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Ų.S.G.S.				
LAND OFFICE				
IRANSPORTER	OIL	1	<u> </u>	
INANSPORTER	GAS	1		
OPERATOR		1		
PRORATION OFFICE				
Operator				

NEW MEXICO OIL CONSERVATION COMMISSION

SANTA FE /	REQUEST F	OR ALLOWABLE	Supersedes Old C-104 and C-11 Elloctive 1-1-65		
FILE / C	ALITHORIZATION TO TRAN	AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
LAND OFFICE	A THORIZATION TO THAT		•		
TRANSPORTER OIL /	4				
OPERATOR /	4				
PRORATION OFFICE	1				
Operator					
El Paso Natural Gas C	ompany				
PO Box 990, Farmingt	on, NM 87401				
Reason(s) for filing (Check proper box)	Other (Please explain)			
New Well	Change in Transporter of:				
Recompletion Change in Ownership	Oil Dry Gas Casinghead Gas Condens	75			
change of ownership give name					
nd address of previous owner					
DESCRIPTION OF WELL AND Lease Name	Well No. Pool Name, Including 1 of				
Vaughn	24 Otero Chacra E	Xt. State Federal	or Fee SF 079266		
Location	South	and 1450 Feet From T	East		
Unit Letter O; 790	Feet From The South Line	and			
Line of Section 27 To	wnship 26N Range	6W , ммрм,	Rio Arriba County		
		s			
DESIGNATION OF TRANSPOR Name of Authorized Transporter of Of	TER OF OIL AND NATURAL GAS or Condensate X	1 A34.035 (0100 add. 11	ed copy of this form is to be sent)		
El Paso Natural Gas (Company	PO Box 990, Fa:			
Name of Authorized Transporter of Co	rsinghead Gas or Dry Gas X	Address (Give address to which approved copy of this form is to be sent) PO Box 990, Farmington, NM			
El Paso Natural Gas (Is gas actually connected? When			
If well produces oil or liquids, give location of tanks.	O 27 26N 6W	1			
	ith that from any other lease or pool,	give commingling order number:			
COMPLETION DATA		New Well Workover Deepen	Plug Back Same Res'v. Diff. Res		
Designate Type of Complet		X			
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D. 3585'		
6-27-73	10-15-73	3596'	Tubing Depth		
Elevations (DF, RKB, RT, GR, etc.) 6323 GL	Name of Producing Formation Chacra	3432' tubingless			
Perforations			Depth Casing Shoe 3596*		
3432-48' and 3528-44	.*	25.000	0070		
		CEMENTING RECORD	SACKS CEMENT		
HOLE SIZE	CASING & TUBING SIZE 9 5/8"	136'	160 cu.ft.		
13 3/4'' 8 3/4'' & 6 3/4''	2 7/8"	3596'	296 cu. ft.		
0 3/ 4 & 0 0/ 1	tubingless				
		ifter recovery of total volume of load oil	and must be equal to or exceed top al		
TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be a able for this de	epth or be for full 24 hours			
OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Local Language, sas li	ift, etc.)		
	Tubing Pressure	Castrate	Choke Size		
Length of Test	Idplid Flassma	19/3			
Actual Prod. During Test	Oil-Bbls.	Water-Bbis. NOV COM. OIL DIST. 3	Gas-MCF		
		CON. 3			
		OIL DIST.			
Actual Prod. Test-MCF/D	Length of Test	Bbis. Condenses AMCF	Gravity of Condensate		
843	3 hrs.	(4)	Choke Size		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in) 864	3/4"		
Calc. AOF	tubingless		ATION COMMISSION		
CERTIFICATE OF COMPLIA	NCE				
	nd regulations of the Oil Conservation	APPROVED NOV 26 1	9/3		
I hereby certify that the rules and Commission have been complied	d with and that the information given	By Original Signed by	Emery C. Arnold		
above is true and complete to	the best of my knowledge and belief.	TITLESUPERVISOR DIS			
1 4 B.	A. H. Dicoso		This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deeps If this is a request for allowable for a tabulation of the devia		
M. F. Jakes	(enature)	well, this form must be accomp	ordance with RULE 111.		
		Att sections of this form	cast pe tilled out combining to: e.		
Drilling Clerk (Title)		able on new and recompleted	TI TIT and WI for changes of OV		
November 1, 1973		Fill out only Sections I.	II. III. and VI for changes of overter, or other such change of condi-		

(Date)

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 completed wells.