke Size

* Continued Perf's:

7720, 7724, 7728, 7732, 7736, 7740, 7759, 7779 w/1 SPZ.. Re-Frac/Perf'd 7592,
7595, 7604, 7650, 7652, 7655, 7657, 7675, 7699, 7702, 7705, 7707, 7709, 7711,
7713, 7715, 7717, 7719, 7722, 7726, 7730, 7734, 7738, 7757, 7780 w/1 SPZ.