DISTRIBUTION NEW MEXICO DIL CONSERVATION COMMISSION .. Form C-104 SANTA FE REQUEST FOR ALLOWABLE Supersedes Old C-104 and C-110 FILE Ellective 1-1-65 AND u.s.g.s. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS LAND OFFICE OIL TRAM PORTER API 30-039-21802 GAS OPERATOR PRORATION OFFICE EL PASO NATURAL GAS CO. Address BOX 289, FARMINGTON, NEW MEXICO Reason(s) for filing (Check proper box) Other (Please explain) New Well Change in Transporter of: OII Recompletion Dry Gas Change in Ownership Casinghead Gas Condensate If change of ownership give name and address of previous owner ____ I. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Formation Kind of Lease Legae No. State, Cederal cr Fee LINDRITH UNIT 95 SO. BLANCO PC 078912 Location :<u>1700</u> 1800 __ Feet From The N Line and Unit Letter Feet From The 10 NMPM, Rio Arriba Township 24N Range 3W County I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate 💢 Address (Give address to which approved copy of this form is to be sent) EL PASO NATURAL GAS CO BOX 289, FARMINGTON, NEW MEXICO. Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Castnghead Gas or Dry Gas X BOX 289 FARMINGTON, NEW MEXICO EL PASO NATURAL GAS CO. Twp. If well produces oil or liquids, give location of tanks. Unit G 10 If this production is commingled with that from any other lease or pool, give commingling order number: V. COMPLETION DATA Oil Well Gas Well Workover Deepen Plug Back Same Res'v. Dift. Res'v. Designate Type of Completion -(X)Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D. 12/14/78 3270! 10/5/78 32591 Elevations (DF, RKB, RT, GR, etc., Top 🛃/Gas Pay Name of Producing Formation Tubing Depth 6936' GL PC 31651 Depth Casing Shoe Perforations 3165, 3172, 3176, 3204, 3208, 3212, 3222, 3226, 3230 with 1 SPZ TUBING, CASING, AND CEMENTING RECORD 32701 HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT 12 1/4" 8 5/8" 120' 118 cf 2 7/8" 6 3/4" 3270 164 cf (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) 7. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tanks Date of Test Length of Test Tubing Pressure Casing Pressure Chake Size Gee MOF Water - Bbls. Oil-Bbls. Actual Pred, During Test . 0 197**0** UN. COM. DIST. GAS WELL Gravity of Condensate Actual Prod. Test-MCF/D Bbls, Condensate/MMCF Length of Test Casing Pressure (Shut-in) Choke Size Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) 1017 OIL CONSERVATION COMMISSION 1. CERTIFICATE OF COMPLIANCE 1 2 2 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. BY Criginal ... Leave by Lan Action TITLE .

(Signature)

(l'itle)

(Date)

Drilling Clerk

12/20/78

I.

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 MULE 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, ill 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.

