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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

El Paso Natural Gas Company  
 Address  
 P. O. Box 990, Farmington, NM 87401

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

New Well       Change In Transporter of:  
 Recompletion       Oil       Dry Gas   
 Change In Ownership       Casinghead Gas       Condensate

If change of ownership give name and address of previous owner \_\_\_\_\_

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name Lindrith Unit	Well No. 77	Pool Name, including Formation South Blanco PC	Kind of Lease State, (Federal) or Fee	Lease No. SF078912
Location Unit Letter <u>N</u> <u>900</u> Feet From The <u>S</u> Line and <u>1700</u> Feet From The <u>W</u>				
Line of Section <u>12</u> Township <u>24N</u> Range <u>3W</u> , NMPM, <u>Rio Arriba</u> County				

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

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 990, Farmington, NM 87401				
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 990, Farmington, NM 87401				
If well produces oil or liquids, give location of tanks.	Unit N	Sec. 12	Twp. 24N	Rge. 3W	Is gas actually connected?      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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Restv.	Diff. Restv.
		X	X					
Date Spudded 07-03-74	Date Compl. Ready to Prod. 11-12-74		Total Depth 3374'		P.B.T.D. 3363'			
Elevations (DF, RKB, RT, CR, etc.) 7070' GL	Name of Producing Formation Pictured Cliff		Top Oil/Gas Pay 3306		Tubing Depth Tubingless			
Perforations 3306-34'					Depth Casing Shoe 3374'			

**TUBING, CASING, AND CEMENTING RECORD**

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8"	131' GL	106 cu. ft.
6 3/4"	2 7/8"	3374'	130 cu. ft.
	Tubingless		

**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 1060	Length of Test 3 hours	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) Calc A.O.F.	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in) 997	Choke Size 3/4"

**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.

Al J. Adams  
 (Signature)  
 Drilling Clerk (Title)  
 November 25, 1974 (Date)

OIL CONSERVATION COMMISSION  
**DEC 3 1974**

APPROVED \_\_\_\_\_, 19\_\_\_\_  
 Original Signed by Emery C. Arnold  
 BY \_\_\_\_\_  
 TITLE SUPERVISOR DIST. #3

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.