| rigy vio Millet | MST | II PY | SHH | MIN |
|------------------|-------|-------|-----|-----|
| ** ** ***** | ***** | | |) |
| DISTRIBUTE | OH. | | | |
| PHP | | | | |
| U S.O.S. | | | | |
| TRAHSPORTER | 1/1L | | | |
| OPPHATON | | _ | | |
| PAGRATION OFFICE | | | | |

9-24-80

(Date)

OH, CORSERVATION DIVISION P, O, HOX 2088 SANTA FE, HEW MEXICO 87501

| TRANSPORTER GAS | , | OR ALLOWABLE AND SPORT OIL AND HATURAL GAS | | | | |
|---|--|---|---|--|--|--|
| PRODUCTION OFFICE | NOTIONEX HOW TO TRAN | STOP FOR AND PARTORAL GAS | | | | |
| El Paso Natural Gas | s Company | | | | | |
| P.O. Box 289, Farm | ington, NM 87401 | Other (Please explain) | | | | |
| New Well | Change in Transporter of: | | | | | |
| Recompletion | OII Dry G | Work over on Gallup Formation Form. | | | | |
| Cliange In Ownership. | Casinghead Gas Conde | erizate | | | | |
| If change of ownership give name and address of previous owner. | | | | | | |
| DESCRIPTION OF WELL AN | D LEASE. Well Ho. Pool None, Including F | Formulion Kind of L | eque Legso No. | | | |
| Rincon Unit | 164 Basin Dakota | State, Fee | deral or F. E-291-35 | | | |
| Location $U_{\rm out}$ Letter $U_{\rm out}$ $U_{\rm out}$ | 840 Feet From The South Li | ne and 1090 Feet Fr | om The_ West | | | |
| 2 | Township 26-N Range | 7-West , NMPM, | Rio Arriba County | | | |
| DESIGNATION OF TRANSPO | RTER OF OIL AND NATURAL GA | AS | | | | |
| Rame of Authorized Transporter of C El Paso Natural Gas | | • | proved copy of this form is to be sent) mington, NM 87401 | | | |
| Name of Authorized Transporter of C El Paso Natural Gas | | Address (Give address to which approved copy of this form is to be sent) P.O. Box 289, Farmington, NM 87401 | | | | |
| If well produces oil or liquids, give location of tanks. | Unit Sec. Twp. Rge. L 2 26-N 7-W | ls gas actually connected? When | | | | |
| If this production is commingled v | with that from any other lease or pool, | give commingling order number: | | | | |
| Designate Type of Complet | tion - (X) Oil Well Gas Well | New Well Workover Deepen | Plug Back Same Hes'v. Diff. Res'v. | | | |
| Date Spudded 8-9-69; 8-31-80 | Date Compl. Ready to Prod. 9-25-69; 9-22-80 | Total Depth 7406' | P.B.T.D. 7304' | | | |
| Elevations (DF, RKB, RT, GR, etc., 6521 GL | | Top Oil/Gas Pay 7050' | Tubing Depth 7150 | | | |
| Perforations | | | Depth Casing Shoe | | | |
| 7050-56,7146-58,7176-82 | 2,7196-7214,7248-541 | | 7406' | | | |
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT | | | |
| 13 3/4" | 9 5/8" | 235' | 165 cf. | | | |
| 7 7/8" | 4 1/2" | 7406' | 635 cf. | | | |
| | 2 3/8" | 7150' | | | | |
| · A CONTRACTOR OF THE PARTY OF | | 1 | Cotton. | | | |
| TEST DATA AND REQUEST I | FOR ALLOWABLE (Test must be o | feer recovery of eceal volume of load e | of and med be edupt to phexceed top allow- | | | |
| OIL WELL Dote First New Oil Bun To Tanks | Date of Test | Producing Method (Flow, pump, gra | WII CHANGE | | | |
| Length of Teet | Tubing Pressure | Casing Pressure | Chote Size | | | |
| Actual Prod. During Toot | Oil-Bbls. | Water-Bble. | Gas-MCF | | | |
| GAS WELL * No aft | er frac gauge well produc | es large amount of oil | | | | |
| Actual Fred. Tool-MCF/D | Length of Teet | Bble. Condenegte/MMCF | Gravity of Condensate | | | |
| (*) Old test: 3633 MCF | :/D | | | | | |
| Testing Method (pitot, šack pr.) | 1 | Cosing Pressure (#hut-in) | Choke Size | | | |
| | 1 2472 w/o 928 | 1 2390; w/o 849 | A TION ON WOOD | | | |
| Division have been complied with and that the information given bove to true and complete to the best of my knowledge and belief. | | OIL CONSERVATION DIVISION APPROVED SEP 26 1980 . 10 | | | | |
| | | | | | | |
| | | Original Signed by FRANK T. CHAVEZ SUPERVISOR DISTRICT # 3 | | | | |
| | | TITLE | | | | |
| | | 1 | This form is to be filed in compliance with NULE 1104. | | | |
| Legay Stadleda | | If this is a request for allowable for a newly drilled or despende well, this form must be accompanied by a tabulation of the deviation | | | | |
| - (Sig. | iaiwej | tonis taken on the well in acc | tests taken on the well in accordance with NULE 111. | | | |
| Drilling Clerk | ute) | All sections of this form table on new and recompleted | must be filled out completely for allow- | | | |
| · · · · · · · · · · · · · · · · · · · | • | T | | | | |

Fill out only Sections I. H. III, and VI for Changes of owner, well name or number, or transporter, or other such Change of condition.