		-					. ,			
	NO. D. COP ES PECEIVES 7					*.	/ /			
	DISTRIBUTION	1	HEW MEXICO OIL	CONSCRUAT	TON COMMI	SSION	Form	r. :		
	SANTA FE	REQUEST FOR ALLOWABLE							C-104 and C-11	
	FILE							ota (* 1-1-65		
	U.S.G.S.	AUTHOR	IZATION TO TR	ANSPORT (	A DNA LIC	ATURAL G	ΔS	4		
	LAND OFFICE									
	IRANSPORTER OIL									
	GAS /									
	OPERATOR 3	_								
I.	PRORATION OFFICE		·				100			
	Operator El Paso Natural Gas Co	mnont					1 Kills		*	
Address -								<u></u>		
	Box 990, Farmington, New Mexico					[	- 親間 c	·,	ļ	
Reason(s) for filing (Check proper box)					ther (Please		());			
	New We!! X Change in Transporter of:				mer (rieuse	explain)	V	1	1	
	Recompletion Oil Dry Gas						A Comment		1	
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	Well No. Po	ool Name, Including F	ormation		Kind of Lease			Lease No.	
	Klein A	3	Otero (	Chacra Ex	t.	State, <u>Federal</u>	or Fee	SF	080560	
	Location	·····							'	
	Unit Letter A	500 Feet From 7	The North Lin	ne and 11	.80	_ Feet From T	he Eas	t		
							••			
	Line of Section 31 Tov	waship 26-N	Range (	5-W	, NMPM,	Rio Arr	iba ————		County	
III.	DESIGNATION OF TRANSPORT		ND NATURAL GA		ino addrona t	aubiah approu	ad some of the	is form is to	ha conti	
					Address (Give address to which approved copy of this form is to be sent)  Box 990, Farmington, New Mexico					
	Name of Authorized Transporter of Casinghead Gas or Dry Gas X								he senti	
	El Paso Natural Gas Company			!	Address (Give address to which approved copy of this form is to be sent)  Box 990, Farmington, New Mexico					
	Init Sec. Two Bae			Is gas actually connected? When						
	If well produces oil or liquids, give location of tanks.	A 31	26N 6W		•	i				
		<u> </u>	<del></del>							
	If this production is commingled with COMPLETION DATA	in that from any t	other lease or pool,	give commit	iging order	number:				
		Oil	Well Gas Well	New Well	Workover	Deepen	Plug Back	Same Res!	v. Diff. Restv.	
	Designate Type of Completic	on $-(X)$	X	X	•		1	!		
	Date Spudded	Date Compl. Rea	dy to Prod.	Total Depth	1		P.B.T.D.			
	7-3-69	8-8-69		3329			3319			
	Elevations (DF, RKB, RT, GR, etc.,	Name of Producir	ng Formation	TopXXXXGas Pay			Tubing Depth			
	6197'GL	97'GL Chacra 3188 ·				Tubingless completion				
Perforations						Depth Casing Shoe				
3188-3204,3288-94			.,	3329						
		TUE	BING, CASING, AN	D CEMENTI	NG RECOR	<u> </u>				
	HOLE SIZE		TUBING SIZE		DEPTH SE	T	<del></del>	CKS CEME	ENT	
	12 1/4"	8 5/8"		2201			190			
	6 1/4"	2 7/8"		3329			270			
		1	····	<del> </del>		<del></del>	+	,	<del></del>	
		1		1			<u> </u>			
V.	TEST DATA AND REQUEST FO	OR ALLOWABI	LE (Test must be a able for this d	after recovery	of total volum full 24 hours	ne of load oil d	and must be e	qual to or ex	ceed top allow-	
	II. WELL able for this de de First New Oil Run To Tanks   Date of Test					pump, gas lif	t, etc.)			
	Length of Test	Tubing Pressure		Casing Pre	Casing Pressure			Choke Size		
	Actual Prod. During Test	Oil-Bbls.		Water - Bbls	•		Gas-MCF			
	·	.4								
	GAS WELL									
	Actual Prod. Test-MCF/D	Length of Test		Bbls. Condensate/MMCF			Gravity of Condensate			
	955 MCF/D									
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)		1	Casing Pressure (Shut-in)			Choke Size		
	Calculated A.O.F.	<u> </u>		824			3/4"	exico  g Back   Same Res'v.   Diff. Res'v  .T.D.  319 ing Depth ubingless completion th Casing Shoe 329  SACKS CEMENT 90 70  ust be equal to or exceed top allow  .)  ke Size  vity of Condensate		

Calculated A.O.F. 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.

(Date)

0.00	n:	 r	4.8	WAAA

. 0	Original Signed F. M. WOOD	
	(Signature)	_
Petroleum Engineer	•	
	(Title)	
August 27, 1969		

OIL CONSERVATION COMMISSION

AUG 2 9 1969 APPROVED\_

BY Original Signed by Emery C. Arnold SUPERVISOR DIST. #3

TITLE \_

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 i completed wells.