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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
 REQUEST FOR ALLOWABLE
 ANOBBS OFFICE O. C. C.
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
 Supersedes Old C-104 and C-110
 Effective 1-1-65

JUN 9 1 22 PM '67

I. OPERATOR

Operator: El Paso Natural Gas Company

Address: 2000 Wilco Building Midland, Texas 79701

Reason(s) for filing (Check proper box) Other (Please explain)

New Well Change in Transporter of: Oil Dry Gas

Recompletion Casinghead Gas Condensate

Change in Ownership

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Gregory Federal</u>	Well No. <u>2-1</u>	Pool Name, including Formation <u>Crosby Devonian</u>	Kind of Lease State, Federal or Fee <u>Federal</u>
Location Unit Letter <u>C</u> ; <u>760</u> Feet From The <u>North</u> Line and <u>1650</u> Feet From The <u>West</u>			
Line of Section <u>33</u> , Township <u>25 S</u> Range <u>37E</u> , NMPM, <u>Lea</u> County			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> <u>100% Famariss Oil Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 980 Hobbs, New Mexico</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>El Paso Natural Gas Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>2000 Wilco Building - Midland, Texas</u>
If well produces oil or liquids, give location of tanks. Unit <u>C</u> Sec. <u>33</u> Twp. <u>25</u> Rge. <u>37</u>	Is gas actually connected? <u>yes</u> When <u>8/19/56</u>

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 Res'v.	Diff. Res'v.
		<u>X</u>						
Date Spudded <u>5/16/56</u>	Date Compl. Ready to Prod. <u>7/8/56</u>	Total Depth <u>8170</u>	P.B.T.D.					
Pool <u>Crosby</u>	Name of Producing Formation <u>Devonian</u>	Top Oil/Gas Pay <u>7980</u>	Tubing Depth <u>8108</u>					
Perforations		Depth Casing Shoe						
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		
	<u>13 3/8</u>		<u>542</u>			<u>500</u>		
	<u>9 5/8</u>		<u>3633</u>			<u>3450</u>		
	<u>7</u>		<u>8170</u>			<u>300</u>		
	<u>2 1/2</u>		<u>8108</u>			<u>-</u>		

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 <u>102,000 After acidizing</u>	Length of Test <u>8 hrs 45 mins.</u>	Bbls. Condensate/MMCF <u>3</u>	Gravity of Condensate
Testing Method (pitot, back pr.) <u>Back Pressure</u>	Tubing Pressure <u>2690</u>	Casing Pressure <u>2786</u>	Choke Size <u>3 1/2" orifice</u>

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.

[Signature]
 Regional Production Clerk
 (Title)
June 8, 1967
 (Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 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 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.