_	Drilling Clerk		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.			
(	hereby certify that the rules and r Commission have been complied w Boove is true and complete to the	BY				
VI.	CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION			
	Testing Method (pitot, back pr.) Calc. AOF	Tubing Pressure (shut-in) tubingless	Casing Pressure (Shut) 954	-in) Choke 3/4	• Siz• 4''	
	Actual Prod. Test-MCF/D 1117	Length of Test 3 hrs.	Bbls. Condensate/MMC	F Gravi	ty of Chidinedie	
_ا 	GAS WELL				DIL CON. COM.	
-	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	das-	MCF JUL 20 1973	
-	Length of Test	Tubing Pressure	Casing Pressure	Chor	TOTAL STATE OF THE	
	OIL WELL able 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.)					
<b>v</b> .	TEST DATA AND REQUEST F	tubingless OR ALLOWABLE (Test must be a	after recovery of total volu	me of load oil and mu	st be equal to or exceed top allow	
}	6 3/4"	2 7/8"	3015'		7 cu. ft	
	HOLE SIZE	TUBING, CASING, AND CASING & TUBING SIZE 8 5/8"	DEPTH S	ET	SACKS CEMENT	
	Perforations 2885-2900' and 2912-22'  Depth Casing Shoe 3015'					
	Elevations (DF, RKB, RT, GR, etc.) 6350'GL	Name of Producing Formation Pictured Cliffs	Top Oil/Gas Pay 2885'	tul	ng Depth bingless	
	4-18-73	7-2-73	3015'	30	005'	
	Designate Type of Completion	Date Compl. Ready to Prod.	X Total Depth	P.B.	! !	
	COMPLETION DATA	Oil Well Gas Well	New Well Workover		Back   Same Resty.   Diff. Resty	
	give location of tanks.	O 14 28N 8W th that from any other lease or pool,	give commingling and	r number		
	El Paso Natural Gas Company  PO Box 990, Farmington, NM 87401  If well produces oil or liquids, Unit Sec. Twp. Page. Is gas actually connected? When				4 87401	
	Name of Authorized Transporter of Casinghead Gas or Dry Gas		PO Box 990. Farmington, NM 87401  Address (Give address to which approved copy of this form is to be sent)			
į	Name of Authorized Transporter of Oil or Condensate X Address (Give address to which approved copy of this form is to be sent)					
III.		TER OF OIL AND NATURAL GA	•		Julia	
		wnship 28N Range	8W , NMPA		in Juan County	
	Location Unit Letter O , 109	90 Feet From The South Lis		Feet From The		
	Jones A 9 So. Blanco Pictur			Kind of Lease State (Federal or Fe	Lease 110.	
н.	DESCRIPTION OF WELL AND	LEASE   Well No.   Pool Name, Including F	Formation	Kind of Lease	·	
	If change of ownership give name and address of previous owner	·				
ļ	Recompletion Oil Dry Gas Change in Ownership Casinghead Gas Condensate					
	Reason(s) for filing (Check proper box)  New We!1  Change in Transporter of:					
	PO Box 990, Farmington, NM 87401					
	El Paso Natural Gas Company					
1.	PRORATION OFFICE					
	TRANSPORTER OIL / GAS /	_		De la		
	U.S.G.S.  LAND OFFICE	AUTHORIZATION TO TR	ANSPORT OIL AND	NATURAL GAS		
	FILE /	REQUEST FOR ALLOWABLE  Supersedes Old C-104 and C-1  AND  Effective 1-1-65				
,	DISTRIBUTION SANTA FE	NEW MEXICO OIL CONSERVATION COMMISSION Form C-104				
1	HO. OF COPIES RECEIVED	1				

Drilling Clerk

July 18, 1973

(Title)

(Date)

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.