

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

Operator El Paso Natural Gas Company	
Address P.O. Box 289, Farmington, New Mexico	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input checked="" 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 Neil	Well No. 6A(MV)	Pool Name, including Formation Blanco Mesa Verde	Kind of Lease State, Federal or Fee	Lease No. SF 078051
Location				
Unit Letter <u>0</u> : <u>790</u> Feet From The <u>South</u> Line and <u>1540</u> Feet From The <u>East</u>				
Line of Section <u>33</u> Township <u>32-N</u> Range <u>11-W</u> , NMPM, <u>San Juan</u> 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	P.O. Box 289, 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	P.O. Box 289, Farmington, New Mexico 87401
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	0 33 32N 11W

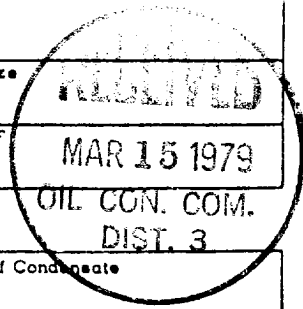
If this production is commingled with that from any other lease or pool, give commingling order number: _____

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res'tv.
		X		X			X	
Date Spudded 3-28-78	Date Compl. Ready to Prod. 2-8-79		Total Depth 5541'		P.B.T.D. 5523'			
Elevations (DF, RKB, RT, GR, etc.) 6127' GR	Name of Producing Formation Mesa Verde		Top oil /Gas Pay 4359'		Tubing Depth 5392'			
Perforations 4359, 4407, 4414, 4456, 4501, 4517, 4593, 4606, 4617, 4623, 4629, 4650, 4658, 4665, 4691, 4730, 4792, 4829, 4874, 4892, 4965, 4993, 5018, 5104, 5108, 5112, 5116, 5128, 5158, 5162, 5179, 5184, 5190, 5206, 5212, 5237, 5261, 5274, 5296, 5314, 5331, 5348, 5354, 5375'					Depth Casing Shoe 5541'			
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
13 3/4"	9 5/8"		223'		264 cf			
8 3/4"	7"		3207'		646 cf			
6 1/4"	4 1/2" liner		3036-5541'		438 cf			
	2 3/8"		5392'		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 6952	Length of Test 3 hours	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.) Calc. A.O.F.	Tubing Pressure (shut-in) 594	Casing Pressure (shut-in) -	Choke Size 3/4"

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.

J. G. Buico
(Signature)
Drilling Clerk
(Title)
March 6, 1979
(Date)

OIL CONSERVATION COMMISSION

APPROVED MAR 15 1979, 19____
BY Original Signed by A. R. Kendrick
TITLE SUPERVISOR DIST. #3

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.

1/16/79: WORKOVER: Moved on Dwinell Bros. to dually complete well. Pulled tubing and pressure tested casing to 3500#, OK.

1/17/79: PBTD 5523'. Perfed PC formation 2824-44, 2850-58, 2864-94 w/16 SPZ. Fraced w/ 58,000# 10/20 sand and 59,070 gal. water. Dropped 2 sets of 16 balls each. Flushed w/ 5070 gal. water.

1/19/79: Ran Baker Model D Packer set at 3020' on 169 joints of 2 3/8", 4.7#, J-55 Mesa Verde tubing 5382' set at 5392'. Seating Nipple at 5360'. Ran 90 joints 1 1/4", 2.4#, V-55 P.C. tubing 2925' set at 2935'. Seating Nipple at 2903'.

1/31/79: Date Mesa Verde formation tested.

2/8/79: Date Pictured Cliffs formation tested.