

DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATION	
PRODUCTION 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

ap1 30-045-22841

Operator EL PASO NATURAL GAS CO.	
Address BOX 289, FARMINGTON, NEW MEXICO	
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 _____

1. DESCRIPTION OF WELL AND LEASE

Lease Name HORTON	Well No. 1A	Pool Name, Including Formation BLANCO MESA VERDE	Kind of Lease State, Federal or Fee	Lease No. NM 010989
Location Unit Letter C : 1065 Feet From The N Line and 1700 Feet From The W				
Line of Section 29 Township 32N Range 11W, 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 CO.	BOX 289, 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 CO.	BOX 289, FARMINGTON, NEW MEXICO
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
C 29 32N 11W	

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 8/1/78	Date Compl. Ready to Prod. 12/19/78	Total Depth 5961'	P.B.T.D. 5944'					
Elevations (DF, RKB, RT, GR, etc.) 6571'	Name of Producing Formation MV	Top Gas Pay 4771'	Tubing Depth 5856'					
Perforations 4771, 4824, 4866, 4884, 4904, 4992, 5004, 5009, 5014, 5019, 5024, 5037, 5069, 5076, 5086, 5131, 5224, 5240, 5351 w/1SPZ. 5479, 5484, 5538, 5543, 5548, 5555, 5961'		Depth Casing Shoe						
5560, 5563, 5568, 5597, 5612, 5623, TUBING, CASING, AND CEMENTING RECORD		5629, 5648, 5670, 5700, 5733, 5752, 5791, HOLE SIZE 5806, 5831, CASING & TUBING SIZE 5841, 5879, DEPTH SET 5897 w/1SPZ. SACKS CEMENT						
13 3/4"		9 5/8"		216'		224 cf.		
8 3/4"		7"		3599'		540 cf.		
6 1/4"		4 1/2" liner		3427-5961'		445 cf.		
		2 3/8"		5856'		tubing		

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	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
	696'	780'	

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. Buices
(Signature)

(Title)

(Date)

OIL CONSERVATION COMMISSION

APPROVED JAN 10 1979, 19_____
BY Original Signed by A. R. Kendrick
SUPERVISOR DIST. 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 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.