	NO. OF COPIES RECEI	IVED	5				
	DISTRIBUTIO	N					
	SANTA FE		1				
	FILE						
	u.s.g.s.						
	LAND OFFICE						
	IRANSPORTER	OIL G AS	1				
	OPERATOR						
I.	PRORATION OFF	τ					
	Operator						
	El Paso Natural Ga						
	Address						
	Address						
	Box 289						
	Box 289						
	Box 289						
	Box 289 Reason(s) for filing (C New Well						
	Box 289 Reason(s) for filing (C New We!l Recompletion	ip give	roper e nam	box)			

Drilling Clerk

10/10/79

(Title)

(Date)

DISTRIBUTION	NEW MEXICO OIL CONSERVATION COMMISSION		Form C-104	Form C-104		
		FOR ALLOWABLE AND			Supersedes Old C-104 and C-11 Effective 1-1-65	
U.S.G.S.			<b></b>		-03	
LAND OFFICE	AUTHORIZATION TO TRA	ANSPORT OIL AND I	NATURAL G	AS		
IRANSPORTER GAS		-				
OPERATOR /	†			AP1 30-039-	22061	
PRORATION OFFICE	<u> </u>			74 1 JU-UJJ-	22001	
Operator						
El Paso Natural (	uas					
Box 289, Farming	ton. New Mexico					
Reason(s) for filing (Check proper box		Other (Please	explain)			
New Well	Change in Transporter of:		. ,			
Recompletion	Oil Dry Go	rs 🔲				
Change in Ownership	Casinghead Gas Conder	nsate				
f change of ownership give name and address of previous owner						
DESCRIPTION OF WELL AND	LEASE					
Lease Name	Well No. Pool Name, Including F	ormation	Kind of Lease		Lease No.	
Lindrith Unit	97 S. Blanco P	С	The same	Fee	Fee	
Location  Unit Letter $L$ , $180$	South Lin	ne and1110	Feet From T	west		
Line of Section 9 Tov	vnship 24-N Range	2-W , NMPM	Dio A	\rriba	County	
			<u></u>			
DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oil	FER OF OIL AND NATURAL GA  or Condensate   □			4		
El Paso Natural	_	Address (Give address to Box 289, Far			to be sent)	
Name of Authorized Transporter of Cas		Address (Give address t			to be sent)	
El Paso Natural		Box 289, Far			Í	
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When					
f this production is commingled wit	th that from any other lease or pool,	give commingling order	number:			
Designate Type of Completion	on - (X)   Cil Well   Gas Well   X	New Well Workover	Deepen	Plug Back   Same Re	s'v. Diff. Res'v.	
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.		
8-13-79	10-4-79	3443'		3432'		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth		
7197' GL	PC PC			Depth Casing Shoe	Tubingless	
3276,3282,329	2,3298,3308,3312,3323,33	27'. 3443'				
	TUBING, CASING, AND	CEMENTING RECOR	<b>D</b>	0110		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SE		SACKS CE	MENT	
12 1/4"	8 5/8 "	151 '		165 cf		
6 3/4" & 7 7/8"	2 7/8"	34431		250 cf		
	Tubingless Comple	tion				
PECT DATE AND DECLIEST EA	Tubingless Comple			<del></del>		
OIL WELL	OR ALLOWABLE (Test must be a) able for this de	pth or be for full 24 hours		id must be equal to or	exceed top allow-	
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow	, pump, gas lift,	etc.)		
Length of Test	Tubing Pressure	Casing Pressure Cha		Choke Size		
	Tubing 11000mb	Castily 1 1000 mg		787		
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.		Gas-NCF		
				100 000	<del>&gt; 1979    </del>	
GAS WELL Actual Prod. Test-MCF/D	Length of Test	Dur Continue to the		0.000	COM.	
Actual Floa. 1001-MOF/D	Length of Test	Bbls. Condensate/MMCF		Gravity of Condentario	3 decease	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-	-in)	Choke Size		
CERTIFICATE OF COMPLIANCE	OIL CONSERVATION COMMISSION					
				. As a Constant		
hereby certify that the rules and r Commission have been complied w	APPROVED, 19					
	best of my knowledge and belief.	By Original Signed by A. R. Bendrick				
		)/    TITLE	SURERY CR DIS	TRICT # 3		
A 11 1.		TITLESURERV CR DISTRICT 集 3  This form is to be filed in compliance with RULE 1104.				
D. G. Susc		1		•		
(Signa	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					

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.