

NEW MEXICO OIL CONSERVATION COMMISSION  
**REQUEST FOR ALLOWABLE  
 AND  
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS**

Form 1104  
 Supersedes Old 1104 and 1105  
 Effective 1-1-82

**RECEIVED**

**JUL 13 1982**

DISTRIBUTION  
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 LAND OFFICE  
 TRANSPORTER OIL  
 OPERATOR GAS  
 PRODUCTION OFFICE

**O. C. D.  
 ARTESIA OFFICE**

EL PASO NATURAL GAS COMPANY ✓  
 1800 WILCO BUILDING - MIDLAND, TEXAS 79701

Reasons for filing (check proper box) Other (Please explain)

Oil Well <input checked="" type="checkbox"/>	Change in Transporter of:	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>	GAS STORAGE WELL
Production <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>		
Change in Ownership <input type="checkbox"/>				

If change of ownership give name and address of previous owner

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name <b>WASHINGTON RANCH GAS STORAGE PROJECT</b>	Well No. <b>24</b>	Pool Name <b>WASHINGTON RANCH/GAS POOL</b>	Kind of Lease <b>FEDERAL</b>
Location <b>Unit Letter F, 2063 Feet From The North Line and 2452 Feet From The West</b>	Line of Section <b>34</b>	Township <b>25S</b>	Range <b>24E</b>
		County <b>EDDY</b>	

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)		
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)		
<b>EL PASO NATURAL GAS COMPANY</b>	<b>ATTN: PRODUCTION CONTROL P. O. BOX 1492, EL PASO, TEXAS 79788</b>		
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Is gas actually connected? <b>No</b>

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 Resrv.	Diff. Resrv.
		X	X					
Date Spudded <b>3-27-82</b>	Date Compl. Ready to Prod. <b>6-5-82</b>	Total Depth <b>7000</b>	F.R.T.D. <b>6912</b>					
Name of Producing Formation <b>WASHINGTON RANCH/GAS POOL MORROW</b>	Top Oil/Gas Pay <b>6739</b>	Tubing Depth <b>6856</b>	Depth Casing Shoe <b>6967</b>					

**TUBING, CASING, AND CEMENTING RECORD**

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4	9 5/8	810	1350 sx C1 C
8 3/4	7	6967	500 sx C1 H
6 1/8	2 7/8	6856	

**V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL** (Test must be after recovery of total volume of lead oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First Flow (Oil From To Tanks)	Date of Test	Production Method (Flow, pump, gas lift, etc.)
Length of Test	Tubing Pressure	Casing Pressure
Actual First Flowing Test	Oil-IPBls.	Water-IPBls.

**GAS WELL**

Actual First Flow (METH)	Length of Test	IPBls. Condensate (METH)	Gravity of Condensate
<b>3049</b>	<b>24 hrs</b>		
Back Pressure	Tubing Pressure	Casing Pressure	Case Size
	<b>504 psi</b>	<b>600 psi</b>	<b>32/64"</b>

**VI. 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.

*John P. Deek*  
 (Signature)

Supervisor Production Services  
 (Title)

7-2-82  
 (Date)

**OIL CONSERVATION COMMISSION**

**JUL 28 1982**

APPROVED BY *W.D. Greaseth* 19

TITLE **SUPERVISOR, DISTRICT II**

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 deviating 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 Sections I, II, III, and VI only 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 multiple completed wells.