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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

Operator El Paso Natural Gas Company	
Address 600 Bank of the Southwest, Midland, Texas 79701	
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 Shell Oil Company, P. O. Box 1509, Midland, Texas 79701

I. DESCRIPTION OF WELL AND LEASE

Lease Name Shell "E" State (Comm.)	Well No. Pool Name, Including Formation 1 Yates, 7 River, & Queens	Kind of Lease State, Federal or Fee	Lease No. 121 890-C
Location			
Unit Letter J	3300 Feet From The North Line and 1980 Feet From The East		
Line of Section 6	Township 21	Range 36	Lea County

I. 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)
None	
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 1384, Jal, New Mexico
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	No

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

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input type="checkbox"/>	Gas Well <input checked="" type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input checked="" type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'tv. <input type="checkbox"/>	Diff. Res'tv. <input checked="" type="checkbox"/>
Date Spudded Oct. 23, 1967	Date Compl. Ready to Prod. Oct. 31, 1967	Total Depth 3780	P.B.T.D. 3526					
Elevations (DF, RKB, RT, GR, etc.) 3571 GR	Name of Producing Formation Yates, 7 River, & Queens	Top Oil/Gas Pay —	Tubing Depth 3313					
Perforations 3495-3325'. 3270-2718'			Depth Casing Shoe					

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2	12 1/2	220	150
11 3/4	9 5/8	1177	450
8 3/4	7	3780	250
		2 1/2	3313

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 7710	Length of Test 4 hr	Bbls. Condensate/MMCF none	Gravity of Condensate none
Testing Method (pilot, back pr.) Back pr.	Tubing Pressure (shut-in) 642	Casing Pressure (shut-in) 642	Choke Size 7/32, 5/16, 1/2, 5/8

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.

Leroy E. Bechtel
(Signature)
Regional Petroleum Engineer
(Title)
November 8, 1967
(Date)

OIL CONSERVATION COMMISSION

APPROVED 1967, 19
BY [Signature]
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.