NO. OF COMPS RECEIVED			
DISTRIBUTION			
SANIA FE		[/	
FILE		7	
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL	/	
	GAS	1	
OPERATOR .			
PROBATION OFFICE		1	

	SANIAFE /	REQUEST	ONSERVATION COMMISSION FOR ALLOWABLE AND	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65		
•	U.S.G.S. LAND OFFICE TRANSPORTER OIL / GAS / OPERATOR / PRORATION OFFICE	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL (GAS		
8.	Operator El Paso Natural Gas Company					
	PO Box 990, Farmington Reason(s) for filling (Check proper box)					
	New Well Recompletion Change in Ownership	Change in Transporter of: Oil Dry Gas Casinghead Gas Conden	一			
	If change of ownership give name and address of previous owner					
11.	DESCRIPTION OF WELL AND I Lease Name Vaughn Location	Vell No. Pool Name, Including Fo				
	Unit Letter G : 1550	Feet From The North Line	e andFeet From	The East		
	Line of Section 29 Tow	nship 26N Range	6W , NMPM,	Rio Arriba County		
Ш.	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Cit or Condensate PO Box 990, Farmington, NM 87401 Address (Give address to which approved copy of this form is to be sent) PO Box 990, Farmington, NM 87401					
	Name of Authorized Transporter of Cas El Paso Natural Gas Co	inghead Gas or Dry Gas X mpany	Address (Give address to which appro PO Box 990, Farmingto	n, NM 87401		
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Is gas actually connected? Wh	en		
	If this production is commingled wit COMPLETION DATA	h that from any other lease or pool,	give commingling order number:			
	Designate Type of Completio		New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.		
	Date Spudded 10-24-72	Date Compl. Ready to Prod. 1-5-73	Total Depth 3073'	P.B.T.D. 3061' Tubing Depth		
	6733'GL Perforations	Name of Producing Formation Pictured Cliffs	Top OM/Gas Pay 2938	tubingless Depth Casing Shoe 3073'		
2938-48' and 2975-90' 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" tubingless	3073'	405 cu. ft.		
	THE CATA AND PROUEST FO	OP ATTOWARIE (Test must be a	fter recovery of total volume of load oil opth or be for full 24 hours)	and must be equal to or exceed top allow-		
₩.	TEST DATA AND REQUEST FOOL WELL	in agertille				
	Date First New Oil Run To Tanks	Date of Test		/RILLIVED)		
	Length of Test	Tubing Pressure	Casing Pressure	Gael MCF 2 4 1973		
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	OIL CON. COM.		
				DIST. 3		
	GAS WELL Actual Prod. Test-MCF/D 615	Length of Teet 3 hours	Bbis. Condensate/MMCF	Gravity of Condensate		
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (shut-in) 831	Choke Size		
VI.	Calc. AOF CERTIFICATE OF COMPLIANCE	Calc. AOF tubingless RTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION		
I hereby nortify 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.		APPROVED MAR 1 4 1973 19 Original Signed by Emery C. Arneld				
		TITLE SUPERVISOR DIST. #3 This form is to be filed in compliance with MULE 1104. If this is a request for allowable for a newly drilled or deepened by a tabulation of the deviation				
46/1000						
Petroleum Engineer		tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allow				

(Title)

(Date)

January 17, 1973

All sections of this form must be filled out completely for silowable 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.