

DISTRIBUTION		NEW MEXICO OIL CONSERVATION COMMISSION		Form C-104	
SANTA FE		REQUEST FOR ALLOWABLE		Supersedes Old C-104 and C-110	
FILE		AND		Effective 1-1-65	
U.S.G.S.		AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
LAND OFFICE					
TRANSPORTER		OIL GAS			
OPERATOR					
PRORATION OFFICE					
Operator					
EL PASO NATURAL GAS CO.					
Address					
BOX 289, FARMINGTON, NEW MEXICO					
Reason(s) for filing (Check proper box)					
New Well		Change in Transporter of:		Other (Please explain)	
Recompletion		Oil		Dry Gas	
Change in Ownership		Casinghead Gas		Condensate	

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

DESCRIPTION OF WELL AND LEASE					
Lease Name		Well No.		Pool Name, Including Formation	
LINDRITH UNIT		84		SO. BLANCO PC	
Location		Kind of Lease		Lease No.	
Unit Letter I ; 1610 Feet From The S Line and 810 Feet From The E		State, Federal or Fee		SF 078915	
Line of Section 36		Township 24N		Range 3W , NMPM, Rio Arriba County	

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS					
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>			Address (Give address to which approved copy of this form is to be sent)		
EL PASO NATURAL GAS CO.			BOX 289, FARMINGTON, NEW MEXICO		
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>			Address (Give address to which approved copy of this form is to be sent)		
EL PASO NATURAL GAS CO.			BOX 289, FARMINGTON, NEW MEXICO		
If well produces oil or liquids, give location of tanks.		Unit	Sec.	Twp.	Rge.
		I	36	24N	3W
		Is gas actually connected?		When	

If this production is commingled with that from any other lease or pool, give commingling order number: _____

COMPLETION DATA	
Designate Type of Completion - (X)	
Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v. Diff. Res'v.	
Date Spudded 9/9/78 Date Compl. Ready to Prod. 12/27/78 Total Depth 3190' P.B.T.D. 3179'	
Elevations (DF, RKB, RT, GR, etc.) 7178' GL Name of Producing Formation PC Top Gas Pay 3075' Tubing Depth ---	
Perforations 3075, 3078, 3082, 3092, 3097, 3102, 3107, 3116, 3120, 3124 with 1 SPZ. Depth Casing Shoe 3190'	
TUBING, CASING, AND CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE
12 1/4"	8 5/8"
6 3/4"	2 7/8"
	DEPTH SET
	129'
	3190'
	SACKS CEMENT
	100 cf.
	164 cf.

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	Length of Test
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)
	Casing Pressure (Shut-in)
	Choke Size

CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
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.		APPROVED _____, 1979	
BY _____		Original Signed by L. B. Hendrick	
TITLE _____		This form is to be filed in compliance with RULE 1104.	
Drilling Clerk		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.	
1/9/79		All sections of this form must be filled out completely for allowable on new and recompleted wells.	
(Date)		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.	