

DISTRIBUTION	
SANTA FE	/
FILE	/
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL /
	GAS /
OPERATOR	/
PRORATION 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 30-045-23053

Operator EL PASO NATURAL GAS CO.	
Address BOX 289, FARMINGTON, NEW MEXICO	
Reason(s) for filing (Check proper box)	
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"/>
Other (Please explain)	

If change of ownership give name
and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

Lease Name SINCLAIR COM	Well No. 1A	Pool Name, Including Formation BLANCO MESA VERDE	Kind of Lease State Federal or Fee	Lease No. B 11318-27
Location				
Unit Letter M	880	Feet From The S	Line and 990	Feet From The W
Line of Section 32	Township 32N	Range 11W	NMPM, San Juan	County

I. 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. M 32 32N 11W
Is gas actually connected?	When

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

II. 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 8/20/78	Date Compl. Ready to Prod. 12/4/78	Total Depth 5883'	P.B.T.D. 5867'					
Elevations (DF, RKB, RT, GR, etc.) 6503'	Name of Producing Formation MV	Top of Gas Pay 4718'	Tubing Depth 5761'					
Perforations 4718, 4766, 4807, 4821, 4831, 4908, 4916, 4926, 4932, 4940, 4965, 4988, 5080, 5134, 5173, 5245, 5254, 5300, 5308w/1SPZ. 5431, 5440, 5467, 5471, 5475, 5489, 5492, 5495, 5512, 5518, 5524, TUBING, CASING, AND CEMENTING RECORD 5535, 5551, 5587, 5623, 5640, 5645, 5736, HOLE SIZE 5797w/1SPZ CASING & TUBING SIZE			DEPTH SET		SACKS CEMENT			
13 3/4"	9 5/8"	238'	224 cf.					
8 3/4"	7"	3600'	456 cf.					
6 1/4"	4 1/2" liner	3435-5883'	425 cf.					
	2 3/8"	5761'	tubing					

III. 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 (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
	592	754	

IV. 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.

Peggy Bradford
(Signature)
Signing Clerk
(Title)
December 21, 1978.
(Date)

OIL CONSERVATION COMMISSION

DEC 28 1978

APPROVED _____, 19____
BY Original Signed by FRANK T. CHAVEZ

TITLE DEPUTY OIL & GAS INSPECTOR, 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.