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FILE
U.S.G.S.
LAND OFFICE
TRANSPORTER 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-110
Effective 1-1-65

ILLEGIBLE

I. Operator

El Paso Natural Gas Company

Address

P. O. Box 990, Farmington, New Mexico

Reason(s) for filing (Check proper box)

New Well
Recompletion
Change in Ownership

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, Including Formation	Kind of Lease
Schwerdtfeger		Mesa Verde	State, Federal or Fee

Location

Unit Letter C : Feet From The North Line and Feet From The West

Line of Section 27 Township 32 Range 9 , NMPM, San Juan County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate

Address (Give address to which approved copy of this form is to be sent)

Name of Authorized Transporter of Casinghead Gas or Dry Gas

Address (Give address to which approved copy of this form is to be sent)

If well produces oil or liquids, give location of tanks.

Unit Sec. Twp. Rge.

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.

Date Spudded | Date Compl. Ready to Prod. | Total Depth | P.B.T.D.

Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | Top Oil/Gas Pay | Tubing Depth

Perforations | Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
Installed Low Pressure Separator.		Production 1-31-66	

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 pool 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 | Choke Size

Actual Prod. During Test | Oil-Bbls. | Gas-MCF

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MAR 4 1966
OIL CON. COM.
DIST. 3

GAS WELL

Actual Prod. Test-MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate

Testing Method (pitot, back pr.) | Tubing Pressure | Choke Size

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.

Arthur R. [illegible] - Production Engineer
(Title)

March 4, 1966
(Date)

OIL CONSERVATION COMMISSION

APPROVED MAR 4 1966, 19

Original Signed Emery C. Arnold

TITLE Supervisor Dist. # 8

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 Sections I, II, III, and VI only 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 multiply completed wells.