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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-111  
Effective 1-1-65

Operator EL PASO NATURAL GAS COMPANY	
Address Box 990, Farmington, New Mexico 87401	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
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 <input type="checkbox"/>

If change of ownership give name and address of previous owner \_\_\_\_\_

DESCRIPTION OF WELL AND LEASE				
Lease Name Moore	Well No. 7 A	Pool Name, including Formation Blanco MV	Kind of Lease State, Federal or Fee	Lease No. SF 078147
Location				
Unit Letter F	1850	Feet From The North	Line and 1500	Feet From The West
Line of Section 25	Township 32 N	Range 12 W	, NMPM, San Juan County	

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	Box 990, Farmington, New Mexico					
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	Box 990, Farmington, New Mexico					
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 25	Twp. 32N	Rge. 12W	Is gas actually connected?	When

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

COMPLETION DATA								
Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X	X					
Date Spudded 6-5-78	Date Compl. Ready to Prod. 7-17-78	Total Depth 5792'		P.B.T.D. 5776'				
Elevations (DF, RKB, RT, GR, etc.) 6524 GL	Name of Producing Formation MV	Top Gas/Gas Pay 5173'		Tubing Depth 5705'				
Perforations 5173, 5295, 5321, 5328, 5335, 5367, 5375, 5381, 5390, 5397, 5400, 5415, 5424, 5431, 5438, 5491, 5506, 5525, 5544, 5553, 5582, 5605, 5671, 5704 w/1 SPZ.				Depth Casing Shoe 5792'				
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT				
13 3/4	9 5/8"	220'		224 cf				
8 3/4	7"	3452'		393 cf				
6 1/4	4 1/2" liner	3281-5792'		438 cf				
	2 3/8"	5705'		Tubing				

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			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate COM. DIST. 3
Testing Method (piston, back pr.)	Tubing Pressure (Shut-in) 590	Casing Pressure (Shut-in) 878	Choke Size

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.

A. G. Lucas  
(Signature)  
Drilling Clerk  
(Title)  
8-3-78  
(Date)

OIL CONSERVATION COMMISSION  
AUG 14 1978

APPROVED \_\_\_\_\_, 19\_\_\_\_

BY Original Signed by FRANK T. CHAVEZ

TITLE DEPUTY OIL FIELD SUPERVISOR, JLD #1

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.