

TRIBUTION	5
FE	1
OFFICE	
REPORTER	OIL
	GAS
ERATOR	
ORATION 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

API 30-045-22780

EL PASO NATURAL GAS CO.

Box 289, Farmington, NM

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

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE		Lease No.
Lease Name	Well No.	18
ATLANTIC B	Pool Name, including Formation	Blanco PC
Location	Kind of Lease	State, Federal or Fee SF
Unit Letter A	1130 Feet From The N Line and 965 Feet From The E	080917
Line of Section 34	Township 31N	Range 10W
		NMPM, San Juan County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	EL PASO NATURAL GAS CO.	Box 289, Farmington, NM	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	E1 PASO NATURAL GAS CO.	Box 289, Farmington, NM	
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 34	Twp. 31N
			Rge. 10W
		Is gas actually connected?	When

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

COMPLETION DATA		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Designate Type of Completion - (X)			X	X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.					
12-1-78	1-24-79	3191'		3180'					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Gas Pay		Tubing Depth					
6291 GL	PC	3037		-					
Perforations	Depth Casing Shoe		3191						
3037, 3042, 3072, 3076, 3080, 3104, 3108, 3132, 3160 w/ 1 SPZ									
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT					
12 1/4	8 5/8	137'		513cf					
6 3/4	2 7/8	3191'		536cf					

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL		(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		Bbls. Condensate/MMCF	Gravity of Condensate
Actual Prod. Test-MCF/D	Length of Test	Casing Pressure (Shut-in)	Choke Size
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	694	

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.

D. G. Buiss
(Signature)
Drilling Clerk
(Title)
2-1-79
(Date)

OIL CONSERVATION COMMISSION
FEB 6 1979
APPROVED
Original Signed by A. R. Kendrick
BY
TITLE
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 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 multiply completed wells.