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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-110
Effective 1-1-65

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Moore	Well No. 2 A	Pool Name, including Formation Blanco M.V.	Kind of Lease State, Federal or Fee	Lease No. 078147
Location				
Unit Letter E ; 1625 Feet From The North Line and 1090 Feet From The West				
Line of Section 26 Township 32 N Range 12 W , 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	Box 990, Farmington, New Mexico 87401			
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 87401			
If well produces oil or liquids, give location of tanks.	Unit E	Sec. 26	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:

IV. 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 5-26-78	Date Compl. Ready to Prod. 7-13-78	Total Depth 5568'		P.B.T.D. 5551'					
Elevations (DF, RKB, RT, GR, etc.) 6371 GL	Name of Producing Formation MV	Top Oil/Gas Pay 5116'		Tubing Depth 5451'					
Perforations 5116, 5121, 5125, 5146, 5152, 5158, 5164, 5170, 5176, 5203, 5212, 5230, 5248, 5263, 5272, 5279, 5305, 5328, 5354, 5387, 5451, 5513 w/1 SPZ.		Depth Casing Shoe 5568							
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
13 3/4	9 5/8"		226'		224 cf				
8 3/4	7"		3199'		353 cf				
6 1/4	4 1/2" liner		3045-5568'		439 cf				
	2 3/8"		5451'		Tubing				

V. 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
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in) 613	Casing Pressure (shut-in) 782	Choke Size

I. 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. Lucero
(Signature)

Drilling Clerk
(Title)

8-2-78
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____

BY Original Signed by FRANK E. CHAVEZ

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.