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NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

Operator El Paso Natural Gas Company	
Address PO Box 990, Farmington, NM 87401	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain)	

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Vaughn	Well No. 20	Pool Name, Including Formation So. Blanco Pictured Cliffs	Kind of Lease State, (Federal) or Fee SF	Lease No. 079266
Location				
Unit Letter M	1190	Feet From The South	Line and 890	Feet From The West
Line of Section 27	Township 26N	Range 6W	NMPM,	Rio Arriba County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	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				
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	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				
If well produces oil or liquids, give location of tanks.	Unit M	Sec. 27	Twp. 26N	Rge. 6W	Is gas actually connected? When

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X	X					
Date Spudded 10-2-72	Date Compl. Ready to Prod. 1-5-73	Total Depth 2659'	P.B.T.D. 2648'					
Elevations (D.F., RAB, RT, GR, etc.) 6310'GL	Name of Producing Formation Pictured Cliffs	Top of Gas Pay 2514'	Tubing Depth tubingless					
Perforations 2514-24', 2550-60' and 2574-84'			Depth Casing Shoe 2659'					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
13 3/4"	9 5/8"	143'	142 cu. ft.					
8 3/4" & 6 3/4"	2 7/8"	2659'	392 cu. ft.					
tubingless								

V. TEST DATA AND REQUEST FOR ALLOWABLE  
OIL WELL

(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)

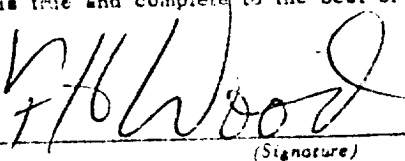
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D 4819'	Length of Test 3 hours	Bbls. Condensate/MMCF	Choke Size
Testing Method (pilot, back pr.) Cal c. AOF	Tubing Pressure (shut-in) tubingless	Casing Pressure (shut-in) 916	Choke Size 3/4"

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.

  
(Signature)

Petroleum Engineer

January 17, 1973

(Title)

(Date)

OIL CONSERVATION COMMISSION

MAR 19 1973

APPROVED \_\_\_\_\_, 19

BY Original Signed by A. R. Kondrick

TITLE PETROLEUM ENGINEER DIST. NO. 3

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.