| | | 1- | 5 |
|------------------|-----|----|---|
| DISTRIBUTE | | | |
| ANTA FE | | 1 | |
| FILE | | 1 | |
| 1.5.G.S. | | 1 | |
| LAND OFFICE | | 1 | |
| IRANSPORTER | OIL | 1 | |
| | GAS | 1 | |
| OPERATOR | | 1 | |
| PRORATION OFFICE | | 1 | |
| Operator | | | |

NEW MEXICO

| | FILE / U.S.G.S. | REQUES | CONSERVATION COMMISSION T FOR ALLOWABLE AND RANSPORT OIL AND NATUR | Form C-104 Supersedes Old C-104 and C-13 Effective 1-1-65 AL GAS | | | |
|------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|--|--|--|
| 1. | IRANSPORTER OIL / GAS / OPERATOR / PRORATION OFFICE | | | | | | |
| | Operator F1 Paso Natural Gas C | Company | | | | | |
| | P. O. Box 990, Farmington, NM 87401 | | | | | | |
| | Reason(s) for filing (Check proper) | box) | Other (Please explain) | | | | |
| | New Well Recompletion | Change in Transporter of: Oil Dry | Gas G | | | | |
| | Change in Ownership | Casinghead Gas Conc | densate 🗍 | | | | |
| | If change of ownership give name and address of previous owner | 2 | | | | | |
| 12. | DESCRIPTION OF WELL AN | D LEASE Well No., Pool Name, Including | Formation Kind of 1 | | | | |
| | Lindrith Unit | 81 South Blanco | | Lease Nc. | | | |
| | Location Unit Letter E : 1 | 475 Feet From The N L | ine and 800 Feet F | from TheW | | | |
| | 10 | Township 24N Range | | Arriba | | | |
| 111 | | | , tunian, | County | | | |
| 111. | Name of Authorized Transporter of | | Address (Give address to which a | opproved copy of this form is to be sent) | | | |
| | El Paso Natural Gas C | Casinghead Gas Country Gas X | P. O. Box 990, Farm | ington, NM 8/401 pproved copy of this form is to be sent) | | | |
| | El Paso Natural Gas C | | P. O. Box 990, Farm | | | | |
| | If well produces oil or liquids, give location of tanks. | Unit Sec. Twp. Rge. | Is gas actually connected? | When | | | |
| IV. | COMPLETION DATA | with that from any other lease or pool | , give commingling order number: | | | | |
| | Designate Type of Comple | tion - (X) | New Well Workover Deeper | Plug Back Same Res'v. Diff. Res'v. | | | |
| | Date Spudded | Date Compl. Ready to Prod. | X | P.B.T.D. | | | |
| | 07-21-75 | 09-16-75 | 3329' | 3318' | | | |
| | Elevations (DF, RKB, RT, GR, etc., 6980 GL | , Name of Producing Formation PC | Top XI/Gas Pay | Tubing Depth Tubingless | | | |
| | Perforations | | | Depth Casing Shoe | | | |
| | 3169', 3170', 3189', | 3190', 3233', 3234', 327 TUBING, CASING, AN | 1', 3272' ID CEMENTING RECORD | 33291 | | | |
| | HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT | | | |
| | 12 1/4'' 7 7/8-6 3/4'' | 8 5/8'' 2 7/8'' | 133' 3329' | ll8 cu. ft. | | | |
| | 7 77 8-0 37 4 | Tubingless | 3329 | 185 cu. ft. | | | |
| ₹/ | TECT DATA AND DECLECT | | | | | | |
| ٧. | TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to be exceeded able for this depth or be for full 24 hours) | | | | | | |
| | Date First New Oil Run To Tanks | Date of Test | Producing Method (Flow, pump, ga | 1010 | | | |
| | Length of Test | Tubing Pressure | Casing Pressure | Choke Size OCT 6 COM | | | |
| | Actual Prod. During Test | Oil-Bbis. | Water - Bbls. | Gas-MCF all Cold 3 | | | |
| • | GAS WELL | | | | | | |
| | Actual Prod. Test-MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate | | | |
| | 270 Testing Method (pitot, back pr.) | 3 hours Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | | | | |
| | Calc. A.O.F. | () mis-24 | 1024 | Choke Size 3/4" | | | |
| VI. | VI. CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation | | OIL CONSER | VATION COMMISSION | | | |
| | | | APPROVED 1975 , 19 | | | | |
| | Commission have been complied | with and that the information given ne best of my knowledge and belief. | ByOriginal Signed by A. R. Kendrick | | | | |
| | | | TITLE | | | | |
| | M. H. Brisco (Signature) | | This form is to be filed in compliance with RULE 1104. | | | | |
| _ | W. J.J. Duce | <u>J</u> | If this is a request for allowable for a newly drilled or despened | | | | |
| | Drilling Clerk | nature) | | well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111. | | | |
| • | (7 | itle) | All sections of this form able on new and recompleted | must be filled out completely for allow- wells. | | | |
| | October 1, 1975 | Pate) | 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. | | | | |

well name or number, or transporter, or other such change of condition.

Secrete Forms C-10d must be filed for each sool in multiply