KO. OF CONJES SECEIVES		5	
DISTRIBUTION			
SANTA FE		/	L
FILE		/	
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL	1	
	GAS	1	
OPERATOR		1	
FRORATION OFFICE			
Operator			
El Paso Na	itural	Gas	s C
Address			
PO Box 990), Fa1	mi	ngto
I O DOX 770		roper	box.
	(Check)		
Reason(s) for filing New Well	(Check)		
Reason(s) for filing	(Check)		

	SANTA FE /	REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL		Form C-104 Supersedes Old C-104 and C-110 Effective 1-i-65 GAS			
1.	IRANSPORTER OIL / GAS / OPERATOR / FRORATION OFFICE Cierdior						
	El Paso Natural Gas Company						
	PO Box 990, Farmington, NM 87401						
	Reason(s) for filing (Check proper box) New Well Recompletion Change in Ownership	Change in Transporter of: Oil Dry Gas Casinghead Gas Condens					
	If change of ownership give name and address of previous owner						
11.	DESCRIPTION OF WELL AND I	Well No. Pool Name, Including Fo	Come (Cadaca)				
	Klein Location	18 South Blanco Pic	rured Chirs				
	Unit Letter J ; 180	00 Feet From The South Line	and 1800 Feet From T	he <u>East</u>			
	Eline of election	nship 26N Range	6W , NMPM,	Rio Arriba County			
III.	Name of Authorized Transporter of GU El Paso Natural Gas Co	or Condensate 🔀	PO Box 990, Farmingto	n, NM 87401			
	Name of Authorized Transporter of Casinghead Gas or Dry Gas X Address (Give address to which approved copy of this form is to be sent) El Paso Natural Gas Company PO Box 990, Farmington, NM 87401 Unit Sec. Twp. Rge. Is gas actually connected? When						
	If well produces oil or liquids, give location of tanks. J 34 26N 6W						
IV.	If this production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA Out Well Gas Well New Well Workover Deepen Plug Back Same Res'v. Diff. Res'v.						
	Designate Type of Completio	n - (X) X	X Total Depth	P.B.T.D.			
	Date Spudded 9-25-72		2977'	2967'			
	Elevations (DF, RKB, RT, GR, etc.) 6687'GL	Name of Producing Formation Pictured Cliffs	Top Cul/Gas Pay 2858'	Tubing Depth tubingless Depth Casing Shoe			
	2858-78'	2858-78' 2977'					
		TUBING, CASING, AND	DEPTH SET	SACKS CEMENT			
	13 3/4"	9 5/8"	133'	142 cu. ft.			
	8 3/4" & 6 3/4"	2 7/8"	2977'	355 cu.ft.			
		tubingless					
V.	TEST DATA AND REQUEST FOR ALLOWABLE (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) DIL WELL Producing Method (Flow, pump, gas lift, etc.)						
	Date First New Oil Run To Tanks	Date of Test	,	Choke			
	Length of Test	Tubing Pressure	Casing Pressure	OFI HIVE			
	Actual Prod. During Test	Oil-Bbls.	Water-Bbis.	JAN 24 1973			
	CACHELI			/			
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	DIST. 3			
	1078 Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size			
	Calc. AOF	tubingless	684	3/4"			
VI	CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION				
	I hereby certify that the rules and regulations of the Oil Conservation		APPROVED MAR 1 9 1973, 19				
Commission have been complied with and that the information above is true and complete to the best of my knowledge and be			BY Original Signed by A. M. Menditor				
			TITLE PETROLEUM EN	GINEER DIST. NO. 3			
	+16/2002		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 with all forms.				
	Petroleum Engineer		well, this form must be accompanied by a tabletic tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allowed the section of				
			11	-116			

(Title)

(Dute)

January 17, 1973

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.