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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-111
Effective 1-1-65

I. Operator
El Paso Natural Gas Company
Address
1800 Wilco Building, Midland, Texas 79701
Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☒ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)

If change of ownership give name and address of previous owner

**CASINGHEAD GAS MUST NOT BE
PLACED AFTER
UNLESS AN EXCEPTION TO R-4070
IS OBTAINED.**

II. DESCRIPTION OF WELL AND LEASE

Lease Name Lineberry	Well No. 1	Pool Name, including Formation Rhodes Yates	Kind of Lease State, Federal or Fee Fed.
Location Unit-Letter C ; 1980 Feet From The West Line and 500 Feet From The North Line of Section 28 , Township 26-S Range 37-E , NMPM, Lea County			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Tex-New Mex Pipeline Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 52332, Houston, Texas 77052		
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1492, El Paso, Texas 79978		
If well produces oil or liquids, give location of tanks. Unit C Sec. 28 Twp. 26-S Rge. 37-E	Is gas actually connected? No When		

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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res'tv.
Date Spudded 3-7-75	Date Compl. Ready to Prod. 4-29-75		Total Depth 3,396'		P.B.T.D. 3,360'			
Pool Rhodes Yates	Name of Producing Formation 7-Rivers		Top Oil/Gas Pay 3,133'		Tubing Depth 3,303'			
Perforations 3,133-3,143', 3,248-3,254', 3,306-3,316'					Depth Casing Shoe 3,390'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4	8 5/8		650.74		450 sx.			
7 7/8	4 1/2		3,389.48		375 sx.			

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 8-25-75	Date of Test 8-26-75	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs.	Tubing Pressure 0	Casing Pressure 0	Choke Size -----
Actual Prod. During Test 13.9 B.F.	Oil-Bbls. 2.3	Water-Bbls. 11.6	Gas-MCF 100

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size

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.

C. D. Kysar
(Signature)
Production Clerk
(Title)
8-29-75
(Date)

OIL CONSERVATION COMMISSION

APPROVED **SEP 11 1975**, 19
BY **John W. Runyan**
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 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 multiply completed wells.